

RVPHTC 2025 Qualitative Training Needs Assessment: Executive Summary

Mariana Quinn, Nicole M. Weiss, Phoebe Kulik, Dany Zimmel, JP Leider, and Laura Power

Introduction

The Region V Public Health Training Center (RVPHTC) is part of the HRSA-funded national Public Health Training Center (PHTC) Network, and it provides corresponding technical assistance and training with an emphasis on strategic skills and supporting student experiential learning opportunities through field placements in practice-based settings. Housed at the University of Michigan School of Public Health, the RVPHTC serves six states in the Health and Human Services Region V (RV): Illinois (IL), Indiana (IN), Michigan (MI), Minnesota (MN), Ohio (OH), and Wisconsin (WI).

In Fall 2023, the RVPHTC conducted a quantitative training needs assessment that sought to identify training gaps. As a follow-up to this quantitative assessment, the team at the RVPHTC decided to focus on interviewing small and/or rural health departments (SRHDs)¹ in the region. Questions integrated three strategic skill domains that had the highest training gaps from the 2023 quantitative assessment (i.e., resource management, policy engagement, and systems and strategic thinking) and also focused on workforce development plans and training.

Methods

Participants from local health departments (LHDs), state-level public health organizations, and public health Tribal-serving organizations (TSOs) were recruited via email in January and February 2025. Though the authors were not able to successfully recruit from a TSO, employees of LHDs and state-level organizations agreed to participate. Ten interviews/focus groups (the latter defined as any conversation with more than one participant) took place during February and March 2025: five comprised representatives from LHDs and five comprised representatives from state-level organizations (four of which were SACCHOs, or State Associations of County and City Health Officials).

¹ Note that the term SRHDs is used throughout the report. It is important to recognize that not all rural health departments are small, and not all small health departments are rural.

An iterative mix of inductive and deductive coding was used to analyze interview transcripts. A first round of coding was completed in NVivo, with themes that didn't fit a code noted as "noteworthy." During a second examination of the transcripts, these noteworthy codes were examined for themes that emerged. Two authors coded one transcript together to ensure both understood the approach, and the nine remaining transcripts were divided for the authors to code separately.

Main findings

Similarities and differences between LHDs and state-level organizations

Both groups discussed funding and resources as top needs, as well as succession planning related to high turnover and retirements in local public health. The LHD respondents focused their responses on more narrow and technical skills, such as communicable diseases, public health science skills, data analysis, and communication skills. The state-level organizations, who were asked to reflect on the needs of SRHDs, responded with needs that are at a higher level, focusing on the larger challenges with recruiting and creating incentives for working in rural communities, as well as on best practices for information and resource sharing among local health departments.

In addition, both groups named rural voices and youth voices as perspectives that are missing in both workforce training and training content (i.e. content that trains public health workers how to better serve these groups). LHDs also named specific groups that they work with, such as BIPOC, disabled, Hispanic, and Amish populations while those representing state-level organizations highlighted the importance of those with lived experience and bringing their voices to the forefront.

Both groups discussed the importance and excitement around in-person training opportunities but recognized challenges associated with in-person events, such as time for travel and funds availability for travel. They also both expressed that live webinars were a great virtual option, as they allow for engagement.

Finally, some similar responses between LHDs and state-level organizations include training needs related to collaborating and mobilizing a team in an emergency, creating action plans, and building relationships. LHDs also discussed measles and vaccine hesitancy training, more tabletop exercises, and preparation for natural disasters. State-level organizations emphasized combating misinformation, delivering information to the public, and other communications-focused training.

Noteworthy themes

There were a small number of themes that were uncommon but important. For example, the SRHDs' **need for assistance in navigating non-standardized systems for reporting**. On the other hand, there is also a need for more specialized guidance for issues related to specific states. In particular, there is a **need for standards and protocols and procedures to be understood before policy** (e.g. cannabis legalization) **is implemented** so that public health workers know how to respond.

Though answers differed a fair amount regarding the need for assistance in systems thinking, one response we wanted to emphasize was that some agencies mentioned the day-to-day grind getting "in the way of the 40,000-foot work." In other words, **some SRHDs are not able to focus on systems and strategic thinking because they are allocating resources to fires that need to be extinguished now rather than sparks that may catch fire later**. Though there isn't necessarily a simple or straightforward solution to address this, it is important to recognize that a major barrier to more widely implementing systems and strategic thinking is itself a systems problem, with many complex factors at play.

Other noteworthy issues were **SRHDs' struggles with sustainability and capacity**. For example, some participants mentioned that a lack of staffing capacity was a barrier to accreditation. Others mentioned not having the time to develop formal workforce development strategies or to utilize systems and strategic thinking. Lastly, we want to highlight **the toll that the recent federal changes have made on morale and recruitment in public health**. This suggests morale in public health will continue to decline, and this is especially important to consider given the traditional understaffing of the discipline and the mass exodus of public health workers during the COVID-19 pandemic.

Recommendations

In general, we recommend that the RVPHTC consider developing the following:

- Wider offerings on financial trainings, including on budgeting, work plans, HR skills, and grant management and applications;
- More opportunities for in-person trainings, especially trainings for which agencies do not have to travel long distances to attend;

- Continue to offer virtual trainings, both asynchronous and in real time, particularly for agencies that struggle with funding and cannot afford to send their workers to in-person trainings;
- Trainings that focus on emerging technology like artificial intelligence and how these tools can be used to benefit public health as well as warnings on how these tools could potentially be harmful;
- Courses on rural challenges, such as aging populations;
- Trainings that help hone “soft” skills, such as leadership, conflict management, establishing trust with communities served, etc.;
- More guidance on recruitment and retention best practices, including addressing worker burnout and work/life balance;
- Additional trainings on communication and organization, potentially with table-top exercises, to help public health workers feel prepared for an emergency response;
and
- A future training needs assessment focusing specifically on the training needs for TSOs (including honorariums for Tribal representatives who choose to participate), with results of this research being shared through a formal presentation to the Tribal organizations that assisted.

Lastly, we also note that each public health agency is unique and that not all training recommendations may apply to all agencies. Despite this, we believe our recommendation list is one step of many to be taken to help address training needs for public health workers in Region V.

If any additional questions arise, please contact Mariana Quinn at marianaq@umich.edu.