



# Western Region Public Health Training Center

Annual Report | December 2022



Western Region Public Health Training Center  
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# A LETTER FROM OUR DIRECTOR

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Dear community,

As we begin our third iteration of the Regional Public Health Training Center program, we've been examining the challenges and successes we faced in the previous grant cycle so we can continue to grow and adapt to support the public health workforce in the most needed and effective ways.

Much of our last cycle of Center funding (2018-2022) was immersed in the COVID-19 pandemic. This was a challenging time for public health as critical gaps in the workforce were exposed- including staff shortage; health, environmental, and racial inequities; mental and emotional burnout; and the need for improving workforce diversity and cross-disciplinary partnerships.



During this time, the important work of the Western Regional Public Health Training Center (WRPHTC) continued. Thousands of workers from state, county, and tribal health organizations participated in our Public Health Core Competency Self-Assessment and Training Preferences Survey, providing valuable insights into their current and evolving training needs. Nearly 150,000 participants completed one of our 1,700 trainings and we supported over 120 student field placement projects throughout Region 9 with partnerships in Arizona, California, Nevada, Hawaii, and the US-Affiliated Pacific Islands.

Having joined the WRPHTC in 2021, I have been fortunate to experience and participate in the development, delivery, and continual evolution of our Center's response to the public health workforce challenges during and beyond the pandemic. Our team is committed to providing quality trainings and resources to address current and emerging public health needs with an emphasis on partnering with those who work in rural and medically underserved areas.

The WRPHTC looks forward to working alongside public health stakeholders with a renewed focus on developing programs related to social determinants of health, health equity, pandemic preparedness, and public health emergency response. We are adding new trainings in English and Spanish, updating our needs assessment survey, and developing new programs to support current, and grow future, leaders in public health services. Our goal is to support a diverse public health workforce, integrated across the healthcare continuum that promotes partnerships with community health workers, first responders, primary care practitioners, and more.

I'm excited to share this report outlining some of our main activities and successes from the past grant cycle. We're incredibly grateful to our partners that help provide insights, training, and support to achieve these goals and the public health workforce that has worked tirelessly to learn new skills and adapt to the ever-present challenges of improving the health and wellness of our community.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kelly A. Reynolds'.

Kelly A. Reynolds, MSPH, PhD  
Director

# HISTORY

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The Public Health Training Center (PHTC) Program was first established by Health Resources and Services Administration (HRSA) in 1999, in response to the need to establish quality standards and measures in coordination with the movement towards accreditation of public health departments. The need for training and competency of the public health workforce at the local, state, and tribal levels became apparent within the accreditation framework. The PHTC Program has worked to measure and advance these competencies, to increase the diversity and distribution of the public health workforce, and to increase the capacity of the workforce to provide care to underserved populations.

A redesign of the PHTC Program occurred in 2013, which transformed the program into a collaborative network of ten Regional PHTCs. The centers focus on skill-based training for state, local, and tribal health department personnel, with an emphasis on distance-based training and an overall goal of creating a culture of lifelong learning. Each Regional PHTC serves as the central office for the region and establishes formal relationships with local education and training sites.

The Western Region Public Health Training Center (WRPHTC), with its central office at the University of Arizona Mel and Enid Zuckerman College of Public Health, has been working with its network of local partners at the University of Nevada, Reno, the Hawai'i Public Health Training Hui, and the Pacific Islands Health Officers Association, since 2014.

## REFUNDED FOR 2022-2026

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As a consortium of Regional PHTCs, we collectively represent the nation's most comprehensive resource for public health workforce development. While individual Center work is tailored to meet the needs of those in our respective regions, we collaborate to sustain a skilled public health workforce by providing access to world-class professional development, experiential learning, and consulting and technical assistance.

