

Training Needs Assessment Update

South Central Public Health Training Center (SCPHTC)

South Central Preparedness and Emergency Response Learning Center (SCPERLC)

Prepared by:

Sheila W. Chauvin, Ph. D., M. Ed.

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Introduction

An updated analysis of training needs is an important component of the 2010-2011 project activities for both the South Central Public Health Training Center (SCPHTC) and the South Central Preparedness and Emergency Response Learner Center (SCPERLC). This updated analysis included a re-examination of results from previous training needs assessment studies from 1999 to the present, a systematic, competency-based assessment of existing training courses, and emerging training needs that were identified by practice partner representatives.

Background

The first comprehensive training needs assessment was conducted in 1999 and included a systematic sample of public health employees in a four-state region (Alabama, Arkansas, Louisiana, and Mississippi). A five-year curriculum addressing core public health functions and the corresponding ten essential services was developed and used to guide the initial work of the SCPHTC. During the period of 2002-2004, several comprehensive statewide training needs assessment studies were conducted targeting the core competencies in bioterrorism and emergency preparedness and response and the results of these studies were used similarly to development comprehensive curriculum plans. Representatives of public health agencies and a wide variety of potential external agencies were included in training needs assessment activities that included large-scale survey and workshop formats. As part of overall program evaluation activities, annual investigation and updates of continuing and emergent training needs for both core public health and emergency preparedness and response competencies have been conducted. In 2005-2006, the regional training needs assessment for core functions and essential services in public health was repeated to evaluate progress, update training needs and guide a continued curriculum planning for the SCPHTC. Most recently, in 2009, additional training needs assessment was conducted to address both sets of core competencies in public health, generally, and in the specific domains of emergency preparedness and response. This report

describes the methods, results, and recommendations for the current training needs, priorities, and opportunities. The report will be shared with leaders and key personnel of the SCPHTC and SCPERLC, and subsequently, with the SCPHP Executive Committee of the Advisory Board at its Spring meeting on June 8, 2011. Follow-up work on continuing training needs assessment will occur, as needed, based on the results of the June 8 discussion. Final results will be used for curriculum planning and proposed scope of work for the 2011-2012 and beyond.

Methods

Among the 2010-2011 training needs assessment activities were the following: 1) analysis of results from previous training needs assessment studies (as mentioned above), 2) a systematic analysis of exiting, competency-based training courses that are already available from the SCPHTC and the SCPERLC (including those disseminated through the former South Central Center for Public Health Preparedness), 3) explicit solicitation of training needs and priorities from SCPH Advisory Board members (December 2010, February 2011), 4) input from SCPHTC and SCPERLC key personnel (December – March 2011), and 5) additional and personalized follow-up with key members of practice partner agencies (March 2011) to identify emergent and priority training needs.

Analysis of Prior Training Needs Assessment Studies

Using an iterative process, results from prior assessment were reviewed and synthesized to identify common and recurring priority training needs. Particular attention was given to examining high priority training needs that were subsequently resolved and others that have persisted over time and emerged in the past year.

Systematic Analysis of Existing SCPHTC and SCCPHP/SCPERLC Web-based Courses

First, a review of the established core competencies in public health and emergency preparedness/response was conducted to confirm the most current version being used nation-wide for public health training initiatives. Second, all training resources were reviewed to examine which were best suited for a systematic, competency-based training needs assessment. Third, because a competency-based analysis tool for SCPHTC and SCCPHP web-based courses had been established in 2005 (Hites, OSATS), this tool was examined to determine whether the current training needs assessment might be built upon and expanded for the current efforts targeting both the SCPHTC and SCPERLC foci.

An examination of the training catalog on the SCPHP website (<http://www.southcentralpartnership.org/training>) revealed that not all training opportunities have clearly articulated learning objectives or competency-based correlations (e.g., some satellite seminars). Therefore, for the purposes of consistency, the analysis focused on the web-based courses only. For the majority of years since the Centers have been established, web-based courses have been a predominant training delivery mode. A total of 113 competency-based web courses are currently available from the SCPHTC and the SCPERLC/SCCPHP for analysis. For each course, a general course description and additional detailed information pertaining to course content, structure, learning objectives, and competency correlations were used for the analysis.

