

# EdTRAC Meeting Minutes

Date of Meeting: September 9, 2005

Agenda Item	Discussion	Follow-Up Action
<b>Welcome/ Introductions</b>	Nancy Sugden welcomed attendees followed by introductions. Meeting minutes were reviewed.	
<b>Opening discussion</b>	Clarification on the definition of public health was requested with concern expressed that hospitals should be included within the target audience of public health. It was reiterated that <i>public health</i> as used by this committee is intended to be broad.	Develop consensus agreement on a broad definition for <b>public health</b> to be used by the committee. <b>... a system of public, private and voluntary agencies that are focused on the health of the population as a whole.</b>
<b>State Health Plan</b>	<p>The committee reviewed the worktable containing the State Health Plan, <i>Healthiest Wisconsin</i>, System Priority 4...sufficient, competent workforce objectives. The worktable breaks down this objective into 3 categories: <b>competency, diversity, and enumeration</b>. The committee addressed each category with discussion around the following key questions:</p> <ul style="list-style-type: none"> <li>- <b>Is this objective within EdTRAC's scope?</b></li> <li>- <b>If so, what is EdTRAC's role? Any suggested strategy?</b></li> <li>- <b>Who are the stakeholders/key partners?</b></li> </ul> <p>Opening comment included the perspective to consider that the State Health Plan objectives were originally written for Public Health System partners and did not include institutions, organizations or agencies outside of the system at that time.</p> <p><b>Competency:</b> <i>By 2010, Wisconsin's public health system will assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.</i></p> <p><b>Committee discussion points:</b>  <b>Objective 1.1:</b> <i>"Identify core competencies...."</i></p> <ul style="list-style-type: none"> <li>▪ At present, this area is a blank slate for Wisconsin; currently have engaged the University of Minnesota for some work in this area.</li> <li>▪ Two sources currently exist as a reference:               <ol style="list-style-type: none"> <li>1. Council on Linkages - A list of Core Competencies for Public Health Professionals <a href="http://www.phf.org/competencies.htm">http://www.phf.org/competencies.htm</a></li> <li>2. Competencies Update Project (CUP) – A national study that began in 1998, in which three levels of practice emerged (entry, advanced 1 and advanced 2) relevant to three essential areas of professional focus: professional preparation, credentialing and professional</li> </ol> </li> </ul>	<p><b>Workforce Competency-Objective 1:</b></p> <ol style="list-style-type: none"> <li>1. The committee identified several resources from which to develop a competency framework, in particular, the Council on Linkages may provide a good start point.</li> <li>2. It was suggested that the subject of competency be developed further in a workgroup.</li> <li>3. It was suggested that EdTRAC come to a consensus on the role of competency in public health workforce, set a bar, then match competency to a training standard.</li> <li>4. EdTRAC will serve as a neutral convener to assure that identified PH competencies are included throughout curriculum in academic training programs.</li> <li>5. EdTRAC will provide input, as needed, to WPHA in matters regarding modernization of PH statutes.</li> <li>6. Objective 1.5 is key in identifying EdTRAC's main purpose as an education and practice forum that will:               <ul style="list-style-type: none"> <li>▪ Provide for collaboration within an information and education network</li> <li>▪ Engage partners from academic institutions, agencies, organizations and public health communities.</li> </ul> </li> </ol>

