



Hawai'i Public Health Training Hui Needs Assessment Report Conducted Summer 2015

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Executive Summary/ Abstract

To assess the training needs of the public health workforce in the State of Hawai‘i, a needs assessment was conducted using a survey tool developed and modified by Denise Nelson-Hurwitz, Valerie Yontz, and other members of the steering committee members of the Hawai‘i Public Health Training Hui (PHTH). The survey was developed online and distributed to potential participants by email primarily between July 14, 2015 and August 4, 2015. Survey participants were asked for demographic information, as well as information about self-assessed skill/expertise level and potential interest in eight public health workforce skill domains and specific workforce skills within each domain. Further information was asked to assess the level of training interest.

Resulting survey data was assessed based on statistical mean, percentage of top rankings- 1 & 2, and frequency distribution of comparatively ranked responses. The top four categories, Community Dimensions of Practice, Health Communication & Informatics, Leadership & System Thinking, and Cultural Competency, were recommended for further investigation as future training offerings. Based on the category ranking information, the top three or four identified training topics per domains were recommended as specific, relatively high priority offerings as found in Table 1 within this report.

1. Summary of Public Health Training Hui in Hawai‘i

The Hawai‘i Public Health Training Hui (PHTH) is a group of collaborating public health professionals in the State of Hawai‘i. The *Hui* (means group or collaboration in the Hawaiian language) was established in 2006 to provide statewide workforce training, coordination, and collaboration to meet identified common public-health workforce continuing education, training, and technical-assistance needs. In 2008, it established itself with a set of bylaws and cooperating relationships to help each other in a collectively approach.

The Hui’s mission is to work collaboratively to empower Hawaii’s public health workforce with improved leadership, management, and decision-making skills, and stimulate creativity and innovation among local public-health personnel and community members who can improve the quality of the delivery of public-health services.

The Steering Committee for this dedicated group is composed of 14 members from ten different programs from three main organizations include the University of Hawai‘i (UH) at Mānoa’s Department of Public Health Sciences, UH Cancer Center, Hawai‘i Public Health Institute dba Coalition for Tobacco Free Hawai‘i (CTFH), and various branches and divisions of the Department of Health, State of Hawai‘i including Injury Prevention, Tobacco, Asthma, & Diabetes Prevention and Education Programs.

The approach is to “pool” the financial resources from the members’ organizations and programs to pay for commonly-agreed trainings and conferences open to public health workforce members in the state of Hawai‘i. The non-profit member, Hawai‘i Public Health Institute (HIPHI) has agreed to carry out the financial administrative duties of Hui. The training topics are based on the needs assessments conducted periodically by the Hui steering committee. As the steering committee organizations partner and offer other professional trainings, planning meetings, workshops and conferences then the Hui votes to whether to co-sponsor these member events, too. It is estimated that more than 120 different organizations including various departments of University of Hawai‘i and programs in the Hawai‘i State Department of Health have participated in the trainings and create the existing network platform. More than 1,700 members exist on the list serv.

Valerie Yontz, PhD is the current chair of the Public Health Training Hui and has included funds from the Western Region Pacific Public Health Training Center through federal grant from Health Resources and Services Administration (HRSA) as part of this Public Health Training Hui joint training funds for workforce trainings in Hawai‘i. The Hui is committed to assessing the training needs every three years to better guide the training topic selection and linkages to public health workforce competencies.

2. Methodologies & Development of Needs Assessment Survey

A. Purpose of Needs Assessment: To assess the training needs of the public health workforce in the State of Hawai‘i. Secondary intent is to assess the competency (level of skill or expertise) of Hawai‘i’s public health workforce.

B. Target Study Population: Public Health workforce in the State of Hawai‘i

C. Category & Question Development

Demographic Questions

Demographic information questions were developed with two primary intentions in mind. The first purpose was to collect basic data on public health workforce to assess the make-up of the target population for use in tailoring future trainings to the audience. Secondly, to collect basic demographic data on respondents needed for reporting to the Western Region Public Health Training Center (WRPHTC) grant, of which the University of Hawai‘i at Mānoa is a sub-grantee, and subsequently to the national Health Resources and Services Administration (HRSA), for funding renewal and future grant applications.

In addition to the basic demographic data requested by WRPHTC and HRSA, two questions, one addressing race and ethnicity, and another addressing occupation, were expanded upon to make response options more inclusive and appropriate for the State of Hawai‘i. The questions regarding formal education in public health, type of formal education in public health, and categorization of employment position level were also added to assess the distribution of both educational level and employment skill needs, so as better to tailor future training topics. Use of this information may also be utilized as comparison data for a separate assessment centered on the public health workforce supply and demand being conducted by the Hawai‘i/Pacific Basin Area Health Education Center (AHEC).

Finally, three questions, one addressing populations served, another addressing specific topical areas of employment focus, and a third asking about Hawai‘i Department of Health (HDOH) division/branch (for those who indicated employment at HDOH), were added specifically for Public Health Training Hui (PHTH) steering committee members to determine how many members of the public health workforce in Hawai‘i work to address their individual areas of focus and funding, as they are the primary financial contributors to the PHTH.

Training Category & Topic Questions

To address both intents of this needs assessment, (assessment of both training needs and competency/skill-level), questions were formulated as a blend of content from both the 2012 PHTH Needs Assessment as well as the Core Competencies for Public Health Professionals¹. The survey content could not be too academic or use more technical terminology than would be appropriate for our target population. Concerns regarding survey length and time constraints were also raised. In response, eight (8) categories were developed and further refined for our target population based primarily on the 2012 PHTH Needs Assessment and the Core Competencies for Public Health Professionals¹. These eight categories were as follows:

¹ Council on Linkages Between Academia and Public Health Practice. 2014 June 26. Core Competencies for Public Health Professionals. Available: phf.org/corecompetencies

1. Community Dimensions of Practice
2. Health Communication & Informatics
3. Leadership & System Thinking
4. Cultural Competency
5. Public Health Sciences
6. Analyses and Assessment
7. Policy Development/Program Planning
8. Financial Management and Planning

Based on these training categories, 5-7 specific competencies/skill areas were formulated based on specific competencies established in Core Competencies for Public Health Professionals.

As part of the needs assessment survey, participants were presented with the specific competencies/skill areas for each training category and asked to 1) rank their level of skill or expertise for each, 2) indicate if they would attend a training session on each, and 3) rank their desire (low, medium, or high) to attend a training session on each specific competency/skill area. After all topics were ranked within each category, participants were asked to rank the categories themselves so as to better understand which category, and subsequently which training topics, were of greatest interest to the population.

D. Survey Distribution

Once the full survey was developed using the Qualtrics online survey development tool, and approved by the PHTH steering committee members, it was distributed by email to all individuals subscribed to the Community Partnership listserv maintained by Dr. Valerie Yontz. The Community Partnership listserv is comprised of past training attendees, community partners, University of Hawai'i Office of Public Health Studies faculty, and both current and past public health students. Listserv subscribers are based in the State of Hawai'i, and are primarily based on Oahu. Email addresses that expire, or are consistently rejected, are periodically removed, and new addresses are added as new trainings are offered and the PHTH partnership expands. There are no duplicate email addresses in the listserv, and precautions are also taken to ensure there are no duplicate participants with multiple email addresses.

At the time of survey distribution there were 1693 unduplicated subscribers to the Community Partnership Listserv, to which the needs assessment survey was sent. Unique survey links were sent using the Qualtrics survey software to ensure only one response was submitted per emailed participant, and to reliably track the denominator of potential respondents, (for survey tracking). The needs assessment survey was initially sent on Tuesday, July 14, 2015, and participants were asked to submit responses by midnight on Tuesday July 28, 2015. Survey reminders were additionally distributed to non-responders on Monday, July 20th and Monday, July 27th, at varying times of the morning.

To increase participation among Hawai'i Department of Health (HDOH) employees, and following requests by administrative levels of the HDOH to encourage self-assessment of public health workforce competency among their employees, the needs assessment survey was also distributed to all HDOH employees through an HDOH-specific listserv. The secretary of the Hawai'i Director of Health coordinated distribution to this group using a generic link for survey participation. Participants were specifically instructed to participate only once and to disregard the HDOH request if they had already received a survey request through the Community Partnership. The HDOH request survey was initially sent on Friday, July 31, 2015, and participants were asked to submit responses by midnight on Tuesday, August 4, 2015. Survey

reminders were not sent, but the generic link was left active for participation until Monday, August 31, 2015.

3. Data and Findings

A. Demographics Reporting Table

1. Gender	Male	136 (19%)
	Female	595 (81%)
	Transgender	1 (<1%)
	Other	1 (<1%)
2. Age Group	Under 20	2 (<1%)
	20-29	66 (9%)
	30-39	115 (16%)
	40-49	160 (22%)
	50-59	224 (31%)
	60 or older	162 (22%)
3. Race/Ethnicity	American Indian/ Alaskan Native	8 (1%)
	Japanese/Okinawan	164 (22%)
	Chinese	52 (7%)
	Korean	11 (2%)
	Filipino	89 (12%)
	Southeast Asian	5 (<1%)
	Black/African American	8 (1%)
	Hispanic/Latino	14 (2%)
	Native Hawaiian	86 (12%)
	Samoan	8 (1%)
	Tongan	1 (<1%)
	Micronesian	3 (<1%)
	Marshallese	1 (<1%)
	Guamanian/Chamorro	2 (<1%)
	White	186 (25%)
Multiracial/Mixed	78 (11%)	
Other	15 (2%)	
4. Highest Level of Education	Less than High School	1 (<1%)
	High School/ GED	14 (2%)
	Some College	45 (7%)
	2-year College Degree	42 (6%)
	4-year College Degree	228 (33%)
	Masters Degree	292 (42%)
	Doctoral Degree/Professional Degree	70 (10%)
5. Training or Education in Public Health (select all that apply)	Academic public health courses	268 (39%)
	Formal public health training	54 (8%)
	Continuing education	315 (46%)
	On the job	383 (55%)
	No public health training or education	141 (20%)
	Other	22 (3%)

