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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებშიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html. В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საყურადღებო!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე, დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრაფიის ფოტოსურათები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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CURRENT SITUATION AND COUNTERMEASURES OF TALENT TEAM CONSTRUCTION IN THE FIELD OF GRASSROOTS PUBLIC HEALTH

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Abstract.

Objective: The aims of study was to analysis the current situation of talent team construction and development in the field of public health and identifying existing problems and their causes is of great practical significance for promoting the development of public health in Taizhou City, Zhejiang province (China). **Methods:** Through the literature search, visit investigation and qualitative interview, the overall situation of the public health talents in Taizhou was analyzed, the problems existing in the development process of the public health talents at all levels at the grassroots level were investigated, the relevant influencing factors were discussed, and targeted optimization plans were put forward.

Results: The study revealed several problems, including the small number of grassroots public health personnel, low educational background, and diverse majors. **Conclusions:** The staffing of grassroots public health institutions and the recruitment of public health talents should be strengthened. Additionally, efforts should be made to improve the skill level of personnel and establish a long-term reserve mechanism to enhance public health service capabilities.

Key words. Public health, grassroots, talent, China, suggestions and countermeasures.

Introduction.

The outbreak of Corona Virus Disease 2019 (COVID-19) occurred in Wuhan, China and rapidly spread worldwide. This epidemic has been characterized by its fast spread, wide range, high infectivity, and challenges in prevention and control, which has put China's public health disease prevention and control system and its ability to handle public health emergencies to a severe test. China has concentrated efforts, mobilized the participation of the entire population, and fostered multi-department cooperation. Through a series of measures such as lockdowns, dynamic zero clearance, and silent management, the epidemic has been effectively and swiftly controlled. However, the epidemic has also exposed the issue of insufficient reserve of public health professionals. Improving organizational support, pay satisfaction, and job security satisfaction in public health agencies can significantly improve community health workers (CHW) retention, potentially lowering overall organizational costs, enhancing organizational morale, and promoting community health [1].

A widely accepted definition of public health refers to research that affects the public's life and health safety. It involves formulating policies and measures to improve the biological and social environment, controlling infectious diseases and other illnesses, implementing health monitoring and early warning systems, and providing emergency treatment measures. The

goal is to control and eliminate factors that contribute to disease, prevent illness, and protect public health. For the purpose of this project, the term 'public health personnel' refers to those in the narrow sense.

The 'Fourteen Five-Year Plan and Outline of Long-term Goals for 2035' adopted by the 'Two Sessions' in 2021 emphasizes the importance of prioritizing the protection of people's health. As a reflection of this commitment, the State Council established the 'National Administration of Disease Control and Prevention' in April 2021. These policy developments highlight the increasing focus on public health in our country and the growing demand for professionals in this field.

Some study found that economic factors and non-economic factors significantly affect the job preference of Master of Public Health. To alleviate the shortage and uneven distribution of public health personnel, more effective policy intervention should comprehensively consider the incentive measures of the work itself and pay attention to the individual characteristics and family backgrounds of the target object [2]. In 2017, the Zhejiang Provincial Health Commission conducted a survey on public health personnel in primary medical institutions in Zhejiang Province. The findings revealed that public health services play a significant role in promoting the accumulation of health human capital, improving individual feasible ability, and alleviating the relative poverty of rural families [3]. Therefore, over the past two years, we have gathered information on the construction of the Taizhou public health talent team through various channels. Following the principles of qualitative research, we utilized interviews, data retrieval, analysis, and demonstration methods to achieve constructive outcomes.

This study aims to investigate the current situation of grassroots public health talent team construction. It aims to collect basic information on existing public health talents in various types of medical institutions at all levels and analyze the existing problems in the public health talent team. Additionally, the study aims to provide suggestions and recommendations to improve the talent team's quality in Taizhou City's public health field.

Methods.

Visiting and investigational:

The research institutions visited in this study include one municipal health administrative department, two municipal public health institutions, one municipal hospital, two county health administrative departments, one county public health institution, and one county and district hospital. A total of 3 hospitals and community health centers were visited to gather information on the public health staffing situation and staff development in various types of health institutions at all levels.

