

TRAINING NEEDS SURVEY 2020 Report & Recommendations

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ACRONYMS

ADH	Arkansas Department of Health
APHA	Arkansas Public Health Association
HAS	Health Administration Section

In January 2020, the Health Administration Section (HAS) of the Arkansas Public Health Association (APHA) distributed a training needs survey to all employees of the Arkansas Department of Health (ADH). The survey was a follow-up to the original, which was conducted in the Spring of 2017.

The survey included questions focused on employee preferences and priorities for training as well as challenges and barriers to training that they experience. Respondents also had the opportunity to provide personal comments about training needs and opportunities. The survey was open from January 21st through February 28th, prior to when the COVID-19 outbreak was declared a global pandemic by the World Health Organization on March 11, 2020.

Since that time, ADH has embraced COVID guidelines, including social distancing in the offices and allowing high-risk employees to work remotely. Additionally, social media platforms such as Zoom and Microsoft Teams have allowed employees continue to meet, albeit virtually. Since COVID-19 has changed the way we conduct business, responses to the survey questions would likely be somewhat different now. We encourage readers to keep that in mind when reading the survey results.

The following pages provide a descriptive summary of the results for each training needs assessment question.

Recommendations based on survey findings are noted.

In 2020

2ND
*Agency-
wide
Training
Needs
Survey*

15
Questions

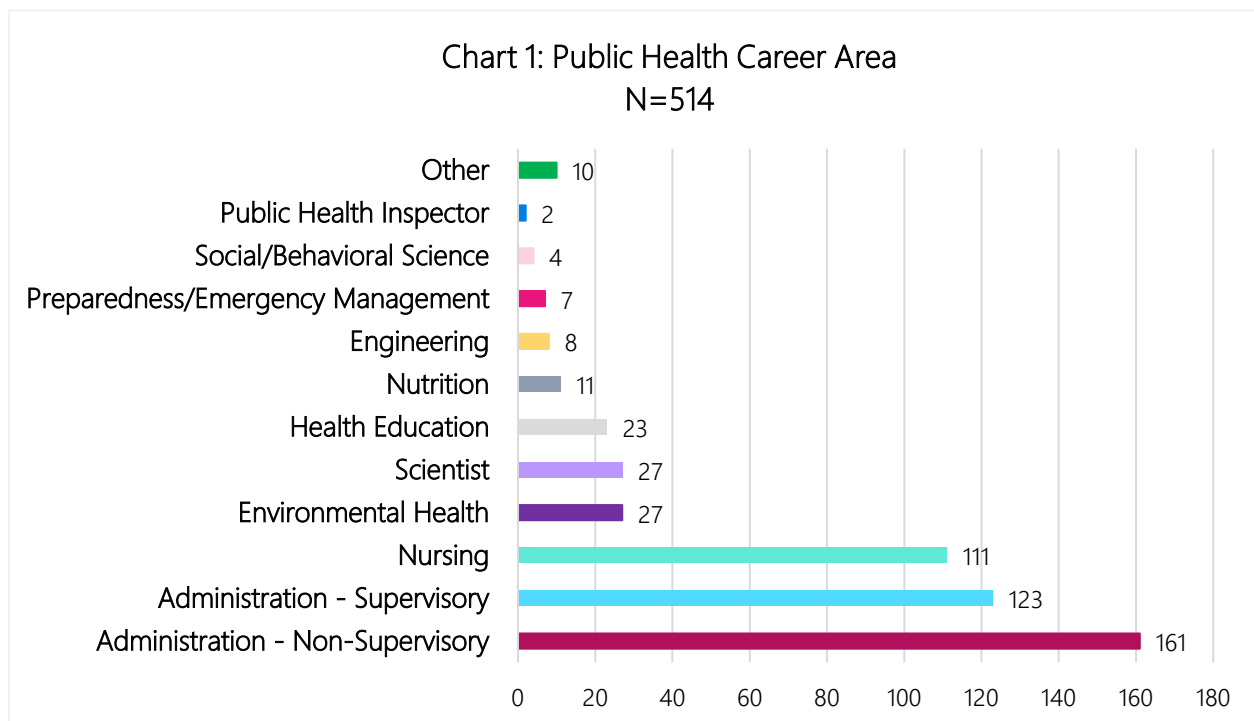
514
Responses

RESULTS

PUBLIC HEALTH CAREER AREA: WHO RESPONDED

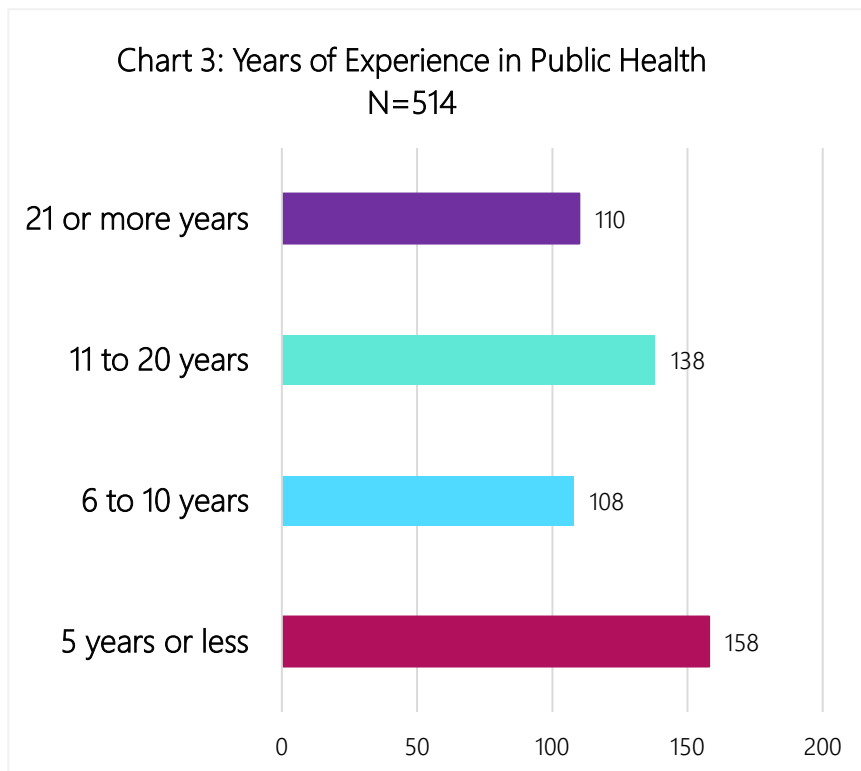
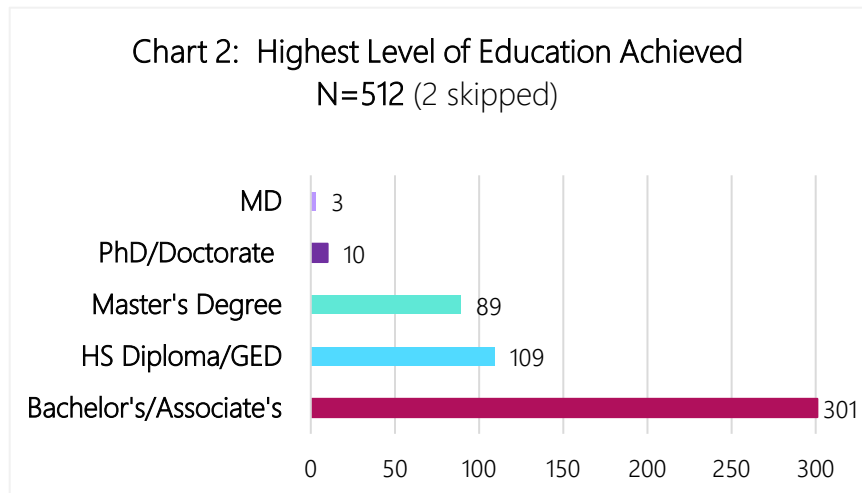
As with the 2017 survey, the top three career areas represented were administrative (non-supervisory and supervisory) and nursing staff.

The majority of respondents (45%) in the 2020 survey were administrative staff. Of the administrative staff, 24% were non-supervisors and 21% were supervisors. Thirty-four percent of all respondents were supervisors.



HIGHEST LEVEL OF EDUCATION ACHIEVED

The majority of respondents (59%) had either a two or four year degree. Twenty percent had advanced degrees: 17% had a master's degree, 2% had a PhD or other doctorate degree, and 1% were MDs.



