

ASPPH Presents Webinar Series

*How Academia Can Support
Governmental Public Health
Agencies through Training:
As Seen Through the Lens of
Public Health Preparedness*

Wednesday, November 16, 2016
1:00 pm-2:00 pm Eastern

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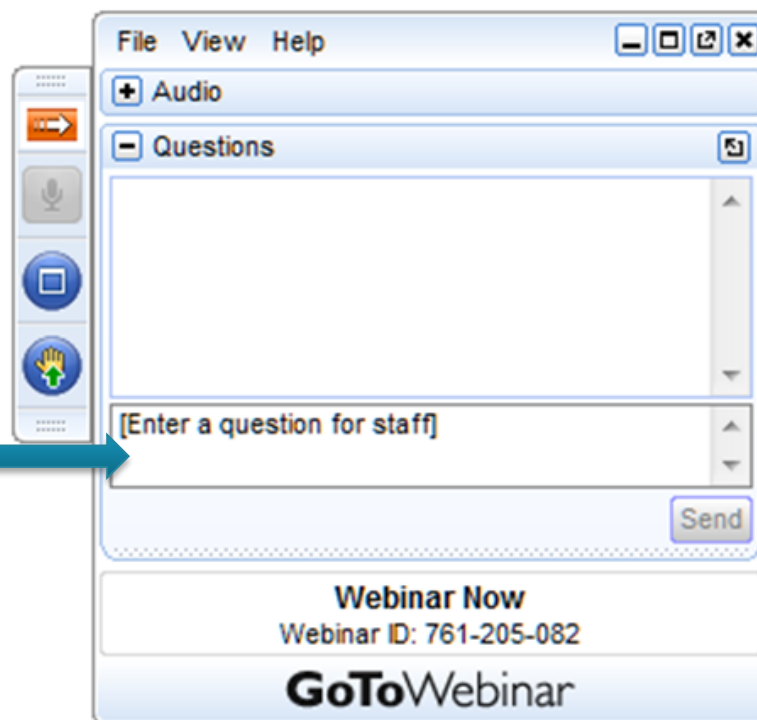
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ASPPH Presents
 **WEBINAR**

Method for Submitting Questions

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ASPPH Presents
WEBINAR

Today's Presenters



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Presenter



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How Academia Can Support Governmental Public Health Agencies through Training



As Seen Through the Lens of
Public Health Preparedness

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University of Kansas School of Medicine-Wichita

This effort was supported by the
CDC, Office of Public Health
Preparedness and Response, and
ASPPH



Interviews with the Academic Community

Council on Education for Public Health (CEPH)-accredited, ASPPH-member schools and programs of public health

- 13 of 14 Preparedness and Emergency Response Learning Center (PERLC) were interviewed.
- 8 of 9 Preparedness and Emergency Response Research Center (PERRC) were interviewed.
- 22 of 38 non-PERLC/PERRC schools were interviewed.
- 8 of the 20 sampled programs were interviewed.

Respondents included deans, associate deans, directors, assistant directors, and professors of all ranks.

A Bit of Context

- After September 11, 2001 attacks, federal funding to enhance preparedness for all agencies/organizations, including public health.
- Expectation of *agencies* to respond; application of new systems (DHS' Target Capabilities, September 2007; CDC's Public Health Preparedness Capabilities, March 2011).
- Expectation for *individuals* to respond; application of preparedness competencies (CDC/ASPPH's Public Health Preparedness and Response Competencies, December 2010)

Capabilities

- Public Health Preparedness Capabilities - “to assist state and local health departments with their strategic planning.”

Public health preparedness capabilities. CDC identified the following 15 public health preparedness capabilities (shown in their corresponding domains) as the basis for state and local public health preparedness:

Biosurveillance

- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation

Community Resilience

- Community Preparedness
- Community Recovery

Countermeasures and Mitigation

- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Non-Pharmaceutical Interventions
- Responder Safety and Health

Incident Management

- Emergency Operations Coordination

Information Management

- Emergency Public Information and Warning
- Information Sharing

Surge Management

- Fatality Management
- Mass Care
- Medical Surge
- Volunteer Management

Capacity, Competencies

- Capacity is what the organization is able to do.
- Competencies are what the worker is able to do.

