Greetings and welcome to the dialogue on public health learning. My name is Dave Clark. I'll be your host for today's event. Before we get started, there are just a couple of things that I'd like you to know about. First of all, realtime captioning is available for today's web forum provided by Home Team Captions. The captioning panel is located on the right side of your screen it can be toggled on and off by clicking the media viewer icon that you'll see on the top right of your screen. If you're on a Mac, you'll see that icon on the bottom right of your screen.

If you would like to use captioning, you'll see a link in the captioning panel that says show/hide header and another link that said show/hide chat. If you click both of those links you'll be able to see the captioning more easily and if the captioning panel ever disappears just click that media viewer icon that I mentioned to bring it back again.

Concerning today's audio, the web forum is listen only. That means that you can hear us but we can't hear you. But that doesn't mean that today event won't be kind of interactive. We'll have a Q&A session at the end of the web forum and you can type your questions at any time into the Q&A panel it's located on the right side of the screen and it can be toggled on and off by clicking the Q&A icon you see also on the top right of your screen. Again if you're on a Mac you'll see the icon on the bottom right of the screen. In the Q&A panel it's very important that all panelists is selected. If it doesn't say all panelists, please make sure to choose that option so your question gets sent to the right place. We're really interested today in your thoughts and questions. So be sure to get them into queue. We'll try to answer as many as we can. You can also use the Q&A panel to communicate with me and my colleague Laura Burr if you're having technical problems including audio issues, please let us
know. Why don't we get interactive right now. We thought that you might be interested in seeing who you're attending the event with today. Why don't we bring up a click poll so you can tell us whether you're attending alone or in a group. You can see the poll appear on the right side of your screen and you'll be able to select from one of the four choices. When you've made your selection just click that submit button that you see down below. So let us know are you attending today's event alone? Are you attending maybe in a small group of 2-5 people? Maybe you're in a larger group of 6-10 people or perhaps you're in a large conference room with all your colleagues today, let us know. How are you attending today's event. Let's look at the results. Get results up on the screen. And not surprisingly, a very high percentage of you today are attending this web forum alone. 65%. Much smaller numbers of you are attending groups of different sizes. If you are attending alone, we don't want you to feel like you're there attending alone. We want this to be an interactive group event. Make sure to get your questions in the Q&A panel and join in on the conversation.

Okay. Why don't we get started with today's presentation on public health training. Our moderator today is Chris Kinabrew from the National Network of Public Health Institutes as chief strategy officer for the network Chris manages communications new business development and strategy for the organization. And it's state and local partners. Chris has partnered with dialogue for health on numerous web forums in the past, and we're really happy to have him back again. So Chris, over to you.

>> Thanks so much Dave and thank you all for joining us today for our webinar. Regarding the audience we do see a healthy representation from across the country and wanted to provide you all with a quick visual of where you're coming from. Keep in mind this is from last week so we have had more registrants from the southeast since we ran this early registration report but just wanted to show good reneges from across the country and also in terms of the work sectors that you all represent we see heavy representation from state and local government agencies as well as a large number of folks from universities, non-profits and other settings.

I want to thank all of our speakers today. We have a group of four speakers. And their full bios are available on the dialogue for health's Web site but I’ll share briefly right now a little bit about each speaker just to give you all some context. So first we'll hear from Jennifer MCKeever who/director of public health institute. Jennifer supports a team in the implementation of initiatives improving the nation's public health performance including the national coordinating center for public health
training and the launch of the public leather learning network.

Jennifer has led the design and execution of national trainings and conferences reaching over a thousand public health professionals over a year. Thank you so much Jennifer for attending today. Next we're he'll from Dr. Nor Abd-Hamid, who is lead instructional designer for the Institute of Public Health Practice at the University of Iowa college of public health which includes the Midwestern Public Health Training Center, Nor holds a PHD in science education from the University of Iowa and has been on the staff of the institute since 2005. She has 10 years of experience in designing and developing online courses for state and local health professional. And we're pleased to have her as part of the public health learning network and joining us today as a teacher. We'll also be learning from Dr. Tanya Uden-Holman who is associate Dean for academic affairs and clinical professor in the University of Iowa College of Public Health. Specifically, the Department of Health management and policy. She serves as principle investigator and director of the Midwestern Public Health Training Center, Dr. Uden-Holman is involved in multiple workforce projects that reflect academic practice partnerships including serving on the public health evaluation committee for the Iowa Department of Public Health. Thank you, Tanya, for joining us. Finally we'll hear from Mikhaila Richards from the National Institute Public Health Institutes. She plans publications and digital marketing including the launch of the public health learning network which we're featuring today in the webinar. Before joining NPHI, she served as senior program analyst for the national association of city and county health officials health equity and social justice initiatives. Thank you for speaking todays.

So our webinar today is entitled welcome to the new era of public health training how the Public Health Learning Network is preparing the workforce of today and tomorrow. The public health network is funded by HRSA and collaborate with HRSA specifically the division of nursing and public health within the Bureau of Health workforce. So while we do collaborate on this over all initiative, I do want to know the views and opinions of this webinar specifically are those of the speakers not necessarily HRSA or HHS. But, if you'd like to read more and learn more about HRSA's perspective, Dr. Mary Beth Bigley, director of public health at HRSA did just have an editorial at public health reports which you may read if you'd like to access that publication you can find it through our Web site at NMPHI.org/PHLN.

I wanted to share a little more about the overview and objectives for our webinar today.

