



National Network
of Public Health Institutes™



Understanding the Peer Support Needs of Public Health Training Developers

AUGUST 2023

About NNPHI

National Network of Public Health Institutes (NNPHI) – Mobilizing 51 member public health institutes throughout the 50 states and territories along with ten university-based regional training centers and 40 training affiliates, NNPHI supports national public health system initiatives and strengthens public health institutes to promote multisector activities resulting in measurable improvements of public health structures, systems, and outcomes. NNPHI also serves as the National Coordinating Center for Public Health Training (NCCPHT). To learn more about NNPHI, visit www.nnphi.org.

The mission of the NCCPHT is to advance and support capacity building, increased competency, and performance improvement of the nation’s current and future public health workforce. The NCCPHT envisions a capable, multidisciplinary, public health workforce that is reflective of the communities it serves and has access to the resources, tools, and training needed to advance health and racial equity and to improve the health of all people. To learn more about NCCPHT, visit <https://nnphi.org/focus-areas-service/nccpht/>.

About LAR Consulting, LLC

LAR Consulting, LLC (LARC) – LARC is a boutique consulting firm on a mission to make ideas happen. LARC prioritizes opportunities with clients seeking to make unlikely allies, to imagine an aspirational (yet achievable) future, to challenge assumptions about what is possible, to co-design strategic solutions, and to foster collective action and authentic engagement. Through the provision of customized strategy, collaboration, and research services, LARC aims to help clients make the most effective and efficient use of their resources, attention, and energy. LARC engages additional support from a select network of specialists and support staff to meet client goals efficiently and effectively. To learn more about LARC, visit www.laurarunnels.com.

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I. Background

Protecting the nation's health requires a public health workforce prepared to meet emerging and future challenges, a reality underscored by the COVID-19 pandemic. The public health workforce relies on training programs for successful public health practice. Therefore, the quality and effectiveness of these training programs are crucial. There has been a recent surge in financial support for bolstering the public health workforce; however, little attention is given to the professionals who develop public health training, including instructional designers, workforce development specialists, training developers, and others. While standards, processes, and resources for developing quality training programs exist, many professionals are unaware of them or unsure how to implement them effectively. What's more, there is no "go-to" mechanism for individuals who develop training for the public health workforce to connect, share product experiences and best practices, develop mentoring relationships, and engage in collective problem-solving. Through this project, Centers for Disease Control and Prevention (CDC) and the National Network of Public Health Institutes (NNPHI) sought to understand the needs of individuals who develop training and the potentially sustainable pathways for cultivating peer connection and collective learning.

II. Project Approach

In 2023, NNPHI engaged LAR Consulting, LLC (LARC), a public health consulting firm, to conduct formative research to understand the learning needs and preferences of professionals who develop training for the public health workforce. LARC's discovery process included two main activities: 1) environmental scan and 2) qualitative data collection. Based on the data from these activities, LARC developed personas or reliable and realistic representations of the key audience for NNPHI and CDC's future strategies. Finally, LARC conducted sensemaking sessions with NNPHI and CDC to foster a shared understanding of the issue and generate new insight.

Environmental Scan

Characterization of Workforce

To characterize the workforce, LARC considered data from multiple nationally representative public health surveys, including National Profile of Local Health Departments (NACCHO), Profile of State and Territorial Public Health (ASTHO), and the Public Health Workforce Interests and Needs Survey (de Beaumont Foundation). None of the surveys included metrics related to those who develop training for the public health workforce.

Existing Communities for Training Developers

An informal scan of existing LinkedIn virtual communities related to public health revealed over 5,600 groups, with memberships ranging from 1 to 190,000. None appear to focus specifically on public health training developers. Some organizations (e.g., American Public Health Association, ASTHO, and Society for Public Health Education) may offer relevant affinity communities, but they are only accessible behind membership paywalls. NNPHI's Public Health Learning Network, an active consortium of university-based regional public health training centers and partners, focuses on supporting learners by providing high-quality training and education opportunities. The CDC's E-learning Institute builds community on a small scale through its six-month fellowship for public health training professionals with limited experience designing or developing e-learning products.

