

Minutes

Wisconsin Division of Public Health Education and Training Advisory Committee (EdTRAC)

July 8, 2005 Meeting
Wisconsin Medical Society
330 East Lake Street

Members present: Katharyn May, Kathy Loppnow, Stephen Teale, Kassie VanRemortel, Jennifer Spencer, Lea T. Acord, Mary Hayney, Gary D. Gilmore, Peggy Ore, Kirsten Gruebling, Jan Klawitter, Laura Gambino, Paul France, Julie Lederhaus, Elizabeth Giese, Sarah Lewis, Terry Brandenburg, Sue Kunferman, Gina Dennik-Champion, Stephanie Taylor, Shirley Bostock, Steven Marshall, Sharon Gehl, Moira Lafayette, Nancy Sugden and via telephone Joseph Kilsdonk
Staff present: Cheryl Matzinger

* EDTRAC members have been provided a binder containing relevant materials/background information. Meeting notes will reference pertinent sections of the binder that provide expanded information.

1. Welcome and Introductions

Sherry Gehl welcomed everyone and asked members to introduce themselves.

2. EdTRAC and the Division of Public Health - Introduction and Background

Sherry Gehl provided an overview of EdTRAC's scope and mission identifying immediate and long term committee goals. The Division of Public Health, Office of Operations, has been given the charge of overseeing workforce development as part of the State Health Plan, *Healthiest Wisconsin 2010*. EdTRAC has been reconvened with broadened membership and scope. Immediate short term focus will address emergency preparedness training shifting long term to public health workforce development.

An overview of DPH's organizational structure and framework for Wisconsin's Public Health System were presented. DPH recently restructured to provide a better alignment to address the State Health Plan objectives. Currently, Wisconsin Division of Public Health's (DPH), Department of Health & Family Services (DHFS) is organized into 5 divisions with the Office of Operations working with the divisions and Administration (Secretary, Helene Nelson). The Wisconsin's public health system consists of 12 Public Health Consortia regions, 7 Hospital Bioterrorism Preparedness regions and 5 DPH Regional Offices. * Refer to the binder (section 2) for DPH structure, organizational chart, plus additional background including regional maps.

The State Health Plan, *Healthiest Wisconsin 2010*, outlines five key infrastructure priorities with EdTRAC committee focus on priority objective #4, *a sufficient and competent workforce*.... The long term outcome of this objective needs to address workforce: 1) competency 2). diversity and 3). enumeration. EdTRAC committee role will be to provide support to DPH to meet this system priority goal. * Refer to the binder (section 2) for an executive summary report of *Healthiest Wisconsin 2010*, detail of 5 infrastructure and 11 health priorities, and long term (2010) outcome objectives.

Along with DPH restructure and the reconvening of EdTRAC, Moira Lafayette explained that the division has also created an internal task force to evaluate and assess training needs of staff at DPH. This task force is really still in a formative stage. The group currently is taking a closer look at the State Health Plan priority #4 objective – *a sufficient and competent workforce*.... asking what are the necessary goals/activities to create a competent public health workforce and what specifically is DPH accountable for in accomplishing this? The internal task force work continues to evolve.

Moira also mentioned that DPH working through the University of Minnesota - Center for Public Health Preparedness (UMN CPHP) conducted a survey (June 2004) using competency-based assessment to determine training & education need. This survey provides a baseline measure and has identified target areas for development of emergency preparedness training/education.

3. Area Health Education Center - Background and Role

Nancy Sugden, Director of the AHEC Program Office, provided AHEC's background and role to the committee. The Area Health Education Center (AHEC) program started in 1971 as part of a national program to improve the access to- and quality of- primary healthcare. Wisconsin's AHEC System program began in 1990 and currently consists of the Program Office located at the University of Wisconsin-Madison, Medical School and four regional Wisconsin service area centers – Northern, Northeast, Milwaukee & Southwest. The statewide program office operates through the UW-Medical School. The four regional offices are independent 501(c) 3 organization with their own board. Wisconsin AHEC is supported through a variety of funding – State of Wisconsin budget, federal & private grants as well as contributions from academic and community partners. * Refer to the binder (section 3) for additional AHEC background information.