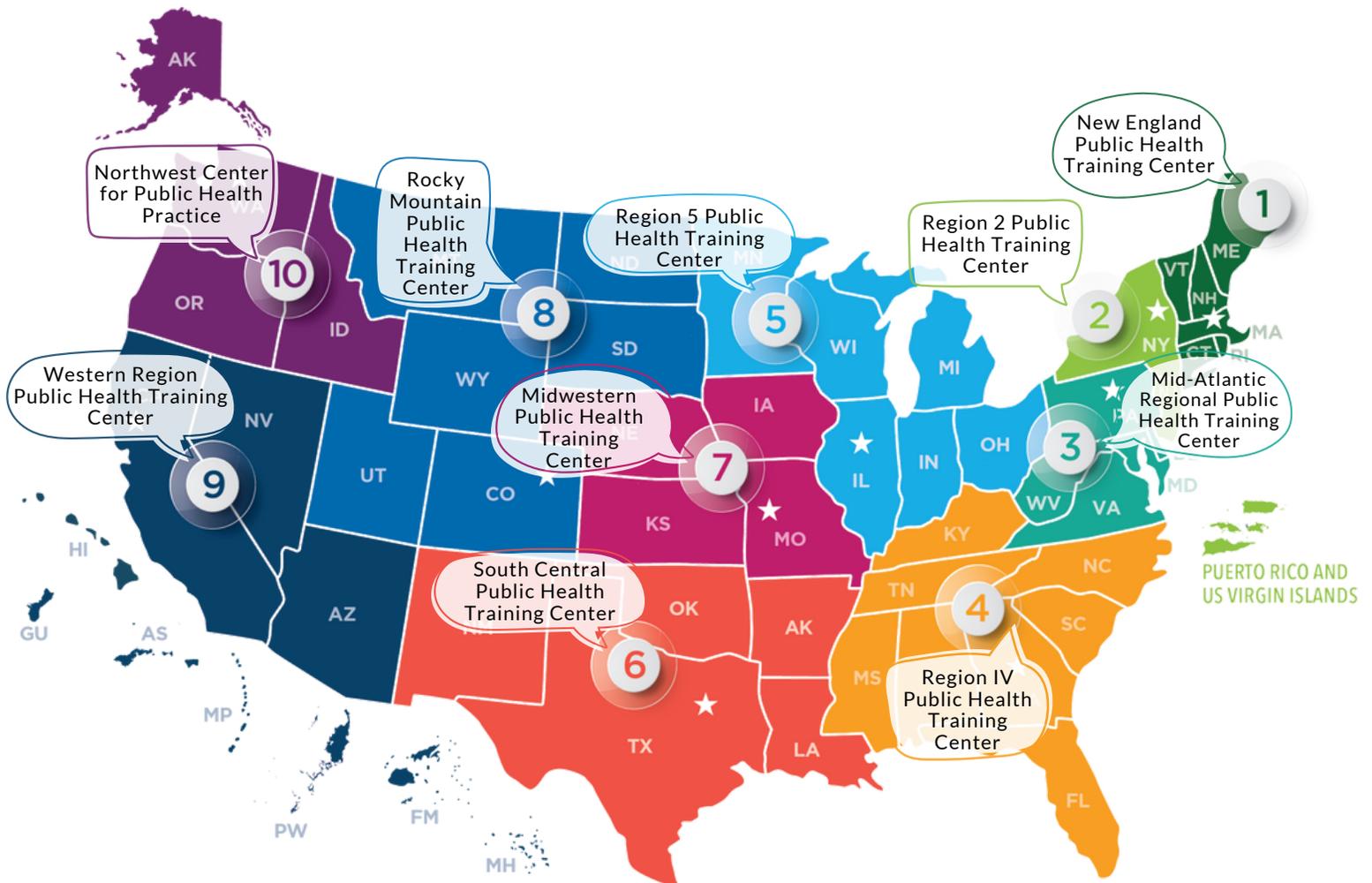
While public health agencies have seen an influx of funding for hiring some new staff and temporary workers during the pandemic, the public health system needs to continue in this vein by hiring an estimated 80,000 full-time positions to support ongoing, foundational public health services. All these new people and new skills mean workforce development is now more critical than ever.

We are excited to announce that all 10 centers in the *Public Health Training Center Network (PHTCN)* were awarded funding by the HRSA for a new grant cycle (2022-2026). We continue our aim to develop and deliver high quality training and learning resources for the public health workforce across the nation.



# PUBLIC HEALTH TRAINING CENTER NETWORK

The Public Health Training Center (PHTC) Network is a consortium of regional Public Health Training Centers that collectively represent the nation's most comprehensive resource for public health workforce development. Click on the hyperlink for each regional public health training center below to connect with their resources.



**PUBLIC HEALTH TRAINING  
CENTER NETWORK**

# WESTERN REGION PUBLIC HEALTH TRAINING CENTER

We help sustain a skilled public health workforce by providing access to world-class professional development, experiential learning, and consulting and technical assistance. We're grateful to all the work our partners in our last grant cycle have accomplished towards this goal.

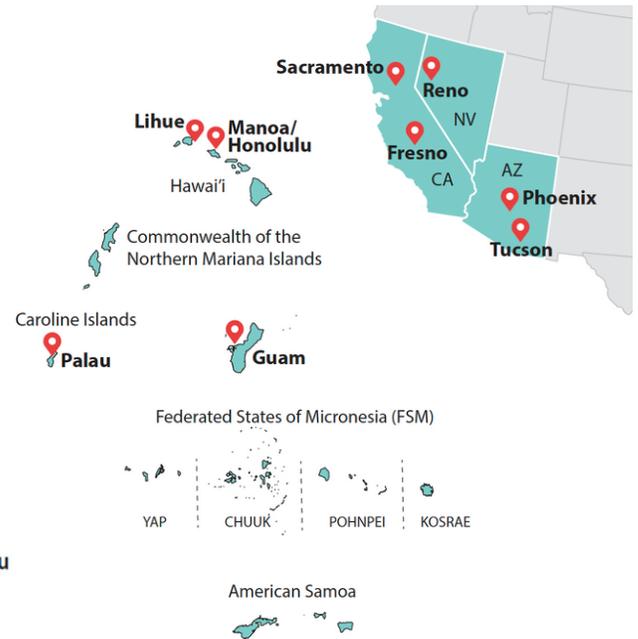
## 2018-2022 COMMUNITY-BASED TRAINING PARTNERS