Qualitative interviews:

Qualitative interviews were conducted with a total of 10 individuals, including three heads of public health in city and county-level health administration departments, three heads of public health institutions, two heads of medical institutions, two directors of relevant departments of medical institutions, and three directors of community health centers. The interviews aimed to gather information on the current status of the public health talent team, the demand for talent teams in daily work, and public health emergencies, such as the COVID-19 period. The interviews also focused on knowledge structure goals, workability target needs, and suggestions for constructing and improving the public health talent team.

Data source:

This study conducted in-depth interviews with various stakeholders involved in public health. The study involved three heads of public health departments, two heads of medical institutions, two directors from related departments, and ten community health center personnel. The data used for the study was obtained directly from these sources.

Results.

The overall situation of public health talents in Taizhou City (Tables 1-3).

In terms of quantity, there are 527 on-the-job personnel at the Center for Disease Control and Prevention, including 91 at the city level and 30-70 in various counties and cities (the least among them is only 28, and only One-third of the city's personnel); according to Zhejiang provincial standards, the total number of Taizhou CDCs should be 722, and there is still a gap of nearly 200 people. There are a total of 316 staff in the health supervision office, 34 of whom are on long-term secondment, and 282 are actually on duty, including 24 at the city level and 20-50 in each county and city. According to provincial standards, there should be 417 people, and Nearly 100 people are missing. There is a serious shortage of personnel at the city level, which is far lower than the number of personnel at the same level in other cities in the province (about 50 people). The public health departments of medical institutions range from 4 to 6 people;

Table 1. Personnel of Taizhou centers for Disease Control and Prevention at all levels.

Items	Categories	N	Percent (%)
Ideal number of people		722	-
Actual number of people		527	-
Personnel education structure	PhD	2	0.39
	MSc	52	10.16
	BSc	395	77.15
	Dip	51	9.96
	Graduated from secondary education	12	2.34
Personnel title structure	Senior professional	46	10.53
	Deputy Senior Professional	91	20.82
	Intermediate	148	33.87
	Primary	152	34.78

Table 2. Personnel situation of Taizhou Municipal Health Supervision Institute at all levels.

Items	Categories	N	Percent (%)
Ideal number of people		417	-
Actual number of people		316	-
Personnel education structure	PhD	0	0
	MSc	21	6.65
	BSc	248	78.48
	Dip	42	13.29
	Graduated from secondary education	5	1.58
Professional structure of personnel	Public health	69	21.84
	Medical non-public health	95	30.06
	Law	56	17.72
	other	96	30.38

Table 3. Community public health personnel in Jiaojiang District, Taizhou City.

Items	Categories	N	Percent (%)
Ideal number of people		150	-
Actual number of people		109	-
Personnel education structure	PhD	0	0
	MSc	0	0
	BSc	115	71.87
	Dip	34	21.25
	Graduated from secondary education	11	6.88
Professional structure of personnel	Public health	25	15.62
	Clinical medicine	55	34.38
	Nursing	71	44.38
	Other	9	5.62
Personnel title structure	Senior professional	3	1.86
	Deputy Senior Professional	15	9.32
	Intermediate	58	36.02
	Primary	71	44.10
	Other	14	8.70

the total number of public health personnel in community health service centers is 109. According to provincial standards, there should be 150 public health doctors, and there is still a small gap.

In terms of educational structure, the Centers for Disease Control and Prevention only has two doctors and 52 masters in municipal units. Only 10.2% of all personnel have a master's degree or above, and they are mainly concentrated in municipal CDCs; county-level CDC personnel have academic qualifications. On the low side, the highest is a bachelor's degree, which is not conducive to improving business capabilities. The Institute of Health Supervision currently has no doctors and 21 people with master's degrees, accounting for 6.6%. The overall academic level is low. Medical institutions and community centers have lower academic qualifications, with the highest academic qualification being a bachelor's degree. There are 35 people in the community center with a bachelor's degree or below, accounting for 23.3%.

From a subject background perspective, out of 164 medical students in the health supervision institute, 51.8% of them had a public health background, with only 69 individuals accounting for 21.8%. The proportion of public health professionals in medical institutions and community centers is even lower.

From the perspective of professional title structure, the proportion of senior intermediate professional titles of CDC and supervision institute basically reaches the standard. The community center's senior title is only 2%, secondary high 10%, and intermediate 38.7%. The proportion of senior professional title structure is obviously low.