Wisconsin AHEC has maintained a close relationship with activities at DPH. Events surrounding 9/11 interrupted some of the work associated with Wisconsin's Turning Point Initiative, a statewide policy and planning process to transform Wisconsin's public health system. A major product of the Turning Point Initiative was publication of the State Health Plan, *Healthiest Wisconsin 2010*. Close to this time period, Blue Cross & Blue Shield United of Wisconsin completed conversion to a for-profit corporation, with proceeds used to create funds at the UW-Medical School and Medical College of Wisconsin, with particular focus on public health. The two programs have developed a five-year blueprint that outlines Wisconsin Partnership programs and ensures that the five-Year Plan supports the State Health Plan.

AHEC has entered into an agreement with DPH to coordinate the Education & Training Advisory Committee. The EdTRAC committee has been brought together to address both public health and emergency preparedness training/education for healthcare and public health system partners. Initial areas of focus will be to develop a compendium of training and to develop a web portal to link training resources/activities throughout Wisconsin. It was clarified that this web portal will not supplant any existing training sites but rather provide a comprehensive linkage for all the various public health workforce professions.

Working with DPH, AHEC will act as an academic partner facilitating EdTRAC activity with Cheryl Matzinger's position at AHEC dedicated 100% to coordinating EdTRAC committee work. AHEC's involvement plays to its strong history of work to improve the supply, diversity and quality of health care professionals and experience in bringing together both academic partners and the local community (i.e., healthcare delivery systems, practitioners, government/non-government agencies, organizations, etc;) in Wisconsin.

4. Wisconsin Public Health Survey and WI-TRAIN

Moira Lafayette presented an overview of the Wisconsin Public Health Competency-Based Preparedness Survey. Working with the University of Minnesota - Center for Public Health Preparedness, DPH conducted a survey June of 2004 using a competency-based assessment tool. Out of 29 key cross-cutting competencies, the survey found 15 to be of significant learning need in Wisconsin. "Cross-cutting" refers to a training delivery approach that targets multiple disciplines in a shared session rather than discipline-specific delivery. Survey data has been shared with DPH Regional Offices and the 12 consortia Training Coordinators. Consortia and DPH training plans are being developed to address the identified needs of state/local public health staff. Next steps will be to identify opportunities to address multi-disciplinary training needs of Public Health system partners for preparedness and essential services through EdTRAC.

Moira briefly discussed WI-TRAIN. TRAIN stands for **T**rain**F**inder **R**eal-time **A**ffiliate **I**ntegrated **N**etwork. TRAIN is a web database of learning opportunities. WI-TRAIN access information and course listings have been provided in the meeting materials.

* Refer to the binder (section 4) for additional survey & WI-TRAIN information.

5. General Discussion

Gary Gilmore suggested the committee use a transformed definition for “Public Health” to include both governmental Public Health and Healthcare Providers as part of the public health system. Keep in mind and think about:

1. Professional preparation programs (i.e., Master of Public Health (MPH) programs located at UW-La Crosse, UW-Madison & Medical College of Wisconsin (MCW) which may provide resources for continuing education as part of the third phase of educational preparation.
 - Consider what needs to be done at the preparedness level for professional preparation?
 - Consider what goes on in the curricular program phase?
2. Think about the work of the Public Health Council with respect to the State Health Plan and Emergency Preparedness.
3. Have EdTRAC represented at the Public Health Council along with the Public Health Leadership Institute (PHLI) to engage in policy and recommendations to the Governor.

Sherry Gehl asked committee input on what representation is needed at this committee that is currently missing? Responses: Environmental Health sector, Nutrition (Linda Peterson- DPH), Agriculture sector, Tribal representation (Jerry Waukau), Viterbo College (Laurie Lewis), etc;

As this committee member list could, without limits, become quite lengthy and make committee operation awkward, Steve Marshall suggested that EdTRAC use an executive structure with subcommittee groups for specific tasks/activities

Steve Teale noted, that as activity of the committee moves forward to recognize, the disparity in funding and preparedness among various groups, for example in the case of Emergency Medical Services (EMS), law enforcement and Fire Service. Since 9/11, Fire Service has received the overwhelming majority of available funding. EMS has received less than 4% of available funding support and Law Enforcement has fared only slightly better.

