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Necessity Demands Creativity

Workforce development initiatives in the Northwest region

by Melanie Reynolds, Lawrence D. Weiss, Valerie Katagiri, and Gary Oxman

Terrorism preparedness initiatives have brought new resources to state and local public health agencies, but the worst state fiscal environments in decades have led to tight budgets and travel restrictions. This situation has reduced access to continuing education for many public health staff and has pushed agencies and individuals to find creative training solutions. In Montana, the State Department of Public Health and Human Services and the University of Washington recently collaborated on a summer training institute. In Alaska, the University of Alaska Anchorage initiated a distance-delivered MPH program. And in Oregon, team-based projects offered public health professionals opportunities for year-long training in key skills.

Montana's Public Health Summer Institute

Montana health professionals face the constant challenge of obtaining training in the core skills and competencies of public health. Some public health practitioners have attended regional summer public health institutes, such as the University of Washington's (UW) Summer Public Health Institute in Seattle, or have traveled to national public health conferences. But most public health professionals cannot leave their county health offices, where they are often the only staff, or lack funding for travel expenses or, as in so many states, are thwarted by restrictions on out-of-state travel.

In order to bring training opportunities to Montana's public health professionals, the Public Health Workforce Committee of the state's Public Health Improvement Task Force initiated a summer institute in Montana. Montana has been an active member of the Northwest Workforce Development Network, a regional collaborative, funded in part by the federal Health Resources and Services Administration (HRSA) Public Health Training Center and grants from the Centers for Disease Control and Prevention Health Preparedness Center. The Taskforce was already working closely with the UW's Northwest Center for Public Health Practice and surrounding states on training initiatives, and a training institute was a logical next step.

A survey of county, tribal, and state public health professionals throughout Montana revealed that 90 percent of the respondents were likely to attend a summer institute held in Montana. Two- or three-day courses, early summer dates, and a central location were also important considerations for respondents.

Based on the survey results and meetings conducted with the Northwest Center, we decided to establish a

summer institute providing short-term, intensive courses using expert faculty from the Northwest Center and the Montana public health practice community.

Along with the usual marketing techniques-print materials, e-mail announcements, and meeting presentations-we offered stipends to the county and tribal health departments so that they could send their staff to the institute. The stipends waived tuition for a full week of courses. We also offered a limited number of stipends for state agency employees who worked at the Departments of Environmental Quality and Public Health and Human Services. Funding for the stipends was provided through Montana HRSA Public Health Workforce grant funds.

The first Montana Summer Public Health Institute was held in June 2002 in Bozeman. The 85 participants included sanitarians, public health nurses, state public health program staff, health educators, and other public health professionals. We offered two-and-a-half-day courses in public health law and policy, epidemiology, communicating the public health message, environmental health, managing and leading the change process, and GIS. The second institute was held in June 2003 with 125 participants; many participants of the first institute returned for the second year. Most of the initial courses were offered again, and we added a course on topics in public health. Also, U.S. Senator Conrad Burns joined the conference by interactive video conferencing to discuss the importance of public health from a national perspective (see Viewpoint for Sen. Burns's remarks).

The content of the courses reflected the needs and issues of contemporary public health practice in Montana and were designed so participants would be able to apply what they learned immediately upon returning to the office. Participants in the "Leading and Managing Change" course, for example, assessed their leadership skills and identified ways to deal with situations involving change in their work environment and communities. In the "Ten Essential Ingredients for Environmental Health" course, participants completed a tabletop exercise on food-borne illness, which helped them examine public health policy changes.

The institute also created an opportunity for public health practitioners from diverse county locations and professions to network and discuss common issues. Several sanitarians and nurses commented that it was the first time they had attended a training event together, and that it was helpful to learn about public health from a different perspective.

Funding for the institutes came from a variety of sources: Montana's HRSA Public Health Workforce grant, which is a subcontract with the Northwest Center; the Montana Turning Point Initiative; and the Preventive Health block grant. The faculty support from the Northwest Center was instrumental in providing a high-quality and affordable institute.

The taskforce is currently planning the third public health institute, to be held in June 2004. Montana public health professionals are faced with continuing challenges from West Nile virus, tick-related disease, tobacco control, safety net issues, and emergency preparedness planning, and it is vital to have the skills to address these challenges. Along with the vigilance and dedication that has long been the trademark of Montana's public health workforce, learning opportunities such as the summer institute help us achieve our public health goals for our communities.

(For more information about the Montana Summer Institute for Public Health, visit the Web site at http://www.dphhs.mt.gov/PHSD/MPHTI/mphti-summer-institute.shtml.)

Alaska's Distance-Delivered MPH Program

The literature agrees fairly uniformly that older graduate students are most likely to succeed in distance education.

The new Master of Public Health Program at the University of Alaska Anchorage Department of Health Sciences grew out of previous efforts to provide an MPH program in Alaska. During the 1990s, Southcentral Foundation, an Alaska Native health organization, collaborated successfully with the University of Alaska Anchorage (UAA) and the University of Hawaii School of Public Health to provide an MPH program in classrooms in Anchorage for its mid-level staff. (Southcentral Foundation was established in 1982 as a tax-

exempt regional health corporation under the tribal authority of Cook Inlet Region, Inc. In 1998, experiencing tumultuous growth, Southcentral assumed control of programs located in the Primary Care Center at the Alaska Native Medical Center, which serves the entire Native population of the state-an estimated 85,000 people. Southcentral Foundation has about 700 employees.)

