

# **Public Health Workforce Survey**

*Conducted by*

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**2001**

## **North Carolina Public Health Workforce Survey**

Dear public health colleague:

This booklet contains a questionnaire designed to gather information from public health professionals about their individual training needs.

The North Carolina Institute for Public Health is collecting this information as part of a federally funded, nationwide effort to link public health professionals to training.

We are asking you to complete a survey that asks about your current training needs, your prior education and training, and activities that you do in your current job. This survey is first being distributed to all employees at four local health departments and will be administered in the future to a larger sample of local and state health department employees here in North Carolina.

We need to hear from everyone. Please take the time to fill out this survey and return it in the pre-addressed envelope provided. We have pilot tested the questionnaire and found that it does take about 45 minutes to 1 hour to complete. To make it easier for you, you might want to complete it over several days rather than at one sitting. Participation in this survey is voluntary.

We pledge to protect your privacy. The code number at the bottom of the questionnaire is for data analysis purposes only. It will also help us to avoid sending unnecessary reminders, once we receive your completed questionnaire. Please do not put your name on any of the materials.

Thank you for helping us to understand your professional needs. Your input will contribute significantly to providing high quality appropriate programs and services to public health professionals in your state. If you have any questions, please call Janet Alexander, North Carolina Center for Public Health Preparedness, North Carolina Institute for Public Health at 919-843-5559 or by email ([Janet\\_Alexander@unc.edu](mailto:Janet_Alexander@unc.edu)).

**North Carolina Public Health Workforce Questionnaire**

Below is a list of activities that employees of public health agencies, as a whole, carry out in order to provide the 10 essential services of public health.

**Q1. Please tell us how important each of these activities is to your job, and the level of need you have for more training to do this activity. Please circle the number indicating the level of importance or need.**

	ACTIVITY	IMPORTANCE OF ACTIVITY				TRAINING NEED			
		How important is this skill to your job?				Rate your level of need for training in this area.			
		Not Important		Very Important		Low Need		High Need	
<b>1</b>	<b>Monitor health status to identify community problems</b>								
A	Be aware of amount of important health conditions in your community.	1	2	3	4	1	2	3	4
B	Use existing reports or data from disease surveillance or vital registry systems to identify and define important health issues in your community.	1	2	3	4	1	2	3	4
C	Determine appropriate uses and limitations or gaps of existing health data and information sources.	1	2	3	4	1	2	3	4
D	Conduct community assessments including identifying needs, assets and priorities.	1	2	3	4	1	2	3	4
E	Communicate with other agencies to identify new disease cases in your community.	1	2	3	4	1	2	3	4
F	Recognize a disease outbreak in your community or nearby communities.	1	2	3	4	1	2	3	4
G	Use statistics to analyze health data and make relevant inferences from the data.	1	2	3	4	1	2	3	4

	ACTIVITY	IMPORTANCE OF SKILL				TRAINING NEED			
		How important is this skill to your job?				Rate your level of need for training in this area.			
		Not Important		Very Important		Low Need		High Need	
		1	2	3	4	1	2	3	4
H	Present information or data on health issues to other health professionals or to the general public.	1	2	3	4	1	2	3	4
I	Solicit input from individuals and organizations about important health issues in the community.	1	2	3	4	1	2	3	4
J	Use public health software like EPI-INFO.	1	2	3	4	1	2	3	4
K	Maintain the security and confidentiality of personal and public health information.	1	2	3	4	1	2	3	4
<b>2</b>	<b>Diagnose and investigate health problems and health hazards in the community</b>								
A	Design research studies to identify risk factors for a health problem.	1	2	3	4	1	2	3	4
B	Read scientific literature to keep up-to-date with knowledge of new diseases and disease risk factors.	1	2	3	4	1	2	3	4
C	Understand strengths and weaknesses of published research.	1	2	3	4	1	2	3	4
D	Collect biological or environmental samples to better understand a health problem.	1	2	3	4	1	2	3	4
E	Perform environmental health risk assessments.	1	2	3	4	1	2	3	4
F	Explain your technical/computer needs to the appropriate people.	1	2	3	4	1	2	3	4

