



ARKANSAS PUBLIC HEALTH
ASSOCIATION

— Health Administration Section —

Training Needs Survey

REPORT & RECOMMENDATIONS

May 9, 2018

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Introduction

In April 2017, the Health Administration Section (HAS) of the Arkansas Public Health Association (APHA) distributed a training needs survey (*See Appendix A*) to all employees of the Arkansas Department of Health (ADH). The survey included ten 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 April 19 through May 3 and received 372 responses.

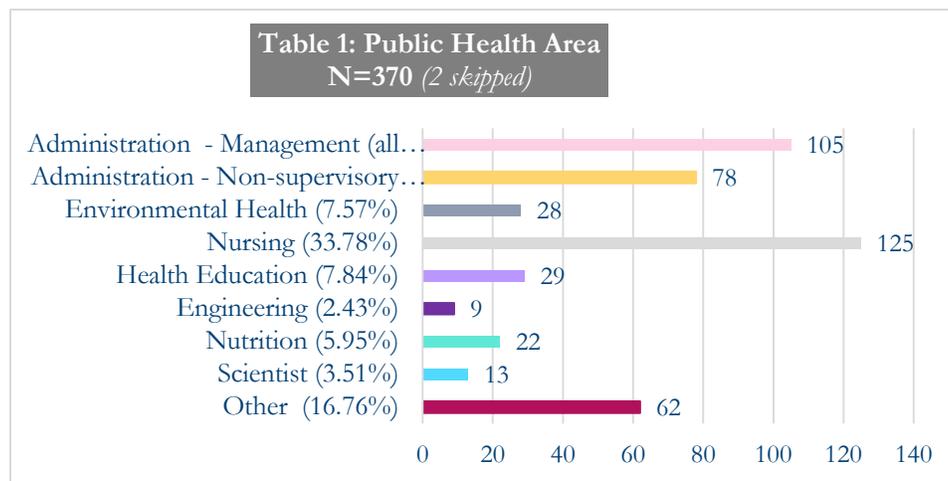
The following pages provide a descriptive summary of each training needs assessment question. Recommendations based on survey findings are also provided.

“I would like the opportunity to grow and use my education working in public health. I give 100% of myself [and] I can always improve. I need to be able to go home at the end of the day and say well done, did my best, and staff supported our participants today. I need to feel a sense of accomplishment and security with my position. Employees need to be able to move into a more responsible position if well deserved.”

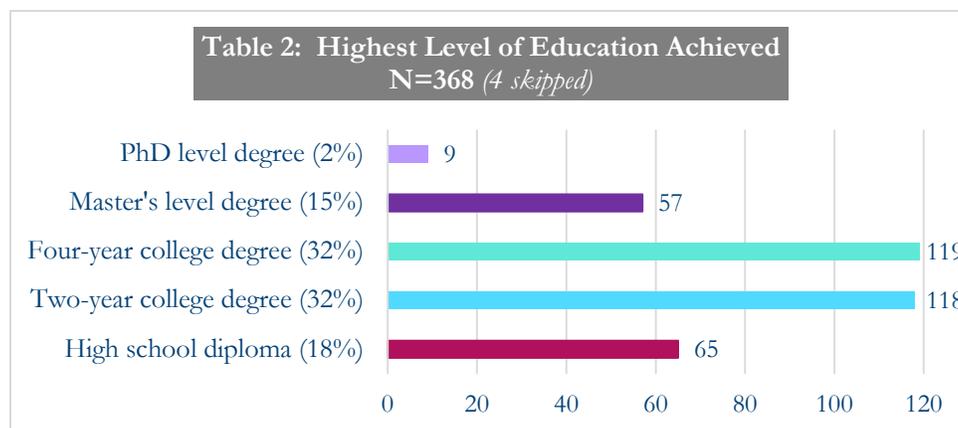
Who Responded?

The survey was answered by staff in a variety of public health areas with differing levels of education and experience in public health. Each of these categories is reviewed in more depth in the following narrative and tables.