5A. Highest Level of Formal Public Health Education (Among those who selected "Academic public health courses" in #5)	Certificate Associate Degree Bachelor Degree Masters Degree Doctoral Degree	38 (15%) 5 (2%) 64 (25%) 124 (49%) 23 (9%)
6. Current Occupation	Public Health Professional Biostatistician or Data Entry/Analyst/Researcher Business support- Accountant or Fiscal Officer, Facilities or Operations, Grants or Contracts Specialist, Human Resources Personnel Clerical Personnel/Administrative Assistant Community or Home Health Worker Dentist/Dental Hygienist/Oral Health Emergency/BioTerrorism Prep Professional Environmental/Environmental Health Professional Epidemiologist Health or Health Services Administration/Public Policy Health Promotion/Social or Behavior Health Professional Information Systems/Technical Support Instructor/Teacher/Faculty/Professor Laboratory Scientist Mental Health & Substance Abuse Professional Nutritionist/RD/Aide PH Agency/Department Director PH Nurse/RN/LPN/CNA/CMA PH Program Manager/Coordinator PH Program Staff/Health Educator Physician/PA/PCP/Provider Public Health Law/Lawyer/Legal Aide Public Health Policy/Policy Analyst/Advocacy Professional Retired/ Unemployed/ Student Social Work/Case Manager Veterinarian/Aide/Animal Control Professional Other (Please Specify)	39 (5%) 13 (2%) 26 (4%) 74 (10%) 9 (1%) 0 4 (1%) 30 (4%) 10 (1%) 27 (4%) 26 (4%) 4 (1%) 22 (3%) 14 (2%) 42 (6%) 7 (1%) 1 (<1%) 76 (11%) 42 (6%) 13 (2%) 6 (1%) 2 (<1%) 3 (<1%) 16 (2%) 126 (18%) 0 77 (11%)
7. How would you categorize your position?	Basic/Entry-level (front-line professionals who carry out day-to-day tasks) Mid-Level (management/ supervisory professionals) Advanced-Level (senior managers, directors or leaders)	353 (50%) 250 (36%) 99 (14%)

8. Work Status	Full-Time Employee Part-Time Employee Contracted Employee Volunteer Retired (Non-volunteer) Unemployed and/or not working Student Other	636 (89%) 39 (5%) 4 (1%) 5 (1%) 6 (1%) 13 (2%) 8 (1%)
9. Primary Practice/ Work Location	Federally Qualified Community Health Centers State Health Department City & County/Local Government Departments Indigenous (Native Hawaiian) Health Centers/ Organizations/ Groups Community/Non-profit/NGO Organizations/Neighborhoods Faith-Based Organizations/Churches Hospital/Clinic/Health Systems Community Groups/Neighborhoods Schools/University/DOE For-profit business Other	16 (2%) 413 (58%) 18 (3%) 10 (1%) 88 (12%) 5 (<1%) 54 (8%) 4 (<1%) 54 (8%) 16 (2%) 30 (4%)
9A. DOH-Specific Work Location (among those who indicated “State Health Dept” on #9)	Public Health Nurses Injury Prevention & Control Tobacco Prevention & Education Programs Rural Health Other Health Resources Administration Program/Division Behavioral Health Administration Environmental Health	66 (19%) 7 (2%) 6 (2%) 3 (1%) 137 (39%) 85 (24%) 46 (13%)
10. Geographical Area Served by Organization (all that apply)	Statewide Oahu Hawai‘i (Big Island) Kauai Maui Lanai Molokai Other Pacific Islands (Non-Hawai‘i) Other (please specify)	319 (46%) 246 (35%) 83 (12%) 59 (8%) 69 (10%) 30 (4%) 36 (5%) 22 (3%) 12 (2%)
11. Populations Served by Organization (all that apply)	General Population Infants and Children (ages 0-5) Youth (ages 6-12) Adolescents (ages 13-21) Adults (ages 22-59) Seniors (ages 60+) Disabled/ Mental Illness/ Challenged Low Income Rural Homeless	364 (52%) 244 (35%) 230 (33%) 274 (39%) 302 (43%) 263 (38%) 299 (43%) 315 (45%) 229 (33%) 268 (38%)

	Immigrants	221 (32%)
	Tobacco/ Drug/ Substance Abuse	174 (25%)
	Health Professionals/ Professional Support	158 (23%)
	Other (please specify)	61 (9%)
12. Work in any of the following areas (all that apply)	Tobacco, Drug & Substance Abuse	127 (36%)
	Asthma, COPD & Respiratory Illness	64 (18%)
	Diabetes, Cardiovascular & Other Chronic Diseases	101 (28%)
	Cancer	72 (20%)
	Wellness, Health Promotion, Lifestyle Changes & Disease Prevention	220 (62%)
	Injury Prevention	68 (19%)
	Infectious & Acute Care	68 (19%)
	Public Health Nursing	75 (21%)

B. Training Priorities

Training Domain Rankings

The first major piece in interpreting needs assessment responses in training priorities is to look at the following question: “Please rank the following Eight (8) Public Health Workforce Skill Domains in order that shows domain-priorities for you to attend based on those with aspects that you want seek for your own professional continuing education. Please click and drag each category into your desired order, 1 = most desired domain.” This question provides insight into which broad domain is of most interest to the target population by asking participants to rank each category in order of preference, (1 being most preferred). Three pieces of information help to report this interest- average rank of responses, percentage of top rankings- 1 & 2 (in table below) and ranking distribution of responses (depicted in bar graph below).

The average rank of responses provides some relative indication of how, balancing both high and low ranking responses equally, respondents felt about each category overall. However, average ranking may not tell the whole story in the sense that a category with high numbers of both positive and negative responses may balance to provide the same, or similar, average as a category with consistently lukewarm feelings. The percentage of top rankings provides more information regarding the preferences of participants who ranked domains as either a first or second choice, but again, this data still tells only part of the story. Conversely, looking at the overall distribution of category rankings provides insight on which categories received the most responses in the high demand, (1, 2 or 3), positions, but this information makes interpretation of relative category rankings challenging.

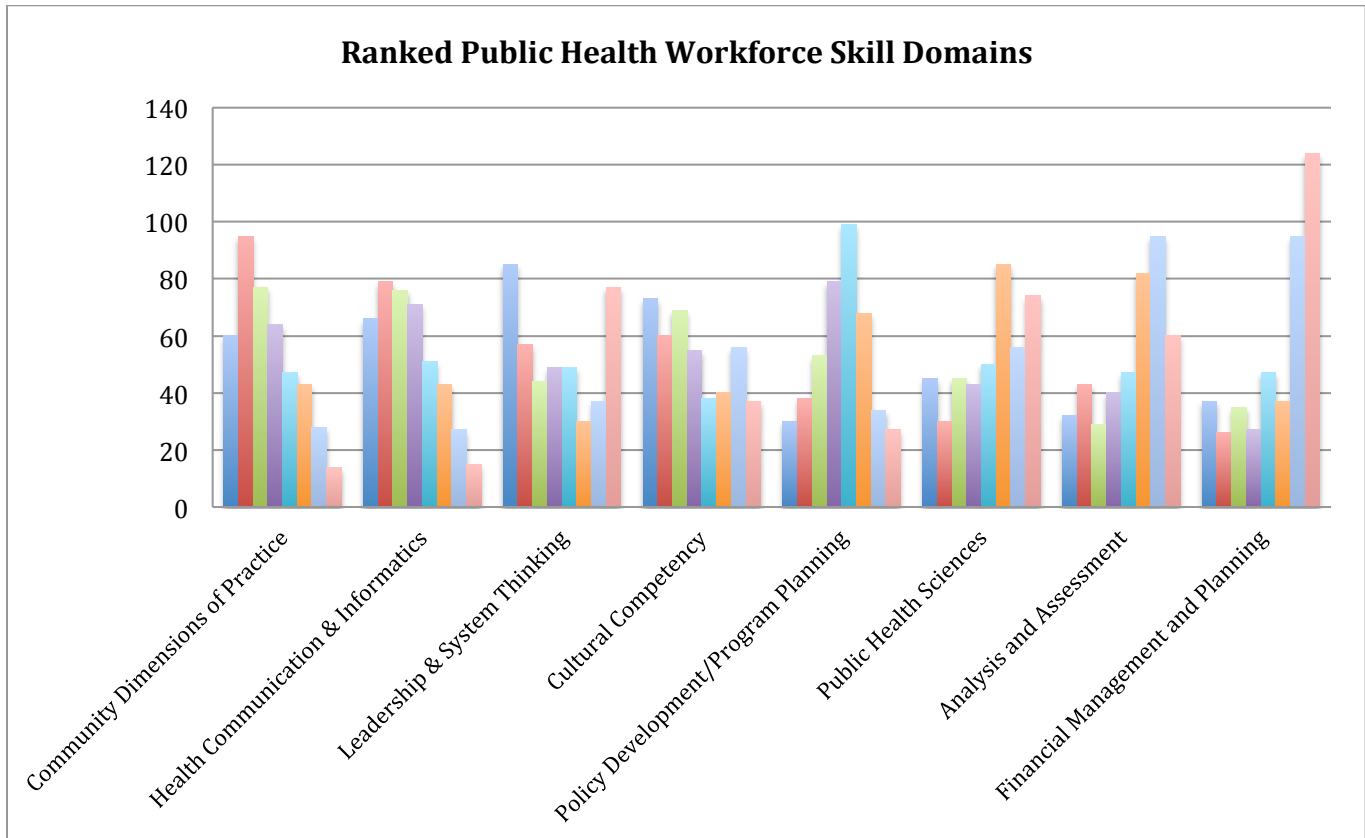
Utilizing these three pieces of data (mean rank of responses, percentage of top rankings- 1 & 2 and ranking distribution of responses), the domain areas of most interest are 1) Community Dimensions of Practice, 2) Health Communication and Informatics, 3) Leadership and Systems Thinking, and 4) Cultural Competency. There also seems to be some secondary interest in two additional domains of Policy Development/ Program Planning and Public Health Sciences.

The domain of Community Dimensions of Practice was a clear favorite, with the lowest mean rank of responses (3.59) and highest percentage of combined ranks as preference 1 or 2 (36.2%). The distribution of ranking is also clearly skewed towards higher rankings. With the second lowest mean rank of responses (3.64) and second highest percentage of combined ranks

as preference 1 or 2 (33.9%), Health Communication and Informatics seems to be the second highest in terms of interest. Interestingly, both domains were identified as the training categories of highest interest in the 2012 Training Hui Needs Assessment, though at the time Health Communication was ranked as a primary preference and Community-based Practice, Partnering & Empowerment was of secondary interest.

Interpretation of the third and fourth preferences in this year’s assessment is more convoluted. The domain of Leadership and Systems Thinking received the highest count of number 1 ranking, but it also received the second highest count of number 8 ranking. Not surprisingly, it was also the domain with the greatest response variance. The bimodal distribution suggests there is a substantial group for which this domain is of utmost interest, but that it may not be desired for others. The domain of Cultural Competency would have ranked third had it not been for the complexity of the Leadership and System Thinking domain. Cultural Competency was also clearly separated from the bottom four domains in terms of mean value, (4.06 vs. 5.04 of next nearest domain), percentage of combined ranks as preference 1 or 2 (31.1% vs. 17.5% of next nearest domain), and ranking distribution appeared skewed towards higher preferences.

