

About Us

CALPACT is a member of the National Public Health Training Centers (PHTC) Network, which seeks to improve the Nation's public health system by strengthening the technical, scientific, managerial, and leadership competence of current and future public health professionals.

CALPACT is a collaborative training center that provides trainings and support to build the capacity and competence of the public health workforce across the California-Pacific super region.

HRSA Public Health Training Centers



38 Centers in 33 States

Our Partners



**1. California State University, Fresno
Central Valley Health Policy Institute**



2. UC Berkeley School of Public Health



**3. UC Davis Department of Public
Health Sciences**



**UNIVERSITY
of HAWAII***
MĀNOA

**4. University of Hawaii at Manoa Office of
Public Health Sciences &**

**5. Pacific Islanders Health Officers
Association (PIHOA)**

PIHOA

PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION



Our Priorities



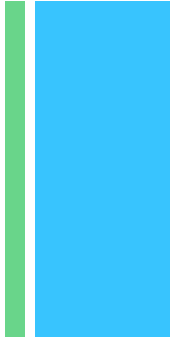
- Leadership and Management
- Multicultural Health and Health Equity
- New Media in Public Health
- Practical skills and experience for students

UC Berkeley School of Public Health CALPACT Contributions +

Jeffrey S. Oxendine, MPH, MBA
Center for Health Leadership and Pacific Public
Health Training Center
UC Berkeley School of Public Health
oxendine@berkeley.edu



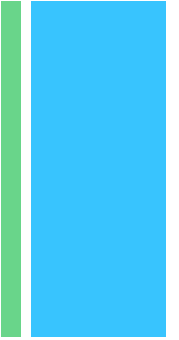
Face to Face and Train the Trainer Trainings and Programs



- Custom on-site trainings and series for health department and community health center partners.
- Professional Development Workforce Series
- Isms Collaborative and Conference: Healing the Wounds of Internalized Oppression and Internalized Privilege: Building Hope and Change in Our Health Organizations.
- Center for Health Leadership Conference: Inter-sector Collaboration
- New Media in Public Health Training Series- 18 sessions
- Annual California Health Professions Consortium Conference

+ Other

Training and Programs



- On line trainings in a range of PH competencies-
CALPACT.org
- Over 2 million viewers through UC TV
- 8 MPH internships funded in community settings
- 4 Collaborative Projects working on social determinants and health equity and innovations
- Leadership role in CPHAWE PH Workforce efforts
- Leadership of California Health Workforce Alliance and California Health Professions Consortium,

Developing A Leadership Network In California's San Joaquin Valley



Marlene Bengiamin, Ph.D.

Research Director

Central Valley Health Policy Institute

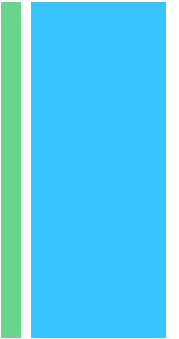
**Central California Center For Health And Human
Services**

California State University Fresno



Marlene Bengiamin, Ph.D.

- Research Director, Central Valley Health Policy Institute- California State University, Fresno
- Ph.D. in Research Methodology & MA in Medical Sociology
- Over 20 years experience in multicultural education, research methods, and statistics with emphasis on psychometrics, data management and analysis of knowledge data.
- Project Director, San Joaquin Valley national place matters imitative.
- Current work includes analysis of vital San Joaquin Valley health challenges such as adequacy and quality of health care for uninsured and underinsured adults, adequacy of prenatal care, environmental influences on health, and health professional shortages.
- Goal is to advance knowledge and understanding of the impact of place on health.





San Joaquin Valley

- The San Joaquin Valley is the agricultural powerhouse of the United States and California.
- About half of California's farm sales and farm employment are produced in the eight-county San Joaquin Valley with four million residents that stretches from Stockton in the north to Bakersfield in the south.
- High farm sales and high poverty rates go together in the San Joaquin Valley. Over a quarter of Fresno County's 935,000 residents, 27 percent, had incomes below the poverty line in 2010, and over a third of Fresno County's school-aged children were poor.
- Over 20 percent of residents of San Joaquin Valley cities such as Fresno and Merced lived in high-poverty neighborhoods in 2010, defined as those with poverty rates of 40 percent or more.