### Community-Based Training Partners

California Statewide AHEC Program\*, UCSF, Fresno  
Health Officers Association of California, Sacramento  
Hawaii Public Health Institute, Honolulu  
Children's Healthy Living Program, University of Hawaii, Manoa  
Hawaii State Rural Health Association, Lihue  
Southwest Telehealth Resource Center, Tucson  
Arizona Foundation of Human Service Providers, Phoenix  
University of Nevada, Reno  
Pacific Island Health Officers Association, Honolulu, Guam and Palau

\*AHEC = Area Health Education Center



## OUR SERVICES

### TRAINING NEEDS ASSESSMENTS

We assess training needs, preferences, and the public health core competencies to inform workforce development plans.



### PROFESSIONAL DEVELOPMENT

We create and deliver free, skill-based training to address gaps identified by training needs assessments.



### EXPERIENTIAL LEARNING

Support for students conducting applied public health experiences via training and funding during the course of their projects.



# WORKFORCE TRAINING NEEDS ASSESSMENT

Identifying the training needs of the public health workforce is critical to increasing its capacity to improve health equity and respond to emergencies. The public health landscape is changing at a rapid pace and the importance of ensuring the workforce is trained on best practices has become increasingly evident during the past few years. In addition, many professionals in the public health workforce were not formally trained to work in this sector; identifying and meeting their training needs is critical to ensuring public health program effectiveness.

The WRPHTC has worked with its community-based training partners to market and administer the Public Health Core Competency Self-Assessment and Training Preferences Survey (PHCCSTPS) to state, county, and tribal health departments in Region 9. The PHCCSTPS is an online tool for assessing the skill sets and identifying the training needs of public health workers. This tool was used and adapted for state and local health department workforce assessments, to assess their training needs and public health competencies.

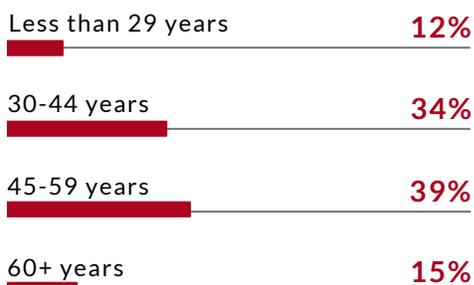


**2,290 members of the public health workforce** were surveyed about their training needs (2018-2022)

The majority of public health workforce training needs assessments that were conducted during this grant period were implemented before the COVID-19 pandemic response began.

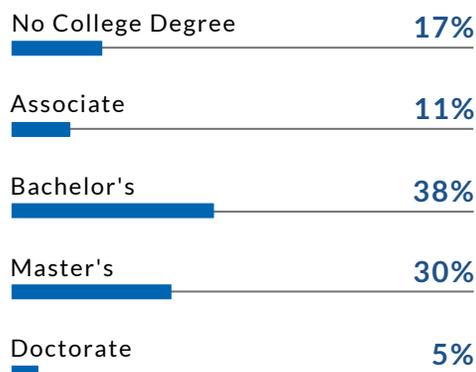
## CHARACTERISTICS OF RESPONDENTS

### Average Age of Respondents



*\*results regarding age are averaged among surveys implemented in Arizona, California, and Nevada that used the same age categories.*