	Community Dimensions of Practice	Health Communication & Informatics	Leadership & System Thinking	Cultural Competency	Public Health Sciences	Analysis and Assessment	Policy Development/ Program Planning	Financial Management and Planning
Percentage of Combined 1 & 2 Rankings	36.2%	33.9%	33.2%	31.1%	17.5%	17.5%	15.9%	14.7%
Mean Value	3.59	3.64	4.27	4.06	5.04	5.23	4.53	5.64



Specific Training Topics/Skills

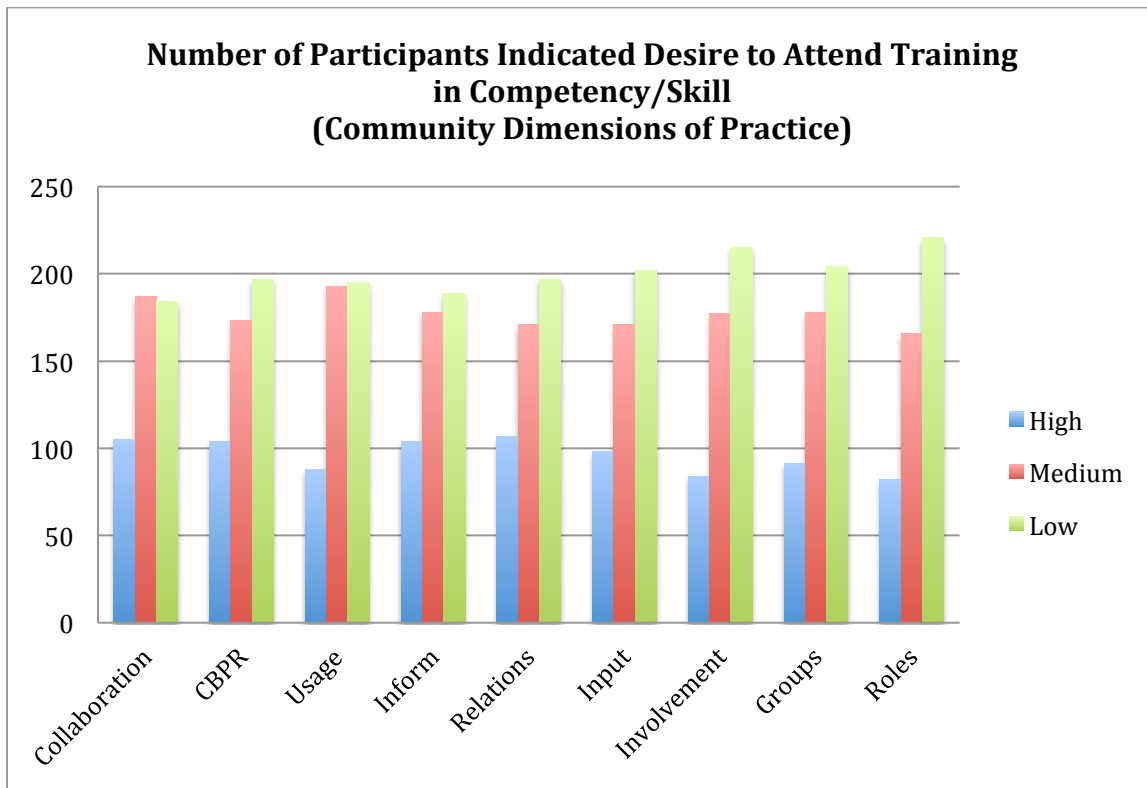
Results from domain rankings inform analysis of specific training topics/skills. It indicates general disinterest in the following three (4) domains, which will therefore not be discussed in this section: Policy Development/Program Planning, Public Health Sciences, Analysis and Assessment, and Financial Management and Planning. The remaining categorical topics (Community Dimensions of Practice, Health Communication and Informatics, Leadership & Systems Thinking, and Cultural Competency) will be analyzed and interpreted individually.

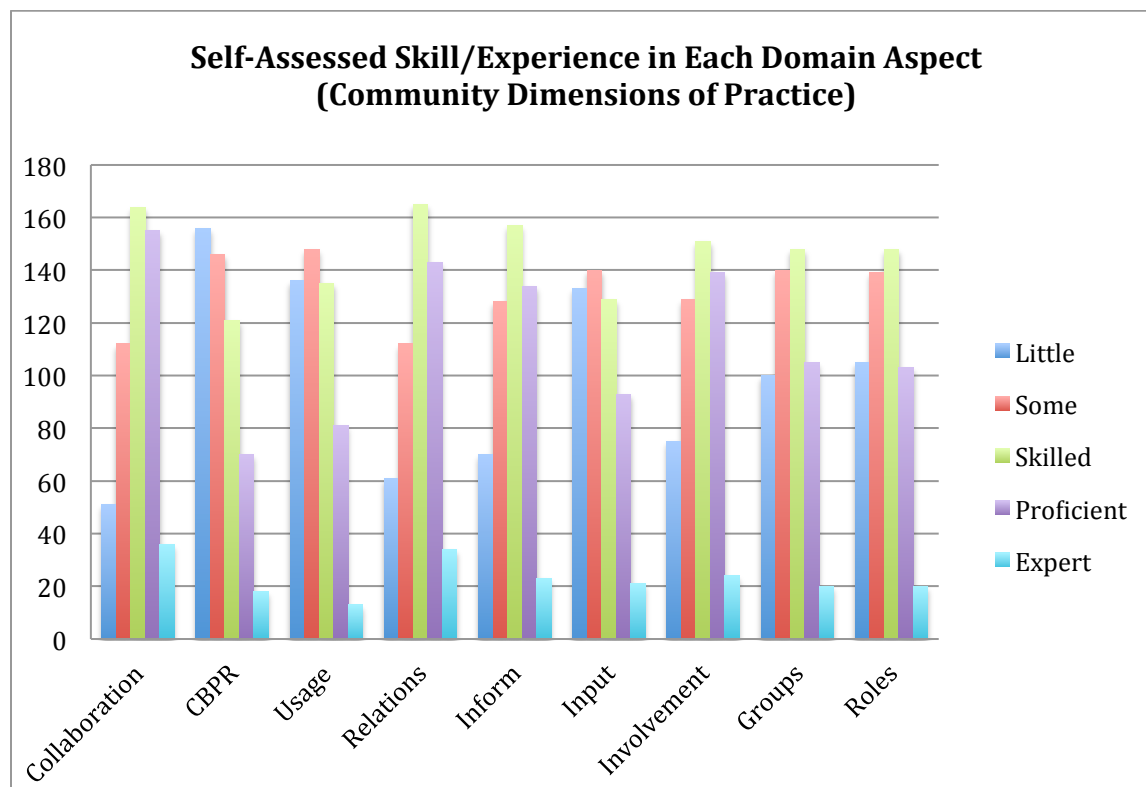
Due to the nature and responses of the questions asking if individuals would be interested in attending training focused on each skill level, and the indicated level of desire to attend training, no more than subtle differences between specific topics or skills may be reported, making analysis inconclusive. For the top ranked 4 domains the differences between the specific topic/skill with the most “yes” responses to “would you attend a training on this specific topic/skill” and the topic/skill with the least “yes” responses is only 38, 24, 19, and 29 responses, respectively. Such subtlety among a sample size of over 500 may be attributed to natural variation alone. These subtle differences are reported below, but training preferences for specific topics and skills were generally vague- more emphasis should be placed on the domain preferences.

Community Dimensions of Practice

As with all the domains, there were very subtle differences between individual topics/skills. Of these more specific training areas, the top three most popular topics are Collaboration (Network well with internal and external peers and management members through positive collaboration, team building and inclusive practices of resource sharing and partnerships), CBPR (Collaborate in community-based participatory research efforts and ensure helpful findings are translated back into practice), and Usage (Negotiate for use of community assets and resources in support of public health initiatives). Of these three most popular topics, 292 respondents indicated their interest in training was either “High” or “Medium” for the Collaboration topic, 277 responded as “High” or “Medium” for CBPR, and 281 for Usage.

Competency self-assessment suggests Collaboration should be addressed at a medium skill level (most participants reported themselves as either “skilled” or “proficient”), and both CBPR and Usage should be approached at more simplified level (most participants reported themselves as having either “little” or “some” competence in these areas).