We'll start with some context for the public health workforce, describe the launch
of the Public Health Learning Network. And then some early accomplishments and what the Public Health Learning Network has to offer you. Then we'll hear from Midwestern public health training center both in terms of their approach and also some of their workforce development activities. Next we'll discuss how to get involved in the Public Health Learning Network and questions and answers as Dave suggested earlier. So please do submit Q&A through that function and the WebEx platform we will wait until the end to address those questions.

Context is very important as we discuss the public health workforce of today and tomorrow. And it's changing, the 2013 profile of local health departments from the national association of county and city health NHO tells us more about the overall local health department workforce. And in their most recent report they note that the local health department work Nor in terms of full time equivalents had decreased approximately 12% from 2008 to 2013. We also know for multiple workforce surveys that the majority of the public health workforce does not have formal public health training. Yet the demands on the public health workforce are increasing being and even becoming more complex. So this is all really relevant as we consider training for the public health workforce.

Some other contextual information, information technology enhancements have played it much easier to extend the reach of training both in terms of hosting training and in terms of receiving it. Just one examine larger majority of the workforces have access to smartphones. There's some other major contextual factors such as increasing realization of the importance of social determinants of health and that speaks to the need for greater understanding both across crosscutting skills for the public health workforce in order to engage effectively with those other sectors. But perhaps one of the most dramatic has been over the year has been health reform and health system transformation and increasing shift and focus on population health by healthcare system and these have created additional demands on the public health workforce and also increased interest in training on public health and population health from a broader audience. Just wanted to share a little bit about that context in which we're operating. So without further ado, I'll turn it over to Jennifer director of public health practice and training at NNPHI to share more. Jennifer.

>> Jennifer McKeever: Thanks. It's my pleasure to talk to you today about the Public Health Learning Network which is a national network of 10 regional training centers, 40 local education and training sites and one national coordinating center for public health training which is housed at NNPHI or the National Network of Public
health learning institute. The this is funded by HRSA, the health resources and services administration. The 10 regional training centers are housed within accredited schools of public health across the country as shown on the map on the screen right now.

Each training center then partners with a number of local education and training organizations within their region so that together they can provide learning table throughout the U.S. Virgin Islands and Puerto Rico. The training center and partners provide training and/or other services that support learning for both the governmental and non-governmental workforce at federal, state and local levels. The training is developed based on an assessment of needs for training which I'll talk about a little bit more in a minute and includes a broad range of topical areas and skill sets such as public health core competencies as developed by the council on linkages for public health practice. Public health preparedness, health equity and social determinants of health, leadership, behavioral health, communications, violence prevention and financial management and planning just to name a few of the training topics that are offered.

The over all Public Health Learning Network or PHLN for short focuses on distance based or online opportunities to support a broader reach or duplication of the trainings that are developed. All the training that is offered across the network is free of charge to you, the public health learner.

The network is guided by an advisory council of major public health policy and practice organizations. They provide a sense of what is going on in the field and what the needs are in the field of public health.

You can see a list of the organizations on the screen who are providing that support and much valued guidance.

The summer we are also forming a public health workforce council of practitioners. So we're hoping to pull together a council of people actually working in public health on the ground who can also provide critical guidance to our work moving forward.

Training centers at the schools of public health have actually been funded through HRSA since 1999. However, previously there were over 30 training centers that operated cooperatively but for the most part fairly independently within a specific state. In 2014, HRSA redesigned the model to expand the reach and it now includes as I shared before, the 10 regionally based training centers, 40 local education training sites and the national coordinating center for public health training at NNPHI.

This new model allows the PHLN to provide local expertise to connect with each
other through network resources and together have a national reach.

When you look at the local con -- and when I say local here, I know we have local health departments in some states, I'm primarily talking about the state. So when we look at the state level, training centers partner with state and some local health departments to assess training needs and then to develop and provide training that meets needs. And in many cases this is done as health departments are preparing for national voluntary accreditation through the public health accreditation board. That process requires health departments to develop and implement a plan for workforce development so training centers are able to provide that support to health departments as they go through that process. They often have a deep knowledge that help them to provide local training and resources. As a network then all of the training centers are able to come together and share about the needs they've identified for training as well as the trainings that they are developing.

They are able to share those with each other and through this sharing they're able to identify opportunities to reduce duplication so it's a similar need is identified, they can collaborate on developing a training. An example of that happened very recently when they're reading training center at Columbia University and the region 5 public health training center at the University of Illinois at Chicago collaborated together to develop a web series about climate change. They're also able to provide best practices tools and templates. They work with a number of organizations so I listed a number of those talking about the advisory council, so we work with those and others to ensure that our efforts are aligned with their efforts to support the workforce. So what I do now is give you an example of that local network national and what that looks like in operation and I'm going to use an issue that's on all our minds quite a lot lately and that is Zika. So for just a few minutes I'd like you to travel back in time with me to January 2016. Where it was not 97 degrees like it is today here in D.C. but it was the summertime in South America. And at that time the mosquito borne Zika virus was spreading across South America, Central America and Brazilia. Microcephaly and other alarming pregnancy outcomes for women had been reported. On January 15th, the Centers for Disease Control and prevention issued a travel alert for people to regions where the Zika virus transmission was ongoing and it's news and Zika rapidly tore through our public consciousness and we had lots of information and probably lots of misinformation the region 4 public health training center which is housed at the Emory university Rollins School of Public Health knew time was of the essence.