Competencies

- “A cluster of related knowledge, skills, and attitudes that affect a major part of one's job (a role or responsibility), that correlates with performance on the job, that can be measured against some accepted standards, and that can be improved via training and development.”

Parry, S.R. "The Quest for Competencies"
Training, July 1996, p. 50.

Three Competency Models

1. Public Health Preparedness and Response Competencies (December 2010)
2. Public Health Preparedness and Response Competencies' Knowledge, Skills, Attitudes (September 2012)
3. Master's-Level Public Health Preparedness and Response Competencies (November 2011)

Competency Models

- Align with the Department of Homeland Security Target Capabilities List, spanning across the prevent, protect, respond, and recover missions
- Reflect and build upon existing competency models
- Supplement existing core public health competency models
- Developed with dozens- sometimes hundreds- of national experts (academics and practitioners)
- Apply all-hazards scenarios
- Be behaviorally-based; focusing on observable actions
- Inform curricula

Three Competency Models

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Public Health Preparedness and Response Competency Map

(Model Version 1.0 – December 17, 2010)

Performance Goal: Proficiently perform assigned prevention, preparedness, response, and recovery role(s) in accordance with established national, state, and local health security and public health policies, laws, and systems.

1. Model Leadership

- 1.1 Solve problems under emergency conditions.
- 1.2 Manage behaviors associated with emotional responses in self and others.
- 1.3 Facilitate collaboration with internal and external emergency response partners.
- 1.4 Maintain situational awareness.
- 1.5 Demonstrate respect for all persons and cultures.
- 1.6 Act within the scope of one's legal authority.

2. Communicate and Manage Information

- 2.1 Manage information related to an emergency.
- 2.2 Use principles of crisis and risk communication.
- 2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command.
- 2.4 Collect data according to protocol.
- 2.5 Manage the recording and/or transcription of data according to protocol.

3. Plan for and Improve Practice

- 3.1 Contribute expertise to a community hazard vulnerability analysis (HVA).
- 3.2 Contribute expertise to the development of emergency plans.
- 3.3 Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).
- 3.4 Refer matters outside of one's scope of legal authority through the chain of command.

4. Protect Worker Health and Safety

- 4.1 Maintain personal/family emergency preparedness plans.
- 4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats.
- 4.3 Report unresolved threats to physical and mental health through the chain of command.

Foundational public health competencies

Generic health security or emergency core competencies

Position-specific or professional competencies

Target Audience

The model represents individual competencies that public health ***mid-level workers, regardless of their employment setting***, are expected to demonstrate to assure readiness.

The model defines a mid-level public health worker as an individual with:

- 10 years experience and a high school diploma, bachelor's, or higher degree, or
- 5 years experience with an MPH equivalent or higher degree

Public Health Preparedness and Response Competencies

PERLC, PERRCs

- 100% reported being aware of the competencies
- 100% reported using the competencies, including for their graduate schools