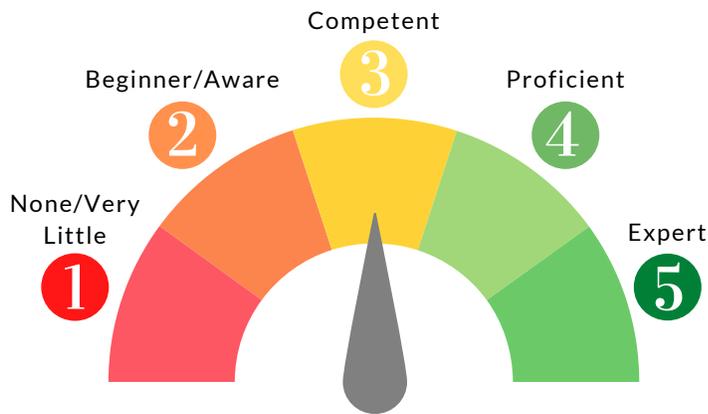
### Highest Degree Obtained



**15% of the workforce** was up for retirement in the next 5 years before the COVID-19 pandemic began.

# PUBLIC HEALTH COMPETENCY ASSESSMENTS

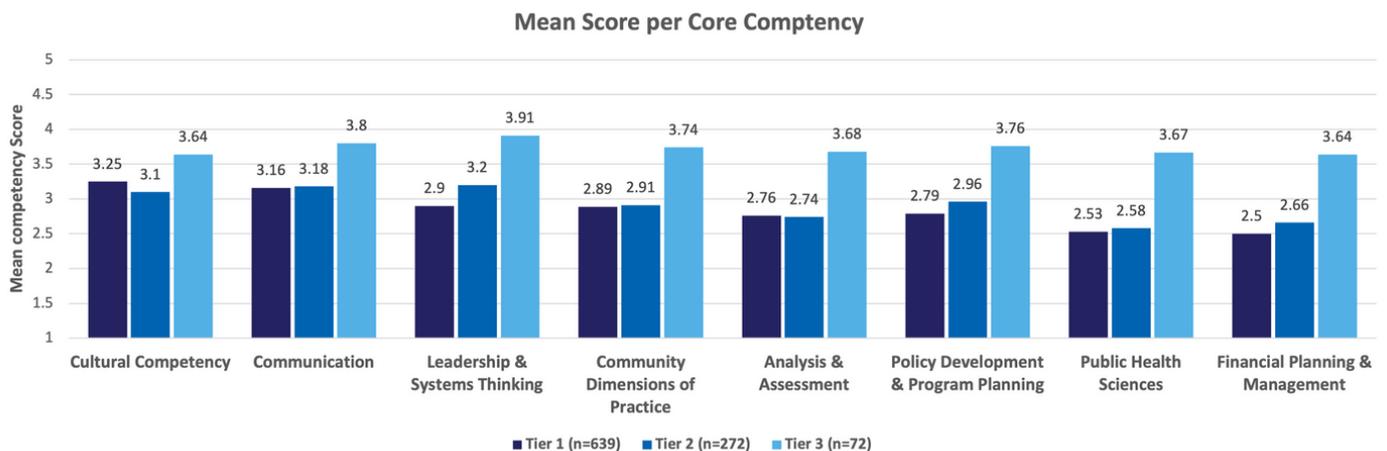
Each core competency was assessed with multiple questions. For each of these questions, a respondent rated their skill level using the scale portrayed in the graphic below. The multiple questions for an individual competency were combined (e.g., averaged) to form an overall score for the core competency. Within the literature, a training gap is normally identified when the mean score within a competency domain is below 3.0 (competent).



Less than half of the professionals in nonmanager and mid-level manager positions reported feeling competent (i.e., reported skill levels of 1 or 2) in the areas of **Public Health Sciences, Financial Planning and Management, Policy Development and Program Planning, and Analysis and Assessment** across all states surveyed.

Tier 1 respondents (Public Health Professionals) rated **Cultural Competency** as their highest skill area. Tier 2 respondents (Managers and Supervisors) and Tier 3 respondents (Directors and Senior Leaders) reported the highest levels of competence in **Leadership and Systems Thinking**. For both Tier 1 and Tier 2 respondents, **Communication** closely followed as their second highest skill area. **Financial Planning and Management** and **Public Health Sciences** were the lowest skill areas for both Tier 1 and Tier 2.

Directors and senior leaders self-report higher levels of competence across all competency domains than their staff. However, survey results include smaller numbers of Tier 3 professionals, increasing variability between the states and making results less generalizable. **Financial Planning and Management** and **Cultural Competency** were the areas with the lowest scores for Tier 3.



# TOP TRAININGS NEEDED FOR THE JOB

Each community-based training partner worked with health departments and public health agencies in their relative state to customize and adapt the training needs assessment to their needs. While survey items related to the public health core competencies are consistent throughout the WRPHTC's surveys, the list of general training topics presented to survey respondents can vary survey to survey.

The table below outlines the top five trainings selected by the workforce in each state as trainings they would need for the job or be interested in for their professional development. The topic **Using Evidence-Based Programs, Policies, and Practices** appeared in the top 5 for all states that included the topic in their survey. **Improving Program Outcomes and Measures** was also a popular training topic, appearing in the top 5 for three states. **Cultural Responsiveness** and **Leadership Skills** likewise appeared among the top 5 trainings for two states each.

|          | ■ ARIZONA  | ■ NEVADA   | ■ CALIFORNIA   | ■ HAWAI'I  | ■ USAPI                            |
|----------|--|--|--|--|------------------------------------|
| <b>1</b> | Cultural responsiveness                              | Leadership skills                                    | Improving program outcomes & measures                | Cultural competency                                  | Public health essentials functions |
| <b>2</b> | Using evidence-based programs, policies, & practices | Organizational behavior & awareness                  | Using systems approaches                             | Cultural responsiveness                              | Public health basics of practice   |
| <b>3</b> | Improving program outcomes & measures                | Using evidence-based programs, policies, & practices | Using evidence-based programs, policies, & practices | Client confidentiality & HIPAA                       | Obesity                            |
| <b>4</b> | How to summarize information effectively             | Quality improvement                                  | Conflict management                                  | Leadership skills                                    | Infectious diseases                |
| <b>5</b> | Public health 101                                    | Improving program outcomes & measures                | Community assessment                                 | Using evidence-based programs, policies, & practices | Physical Activity                  |

Other training topics that were of high interest to respondents in multiple states include **Quality Improvement and Conflict Management**, which were among the top 10 training topics for three states. **Effective Project Management** was also a topic ranked highly among professionals across the region.