YEARS OF EXPERIENCE IN PUBLIC HEALTH

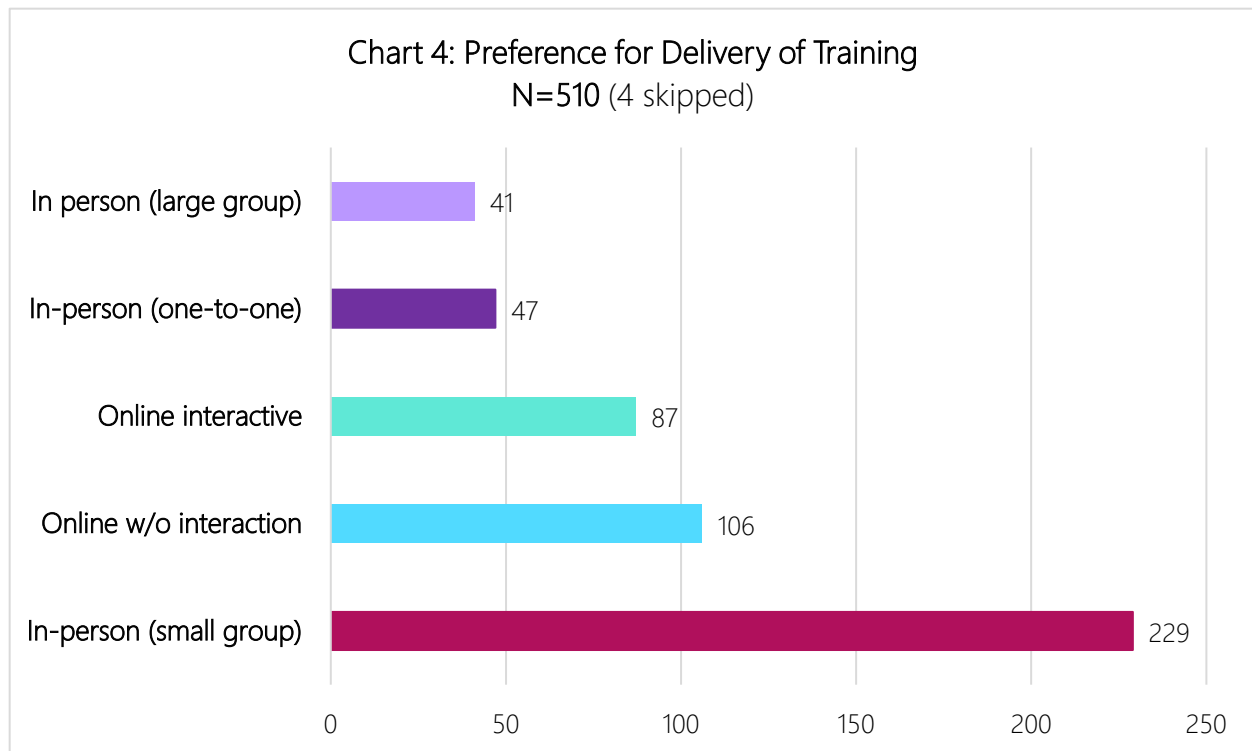
The largest group of respondents (31%) were those who had five or less years of experience in public health.

More than half (52%) of employees have 10 years' or less experience in public health. One in four had worked in public health for 21 or more years and 27% had 11 to 20 years of experience.

PREFERENCE FOR DELIVERY OF TRAINING

As with the 2017 survey, the clear preference (62%) for training delivery was for in-person, which includes one-to-one (9%), small group (45%), and large group (8%).

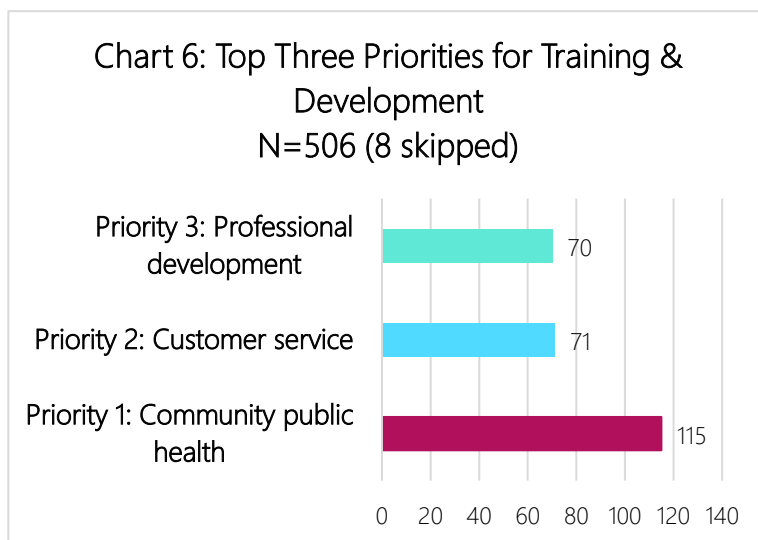
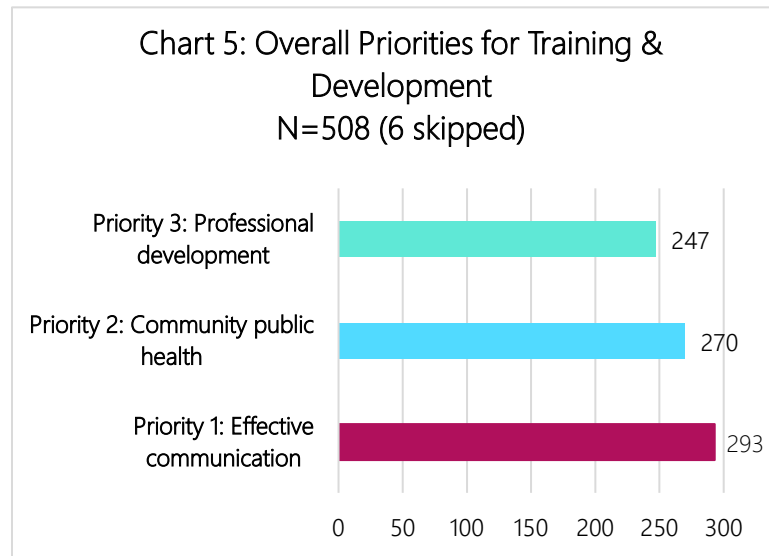
In-person small group led all other training delivery categories. On-line training with (17%) and without interaction (21%) (i.e. PowerPoint slides and/or video) were preferred over in-person one-to-one and in-person large group.