Facing minimal information public health workers home and abroad needed
training on the latest epidemiological evaluations administrative strategies, so responding to the need, the training center in region 4 talked with local partners about the needs and invited state epidemiologists (saying name) from the Georgia departments of public health to present a webinar entitled the Zika virus, what it is and how to protect against it. As an engaging communicator and later in her state she had the expertise and skills necessary to contextualize Zika updates and model the application of the model she shared. This web session was great because not only did it talk about Zika and Zika content, it taught a lot of epidemiology and did investigation skills by using the real cases of Zika. And for someone like me who hadn't taken an epi course and I won't tell you how long, it was really skillful to do the refresh in the realtime issue which is Zika. Similar conversations like these going on in region 4 were happening all across the country and all across the Public Health Learning Network.

So this is where we see the opportunity for network sharing. Utilizing a collaborative online platform, all members of the PHLN began to share on a weekly basis about the new Zika related resources, training and activities in their area which are available for sharing across the network.

Has real fine access about experiences and lessons learned as information across the country continues to evolve. We were also able to share this information with our sender. This is in Puerto Rico a Spanish language webinar on Zika. We have a list of over 50 resources since early January that have been developed and provided by the public health learning network.

We talk about national reach on the national level we're working with a number of national partnering organizations such as ASTO, NIH to ensure that our resources and information align with those key organizations leading the Zika response such as primarily the CDC. We may continue to make our resources available on our Web site and simple search on our site will take you to our Zika resources which include blog written resources as well as training opportunities and beyond our own Web site, we are aligning our efforts with the CDC learning connection that utilizes train to organize Zika Zika related resources. All the resources can be found here. If you scroll down a little further on this screen right now, what you can't see you have access to the regions where Zika training I just mentioned as well as a few others. And then meanwhile if we come back down to the state or local level, the training centers continue to have regular conversations leading the response in their state in order to ensure that their messages and plans are supported and then they can offer any support around developing trainings.
This program is written into Affordable Care Act legislation for four key activity areas. Those include designating a geographical area to be served hence, the regional structure of the program, establishing or restrengthening field placements for students. Each of the training centers again if you remember I mentioned they were based at schools of public health. So each of the training centers offers internships to their students and medically underserved areas as well as facilitating faculty and student collaborative projects and lastly -- and this is the part that we're most concerned with today -- key area is to assess health personnel needs of the area served and develop training to meet knows these. We'll stop for a minute. As we think about assessment of needs and training developed to meet those needs. I would like from you on this poll if you would like to go ahead and open the poll, how many surveys have you been asked to take about your needs for training are or resources in the last year or so? Can't keep count I'm constantly receiving survey. Why don't we give a moment for folks to fill out the poll question.

Laura, if you want to go ahead and close the poll, I'll pull up the responses.

Laura I expect I'll be able to see the results. Just as I said that they showed up. Perfect. Thank you. All right. So let's see. If I'm reading this correctly, 46 of you have not received any surveys and I would dare say that you probably aren't checking your email enough. 61 have 1 to 2. 26, 3 to 5 and there are a few of you that feel like you're constantly receiving surveys. That have to ask you about your needs for resources. So we're a little out of order here. So let's talk a little bit about the assessment of training needs. So as the legislation noted and I said just a moment ago, one of the charges of the program is to assess the needs and design training that meets those needs. That makes sense, right? If we're going to provide training we want to assess people’s needs to make sure we're providing the training that they actually need.

And how you begin to explore the vast amount of work that is already happening to do just that, to assess workforce needs.

So we did a recent scan and a fairly quick scan and quickly identified over 40 training and workforce development related needs assessment reports that have been conducted in just the past few years alone. These came from multiple angles. Some were competency based, top professional based. Lab or statewide or regional. Many were national. So we were doing is at this point in time rather than recreate the wheel with an entirely new assessment process although we do see value in that for the future, what we're doing right now is thinking about how we can align any of our efforts with those while not -- assessments that are already happening without
recreating the wheel. We're going to have an in-depth analysis along with individuals records from each of the 10 regional training centers so we can try to compile a profile of training needs across the country and then what we'll do is identify existing training and/or development new training to meet those needs. So let's talk now about training delivery.

We have a poll up on the screen. When I have a need for training, I know where to look for high quality training that meets my needs.

Take just a minute to fill out that poll. I how to work with high quality training that meets my needs, yes, no, who's got the time. Laura, if you want to go ahead and close the poll we'll wait for a minute to see the results. It's even here. 77 of you know where to go. 13 of you do not have time to even begin to think about where to look for training. I mentioned earlier this program has a focus on distance based and online training. In our first almost two years, excuse me. Okay. I've gotten to the correct slide now. In our first almost two years, we've done a lot of work to understand how online training is being made available and how it is being accessed in multiple public health workers to help understand where we can best contribute to this learning network. National Center for education and maternal child health to conduct a review of 70 total Web sites for distance based training is offered. 40 of those sites were actually public health specific so there were 40 at least more than 40 so there were more easily found Web sites that offer public health training and resources. The remaining 30 were health focused education focused and we did look at some corporate level training sites as well.

We also conducted some key interviews and had previously conducted a survey of over 800 practitioners and what we found is likely not going to be any surprise to you all. It's difficult for people to get to or access the training they need or the training that their staff team might need. They may have one or two places they visit regularly or know regularly because they know that through word of mouth but, if they're looking for new training it's hard to find. And it's really no secret it's the same thing that we've experienced, I've experienced it. You're training your resource and you're overwhelmed with options so it's not that they don't exist. There is so much that it's hard to find the needle in the haystack if you will. And then maybe, if I do finds that needle in the haystack you have to create a new account and remember a new password and once you do that and get to the training even though it it's going to a high experience. This is the core of the problem that we are aiming to solve. We need to find training that is able to respond to public health challenges of today and we really hope you will engage with us as we continue to try to solve that problem.
Let me talk a little bit about our future and then I'll going to pass it over to our colleagues to share a little bit about their work. So I want to talk about a few things that we're thinking about in the future and I'm actually going to start at the bottom of the screen first to talk about redefining learning.