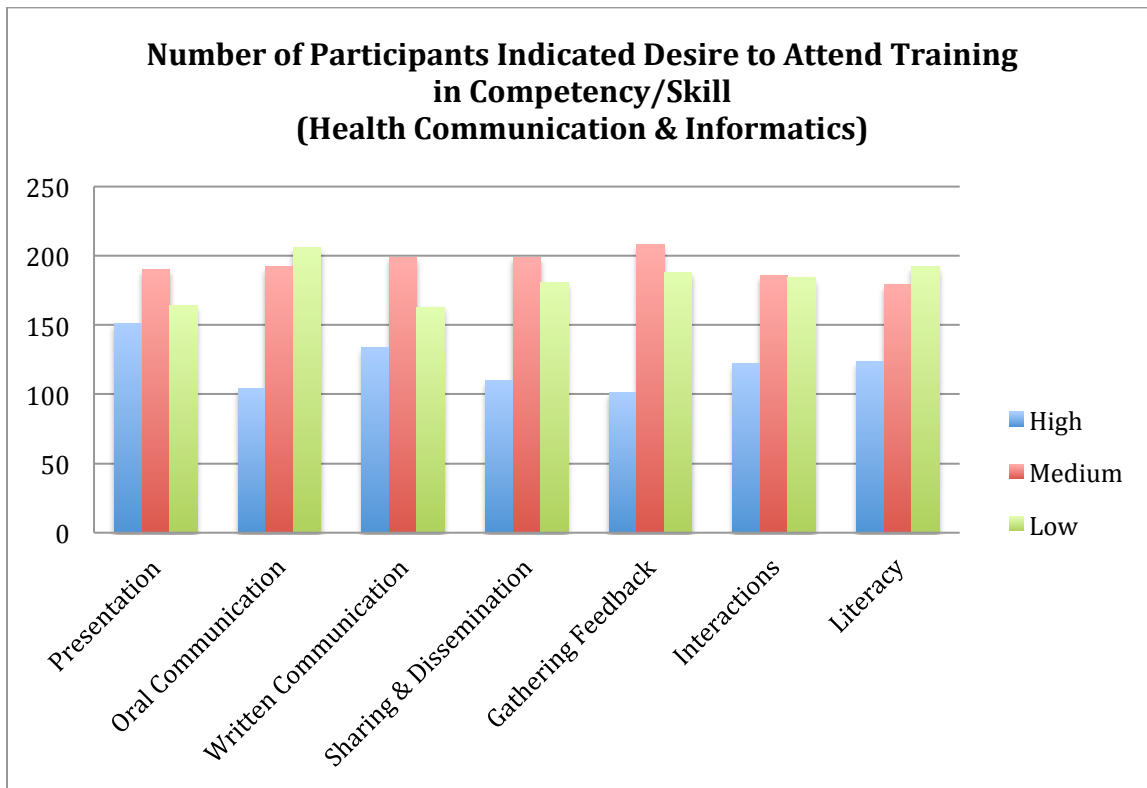
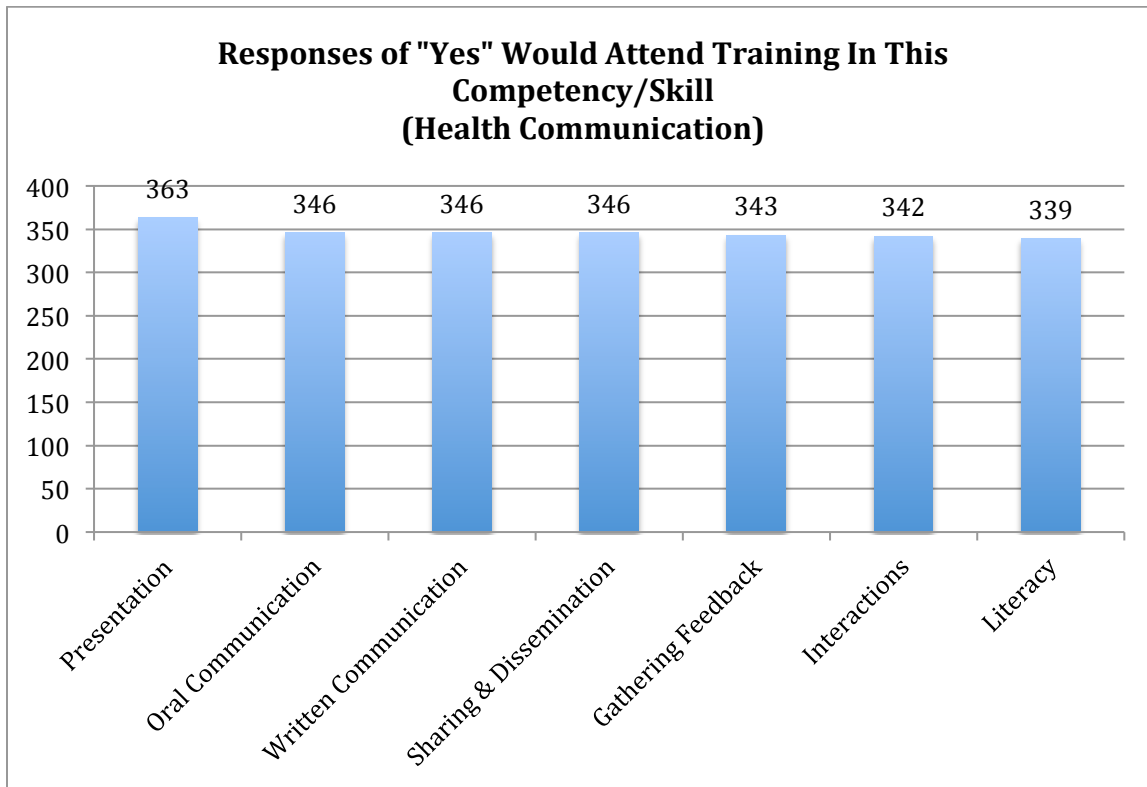


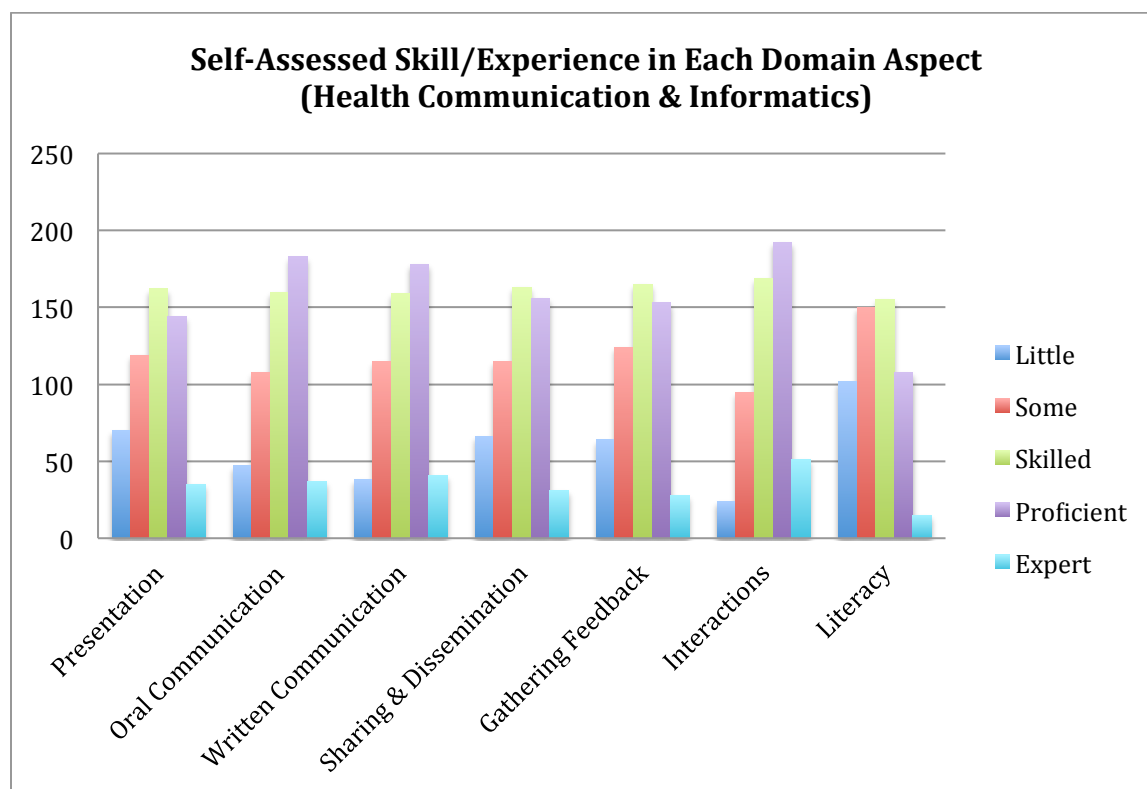


Health Communication and Informatics

There are minimal differences between individual topics/skills within this domain. Of these specific training topics/skills, the most in demand was Presentation (Develop presentations for mentoring professional peers and lay audiences, using a variety of presentation styles such as power point, prezi, storytelling, digital videos, data tables, and graphs), with a total of 341 respondents indicating their interest in training was either “High” or “Medium.” Of slightly less interest (compared to Presentation), were the three topics of Oral Communication (Communicate health information orally based on project/program needs through various methods-- e.g. meetings updates, public presentations, and testimonies), Written Communication (Create effective written communication in reports, articles, publications, emails, newsletters, fact sheets/handouts, grant writing, data reports, and evaluation reports), and Sharing & Dissemination (Convey public health information using a variety of approaches, such as providing written brochures, referring to resources on websites, and links for community resource). Among those three, it seems Written Communication would be of highest priority, with Sharing & Dissemination and Oral Communication of secondary and tertiary interest, respectively, based ranked respondent interest in training as either “High” or “Medium” (333, 309, and 296 respondents, respectively).

Competency self-assessment suggests Presentation and Sharing & Dissemination should be addressed at a medium skill level (most participants reported themselves as either “skilled” or “proficient”), and Oral Communication and Written Communication should be approached at more advanced level (most participants reported themselves as being more “proficient” in these areas).





Leadership and Systems Thinking

There are minimal differences between individual topics/skills within this domain. Of the specific training topics/skills in this area, the most in demand was Implementation (implement organized ways to streamline and improve program planning and management), with a total of 301 respondents indicating they would attend training in this area and 262 participants ranking their desire to attend training as “Medium” or “High.” Of slightly less interest, were the topics of Professionalism (engage in appropriate professional development activities to increase skills that streamline service delivery in competent manner) and Systems Thinking (incorporate system thinking and management into your public health practice and service). Both skill areas are essentially equivalent in respondent interest in training ranked as either “High” or “Medium” with 258 responses for Professionalism and 255 for Systems Thinking.

Competency self-assessment suggests Implementation training should be addressed at a more basic skill level (most participants reported themselves as either having “some” skill or as “skilled”). Systems Thinking should be covered at a slightly more introductory level, and Professionalism may be approached at a medium level (most participants reported themselves as being more “skilled” in these areas).

