Appendix:

**Appendix 1: Assessing Training Needs “Low Skill” & “High Importance” by Accreditation Status**

In the main analyses presented in the article, we assess differences in training gaps by accreditation status for local and state respondents. In the dataset, a gap was identified where the respondent reported *both* “low skill” and “high importance” for that training item. In order to assess whether those in accredited agencies may have been more likely to describe an item as either “low skill” or “high importance,” thus contributing to the gap, we evaluated differences in these responses. We conducted logistic regression models for each training item in which there was a significant difference in odds of reporting a gap for local (Appendix Table 1) and state respondents (Appendix Table 2). These models included the same controls used in the main models.

**Appendix Table 1: Assessing Training Needs “Low Skill” & “High Importance” by Accreditation Status for Local Respondents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training Item** | **Accreditation Status** | **Low Skill** | | **High Importance** | |
| **OR** | **p-value** | **OR** | **p-value** |
| Tier 1: Describe Value of Business Plan | Not engaged | Reference |  | Reference |  |
| Formally involved | 1.27 | 0.42 | 1.13 | 0.53 |
| Accredited | 1.25 | 0.28 | 1.20 | 0.13 |
| Tier 1: Assess external drivers in the environment that may influence the work | Not engaged | Reference |  | Reference |  |
| Formally involved | 1.29 | 0.27 | 1.19 | 0.44 |
| Accredited | 1.04 | 0.81 | 1.53 | 0.06 |
| Tier 1: Engage community assets and resources to improve health | Not engaged | Reference |  | Reference |  |
| Formally involved | 1.50 | 0.12 | 0.52 | 0.04 |
| Accredited | 1.31 | 0.24 | 0.77 | 0.14 |

**Appendix Table 2: Assessing Training Needs “Low Skill” & “High Importance” by Accreditation Status for State Respondents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Training Item** | **Accreditation Status** | **Low Skill** | | **High Importance** | |
| **OR** | **p-value** | **OR** | **p-value** |
| Tier 1: Assess external drivers in the environment that may influence the work | Not engaged | Reference |  | Reference |  |
| Formally involved | 1.15 | 0.20 | 1.00 | 0.83 |
| Accredited | 1.19 | 0.09 | 0.90 | 0.15 |
| Tier 1: describe agency priorities, mission, and vision | Not engaged | Reference |  | Reference |  |
| Formally involved | 1.17 | 0.98 | 0.93 | 0.35 |
| Accredited | 1.37 | <0.001 | 0.79 | <0.001 |
| Tier 1: Engage community assets and resources to improve health | Not engaged | Reference |  | Reference |  |
| Formally involved | 0.88 | 0.19 | 0.98 | 0.88 |
| Accredited | 1.09 | 0.25 | 0.80 | 0.009 |
| Tier 2: Identify funding mechanisms & procedures for sustainable funding models\* | Not engaged | Reference |  | Reference |  |
| Formally involved | 0.77 | 0.10 | 0.82 | 0.31 |
| Accredited | 0.80 | 0.07 | 0.72 | 0.02 |

**Appendix 2: Sensitivity Analysis for OLBI Threshold**

To evaluate if our findings were sensitive to our threshold for OLBI, we conducted several sensitivity analyses. First, we used the average for all respondents for which an OLBI score was provided as the threshold to see if there were differences in odds of having greater than average levels of burnout. The average for all respondents was 2.297785. Second, we used the local average for the local analysis and the state average for the state analysis. The average among local respondents was 2.283574 and the average among state respondents was 2.319277. Appendix Table 3 below shows the results from these analyses. Finally, quartiles were calculated for OLBI. The top quartile ranged from 2.5625 to 3.975 with an average of 2.792275. We conducted a logistic regression with the dependent variable being an individual having an OLBI score within the top quartile of all respondents. Across all of these models as well as the main model presented in the article, odds of experiencing burnout did not differ by accreditation status for either local or state health department respondents. This consistency in results suggests that our findings are robust to the threshold for burnout.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Burnout Threshold** | **Accreditation Status** | **LHD** | | **SHD** | |
| **OR** | **p-value** | **OR** | **p-value** |
| National Average | Not Engaged | Reference |  | Reference |  |
| Formally Involved | 1.20 | 0.25 | 1.07 | 0.24 |
| Accredited | 0.95 | 0.68 | 1.06 | 0.20 |
| Local Respondent Average | Not Engaged | Reference |  |  |  |
| Formally Involved | 1.20 | 0.25 |  |  |
| Accredited | 0.95 | 0.68 |  |  |
| State Respondent Average | Not Engaged |  |  | Reference |  |
| Formally Involved |  |  | 1.09 | 0.13 |
| Accredited |  |  | 1.05 | 0.30 |
| Top Quartile | Not Engaged | Reference |  | Reference |  |
| Formally Involved | 1.13 | 0.50 | 1.05 | 0.64 |
| Accredited | 0.84 | 0.30 | 0.97 | 0.68 |