

# Public Health Summer Academy

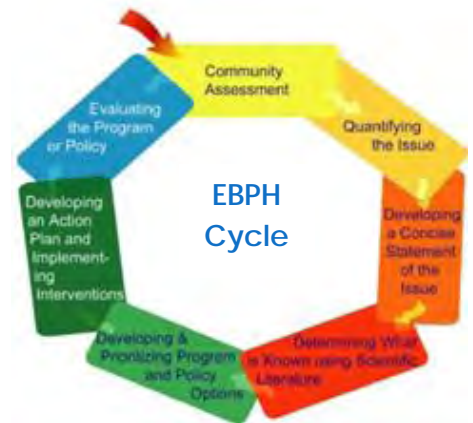
## Evidence-based Public Health Training

4 Year Evaluation (2012, 2013, 2014, 2015) / Brief Report

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### Executive Summary

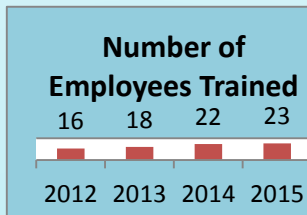
Since 2012, 79 East Tennessee Regional Health Office (ETR) employees representing the Regional Office (RO) and 12 of the 15 ETR counties have participated in an annual Public Health Summer Academy (PHSA). The PHSA involves 20 hours of educational sessions (Monday-Friday from 8 a.m. to noon) in basic public health knowledge and skills with an **Evidence-Based Public Health (EBPH) framework**.



Credit: Dr. Ross Brownson

#### Improvements in 2015

- Increased enrollment



- Added Primary Prevention Initiative (PPI) examples into curriculum
- Encouraged PPI proposals or oral presentations as post-activity
- Used circular tables to facilitate small group interaction

**Each year, attendance has increased.** In 2015, twenty-three employees representing eight counties and the RO participated in the PHSA.

**The PHSA was collaboratively planned** by employees from ETR and the University of Tennessee (UT) Department of Public Health (DPH). Dr. Paul Erwin, UT DPH Professor and Head, a former ETR Regional Director, taught the introduction and wrap-up sessions, as well as facilitated daily discussions highlighting the relevance of each day's topic to ETR. Three UT DPH faculty taught the remaining sessions.

**PHSA is affordable.** The total cost has ranged from \$2,629 - \$3,444. In its inaugural year, the per-person cost of PHSA was \$162; since adding a Friday luncheon in 2013, the average cost per participant has been \$172. PHSA has been provided at no cost to participants, who complete the series during business hours. Funding has been provided by a

sub-award to the UT DPH from East Tennessee State University's Public Health Training Center (2012-2013) and directly from the UT DPH (2014-2015).

"The PHSA solidified my decision to return to school for my MPH."  
-2015 participant

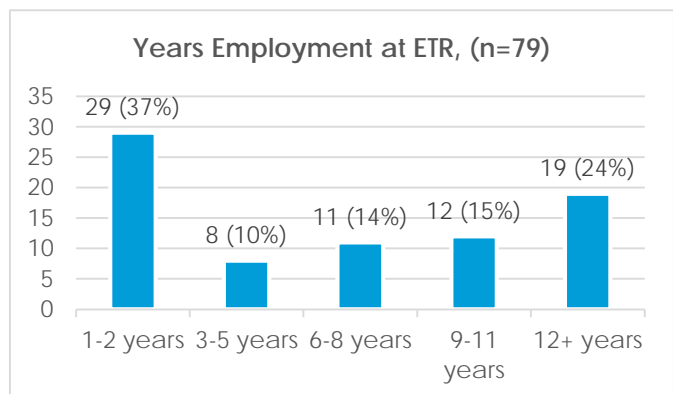
## Public Health Summer Academy Participants, 2012-2015



