

Research Findings Brief

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Staff Training and Development of Nebraska's Local Health Departments *Findings from a 2010 Survey of Local Health Department Directors*

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Research Highlights

- Overall, 38.9% (n = 7) of local health departments (LHDs) do not have an agency plan for staff development and growth. Furthermore, 38.9% (n = 7) of LHDs do not develop professional goals and plans for each staff member.
- A majority of LHD directors (83.3%) indicated that e-mail announcements were “frequently” or “very frequently” used as a mode of communication to learn about staff continuing education or professional development opportunities. Only 11.1% of LHD directors indicated that they “frequently” or “very frequently” used social networking sites as a mode of communication to learn about staff continuing education or professional development opportunities.
- Almost all LHD directors (94.4%) ranked an on-site training activity with an instructor as one of the top three most effective learning methods for their staff. On the other hand, no LHD directors ranked using a print-based self-directed training activity as one of the top three most effective learning methods for their staff.
- About 77.8% of LHD directors ranked an off-site training activity with an instructor among the top three most preferred learning methods for their budget and department, and only 11.1% of LHD directors ranked using a print-based self-directed training activity among the top three most preferred learning methods for their budget and department.
- The majority of LHD directors (72.2%) reported that the instability of funding streams to support personnel was “very much” a barrier or that it “extremely” affected the LHD’s ability to build a competent workforce. Furthermore, very few (5.6%) LHD directors reported that the lack of promotion opportunities within their organization was “very much” a barrier or that it “extremely” affected the LHD’s ability to build a competent workforce.

Introduction

In 2001, the Nebraska legislature passed the Nebraska Health Care Funding Act to build a public health infrastructure across the state. By 2004, every county in Nebraska was served by a local public health department, either a single-county department or a newly developed multi-county or regional department. In 2008, the Nebraska Center for Rural Health Research undertook a study that examined the context, structure, practice, and performance of Nebraska’s local health departments (LHDs). In 2010, a follow-up study was conducted to better understand the workforce capacity and training of the LHDs and to explore the problems and strategies related to the public health workforce. This brief summarizes the findings regarding staff training and development of Nebraska’s LHDs in 2010. Staff training and development is essential in LHDs as it enhances the LHDs’ capacity and performance in public health practice.

Methods

A mail survey was conducted and administered to LHD directors in Nebraska, from August 2010 to November 2010, by the research team at the Nebraska Center for Rural Health



Nebraska Center for
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Research. The design of the survey instrument was guided by continuous input from key research investigators as well as a synthesis of the literature review. The questionnaire consisted of a 20-item survey that covered the domains of LHD workforce capacity, training, and barriers and strategies. Twenty-one LHDs (17 regional and 4 single-county) covering all 93 Nebraska counties were included in the survey. The survey was administered by the modified Dillman method.¹ A notification letter was mailed to local health department directors informing them of the survey and inviting them to participate. Following the notification letter, the survey questionnaire was e-mailed. A reminder postcard was then mailed to non-respondents, with a follow-up mailing of the survey. A total of 18 (85.7% of the sample) LHD directors completed and returned the survey.