Leadership and Systems Thinking Sub-group Analysis

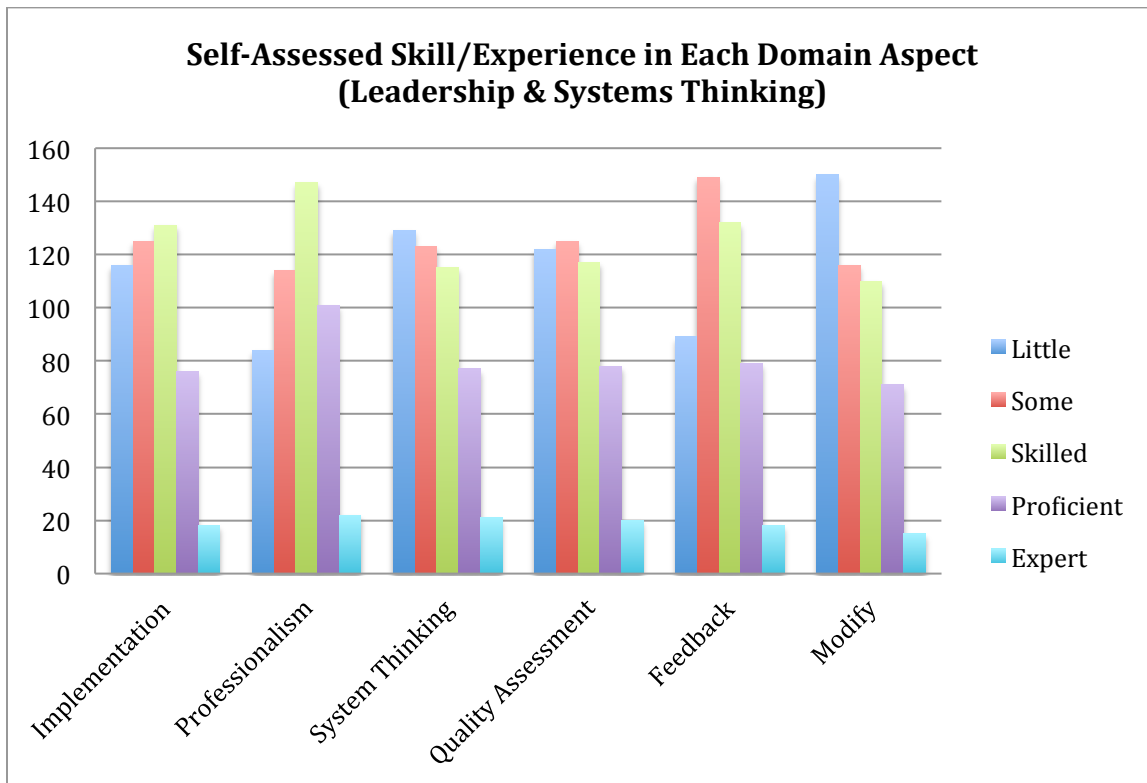
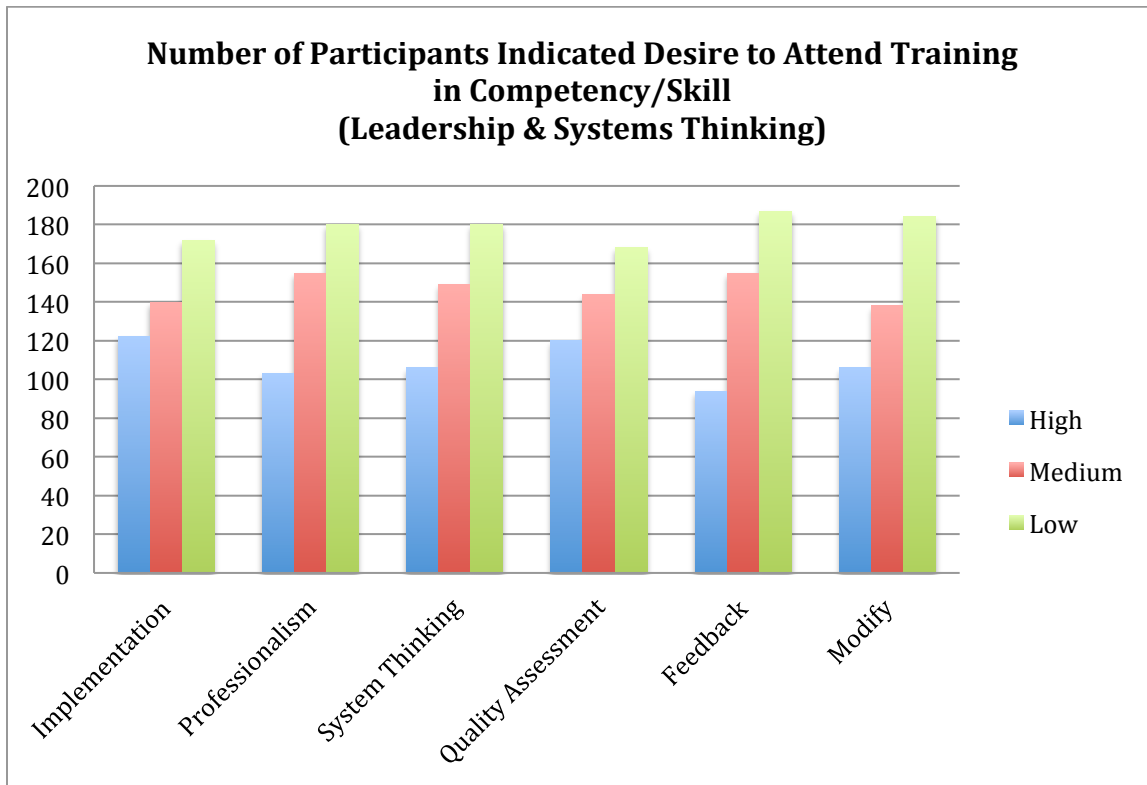
Due to the unique bimodal distribution of domain preferences for the Leadership and Systems Thinking domain, it seemed of interest to conduct a sub-group analysis consisting specifically of participants who ranked this domain as a primary or secondary preference area (ranked as #1 or #2). There were 142 participants who were included in this subgroup- 85 respondents who ranked this domain as a primary preference area and 57 who ranked it as secondary preference.

The sub-group appeared demographically similar to the larger population of participants. Most sub-group members, 87 respondents (61%) were part of the Hawai‘i Department of Health

(HDOH), within the HDOH specifically, 34 respondents (44%) responded they were “Other Health Resource Administration” and 19 participants (25%) indicated they were part of the “Behavioral Health Administration” Branch. Many reported their positions as either as a Program Manager (17 respondents, 12%) or Social Worker (27 respondents, 19%).

Of this sub-group, their primary topic/skill of interest was Implementation, the same preference as the full participant group. Of secondary and tertiary interest were the areas of Systems Thinking and Professionalism, respectively.

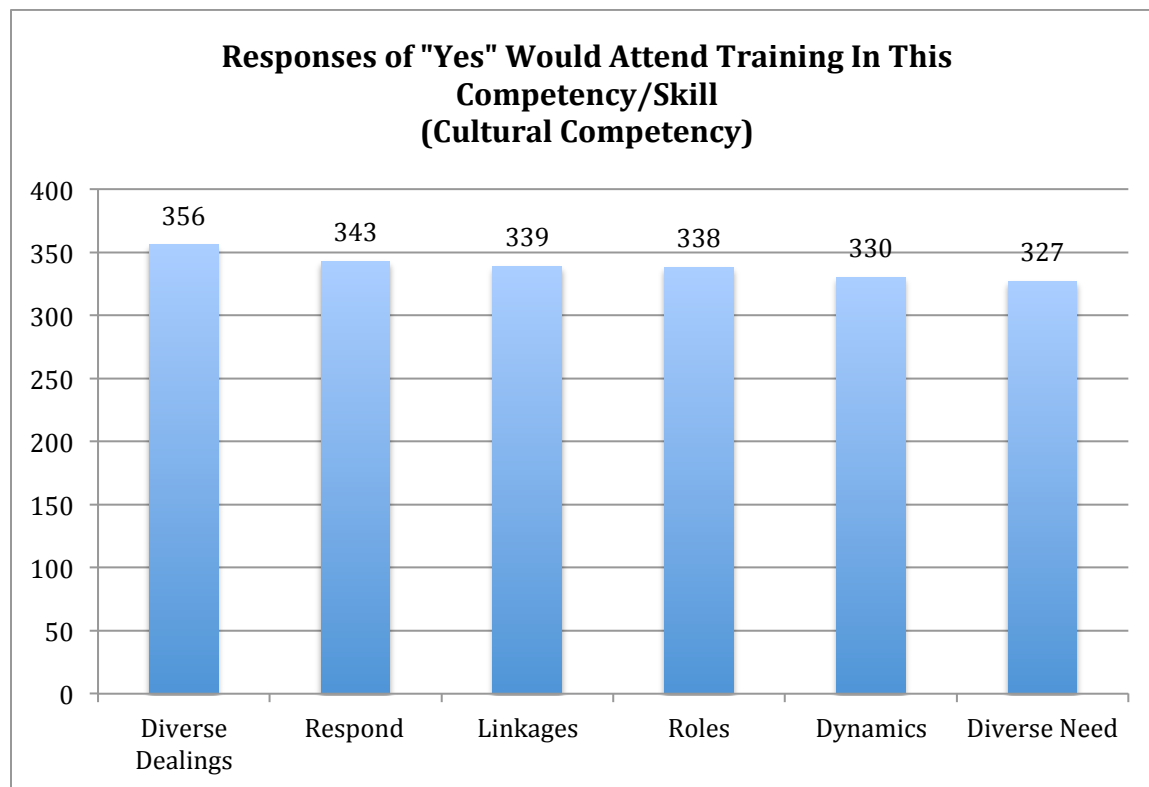


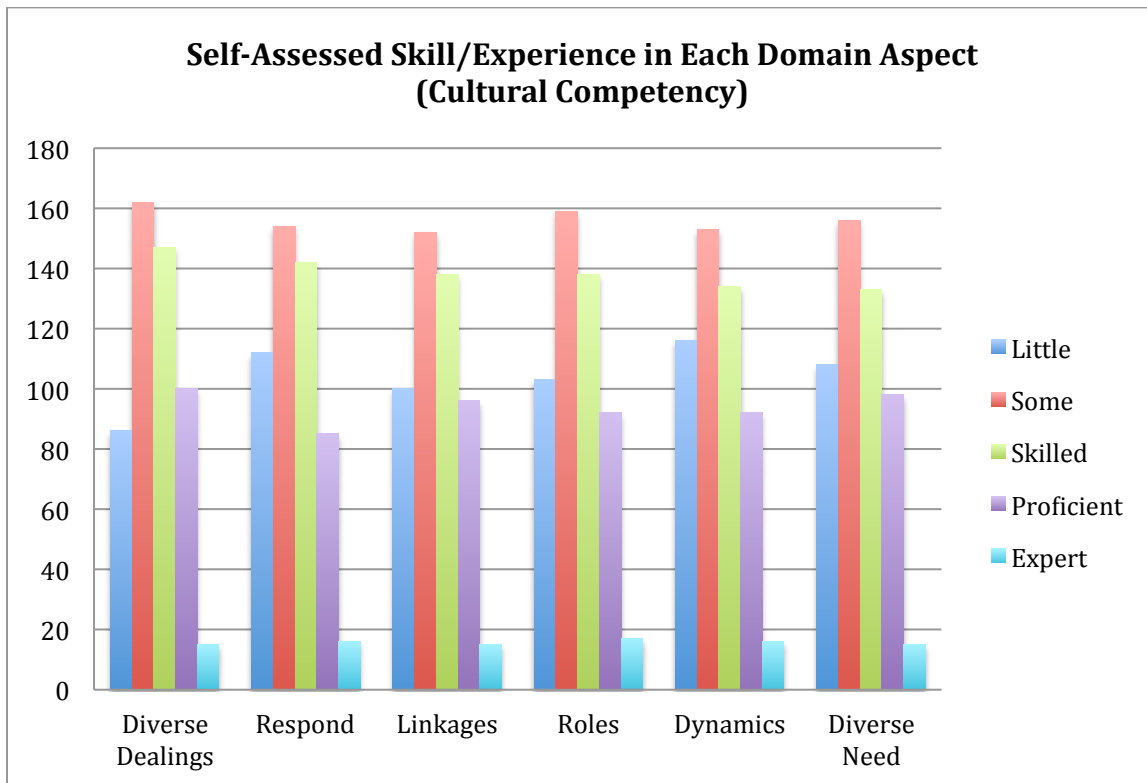
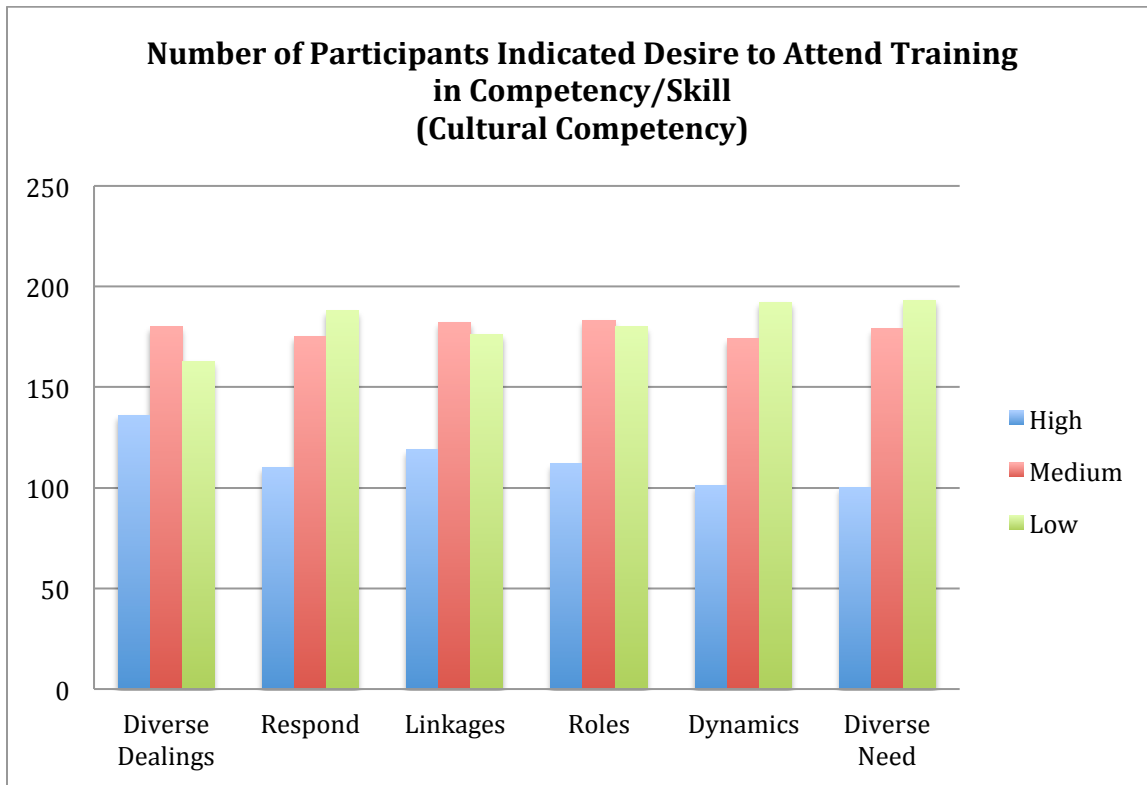