As noted in the Methods section, an attempt was made to build upon the work of Dr. Lisle Hites' development of the OSATS matrix in 2005. However, after examination of the tool and follow-up correspondence with Dr. Hites and other project personnel, it was clear that the tool and course entries had not been maintained since the initial work. In addition, some recent revisions to the core competencies in emergency preparedness and response had occurred and a new, updated set of core competencies for the new PERLC network of centers was available (as of December

2010). For the core competencies in public health (i.e., core functions and essential services adopted in 2001), a more recent conceptualization of core competencies had been adopted in 2004 to reflect eight core competencies that are expected of public health employees across their performance of the ten essential services. Consequently, a new matrix was created for analysis of the existing web-based courses that would reflect the extent to which each course addressed the following: 1) the eight core competencies applied across the ten essential public health services, 2) the ten essential services, 3) and the four new core competency domains developed for the new PERLCs. Further, each course was coded to reflect the skill level assigned by the lead course faculty/author and in keeping with the new taxonomy of 1) *Aware*, 2) *Knowledgeable*, and 3) *Advanced*. Competency descriptions and skill levels from the Public Health Foundation TRAIN website Accessed from the Public Health Foundation TRAIN website, competency and skill level descriptions (<https://www.train.org/Competencies/pb.aspx?tabID=94> and <https://www.train.org/Competencies/compskill.aspx?tabID=94>) were used to assign appropriate codes to each course. The comprehensive matrix that included as an Appendix to this report shows the eight core competencies and the ten essential public health services. Since some of the early emergency preparedness courses were developed and coded to the 2002 *Emergency Preparedness: Core Competencies for All Public Health Workers* framework, these competency statements were also consulted to determine the most appropriate code assignments based on the new PERLC competency domains. Table 1 provides a list of the 2002 emergency preparedness competencies and the Table 2 includes a list of four new domains and corresponding competency statements. Each course was coded for all applicable competency criteria, regardless of the specific training center in which the course was developed and supported. That is, SCPHTC courses were coded for presence of relevant public health and emergency preparedness competency criteria and the same was done with SCPERLC/SCCPHP courses. Finally, code assignments were revisited multiple times to facilitate accuracy and parsimony.

Table 1. Emergency preparedness core competencies for all public health staff (2002).

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| 2002 Competencies: |
| 1. Describe the public health role in emergency response in a range of emergencies that might arise. |
| 2. Describe the chain of command in emergency response. |
| 3. Identify and locate the agency emergency response plan (or pertinent portion of the plan). |
| 4. Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills. |
| 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.) |
| 6. Describe communication role(s) in emergency response: <ul style="list-style-type: none"> a. Within the agency using established communication systems b. With media c. With the general public d. Personal (with family, neighbors) |
| 7. Identify limits to own knowledge/skill/authority and identify key system resources for referring matters that exceed these limits. |
| 8. Recognize unusual events that might indicate an emergency and describe appropriate action (e.g., |

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| communicate clearly within the chain of command). |
| 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken. |

Table 2. Emergency preparedness and response competencies established by the PERLC (December, 2010)

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| Model Leadership |
| 1.1 Solve problems under emergency conditions. |
| 1.2 Manage behaviors associated with emotional responses in self and others. |
| 1.3 Facilitate collaboration with internal and external emergency response partners. |
| 1.4 Maintain situational awareness. |
| 1.5 Demonstrate respect for all persons and cultures. |
| 1.6 Act within the scope of one's legal authority. |
| Communicate and Manage Information |
| 2.1 Manage information related to an emergency. |
| 2.2 Use principles of crisis and risk communication. |
| 2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command. |
| 2.4 Collect data according to protocol. |
| 2.5 Manage the recording and/or transcription of data according to protocol. |
| Plan for and Improve Practice |
| 3.1 Contribute expertise to a community hazard vulnerability analysis (HVA). |
| 3.2 Contribute expertise to the development of emergency plans. |
| 3.3 Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training). |
| 3.4 Refer matters outside of one's scope of legal authority through the chain of command. |
| Protect Worker Health and Safety |
| 4.1 Maintain personal/family emergency preparedness plans. |
| 4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats. |
| 4.3 Report unresolved threats to physical and mental health through the chain of command. |