Nancy Sugden asked the committee about their recent recruiting experience: what is needed to have new hires ready to begin work in public health? Responses:

- Registered Sanitarians hired from the UW-Eau Claire program are exemplar in job skill preparation. This has been a result of field experience offered within the academic program.
- In nursing, it is not realistic to prepare new graduates extensively for public health but rather need ongoing training for new hires & existing staff because public health practice evolves. It is the new nursing graduate who often is most successful because of their recent experience in community preceptor programs.
- Education evolves...it is important to create a tighter link between what is needed in the work setting and academic curriculum.
- Consider credentialing. How do you know if someone is competent? Need to create metrics for competency.
- CDC 101 Public Health Training program is offered at 3 levels (Entry/Advanced/Advanced-2). Creates certification across 8 PH competencies (# listed below) with a potential for umbrella certification in PH but it is not intended to supplant discipline specific routes already in place.
- As far as the nursing workforce, has anyone surveyed the education & training need for Emergency Preparedness (EP)? Moira responded that the UMN CPHP survey is trying to get a best definition of training and get a baseline measure for EP.

Sherry asked the committee, what is the role/function of Academic Programs/Professional Organizations/government/non-government relative to training the public health workforce?

Responses:

- The **Wisconsin Health Education Network**, an association of health educators in many different work settings, holds an annual meeting addressing continuing education and professional development needs. Dr. Gilmore serves as the statewide chair and contact person. EdTRAC should likewise cast its net broadly.
- Important to increase capacity of rural centers for distance learning through enhancement of technical capacity.

- WEHA, WI Environmental Health Association offers DPH a vehicle to provide training through seminars.
- For emergency public health response, what is needed in the contemporary PH setting is a “systems approach” that addresses planning, assessment and PH leadership.
- The current Emergency Preparedness need lies in continuing education but 5 years out may see a shift in focus to academic program curriculum.
- Would like to see an annual statewide conference perhaps housed at the University. The conference should bring a wide range of occupations together and thus provide an opportunity for attendees to develop background about other professions/service areas. The benefit from this would be a broader understanding of public health and health profession roles.

6. Assessment and Surveys

Sherry asked, are there any surveys or assessments you are aware of that would be helpful to this committee? Responses:

- March 2004 survey/UW-Partnership Fund. The “PHET workgroup Final Report” used key informant interviews and email surveys for which respondents mentioned all 8 public health skill domains (# listed below). The report can be found at the website: <http://wphf.med.wisc.edu/oac/phet.php>
- LaCrosse Medical Health Science Consortium (LMHSC) conducted a 7 county needs assessment & capacity survey which found need to be discipline specific. This survey could perhaps be used for other regions.
- WSLH has conducted surveys of Environmental Health labs & WLRN (clinical laboratory group). Survey summary results are not yet available for environmental labs.
- Western Wisconsin Public Health Education Consortium (WWPHEC) conducts assessments specific to the Western Wisconsin region.
- Wisconsin Technical College System (WTCS) has assessed its curriculum for 39 health programs and developed competencies specific to emergency preparedness to incorporate into all the programs.

A suggestion was made for DPH to make the Wisconsin Public Health survey results available electronically at a website.

7. Public Health Workforce in Wisconsin

Sherry asked the committee to review the information in the binder listing professional roles and academic program areas of public health. Are we missing an area of workforce representation on the EdTRAC committee? Responses:

- Water Quality, Environmental Health (WEHA), Agriculture/Food Safety, Nutrition, Dental, Tribes, PH Nursing Association

What additional professions should be included as part of the public health workforce? Responses:

- Media/Public Relations/Journalists
- Vet Techs, First Responders (US DOT Certificate), Clergy, Corrections Officers, Community Health workers, CNR ... the list goes on....

Peggy Ore suggested rather than consider PH workforce in terms of position titles that the committee develop categories as position title approach will be lengthy/difficult/not functional. Terry Brandenburg remarked that it may be helpful to develop a “matrix” overlaying workforce roles with continuing education attached to credentialing as an incentive. Dr. Gilmore referenced a good text to refer to for discussion of public health education & training is... *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century* by Kristine Gebbie. (See IOM report at <http://www.iom.edu/project.asp?id=4723>).

