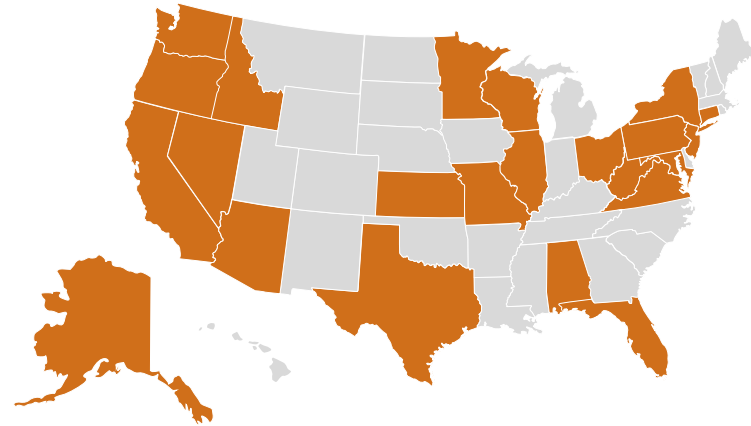


# Assessing Essential Skills Training Needs for Infection Prevention and Control – Key Findings from Local Health Department Staff

## Background

With support from CDC’s Project Firstline, NACCHO partnered with Cardea to identify and summarize the essential skills (i.e., “soft skills”) training needs of Local Health Department (LHD) staff, which are key to their ability to support infection prevention and control (IPC) activities. The assessment included a literature scan, interviews, and a survey of LHD staff who provide IPC support to healthcare and other long-term care facility partners.



### Five key essential skills from literature:



Survey and interview participants were recruited from networks and workgroups that NACCHO convenes, representing 23 states.



**48** LHD staff across **20** states responded to the survey



**20** LHD staff across **12** states completed an interview

## Building Collaborative Relationships

 Gender Spectrum Collection

Most survey and interview respondents reported that they build strong relationships with partners, including adapting the way they communicate to the context of healthcare staff. Interviewees described building collaborative relationships as essential to their ability to successfully support partners with IPC. Most interviewees said they took the time to earn the trust of partners by clarifying their role and responding quickly to requests for support.



## Communication

“It’s so important to build trust with the facility during the good and the bad times...You don’t want to be a LHD that just shows up when there’s an infection or outbreak...So even if all is going well...[and] there’s no outbreaks, they’re still going to hear from one of our team members...and that helps build that communication and that trust throughout.”

LHD Staff Interviewee

Most survey and interview respondents shared that they use active and strengths-based communication practices with partners. Several LHD staff said they use open, transparent, and frequent communication to maintain trust, with many LHD staff noting that they consistently follow through on their commitments, promptly respond to requests for support, and remain in contact with partners beyond IPC crises.

Most survey and interview respondents shared that they use responsive emotional intelligence practices with partners. In most interviews, LHD staff discussed how their emotional intelligence skills played a role in supporting healthcare facilities with IPC. Staff specifically mentioned expressing empathy and reading social cues to adjust their approach.



## Cultural Competency/Equity Focus

“

*The population that we're working with...[comes] from diverse backgrounds, so we need to make sure that we have awareness of that and are sensitive to that in our delivery... [and] treating everyone respectfully.*

”

LHD Staff Interviewee

Most survey and interview respondents shared that they use cultural competency/equity focus practices with partners. Most interviewees acknowledged the value of cultural competency and equity focus, but few identified it as one of their own strengths. LHD staff would appreciate learning more about how to infuse equity into their work.

## Creating the Environment

Most survey and interview respondents shared that they used key practices for creating the environment with partners, such as establishing a clear purpose and expectation from the start. In a few interviews, LHD staff shared that they assess baseline knowledge and needs in order to meet partners where they are, present information in simple and concise terms, and facilitate learning through engaging activities that require practice and application of IPC concepts.



## Conclusions and Recommendations

Despite relatively high self-assessment and confidence in practicing many of the identified essential skills, LHD staff see value in continuing to grow their essential skills and providing high-quality training resources for future generations of LHD staff.

Participants shared interests in a combination of in-person and virtual training. Many LHD staff noted the benefits of in-person training for skills practice. For example, it can be helpful for pre-recorded or virtual trainings to introduce skills, followed by in-person discussion and skills practice. Participants also shared a

desire for regular follow-up training opportunities to refresh skills.

Findings from this assessment suggest that NACCHO has an opportunity to create a continuum of resources to boost the essential skills of LHD staff through hybrid trainings that address a full range of essential skills with regular follow-up trainings. To ensure relevance for the diversity of LHD staff engaged in IPC activities, creating differentiated learner pathways will be critical.

To access the full report, visit [www.naacho.org](http://www.naacho.org).

## Project Partners