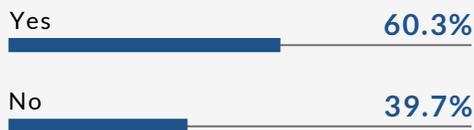
Topics such as **Using Evidence-Based Programs, Policies, and Practices**, **Improving Program Outcomes and Measures**, and **Quality Improvement** were of high interest across all job tiers. For nonmanagers, training needs otherwise often related to working with people and populations, such as Customer Service, Cultural Responsiveness, or Community Assessment. For job tiers that included management or supervisory duties, reported need for training shifted to topics like **Leadership Skills**, **Managing through an Ever-Changing Environment**, and **Supervisory Expectations**.



# COVID-19 IMPACT ON WORK

The surveys implemented after the COVID-19 response began included a section of questions related to the impact of COVID-19 on their work and the training received (or not received) to support them in carrying out new tasks. Perhaps unsurprisingly, the majority of the respondents reported that during the COVID-19 response the majority their time was spent on pandemic-related tasks and that their overall volume of work increased.

## "Have you performed some new types of tasks due to the COVID-19 pandemic?"



## "Did you need training to perform any of your new tasks?"



The majority of respondents (60.3%) also said that they had to perform new tasks due to the pandemic. The respondents who reported performing new tasks were asked "Did you need training to perform any of your new tasks?" About two-thirds (65.8%) said Yes; about one-third (34.2%) said No.

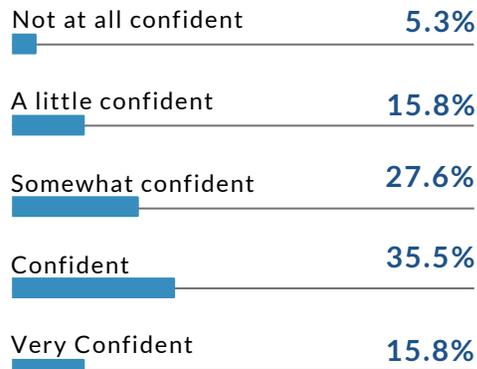
## "Did you get the training needed to perform your new tasks?"



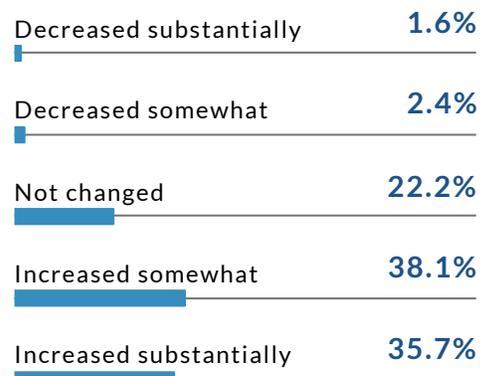
The respondents who said that they needed training for new tasks were then asked "Did you get the training needed?" Of these respondents, only 10% reported they did not receive the training they needed.

Finally, the respondents who reported performing new tasks were asked "On average, how confident did you feel about performing the new tasks related to the COVID-19 pandemic?" Less than half (44.6%) said that they felt confident or very confident.

## Confidence in Performing New Pandemic Tasks



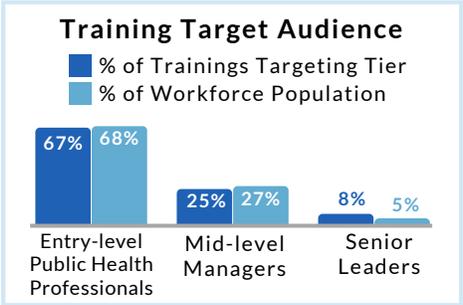
## Changes in Overall Volume of Work during COVID-19 response



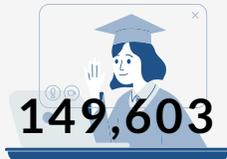
# TRAINING DEVELOPMENT

The WRPHTC provided **over 400 trainings per year** during our 2018-2022 grant period, training over **149,603 participants**. This includes new trainings (such as self-paced courses, live webinars, and in-person workshops), as well as former online courses still relevant and available to the workforce.

The majority of these trainings targeted entry level public health professionals (67%), followed by mid-level managers and supervisors (25%). These target populations reflect the public health workforce as identified by our training needs assessment survey (see graph to the right). With the emergence of the COVID-19 pandemic, the majority of trainings shifted to online formats, including self-paced, online courses, webinars, and virtual conferences.