So I talked a lot about frame but we're trying to think of learning in a broader context than training that is delivered from me to you similar to this webinar where honestly if you're like me, you're potentially doing two to three other things right now and don't worry, I can't see you so there's no problem there. But we know that this delivery of training from me to you is not only the only context in which people are able to learn. We know learning takes place in multiple contexts through multiple avenues and we want to foster a diversity of learning privileges. For example with funding from the CDC we manage an online community of practice called the public health improvement network and this is a community that brings together almost 400 practitioners across the country who are preparing for health department accreditation and uses just a very simple list serve function to bring these practitioners together.

Some of our national partners such as ASHA are now using the same system to create interest groups using that same list serve. We also manage a few in-person sharing opportunities such as public health improvement training which is a an annual event as well as open forum for quality improvement which is funded by the Robert Wood Johnson foundation. We heard from you in the survey of public health centers that lifelong learning is extremely important to you.

So in addition to making it easier for you to access training, we want to make it easier for you to gauge in learning in multiple con testimonies and environments throughout the course of your career. Chris talked about in his remarks so I'll just say in terms of health systems, we all know that we're in a time of great transformation and the Affordable Care Act as pushed us to think about partnering with healthcare in new and different ways to reach our common goals of healthier people and healthier communities. We trade a large number of health professionals so how can we bridge healthcare through the training and learning opportunities that we offer.

And then finally, we're thinking a lot about equity. Understanding that conditions go far beyond access to healthcare and include things like economic equal opportunities foreign equal power structures. Public Heather when we're thinking about training we're asking ourselves skills and practices that professionals meaningful equity to reach out to effectively engage mux many partners to support
public health. So we've got some big dreams. Let me share with you the first year.

We started in September of 2014 and in the first year we came together as a team of over 100 staff persons to deliver training to 87,500 people working in public health. That included folks that were working in community health, meds sin, nursing, dentistry, behavioral health, health education, emergency preparedness and more.

More than 23,000 of these were working in medically underserved areas and 7,000 were working in primary care settings. I actually just learned this morning -- so these numbers are about a year-old now. And I just learned this morning that we don't have the final numbers yet, we're seeing and expecting a significant increase in the number of public health learners that we've reached in year 2. So that's encouraging to us.

Later Mikhaila my colleague is going to talk about how you connect with us. But now I'm going to pass on the baton for my colleagues in region 7 who are going to take theory and put in real context for you and talk about how they go about utilizing their skills to develop training that is meaningful for learning participants. It is my pleasure to introduce Nor Abd-Hamid. Before we get to the heart of the presentation, I just wants to provide a very brief background. The HRSA region 7 Midwestern public health training centers represents the state of Iowa, Missouri, Nebraska, and Kansas. The regional coordinating center is located at the University of Iowa public health and our local sites represent academic partners from Wichita State University Department of Health sciences, University of Nebraska medical center, college of public health and St. Louis university college of public health and social justice. In addition we collaborate with local state and regional practice partners.

We appreciate the opportunity to share how our regional public health training center is developing innovative training and addressing workforce development needs.

At this point, I'll be turning the presentation over to Nor to share some examples of innovative interactive strategies he's she's using in developing e-learning and I'll be back to share examples of additional workforce activities we're working on with our practice partners.

>> Thank you, Tanya. Hello, good afternoon everyone. It is my pleasure to talk with you today. As a designer, practice partners that subject matter expert that are part of my team including senior writer before we Guinea would like-begin, I would like to take this opportunity to give you the handle.@midwesternphtc highlighted courses.
So in this session, what we're talking about is we'll discuss e-learning forces of public health professionals. We'll also identify innovative interactive strategies that will engage learners in motivation and will lastly we'll take a look at evaluation results of e-learning courses.

Adult learning should be given an opportunity to play an active role and experience should be given at the root of all e-learning tasks and opportunities. Also we should give them real life applications because no doubt they want to see the benefit of taking this e-learning courses. And we should also give them opportunity to absorb the information whether they're memorizing it.

Community based application and opportunity use of video and audio e-learning courses. There is research by Levy and length that shows that people following directions with text and illustrations will do 323% better than people following directions without illustrations.

To me this is huge evidence that integrating visual design as part of your e-learning courses is very useful. Too many people achieve want them to learn.

Another reason using effective visual making influence skill impact on emotion and also increased engagement and motivation of the learners. Should not only focus on the content but also how the visual design will enhance the content, understanding and be able to retain and apply the content that enters a new situation. Let's look at how visual design increased engagement and retention. Visual increase but just keep 10% people will remember what they hear. 20% remember what they read and 80% will remember what they see and do. So at the center what we're trying to make our e-learning courses very interactive and active learning rather than passive learning.

So here is an example of how digital design solution. What is the effective visual. Let's take a poll for this question. I like to apologize that for B, because of the WebEx it is not showing how it's supposed to look. Image B should be no background. We only can see that man. So I give you 50 seconds. If you like to answer that question, which do you think that would be better for visual design? Picture A or picture B? Laura, can you have the result? I cannot see the results yet.

