



# UTAH TRAINING NEEDS ASSESSMENT

FOODBORNE DISEASE SURVEILLANCE & OUTBREAK RESPONSE



## METHODS

Key informant interviews assessed the training needs of public health personnel in Utah in the area of foodborne disease surveillance and outbreak response. The interview guide included questions about the informant's position, experience, and agency; general training needs; CoE training awareness and needs; and training challenges, preferences, and logistics. Interviews were transcribed by hand and summarized in an Excel spreadsheet. Qualitative data were analyzed using a basic qualitative inductive approach (i.e. reading, coding displaying, reducing, and interpreting).

## INFORMANTS

Fifteen informants were interviewed via internet audio-only conferencing software (Zoom) by a team member of the CoE from August to September 2016. They represented 11 of the 13 local public health agencies and 27 of the 29 counties in Utah, and different levels of experience and specialization from local public health departments in the state. Nine informants were direct staff supervisors, 4 were frontline staff, and 2 were project managers or administrative directors. Five informants had 1-5 years of experience in a position responding to outbreaks; 5 had 6-20 years of experience, and 2 had less than 1 year of experience or no experience.

## RESULTS

### TOP RANKING OF TRAINING NEEDS

**Legal Issues in Surveillance and Outbreak Investigations**

93%

**Environmental Assessments and Investigations**

86%

**Overview of Outbreak Investigation**

79%

## INFORMANT INSIGHT

**"We might not get a lot of outbreaks since we are a small health department, and we are spread really thin, so getting more expertise from these trainings would be extremely helpful."**

- Environmental Health Director

**"We really need more trainings with information on legal issues and lab procedures. We get a lot of lab samples or requests and honestly do not know how to handle them or what to do next."**

- Regional Epidemiologist



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## BARRIERS TO PARTICIPATING IN ONLINE & IN-PERSON TRAININGS

### Funding



87%

### Lack of Knowledge about Trainings



80%

### Time Commitment



77%

## PREFERENCE FOR TRAINING MODALITIES

### Videos



100%

### Short (< 1 hour)



87%

### Bi-directional Video



87%

## INFORMANT INSIGHT

"There are a lot of rural HDs that do not have specialized Epi or EH surveillance teams so trainings need to be generalized."

- Nursing Director

"We are more likely to commit to trainings that make the best use of our time. I am someone who wears many hats and fills many different roles, so I need to make sure the time I spend in trainings is the best use of my time."

- Environmental Health Scientist

## INCREASING PARTICIPATION

### Highest-Ranked Incentives

- Professional development and networking
- Holding trainings in conjunction with other trainings or meetings

### Training Preferences

- **Location:** Local health department, followed by regional location
- **Time of Year:** January to March, when workload decreases
- **Rural Request:** More refresher trainings, tools & resources that would help recall basic foodborne outbreak investigation principles & know who to contact for assistance
- **Urban Request:** Specialized trainings & improved comm & delegation for multi-jurisdictional outbreaks