Non-PERLC, PERRCs Schools and Programs

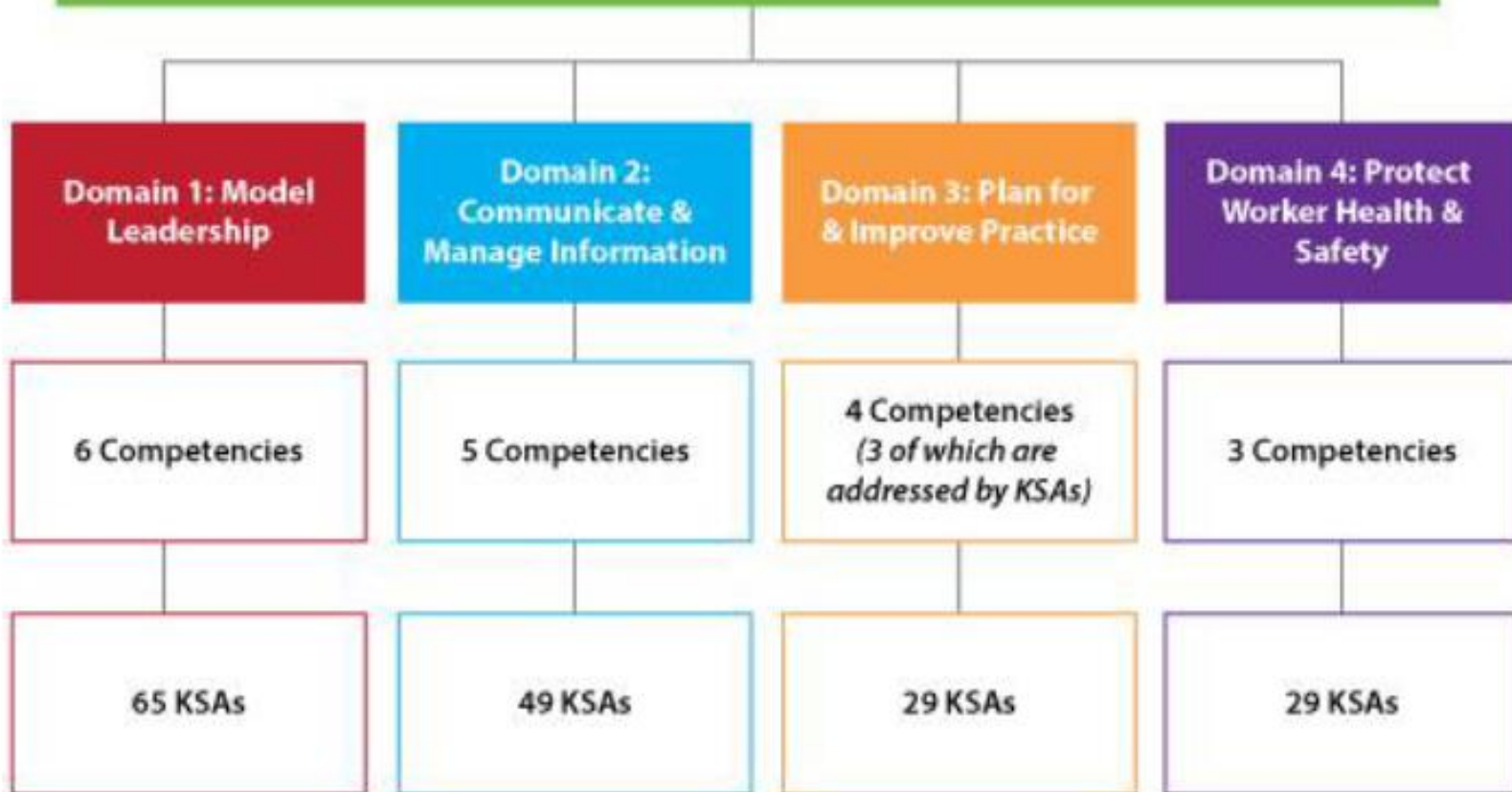
- 59% were aware of the competencies, many of which were using the competencies for their graduate schools

Three Competency Models

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KSAs

Public Health Preparedness and Response Competency Map Development of Knowledge, Skills & Attitudes (KSA)



Public Health Preparedness and Response Competencies' KSAs

- Designed by PERLC to “improve and standardize training and curricula for public health with the ultimate aim of enhancing the public health workforce in protection of the nation’s health.”