Input from Practice Partner Agencies and SCPHTC and SCPERLC key personnel Regarding Priority and Emergent Training Needs

At the December 2010 Advisory Board meeting, an open discussion was used to explain the training needs assessment update efforts and solicit partner and project staff input. A template was created and distributed and Board members were asked to discuss with key leaders at their agencies the current priorities and emergent training needs in core public health and emergency preparedness and response. Individuals were asked to provide information for training needs to indicate whether each was a state-specific or regional need and in which SCPHP training center(s) the need fit (i.e., SCPHTC, SCPERLC, and/or SCPHLI – leadership institute). Primary focus was on the SCPHTC and SCPERLC courses, but input pertaining to the SCPHLI was invited as well. Priorities and needs could also be represented as web-based courses, webcast or satellite seminars, conferences, technical assistance, or whatever format(s) they deemed appropriate or preferred. Individuals were also encouraged to consider needs in terms of different skill levels and to provide input about how existing courses or training experiences might be expanded or built upon to promote enhanced skills and transfer to on-the-job performance. Certificate programs (i.e., series of courses or modules) were also options for stakeholders to consider. An electronic version of the template was distributed to all Advisory Board members and key project personnel following the meeting. Key project personnel were asked to forward specific requests or “hot topics” revealed from courses and satellite seminar participants (e.g., via post-session feedback responses). Follow-up communication was used with Advisory Board members and project staff to maximize responses and input.

Results

Results of Previous Training Needs Assessment Studies

Many of the initial training priorities have been resolved. Areas of training needs related to core public health competencies that were among the highest priorities in the 2005-2006 regional study included the following, shown in priority order:

- Essential Service 10 (Competency J): Research for new insights and innovative solutions to health problems
- Essential Service 9 (Competency I): Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Other training needs that were related to Essential Services 9 and 10 reflected more specifically the abilities reflected in Essential Services 1, 2, and 6, of which these are listed in priority order below:

- Essential Service 2 (Competency B): Diagnose and investigate health problems and health hazards in the community.
- Essential Service 1 (Competency A): Monitor health status to identify community health problems.
- Essential Service 6 (Competency F): Enforce laws and regulations that protect health and ensure safety.

Results of more recent and ongoing training needs assessment (e.g., 2008-2009) provided evidence that the above areas continue to persist as training priorities that could be addressed through a variety of approaches (e.g., new training courses or seminars, professional consultation, new programs or project developments). In particular, the results of the training needs assessment conducted in December 2009 with the Mississippi Department of Health that reflected consistently the regional level training needs is still relevant for planning future training curriculum and

activities. Key training priorities are summarized by the bullet points shown below that have been generally consistent across the various SCPHP practice partners and not unique to one agency or another:

- Leadership development (not just individuals already in formal positions, but for succession purposes as well)
- New employee orientation (specific to educating individuals about “what is public health”)
- Mentoring (skills and organization-wide programs)
- Pipeline and recruitment of future public health staff, as well as retention strategies
- Decision-making, negotiation and persuasion, conducting effective and efficient meetings (within agency/organization, and outside of agency with external partners and agencies, and communities)
- Train-the-trainer sessions and instructor guides to expand the use and effectiveness of existing training options (both SCPHTC and SCCPHP/SCPERLC)