	<b>ACTIVITY</b>	<b>IMPORTANCE OF SKILL</b>				<b>TRAINING NEED</b>			
		<b>How important is this skill to your job?</b>				<b>Rate your level of need for training in this area.</b>			
		<b>Not Important</b>		<b>Very Important</b>		<b>Low Need</b>		<b>High Need</b>	
<b>3</b>	<b>Inform, educate and empower people about health issues</b>								
A	Communicate effectively both in writing and speaking.	1	2	3	4	1	2	3	4
B	Meet with professionals and community members to gather opinions about how to promote the health of the population to address a priority health problem.	1	2	3	4	1	2	3	4
C	Identify cultural, social, and behavioral factors that affect health problems in your community.	1	2	3	4	1	2	3	4
D	Provide health promotion and disease prevention information to groups or individuals.	1	2	3	4	1	2	3	4
E	Use the media (newspapers, radio, television) to communicate health information.	1	2	3	4	1	2	3	4
F	Use a computer-based catalog like Medline to identify journals or books related to a health topic.	1	2	3	4	1	2	3	4

	ACTIVITY	IMPORTANCE OF SKILL				TRAINING NEED			
		How important is this skill to your job?				Rate your level of need for training in this area.			
		Not Important		Very Important		Low Need		High Need	
<b>4</b>	<b>Mobilize community partnerships and action to solve health problems</b>								
A	Interact effectively with people from diverse cultural, socioeconomic, and educational backgrounds.	1	2	3	4	1	2	3	4
B	Help conduct health promotion campaigns and programs.	1	2	3	4	1	2	3	4
C	Use health promotion models to design or evaluate a health intervention program.	1	2	3	4	1	2	3	4
D	Use the internet to make health information available to the community.	1	2	3	4	1	2	3	4
E	Advocate for public health programs and resources.	1	2	3	4	1	2	3	4
F	Apply principles of group dynamics to develop effective partnerships.	1	2	3	4	1	2	3	4
G	Establish and maintain community partnerships to maximize use of community assets.	1	2	3	4	1	2	3	4

ACTIVITY		IMPORTANCE OF SKILL				TRAINING NEED			
		How important is this skill to your job?				Rate your level of need for training in this area.			
		Not Important		Very Important		Low Need		High Need	
<b>5</b>	<b>Develop policies and plans that support individual and community health efforts</b>								
A	Collect, summarize, and interpret information relevant to a health issue.	1	2	3	4	1	2	3	4
B	Formulate policy options.	1	2	3	4	1	2	3	4
C	Understand the feasibility and expected outcome of each policy option.	1	2	3	4	1	2	3	4
D	Use current techniques in decision analysis and health planning.	1	2	3	4	1	2	3	4
E	Develop long-range plans for health programs.	1	2	3	4	1	2	3	4
F	Plan and implement effective emergency response services.	1	2	3	4	1	2	3	4
<b>6</b>	<b>Enforce laws and regulations that protect health and ensure safety</b>								
A	Stay informed of public health laws and regulations.	1	2	3	4	1	2	3	4
B	Monitor enforcement of public health laws and regulations.	1	2	3	4	1	2	3	4
C	Work with law enforcement agencies to enforce regulations that protect health and ensure safety.	1	2	3	4	1	2	3	4
D	Use regulations to promote health in your community.	1	2	3	4	1	2	3	4
E	Explain public health regulations to community.	1	2	3	4	1	2	3	4

	ACTIVITY	IMPORTANCE OF SKILL				TRAINING NEED			
		How important is this skill to your job?				Rate your level of need for training in this area.			
		Not Important		Very Important		Low Need		High Need	
<b>7</b>	<b>Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable</b>								
A	Identify healthcare services needs in your community.	1	2	3	4	1	2	3	4
B	Work with interpreters to provide public health services to non-English speaking members of the community.	1	2	3	4	1	2	3	4
C	Coordinate with other groups and agencies to ensure appropriate health care services are provided to your community.	1	2	3	4	1	2	3	4
D	Refer clients to other agencies where appropriate to receive personal health services.	1	2	3	4	1	2	3	4
E	Develop a clinical health or social service plan for clients.	1	2	3	4	1	2	3	4
F	Negotiate contracts.	1	2	3	4	1	2	3	4
G	Write proposals to obtain funding.	1	2	3	4	1	2	3	4
H	Develop a budget.	1	2	3	4	1	2	3	4
I	Adapt healthcare service programs to take into account cultural differences in the population.	1	2	3	4	1	2	3	4