Evidence for Building Virtual Communities

LARC conducted a scan of peer-reviewed literature reviews published after 2018 regarding virtual peer communities. Three articles offered particularly salient findings.

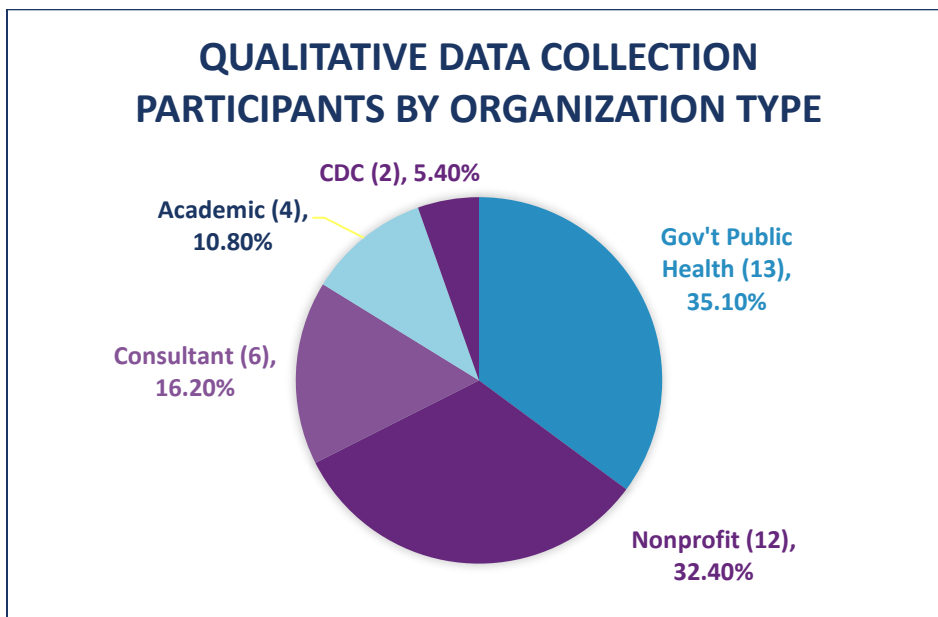
- In [Drivers and Mechanisms for online communities performance: A systematic literature review](#) (2022), the authors explore the dynamics of online community performance in the wake of the pandemic, which has boosted the growth of such communities. The research identifies ten key drivers that most impact community performance: a robust technical platform, interactive methods, profile customization, well-defined objectives and values, defined roles with evolving statuses, community facilitation, identification of members, reputation of certain members, quality and quantity of contributions, and physical events.
- [Teachers' professional development in formal online communities: A scoping review](#) (2021) analyzes professional development in the context of primary and secondary school teachers within online communities. Three primary factors impact the professional development processes in these online communities: (1) Internal factors, such as fear of 'losing face' and fear of technology, which determine participation and learning outcomes; (2) Online programs that offer relevant and flexible content; and (3) Communication, both vertical (from facilitators and school leaders) and horizontal (peer collaboration). Of note, even those teachers who are 'lurking' or passive in these communities seem to benefit from participation. Teachers in isolated rural areas value online communities for connection and community.
- [Knowledge sharing mechanisms in virtual communities: A review of the current literature and recommendations for future research](#) (2019) discusses the complexities and challenges of knowledge sharing in virtual communities. Member content sharing is critical to the viability of virtual communities. These communities' primary issue is ensuring effective knowledge provision and individuals' willingness to share their knowledge with other members. Trust, knowledge-sharing self-efficacy, and commitment significantly impact an individual's intention to share knowledge. Over time, trust's influence on knowledge sharing decreases, while commitment's influence increases. Trust in knowledge sharing encompasses aspects such as integrity, benevolence, and perceived professional competence. Motivations

for knowledge sharing include accessing valuable knowledge, trust, social communication, enhancing reputation, online learning, and achieving a sense of self-worth and enjoyment. Psychological safety and trust heavily influence the intention to continue sharing knowledge.