	<p>development. The model contains 163 validated sub-competencies aligned with 35 competencies and 7 areas of responsibility.  <a href="http://www.nchec.org/aboutnchec/cup/cup.htm">http://www.nchec.org/aboutnchec/cup/cup.htm</a></p> <ul style="list-style-type: none"> <li>▪ At present a sanctioned list is not in place with an existing link between competency and training.</li> <li>▪ It would be of value for EdTRAC to agree on the role of competency, develop consensus – set standard bar and construct training to meet that bar.</li> <li>▪ This appears to be an area to establish an EdTRAC based workgroup.</li> <li>▪ Caution is urged, in that one could spend years doing this, suggest overarching competencies as in the State Health Plan, 8 Public Health competency Domains would work as well.</li> <li>▪ EdTRAC can serve here as a neutral convener, playing a quality assurance role to help match competencies to curriculum.</li> </ul> <p><b>Objective 1.4:</b> <i>“Foster interventions using a “champion” strategy to promote policy and system changes.”</i></p> <ul style="list-style-type: none"> <li>▪ EdTRAC role here is more in advocacy.</li> <li>▪ May be of value to look at opportunities presented in this area (e.g. BC/BS funding).</li> <li>▪ This seems to be more a methodology question than a goal for EdTRAC.</li> </ul> <p><b>Objective 1.5:</b> <i>“Establish an education and practice forum...”</i></p> <ul style="list-style-type: none"> <li>▪ This particular objective really speaks to the core EdTRAC mission.</li> </ul> <p><b>Objective 1.6:</b> <i>“Engage the workforce in the modernization of Wisconsin’s public health statutes.”</i></p> <ul style="list-style-type: none"> <li>▪ Agreed that this would be an area to track on and stay apprised of, but not a focus for EdTRAC.</li> <li>▪ EdTRAC can provide input to WPHA’s lead in this area.</li> </ul> <p><b>Objective 1.7:</b> <i>“Design and implement orientation programs for new state and local health department staff...”</i></p> <ul style="list-style-type: none"> <li>▪ At the least, EdTRAC plays an advisory role here.</li> <li>▪ Currently, the Division of Public Health Regional Offices provides orientation to Public Health department staff consisting of a 2-day program...a <i>Public Health 101</i>.</li> <li>▪ In terms of focusing this orientation program, audience need may be to gather a <i>conceptual perspective as opposed to working within public health</i>. May need to provide basic knowledge to many different partners.</li> <li>▪ Public Health orientation is a cross-cutting need. Approaches should consider need, delivery options, target audience, etc; A given example,</li> </ul>	<p>7. Should the current Public Health orientation program be considered for use as a tool to broaden awareness of public health, EdTRAC will offer to provide advisory input to programming changes.</p> <p>8. EdTRAC should consider innovative cross-training models when looking at existing training/education programs.</p>
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“Outbreak at Watersedge” is a computer-based public health discovery game providing a short, visual ~15-minute public health department overview. <http://www.mclph.umn.edu/watersedge/>

- It appears that 2 tracks may exist for this program: 1). PH 101 - Core competency for PH staff and 2). PH 101 – PH as a general awareness program.
- A general awareness program may play a beneficial role for recruitment while at the same time educating PH staff and the general public about public health.
- EdTRAC role may be to identify the audience, venue and delivery method for a general PH orientation program.

**Objective 1.8:** *“Utilize online Learning Management System to share a Web-based catalog of education programs...”*

- Addressed by Wisconsin’s TRAIN system. See <https://wi.train.org/>

**Objective 1.9:** *“Institute ongoing curriculum review of core competencies in health promotion and disease prevention in institutions of higher education and technical college programs...”*

- EdTRAC could get lost in this mission. It is the course providers/program directors who provide the lead in review/advisement on curriculum.

**Objective 1.10:** *“Offer a continuing education course series that will address public health core competencies”.*

- Offering course work is not within the scope of EdTRAC.

**Objective 1.11 and 1.12:** *“Link all training and education sponsored and/or provided by the Division of Public Health to professional competencies and the twelve essential public health services” and “Develop a tool to assess how local health departments’ continuing education budgets are linked to professional competencies...”.*

- Both objectives are functions of DPH.

**Objective 1.13:** *“Develop a system to communicate evidence-based practice to the public health system workforce.”*

**Objective 1.15:** *“Develop a system to identify and monitor the current and emerging continuing education needs of the public health system workforce.”*

- How can we accurately measure? Are we measuring the individual or the system? Must use caution in selecting and applying measurement tools. Difficult to measure the performance of a system vs. people that work in it... system-based practice vs. individual competency...etc;
- An EdTRAC workgroup could contribute to these assessment/evaluation