Well, it's just that 70% -- 77 of you say that picture A is better and 39 people picked B, but as a visual design solution we're supposed to remove the background because it is true that we want to -- I mean in picture A you can see that there's -- that image of that person but what we want to achieve is just that the focus on the men, not the background that is very distracting. And removing background will also help conflict with your presentation. So in a visual design solution, it is
always a good advice to remove the background.

The poll result is not I expect the but I hope that next time you'll be able to try to move part of your image.

Let's look at another example.

We'll convey a message for a lonely person. I'll give you another few seconds to answer this question. Laura, can we have the results, please.

It may take a while. I have not seen the results yet. Yeah, this is what I expected. Picture B, 94 of you said that yes, picture B, this is just an example of using the white space or negative space to convey the meaning. In A you can see that the percentage meaning conveys loneliness. We tried to think creatively of creating all these aspects of visual design how to improve our e-learning courses.

Let's move to next scenario. There are two types of scenarios. But why at the center we are using scenario as part of our goal whenever we create e-learning courses? There is research from NPL applied science that says that we deal with strategies, issues that 78% retention rate are reported for the scenario-based activity compared to 23% for audio visual presentation. 10% for reading and 85% for lecture. So for us this is huge evidence that using scenario is really good to improve the retention rate of the learner.

Now most of the concrete example of how we're doing this. The scenario which is assessment or exploration and this is an example that I an example from a communication course. It is -- situation and tap on the top which the learner will be able to explore and learn about this patient and using those information, they have to make decisions whether or not to have the provider or get more information.

So when you think about scenario, it doesn't have to be complex scenario as long as it is -- that can contribute effective scenario.

And using feedback is another thing that we always keep in mind. The object of feedback immediate and having either/or will be provide significant lead better result than having no feedback at all. So, if the answer is correct that will provide the feedback of why it is correct even if it's incorrect we'll also provide the feedback.

As I said before that our goal is trying to make all of our e-learning active learning passive learning. Even when we're using video, we'll try to make our video interactive or that learner has to do something whenever they watch the video so as you see I apologize that because of the WebEx I cannot show the demonstration of how this activity works. But, if you look at underneath this right bottom corner, you can see that the total line of the video is still 2 minute and 58 seconds but a minute 52 seconds we asked a question. So they have to reflect on that question to whether
or not information that was provided by Suzanne in well -- or incomplete. You have to think about how you can generate questions for the learners whenever they watch the video. So, if the answer is correct, then the video will keep playing. But in they answer it wrong, then they'll need feedback.

Why that answer is incorrect. That is an example of interactivity that we have in our e-learning courses. Providing visual base and also at the same time provide a safe environment. That is fine for learners to feel or make mistakes. And because learning is a base of people acknowledge interpretation of what they see, read and hear and do, this will allow them to interact given and as a form of active learning. As you can see, I want them to provide the 7 elements that will help -- 7 physical environments that will help make them comfortable. So whenever they click the right object, then we'll provide indication that, yes, different objects at different times you also provide a feedback of that element. There are also other learning activities like drag and drop activities with puzzle and other examples of that. And lastly, that strategies that we're using is to provide reflection. Adult learners is information. All right. This is my summary slide of the innovative strategies that we have. And I've thought about all of this. And this is what we're doing and will continue to do.

And lastly, we -- my last slide we discussed all the research evidence it shows that having active learning adult learners but on this slide that we collected at the end of our courses this is from the end that says that on the list of discussion that they like the interactive components similar to drag and drop similar to the job. The case studied videos and so forth.

So I think we are on the right track of trying to help workforce public learning workforce.

Quality e-learning courses. We'll be talking about the e-course development.

Thank you, Nor. Or provided an overview to you of how we design, develop and evaluate online courses for public healthcare. To provide you with some examples of additional workforce development activities. We get involved.

Serious local and state public health agencies in the region. Are working to advance quality and performance of their health department by taking accreditation, the mid person supports this work in various ways. Phab. An example of this support is development of a 12-part video series entitled development which provides information tips and resources on how specific performance measures in each domain are used to advance performance this series was developed the organizations on the slide.

We're going to use domain 10 which is as an example of what training looks like.
So in this domain. It incorporates the scenario and document the use of evidence-based programs that have impact. Getting content.

Identified in a community health needs assessment. Using the identified need of obesity as an example, the video goes on to talk about how the public health department worked with the a group of community members to develop the health improvement plan.

The video then shows the decision of the group to focus on youth between the ages of 5 and 10. One key community partner identified is a local school district that serves this audience. You have both the target population as well as the collaboration that occurred.

The group of community stakeholders next decided to implement an active recess program within the local school district. Next the video shows that the documentation needed for PHAB accreditation includes committee meeting minutes, public education materials, and internal help owes that support the roles the health department played in the implementation of this program. This documentation would then be followed with data to demonstrate the impact this program has had on participants. This gives you an idea how the 12 domains for PHABulous provides an example forever for you folks who watch it of what the steps need to be to go through to not just meet the domain 10 but what type of documentation steps you would need.