Qualitative Data Collection

Focus Groups

In April and May 2023, LARC recruited participants for six hour-long focus groups. LARC and NNPHI recruited participants via social media posts on LinkedIn, Twitter, and Facebook, recruitment blurbs posted in professional listservs and newsletters, and emails to training related program participants. The following types of professionals were recruited: individuals with CHES/MCHES, employees of public health institutes and training centers, training consultants, employees of governmental public health agencies, and employees of capacity-building assistance providers. A total of 31 individuals participated in the focus groups. Most participants were from governmental public health agencies, including territorial and tribal agencies. Nonprofit organizations (including national membership associations and public health institutes) were also well represented.



The focus groups followed a standard protocol in which participants discussed training development pain points, current support utilized, and desired support for developing training for the public health workforce. The focus group protocol is in Appendix A. Following the focus groups, participants could register to receive a \$25 amazon gift card for their participation.

Stakeholder Interviews

LARC conducted six one-hour interviews with professionals from two national membership associations and four public health training centers to complement focus group data. The interviews were semi-structured and included questions about the characteristics of and barriers to implementing high-quality training, how their organization internally and externally supports people who develop public health training, their expectations for the future of public health training, and recommendations for NNPHI.

III. Key Themes from Interviews and Focus Groups

Challenges to Developing Public Health Training

As a warm-up for the conversation, all focus groups began with a flash poll in which participants were asked to indicate their top four challenges from a set of eight options that aligned with the CDC's Quality Training Standards. The participants were then prompted to share examples of their shared pain points. Aggregate poll responses are provided in the figure below. Providing follow-up support to the learner was the most frequently selected challenge, followed by ensuring training meets usability and accessibility standards and incorporating opportunities for learner engagement. Interviewees were also prompted to describe challenges to training development.



Interview and focus group participants shared several challenges related to providing support to learners following training. Most notably, participants stated that training-related projects often needed more funding and time for follow-up. Projects tend to be funded for one year, and the training is typically the final deliverable. Comments related to this challenge often

overlapped with challenges related to the item “evaluate training to make improvements”. Participants shared that evaluation usually focused on immediate gains in knowledge and skills, not on substantive feedback for the training itself.

“A lot of times, we're often contracted to provide trainings, and that's sort of it. Even if the learner or the participants expressed a desire to continue and deepen their knowledge...”

“... It's seen and contracted out as a one-off encounter, you give the training, and then you're done. You've met your deliverables. We don't need you anymore. And so, I think it's not necessarily designed to provide the environment or opportunity for follow-up support.”

Participants emphasized that many organizations are unaware of the process and costs of ensuring training conforms with usability and accessibility standards and best practices. Those in territorial, tribal, or more diverse environments expressed difficulty finding culturally relevant content. Participants also noted that training might need to comply with other federal, state, or local policies or guidelines that affect the ability to create or curate scientifically accurate and relevant content.

“The budget that's created for developing and implementing a training oftentimes doesn't consider [usability and accessibility standards], and a lot of people truly don't understand how much time and effort goes into it.”

“Part of [training development] is being nimble. How do we create trainings quickly and push them out quickly, because federal guidelines, federal forms, state guidelines change every other day.”

Across the focus groups and interviews, the participants described many challenges related to incorporating opportunities for learner engagement. For example, participants discussed the complexity of creating blended learning experiences. Combining in-person and digital learning is especially critical for multi-generational workplaces and employees with different learning preferences and technological abilities. Training developers must create and adapt training materials for various formats to cater to different learning styles and situations, and each requires a different approach to ensure engagement and effectiveness. They also mentioned tensions between quantity (reaching as many people as possible) and quality (creating meaningful and interactive learning experiences) that influence training development. Success for training is typically measured based on reach and immediate knowledge gain, putting pressure on developers to design for accountability to the funding mechanism rather than the learner.