Public Health Area. The majority of respondents fell into one of two categories: administrative staff (49%) and nurses (34%) (See Table 1). Of the administrative staff, 57% were supervisors and 43% were non-supervisors.

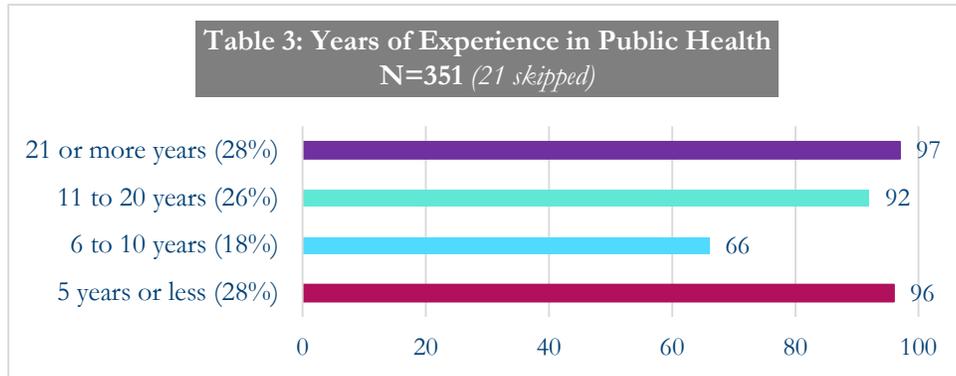


Highest Level of Education Achieved. The majority of respondents (64%) had either a two-year or four-year degree (See Table 2). Eighteen percent had less education and 17% had advanced



degrees. Fifteen percent of all respondents have a master's degree.

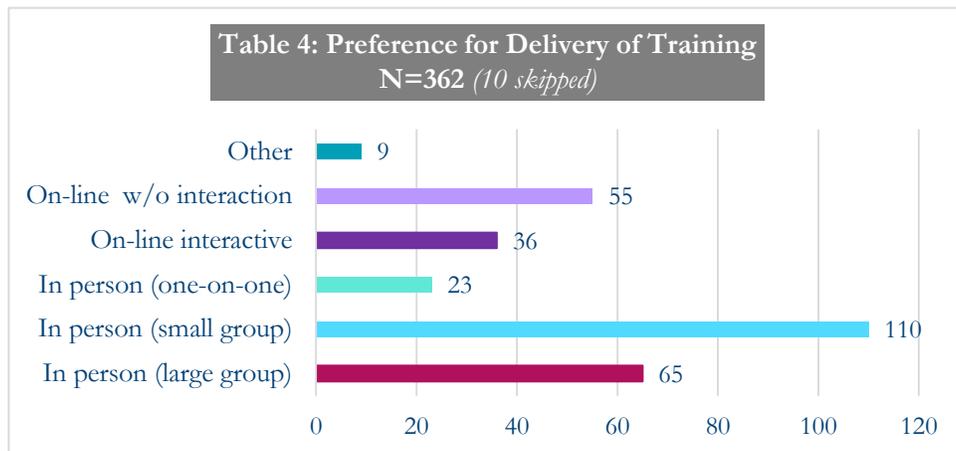
Years of Experience in Public Health. The majority of employees who responded (54%) have eleven or more years' experience in public health (*See Table 3*). Almost half (45%) of employees have 10 years' or less experience in public health. More than one quarter of the work force is new to



public health (< 5 years).

What Training Preferences & Priorities Were Identified?

Training Preferences. The clear preference (55%) for training delivery is for in-person, which includes one-on-one, small group, and large group (*See Table 4*). In-person small group leads all other categories (30%). On-line without interaction (i.e. PowerPoint slides and/or video) is the third