Another way the public health training center supports accreditation activities is by working with local and state public health agencies to design, develop, and implement competency based workforce development assessments that are then used to create workforce development training plans. I know that our regional training center has worked with public departments to develop the surveys in collaboration with them, we put them in a online survey tool. We happen to use qualtrix at the University of Iowa and our assessment and evaluation staff member is able to turn back report to them that relieves, summarizes their data and helps point out the areas that they want to echo us on as they move forward with developing their workforce development plan. Another work force development activity I want to share revolves around our content area. As Jennifer mentioned earlier each regional training center has been assigned a content area on which to focus. Diabetes is ours. And we’re currently focused on building capacity for diabetes education and training for strategic partnerships. We have a national advisory committee whose member represents local state, regional and national agencies it includes tribal health, minority health as well as professional and national associations. Some of
the specific workforce development activities include a webinar series on confronting diabetes, prevention and management, we're also conducting a gap analysis survey and also planning a regional diabetes summit that will be held later this fall. This gives you a brief snapshot of work we're doing in our area of diabetes. Jennifer shared information regarding other content areas. This is once again this is just to give you an idea of how the public health training centers are contributing and the PHLN as well.

The final workforce development example I wanted to share with you is our regional training center is involved with partnership of Iowa geriatric education center and we're collaborating to develop several apps for direct care workers in nursing facilities as well as for family caregivers. The purpose of the first app which focuses on oral hygiene care is to improve awareness and knowledge about oral hygiene care and routines about people who deliver care to older adults and we'll be pilot testing it with the target audience in the fall and once again this is just an acknowledgment of the fact that as individuals are out there in the field having just in time information to be really helpful and so although they may not have access to a computer, they're likely to have their phone with them. So having this type of app can really be helpful in meeting those just in time training needs.

So in summary during the past year the Midwestern public health training center and its partners offered more than 80 training programs and trained more than 10,000 public health and healthcare professionals and I anticipate these numbers will even be larger as we begin to finalize our numbers with this year that just ended and once again we appreciate the opportunity to share an example of how one of the regional public health training centers is developing innovative training and addressing workforce development needs. Now I'm going to turn the presentation over to Mikhaila who I know will be sharing information on the communication efforts of the network.

>> Mikhaila. Thank you so much, Tanya and Nor. You've heard one example of how our met work training centers are supporting public health professionals. I'm going to share about how we're getting the word out to the workforce about this support and I'm also going to share a little bit about how you can learn more about what the PHLN has to offer. Our preliminary market research suggested some huge gaps between what public health professionals know about quality training opportunities and what they know about the capacity of our training centers to provide them. So ultimately our goal is sort of connected to what we're responsible for of course. So ultimately we're responsible for connecting any public health
professional who wants training to high quality training and education. And towards that end we have to ensure that they know the training is available through a consistent unified message. They know that training is worth their time. And as you can tell, consistency and unity are really the key here. As a national coordinating center, our role is to promote a new sort of era in the confusion among training centers when it comes to communicating their value and the value of the network over all. So where did we start in tackling this problem? We assessed communications capacity across our network finding that email communication and opportunities for in-person connection at meetings and conferences would be the most effective for our target audiences with our demographics.

Our communications evidence revolve around both email and an in-person presence and these efforts are sum supplemented by a digital strategy including our social media accounts and our Web site. So here are just a few examples which also tell the story of where and how you can find us. The HPLN's strengths and resources together we are happy to show elevate. We consider it a resource for lifelong learning in public health practice and population health improvement. Elevate focuses on public health workforce needs as well as hot topics and relevant strategies in public health training and education. Elevate highlights the real world strategies and lessons of public health leaders and training providers across the network who are working and collaborate to see, prepare for and respond to public health training needs and elevate is established approximately quarterly with an inaugural issue that was in June of this year. And the months of publication are June, September, March. So we invite you to check out training highlights from across the network on our training centers Web sites. Our really simple syndication widget, our RSS widget displays blog posts from NHPPI.org which features a weekly list of highlighted trainings across the network and it links users directly to the trainings on their training center's Web sites. So the widget also connects visitors to articles, the subscription form and quarterly publication elevate. We really encourage you to be social. So leveraging the audiences as well as those of training centers who happen to have social media accounts we also have a social media presence.

The national coordinating center tends to what we do as a process we develop communications kits for each campaign around the PHLN and those kits comprise copy, media for Twitter, Facebook and email to support our engagement campaigns our training centers distribute this content on their own terms within a particular time window.

So we really encourage you to visit NHPPI and connect to the training centers in
the network. We encourage everyone to do that. We also establish a weekly digest for insiders for working with or otherwise directly supporting the network. And that list comprises about 148 individuals we also invite you to stop by our booth if you want to become an insider and join us for sharing session 18 at NACCHO. So sharing session 18 is about how local public health departments can partner with regional public health training centers to support a workforce ready to advance health equity. That session is on Thursday July 21st. At 2 fewer 5 to 345 in room camel back A.

We also encourage you to schedule some time to talk with our strategy team about how we can work together to transform public health training.

If you're interested in performance improvement considering joining our network which Jennifer described, told us a little bit about. This is really a great opportunity to connect with a motivated ambitious group passionate about excellence in public health practice. The community of practice is ever ready to share concrete resources and offer guidance and you know, over all, if we haven't met you yet, we're looking forward to it. We're happy to connect you to training or otherwise support your engagement. With all of our network potential where we're standing by, ready and primed. So it was great to speak with you today and I'll pass the torch on to Chris.

Or Dave actually. Thank you.