TRAINING PRIORITIES

The 2020 survey responses reveal a shift in training priorities since 2017. Professional development was still in the top three in 2020, coming in third place with 48.6% of respondents naming it as a priority. Effective communication was the top priority (58%) followed by community public health, outreach, and/or health improvement (53%).

Nine other priorities were noted, including: policy/procedure (45%); customer service (45%); clinical (32%); ADH organizational information (24%); public health law/policy (24%); systems/software (22%); human resources (17%); finance (14%); and specific program area (8%).



Respondents were asked to identify their primary priority from the three priorities they chose in response to the prior question.

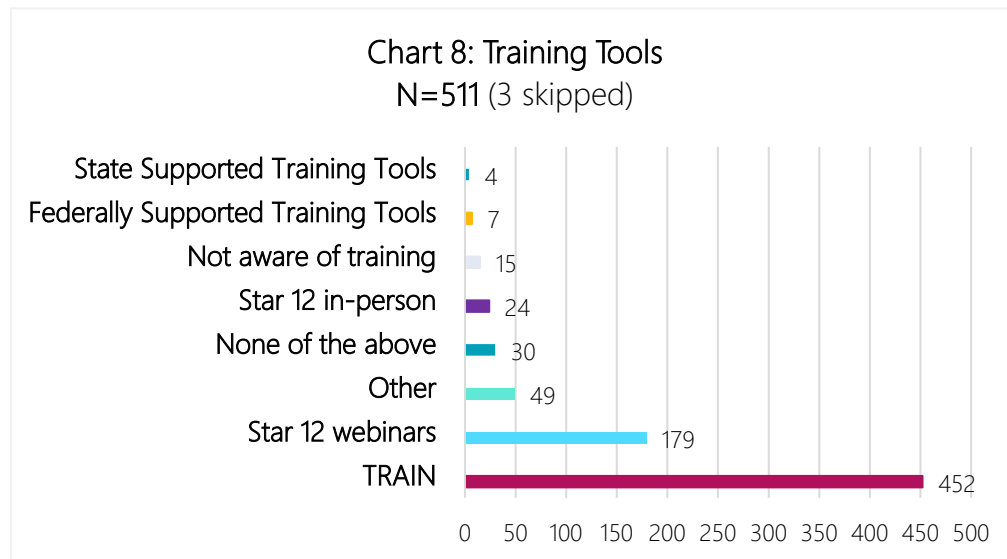
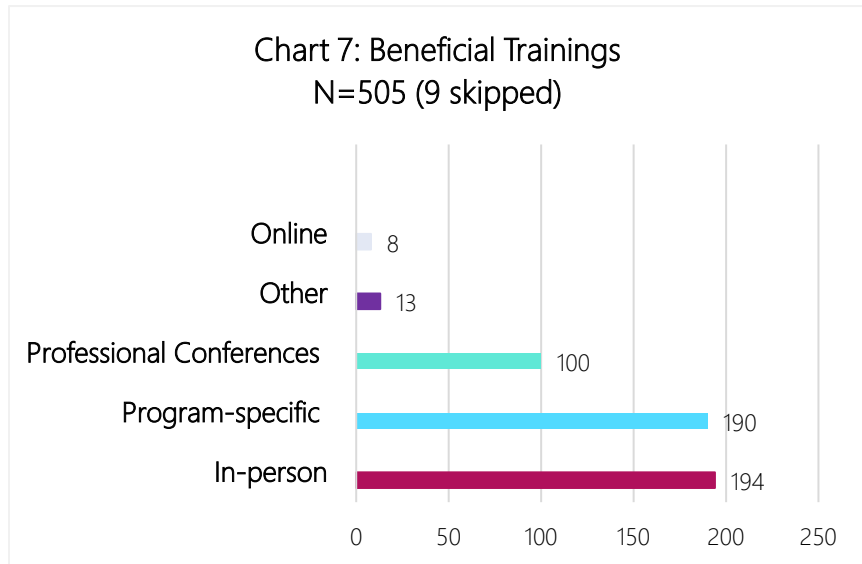
Community public health, outreach, and/or health improvement (23%) rose to the top of the list and was 8.7 percentage points higher than customer service (14%), which was identified as the second highest priority. Once again, professional