+ San Joaquin Valley



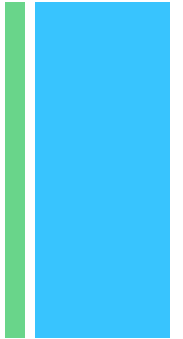
- The Central Valley Health Policy Institute at Fresno State in collaboration with the Joint Center for Political and Economic Studies' Health Policy Institute in DC released a report in February 2012 as part of Place Matter Initiative.
- 30% of SJV residents did not have high school education compared to 15% in U.S.
- Variance in life expectancy by zip codes from 69-90 -- with lowest in zip codes low income and Hispanics.
- Poor air quality was more common in area with more low income Hispanics, helping to explain why one-sixth of children in the SJV are diagnosed with asthma before reaching 18 years of age.
- The so-called Latino health paradox--- The health status of first generation immigrant Hispanics is similar to that of non-Hispanic whites.
- Health status deteriorates for second- and third- generation Latinos raised in the San Joaquin Valley.
- Reasons for deteriorating health outcomes range from poor diets to the availability of fast and processed foods. The Place Matters report calls on federal, state, and local policy makers to increase and reorient spending to improve the health status of poor San Joaquin Valley residents.

Health Policy Leadership Program Overview

- ✚ Goal of the HPPLP is to reduce health inequity and increase regional capacity to understand and address health policy.
- ✚ Through CALPACT we are able to offer five full sponsorship to professionals from public health and safety-net organizations.
- ✚ Participants attend Nine one-day sessions over a year.
- ✚ Small group or individual project– focus is on: capacity building in policy, program analysis, and/or and collaborative leadership.
- ✚ A cohort of 20 professional representing multi-disciplinary area of social and human services.
- ✚ Over the past 8 years we graduated 150 Health Policy Leaders from the 8 counties of the SJV



Developing a Graduate Network



1. Individual change-

- 📖 Meet the immediate needs of the participants
- 📖 Ongoing personal, email, & teleconference support to participants
- 📖 Periodic trainings, access to national and regional learning opportunities

2. Network change-

- 📖 Form a cohort/network of Health Policy Leaders in the San Joaquin Valley – using place-based framework
- 📖 Projects offer opportunities to cement new relationships
- 📖 Systematic network analysis
- 📖 Periodic networking opportunities

3. Social/Community change-

- 📖 Leaders bring an equity lens and place-based approach to the development and renewal in the San Joaquin Valley
- 📖 Leaders more effective in engaging community in policy change
- 📖 Evidence-based policy analysis supports policy and systems change
- 📖 Stronger advocacy through formerly unexpected partnerships

Case in point

Maria H: *young woman of color*

Job: former outreach coordinator for environmental advocate, now director for same agency

Objective: build bridges with local leaders in public health

Program Attraction: Local, offers both self and organizational development, provides network opportunity with others in the region, develops a project of interest and relevant to participants' work.

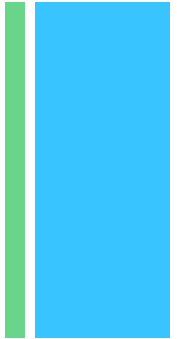
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“Going to the program on a personal level helped me understand that I am capable of getting something done and building capacity. I saw that I am building skills and that I was able to accomplish this. I am proud that I received my Certificate of “Completion and stayed with the program for the whole year...”





Case in point Individual



In the past, Maria has not always found time in her busy schedule to focus on her own professional development and skill-building. Participating in the HPLP gave her the space to focus on her own leadership skills and rededicate herself to her work.

“I would say that the space that the program provided to take time off from my busy schedule to build my own skills and receive good guidance and support...I really appreciated that. I learned a lot of things that I am now implementing in my day-to-day work. I feel like that was one of the biggest payoffs.”

“I grew as a leader for sure. I also got to learn what other folks are doing; for example, what health advocates are doing. I know who the various leaders are. It was good to be in a setting where there are a lot of local leaders. Being from the Valley, it was a very good feeling to see so many others working to benefit the community.”

Case in Point Network

HPLP provided Maria with an opportunity to take time to reflect, learn, and receive guidance and support to grow as a leader. Maria benefits from relationships she built with other HPLP participants, a deeper knowledge of the key players in water policy and advocacy, and new-found confidence as a leader.