8. HRSA Grant Proposal

Nancy Sugden provided an overview of the grant application submitted to HRSA by the Wisconsin AHEC System, *Wisconsin Collaborative Public Health Emergency Preparedness Continuing Education Program*. The grant covers a 3 year period, \$4.5M maximum award or \$1.5M/year. Competition for funds is fairly aggressive with this year’s 112 applications competing for a total of 32 awards. The maximum award \$

amount is often reduced so it is not likely that a single awardee will receive the total \$4.5 M. The grant committee does consider geographic dispersion of funds, so our state sits well in the region to receive funding. We feel we have a comprehensive grant application that represents excellent statewide collaboration. In this particular grant, it is key to demonstrate statewide collaboration and provide “cross-cutting” approaches. Our application has those elements as well as project coverage for drills and exercises to be overseen by DPH. Nancy briefly described each of the eight project areas of the grant proposal for the committee. The grant, if awarded, will begin September 1, 2005.

* Refer to the binder (section 7) for grant abstract/summary and excerpts of each project proposal.

Gary Gilmore commented that Wisconsin’s grant proposal truly represents a national prototype for collaboration with the eight identified project areas in various stages of readiness for implementation.

An inquiry was presented to committee staff, regarding the current grant activity and standing of the state. Sherry Gehl explained that CDC funded Bioterrorism grant activity through DPH involves contractual agreements between DPH and the local health departments and 12 public health consortia covering the present training plan, exercise/drill design and Health Alert Network (HAN) activity. The next grant funding period emphasizes NIMS training and focuses on response time measurements. Specifically for the hospital setting, the new grant identifies a need to provide “Risk & Crisis Communication”. NIMS stands for the National Incident Management System which includes ICS. NIMS defines the structure for response while ICS establishes a hierarchy of command within NIMS. ICS, Incident Command System, is recognized as a standard for managing emergencies that is used by emergency management and others (i.e., FEMA, military, law enforcement, fire, emergency medical services personnel, etc;). Steve Marshall has just completed submitting Wisconsin’s CDC 2005 – 06 Public Health Emergency Preparedness grant application.

9. Discussion

Sherry asked the committee to offer suggestions as to what should be our next steps? Where should we focus? She re-emphasized that short term, next ~24 months, our goal is BT grant activity (CDC grant deliverables) and BTCDP (HRSA grant continuing education) while our long term goal is *Healthiest Wisconsin 2010* objective*sufficient, competent workforce...*

An inquiry was presented to committee staff for a clarification of what is the DPH vision for the EdTRAC committee? Sherry responded that EdTRAC will definitely be a long term, permanent committee for DPH. The members will continue to meet regularly to provide advice and/or support for public health training/education in Wisconsin and members are encouraged to commit long-term to the committee.

Terry Brandenburg commented that it seems where we need to start and what we need to do is: 1). Inventory what we have available for training (develop a compendium) 2). Determine gaps/what is missing? 3). Prioritize the identified gaps 4). Determine how to apply available monies. Develop the foundation for a long term process, then start picking off identified priority items. Create a clear roadmap building on what is already in place. It is important that we realize that we can have an impact for decisions made on the next five-year plan of the Blue Cross & Blue Shield funds (syn. Wisconsin Partnership Fund). We should look at other monies available for education not previously considered. Work done now in this committee will be very instructive for funding and the future.

10. Next Meeting

It was decided our next meeting will be September 9, 2005 from 10:00 am – 2:00 pm at the Wisconsin Medical Society, 330 East Lake Street in Madison. Thereafter, it was agreed to meet quarterly on the 2nd Friday of the month. At the September meeting, a schedule will be determined for the next 12 – 18 months.

11. Meeting Feedback and Adjourn

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8 Public Health Competency/Skill Domains:

1. Leadership & Systems Thinking
2. Policy Development & Program Planning
3. Communication Skills
4. Community Dimensions of Practice
5. Basic Public Health Sciences (epidemiology and evidence-based practice)
6. Analytic/Assessment
7. Cultural Competency
8. Financial Planning & Management Skills