“[We have] been wanting to move to more interactive and meaningful engagement with participants, and there's always kind of an asterisk that we have to put into reporting that says something like, we intentionally kept this

small to facilitate discussions. It's like we have to justify to funders why there were only 30 people in one workshop versus 1,000 in a webinar."

"...Coming from an educational background, it is hard to create something that is blended learning. But especially now, when we're...catering to different generations of learners within a workplace, it is, it's even more imperative to spend the time to kind of do that..."

"...For any one training course that I'm providing, I'm probably creating it in three plus different formats to meet people either live in-person or live on a virtual meeting, or in a prerecorded format. And for each of those different formats, you want to have different content, so that it can be engaging for the style of learner."

Participants also described a potential overreliance on training as a solution. Participants perceived a common misconception among subject matter experts that training is the universal solution to most problems. This mindset overlooks the necessity of addressing the underlying issue, which may need more than training alone. Participants noted that a needs assessment is crucial to ensure that the proposed training aligns with the organization's and its employees' actual needs. Skipping that step might result in requests for training that stem from structural or cultural issues within the organization better addressed by communication plans or organizational changes.

"A lot of our job is folks come to us...saying 'Hey, we need this training on such and such.' and we have to hope that they've done the needs analysis. We don't even get to do that."

"Training is not always the solution. And a lot of subject matter experts think that 'Oh, let's give them this PowerPoint, you know, that's what they need.' Doing some type of training is not really getting to the root cause of what's going on, but that's what their solution tends to be."

When prompted to name the root causes of these challenges, discussants were concerned that public health practitioners lack awareness and understanding of the training development process and thus have unrealistic expectations for resource requirements, project timelines, and fit-for-purpose training as an intervention. As a result, work plans are insufficient for developing products that adhere to all quality training standards, especially needs assessment, follow-up support for the learner, and evaluation for improvement. Additionally, organizations need more access to professionals with the skills to scope and design quality training. Finally, funding does not reflect the number of resources needed to adhere to all quality training standards, in particular for accessibility and usability.

"There's just so many people in public health that don't have any formal public health training...So there's just this kind of overwhelming feeling of need right

now in the field. And to actually develop high quality, thoughtful training, you need more time and you need more resources than we're usually allotted."

Resources & Supports for Public Health Training Developers

The focus group and interview participants offered numerous reasons that they might seek resources and support for developing training. First, they look for resource-saving shortcuts, strategies, and practices that enable them to adapt and streamline their processes. Second, they seek technology recommendations to ensure they utilize cutting-edge techniques, tools, and platforms that facilitate the creation and delivery of compelling training. Third, they seek resources like frameworks, standards, checklists, articles, and books to maintain adherence to best practices and continually evolve their knowledge base. Fourth, they desire spaces to troubleshoot complex issues that arise during the development process and appreciate the exchange of innovative ideas to inspire fresh approaches. Finally, they value mentorship to gain insights from experienced professionals.

When asked where they typically seek support, focus group and interview participants mentioned the sources below. A list of specific resources is provided in Appendix B.

- **The Internet:** Google
- **The Usual Suspects:** National public health membership associations, Public Health Training Centers, academia, state health associations
- **The Peers:** Other training developers, mentors/seasoned professionals, training cohort members
- **The Watercooler:** Colleagues at work
- **The Niche Communities:** LMS and e-learning platform communities, Association for Talent Development
- **The Gurus:** YouTube, podcasts, books, articles, courses

Opportunities for Improving Support for Training Developers

Focus group and interview participants expressed a strong need for a more organized, centralized, and trustworthy community or network where they can share resources, learn from each other, and collaborate on problems related to public health education and training.

Participants frequently acknowledged their roles as training experts in their respective organizations, which means they often need to guide others who are not as well-versed in creating effective learning experiences. They would appreciate a wider network of peers to collaborate with beyond their immediate colleagues.

“It is such specific work that we do... I do think that having a community really focused on that would be really valuable. ...I do have a colleague who I can kind of go to and bounce ideas off of, but I think having a larger network to reach out to would be amazing.”