Public Health Preparedness and Response Competencies' KSAs

PERLC, PERRCs

- 73% reported being aware of the KSAs
- Many reported using the KSAs, including for their graduate schools
- Some reported being unfamiliar with 'appropriate' use

Non-PERLC, PERRCs Schools and Programs

- 67% were not aware of the KSAs

Three Competency Models

1. Public Health Preparedness and Response Competencies (December 2010)
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Master's-Level Public Health Preparedness and Response Competencies

<p>1. Roles and Relationships</p>	<p>1.1 Describe the roles of public health workers and public health organizations. 1.2 Identify the roles and relationships among federal, tribal, state, and local governments and non-governmental organizations. 1.3 Analyze the ethical challenges faced by public health workers and public health organizations. 1.4 Explain key legal issues that need to be addressed by public health workers and public health organizations. 1.5 Discuss strategies to promote community resilience. 1.6 Perform in an assigned public health leadership role.</p>
<p>2. Communication and Information Management</p>	<p>2.1 Apply strategies for sharing information with internal and external partners. 2.2 Apply principles of crisis and risk communication.</p>
<p>3. Planning and Improvement</p>	<p>3.1 Identify the key components of a continuity of operations plan. 3.2 Identify the key components of an emergency operations plan. 3.3 Use evaluation results in the development of an improvement plan.</p>
<p>4. Assessment</p>	<p>4.1 Identify public health needs of a community. 4.2 Assess population health threats. 4.3 Assess public health capabilities. 4.4 Apply the principles of epidemiology and surveillance. 4.5 Conduct a rapid needs assessment.</p>
<p>5. Incident Management</p>	<p>5.1 Address the needs of vulnerable populations. 5.2 Apply culturally competent public health actions. 5.3 Apply worker health and safety principles. 5.4 Describe psychosocial consequences likely to be experienced by public health workers and community members. 5.5 Identify countermeasures. 5.6 Describe surge strategies for the health system.</p>



Master's-Level Public Health Preparedness and Response Competencies

“Core knowledge, skills, and abilities necessary for a student to demonstrate upon completing a master’s degree or graduate certificate in public health preparedness and response...

to prepare potential employees for the public health preparedness and response workforce.”

Master's-Level Public Health Preparedness and Response Competencies

PERLC, PERRCs

- 81% reported being aware of the competencies
- 56% reported using the competencies in their graduate schools

Non-PERLC, PERRCs Schools and Programs

- 53% were not aware of the competencies

Providing Public Health Preparedness Training for the Public Health Workforce

	PERLC, PERRCs	Non-PERLC, PERRCs Schools and Programs
Offered Preparedness Course (not for academic credit)	69%	19%
Offered Preparedness Exercise (not for academic credit)	50%	11%
Offered Preparedness Certificate (for academic credit)	44%	0%

Timeline

1. Public Health Preparedness and Response Competencies (December 2010)
2. CDC's Capabilities (March 2011)
3. Master's-Level Public Health Preparedness and Response Competencies (November 2011)
4. Public Health Preparedness and Response Competencies' Knowledge, Skills, Attitudes (September 2012)

For Consideration

Capabilities + Competencies?

- Academia is very relevant to governmental public health agencies, often through the provision of training, evaluation, and education.
- As training requests are often topic (not competency)-specific, we need to compile lists of training materials that have been developed that address all competencies.
- We need to make room for competencies with the capabilities (e.g., crosswalks).

For Consideration

Lack of Funding is a Critical Driver

- *“When I go out in the field, they don’t have many people who do this anymore.”*
- *“Ending the PERRCs ended engagement of many of our faculty in teaching our master’s students on the topic of preparedness, as it ended their salary support. And they have been required to turn to more consistently-funded fields of research....”*

For Consideration

Who Are Our Partners?

- The academic community needs to continue partnering with the practice community –both want to improve the skills of those entering the field.
- As academics develop/revise competency models/training for the workforce, direction and involvement from the practice community is essential.
- Public health needs to continue partnering with non-public health sector.