>> Thanks, this is Chris again. I just wanted to share more encouragement to submit your questions and answers through that feature. We do have a number of questions we've received and we will be responding to those in just a moment. I just wanted to also encourage you if you just realized you have a question about something, we do have time left. Please submit it through the Q&A box and you can just make sure to select ask all panelists and then you hit send and we'll -- I'll be moderating the Q&A session right now. So while you all are considering whether you have any questions for our speakers today, I'll go ahead and ask a few that have come in. The first is how do PHLN curricula address the difference between health and behavioral health. I can take that one and answer quickly. Our suggestion would be to visit the Public Health Learning Network's Web site. Each of the regional political training centers is curating a list of courses and through that you can click on the link to behavioral health and region 6 at Tulane have resources available. So that's our advice there.

We also had a question that came -- two related questions that came in about the regional approach. And the questions were is it necessary to access training within the area in the region you're training or can training be accessed across regional lines? A second related question is are practitioners across the nation able to access
the training developed in all of the regional PHTCs? I'll give a first response and then turn it over to Jennifer, Tanya and any others to respond. But the approach we're taking is that public health practitioners should be able to access training from any of the courses developed by any of the training centers so in that sense able to access them across regional lines. But the regional public training centers are assessing needs regionally. And Jennifer, I don't know if you'd like to add anything more specific about that.

>> Jennifer: Sure. The answer to both questions is yes. So yes and yes. The focus of this work and the regional approach is to really try to create a national community for training. Understanding that there are local differences, we're also trying to reach a national audience and we're doing that largely by offering online distance-based opportunities. We understand sometimes that is difficult when we're talking about particular audiences such as folks in rural areas or some tribal areas and territories. In cases like that we've been able to do things like make CD-ROMs available and flash drives and mail them and that sort of thing. So there are no lines that cannot be crossed to access the training.

Thank you for that additional response. The next one is trickier but I'll put it out there and we can have discussion about it maybe. And that question is what is the benefit of having a regional web presence for trainings that web-based. Is there any place I can go to see all available Web-based training. We have been as part of Jennifer's presentation she did talk a little bit about all the systems that we've been reviewing to look at the many different systems that are providing online training for public health professionals. That is a big question, Jennifer, I don't know if you have any initial reactions that you may want to share. And I could go on a little longer about that but also wanted to give you the opportunity to talk about our efforts there.

>> Thanks, Chris, could you just read the question again just so I'm clear.

>> Sure. It's a 2-part question.

>> Yeah. The first part what's the benefit of having a regional web presence for trainings that are web-based and the second part is there any place to go to see all of the training available.

>> Yeah. So for the first one, that's actually -- that's a good question. And I'd like to ask you know first of all, the regions are broad. So, if we go to our map, which I could pull up now. So the regions aren't just you know one state. The regions include many states. And so having a web presence is helpful to be able to reach across all of those states. And then I think also to you know develop trainings that are specific or have some element of specificity for that particular region or state.
Now, if the point is well then can't it be made available online anywhere and anyone can access it? Yeah, the answer to that is yes.

And one of the things that we're exploring is you know, where can you access all of these trainings in one place at one time. There are a number of really great national resources so the public health foundation offers public health train that has oodles and oodles of training and many from the training centers as well.

There are a couple other national sites but we are looking at now since we've done this study what is the best way that we can make the training more easily accessible to you in kind of a gateway approach. So a single gateway that takes you to quality training. That's probably as vague as most politicians. Tanya I wonder if you want to answer is there a value to having an online presence to the regional approach.

>> I would certainly echo your response. I do think for our region especially with the practice partners that we work most closely with in our region having that ability to go to our Midwestern public health training center site is helpful and I would just note that there's some activities that are going on in our region so for example the diabetes summit that I mentioned that will be held this fall, they'll actually be in-person sites in each of the four states. They'll be connected virtually but in the afternoon they'll be able to break into their own state to have further discussions. So to me that would be an example of something that is more specific to the region that we're doing although many of the webinar series that we're doing on diabetes is accessible to anyone. That summit that will be held is more specific to our region. So I do think that there's a benefit to having a regional approach. But then as you mentioned, all of our trainings are available any time, anywhere across the country.

>> Thank you, Tanya for that addition. This is Chris. The questions are streaming in so I'm going to make an effort to get through as many as I can quickly. The next is about the RSS widget that was mentioned for the training centers and it does relate to that last question of in terms of trying to make this content available nationally. The specific question is how can I get access to that widget? And I'll answer and also let Mikhaila add anything to the answer. But right now that widget was developed specifically with a limited audience of -- for the websites of the 10 regional training centers, we may have the opportunity in the future to explore rolling out that widget beyond the regional public training centers but right now it's my understanding from a technical support perspective we don't have that ready to roll out to other organizations. Mikhaila you is that -- do you have anything to add to that answer specifically about the widget?
No, that's what great. Perfect.

Chris, this is Jennifer. I would add that anybody can access the widget and the information contained within the widget on our Web site or any of the Web sites of the training centers.

Chris: Thank you for clarifying that. But in terms of hosting the widget if you have a Web site and you’d like to put the widget there, right now we’re not set up to provide that support. But please do stay in touch with U.S. government and if you want to follow up, you can email us just to stay in touch about that. Next question was specifically about content. Do any of the public health training centers focus on training content for public health professionals in developing countries? I'll give a first response and then turn it over to the other speakers for their responses. In terms of our relationship with HRSA funded work right now, it’s my understanding the content is not specifically geared for public health professionals in developing countries, but that said many. Public health training centers do work beyond the HRSA fund work and I know specifically because I'm located near Tulane university region 6, they do online training for public health professionals in developing countries, I don't know, Tanya or NOR if you want to say anything about your region in terms of any content you may have for public health professionals?

Yeah, we have specifically developed content for those in developing countries, however, as has been mentioned several times, the trainings that we have, by and large online and they would be accessible by those in developing countries working under the assumption that they had Internet access.