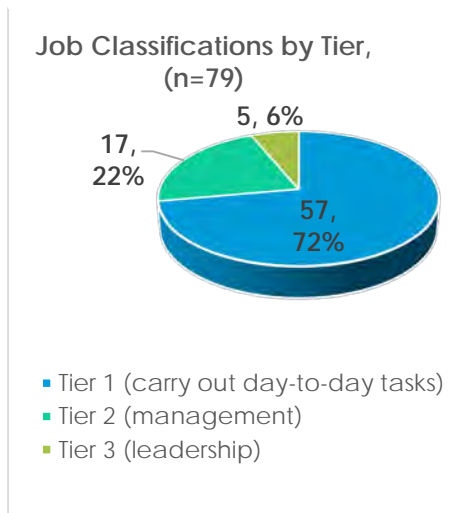
**Participant Demographics.** Of the 79 public health employees who completed PHSA in 2012-2015, more than a third (29, 37%) have been employed 2 years or less, yet nearly one quarter (19, 24%) have 12+ years of employment at ETR. (Figure 1) Most participants (57, 72%) work in tier 1 positions, defined as those who carry out day-to-day tasks. Managers (tier 2) represented 22% (17) and leadership (tier 3) comprised 6% (5) of participants. (Figure 2) Over half of participants to-date (44, 51%) hold an Associates/Bachelor's degree. (Figure 3)

The variety of prior experience, job type, and education of participants has added depth and breadth to discussions and provided networking opportunities. This variety also reflects the wide applicability and appeal of PHSA. Serving a cross-section of the ETR employee base has also resulted in building an understanding of and appreciation for EBPH across all levels of the organization, as opposed to just the upper tiers.

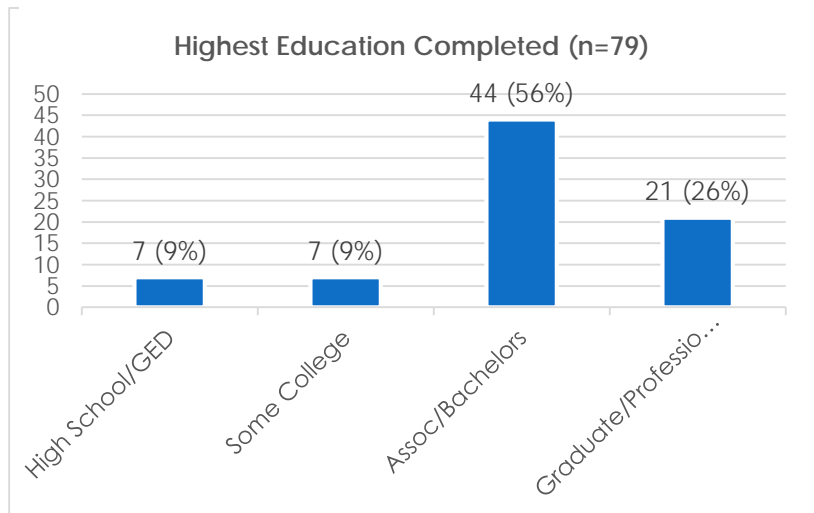
**Figure 1: Years of Employment at ETR, 2012-2015**



**Figure 2: Job Type, 2012-2015**



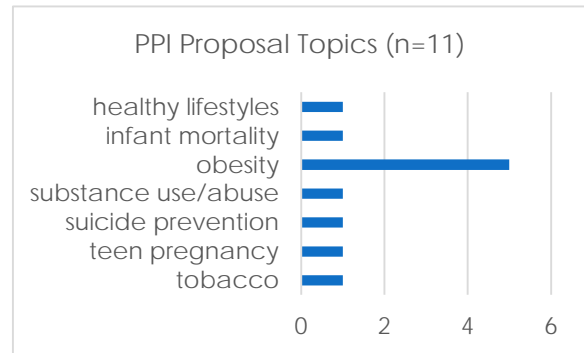
**Figure 3: Formal Education, 2012-2015**



**Evaluation.** Feedback has been highly positive each year (e.g., 100% reported learning something at every session). Participants completed a pre & post competency self-

assessment, and daily session evaluations. During the initial three years of PHSA participants wrote a reflection paper following the experience. In 2015, in lieu of a reflection paper, participants were given the opportunity to give a formal presentation to coworkers on the experience or develop a Primary Prevention Initiative (PPI) proposal as a culminating assignment; half of the 2015 participants chose to develop PPI proposals, with the majority focusing on obesity. (Figure 4)