For Consideration

Sustainability

- *“Somehow, this area has to become part of the core MPH requirements in order to gain greater visibility. I have never seen these requirements during our MPH Steering Committee monthly meetings, for example.”*
- *“The school will need to look at how this model aligns with CEPH accreditation.”*

Presenter



Lee Thielen, MPA
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Fort Collins, Colorado

How Academia Supports the Practice Community



As Seen Through the Lens of
Public Health Preparedness

Lee Thielen

Interviews with the Practice Community

During the fall of 2015, 30 practitioners were interviewed.

- 10 from State Health Agencies
- 20 from Local Health Agencies

All were responsible for training their workforce on public health preparedness. Some were directors of the agency.

Understanding the Environment

- Almost all public health preparedness funding is federal.
- Local health agencies generally have a contractual relationship with the state health agency.
- Local contracts are based on responsibilities for meeting the federal requirements and obligations of the state.
- Few state agencies receive state funding for preparedness, thus relying on federal direction.

Consistencies

- Reliance on federal funding drives a higher level of consistency in preparedness activities, training and expectations than in most public health programs.
- Local threats lead to tailoring of exercises and partner involvement (e.g. floods, hurricanes, wild fires, etc.)
- Federal trainings, such as Incident Command System courses, are widely used. Some agencies have ALL staff take basic classes.
- Online training is widely accepted in EPR programs.

Who Gets Trained

- Key staff
- All staff
- Partners
- Other local or state agencies
- Hospitals
- Tribes
- Mental health and long-term care professionals

Training Assessment Surprises

- Most of the public health agencies had not done a training needs assessment for public health preparedness.
- Four of 10 state health agencies had not done an assessment of stakeholders or staff. Three had done one in the past, but had no recent data.
- Only five of the 20 local health agencies had done an assessment.

What drives training decisions?

- Contractual requirements
- After Action Reports
- Drills and exercises
- Emergency Response Plans
- Stakeholder requests

Working with Academia

The practice community and academia both benefit from good working relationships.

- Nine out of 10 state agencies had a relationship with one or more academic institutions.
- Thirteen out of 20 local health agencies had a relationship with an academic institution.

What the Practice Community Does for Academia

- Sit on boards and committees
- Design public health disasters for students
- Train students on EPR software
- Provide student practica and internships
- Teach classes or give lectures

What Academia Does for the Practice Community

- Online training
- Assessments
- Partnering in exercises
- On-site training, often at the local level
- Operate joint programs, such as the Ebola Training Center

Additional Findings

- The Public Health and Response Core Competency Model is not generally used by the practice community. This is true at both the state and the local level.
- CDC's Public Health Preparedness Capabilities: National Standards for state and Local Planning drive training and exercises. Contracts incorporate these standards. Funding is linked to the Capabilities.

Additional Findings

- There is great enthusiasm for the development of a Curriculum Guide on Preparedness.
- The three categories desired for additional training were:
 1. Model Leadership
 2. Protect Worker Health and Safety
 3. Communicate and Manage Information
- Linking Competencies with Capabilities would make them more relevant.
- Accreditation is a strong driver for public health agencies.

Gentle Suggestions

- Recognize the incentives that drive the practice community.
- Reinforce the two-way benefits of practice/academic relationships.
- Key informant interviews may be perceived as more useful than needs assessments when planning training.
- Develop and use tools that support the obligations of the agencies, not perceived need.