Chris, this is Jennifer and while you're right that HRSA through this particular program the audience is domestic, a number of training centers and the highly experienced principle investigators and other staff do work beyond just the training centers and in many cases they do develop trainings and do work in developing countries. We can and we can provide more information about that.

Thank you, Jennifer. Next question was one of the webinar participants said they weren't able to copy down the information requirements for subscribing to the public health information improvement network could we repeat it and I would ask Jennifer or Mikhaila if you'd be able to share again how people could sign up for that, that would be great. But in the context of that question, I did want to say that the webinar was accorded so we will -- recorded so we'll be sending out the link to the recording so obviously you can go back and listen to it. But would one of you be able to reshare verbally how to get to it --

Sure, I can do that. Send an email to phpin@nnphi.org with the following
information: Your name, your organization, job title, performance improvement area of interest, what you want to know more about or share with others. And you'll receive a response from us.

>> Thank you, Mikhaila. I'll share another question. This is Chris again. We're currently working on training for small local health departments in southeast Wisconsin. How do we access someone to help us with competency based workforce development assessment. Is there regional training center in Illinois. My first reaction to that is to urge you to go through the Web site to reach the regional training center based in Illinois and Jennifer, I don't know if you have any additional thoughts to share in terms of reaching out to that particular regional training center on that topic.

>> Sure. The primary contact there, her name is Sophie Naji, maybe 2Is, I think Sophie is on this call so she'll correct me later. At the University of Illinois. At Chicago. There's a button you can contacts and you can contact her directly and ask any questions.

>> Chris: This is a challenging question but I'll put it out there. It's straightforward. How does train.org fit into the PHLN? Are they separate or integrated. I'll start it and turn it over to the presenters to share more. There are many states that work with train as a Learning Management System and also other learning management systems out there and we're actively exploring ways that we can have integration including some of the issues that were brought up in the presentation like the challenges with multiple sign ons. But I don't know. Jennifer or Tanya, you'd like to add any more to that question in terms of train specifically.

>> Sure, Chris. This is Jennifer. So train.org offers many, many many trainings developed by many, many many training developers across the country and right now I think several organizations also work with train to provide training and about half the states in the country are affiliates of training and they're making their trainings available on the site. A number ever training centers either post trainings directly to train or they have an interoperability or handshake where if you access the training to their site, you can also access it through train and kind of a seamless connection. To many of the training centers also make their courses available on train. Thank you Jennifer so another question came in asking specifically how do the regional public health training centers partner with HHS funded training centers on specific topics, the example given by the person providing the question was HRSA center for integrated behavioral health solutions. Which offers training webinars. I'll give the response to start and then turn it over for other response. But just my first
response to that is each of the regional public health training centers that have a content area does have active conversations and engagement under way regarding partnerships and also over all the Public Health Learning Network has those how can we partner together more in the future conversations going on. Jennifer, I don't know if you want to say anything more specifically about how we're partnering.

>> Jennifer: It was mentioned that this program is funded through the Bureau of Health workforce in HRSA and there are a lot of other bureaus that support training across HRSA. We're working with our project officers and others to see how we can better collaborate across the bureaus. So I can give you one example is MRSA supports area health education centers all over the country so we've had conversations with them about how we can better bridge with area health education centers, we've been connecting with association of area health education centers, et cetera. We've done -- made similar connections through the maternal child health bureau and we're a participant in an informal collaborative of federally funded training center programs so this is a group of national providers who have federal funding whether it be from HRSA or another Office of HHS or even beyond to come together and share resources. Resources and information about training to better align the services that we all provide.

>> this is Tanya and I would add when I spoke earlier about the oral health application that we were developing that was in partnership with one of the HRSA funded geriatric education centers so that's a small example of how a regional coordinating center is directly collaborating with another HRSA program. Thank you, I'm going to take one more question and we'll do our best to get back to those who posed questions. We weren't able to answer verbally during the webinar. One question I'll put out there someone asked in terms of the training center what's the closest one to Washington, D.C., Metro area. There is a local performance site institute for public health in indication that you can look through the Web site I've mentioned on several occasions, to look at the different regions and local performance sites. Jennifer, I don't know if you'd like to add anything else about that. The institute for public health innovation, they provide training in the DC area as well as Virginia.

>> Thanks very much. There were several questions about how to be in touch with the speakers today. I see on the screen the contact us slide. I'd encourage you if you'd like to follow up with one of the speakers if you'd like to contact us through that email address training through NNPHI.org we will do our best to connect you with Tanya or Nor as appropriate or Jennifer or Mikhaila, but please do stay in touch
with us and also to learn more as we mentioned please visit our Web site and we really pressure sticking with us for this webinar. And thank you so much. I'll turn it back over to Dave.

>> Dave: Thanks Chris and to all our presenters today for invites into public health training and thanks to the sponsors of today's event. The Public Health Learning Network, the mid person public health training center and the National Network of Public Health Institutes. A recording of today's session as well as the presentation slides will be available shortly at dialogue for health.org. You'll also receive an email with a link to the recording and the slides. So check your inboxes for that. That email will also include a link to a brief survey that we hope you'll take. We're really interested in your thoughts concerning today's web forum and what topics you'd be interested in for future dialogue for health web forums, we read your comments and feedback so be sure to take a couple moments to complete that survey. We'd really appreciate it and we'd really like to hear from you. Thanks for being with us today. That does conclude today's web forum. Have a great day.