+ *“We’ve been able to participate in other efforts that folks are doing. I was able to be introduced to what’s going on nationally and see the successes that others are having. We are building a united voice for the California team. It’s great that as advocates we have the space to learn about what’s going on and figure out ways to communicate all of our efforts.”*

Case in Point Community

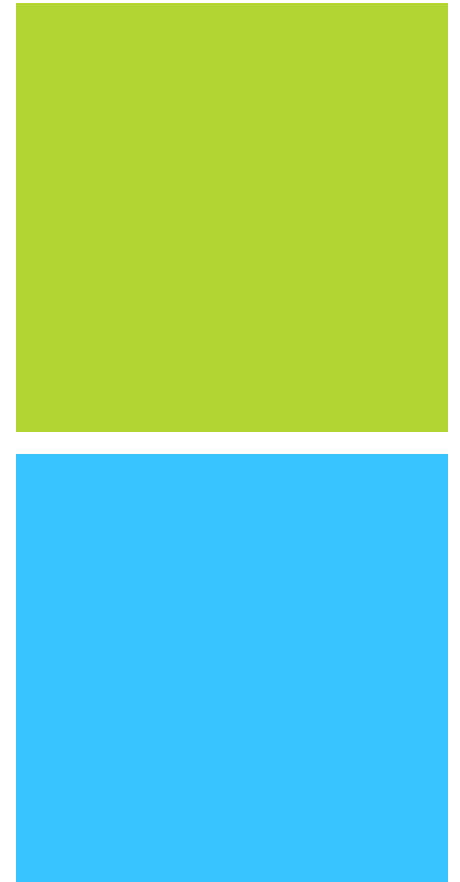
Maria hopes to increase diversity among water policy decision makers by continuing to build capacity at the community level, especially among young leaders of color. She recognizes the importance of engaging the community in order to sustain the movement for water access.

“I am still seeing the fruits of (our project). The program created space and guidance to work on the project and now some of the documents have been used in our own advocacy efforts with funding agencies. The project has been a success because it’s a unique tool that communicated the community perspective in a way that is targeted to influence policy. We are taking what’s on the ground and working to take it to the next level to influence policy.”

+ *“We are making sure that communities have a voice at the table and are participating in driving the agenda. We have spent a lot of time helping leaders advocate for themselves and making sure that policy makers are taking into account the needs of the communities and that there is two-way communication between communities and the policy process.”*

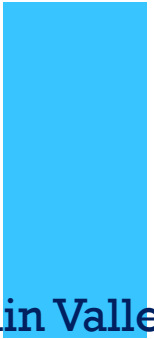
Looking Forward

Maria hopes to increase diversity among water policy decision makers by continuing to build capacity at the community level, especially among young leaders of color. She recognizes the importance of engaging the community in order to sustain the movement for water access.





Summary



- ✚ Assessed the needs and challenges of the community before developing a program

- ✚ Developed a program that responds to the challenges facing the San Joaquin Valley

1. Individual change-

- ✚ Meet the immediate needs of the participants
- ✚ Ongoing personal, email, & teleconference support to participants
- ✚ Periodic trainings, access to national and regional learning opportunities

2. Network change-

- ✚ Form a cohort/network of Health Policy Leaders in the San Joaquin Valley – using place-based framework
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- ✚ Systematic network analysis
- ✚ Periodic networking opportunities

3. Social/Community change-

- ✚ Leaders bring an equity lens and place-based approach to the development and renewal in the San Joaquin Valley
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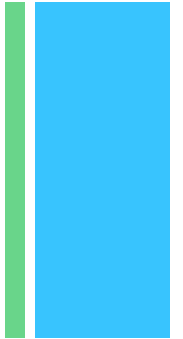
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Overcoming Geography:

Using Webinars to Reach Professionals throughout Northern California

Diana Cassady, DrPH
Associate Professor, Public Health Sciences Dept.
Master in Public Health Program
UC Davis
dlcassady@ucdavis.edu



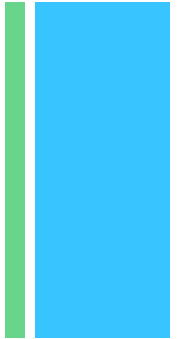
Diana Cassady, DrPH

- **Associate Director, MPH Program, UC Davis**
- **Associate Professor, Public Health Sciences Department, UC Davis**
- **CALPACT at UC Davis**

<http://calpact.ucdavis.edu>

contact: dlcassady@ucdavis.edu

+ Learning Objectives:



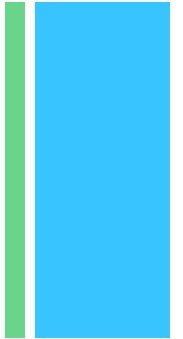
- To learn the ways in which webinars can address public health professional training needs.
- To be familiar with the logistical concerns related to webinars.