**50**  
new self-paced,  
online courses



**149,603**  
training  
participants

## 10 Most Popular Self-Paced Courses (2018-2022) # registrants

|   |       |
|---|-------|
| Preventing Legionnaires' Disease                                  | 3,617 |
| Public Health Essentials in Action                                | 1,969 |
| Stock Albuterol Inhaler Training for School Personnel             | 1,730 |
| Getting Results: Motivational Interviewing                        | 1,087 |
| Kyah's EPICourse  | 998   |
| Professional Ethics and Personal Values                           | 993   |
| Communication Skills for Successful Healthcare Team Relationships | 904   |
| Quality Improvement Series  | 892   |
| Introduction to Science and Health Communication                  | 834   |
| Opioid Use, Abuse, and Solutions                                  | 774   |

We branched out to explore more modern virtual training formats, including podcasts and virtual conferences. Our podcast series Arizona Common Ground walks through the policy process in Arizona, speaking with people at each step of the way. Keeping Up With Public Health discusses the latest developments in public health with faculty at the University of Arizona and beyond, with the second season focusing specifically on the pandemic response. Public Health Perspectives, from our partners at the University of Nevada, Reno, breaks down and demystifies complex public health issues through community perspectives.

Episodes received over 7,000 plays altogether and were a popular format among younger professionals with 87% of listeners being 18-27 years of age. 95% of those that provided feedback reported their understanding of the subject matter covered in the podcast improved.

“ I truly appreciate the raw dialogue regarding the Pandemic Response to COVID-19 and in understanding the struggles of getting the proper support we need as healthcare educators & workers. It normalizes the struggles we've experienced within the past year. ”

“ More podcasts! I didn't know how much I needed this type of format for Continuing Education and it is AMAZING. ”

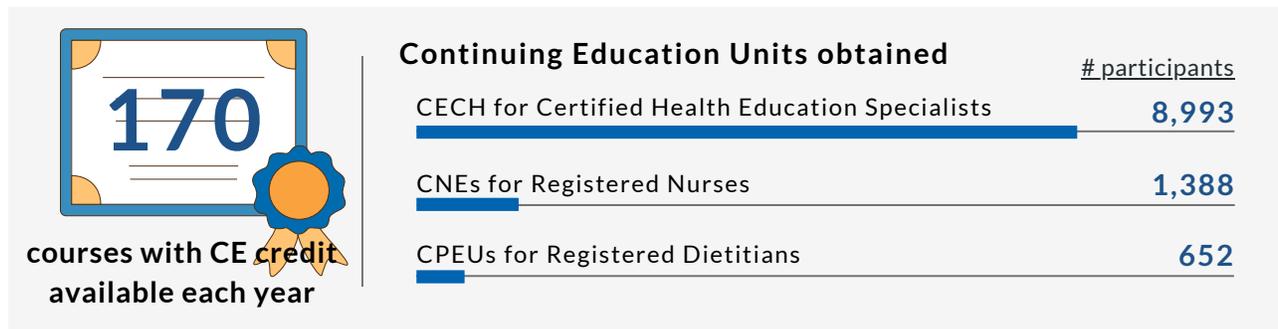


# CONTINUING EDUCATION CREDITS

The WRPHTC provides Continuing Education (CE) credits for many of its courses, as an incentive for public health and other health professionals to take trainings. We have been both an accredited provider of Continuing Education Contact Hours (CECH) for Certified Health Education Specialists (CHES) and Continuing Professional Education Units (CPEU) for Registered Dietitians. We also partnered with the University of Arizona College of Nursing to provide Continuing Nursing Education (CNE) credits for Registered Nurses (RNs),

Our partners at the Hawai'i Public Health Institute (HIPHI) additionally has acquired CEs for Certified Substance Abuse Counselors (CSACs) and Licensed Social Workers (LSWs), Licensed Clinical Social Workers (LCSWs).

During the past project period, the WRPHTC provided an average of 170 courses that were approved for CE credit each year. CHES credits have been the most popularly acquired credit, with 8,993 CECH for CHES obtained through WRPHTC courses during the project period.



## Top Trainings Taken for CHES Credits (2022)

### ▶ [Nutrition and Mental Health](#)

There are many factors related to the prevention and treatment of mental health disorders and substance use disorders, and there is developing evidence that nutrition plays a role. This series of modules is designed to introduce evidence connecting nutrition to the treatment and prevention of depression, anxiety, and substance use disorders, with practical public health applications.

### ▶ [Breathe in, Breathe out: Mindfulness-Based Stress Reduction](#)

Stress is a universal experience. If not addressed, stress can have negative effects on our mental health. To help people reduce stress and improve the mind-body relationship for overall health, Jon Kabat Zinn, PhD, developed formal mindfulness practices, termed Mindfulness Based Stress Reduction (MBSR). By taking this training, public health professionals will learn MBSR techniques and explore ways to implement MBSR into public health practice.