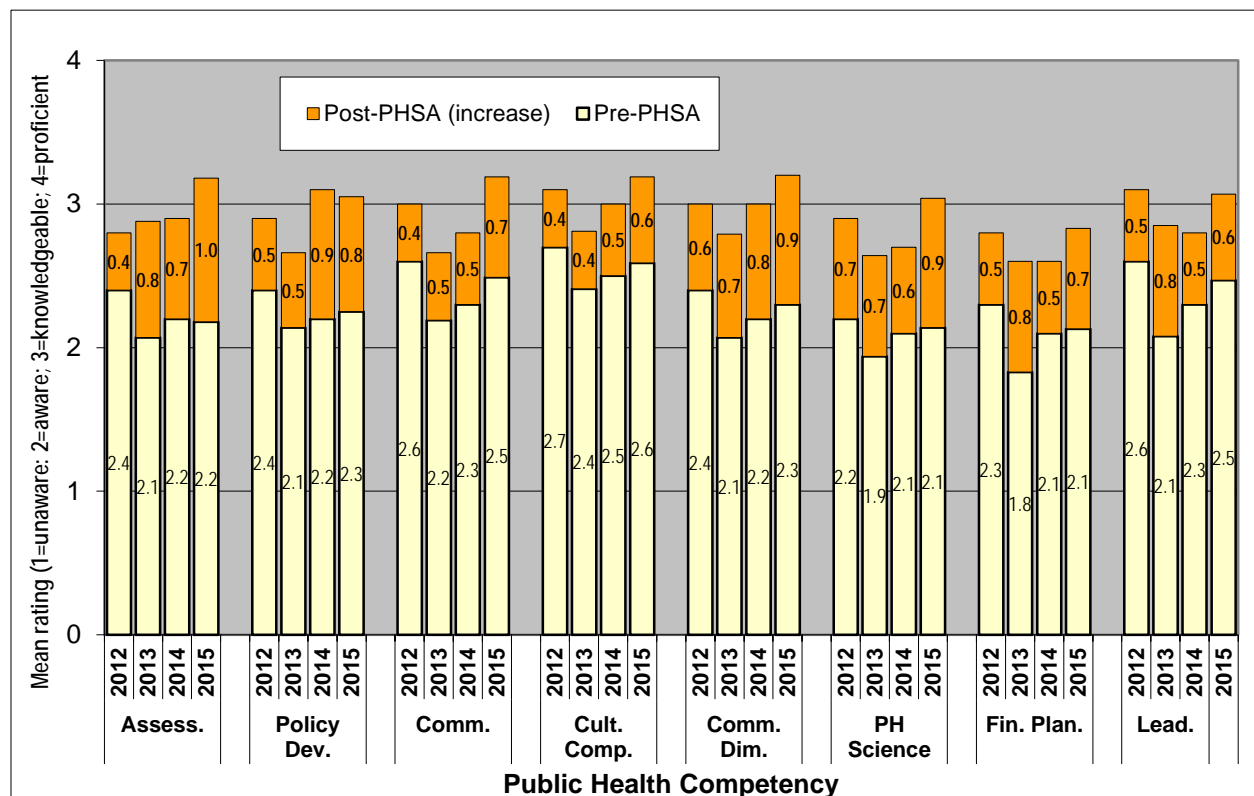
Figure 4: PPI Topics Selected in 2015



The large number of PPI proposals developed is indicative of the applicability of the skills fostered by PHSA participation.

Pre & Post Competency Self-Assessments showed the average rating for all competency areas increased in 2012 (range: 0.4-0.7 points), 2013 (range: 0.4-0.8 points), 2014 (range: 0.5-0.9 points), and in 2015 (range: 0.6 – 1.0 points) indicating that every class moved from “aware” toward “knowledgeable” and in some cases “proficient” following their participation. With the exception of financial planning (which is only briefly touched on in PHSA), the 2015 group average was above “knowledgeable” (above 3) in all categories following PHSA completion. (Figure 5)

Figure 5. Average Rating for Pre and Post Competency Areas, 2012-2015



**Favorite Aspects.** Participants in all years have liked the diversity of instructors and participants, which enhanced the learning experience as they gained an understanding of each other's roles and perspectives. In 2015, the most popular aspect was the quality of instructors, followed by the applicability of the EBPH cycle to improve their job. Group activities and pleasant facilities were also cited by a number of 2015 participants.

"I liked the ability for different levels of experience and knowledge to be represented in the group. This made it more applicable to the teams that we will be doing PPI with in our specific work locations." -2015 participant

**Future Directions.** The UT DPH will not offer PHSA in 2016 due to providing a similar training in collaboration with the TDH for Middle, East, and West TN employees but intends to resume the annual PHSA for ETR employees in 2017.

To learn more about PHSA, visit <http://publichealth.utk.edu/summeracademy.html> or contact Julie Grubaugh at [jgrubaugh@utk.edu](mailto:jgrubaugh@utk.edu) or 865-974-9277.