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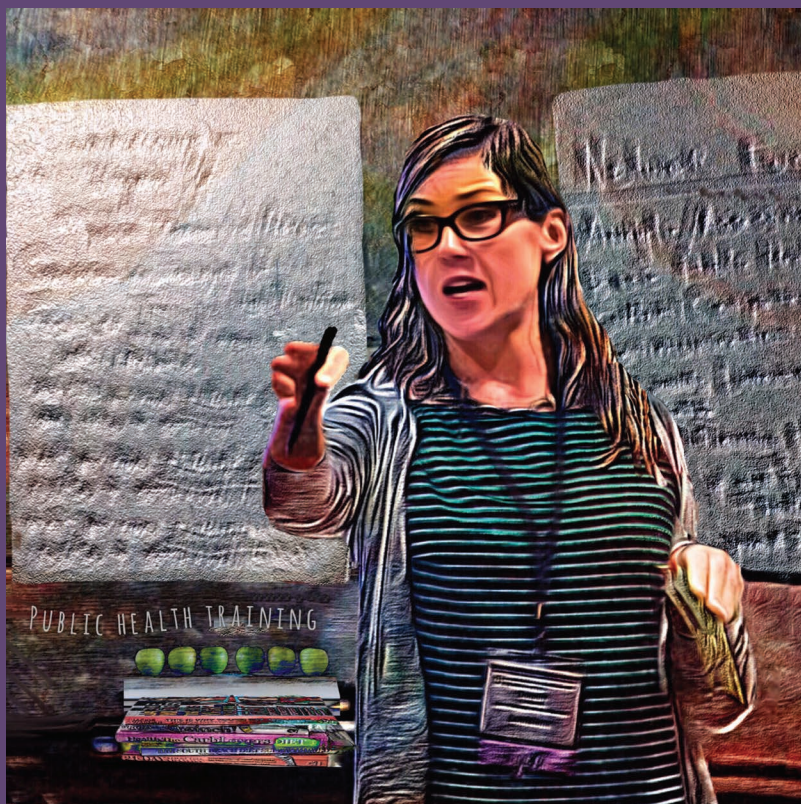


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Executive Perspective

Executive Perspective is a regular column in *Public Health Reports* in which leaders of offices under the Assistant Secretary for Health and agencies of the U.S. Department of Health and Human Services offer their views on public health topics of the day. For this issue, I invited Dr. Mary Beth Bigley, Director of the Division of Nursing and Public Health, Bureau of Health Workforce, at the Health Resources and Services Administration (HRSA), and former acting editor in chief of this journal, to write about HRSA's work to help transform the way we train public health workers in the United States.

Frederic E. Shaw, MD, JD, Editor in Chief

HRSA'S TRANSFORMATION OF PUBLIC HEALTH TRAINING

MARY BETH BIGLEY, DRPH, MSN, APRN, FAAN

The Ebola epidemic that emerged in three West African countries early in 2014 struck the United States in September 2014, when a traveler from Liberia arrived in Dallas, Texas, and became ill with the virus. Two nurses who took care of this patient contracted the disease. Soon afterward, another case of Ebola occurred when a physician who had worked with Ebola patients in Guinea also tested positive for the virus after returning to New York City. These incidents stoked public fear that Ebola could spread rapidly within the United States.¹ On an urgent basis, the nation's half million public health workers needed training about the identification and control of Ebola.

In October 2014, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) engaged the recently funded National Coordinating Center for Public Health Training (NCCPHT) to address the training needs of public health workers across the country and to help prepare them for potential outbreaks. The NCCPHT and 10 Regional Public Health Training Centers (hereinafter, Regional PHTCs), one in each HHS region,² in collaboration with the Centers for Disease Control and Prevention (CDC) and other partners, were able to quickly develop systems to track Ebola response activities. The Regional PHTCs also provided training for state and local health departments on Ebola preparedness, screening, diagnosis, and prevention; contact tracing; protection of health-care workers; and federal guidelines and information resources. This training also helped prepare the public health workforce to identify and manage other potential infectious disease risks through basic public health

practices, such as promoting awareness and mobilizing community support, providing accurate information, ensuring safe and high-quality care, and encouraging healthy behavior.

THE PUBLIC HEALTH TRAINING CENTER PROGRAM

HRSA's work during the early Ebola response in the United States was the latest in a long history of agency engagements aimed at meeting the changing training needs of the U.S. public health workforce. A key time in this effort was 1999, when HRSA first established the Public Health Training Center Program (PHTC Program). During the late 1990s, local, state, and federal leaders had begun discussions and planning around the idea of accrediting public health departments. In 2003, the Institute of Medicine issued the landmark report, *The Future of the Public's Health in the 21st Century*, which called for increased organizational work on accreditation.³ This report led to the establishment of the Public Health Accreditation Board in 2007.⁴ HRSA established the PHTC in part to respond to quality standards and measures being established by the burgeoning accreditation movement for training and competency of the public health workforce at the state, local, and tribal levels. Since its establishment, HRSA's PHTC Program has worked to advance these competencies. The PHTC Program has helped to increase the diversity and distribution of the public health workforce and its ability to provide care to underserved populations.⁵

Since 1999, the PHTC program has focused on the public health infrastructure objectives of *Healthy People 2000* and now *Healthy People 2020*.⁶ HRSA has worked to adapt this training to the ever-changing needs of the public health workforce.