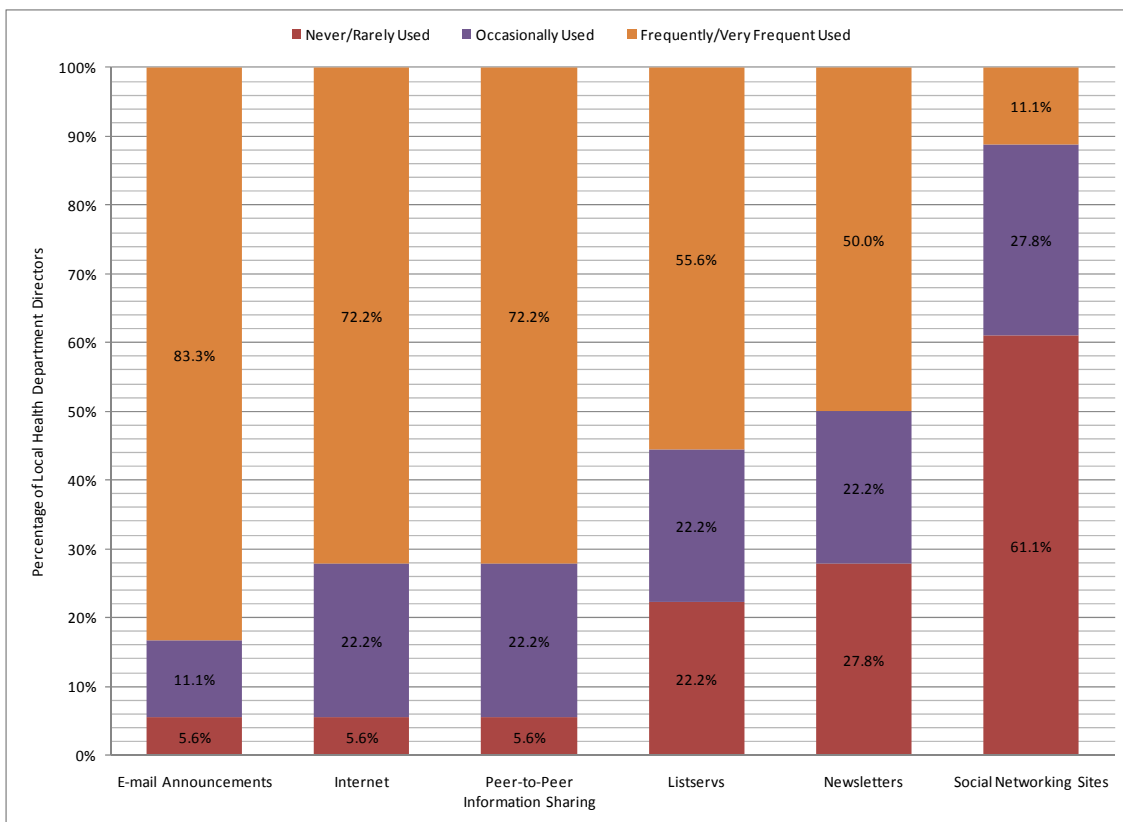
Results

Professional Growth and Development within Local Health Departments

Overall, 38.9% (n = 7) of LHD directors indicated that their LHD did not have an agency plan for staff development and growth. Furthermore, 38.9% (n = 7) of LHD directors indicated that their LHD did not develop professional goals and plans for each staff member.

Figure 1 shows how frequently LHD directors used various modes of communication to learn about staff continuing education or other professional development opportunities. E-mail announcements were reported as the most frequently used mode of communication, followed by the Internet, peer-to-peer information sharing, listservs, newsletters, and social networking sites. Specifically, 83.3% of LHD directors indicated that e-mail announcements were “frequently” or “very frequently” used, whereas 5.6% indicated that e-mail announcements were “never” or “rarely” used. Almost two-thirds (61.1%) of LHD directors indicated that they “never” or “rarely” used social networking sites as a mode of communication to learn about staff continuing education or professional development opportunities, whereas 11.1% indicated that they “frequently” or “very frequently” used social networking sites as a mode of communication to learn about staff continuing education or professional development opportunities.

Figure 1. Modes of Communication Used by Local Health Department Directors to Learn About Staff Continuing Education or Professional Development Opportunities, Nebraska 2010 (N = 18)