Analysis of Existing Courses

The Appendix includes a complete matrix showing all codes for all courses. A total of 113 SCPHTC and SCPERLC/SCCPHP courses were examined and coded. One course did not have course details on which to base competency codes. Each course was coded by the sponsoring Center (i.e., SCPHTC, SCPERLC/SCCPHP). A small number of SCPERLC courses were coded to reflect other formats in which they are available (e.g., satellite seminar or podcast), in addition to web-based. Page 7 of the Appendix shows a summary of results for all courses, by SCPHTC and SCPERLC. By skill level, most courses target *Awareness* (27 for SCPHTC and 33 for SCPERLC), followed by *Knowledgeable* level for 32 SCPERLC courses. Only four courses were labeled as *Advanced* courses. Taken as a whole, 89.74% of the SCPHTC courses and 87.84% of SCPERLC courses address *Awareness* or *Knowledgeable* skill levels.

Referring to the summary totals for SCPHTC courses on page 7 of the Appendix, the numbers reflect attention to the various competencies that are reasonably comparable. Within the SCPHTC courses, there appears to be additional opportunity to address the following competency areas: management, cultural competency, and policy development. These areas of training priority are also relevant for emergency preparedness and response competency domains. As noted from the 2005-2006 training needs assessment for core public health competencies and for the results shown in this matrix, some progress has been made in addressing Essential Services 9 and training for Essential Services 10 continues to be a priority for future training initiatives. As shown in the matrix, there is increasing overlap of competency-based learning for the SCPHTC and SCPERLC. For example, knowledge and skills Essential Services 9 and 10 appear to have been bolstered considerably through targets of training in SCPERLC courses. Some courses have been developed to address Essential Services 1, 6, and 7, but these seem to be less than for other Essential Services. In terms of SCPERLC courses, the summary totals on Appendix page 7 reveal that worker safety and health is a training priority, as is training to facilitate leadership development in ways noted in Table 2.

Results of Partner and Key Personnel Input

Following the December 2010 Advisory Board meeting, responses were received from only one state partner and one county partner. Follow-up email messages were sent and little success was achieved in acquiring additional responses. A second strategy targeted two to three key leaders in each of the state practice partner agencies one to two individuals in other partner agencies who were most informed about training and performance needs in core public health and emergency preparedness/response. Individualized and personalized requests sent to these individuals proved to be much more successful in acquiring input from all of the active state partners. No additional

county or city partner input was received. Results were highly consistent across the various responses. A few additional suggestions were received from satellite seminar feedback responses, but no new training needs or insights were gained beyond those already identified in the other training needs assessment results. Two respondents indicated that the current training catalog and new training developments slated for 2010-2011 activities fulfilled current training needs and priorities.

Responses reinforced training priorities revealed from the analysis of existing courses (i.e., as shown in the Appendix). Among these were advanced level knowledge and skills related to worker safety and well-being (e.g., emotional health, personal protective equipment, behaviors and practices that assure personal safety during emergency response), communicating with special needs and culturally diverse populations, and skills for effectively building stakeholder buy-in (e.g., collaboration, conflict resolution, negotiation strategies, using “win-win” strategies), especially for community-based initiatives, drills and exercises. Two areas of emergent training needs targeted understanding legal authority and parameters in disaster situations and specific hands-on capabilities to complete required documentation related to emergency and disaster situations (particularly in terms of reimbursement and eligibility for special funds). Again, as noted for other new training needs responses reflected a need for addressing advanced skill levels to assure that employees can actually perform required skills and not just be able to recognize or describe what to do. Management and leadership skill areas in which advanced and hands-on training are needed included interpersonal skills, constructive professional communication and advanced interpersonal skills for specific and challenging situations (e.g., performance review, evaluation, difficult conversations), and defining and communicating specific job duties in special roles (e.g., points of dispensing -- PODs).