Cultural Competency

There are again minimal differences between individual topics/skills within this domain. Of the specific training topics/skills in this area, the most in demand was Diverse Dealings (incorporate strategies into program plans for interacting with persons from diverse backgrounds including cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). With a total of 356 respondents indicating they would attend training in this area and 316 participants ranking their desire to attend training as “Medium” or “High,” this topic appeared of particular interest within this domain. Of secondary interest, were the topics of Linkages (inform and link the public to essential relevant health programs and resources based on the need of the public members), Roles (consider and integrate the roles of cultural, social and behavioral factors in planning and delivering accessible and acceptable public health services), and Respond (respond promptly to diverse public health needs with best integration of techniques in dealing with cultural differences). The three skill areas are essentially equivalent in respondent interest in training- they were ranked as either “High” or “Medium” by 301, 295, and 285 respondents, respectively.

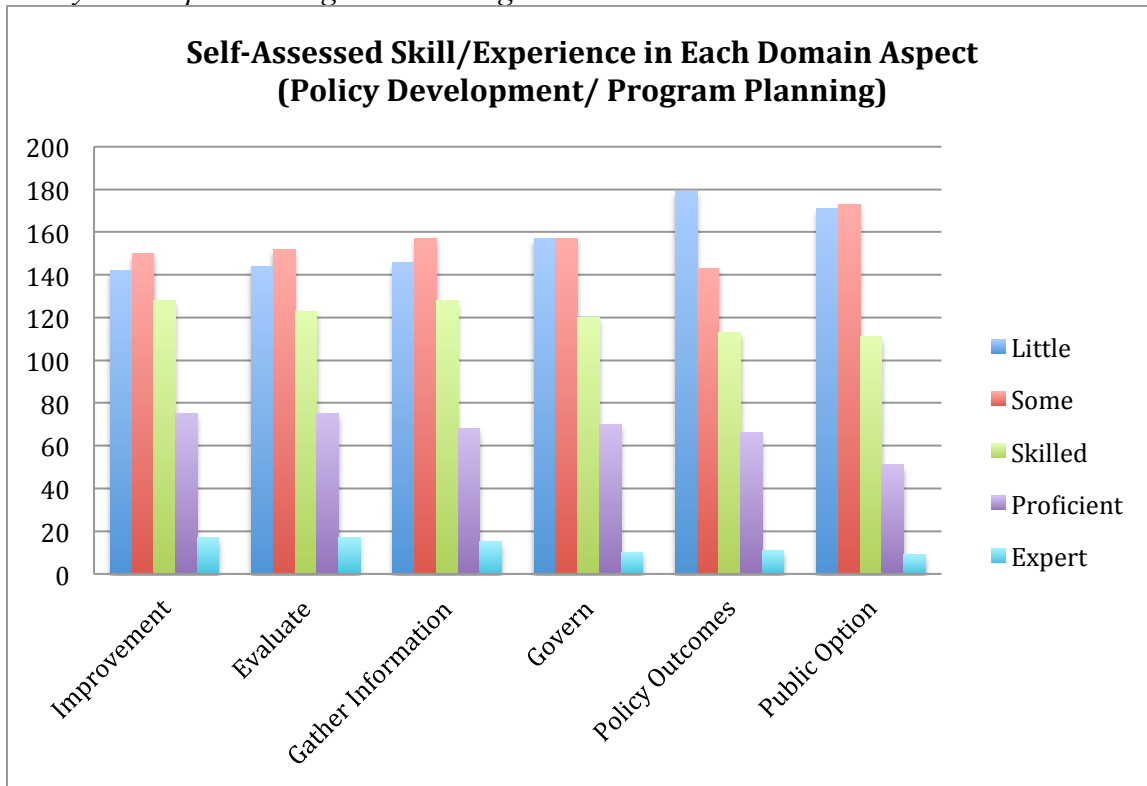
Competency self-assessment suggests Diverse Dealings, and the remaining three specific topic areas, should be addressed at a more basic-medium skill level (most participants reported themselves as either having “some” skill or as “skilled”).