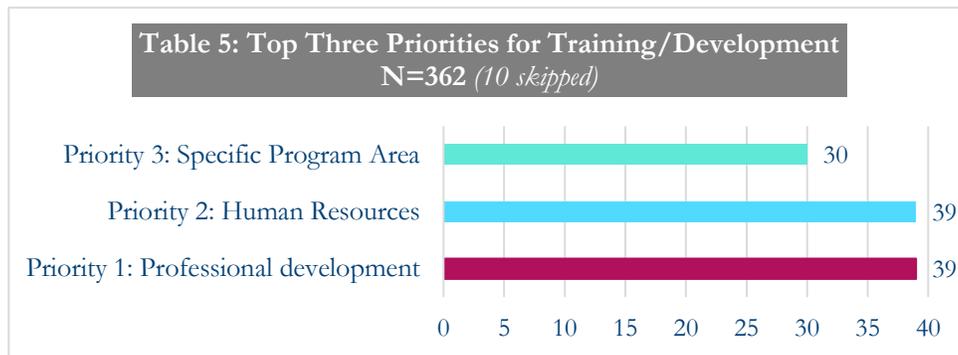


preference for training delivery (15%).

It is important to note that the training needs survey was distributed prior to the launch of the Star12 training program in limited areas within ADH. The Star12 program is a training tool that offers on-demand webinars and in-person seminars on a variety of skills-based and professional development topics. Employees who use the Star12 (or other) on-line interactive tool may find them easier to use and more engaging than tools that do not include interaction.

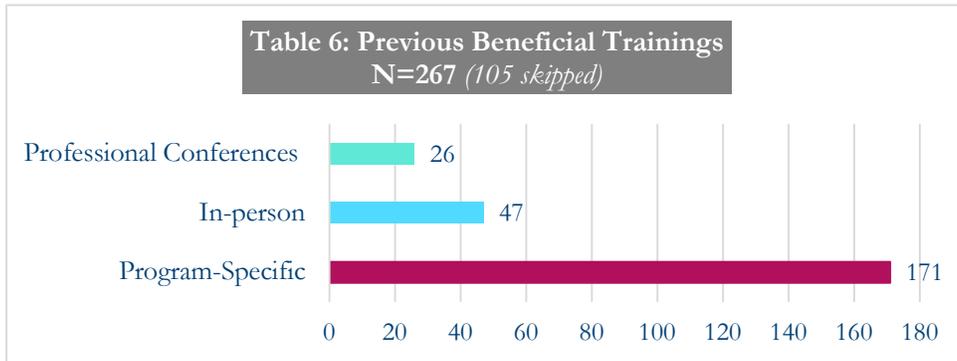
“I am a hands on and inter-active learner. I do not learn well just be “sitting and listening” or by “reading”. I need to be involved in the learning process.”

Training Priorities. Survey respondents were asked to identify their top three priorities for public health administration training and development (See Table 5). The top two priorities, each with 39 responses, are: professional development and human resources. The third priority is for additional training within their specific program area. Human resources responses include managing people and leadership. Nine other priorities were noted, including: systems and software; policies and procedures; customer service; community public health outreach; effective communication; clinical; finance; ADH organizational information; and public health law and policy. Survey responses also included multiple requests for more continuing education units/continuing medical education credits for employees.



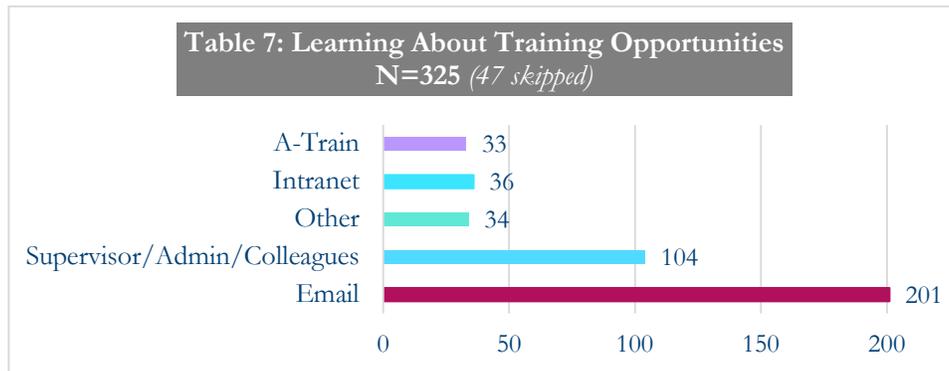
What Trainings Have Been Beneficial in the Past & How Do Employees Learn about Training Opportunities?