Conclusions and Recommendations

In this final section of the report, overall conclusions and recommendations are provided for curriculum and training development. The content of this section is offered with recognition of several limitations. First, in all instances of prior and current training needs assessment, the results are based on voluntary self-report and perceptions and observations of selected public health partners and project personnel. In some instances, participation was extensive (e.g., web-based surveys in which all public health staff in the targeted region were invited to participate) and in other situations participation was limited to selected and small group of informed stakeholders (e.g., the solicitation of input for the current updated assessment). While efforts were designed to obtain accurate and timely assessment of training needs and priorities, there is potential for bias (e.g., selection criteria and participation decisions).

Second, the analysis of existing courses was approached using a systematic and criteria-based method. However, the changes in competency labels and statements may have contributed to some inaccuracy. In addition, while an iterative and multiple-review process was used to achieve appropriate and accurate coding of courses to competencies, there was potential for error that could not be controlled for in the assignment of codes.

Finally, the conclusions and recommendations contained in this section are based on one researcher's assessment and interpretation of the available information at one point in time and based on input and analyses gather previously from others who also provided perspectives at a specific point in time. Consequently, the final interpretation and use of these conclusions and recommendations are best facilitated by those directly involved in development, implementing, and sustaining training and education opportunities within the SCPHTC and SCPERLC. Consequently, this report is considered only draft until the actual stakeholders who invest in, develop and deliver, and

use have the opportunity to review, comment, and make decisions regarding curriculum and training development and delivery.

Results of this training needs assessment update revealed increased “blurring” of priorities for the SCPHTC and SCPERLC. For example, elements of worker expectations, safety and well-being were reflected for competency-based training needs for both core public health and emergency preparedness/response. The same held true for areas such as leadership development, cultural competency, laws and policies, research and evaluation knowledge and skills, and using results and insights for planning and improve programs and practice. Given the increasing overlap and “blurring” of training needs and priorities, there is potential that participation in a course could impact knowledge and skill utilization on the job in both core public health practice as well as when needed for special circumstances involving emergency and disaster preparedness and response. Additionally, as new training opportunities are identified and developed, attention should be given to using specific strategies or learning activities that provide individuals with hands-on or real-life examples of specific content and skills apply in both core public health and emergency/disaster situations. By doing so, will facilitate the transfer of learning from training to relevant on-the-job performance situations.

For the SCPHTC training targets involving the eight core competencies that apply across all Essential Public Health Services, priorities include training in Cultural Competency, Financial Planning and Management, and Analysis/Assessment. In terms of the specific Essential Services, priority in order of needs continue to reflect those identified in the 2005-2006 study:

- ES 10/J: Research for new insights and potential training topics.
 - Training at all skill levels would be beneficial, and in particular, development of training opportunities that scaffold learning from Aware to Knowledgeable to Advanced abilities. Training targets could address skill development in how to identify and examine problems from multiple points of view. Training could also target learning various research designs and methods, particular for investigating new phenomena, conducting site assessments and examining emergent needs. In particular, developing knowledge and skills in program evaluation models (e.g., logic model, goal-oriented program evaluation, Kirkpatrick’s taxonomy of training evaluation, among others) and evaluation research methods (e.g., interview, focus group, field-based and community assessments) would likely benefit a wide range of public health staff (e.g., front line, senior staff, and leaders/supervisors).
 - Also related to this training priority are strategies to facilitate collaboration, collaborative and multidisciplinary approaches, budget processes for securing resources, and strategies that address special populations and cultural differences
 - Note that training targets associated with ES 10/J overlap with ES 9/I that follows below.
- ES 9/I: Evaluate effectiveness, accessibility, and quality of personal and population-based health services
 - Again, training at all skill levels is applicable for this continuing training priority and recommendations made above are relevant here as well. Example behaviors and potential training topics associated with this competency included the following: monitor and evaluate programs, survey instrument development and administration, research methods for public health sciences and service domains, methods to examine aspects of cost and for monitoring and evaluating day-to-day operations.
 - Giving particular attention to training for ES 9/I would simultaneously contribute to enhancing training opportunities for ES 1/A and for the competency domains of Analysis/Assessment and Financial Planning and Management.