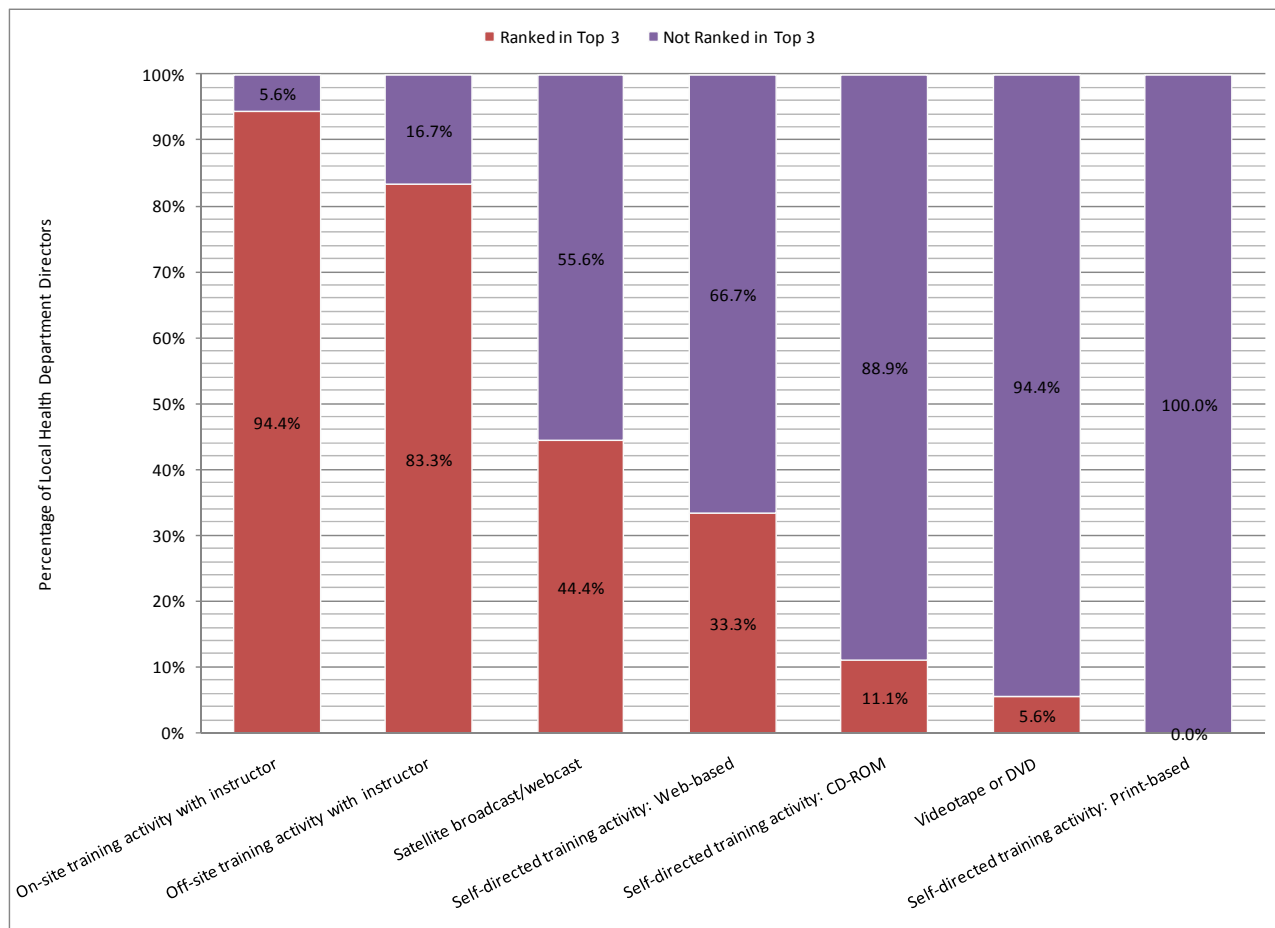


¹ Dillman, D. A. (2007). *Mail and Internet Surveys: The Tailored Design Method*, 2nd edition. New York: Wiley.

Learning Methods for Local Health Department Staff

LHD directors were asked to rank the effectiveness of various learning methods for their staff. Figure 2 shows the proportion of LHD directors who ranked the following methods as one of the top three learning methods for their staff: on-site training activity with an instructor (94.4%), off-site training activity with an instructor (83.3%), satellite broadcast or web-cast (44.4%), web-based self-directed training activity (33.3%), CD-ROM self-directed training activity (11.1%), and videotape or DVD (5.6%). None of the LHD directors ranked the method of print-based self-directed training activity as one of their top three effective methods.

Figure 2. Local Health Department Director Ranking of Effective Learning Methods for Staff, Nebraska 2010 (N = 18)



LHD directors were also asked to rank the learning methods based on their preference for usage, taking the department’s budget into consideration. Figure 3 shows the proportion of LHD directors who ranked the following methods as one of the top three most preferred learning methods for their department: off-site training activity with instructor (77.8%), web-based self-directed training activity (61.1%), on-site training activity with an instructor (44.4%), satellite broadcast or web-cast (38.9%), videotape or DVD (22.2%), CD-ROM self-directed training activity (16.7%), and print-based self-directed training activity (11.1%).

Barriers to Building a Workforce in Local Health Departments

Figure 4 reports the barriers and challenges that affect LHDs’ ability to build a competent workforce. The instability of funding streams to support personnel (72.2%) was the largest barrier or challenge to building a competent workforce, followed by an inadequate pool of qualified public workforce in the region (50%), the limited public health experience among the workforce (44.4%), the lack of a competitive salary to attract qualified applicants (27.8%), the social-economic climate of the geographic region (22.2%), and the lack of promotion opportunities within their organization (5.6%).