Beneficial Trainings. Program-specific trainings are clearly the most beneficial trainings for employees, as noted by 51% of the respondents (See Table 6). The program type varied a great deal: programs that were noted multiple times included communicable disease, environmental health, family health, infectious disease, injury prevention, preparedness, and WIC. The second and third most beneficial were in-person trainings (14%), both large and small group, and professional conferences (8%), both state and national.



Other trainings that were noted as beneficial include: communication, best practice, supervision, leadership academy, A-Train, Greenway, new employee orientation, software/media, Star12, and time management.

How Employees Learn about Training Opportunities. Direct email to employees is considered the most effective way to disseminate information. The majority of the time (62%), employees learn about trainings through email (See Table 7). They also hear about training opportunities from



supervisors, administrators, and colleagues (32%).

What Barriers to Participation & Challenges That Can Be Resolved with Training Were Identified?

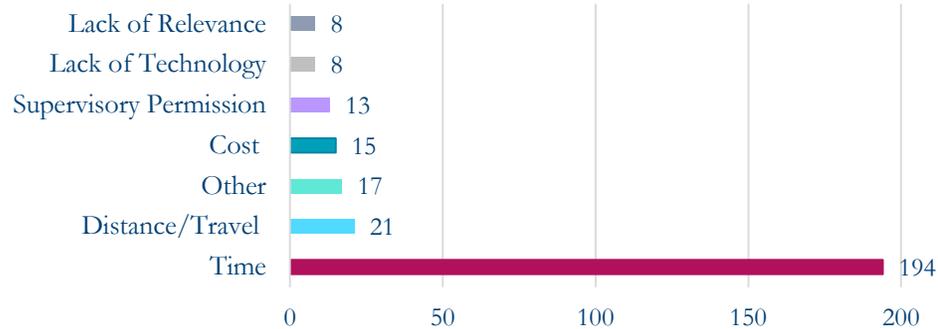
“Encouraging training sounds good, but employees need to be given planned time for training.”

“Clinical staff are rarely allowed time to get any kind of training completed. Most [of us] have to end up doing A-Train at home.”

Barriers to Participation. Time, which includes job duties, scheduling, and staffing, is the largest barrier by far and away. (See Table 8). Other barriers include limited training opportunities, interruptions/distractions, need for hands-on training, lack of awareness about training, others taking offense at constructive feedback, discomfort sitting for long periods of time, limited

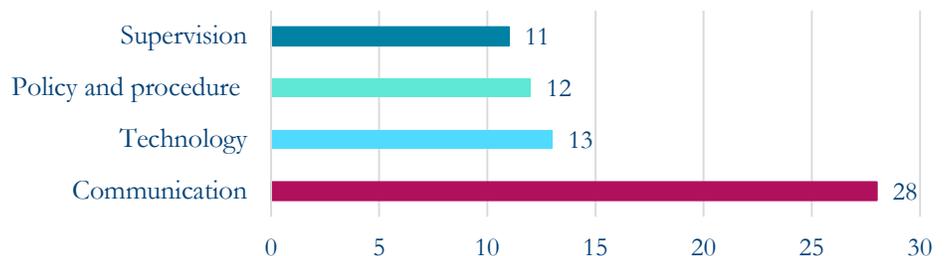
seating, and limited background knowledge.

Table 8: Barriers to Participating in Offered Training
N=315 (57 skipped)



Challenges that could be Resolved with Training. The top four responses are shown in Table 9. Communication was the biggest challenge that employees noted could be resolved with training. Technology, policy and procedure, and supervision were also identified.

Table 9: Challenges that Could be Resolved with Training
N=221 (151 skipped)



Sample of Other Comments Regarding Training Needs or Opportunities.