### ▶ [Recognizing and Challenging Stigma](#)

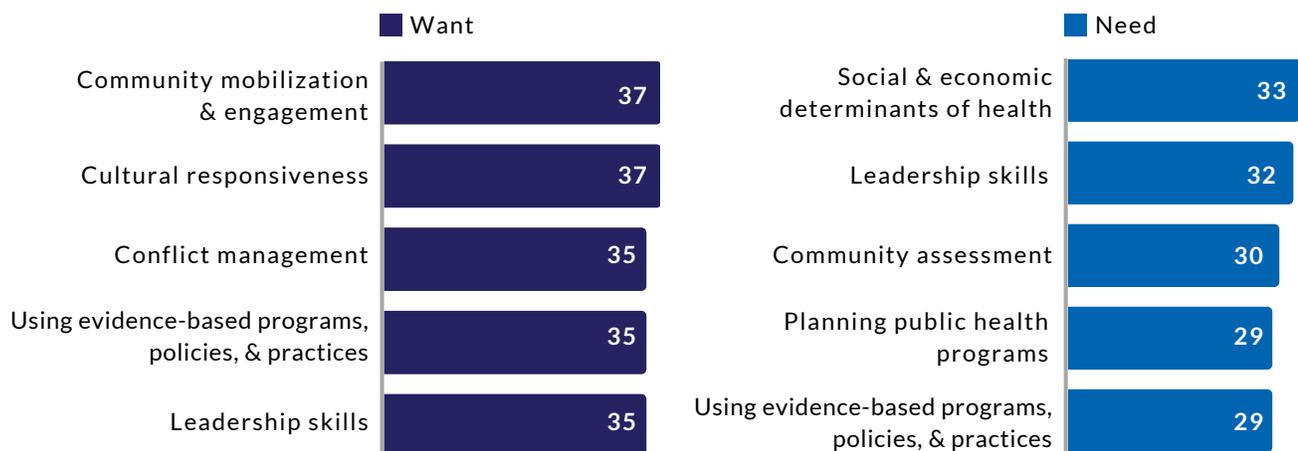
Stigma is an intense human experience that causes suffering and worsens health. This training focuses on recognizing and challenging stigma. Learn about different forms of stigma and its impact in health care settings, explore the personal experience of stigma and evaluate your own stigmatizing attitudes, and identify solutions to reducing stigma.

# STUDENT SUPPORT

Our public health core competency self-assessment has been modified and offered to MPH students enrolled in courses regarding professionalism, and now is offered to any individual (student or professional) that wishes to individually complete their core competency self-assessment through our website.

Based on the results of students that took the self-assessment as part of their coursework, students were most interested in receiving training in **Community Mobilization & Engagement**, **Cultural Responsiveness**, and **Conflict Management**. Student felt that the training topics most important to their careers were **Social and Economic Determinants of Health**, **Leadership Skills**, and **Community Assessment**. **Using Evidence-Based Programs, Policies, and Practices** also appeared in the top 5 for both categories.

## Top 5 Training Topic Preferences of Students



Students that self-assessed their public health core competencies rated their skill levels using a scale of 1 (none/very little) to 5 (expert). The highest mean scores of students were in Cultural Competency (3.71), followed by Public Health Sciences (3.37), and the lowest mean scores were in Financial Planning and Management. The results from these surveys are being integrated into our plans to expand our training programs for students in the 2022-2026 funding cycle.

### Students' Public Health Core Competency Self-Assessment: Potential Training Gaps

Student respondents' mean competency scores were below Competent in just one domain: Financial Planning & Management (2.72). Mean scores were just above Competent in Policy Development & Program Planning (3.03) and Community Dimensions of Practice (3.04).



# STUDENT FIELD EXPERIENCE PROJECTS

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As part of our mission to build and support a skilled public health workforce, the WRPHTC helps fund students conducting public health projects in our region. The WRPHTC works with its partners to market the opportunity to academic health programs and distribute support for students across our region. From 2018-2022 the WRPHTC supported 120 student projects. Stipends were distributed to students in Arizona (43 students), Nevada (35 students), California (30 students), Hawaii (7 students), and the USAPI (5 students). Students receive stipends of \$3,500 each upon completion of their project. See a sample of some of the projects we supported below.



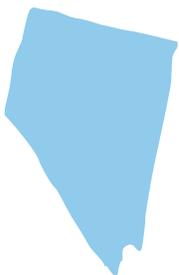
## HAWAII & THE USAPI

- Improving Reproductive Health Among Women in Hawaii Experiencing Period Poverty
- Understanding Childhood Health Behaviors in the Northern Marianas Using Photovoice
- Needs Assessment and Data Analysis with Chuuk Community Health Center
- Developing and Testing a FFQ for Young Children on Guam
- Food Habits and Source Assessment in Palau
- Creation of Public Health Education Campaigns in Pohnpei Targeting NCDs & Tuberculosis



## CALIFORNIA

- Remote Sensing of Severe Air Pollution from California's Wildfires
- Wildfire Smoke Risk Communication for Hard-to-Reach Populations
- Combating Socioeconomic Determinants of Food Insecurity & Obesity in the Bay Area: Evaluation of a School-Based Mobile Pantry Program
- Sharing Epidemiology Capacity Qualitative Research Project
- Evaluation of Pre-College Sex Education on University Students Experiences of Consent, Interpersonal Communication, and Sexual Decision Making
- Qualitative Childhood Obesity Research to Inform the Development of Targeted Nutrition-Related Interventions in Low-Income Communities