The idea of a "one-stop shop" for resources, insights, and experiences related to public health education is highly valued. Participants also recognized that the complexity of the field of public health could make it challenging to consolidate all relevant information. Still, a more organized and consolidated resource hub is preferred over the current state, described as scattered and unorganized.

“Something that speaks the language of public health intersecting with instructional design would be... I don't know that that exists. I don't know if that's out there.”

Simultaneously, the participants' comments acknowledge the complexity of managing these types of communities. Participants mentioned challenges to generate meaningful participation, especially when the communities are institutionally mandated (i.e., top-down) rather than organically driven by the members' needs (i.e., bottom-up). Privacy and safety for sensitive discussions were also seen as barriers. Some participants desired a platform to discuss projects and challenges candidly without their names attached to potentially sensitive information. This group also expressed frustration over the overwhelming number of learning communities in public health and the risk of duplicating efforts. Overall, participants preferred a single, consolidated platform, a centralized hub where they can find mentorship-style support and solutions to their problems, rather than numerous disparate communities. Practical constraints, like not wanting to download yet another application, were also expressed, pointing to the need for a solution on platforms where users already engage.

“It can be really overwhelming as like a user or contributor to these learning communities because there are so many different digests that come into my inbox every single day. There are all these disparate learning communities. If you're going to get something out of it, you're expected to contribute in a meaningful way.”

In summary, a structured peer community or network where public health professionals can share and learn from each other is considered beneficial and desirable. Notably, the participants acknowledged the substantial time, effort, and resources it takes to maintain a quality community of practice, implying that this is a significant concern when considering forming or participating in such a network.

When prompted to characterize their ideal community further, the focus group and interview participants' comments fell into six major themes.

1. **Inspiring:** Participants believe that a diverse group of practitioners, including those from different generations and geographic locations, contributes to a richer learning experience, more innovative ideas, and better problem-solving. Additionally, engaging with colleagues from different disciplines and sectors provides unique perspectives and insights not accessible within one's immediate context.
2. **Useful:** Participants emphasized the need for better resource curation to avoid constant reinvention and to streamline decision-making processes. They suggest creating a guide of existing resources (e.g., NACCHO MAPP) or a regularly curated digest of resources. They also desired unbiased product reviews, similar to the format of Consumer Reports, for learning management systems, screen capture tools, and other technology used in training. Such reviews aid in selection processes, save time on individual research and provide information on what tools others in similar roles find effective. Finally, they seek work examples from their peers that they can adapt to their contexts.
3. **Safe:** Participants described a need for a safe space for professionals to pose questions and get feedback from their peers on training topics and resources. Participants posed a wide range of questions, from highly technical queries about the choice of software, and estimating time and cost for projects to more specific skills like writing storyboards and scripts.
4. **Usable:** Participants shared that a well-organized, user-friendly platform with a powerful search function makes it far easier for them to navigate, find resources, and learn from shared knowledge. A robust search function and categorized discussions or threads allow users to find more easily what they're looking for and encourages browsing when users have free time and want to learn more about a particular topic. Participants noted that while social media platforms like LinkedIn and Facebook work well for maintaining connections, they often lack organizational capability and resource management, suggesting that other platforms might provide a more comprehensive solution.
5. **Engaged:** Focus group participants stressed that the critical characteristics of a thriving online community are high levels of engagement, relationship cultivation by the hosts, and active information sharing with the community members. Several participants referenced Articulate 360's "Learning Heroes" community as an example of a well-organized, actively moderated community. Participants described a need for a community to have designated facilitators that prompt discussions, answer questions, and help connect topics that might not seem related initially, leading to more productive conversations.
6. **Connection:** Respondents strongly desire opportunities to connect with their peers. Suggestions included the creation of a directory or contact list where community members can find others based on their roles and areas of expertise and the development of affinity groups or sub-communities within a larger group, organized based on specific needs or regional context. They suggested a mentorship program to connect members to receive advice or guidance in a more private setting, building relationships and providing a safe environment for learning.