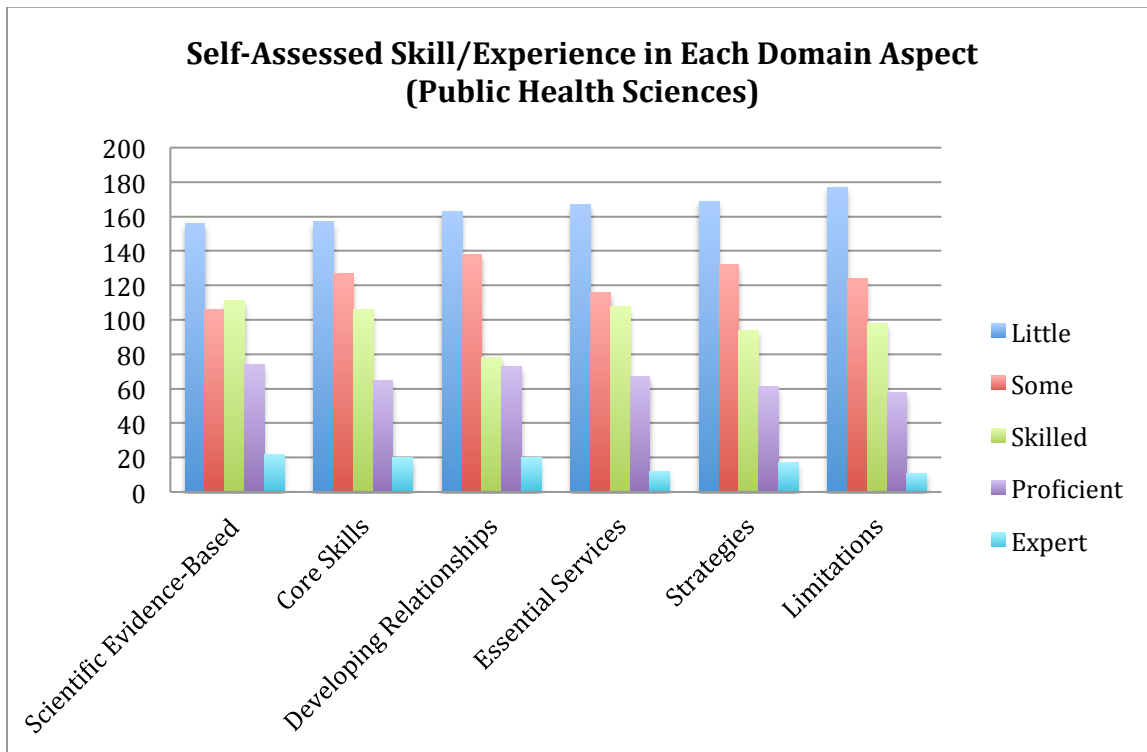


C. Self-Assessed Skill/Experience Charts for Additional Domains

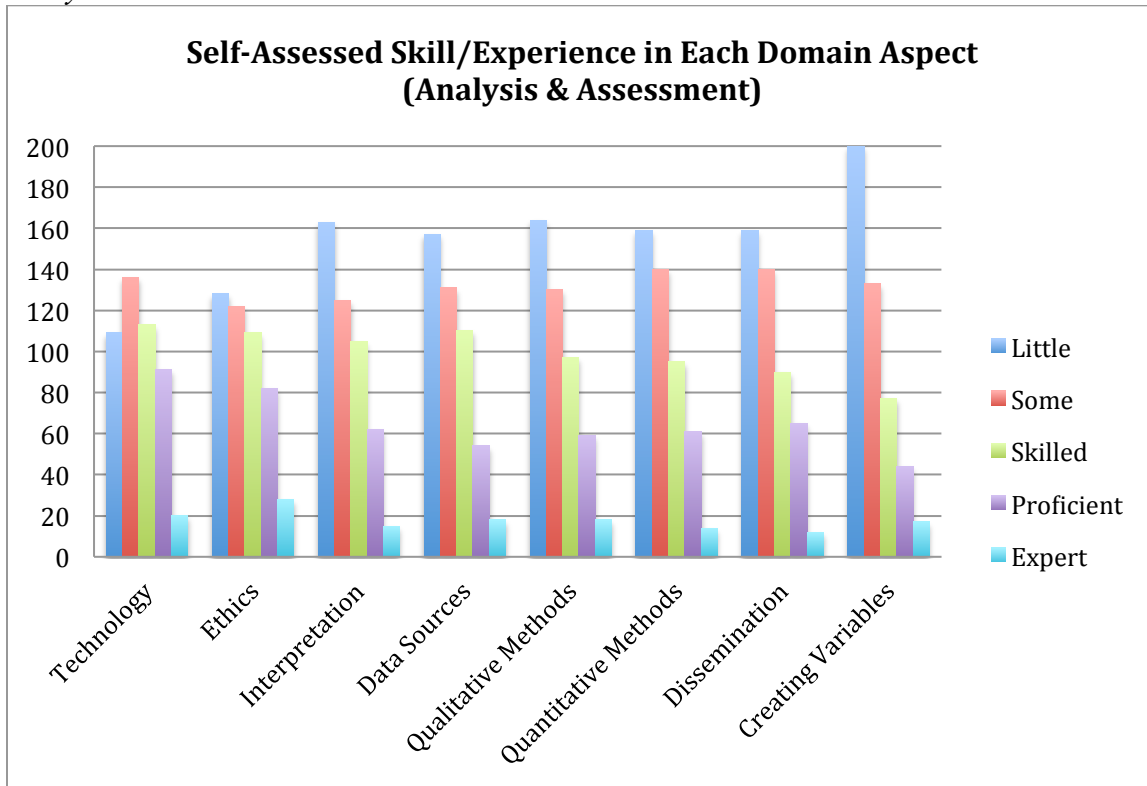
Policy Development/Program Planning



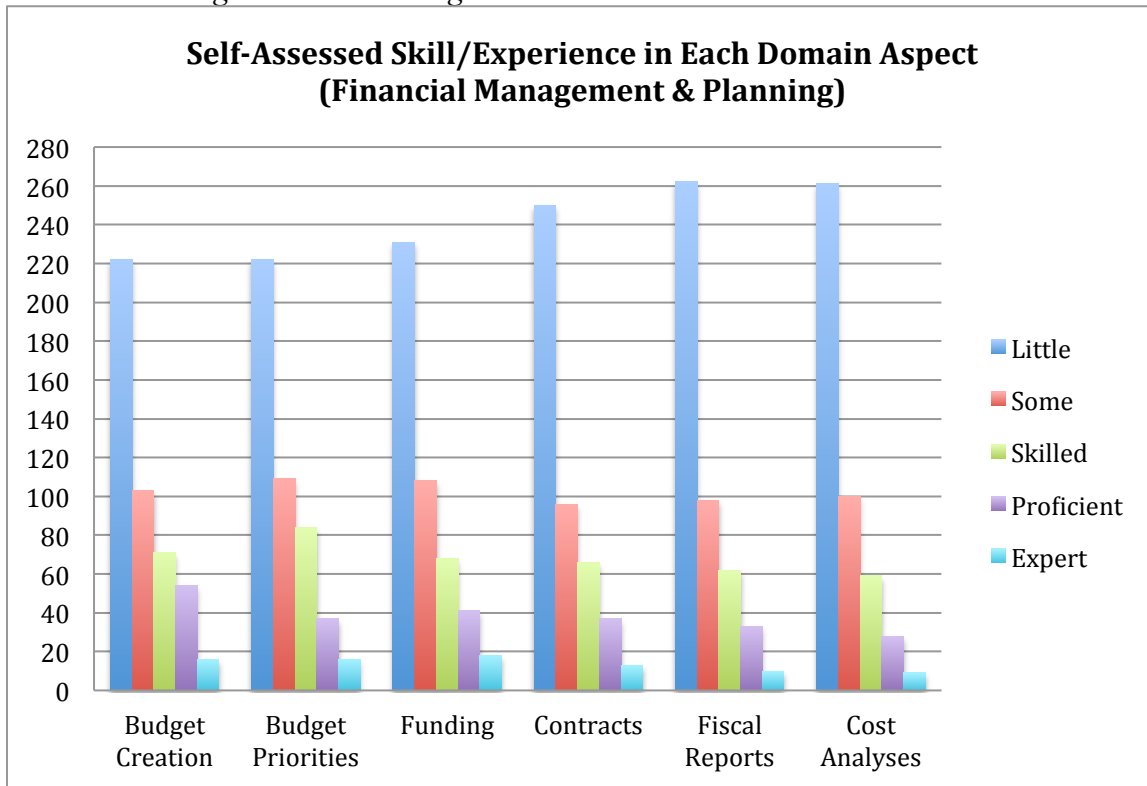
Public Health Sciences



Analysis & Assessment



Financial Management & Planning



4. Limitations of Survey

A. Response Rate

The needs assessment survey was initially sent out by email listserv to 1693 unique potential participants, and then was later sent separately to Department of Health participants. Of over 1693 potential respondents, 757 people initiated the survey and 509 people completed the full survey over the response period spanning roughly three weeks. This indicates a response rate of less than 44.7%. This low response rate indicates information gained through the needs assessment may not be representative of our target population, however, volume of response to the survey may suggest stronger potential interest in future training participation. The rate of survey completion (67.2%) is adequate, but lower compared to a completion rate of 84% in the 2012 Training Hui Needs Assessment, indicating the survey distributed this year may have been either too long (additional questions were added this year) or the design was too complex. Additional potential reasons for partial participation may include survey fatigue or lack of time for full survey response.

B. Sampling Bias

Due to the survey methodologies, there were several areas suggesting the study was prone to various forms of bias. First, administering the survey by email restricted respondents to those with working email addresses. Furthermore, by utilizing only email addresses in the Community Partnership listserv and Hawai'i Department of Health listserv, members of the public health workforce in Hawai'i who were not part of the listserv were excluded from participation. There is also relatively low representation of individuals from the neighbor islands (aside from Oahu), based on how people were added to the Community Partnership listserv, (attendees of past trainings- predominantly on Oahu, community partners and professional contacts). Additionally, the survey was administered over the course of two weeks for the Community Partnership group, between July 14, 2015 and July 28, 2015, and between July 31, 2015 and August 30, 2015 for HDOH participants, thereby excluding potential participants who may not have been available in that window of time.

5. Recommendations – Training Topic Offerings

In summary, participants ranked four of the eight domains as being of particularly high interest in terms of topics to address in future training offerings. Ranking of these domains was relatively clear, however, preferences of specific topics or skills to be addressed in future trainings was more convoluted. Since there was little variability among specific topics or skills within domains, interpretation and prioritization of this information must be done with caution. Based on the domain ranking information, the top three identified topics/skills per domain were recommended as more specific, relatively high priority offerings. A summary table of this information can be found below.

Table 1: 2015 Training Topic Recommendation Summary Table

Topic/Skill	Domain	# Responded “Yes” Would Attend a Training	# Ranked Desire for Training ‘Medium’ or ‘High’
Collaboration Network well with internal and external peers and management members through positive collaboration, team building and inclusive practices of resource sharing and partnerships	Community Dimensions of Practice	330 Respondents	292 Respondents
CBPR Collaborate in community-based participatory research efforts and ensure helpful findings are translated back into practice	Community Dimensions of Practice	330 Respondents	277 Respondents
Usage Negotiate for use of community assets and resources in support of public health initiatives	Community Dimensions of Practice	325 Respondents	281 Respondents
Presentation Develop presentations for mentoring professional peers and lay audiences, using a variety of presentation styles such as power point, prezi, storytelling, digital videos, data tables, and graphs	Health Communication & Informatics	363 Respondents	341 Respondents
Written Communication Create effective written communication in reports, articles, publications, emails, newsletters, fact sheets/handouts, grant writing, data reports, and evaluation reports	Health Communication & Informatics	346 Respondents	333 Respondents
Sharing & Dissemination Convey public health information using a variety of approaches, such as providing written brochures, referring to resources on websites, and links for community resource	Health Communication & Informatics	346 Respondents	309 Respondents
Implementation Implement organized ways to streamline and improve program planning and management	Leadership & Systems Thinking	301 Respondents	262 Respondents
Professionalism Engage in appropriate professional development activities to increase skills that streamline service delivery in competent manner	Leadership & Systems Thinking	295 Respondents	258 Respondents

Systems Thinking Incorporate system thinking and management into your public health practice and service	Leadership & Systems Thinking	294 Respondents	255 Respondents
Diverse Dealings Incorporate strategies into program plans for interacting with persons from diverse backgrounds including cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities	Cultural Competency	356 Respondents	316 Respondents
Linkages Inform and link the public to essential relevant health programs and resources based on the need of the public members	Cultural Competency	339 Respondents	301 Respondents
Respond Respond promptly to diverse public health needs with best integration of techniques in dealing with cultural differences	Cultural Competency	343 Respondents	285 Respondents

Appendix A.

Final Survey Tool Used for Needs Assessment

Demographics

1. What is your gender?

- Male
- Female
- Transgender
- Other

2. What is your age group?

- Under 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60 or older

3. What is your race/ethnicity? (Please select only one)

- American Indian/Alaskan Native
- Japanese/ Okinawan
- Chinese
- Korean
- Filipino
- Southeast Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian
- Samoan
- Tongan
- Micronesian
- Marshallese

- Guamanian/Chamorro
- Palauan
- White
- Multiracial/Mixed
- Other (Please specify)

4. Please indicate the occupation that fits you best at this time:

- Biostatistician or Data Entry/Analyst/Researcher
- Business support- Accountant or Fiscal Officer, Facilities or Operations, Grants or Contracts Specialist, Human Resources Personnel
- Clerical Personnel/Administrative Assistant
- Community or Home Health Worker
- Dentist/Dental Hygenist/Oral Health Professional
- Emergency/BioTerrorism Prep Professional
- Environmentalist/Environmental Health Professional
- Epidemiologist
- Health or Health Services Administration/Public Policy
- Health Promotion/Social or Behavior Health Professional
- Information Systems/Technical Support
- Instructor/Teacher/Faculty/Professor
- Laboratory Scientist
- Mental Health & Substance Abuse Professional
- Nutritionist/RD/Aide
- Other (Please Specify)
- PH Agency/Department Director
- PH Nurse/RN/LPN/CNA/CMA
- PH Program Manager/Coordinator
- PH Program Staff/Health Educator
- Physician/PA/PCP/Provider
- Public Health Law/Lawyer/Legal Aide
- Public Health Policy/Policy Analyst/Advocacy Professional
- Public Health Professional
- Retired/ Unemployed/ Student
- Social Work/Case Manager

- Veterinarian/Aide/Animal Control Professional
- Other (Please Specify)

5. How would you categorize your position?

- Basic/Entry-level (front-line professionals who carry out day-to-day tasks)
- Mid-Level (management/ supervisory professionals)
- Advanced-Level (senior managers, directors or leaders)

6. Please indicate your work status.

- Full-Time Employee
- Part-Time Employee
- Contracted Employee
- Volunteer
- Retired (Non-volunteer)
- Unemployed and/or not working Student
- Other (Please specify)

7. Please indicate your primary practice/work location:

- Federally Qualified Community Health Centers
- State Health Department
- City & County/Local Government Departments
- Indigenous (Native Hawaiian) Health Centers/Organizations/Groups
- Community/Non-profit/NGO Organizations/Neighborhoods
- Faith-Based Organizations/Churches
- Hospital/Clinic/Health Systems
- Community Groups/Neighborhoods
- Schools/University/DOE
- For-profit business
- Other (please specify)

Do you work in any of the following specific DOH Divisions/Branches/Offices?