UPDATING THE PHTC

In 2013, HRSA undertook a redesign of the PHTC Program to make training more responsive to current public health needs and to implement parts of the Patient Protection and Affordable Care Act (hereinafter, Affordable Care Act), which sets as a priority the training, recruitment, and retention of public health workers.⁷ HRSA engaged many stakeholders, including schools of public health, nonprofit organizations, other federal agencies, and grantees, to identify areas in which the PHTC Program could be improved. These areas included better coordination of training topics across regions of the country, reductions in duplications of course content, and, in general, a better reflection of the reality of today's world, in which distant public health problems can quickly become local ones that require development and dissemination of new training programs.

The redesign process resulted in the restructuring of the PHTC Program into a collaborative network that consists of the NCCPHT and 10 Regional PHTCs, one in each HHS region (Table). HRSA designed this new structure to strengthen the network, thus improving the technical, scientific, managerial, and leadership competencies of the public health workforce through education, training, and consultation services.

HRSA selected the National Network of Public Health Institutes to establish and house the NCCPHT. The NCCPHT works with the Regional PHTCs to provide technical assistance and national coordination,

and to help ensure a common vision of goals among the Regional PHTCs. Key activities of the NCCPHT include (1) providing access to high-quality training tools and resources, (2) facilitating communication and innovation, (3) coordinating rapid responses to national public health emergencies, (4) achieving economies of scale, and (5) facilitating the development of cross-cutting public health training course content.²

HRSA funded the 10 new Regional PHTCs in fiscal year 2014 for a total of four years, with awards of \$705,000 to \$1,005,000 annually each. The Regional PHTC activities are guided by the legislative requirements in Title VII, §§765-766 of the Public Health Service Act: “(1) will establish or strengthen field placements for public health students in public or nonprofit agencies, (2) will promote collaborative projects to enhance public health services to medically underserved communities, (3) will designate a geographic area or medically underserved population to be served by the center, and (4) will assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.”⁸ The centers focus on skill-based training for state, local, and tribal health department personnel, with an emphasis on distance-based training and an overall goal of creating a culture of lifelong learning. Each Regional PHTC serves as the central office for the region and establishes formal relationships with local education and training sites. Each site is charged with conducting a local needs assessment,

Table. The National Coordinating Center for Public Health Training (NCCPHT)^a and Regional Public Health Training Center (PHTC) Network, 2015

<i>NCCPHT and Regional PHTCs</i>	<i>HRSA grantee</i>	<i>Public health content areas</i>
National Coordinating Center for Public Health Training	National Network of Public Health Institutes	All
HHS Region I	Boston University	Public health preparedness
HHS Region II	Columbia University	Health disparities, health equity, and social determinants of health
HHS Region III	University of Pittsburgh	Health informatics and health information technology
HHS Region IV	Emory University	Infectious diseases
HHS Region V	University of Illinois at Chicago	Environmental public health
HHS Region VI	Tulane University	Behavioral health
HHS Region VII	University of Iowa	Chronic conditions: diabetes
HHS Region VIII	University of Colorado	Chronic conditions: cancer
HHS Region IX	University of Arizona	Nutrition, physical activity, and obesity
HHS Region X	University of Washington	Violence and injury prevention

^aMore information about the NCCPHT available from: <http://www.nnphi.org/program-areas/national-coordinating-center-for-public-health-training>
More information about the Health Resources and Services Administration Regional PHTC Program available from: <http://bhpr.hrsa.gov/grants/publichealth/phtc.html>

HRSA = Health Resources and Services Administration

HHS = Department of Health and Human Services

as well as marketing, outreach, education, training, and program evaluation. In addition, each Regional PHTC serves as a national center for excellence on a designated area of public health content based on its demonstrated experience and expertise (Table). Regional steering committees and advisory boards, comprising local representatives, guide each Regional PHTC's work.

During the Ebola response, the NCCPHT engaged the Regional PHTCs, CDC, and other partners to identify and address gaps in Ebola preparedness education and training for state and local health departments. The Region I (Boston University) and Region IV (Emory University) PHTCs provided expertise in public health preparedness and infectious disease. Among the many training opportunities, these Regional PHTCs together created a widely attended national webinar that provided basic information about Ebola, steps to address possible cases, and an overview of federal resources.⁹ The Regional PHTCs' Ebola efforts demonstrated how the new training structure can aid in providing the rapid training needed to respond to outbreaks.

CONCLUSION

The environment in which public health professionals work is evolving rapidly, in part because of swift changes in health-care delivery and reimbursement. More than ever before, health-care delivery is focused on implementing data-driven policies, improving population health outcomes, and addressing social determinants of health. Today's public health professionals must be prepared to work within this evolving environment. The recent implementation of the Affordable Care Act places unprecedented emphasis on collaboration between primary care and public health providers, who increasingly must work on interprofessional teams to address population health.¹⁰ To deliver the essential public health services of high quality while continuing to meet community expectations, public health professionals need to master new information and approaches through ongoing training.

The PHTC Program serves HRSA's strategic goal of strengthening the health-care workforce, including the public health workforce. Future work of the NCCPHT and the Regional PHTCs includes the development and evaluation of a standardized needs assessment of public health personnel. Most importantly, the Regional PHTC network plans to establish a national presence

and take a leading role in public health training in key content areas and on emerging, hot-topic public issues. I invite you to follow the NCCPHT Web page for the release of more information on public health training programs and initiatives.

Mary Beth Bigley is Director, Division of Nursing and Public Health, Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Rockville, Maryland.

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Address correspondence to: Mary Beth Bigley, DrPH, MSN, APRN, FAAN, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Division of Nursing and Public Health, 5600 Fishers Ln., Rockville, MD 20857; tel. 301-443-9503; e-mail <mbbigley@hrsa.gov>.

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