Participants also supported the idea of networking and social events, such as a virtual cocktail hour or office hours, to facilitate casual interactions and connections within the community. Participants mentioned the concept of a "virtual cafe" (where community members can discuss topics specific to their professional experiences and challenges), monthly calls focusing on selected topics, and a job board for the public health training development space.

The Future of Public Health Workforce Development

Interview participants were asked about the future of public health workforce development. They anticipated several shifts in the public health workforce and workplace that further suggest enhancing support for training developers. Participants expect the future workforce to be younger and more diverse, necessitating changes in organizational culture, compensation philosophy, and professional development to recruit and retain these workers. There is concern that without such change, younger workers and workers of color may leave the field due to burnout.

Training the current and future generations of the public health workforce will require a broader range of workforce development activities, not just training. Future development strategies will incorporate more application-based methods, such as case studies and discussion-based exercises, and advanced technology, such as virtual reality and artificial intelligence. Participants also foresee a need for shorter, more strategic learning opportunities (e.g., microlearning). They envisioned a shift in the field of public health toward a more consistent and mindful approach to workforce development and training, viewing it as an investment rather than a just-in-time fix. This includes greater attention to the disruption of white supremacy in learning models and proactivity in addressing accessibility needs and inclusion.

IV. Training Developer Personas

Based on the research, LARC created a set of personas, or fictional characters, to represent the different user types that might seek peer support for developing training for the public health workforce. Personas can help NNPHI and CDC empathize with potential community members, generate ideas that address their preferences and pain points, design and test solutions that match their needs and goals, and communicate design decisions and rationale to the field.



Sara (she/her), age 27
Health Educator at Regional Health System

- Experience: age 28, BA in health education, CHES
- Background: Focuses on developing health education for patients, staff, and caregivers, has served in this role for the past 5 years after working as a Community Health Worker with the same regional health system while completing her degree.
- Needs: Needs to create educational materials that are accessible, understandable, and useful for a wide range of individuals.
- Goals: To improve understanding and compliance with health recommendations among target audiences.



Mariana (she/her), age 39
Freelance Instructional Designer and e-Learning Consultant

- Experience: background in IT, certificate in instructional design
- Background: She works with clients to develop trainings for community health workers and is new to public health training development.
- Needs: Passionate about improving health outcomes for indigenous and immigrant communities and is always looking for ways to make training culturally relevant.
- Goals: To continue delivering high-quality training that truly benefits community health workers.



Jackie (she/her), age 64
Workforce Development Director at Urban Health Dept

- Experience: MPH
- Background: Responsible for implementing a workforce development plan in a health department that is shifting its strategic priorities from health promotion to health equity.
- Needs: Keep up with the changing landscape of the health department while successfully implementing the development plan.
- Goals: To implement the workforce development plan successfully while leading the shift towards health equity in her department.



Sean (he/him), age 45
Accreditation Coordinator at Small Midwestern Health Dept

- Experience: MHA
 - Background: Recently took on updating the workforce development plan for re-accreditation after staff retired, has been working for this health department for 2 ½ years.
 - Needs: Feels overwhelmed with the new task at hand and is focused on doing what needs to be done to meet PHAB requirements.
 - Goals: To successfully develop the workforce development plan without feeling overwhelmed
-



Taylor (they/them), age 24

Project Assistant at Public Health Training Center

- Experience: Was a contract tracer during the pandemic, first-year MPH student
- Background: Assembling a database of resources, tools, and new technology for training development at their Public Health Training Center
- Needs: Enthusiastic and eager to learn more about developing training but frustrated by the bureaucracy and slow adoption of new technology. Desires mentorship
- Goals: To learn quickly and feel like they are making a difference



Rina (she/her), age 32

Program Manager at National Membership Association

- Experience: returned peace corps volunteer, MPH
 - Background: Tasked with supporting a cohort of health departments in updating their workforce development plans with anti-racism lens
 - Needs: Concerned about being perceived as less experienced by members, given her prior Peace Corps work focused on educational HIV campaigns.
 - Goals: To create an effective and inclusive workforce development program while managing her concern about potential criticism or failure.
-

V. Implications for Next Steps

“We’re so focused on the learners and supporting them. We need professional development in our roles and in our field, too.”