development (14%) rounded out the top three priorities for training.

*Additional Priorities for Training:
contract/grants management, cultural competency, diversity, employee relations, EOC operations, health equity, leadership, procurement, public health law and policy, time management*

BENEFICIAL TRAININGS

In-person trainings (38%) and program-specific (38%) trainings have been most beneficial to respondents in the past. One in five (20%) respondents noted the benefit of professional conferences. Ten respondents indicated online trainings were the most beneficial to them.



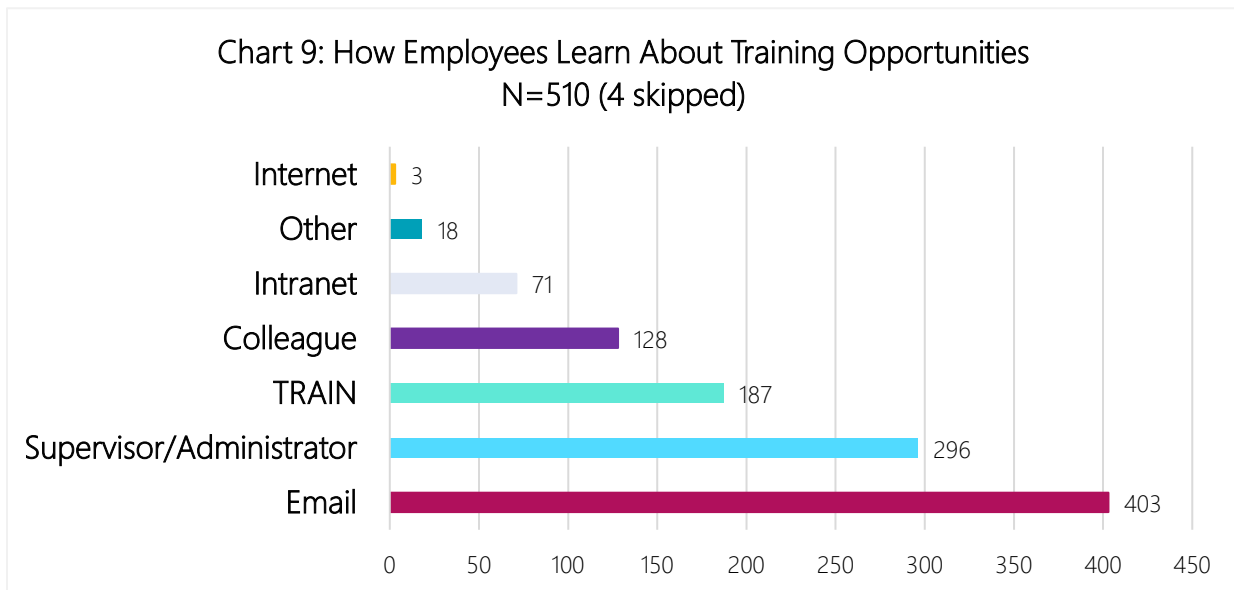
TRAINING TOOLS

An overwhelming majority of respondents (89%) identified the TRAIN (formerly A-TRAIN) program as the most-often

used training platform. The second most-often (35%) used training platform was the Star 12 webinar. The “other” training tools identified through the survey included training from professional organizations, Security Mentor, and conferences.