	<p>processes.</p> <p><b>Objective 1.14:</b> <i>“Collaborate in the development of a management and leadership development program for the public health system workforce.”</i></p> <ul style="list-style-type: none"> <li>▪ These objectives represent areas where work is already in progress within the Public Health Leadership Institute &amp; other partners.</li> </ul> <p><b>Objective 2- Diversity:</b> <i>By 2010, the composition of Wisconsin’s public health system workforce, at all levels, will approach the demographic profile of the community.</i></p> <ul style="list-style-type: none"> <li>▪ Diversity, as the objectives pertain here, is reflective of PH workforce recruitment/policy.</li> </ul> <p><b>Objective 3- Enumeration:</b> <i>By 2010, Wisconsin will have a monitoring system in place with the capacity to describe the current and future composition, distribution, and trends of Wisconsin’s public health system workforce.</i></p> <ul style="list-style-type: none"> <li>▪ Currently a function of Bureau of Labor Statistics.</li> <li>▪ See Wisconsin Department of Workforce Development: <a href="http://www.dwd.state.wi.us/">http://www.dwd.state.wi.us/</a> and also Health Statistics: <a href="http://dhfs.wisconsin.gov/stats">http://dhfs.wisconsin.gov/stats</a></li> <li>▪ Enumeration offers itself as a resource for EdTRAC.</li> <li>▪ Caution in application of enumeration - quantitative vs. qualitative research...</li> <li>▪ Consider cross-training approaches – examples discussed include: <ol style="list-style-type: none"> <li>1. Nursing to paramedic</li> <li>2. Dental Hygienist with public health background training</li> </ol> </li> </ul>	<p><b>Workforce Diversity-Objective 2:</b> Objective 2, is an area to remain appraised, however, no action is required at this time.</p> <p><b>Workforce Enumeration -Objective 3:</b> Objective 3, is an area to remain appraised, however, no action is required at this time.</p>
<p><b>Update on Public Health Council Committee on Emergency Preparedness</b></p>	<p>Steve Marshall provided EdTRAC an update on Emergency Preparedness committee activities. Re-established this past year with Dr. Kurt Reed from Marshfield Clinic as chair, the committee will focus on the overview of Wisconsin’s preparedness activity and monitor progress of the State Health Plan. Since the subcommittee has reformed the main focus issues include public health workforce, healthcare workforce, sustainability, pandemic influenza response, and how to measure preparedness. This committee will be looking to EdTRAC for feedback, in particular, on addressing the impact of rising retirement numbers on the Public Health workforce.</p>	<p>EdTRAC will provide feedback on relevant committee activity/findings to Steve Marshall and/or Dennis Tomczyk for presentation to the Public Health Council Emergency Preparedness subcommittee.</p>
<p><b>Basic Disaster Life Support (BDLS) Overview</b></p>	<p>Karen Carney from the Wisconsin Medical Society presented an overview of the BDLS training course to the committee. The BDLS training presented by the Wisconsin Medical Society and funded by the Wisconsin Department of</p>	<p>Presentation to provide EdTRAC awareness of BDLS program as a component to potential statewide</p>

	<p>Health and Family Services (DHFS) is a day long course designed to provide physicians and other health care team members an overview of all-hazards disaster response needed in a mass casualty situation. Curriculum is developed around an algorithm paradigm, DISASTER, along with concepts of MASS triage. The main course objective is for the trainee to identify and apply the BDLS<sup>®</sup> triage model using MASS<sup>®</sup> and ID-me<sup>®</sup> approaches.</p> <p>BDLS training is currently in phase two of a three-phase delivery plan. Total funding cost over this 3 phase plan is \$91,584.00. The cost per person to take this course is \$620.00. In 2005, 5 training sessions have been offered with a total attendance of 114 comprised of 30 physicians, 5 physician assistants, 59 nurses, 7 EMT/Emergency Services, and 11 other. The sessions were offered 4/14, 5/5, 5/19, 9/13 and 9/23.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>▪ Somewhat unclear about the program goal, need basis and overall impact of program penetration in the state. The program seems very good but need to take a statewide look at this program.</li> <li>▪ A question to address, what is capacity of this program and what about future sustainability.</li> <li>▪ Need to look at this in the long-term, particularly in regard to certification renewal requirements.</li> </ul>	<p>Emergency Preparedness training programs &amp; expenditures.</p>
<p><b>Comprehensive Advanced Life Support (CALS) Overview</b></p>	<p>Dr. Brad Garber from the Midelfort Clinic in Osseo, WI presented an overview of CALS training to the committee. The CALS program, developed in 1996 by Dr. Darrell Carter of Minnesota, uses a team approach to rural emergency medical care, training rural providers in managing crisis health situations with limited resources.</p> <p>A Wisconsin CALS Consortium has proposed this course as a model plan in a HRSA grant application. A need assessment gathered from the 52 Critical Access Hospitals (CAH) located in Wisconsin suggest a strong need for this training certification. CAHs lack needed equipment and trained staff for response to a level 1 trauma (note - trauma level designations range from Level I to Level V with Level 1 requiring the most extensive and most critical care intervention measures). Many primary providers are not qualified to staff/work in the emergency room environment. CALS can fill this gap and provide a team response training approach to aid critical patients at the outset, stabilizing the patient for successful transfer to a high level care facility thereby improving survival and recovery.</p>	<p>Presentation to provide EdTRAC awareness of CALS program as a component to potential statewide Emergency Preparedness training programs &amp; expenditures.</p>