- Public Health Nurses
- Injury Prevention & Control
- Tobacco Prevention & Education Programs
- Rural Health
- Other Health Resources Administration Program/Division
- Behavioral Health Administration
- Environmental Health

8. Please indicate the geographic area your organization serves (island). (Check all that apply)

- Statewide
- Oahu
- Hawaii (Big Island)
- Kauai
- Maui
- Lanai
- Molokai
- Other Pacific Islands (Non-Hawaii)
- Other (please specify)

9. Which of the following populations do you and/or your organization serve? (Check all that apply)

- General Population
- Infants and Children (ages 0-5)
- Youth (ages 6-12)
- Adolescents (ages 13-21)
- Adults (ages 22-59)
- Seniors (ages 60+)
- Disabled/ Mental Illness/ Challenged
- Low Income
- Rural
- Homeless
- Immigrants

- Tobacco/ Drug/ Substance Abuse
- Health Professionals/ Professional Support
- Other (please specify)

10. Do you work in any of the following areas? (Check all that apply)

- Tobacco, Drug, & Substance Abuse
- Asthma, COPD, & Respiratory Illness
- Diabetes, Cardiovascular, & Other Chronic Diseases
- Cancer
- Wellness, Health Promotion, Lifestyle Changes, & Disease Prevention
- Injury Prevention
- Infectious & Acute Care
- Public Health Nursing
- Other (please specify)

- None of the above

11. Please indicate your highest level of education attainment.

- Less than High School
- High School / GED
- Some College
- 2-year College Degree
- 4-year College Degree
- Masters Degree
- Doctoral Degree/ Professional Degree (JD, MD)

12. How have you received your training or education in public health? (Select all that apply)

- Academic public health courses (e.g. as part of a degree or certificate program)
- Formal public health training (e.g. fellowship, Public Health Prevention Service)
- Continuing education (e.g. webinars, conferences)
- On the job (e.g. mentoring, orientation, training modules)
- I do not have public health education or training

Other (Please specify)

Please indicate your highest level of formal public health education.

- Certificate
- Associate Degree
- Bachelors Degree
- Masters Degree
- Doctoral Degree

Ranking Skills-Based Training Topics

13. Please rate your skills or experience with aspects from the domain of Health Communication & Informatics. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Oral Communication. Communicate health information orally based on project/program needs through various methods-- e.g. meetings updates, public presentations, and testimonies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Gathering Feedback. Ask for and gather input and feedback from individuals and organizations in the community to refine ongoing projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Written Communication. Create effective written communication in reports, articles, publications, emails, newsletters, fact sheets/handouts, grant writing, data reports, and evaluation reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Sharing & Dissemination. Convey public health information using a variety of approaches, such as providing written brochures, referring to resources on websites, and links for community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Interactions. Interact effectively with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

members, and both internal and outside partners (e.g. leading good meetings)

F. Presentation. Develop presentations for mentoring professional peers and lay audiences, using a variety of presentation styles such as power point, prezi, storytelling, digital videos, data tables, and graphs

G. Literacy. Identify the health literacy levels of populations served by your work and help improve health literacy rates so community members can make better decisions

14. Please rate your skills or experience with aspects from the domain of Community Dimensions of Practice. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Involvement. Participate in program efforts by following the program/project planning and management steps with effective and efficient outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Collaboration. Network well with internal and external peers and management members through positive collaboration, team building and inclusive practices of resource sharing and partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Relations. Demonstrate knowledge and approaches to establish good relations with community leaders, groups, partners, and acquiring resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Inform. Inform and link the public to essential relevant health programs and resources based on the need of the public members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Groups. Use group processes to increase community participation in public health initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Roles. Distinguish between the role of government and non-governmental organizations to maximize the productive delivery of community health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Usage. Negotiate for use of community assets and resources in support of public health initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. Input. Use community input when developing public health policies and programs by promoting health policies, programs, and resources among with community members

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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I. CBPR. Collaborate in community-based participatory research efforts and ensure helpful findings are translated back into practice.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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15. Please rate your skills or experience with aspects from the domain of Cultural Competency. Please answer your intent to attend training and rank your desire for this training.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Dynamics. Explain and manage productively the dynamic social, political, and economic forces that contribute diversity in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Diverse Dealings. Incorporate strategies into program plans for interacting with persons from diverse backgrounds including cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Diverse Need. Describe and address the need for a diverse harmonious public health workforce to better interface with like diverse community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Respond. Respond promptly to diverse public health needs with best integration of techniques in dealing with cultural differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Roles. Consider and integrate the roles of cultural, social and behavioral factors in planning and delivering accessible and acceptable public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Linkages. Inform and link the public to essential relevant health programs and resources based on the need of the public members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please rate your skills or experience with aspects from the domain of Policy Development/Program

Planning. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Public Option. Describe and apply how policy options can influence public health programs and political "sparked" topics to obtain the best public health outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Gather Information. Gather essential information that will inform and motivate policy decisions such as health, fiscal, administrative, legal ethical, social, and/or political information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Govern. Adhere and incorporate public health laws, regulations, procedures, and policies to better govern public health plans, organizational structures, and programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Policy Outcomes. Anticipate and apply expected outcomes of different policy options for better quality programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Evaluate. Monitor and evaluate programs for their effectiveness, cost efficiency, and quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Improvement. Conduct continuous quality improvement activities to enhance ongoing public health programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please rate your skills or experience with the aspects from the domain of *Public Health Sciences*. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Core Skills. Apply the basic skills of public health sciences from core areas of biostatistics, epidemiology, environmental health sciences, health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

administration, and social/behavioral health sciences to better administer public health policies and programs

B. Essential Services. Demonstrate, communicate, and document how basic core skills are incorporated into carrying out public health core functions and ten essential services

C. Scientific Evidence-Based. Conduct and utilize comprehensive review of scientific evidence to improving public health issues, concerns, and needed interventions

D. Developing Relationships. Establish relationships and collaborate with a university and other researchers to contribute to the scientific and evidence-based interventions for public health practice.

E. Strategies. Contribute to building the scientific and evidence-based strategies to improve public health problems and provide thriving communities

F. Limitations. Deal with limitations of research findings by adapting the approaches to better fit the community situations

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please rate your skills or experience with aspects from the domain of Analysis and Assessment. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Creating Variables. Create variables to measures public health conditions and issues important to improving public health outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Data Sources. Access and utilize sources of public health data and information to inform assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Quantitative Methods. Use methods and tools to collect valid and reliable quantitative, numerical data (such as surveys).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Qualitative Methods. Use methods and tools to collect valid and reliable qualitative data (such focus groups and key information interviews)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Ethics. Employ ethical principles in the collection, maintenance, use, and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

dissemination of data, findings, and information

F. Technology. Use information technology (computers and software) to collect, store, and retrieve data.

G. Interpretation. Interpret and apply both numerical and narrative data for use in program planning, policy development, and other decisions-making across a wide spectrum of public health concerns

H. Dissemination. Disseminate data to appropriate public health populations and professionals to improve the population health

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please rate your skills or experience with aspects from the domain of Financial Management and Planning. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Funding. Prepare grant proposals to seek funding from external sources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Budget Priorities. Develop strategies to determine budget priorities based on local, state, and federal financial-functional contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Budget Creation. Develop and administer a program budget within budget allocations and constrains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Contracts. Negotiate contracts and other agreements for prevision of program services within the budgetary regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Fiscal Reports. Produce fiscal reports that meet clearance with statutory and operational procedures as set forth by contracted fiscal auditors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Cost Analyses. Use appropriate cost analyses to prioritize and implement programs and make sound fiscal decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please rate your skills or experience with aspects from the domain of Leadership and Systems Thinking. Please answer your intent to attend training and rank your desire for a training based on each aspect.

	Rate your level of skill or experience with the following aspects					Would you attend a training on this aspect if offered to advance your skill level?		Rank your desire to attend a training on this aspect.		
	Little	Some	Skilled	Proficient	Expert	Yes	No	Low	Medium	High
A. Feedback. Provide feedback and insights to management members to improve and strengthen the goals and services of programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Professionalism. Engage in appropriate professional development activities to increase skills that streamline service delivery in competent manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. System Thinking. Incorporate system thinking and management into your public health practice and service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Implementation. Implement organized ways to streamline and improve program planning and management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Quality Assessment. Contribute to measurement, continuous improvement, and reporting of organizational performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Modify. Modify organizational practices in consideration of desired changes in the public health system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Please rank the following *Eight (8) Public Health Workforce Skill Domains* in order that shows domain-priorities for you to attend based on those with aspects that you want seek for your own professional continuing education.

Please click and drag each category into your desired order, 1 = most desired domain

- **Health Communication & Informatics-** (the ability to work with social media methods, interface with informatics systems, identify the health literacy of populations served, and effectively convey public health information, in person, in writing, and on electronic devices)
- **Community Dimensions of Practice-** (the ability to recognize community linkages and relationships, maintain partnerships with key stakeholders, and collaborate with partners to promote the population’s health, with sensitivity among persons from diverse backgrounds, and recognize the role of cultural, social, and behavioral factors in the delivery of public health services)
- **Cultural Competency-** (the ability to interact effectively and appropriately with persons from diverse backgrounds including cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)
- **Policy Development/Program Planning-** (the ability to gather and analyze public health policy issues, and how policy options can influence public health programs. Also the ability to incorporate ethical standards of practice in all interactions, promote organizational learning opportunities, and modify practices in consideration of changes in the public health system)

- **Public Health Sciences-** (the ability to utilize and apply public health principles to a diverse range of topics, issues, and settings)

- **Analysis and Assessment-** (the ability to handle various types of data, analytical approaches, statistical program selections, and make proper inferences)

- **Financial Management and Planning-** (the ability to apply for funding, develop and utilize a budget, and manage both program and organizational costs effectively, efficiently, and appropriately)

- **Leadership and System Thinking-** (the ability to serve as a leader and a professional in your organization or community. Also the ability to work within, and effectively address organizational dynamics and change)

Final Comments

22. If you have any final comments, please share them in the space below.