

PUBLIC HEALTH SUMMER ACADEMY:

A COLLABORATIVE PARTNERSHIP BETWEEN ACADEMICIANS AND PRACTITIONERS TO ENSURE A COMPETENT PUBLIC HEALTH WORKFORCE IN EAST TENNESSEE

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Background

Most health department employees are not formally trained in public health, and many faculty have not worked in a public health practice setting. This disconnect is an opportunity for partnering and mutual learning.

Program Description: A week-long Public Health Summer Academy (PHSA) was collaboratively planned by UT Department of Public Health and East Tennessee Health Region (ETR) to provide ETR employees 20 hours of educational sessions to develop public health competencies.



PHSA used a variety of instructional methods: lecture, individual & small group work.

Purpose: Synthesize lessons learned from the first 2 years of PHSA (34 employees trained) to offer recommendations for replicating this jointly planned workforce development model in local health departments across Tennessee.

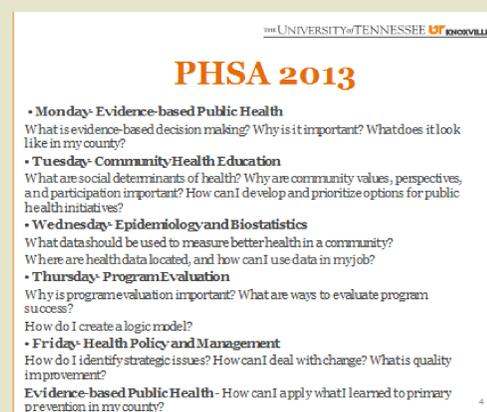


Paul Erwin, PHSA instructor, listens as participants describe a culminating group project, using the HIT website to find health data in a selected county to guide an evidence-based implementation of a primary prevention initiative (PPI).

Methods

In 2012, 16 employees from 8 county health departments received training in the core disciplines of public health, plus program evaluation. Faculty taught the sessions, and the UT Department Head, a former ETR director, facilitated discussions relevant to the region at the end of each session.

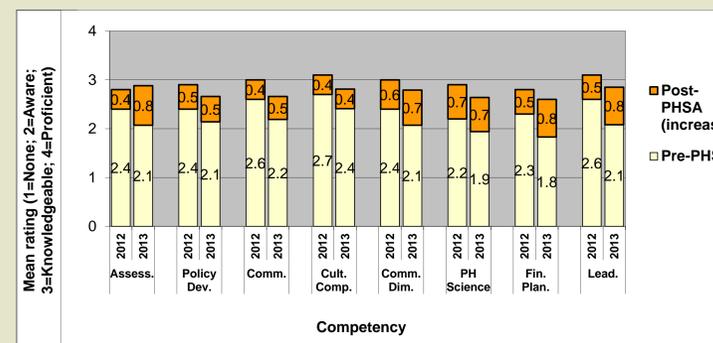
In 2013, 18 employees from 6 counties were trained using the same approach with the addition of an evidence-based public health framework and use of laptops for learning activities.



Results

Pre/post-test competency assessments (2012 & 2013): Indicated participants moved significantly from being “aware” of specific content, toward being “knowledgeable.”

Figure 1. Avg. Rating for Pre/Post Competencies, 2012 & 2013



Participant Feedback (2012 & 2013):

- 100% agree or strongly agree that PHSA was a good use of time

- 80% said PHSA stimulated their interests in pursuing additional course work or a degree in public health

- 100% would recommend PHSA to a colleague

Reflection Papers: One month after PHSA, participants wrote a 3-4 page paper about what they learned and how they will use it in their jobs.

- In 2012, participants reflected that the greatest area of learning they will use in their jobs was *community partnering and outreach*.

- In 2013, the greatest area of learning participants will apply at work was *evidence-based practices*.

Faculty Feedback: Faculty learned from practitioners' experiences and gained insights about local public health practice.

Conclusions

Collaboratively planned educational sessions are effective ways to bridge public health academia and practice and ensure a competent workforce.

“This week has been an ah-hah moment & affirmation about why I do what I do and how I can improve. It encouraged me to probably go back to school.”
-PHSA participant, 2012

“TDH has implemented new **SMART performance plans and evaluations** and this class really helped me understand how to write these plans.”
-PHSA participant, 2013

“Being able to actually utilize the websites and look at data to develop a logic model was very illuminating. I am very excited to put these concepts to work through **Primary Prevention Initiative (PPI)**.”
-PHSA participant, 2013

“I liked most...the ability to interact with different presenters and to have **various viewpoints** and ideas from my peers which enhanced my learning process.”
-PHSA participant, 2013

“After this academy, I hope to be able to be **more objective, motivated to change, and unbiased** when issues come up whether related to the community or my job duties in general.”
-PHSA participant, 2013

Keys to success:

- ✓ Involve planning from both academia & LHD
- ✓ Teach half-day morning sessions to allow employees to keep up with work duties in the afternoons
- ✓ Include a variety of instructors to provide different perspectives
- ✓ Enroll participants across job titles & education levels to build understanding of each person's roles & knowledge
- ✓ Include hands-on activities
- ✓ Use examples relevant to employees' jobs
- ✓ Provide laptops for participants to find evidence-based resources and locate health data

PHSA was funded by LIFEPAATH, East Tennessee State University's Public Health Training Center.



Acknowledgment: To Dr. Ross Brownson and team, for EBPH Framework slides and general approach



Tennessee Department of Health,
East Tennessee Regional Office