<b>EdTRAC Workgroup Proposal</b>	<p>Nancy presented the committee with a proposal that outlined seven areas for workgroup activity within the EdTRAC committee. The following groups were proposed and sign-up sheets made available.</p> <p><b>Proposed workgroups:</b></p> <ol style="list-style-type: none"> <li>1. Curriculum &amp; Continuing Education Inventory and Evaluation</li> <li>2. Training Needs Assessment</li> <li>3. Training Development</li> <li>4. Training Delivery Systems</li> <li>5. Training Incentives &amp; Funding Sources</li> <li>6. Emergency Preparedness</li> <li>7. Workforce Development-Identification, Enumeration, Recruitment &amp; Monitoring.</li> </ol> <p>The committee discussion that followed identified that before embarking in focused workgroup activity a follow-up meeting is needed to discuss in more detail the mission and focus of this committee.</p>			<p>It was agreed that the committee will devote the November meeting to further develop EdTRAC mission and focus.</p>
<b>Next Meeting</b>	<p>Committee consensus was to meet again in November. The committee will plan to establish a long range 2006 meeting plan at the November meeting.</p>			<p>Next meeting is November 11, 2005</p>
<b>Meeting handout Materials</b>	<ol style="list-style-type: none"> <li>1. July 8, 2005 Meeting Minutes</li> <li>2. State Health Plan – worktable</li> <li>3. Proposed EdTRAC workgroups</li> <li>4. EdTRAC Workgroup Sign-Up Sheets</li> <li>5. PHC - Emergency Preparedness , June 14 Meeting Minutes</li> <li>6. Wisconsin Medical Society, Disaster Preparedness Continuing Education Proposal</li> <li>7. CALS Course Description, Needs Assessment Survey, HRSA grant workplan</li> </ol>			
<b>Members in Attendance: (In bold print)</b>	<b>Lea T. Acord</b> <b>Judy Aubey</b> <b>Shirley Bostock</b> <b>Terry Brandenburg</b> <b>Judy Brown</b> <b>Karen Carney</b> Gina Dennik-Champion Nancy Eggleston Laura Gambino <b>Gary D. Gilmore</b> Kirsten Gruebling	<b>Sue Kunferman</b> <b>Julie Lederhaus</b> Sarah Lewis <b>Elizabeth Lieske Giese</b> <b>Kathy Loppnow</b> Sally P. Lundeen <b>Steven Marhsall</b> <b>Katharyn A. May</b> <b>Nancy McKenney</b> <b>George Mejicano</b> Stacey Oglesby	Stephen Teale Jonathan Temte <b>Dennis Tomczyk</b> <b>Kassie VanRemortel</b> <b>Janet Volk</b> <b>Judy Warmuth</b> Daniel Williams	<b>Co-chairs:</b> <b>Moira Lafayette</b> Sharon Gehl <b>Nancy Sugden</b>  <b>EdTRAC Staff:</b> <b>Cheryl Matzinger</b>

	Oren Hammes Cathy Hopkins Maureen Kartheiser Jan Klawitter <b>Gregory Kleinheinz</b>	<b>Peggy Ore</b> Jay Schrader <b>Donald Schramm</b> <b>Cindy Suplinkski</b> <b>Stephanie Taylor</b>		
<b>Guest Speakers:</b>	Karen Carney / BDLS Overview Dr. Brad Garber / CALS Overveiw			
<b>Meeting Guests:</b>	Cathy Frey			