The insight gained through the environmental scan and qualitative data collection offers a range of paths forward for NNPHI and CDC.

- Convene stakeholders that support training development to map existing supports, identify gaps, identify existing and potential resources, and develop strategies to align efforts and multiply effects.
- Expand the scope of and resources for the Public Health Training Center Network members to include specific goals related to meeting the needs of training developers.
- Develop an annual event for training developers to showcase products and platforms, share successes and best practices, and network to forge peer connections. The event could be a separate track at an existing conference (e.g., NNPHI), a virtual summit, or a standalone conference (e.g., National Conferences on Health Communication, Marketing, and Media) The event could focus narrowly on training development or broadly on the public health workforce (e.g., recruitment, retention, development, training).
- Create a YouTube channel that features the latest in tech, research, and methods. Include case examples, product demonstrations, interviews, and more.
- Inventory existing resources and supports and create a curated repository for quick reference (e.g., [MAPP network](#)).
- Create a national directory for people working in the public health training space who are willing to assist with developing or delivering training.
- Develop a robust community of practice based on the feedback provided above.
- Develop a simple community of practice (e.g., Slack, discord)
- Expand NNPHI’s Project ECHO series “Training with Intention”

Appendix A – Focus Group Protocol

Introduction (~2 minutes)

Hello! My name is _____ and I will be your moderator for today's focus group. I would like to introduce _____ who will be supporting this focus group by _____ (*i.e. notetaking, co-facilitating, etc...*). We are with LAR Consulting, LLC, a public health consulting firm that specializes in process design and facilitation and formative research.

We are working today on behalf of the National Network of Public Health Institutes. NNPHI asked us to help them understand how public health professionals who develop workforce trainings connect with and learn from one another. As part of this work, we are hosting multiple focus groups, conducting interviews, and doing desk research to better understand your needs as training developers and discover opportunities to develop sustainable pathways to cultivate peer connection and collective learning to meet these needs. We are excited to speak with all of you today and believe that your experience and expertise will help us better characterize the need for and value of peer connection for those who develop public health trainings.

A few housekeeping notes before we get started.

- For our purposes today, training is defined as a structured activity designed to increase the knowledge and skills of the public health workforce and is not considered part of a formal degree or certification program.
 - Support person - Place in Chat "Training is defined as a structured activity designed to increase the knowledge and skills of the public health workforce and is not considered part of a formal degree or certification program."
- We will be recording this focus group, in addition to taking notes, in order to fully capture your experiences and ideas. We will not share the recordings or transcripts outside of LAR Consulting, LLC.
- The information you share today will be combined with information from other focus groups and interviews for analysis. We will transform the key themes and insights that emerge into recommendations for NNPHI.
- We will not attribute anything you say by any identifiable information (e.g., name or organization).
- Join by video if you can.
- Your participation today is voluntary. If you would prefer not to answer a question or need to leave, you may do so. At the end of the session, we will share a link where you can provide your email address to receive a \$25 Amazon gift card, as a thank you gift for your participation.

Ground Rules (~1.5 minutes)

Finally, I would like to set some ground rules for our collaboration.

1. *Confidentiality*: As noted, your personal information will not be connected to the focus group results or recommendations. Please respect the confidentiality of your peers, as well. Do not share the discussions or focus group participant names outside of this group.
2. *Open Discussion*: There are no right or wrong answers. We are here to listen to your opinions and ideas. We do not have to reach consensus. Please be respectful of others. Note that this is a safe space to have these conversations and share your ideas.
3. *One Speaker at a Time*: Please only allow one person to speak at a time. This will ensure we are able to accurately record every person's opinions.
4. *Everyone is Important*: You are all here because you can provide value to this work. Please be sure to speak up and add your voice to the conversation!