	<b>ACTIVITY</b>	<b>IMPORTANCE OF SKILL</b>				<b>TRAINING NEED</b>			
		<b>How important is this skill to your job?</b>				<b>Rate your level of need for training in this area.</b>			
		<b>Not Important</b>		<b>Very Important</b>		<b>Low Need</b>		<b>High Need</b>	
<b>8</b>	<b>Assure an expert public health workforce</b>								
A	Create appropriate staff development and training plans for employees.	1	2	3	4	1	2	3	4
B	Recruit and interview applicants for positions in your agency.	1	2	3	4	1	2	3	4
C	Use organizational theory to improve professional practice in your agency.	1	2	3	4	1	2	3	4
D	Ensure that staff have and maintain appropriate licenses and credentials.	1	2	3	4	1	2	3	4
E	Translate state or local policy into organizational structure and programs.	1	2	3	4	1	2	3	4
<b>9</b>	<b>Evaluate effectiveness, accessibility, and quality of health services</b>								
A	Develop surveys and studies to measure cost effectiveness, accessibility or quality of health care services in your community.	1	2	3	4	1	2	3	4
B	Understand factors that influence use of health services.	1	2	3	4	1	2	3	4
C	Follow-up with clients to ensure that they have received health or social services.	1	2	3	4	1	2	3	4
D	Evaluate programs to ensure that objectives and performance goals are met.	1	2	3	4	1	2	3	4
E	Monitor day-to-day operations of programs that provide health services.	1	2	3	4	1	2	3	4

	<b>ACTIVITY</b>	<b>IMPORTANCE OF SKILL</b>				<b>TRAINING NEED</b>			
		<b>How important is this skill to your job?</b>				<b>Rate your level of need for training in this area.</b>			
		<b>Not Important</b>		<b>Very Important</b>		<b>Low Need</b>		<b>High Need</b>	
<b>10</b>	<b>Research for new insights and innovative solutions to health problems</b>								
A	Conduct research or interventions to develop unique approaches to solving health problems.	1	2	3	4	1	2	3	4
B	Educate legislature on new policy options.	1	2	3	4	1	2	3	4
C	Create partnerships between public and private organizations to deliver public health services.	1	2	3	4	1	2	3	4

**Please tell us more about your work in public health**

**Q2. Below is a list of major categories of activities performed in professional community and public health jobs. What percent of your work time do you spend on each category of activities? Total should equal 100.**

		%			%
A	Providing education and information		G	Performing legal functions	
B	Providing clinical services		H	Administration or management	
C	Case management		I	Evaluation or research	
D	Community involvement and planning		J	Policy development	
E	Data entry / clerical work		K	Other <i>Specify</i>	
F	Environmental monitoring, investigation or surveillance				

**Q3. How many years have you :**

- A Been working in current job position? \_\_\_\_\_ Years
- B Working for your current agency? \_\_\_\_\_ Years
- C Working in public health? \_\_\_\_\_ Years

**Please tell us about your education**

**Q4. Please tell us about your educational training by completing the following table. Make a check mark by each level of education that you have completed, then indicate the degree, the field of study, location of the school, and the year you received the degree. Please list all degrees obtained.**

(Check all that apply)	Educational background	Degree(s)	Field(s) of study	Location of School	Year Received degree
1. ___	Some high school			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
2. ___	High school diploma or GED			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
3. ___	Associate/junior college degree or diploma (eg. A.A., Associate degree or diploma in nursing)			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
4. ___	Bachelors degree (eg. BS, BA, BSN)			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
5. ___	Masters degree (eg. MS, MA, MPH, MSPH, MHA, MSW, MSN)			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
6. ___	Doctoral degree (eg. PhD, DrPH, EdD)			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
7. ___	Professional degree (MD, DDS, DO, JD, DVM)			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
8. ___	Certificate in public health			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	
9. ___	Other degrees			1. ___ North Carolina 3. ___ outside US 2. ___ other US state	