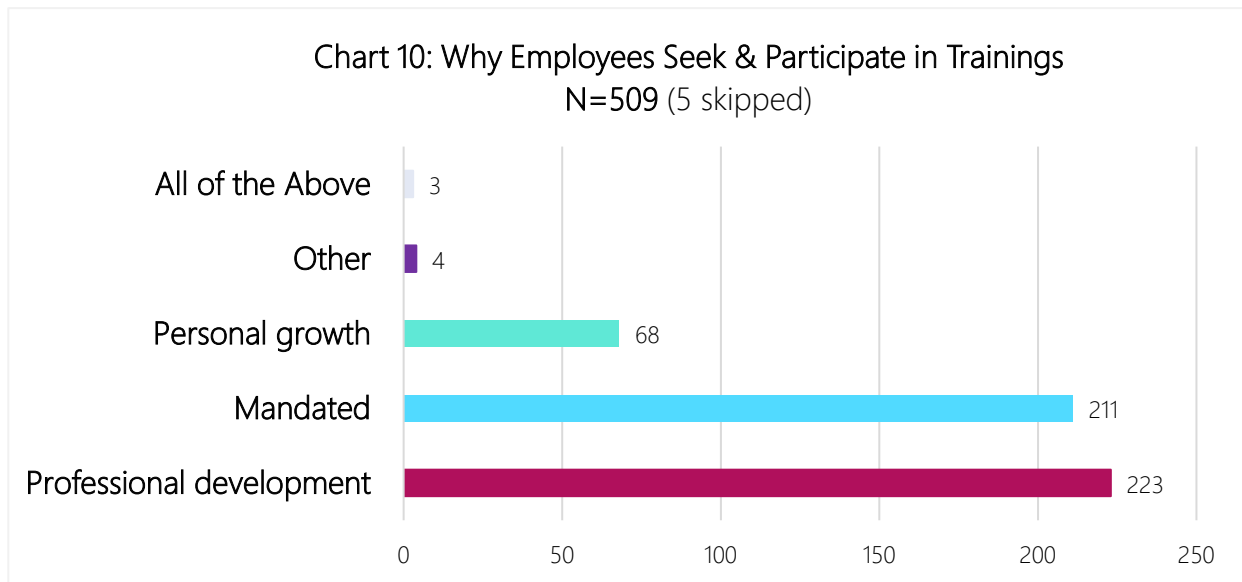
HOW EMPLOYEES LEARN ABOUT TRAINING OPPORTUNITIES

A great majority (79%) agreed that direct email to employees is the most effective way to disseminate information about training opportunities. More than half (58%) of respondents indicated they heard about training from their supervisors/administrator and more than one-third (37%) learned about opportunities through the TRAIN platform. One-fourth of respondents heard about training from a colleague and 14% learn about training through the ADH intranet. Respondents also noted they learned about training opportunities from Star 12, online research, and community coalition meetings.



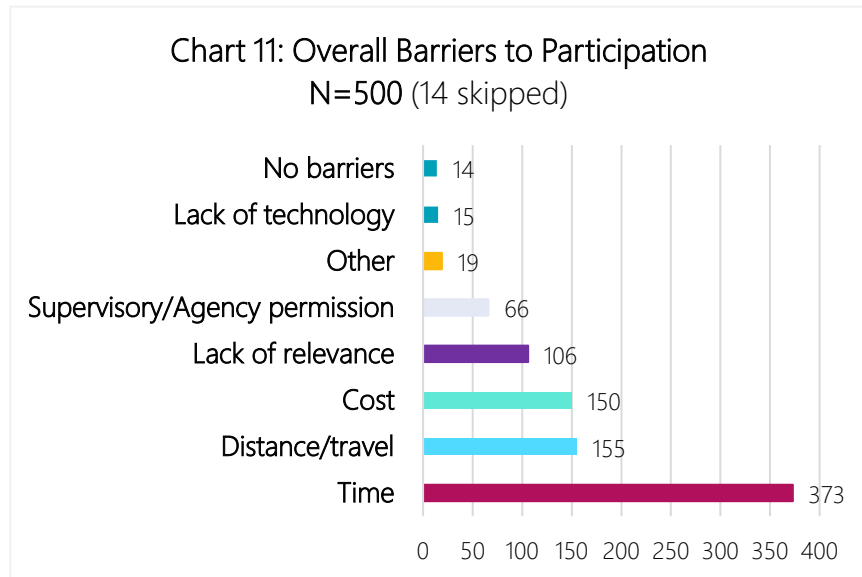
WHY EMPLOYEES SEEK AND PARTICIPATE IN TRAININGS

Survey participants were asked why they most often seek and participate in trainings. Professional development (44%) was the most-often cited reason for seeking and participating in training. Forty-one percent of respondents indicated they attended trainings because they were mandated and 13% because they were interested in personal growth. Three respondents said all three reasons offered as choices were relevant to why they sought and participated in training.