Support person - Start Recording - To the Cloud

Discussion Questions (56 minutes; approximately 9 minutes per question)

I would like to start with introductions. Please tell us what we should call you today, your affiliation, and what kinds of public health trainings you create. To facilitate transitions, I will call on each person in the order they are viewed on my screen.

Support person - Place in Chat:

- What should we call you today?
- Who do you represent or what is your affiliation?
- What kinds of public health training do you create?

We are going to start with a quick poll. As someone who develops public health training, what aspects are most challenging for you to achieve? You'll see a list of eight options and we'd like you to pick the top four areas that make your work harder.

Support person - Initiate NNPHI Focus Group Poll

- Give participants a minute to answer the poll
- Share results and summarize orally

Let's dive a little deeper into some of these.

- Start with the one that got the most votes and ask them to share more about what makes this challenging.
- Spend about 10-12 minutes here letting them share pain points and stories.

REFLECT: People wear many hats.---no background in instructional design, no focus on supporting the full lifecycle, common themes from other sessions.

Ok, now that we've talked about our pain points, where do you currently go for resources and support for your developing public health trainings?

Prompts:

What organizations do you look to?

- National, state, regional, local levels
- Professional organizations (e.g., ATD)
- Learning management systems
- Professional networks
- Googling, reading, watching videos
- In-house support
- SMEs/consultants (websites and podcasts)
- Agency leadership
- trainings /courses
- Other?

What does that support look like?

- Things you read?
- Consultation with experts?
- Peer support?
- Webinars or classes?
- Best practices compendiums?
- toolkits?
- Other?

What do you like and not like about your current support options?

What gaps exist in support for professionals who develop public health trainings?

REFLECT: Other groups, needing mentoring, connection and networking with peers. What would be most helpful for people like you who develop public health trainings?

ONE OPTION: What would your reaction be if NNPHI developed a peer support community?

- a. What would make a peer community meaningful and valuable to you?
- b. What would make you willing to log in and engage?
- c. Are there platforms that could be useful for hosting this type of community?
- d. What do you currently find easy to use (from any part in your life)?

Is there any additional information you would like to share with us?

Closing (30 seconds)



This concludes our focus group today. Thank you so much for participating in today's focus group on public health training. I'm going to drop a link to the chat now for you to provide an email address if you are able to receive a \$25 Amazon gift card. We will also send the link in a follow up email. I would be happy to stay on the line for a few minutes to answer any questions you may have about this initiative.

Support person - Place giftcard link in chat

<https://forms.gle/XqcBzJBL4ydgu5Rp7>

Secondary Questions (If Time Available)

- *Has the COVID-19 pandemic impacted how you lead or develop public health training?*
- *How has the pandemic impacted how you connect with peers to share resources and ideas for public health training?*

If interested in a new community of practice:

- *What resources should be available in this community of practice?*
- *What type of platform should this community of practice live on?*
- *What would be the best way to learn about this community?*
- *What would be the best way to join this community?*

Appendix B

List of Specific Resources and Supports Mentioned by Participants

Associations and Organizations

American Medical Association
American Public Health Association
Association for Talent Development
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
Centers for Disease Control and Prevention
National Association of County and City Health Officials
National Network of Public Health Institutes
Public Health Accreditation Board
Public Health Foundation
Public Health Training Centers
State Public Health Associations

Communities

Articulate 360 E-Learning Heroes - <https://community.articulate.com/>
Public Health Performance Improvement Network (phPIN)
SOPHE CHES Community of Practice
Metro DC ATD Chapter - <https://dcatd.org/>

Experts

Cathy Moore - <https://blog.cathy-moore.com/>
Julie Dirksen - <https://usablelearning.com/>
Learning Cluster Design - <https://learningclusterdesign.com/>

Other

CDC E-Learning Fellowship
CDC Quality Training Standards
Community Toolbox
Emory PHTC Learning Guide
Public Health Learning Navigator
TRAIN Learning Network
Training ECHO