- Some courses are already available at Aware and Knowledgeable levels, but more at the Advanced skill level and targeted to senior professionals and management/leadership personnel would fit this training need.
- ES 6/F: Enforce laws and regulations that protect health and ensure safety.
 - Given increasing legislation and policies for both core public health functions and emergency preparedness/response, ES 6/F appears to be increasing in need for training. Beyond learning about various laws and regulations, there is an increasing need for public staff at various levels to use and complete associated documentation. Consequently, training targeting ES 6/F would be another potential area of training development, depending on available resources.
 - As identified in prior training needs assessment studies, there is still a need to provide training at advanced levels for policies and regulations that pertain to cross-border coordination (e.g., ownership and access to databases, networks, volunteers) and the legal and ethical preparedness and ramifications in such coordinated and collaborative relationships. Scenario-based and concrete examples used in Advanced level training would expand logically the existing training courses.
 - Because laws and regulations can change over time, training in this area may need more frequently review and revision to assure up-to-date and accurate information. Issues of compatibility with agency-specific policies and procedures may be challenging.

Priority training in core public health competencies identified from the 2009 assessment conducted with the MSDH that are still relevant are listed below with potential considerations. For each, thought should be given to scaffolding learning through training at multiple levels (i.e., awareness, knowledgeable, advanced). In particular, advanced, hands-on application and practices are most important for leadership development, performance appraisal, and mentoring. In these areas, web-based training courses may not be the best option and consideration should be given to exploring alternative methods (e.g., conference, one or multi-day training conference, and/or follow-up consultation to help specific agencies design, implement and evaluate effective agency-specific models and methods. For each of the following training priorities and opportunities, approaches should be selected that build expertise and operational foundations within the participating agencies to facilitate self-sustaining long-term operations. Recognizably, the ability to pursue such resource-intense approaches would require agency contribution of resources to and organizational support.

- Leadership Development: Consider developing a course series or certificate program that reflects systematic progression of increasing skill levels from awareness to advanced. Such a training resource should not replace or duplicate what is already available through the SCPHLI, but provide a training resource that addresses leadership and management development priorities identified in the Results section of this report (e.g., communication, interpersonal skills, recruitment, retention, succession planning, evaluation, supervision, and so on.) Current leaders and future leaders would both benefit from such training opportunities. Specific areas of knowledge and skill development include the following: 1) all aspects of effective performance assessment and supervision, 2) general leadership abilities in areas such as setting direction and creating shared vision, developing people and organizations (e.g., recruitment, retention, professional development, elements of coaching and mentoring, facilitating individual and organizational change, building collaboration and achieving stakeholder buy-in, teamwork).
- Performance appraisal: Identified training priorities include how to design and use assessment instruments and processes, developing competency-based job descriptions, designing and implementing agency/organization-wide appraisal systems for staff at various levels of the organization (e.g., front line staff, middle managers/supervisors, central/top level leaders).

- Mentoring: As mentioned for the two previous priorities, training should target all skill levels and curriculum planning should reflect a systematic and ordered scaffold of increasing ability development. Particular attention should also be given to training support that would facilitate effective implementation of agency/organization-wide mentoring programs and organizational culture. Such approaches will require support and resources from participating partner agencies to be successful. There may also be opportunities for cross agency collaboration to maximize resources and technical expertise. Mentoring efforts could also contribute to strengthening recruitment, retention, and advancement strategies and policies within organizations.

Also, identified previously and reinforced by this current training needs assessment update are target areas listed below. For each of these, web-based courses, resource manuals and guidebooks, and conference-based training options may be effective for creating sustainable and flexible training and education resources.