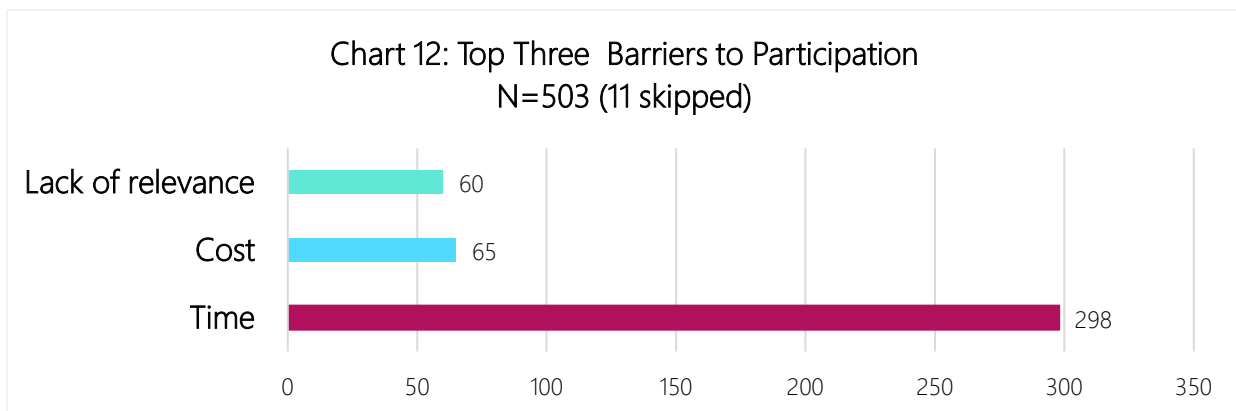


BARRIERS TO PARTICIPATION

As in 2017, the majority of respondents (75%) indicated time, which includes job duties, scheduling, and staffing, was the greatest barrier. One-third of respondents noted distance/travel (31%) and cost (30%) as considerable barriers. Lack of relevance (20%); supervisory permission (13%); and lack of technology (3%) were noted as barriers. Fourteen respondents said they did not experience barriers to training.



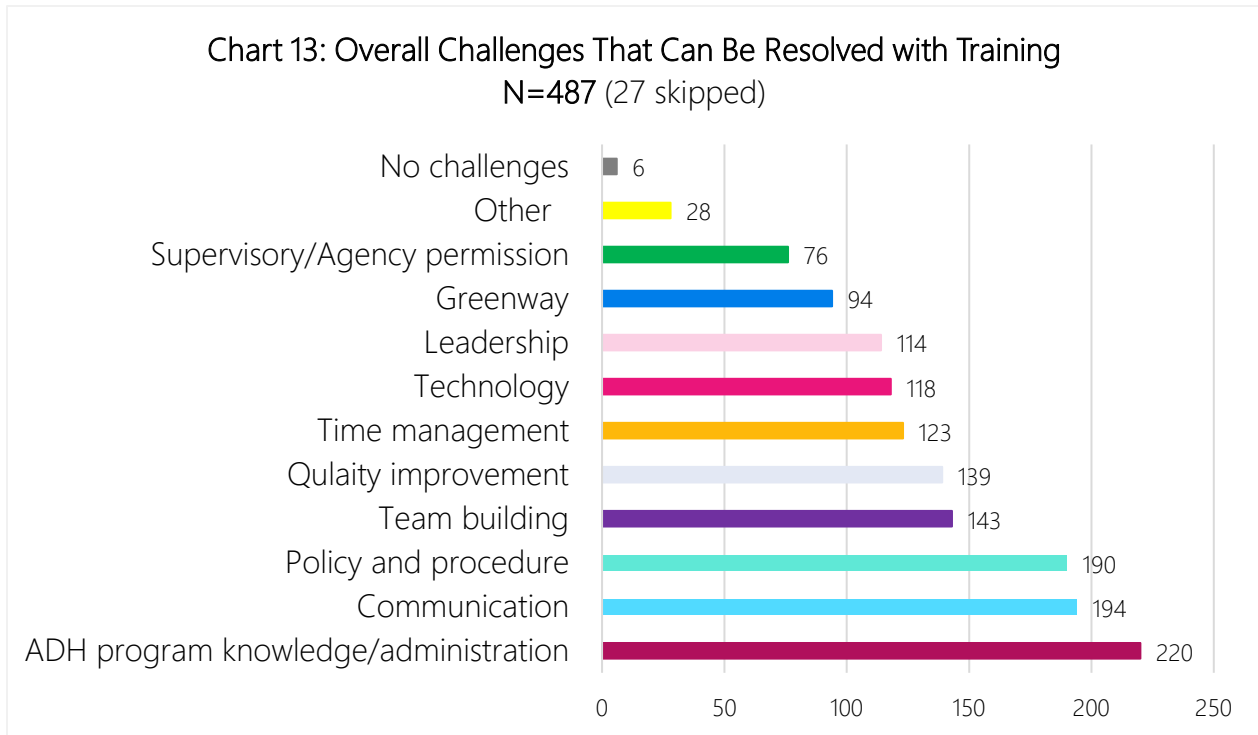
Respondents were asked to identify the primary barrier out of the three barriers they chose in response to the prior question. The majority of respondents (75%) named time as the main barrier they faced. Cost of trainings (13%) and lack of relevance (11%) were also noted as primary barriers.



