

## RURAL PUBLIC HEALTH PROFESSIONALS SERVE AN IMPORTANT ROLE IN THEIR COMMUNITIES

- ★ RUN TRADITIONAL HEALTH PROMOTION PROGRAMS
- ★ PROVIDE CRITICAL CARE IN COMMUNITIES THEY SERVE (OFTEN THE **ONLY** PROVIDERS OF HEALTH SAFETY NET SERVICES)
- ★ **HAVE LESS FUNDING, FEWER STAFF, AND LESS TRAINING** THAN THEIR URBAN COUNTERPARTS

## WHO ARE THEY ?

- 83% IDENTIFY AS WOMEN
- 43% AGE 31-50
- 75% IDENTIFY AS WHITE
- 22% HAVE AN ADVANCED DEGREE
- 56% HAVE WORKED IN PUBLIC HEALTH FOR 5+ YEARS

AT A TIME WHEN RURAL COMMUNITIES ARE BECOMING MORE DIVERSE, RURAL HEALTH DEPT STAFF REPORTED **SKILL GAPS** AND NEED TRAINING IN DATA-BASED DECISION MAKING and JUSTICE, EQUITY DIVERSITY AND INCLUSION (**JEDI**)



\*\* LACK OF PROFICIENCY IN THESE SKILLS, WHICH WERE CRUCIAL DURING PANDEMIC RESPONSE, MAY HAVE CONTRIBUTED TO STAFF STRESS AND BURNOUT IN RURAL COMMUNITIES, WHICH ULTIMATELY EXPERIENCED HIGHER RATES OF COVID-19



**RURAL HEALTH DEPTs**  
HAVE FEWER STAFF ON AVERAGE THAN  
**URBAN HEALTH DEPTs**

RURAL	URBAN
24 FTEs	150 FTEs

## RURAL vs URBAN LOCAL HEALTH DEPTs

COMPARED TO URBAN PUBLIC HEALTH STAFF, RURAL STAFF HAD GREATER PROFICIENCY IN:



COMMUNITY ENGAGEMENT



CROSS-SECTORAL PARTNERSHIPS



SYSTEMS THINKING

✓ RURAL PUBLIC HEALTH  
WORKERS HAVE  
✓ WIDE-RANGING ROLES ✓

- ★ HAVE BROAD RESPONSIBILITIES IN PROTECTING COMMUNITY HEALTH
- ★ HAVE DEVELOPED IMPORTANT SKILLS THAT OTHERS IN PUBLIC HEALTH CAN LEARN FROM

RURAL PUBLIC HEALTH LEADERS KNOW HOW IMPORTANT THESE SKILLS ARE IN PROVIDING PUBLIC HEALTH SERVICES. WHAT SETS THE RURAL PUBLIC HEALTH WORKFORCE APART IS THE WAY THEY DEEPLY ENGAGE IN AND WITH THEIR COMMUNITIES.

— Betty Bekemeier  
UW SCHOOL of  
PUBLIC HEALTH

## CHALLENGES FOR RURAL PUBLIC HEALTH STAFF

- 22% EXPERIENCED BULLYING AND HARASSMENT FROM THOSE OUTSIDE THEIR HEALTH DEPARTMENT DURING COVID-19 RESPONSE
- DESPITE EXPERIENCING MORE HARASSMENT, 19% OF RURAL STAFF REPORTED AN INTENT TO LEAVE THEIR ORGANIZATION VS. 25% OF URBAN STAFF
- 17% OF RURAL STAFF SAID THE COVID-19 RESPONSE MADE THEM WANT TO LEAVE THEIR ORGANIZATION IN THE NEXT YEAR

## PUBLIC HEALTH PROFESSIONALS AND DECISION MAKERS SHOULD:

- LEARN FROM RURAL STAFF ABOUT **HOW TO CONNECT EFFECTIVELY** WITH POPULATIONS THAT MAY HAVE A NEGATIVE VIEW OF PUBLIC HEALTH
- DEVELOP TARGETED TRAININGS THAT HIGHLIGHT THE IMPORTANCE OF COMMUNITY RELATIONSHIPS IN DATA USE AND COMMUNICATION EFFORTS TO BUILD ON RURAL HEALTH DEPARTMENTS' STRONG FOUNDATION IN **CROSS-SECTORAL PARTNERSHIPS, SYSTEMS AND STRATEGIC THINKING, AND COMMUNITY ENGAGEMENT**
- HIGHLIGHT EXAMPLES OF EFFECTIVE RURAL CROSS-SECTOR PARTNERSHIPS IN SUPPORT OF COMMUNITY-LEVEL HEALTH PROMOTION TO INSPIRE **OPPORTUNITIES FOR LEARNING** AND FOR DEVELOPING EVIDENCE-INFORMED STRATEGIES
- ALLOCATE RESOURCES TO **ADDRESS SKILL GAPS** IN DATA-BASED DECISION MAKING AND JEDI
- SUPPORT GROWTH OF A **MORE DIVERSE WORKFORCE** TO ENABLE RURAL STAFF TO EFFECTIVELY SERVE THEIR INCREASINGLY DIVERSE COMMUNITIES

KETT PM, BEKEMEIER B, PATTERSON DG, AND SCHAFER K. (JUNE 2023). COMPETENCIES, TRAINING NEEDS, AND TURNOVER AMONG RURAL COMPARED WITH URBAN LOCAL PUBLIC HEALTH PRACTITIONERS: 2021 PUBLIC HEALTH WORKFORCE INTERESTS AND NEEDS SURVEY. AJPH