Training Opportunities

- ADH provides a number of high quality training opportunities
- Administrative staff (Administrative Assistants/Analysts) need more training and a variety of training opportunities on out-of-state travel
- Expand opportunities for CE to professional certification like CHES
- Create standardized system of branch work/area with specific orientation
- High level training on new developments in specific disciplines has diminished over time
- Enjoy updates on STD and immunizations
- Cross training
- Training needs to be directed at what to do every day
- Not enough training for clerical staff in LHU
- More training all subjects
- Topics for LHU staff to use to do outreach in the community
- Advanced technology training (computer and other equipment)
- Same information for all
- Needed from the top down

“Survey biannually/ annually to ensure [training] needs are being addressed. Formulate small teams to individually assess the needs and prioritize based on majority. Submit to HR for execution.”

“Implement some of the concepts from the Leadership Academy. Modify based on current concepts – similar to what ADH workforce development/ career development did. This would help overall morale.”

Training Methods

- Need to be adult learning style
- Toast Master’s
- Interactive videos
- Webinar
- Face-to-face a couple of times a year

Training Issues

- Need accommodation for productivity to allow training
- Need time for trainings
- Needs to be hands on with preceptor RN-to-RN not RN-to-LPN

- Time and money; one-on-one training needs to be more detailed
- Trainers need to be prepared
- Don't know what 90% of the ADH staff do. Maybe that is what Ground Rounds is for but never have time to attend and unable to watch although it's great that it's available online
- Better access to online trainings at home
- Trainer not needed if just going to read slides

Additional Training Topics Mentioned

- Violence in the workplace
- Customer service
- Ethical situations
- ICD-10
- Training for clerical staff in LHU
- Consistent review of policy changes and current practice for program to better inform clients
- Supervisors need ongoing training to improve leadership style
- STD
- Breastfeeding
- Abnormal pap's
- Resources available for people without insurance
- Greenway training for Central Office and LHU Staff
- More interpersonal relations between staff and public
- Allied Health certification in-house (child birth educators, certified lactation consultants)
- Interactive team work for entire LHU
- Interactive communications skills
- Greenway refresher every year
- Office Suite

Positive Outcomes from Training

- More agency efficiency if more unified between Centers

Other comments

- Consistency and fairness is key to employee retention
- Too much training now
- Keep offering trainings
- I like to learn and better myself

“These surveys are helpful. I would think that if people from different areas of the health unit interacted with each other to better understand the dynamics of the different roles each of us play would open up the discussion of weaknesses and strengths for the development of training needs.”

- Shouldn't pay to hear seminars by ADH professionals that are paid to share that information. Cost too high and have to wait too long for the part that is reimbursed
- Enjoy meeting/seeing people from other places that I don't get to see much
- Need more than one training
- ADH doesn't really support professional development. APHA could be used to accomplish this but so could annual ADH meeting that offered useful trainings, this could be a morale boost as well as a rippling effect throughout the state
- We have video conferencing and Adobe Connect - use it
- Better pay scale and recognition of good job. Unity and consistency across the state
- Some training needs dumbing down for those that don't do it every day but have a need to interact with the public (food program)
- All DM's/LHU Administrators should be able to work all aspects of the clerical job in the LHU
- In past more training opportunities
- ADH has the out to "get you" mentality, managers need to learn to work with people
- Too many supervisors telling you to do different things at the same time
- Only select few selected to attend trainings

"Each department needs a training coordinator to answer job related questions, communicate verbally and follow-up in writing, and provide answers to questions. Being allowed to ask questions in writing allows them to go back with something to refer to."

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: professional development, managing others, leadership, communication, technology, policy and procedure, and supervision.
- ADH should establish a protocol that will allow employees to set aside a certain amount of time per week/month to complete skills-based and/or professional development training.
- ADH should focus on improving online training; including a review of current A-Train modules to ensure the material is up-to-date and accurate.
- ADH should establish and train on succession planning processes.
- ADH should institute a leadership training program and identify ways to recognize employees who complete the program.
- ADH should convene Regional Directors, District Managers, and LHU Administrators to identify and prioritize training needs for education around programs. Programs could be tasked with developing a webinar or other training to cover programmatic details and educate the field staff.

- ADH should support the development of program-specific trainings (based on actual job duties and expectations) to enhance new employee orientation training.

*“I am always up for learning new things.
I would be happy to have any training that would make me a better asset for ADH.”*