During the period of collaboration, faculty flew in from Hawaii to teach in conjunction with UAA professors. Nevertheless, the program was difficult and expensive for Alaskan students to complete because they had to relocate for a full semester in Hawaii to take courses to satisfy graduation requirements. In 1999 the collaborative effort suddenly collapsed, due to an unexpected loss of funding by the Hawaii School of Public Health.

The unfortunate collapse of the Hawaii program left dozens of students with only part of an MPH degree and the staff of Southcentral Foundation and other Alaskans with few options to earn an MPH degree. Finally, early in 2001, the Institute for Circumpolar Health Studies at UAA proposed a distance-delivered MPH program in Alaska. The regents of the University of Alaska approved the program in summer 2002, and the first class was offered in spring 2003.

Currently 27 students have been admitted into the MPH program. Most of the students are mid-career professionals in health professions-including six physicians, a dentist, a couple of microbiologists, and a spectrum of other health professionals. The majority of students live in Anchorage, but increasingly we have students in other locations, such as Homer and Galena, Alaska, as well as in Palmer, Idaho, and even one Alaskan working in Russia. Because we have a growing number of applicants with little or no experience in public health, we have started developing new courses and restructuring certain aspects of the program in order to meet their educational needs.

The university has contracted with South-central Foundation to teach a parallel series of traditional face-to-face courses to its staff at its site. Most of the Southcentral students are mid-level management staff who have not yet applied to the MPH program. According to UAA regulations, they can take up to nine credits of classes in the MPH program before being admitted. This allows them to test the academic waters before committing to the program.

All core courses (with the exception of those taught at Southcentral) are distance delivered-primarily via the Internet. Students come to Anchorage only three days a year.

As we developed the MPH program, it became clear that contemporary distance-education pedagogy and technology would be appropriate for meeting the educational needs of mid-career Alaskan public health professionals. The literature agrees fairly uniformly that older graduate students are most likely to succeed in distance education. Such students are motivated, self-directed, and focused.

Occupational and Environmental Health, a core course in the MPH program, is a typical example of how a distance-learning course works. The spring 2003 class was offered on Blackboard, an Internet-based, distance-education software program housed on a UAA server. The program allows students and professors to exchange documents, share announcements, engage in threaded discussion forums, share links to sites on the Internet, and view photos and biographies on each student's personal Web page.

Public health professionals in bush Alaska may not have access to a well-stocked public health library in their town or village, but they have electronic access to Internet resources and the thousands of full-text journals on databases available through the UAA library and various public libraries.

Growing a new Master of Public Health program in a climate of fiscal uncertainty is difficult, frustrating, and, in dark moments, feels like a thankless task. Nevertheless, the future of this program is assured because of inspiring students, supportive colleagues, and wonderful community partners with whom we are privileged to share the experience.

(For more information about the MPH program, see http://health.uaa.alaska.edu/mph/.)

Multnomah County's Public Health Academy

Multnomah County Health Department's (MCHD) Public Health Academy (PHA) began in January 1999 and ran until budget constraints brought it to an end in March 2003. The program organized teams that wanted to learn public health theory while working with colleagues to get an important work project completed or a practical goal accomplished. (If individuals applied, every effort was made to place them on a team.) Teams were encouraged to include community partners.

The PHA was modeled after the Data Use Institute, a successful training program of CityMatCH (CDC's Urban MCH Project), headquartered at the University of Nebraska Medical Center.

PHA participants had to commit to attend all the trainings, engage in self-study activities and discussions, and meet with their teammates for at least five hours a month to move their projects forward. In addition to the lectures, class discussions, and small group work, the yearlong training program also required reading assignments related to training topics and projects, and communication of the projects' progress within and across teams.

Teams selected projects that they were interested in and committed to doing or that needed to be done (for example, to meet strategic planning objectives or that were part of their work unit's responsibilities). Team projects included such areas of interest as partner domestic violence screening, reducing the risk of SIDS, and pharmaceutical access. (Read more about the projects at www.co.multnomah.or.us/health /pha/index.htm. [web pages removed as of 3/28/2008])

An assessment of incoming participants helped to tailor training topics to individuals' and teams' needs. Topics included understanding statistics, designing effective surveys, the politics of using data, making effective presentations, and social marketing and ethics.

The Public Health Academy typically added new training topics to each year's offerings, and PHA alumni were invited to continue their learning or to come back for a refresher. Alumni were also tracked after they left the program, to see if and how they continued to apply what they learned from the training program.

Starting in 2000, the Academy participants could receive undergraduate and graduate credit through Portland State University's Continuing Education Division. Those students interested in credit had to write a comprehensive paper integrating public health theory with field practice and discussing lessons learned, obstacles and barriers encountered, alternative strategies (if needed), and a project dissemination plan.

The PHA gave its participants the tools to tackle public health challenges using a population-based focus and critical evaluation methods. Project results have included the implementation of new policies, improvement of clinical protocols, and organizational changes including the merger of two separate health department work units.

The development of presentation and dissemination skills has helped many of the Public Health Academy alumni make presentations to various audiences and display effective poster sessions of various data-based projects.

During the Academy's existence, 140 people participated on 29 teams. The variety of projects they undertook and successfully completed demonstrates the value of team-based training to the participants and their organizations.