+ Introduction to U. C. Davis





UC Davis Health System Service Area



+ Webinars: A Cost-Effective Solution

For public health agencies:

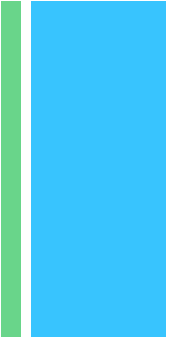
- No travel costs
- Limited time commitment

For UC Davis:

- Vendor account
- Staff time to set up registration & orient speaker
- Publicity to encourage advance registration

+ Alina Baciú, PhD, MPH Insitute of Medicine	Asking for a Raise During the Great Recession: Why Investing in Public Health makes Economic Sense
Manel Kappagoda, JD, MPH Change Lab Solutions	Creating Healthier Communities Through Policy Change
Karen Farley, RD, IBCLC & Robbie Gonzalez-Dow, MPH, RD, CLC WIC Association	The Breastfeeding Continuum of Care: An Update on Breastfeeding Policy Improvements
James Watt, MD, MPH California Department of Public Health	Trends Impacting Communicable Disease Control in the Present and Future
Claire Brindis, DrPH, MPH UC San Francisco	A Public Health Success: California's Adolescent Pregnancy Prevention Story
Annie Lyles, MSW & Edward-Michel Muña Prevention Institute	Violence as a Public Health Issue
Yali Bair, PhD Ursa Consulting	The Affordable Care Act: Making it Real in California

+ Summary and Next Steps



- Expand publicity to attract new listeners
- Promote archived webinars
- Secure CHES units

Public Health Work Force Development in Hawaii

+

Valerie Yontz, MPH PhD

UH-Office of Public Health Studies

CALPACT Panel—Collective Impact

PGHC-Wednesday October 10, 2012

Concurrent Session IV at 10:00-12:00 pm

+ **Valerie Yontz, RN, MPH, PhD**



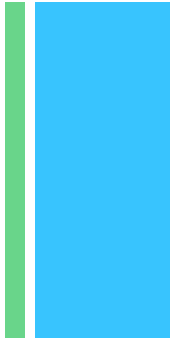
- Year 7 –Specialist and Practicum Coordinator at UH-Public Health
- PhD in Sociology of Aging & MA in Medical Sociology
- Gerontologist (MPH) & Board Certified Gerontological Nurse (RN-BC, BSN & MSN)
- Program Developer for 10 year at community health center—Kokua Kalihi Valley Health Center in Kalihi Valley Hawaii—set up community-based elder service program from inception
- Work in Public Health Education overseas for 9 years in Liberia, West Africa and in Southeast Asia
- Contact: vyontz@hawaii.edu

+ Learning Objective

- At the end of the training, the learner will be able:
 1. To describe the Hawai'i Public Health Training Hui
 2. To share 2012 preliminary needs assessment results



HRSA's Public Health Training Centers



- **CALPACT**-California Pacific Public Health Training Center funded by HRSA 2010-2015-2 years into funding cycle
- **PPHTC**-Pacific Public Health Training Center-member of management team from 2007-2010 (3 years)
- **Nationwide Network**— exist 38 Public Health Training Centers in 33 states
- <http://bhpr.hrsa.gov/grants/publichealth/trainingcenters/index.htm>

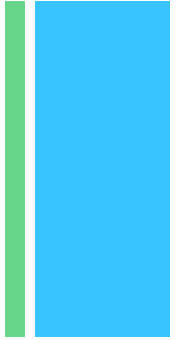
+ Hawai'i Public Health Training Hui

1. **What is a Hui?**

- It is a collaborative group of people.
- The Hawai'i Public Health Training Hui is:
 - a group of **collaborating public health professionals** in the State of Hawaii.
 - The Hui is means group or collaboration in the Hawaiian language.
 - Established in 2006 to provide:
 - statewide **workforce training**,
 - coordination, and collaboration
 - to meet **identified** common public-health workforce continuing education, training, and technical-assistance **needs**.
- **Bylaws** developed in 2008 as a guide about cooperating relationships to help each other in a collectively approach.