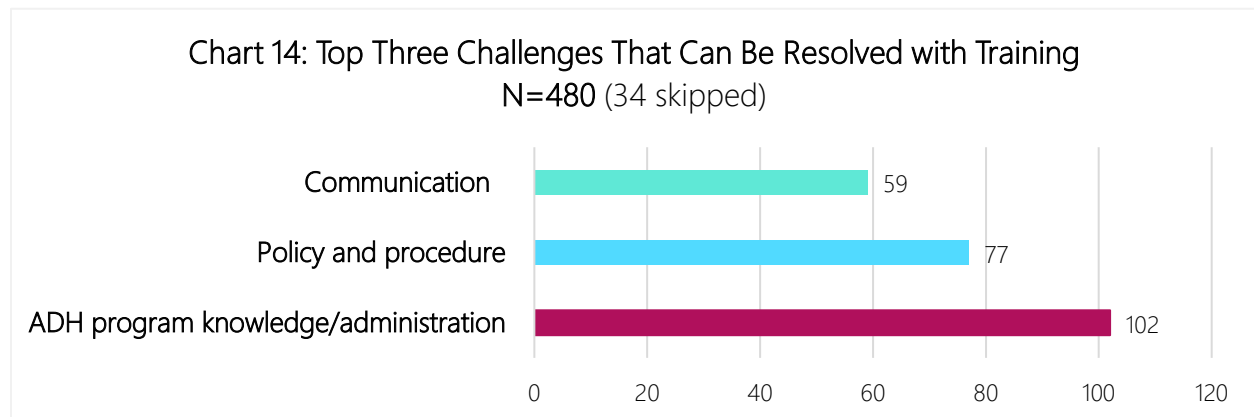
*Additional Barriers to Participating in Training:
lack of accessibility for those with a disability (e.g. visual impairment), lack of advancement opportunities, limited number of employees able to attend from one LHU or program, no professional development plan to guide training choices*

CHALLENGES THAT CAN BE RESOLVED WITH TRAINING

The top three responses were ADH program knowledge/administration (43%), communication (40%), and policy and procedures (39%). Other challenges included communication about policy changes; contracts and grants management, including expectations of employees in those roles; health equity; human resources issues, and use of technology. Twenty-seven respondents skipped this question.



Survey respondents were asked to identify the challenge that could most easily be solved with training. ADH program knowledge/administration (21%) remained the top challenge followed by policy and procedures (16%) and communication (12%).



SUMMARY

- ∂ Multiple respondents indicated a desire for trainings focused on health equity, cultural competency, and employee diversity.
- ∂ The need for program-specific training was noted in responses across multiple areas of the survey.
- ∂ Time was the main barrier to participating and completing training, as noted by 75% of survey respondents.

... would like to get some additional training that is specific to [the work] we do...

Allow staff to create career development plans with their supervisor ... without an annual professional development plan, it is difficult to choose training that will be most beneficial...

- ∂ The need for leadership and professional development plans to drive training priorities and selection was noted by several respondents.

RECOMMENDATIONS

Based on the survey responses, the Health Administration Section makes the following recommendations regarding training at the Arkansas Department of Health:

- ADH should increase high quality training opportunities for staff on the following topics: effective communication; community public health, outreach, and/or health improvement; professional development; diversity, and health equity.
- ADH should support the development of program-specific trainings to enhance the orientation for new employees assigned to specific programs.
- ADH should establish a protocol that will allow employees to dedicate a certain amount of time per week/month to complete skills-based and/or professional development training.
- ADH should focus on increasing access to, and expanding the catalog for, courses within the agency's purview on the TRAIN site.