In terms of academic contribution, the municipal CDC has a master and a doctor, so it has a certain research basis and output; other units have poor research platforms and have limited output. The specific paper data need to be further investigated. Distribution of talent in various fields.

Discussion.

At present, municipal CDCs have relatively abundant talent. In contrast, county-level CDCs, supervision offices at all levels, and the public health field of grassroots medical and health institutions face the problem of insufficient and extreme talent shortage. This uneven distribution of talent is mainly due to the flow of resources and talents to the upper levels due to institutional mechanisms, resulting in a relative lack of talent resources at the grassroots level. Lack of adequate financing and binding governance solutions continue to fail to prevent health worker brain drain [4]. Evidence-based analysis from Pakistan also found that unsustainable political environment, lack of advanced technology-based institutes, poor healthcare infrastructure, low job opportunities and salary benefits caused the brain drain of highly qualified people including healthcare professionals [5].

Although there have been improvements in social services, health care, and housing, there is still a need for further enhancements. The absence of certain necessary allowances and subsidies also affects the quality of life to some extent. Moreover, wages and benefits in the public health system are generally low, resulting in a growing disparity between the intensity of work and income. Compared to the salary packages offered by medical institutions and enterprises, this gap makes it challenging to attract sufficient talent. Additionally, there is insufficient public awareness regarding the significance of public health, and the importance of social recognition and professional dignity needs to be further emphasized [6].

Analysis of the development potential of undergraduate majors and master's programs

As the social economy evolves and the healthcare model transforms, the field of preventive medicine and public health is expanding. Understanding the possibilities and challenges of this endeavour will be helpful to program implementers negotiating uncertain environments as well as to policymakers seeking to provide guidance without stifling local innovation [7]. In recent years, Taizhou has responded to the reforms in public health education in our country by updating its concepts, models, methods, and means of public health education and training. However, due to the significant influence of the traditional preventive medicine education model, there are still

issues in various aspects such as educational content, knowledge structure, and curriculum system [8].

As a prominent local undergraduate institution in Taizhou, Taizhou University has a crucial role to play in advancing Taizhou's public health initiatives. This interdisciplinary approach would enable the cultivation of versatile professionals well-equipped to meet modern public health demands. Initially, the university could focus on developing core courses related to preventive medicine to gain valuable experience. Once the teaching staff and curriculum system have matured, the university can gradually seek approval to establish an undergraduate major in preventive medicine [1]. In parallel with undergraduate education, the university can explore collaboration opportunities with the Provincial Center for Disease Control and Prevention to jointly apply for a master's degree program in preventive medicine. This collaboration would provide talent and disciplinary support for advancing public health in Taizhou and the wider Zhejiang Province.

Limitations.

This study has some limitations. Firstly, our samples are limited to Taizhou, Zhejiang province in China, which may restrict the generalizability of our findings to other provinces in China. Secondly, researching factors related to talent team construction requires sampling, which introduces the possibility of sampling error in the survey. However, this error can be minimized by increasing the sample size and selecting an appropriate sampling method.

Conclusion.

This study qualitatively analyzes the current grassroots public health talent construction situation in Taizhou City. The findings reveal several issues, including a need for grassroots public health personnel, low educational backgrounds, and diverse majors. It is recommended that the municipal government and relevant departments enhance personnel allocation in grassroots public health institutions, increase the recruitment of public health professionals, enhance the skills of public health personnel, and establish a long-term reserve mechanism for public health talent to address these challenges. These measures aim to improve the overall quality of public health professionals in Taizhou.

Author Contributions.

Conceived and designed the experiments; Lian-Ping He, Jing-Jin Yang, Yong Liang. Performed the experiments; Ling-Ling Zhou and Jing-Jin Yang. Analyzed the data; Lian-Ping He. Wrote the paper; Chu-Ying Gao, Lian-Ping He, Ling-Ling Zhou.

Conflict of interest statement.

The authors declare that this research was conducted in the absence of any business or financial relationships that could be construed as potential conflicts of interest.

Ling-Ling Zhou and Chu-Ying Gao contributed equally to the work.

Data Availability.

The datasets generated and analyzed during the current study are available from the corresponding author on reasonable request.

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