Thank you to today's Presenters



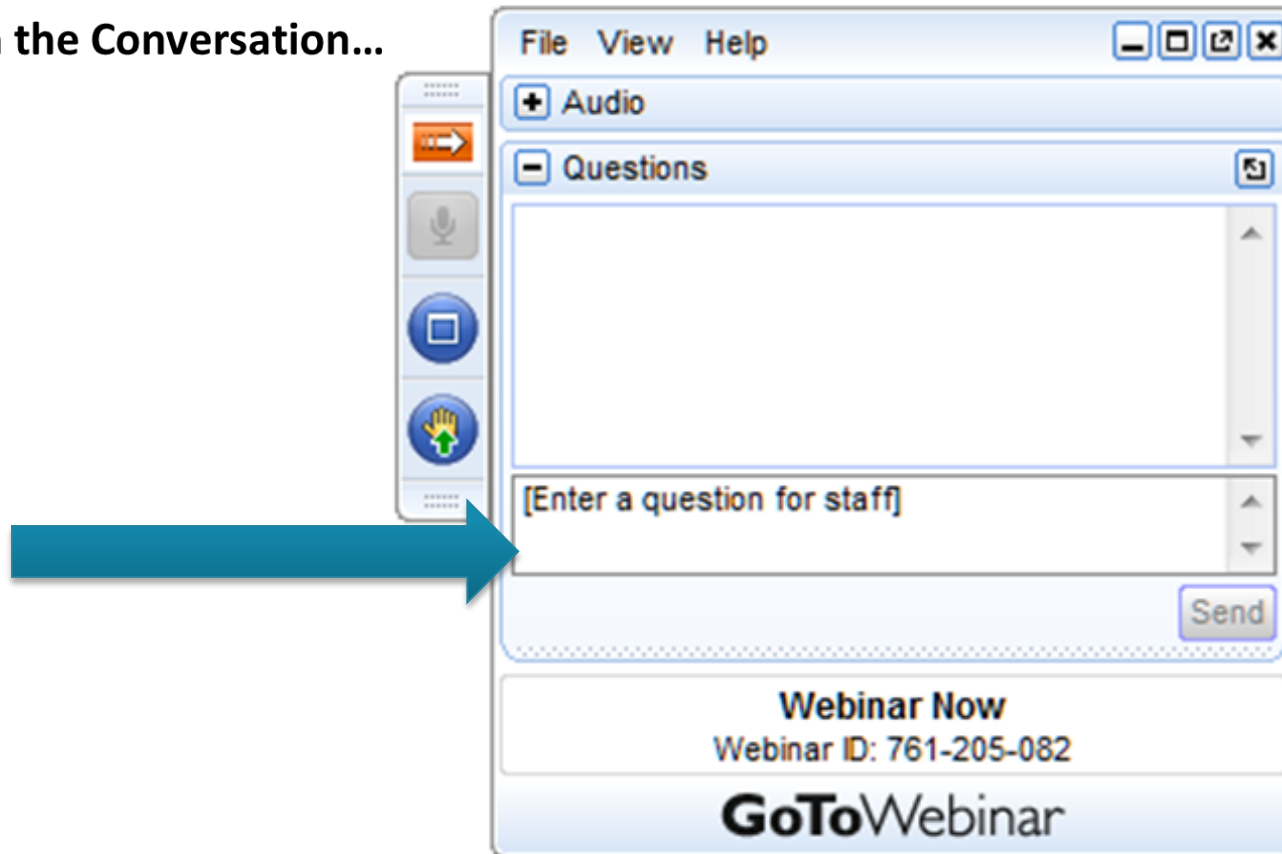
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Questions or Comments?

Join the Conversation...



Today's Presenters

Now taking questions.



Elizabeth Ablah, PhD, MPH
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Thank You!

See the webinar event page on the ASPPH website for a link to the **archived webinar:**

<http://www.aspph.org/event/aspph-presents-webinar-how-academia-can-support-governmental-public-health-departments-through-training-as-seen-through-the-lens-of-public-health-preparedness/>

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Coming Attractions...

ASPPH Presents: CEPH Criteria Rollout Redux

Thursday, November 17, 1:00 p.m. – 2:00 p.m. Eastern

ASPPH Presents: New Undergraduate Curriculum Introduces Students to Alzheimer's and Dementia, a Rapidly Growing Public Health Issue

Thursday, December 1, 2:00 p.m. – 3:00 p.m. Eastern

ASPPH Presents: ASPPH Fellowships: Opportunities for Recent Graduates of ASPPH Member Institutions

Tuesday, December 6, 2-3:00 pm Eastern

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Thank you!