## NEVADA

- Increasing Cultural Competence Among Healthcare Providers in Northern Nevada
- Northern Nevada Community Health Assessment
- State-wide Gender Clinic Administration: Mobile Health Outreach & Treatment Model for Unhoused and Rural Communities of Nevada
- Exploring Opioid Related Overdose Deaths Among Latinx communities in Nevada
- Health Equity Needs Assessment for Nevada Public Health Professionals
- Reducing Congenital Syphilis in Nevada



## ARIZONA

- Culturally Competent Infographics with the Arizona Trauma Association
- Collective Impact in Cochise County: Developing a shared measurement system to understand the impact of a countywide health initiative on obesity and diabetes
- Health and Housing: Coordinating Services for the Justice-Involved Population in Pima County
- 2020 Community Health Needs Assessment of Ajo, AZ
- Increasing Epinephrine Auto-Injector Access in Arizona Restaurants

# CHARACTERISTICS OF SUPPORTED STUDENTS

## Ethnicity of Students



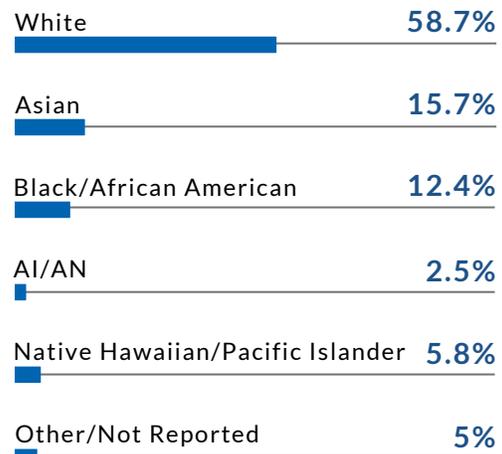
## Rural Residential Background



## Disadvantaged Background



## Race of Students



# STUDENT COMMENTS

“ The project was extremely successful. I was able to complete the project and identify future opportunities utilizing the results. I was able to present on my findings at conferences and the final report will be utilized by state, county, and community level public health entities throughout the state to work towards advancing health equity within public health organizations. ”

“ The stipend allowed me to fully focus on this project during these past couple months. I am extremely grateful to be working on this project as [it] will hopefully serve the gender incongruent in Nevada. This project is important to me because I myself am gender variant and have seen the health disparities that my community faces first hand. ”

“ I really enjoyed my project because it is work that will actually be utilized by [the county] and it made me feel like I was making an impact. I loved learning about the topic from a hands-on perspective. ”

“ This was an enriching process and I learned a lot. I was able to share my report with stakeholders in the medical education community and am hopeful the impacts stretch beyond my own personal and professional development. I am grateful for the support of the WRPHTC as I completed this work. ”

“ This internship has taught me so much, not only about research and working with a medically underserved population, but I also worked with different health fields, learned how to conduct community-based qualitative and quantitative research and gained key coordination skills. ”

“ I gained a lot of knowledge on conducting research and providing care for underserved and marginalized communities. I am appreciative, hopeful, and inspired by programs like WRPHTC that support public health and health disparity research for more equitable healthcare. ”

# LOOKING FORWARD

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We are so excited to continue developing the *Public Health Training Center Network (PHTCN)* as the go-to source for public health learning and skill development in another grant cycle (2022-2026). As we develop and deliver interactive training and learning resources, here are some things to look forward to:



## UPDATED TRAINING NEEDS ASSESSMENTS & COMPREHENSIVE REPORTS

We've been analyzing the training needs of the public health workforce and are excited to share what we're learning about the the shifting training needs and preferences in our field. We'll also be revising our survey to keep in line with the Council on Linkage's revised set of Public Health Core Competencies.



## SPANISH LANGUAGE TRAININGS

We're translating our most popular eLearning courses into Spanish to increase accessibility and reflect our region's large Hispanic and Latino populations.



## REGIONAL LEADERSHIP INSTITUTES

The PHTC network is developing formal leadership programs for emerging leaders in public health and primary care, focused on building leadership skills, cross-sectoral partnerships, and improving health equity.



## MORE MICROTRAININGS & PODCASTS

We're continuing to develop trainings that meet the needs of a busy, growing, and changing public health workforce. This includes training formats that are more friendly to busy schedules and multitasking, like microtrainings and podcasts. Follow up on social media or sign up for our newsletter to get updates on newly released episodes and videos!



## EXPANDED STUDENT PROGRAMS

Our programs offering support for students are expanding to offer more training and skill-building opportunities, more networking and community building, and more coaching to support them as they transition to the public health workforce.

Reflecting on past accomplishments and opportunities for future growth, we are excited to continue to explore ways we can support the public health workforce of the mainland Southwest and the Pacific.