Hui's Mission

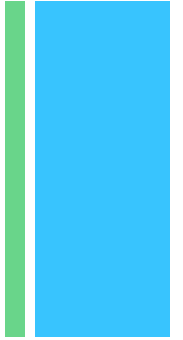


■ The Hui's **mission** is:

- to work **collaboratively** to **empower** Hawai'i's public health workforce with **improved** leadership, management, and decision-making skills, and stimulate creativity and innovation among local **public-health personnel** and **community members** who can improve the quality of the delivery of public-health services.



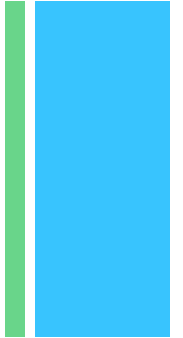
Organizational Members of Hui



- The Steering Committee:
 - Composed of 10 members from seven organizations include:
 - University of Hawai‘i (UH) at Mānoa’s Department of Public Health Sciences,
 - UH Cancer Center,
 - Coalition for Tobacco Free Hawaii (CTFH),
 - Hawai‘i State Department of Health--program including Injury Prevention, Tobacco, Asthma, & Diabetes Prevention and Education Programs plus Office of Planning, Policy & Program.



Members of Hui Steering Committee



1. Valerie Yontz, UHM Public Health Department (President)
2. Denise Nelson, UHM Public Health Department (Assistant)
3. Diane Lobre & Sonia Niess,---Coalition for Tobacco Free Hawaii (Treasurer & Logistics)
4. Kevin Cassel, Cancer Control Education Coordinator--University of Hawaii Cancer Center
5. Therese Argoud , DOH Injury Prevention and Control, Program Manager
6. Greg Kishaba, DOH Asthma Control Program Coordinator
7. Lila Johnson and Kathy Koga, DOH Tobacco Prevention and Education Program Coordinator
8. Cathy Ross, DOH, Office of Planning, Policy and Program Development

+Hui's Approach

■ Pool Resources:

- The approach is to “**pool**” the financial resources from the members' organizations and programs to pay for commonly-agreed trainings and conferences open to public health workforce members in the state of Hawaii.

■ Fiscal Agent

- The non-profit member, Coalition for Tobacco Free Hawaii (CTFH) has agreed to carry out the **financial administrative** duties of Hui.

■ Needs Assessments:

- The training topics are based on the **needs assessments** conducted periodically by the Hui steering committee.

■ Trainings:

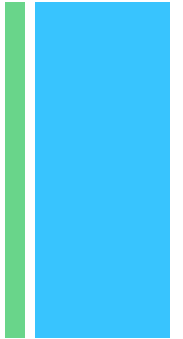
- As the steering committee organizations partner and offer other professional trainings, planning meetings, workshops and conferences then the Hui votes to whether to co-sponsor these member events, too.

■ Work Force Participation:

- It is estimated that more than 120 different organizations including various departments of University of Hawaii and programs in the Hawaii State Department of Health have participated in the trainings and create the existing network platform. More than 880 members exist on the list serv.



Most Popular Past Hui Trainings



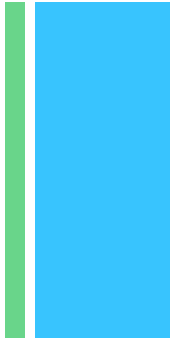
- **Evaluation Approaches**—most requested series including logic model, SMART Objectives writing, indicator selection
- **Social Marketing Process**— steps process and campaign
- **Methods**—Key Informant Interviews, Focus Groups, & survey Development
- **Grant Writing** and funding approaches
- **Evidence-based Programs and Resources**—how to carry on evidence-based work and find resources

+ Needs Assessments

- Public health Training Hui did the a needs assessment of work force training needs
 - **2008 assessment** showed desire for more trainings about:
 - **2012 assessment**—improvement to link with Core competency form work force—as follows
- 1] Analytics/Assessment, 2] Policy Development/Program Planning, 3] Communication, 4] Cultural Competency, 5] Community Dimensions of Practice, 6] Public Health Sciences, 7] Management, and 8] Leadership and Systems Thinking. With Tier 1, 2, and 3.
- View the some of 2012 results..... all thanks for Denise Nelson, MS —PhD candidate and GRA