Figure 3. Local Health Department Director Ranking of Preferred Learning Methods for their Budget and Department, Nebraska 2010 (N = 18)

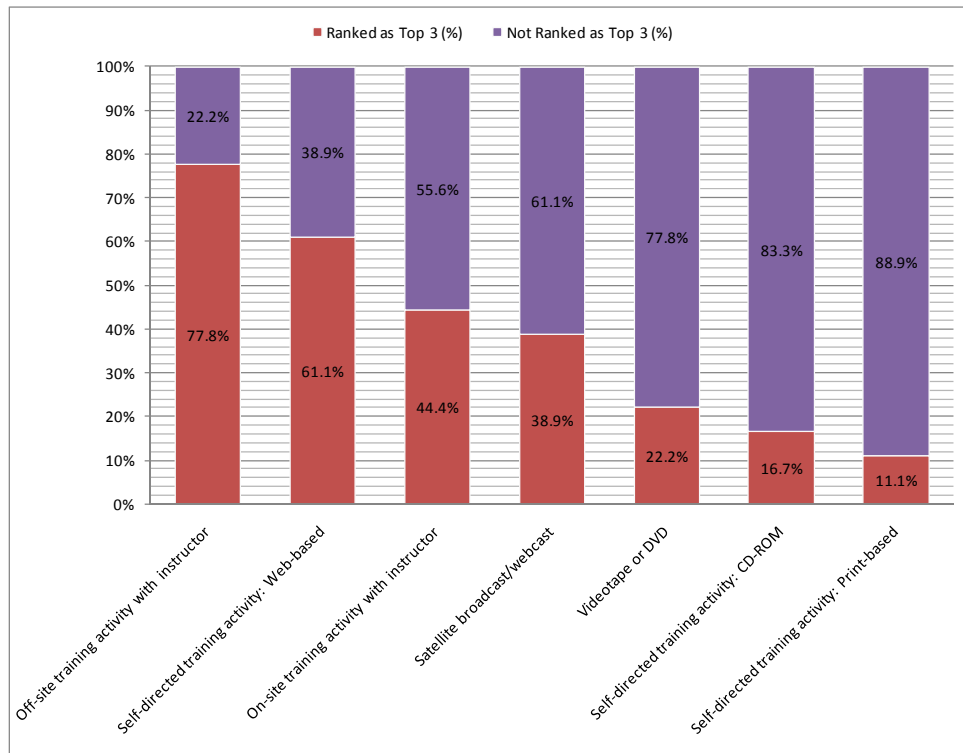
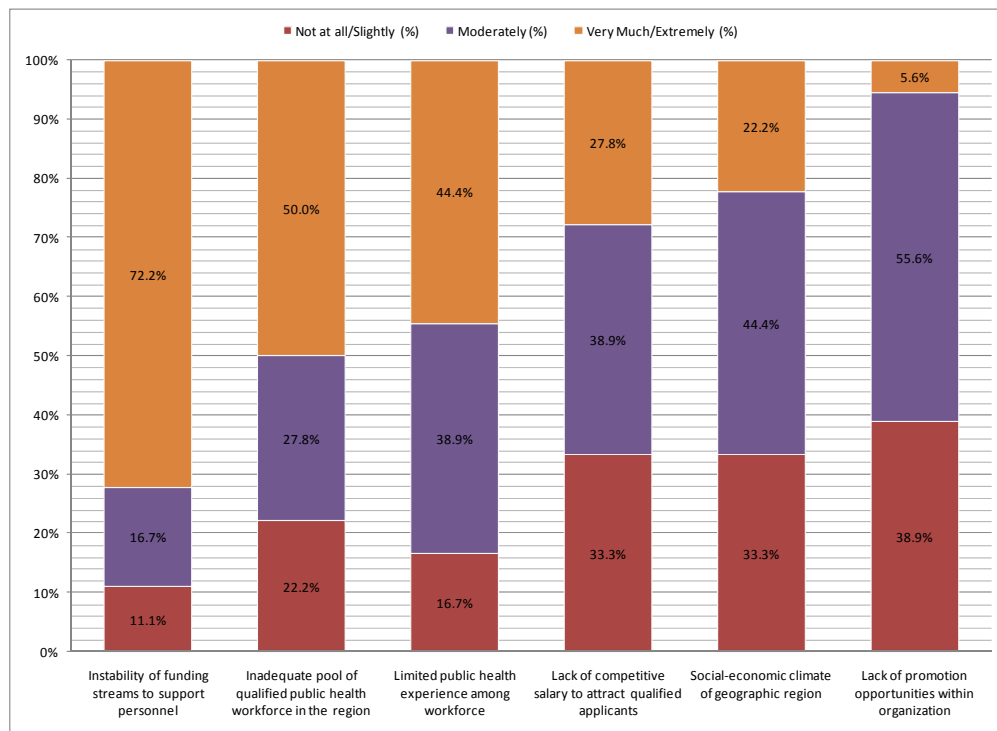


Figure 4. Effect of Barriers/Challenges on LHDs' Ability to Build a Competent Workforce, Nebraska 2010 (N = 18)



Acknowledgements

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