**Q5. Which of the following certifications or licenses do you currently hold? Please check all that apply.**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | <input type="checkbox"/> Certified health education specialist  | I | <input type="checkbox"/> Medical technologist   | R | <input type="checkbox"/> Registered dietician           |
| B | <input type="checkbox"/> Certified industrial hygienist   | J | <input type="checkbox"/> Nurse Aide             | S | <input type="checkbox"/> Registered nurse               |
| C | <input type="checkbox"/> Certified safety professional  | K | <input type="checkbox"/> Nurse midwife          | T | <input type="checkbox"/> Registered sanitarian          |
| D | <input type="checkbox"/> Dental hygienist   | L | <input type="checkbox"/> Nurse practitioner     | U | <input type="checkbox"/> Social worker                  |
| E | <input type="checkbox"/> Dentist  | N | <input type="checkbox"/> Occupational therapist | V | <input type="checkbox"/> Other certification or license |
| F | <input type="checkbox"/> Doctor of veterinary medicine  | O | <input type="checkbox"/> Physical therapist     |   | <i>Specify</i> _____                                    |
| G | <input type="checkbox"/> Lawyer   | P | <input type="checkbox"/> Physician assistant    | W | <input type="checkbox"/> None of the above              |
| H | <input type="checkbox"/> Medical doctor or doctor of osteopathy<br><i>Board certified 1. <input type="checkbox"/>yes 2. <input type="checkbox"/>no</i><br><i>Specialization</i> _____ | Q | <input type="checkbox"/> Professional engineer  |   |   |

**Training courses**

**Q6. Since you started your current job, have you participated in any training courses?**

- 1.  Yes
- 2.  No

When was the last training course that you took for your job?  
 Month \_\_\_\_\_ Year \_\_\_\_\_  
 Course Topic \_\_\_\_\_

**Q7. Which of the following training programs would you be interested in participating in?**

A	Certificate programs that cover the core public health areas (epidemiology, biostatistics, health education, health policy, or environmental health sciences)	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Some interest	3. <input type="checkbox"/> Not interested 4. <input type="checkbox"/> Not sure
B	Courses that can be applied toward a bachelor's degree	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Some interest	3. <input type="checkbox"/> Not interested 4. <input type="checkbox"/> Not sure
C	A program that leads to a master's degree in Public Health	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Some interest	3. <input type="checkbox"/> Not interested 4. <input type="checkbox"/> Not sure
D	A program that leads to a master's degree in Social Work	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Some interest	3. <input type="checkbox"/> Not interested 4. <input type="checkbox"/> Not sure
E	A program that leads to another type of master's or doctoral degree Specify type of degree _____ Specify field _____	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Some interest	3. <input type="checkbox"/> Not interested 4. <input type="checkbox"/> Not sure
F	Continuing education courses that provide professional CE credits but don't lead to a degree or certificate.	1. <input type="checkbox"/> Very interested 2. <input type="checkbox"/> Some interest	3. <input type="checkbox"/> Not interested 4. <input type="checkbox"/> Not sure

**Q8. How much are the following likely to motivate you to take a training course?**

		Not at all			Very much
A	Receiving university credit	1	2	3	4
B	Receiving continuing education credits	1	2	3	4
C	Personal satisfaction	1	2	3	4
D	Taking time away from work	1	2	3	4
E	Face-to face interaction with other professionals	1	2	3	4
F	Ability to expand professional network	1	2	3	4
G	Opportunity for better job	1	2	3	4
H	Improved job knowledge and skills	1	2	3	4
I	Licensure/certification /authorization requirement	1	2	3	4
J	Requirement for job	1	2	3	4
K	Agency promotion for training	1	2	3	4

**Q9. How much are the following factors likely to be barriers to your participating and completing training courses?**

		Not at all			Very much
A	Finding time during work schedule	1	2	3	4
B	Family commitments	1	2	3	4
C	Taking a course away from the worksite	1	2	3	4
D	Availability of travel funds	1	2	3	4
E	Have to take vacation time to attend course	1	2	3	4
F	Previous educational requirements for course (course prerequisites)	1	2	3	4
G	Relevance of course offerings to my daily job	1	2	3	4
H	Unsure about which courses would benefit my career	1	2	3	4
I	Length of time since being enrolled in school	1	2	3	4
J	Agency financial support for training	1	2	3	4
K	Supervisor permission for training	1	2	3	4