- New Employee Orientation: Expand content and scope of existing training courses and resources and offer an implementation model for distributing a series of sessions/modules over a period of time (e.g., first year of employment). Focus content on knowledge, skills, and attitudes of public health sciences and practice that are applicable at all levels of the agency. Recognizably some training resources have already been available for some time and more recent development have addressed expansion and enhancement. Additional guidance either through a resource manual or availability of technical assistance/professional consultation could help partner agencies to design a structured curriculum and schedule of delivery over an extended period (e.g., 6-12 months of the first year of employment).
- Standardized Curriculum for all Employees: Increase availability of certificate programs in target areas that fit with training priorities. In addition, as mentioned in the previous bullet, provide guidance for how to identify and establish consistent expectations for completing standardized curriculum. Consultation, structured workshop, resource manual, or self-directed, web-based course are all possible options for delivery that could contribute developing people with appropriate skills within agencies, so they can do for themselves in the future.
- Train-the-Trainer Sessions and Facilitator Guides: Based on participation statistics for existing courses and in collaboration with the SCPH Advisory Board members, select key courses for which train-the-trainer programs and facilitator guides could be used to enhance delivery within agencies and to approach higher skill development (e.g., knowledgeable to advanced) and achieve skillful application in real-life contexts. In addition, for some satellite seminars, a train-the-trainer approach or provision of a facilitator guide might be considered for expanding and enhance repeated use of archived seminars, rather than converting to a web-based, self-directed course. Facilitated use or repurposing of some archived satellite seminars could offer rich and meaningful opportunities for staff group interactions and problem-solving in real-life contexts.

While some training has been developed and offered, the following training and professional development topics are still relevant:

- Customer service orientation and skills (e.g., respect courtesy, responsiveness, client/service-oriented)
- Interpersonal skills and relationship (e.g., with clients, communities, co-workers)
- Communication skills at an Advanced skill level, particularly in areas such as difficult and crucial conversations and confrontations within agency/organization and in dealing with difficult clients, community, or agency partner groups
- Generational differences (awareness and introductory training regarding what are these, how to communicate across generations, how to lead and manage across generational groups)
- Decision-making, negotiation and persuasion, conducting effective and efficient meetings (skills also related to communication, collaboration, and leadership abilities) offered as Advanced training

- Also related to the previous bullet points, Advanced training in “constructive professional communication” would be broadly beneficial, particularly in terms of skill development related to giving and receiving feedback, professional evaluation and development conferences (i.e., giving feedback, individual professional development planning)

For the SCPERLC, the number and range of existing training courses and resources is much greater than the SCPHTC and there was considerable satisfaction with what is already available. New training priorities were identified predominantly as needs for training at advanced skill levels in areas for which training is already available. Emerging training priorities identified from stakeholder input included the following:

- Specific need for training how to engage local agency and community partners to participate in planning efforts, training, drills and exercises. Need to learn about and how to use specific, positive strategies (“win-win”). Training priority was communicated with regard to emergency planning and response, but in previous training needs assessment results, this was also specifically identified in the “training center” core competencies targets. Consequently, this is still a broad need that would benefit public health employees and agencies in both arenas.
- Additional training that expands on the existing courses targeting special needs populations in disaster response. From a general public health perspective, training that includes topics such as language translation, clear communication and conveying messages clearly and consistently through the use of terminology that is understandable across all vulnerable, special needs, and more broadly, diverse populations and cultures would be beneficial for both SCPHTC and SCPERLC initiatives. Expansion may involve application to new settings and situations, and most definitely, at Advanced skill level development.

As has been the case from the beginning, training needs assessment is an ongoing process that involves open discussion, academic-practice collaboration, evaluation, feedback, continuous improvement. Input from the Advisory Board members, other stakeholders, and learners will be important to applying the current findings of this training needs assessment update and to continuing the dialogue pertaining to workforce development in public health.

ADDENDUM (June 8, 2011): The SCPHP Advisory Board Executive Committee met June 8, 2011 for the purpose of planning goals and priority activities for the 2011-2012 project period. I submitted this report was to members of the Executive Committee for review prior to the June 8 meeting. I presented the report during the meeting and discussed recommendations and implications for future program planning. The report was accepted as presented and the results and recommendations contained within this report contributed directly and explicitly to the proposed 2011-2012 curriculum and project activities for the SCPERLC, SCPHTC, and the SCPHLI.