**Computers and the Internet / World Wide Web**

**Q10. Have you ever taken a course via the internet (world wide web)?**

1.  Yes      2.  No      if no

↓  
If yes

**Q10a. Thinking back to the last internet course that you took, how long did the course take to complete?**

1.  1 day      3.  8-30 days      5.  more than 3 months  
2.  2-7 days      4.  1-3 months

**Q10b. What type of credit did you receive for that course?**

1.  Continuing education credit      4.  Did not receive credit  
2.  Certificate of completion      5.  Other type of credit  
3.  College credit toward a degree      [specify \_\_\_\_\_]

**Q10c. To take the course, did you use a computer at:**

1.  Home      3.  Both home and work  
2.  Work      4.  Another site [specify \_\_\_\_\_]

**10d. What are some things that you liked about the last internet course that you took?**

**Q10e. What are some things that you did not like about the last internet course that you took?**

**Q10f. Are you interested in taking another internet course?**

1.  Yes      2.  No      3.  Not sure

**Q10g. Would you prefer to take the course:**

1.  At home    2.  At work    3.  Either at home or at work

**Q10h. Why have you never taken a course over the internet? Select all that apply**

1.  Courses that you needed were not offered via the internet.  
2.  You prefer other teaching methods.  
3.  You didn't have access to a computer to use for the course.  
4.  You feel uncomfortable with the technology.  
5.  You do not have time for self-study.  
6.  The cost was too high.  
7.  Did not have adequate computer equipment or software in order to complete the course.  
8.  You have to share the computer with co-workers or family members  
9.  Other    specify:

**Q10i. Are you interested in taking a course over the internet?**

1.  Yes    2.  No    3.  Not sure

Q11. Do you have access to the following computer technology:			AT WORK?	AT HOME?
A.	A computer	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure	
B.	A telephone line modem	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure	
C.	DSL or cable modem connection	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure	
D.	An internet service provider account (for example AOL, MSN, Earthlink)	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure	
E.	Software to browse internet such as Netscape or Internet Explorer	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure	

Q12. Do you use a computer for:			Do you want more training to do this?
A.	word processing ?	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
B.	making spreadsheets	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
C.	creating visual aids for presentations	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
D.	reading email	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
E.	developing a database	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
F.	entering data into a database	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
G.	conducting statistical analyses	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
H.	searching for public health information on the internet	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure
I.	making World Wide Web pages	1. ___ Yes 2. ___ No 3. ___ Not sure	1. ___ Yes 2. ___ No 3. ___ Not sure

**Q13. Do you share a computer at work or have one that is used only by you?**

1. \_\_\_ Share
2. \_\_\_ Used only by me
3. \_\_\_ Other (specify \_\_\_\_\_)

**Please tell us about you**

**Q14. Are you:**

1. \_\_\_ Male    2. \_\_\_ Female

**Q15. Which of the following categories includes your current age?**

1. \_\_\_ 24 years or below                      4. \_\_\_ 45-54  
2. \_\_\_ 25-34 years                              5. \_\_\_ 55 years or above  
3. \_\_\_ 35-44

**Q16. Do you speak any language(s) other than English?**

1. \_\_\_ Yes (*specify* \_\_\_\_\_)                      2. \_\_\_ No

**Q17. Which of the following describes your racial background. Select all that apply**

1. \_\_\_ American Indian or Alaska Native                      4. \_\_\_ Native Hawaiian or Other Pacific Islander  
2. \_\_\_ Asian    5. \_\_\_ White  
3. \_\_\_ Black or African American                              6. \_\_\_ Other (*please specify* \_\_\_\_\_)

**Q18. Are you Hispanic or Latino?**

1. \_\_\_ yes                      2. \_\_\_ no

**Q19. Please provide comments on this survey or on any of your professional training needs:**

**Thank you very much for completing this survey!**