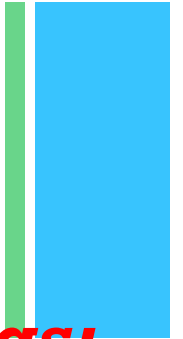


Hui Needs Assessment 2012



- Conducted **online** needs assessment using **survey** with 25 questions (12 demographic and 13 needs focused).
- Address nine **(9) different categories** guided by the work force domains
- Guided by Core Competencies for Public Health Professionals from the Council on Linkages Between Academic and Public Health Practice
- Response rate: **36% rate** with 308 responses from the 853 list serv

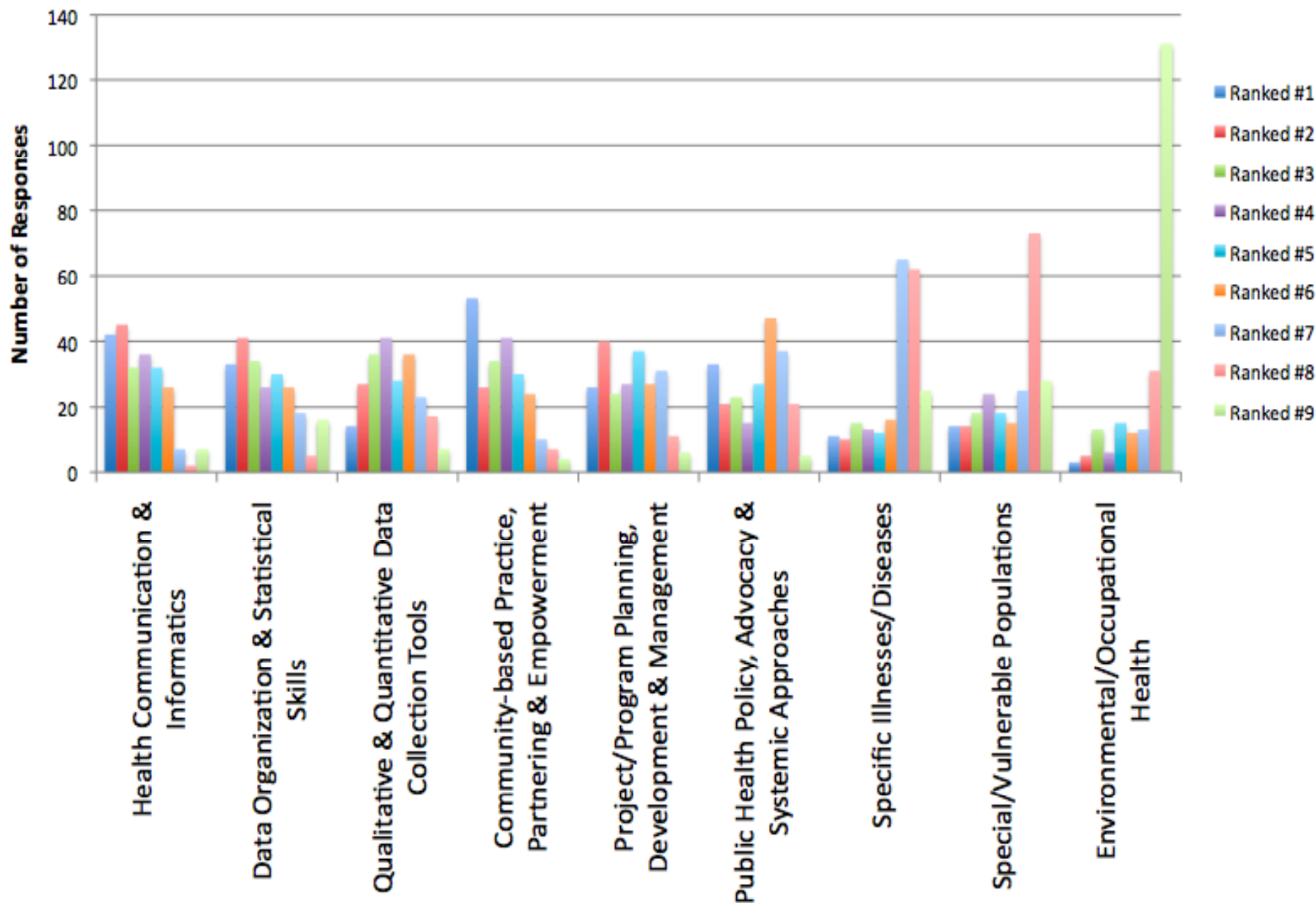
+ Survey Results



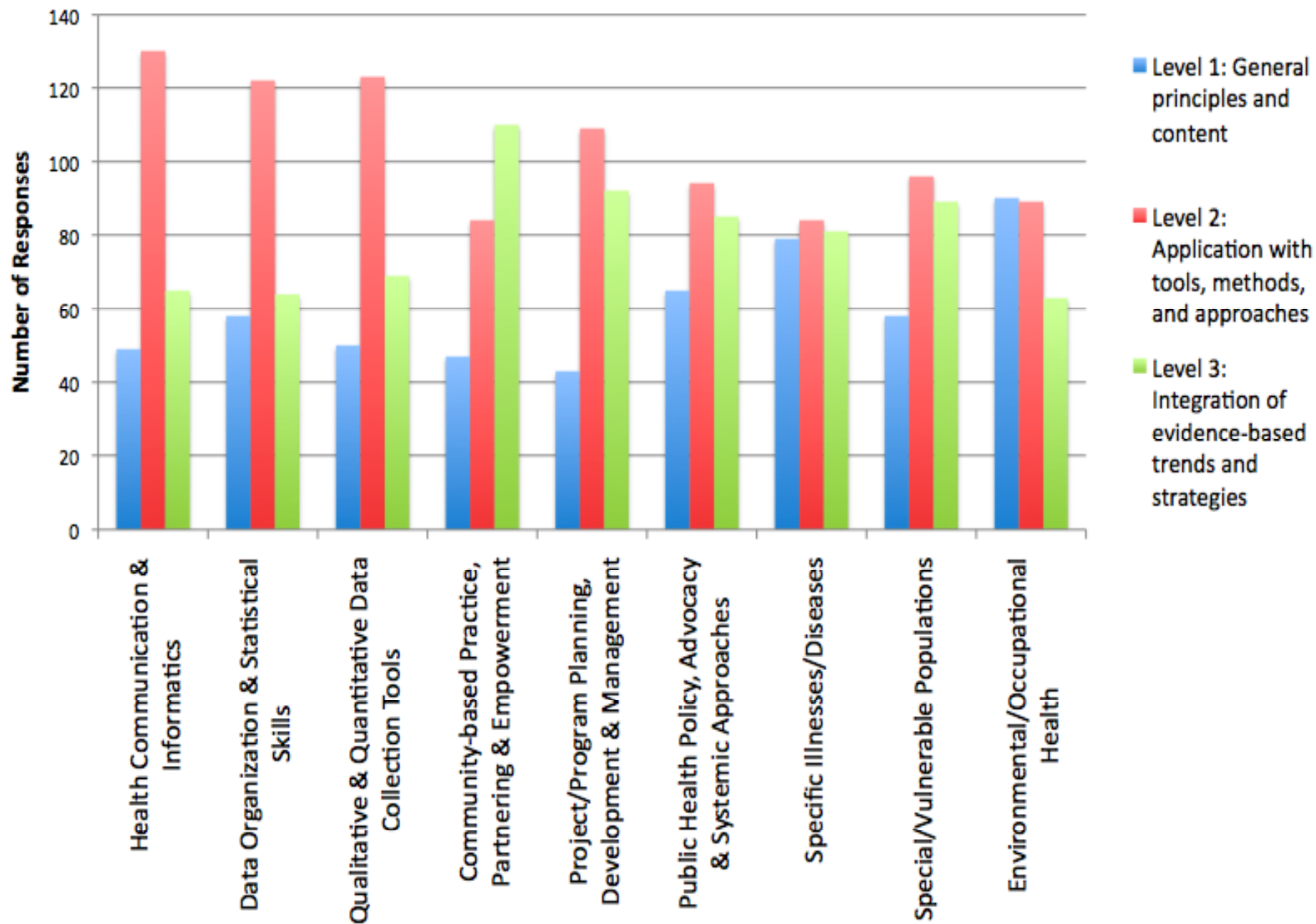
Top Rank Public Health categories for trainings:

- 1. Health Communication & Informatics
- 2. Community-based Practice, Partnering & Empowerment
- 3. Data Organization & Statistical Skills
- 4. Qualitative & Quantitative Data Collection Tools
- 5. Project/Program Planning, Development & Management
- 6. Public Health Policy, Advocacy & Systemic Approaches

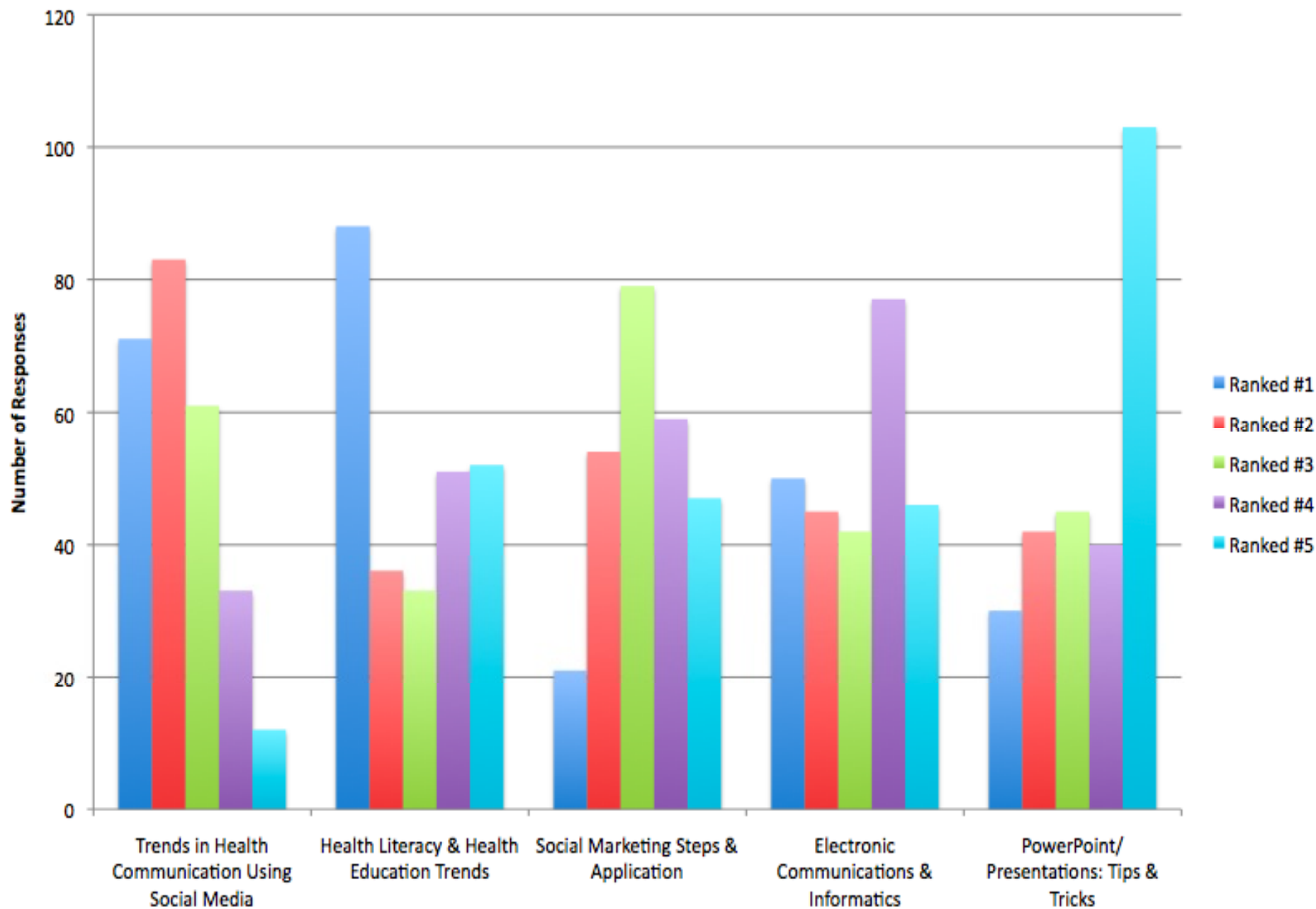
Ranking Distribution of Training Categories



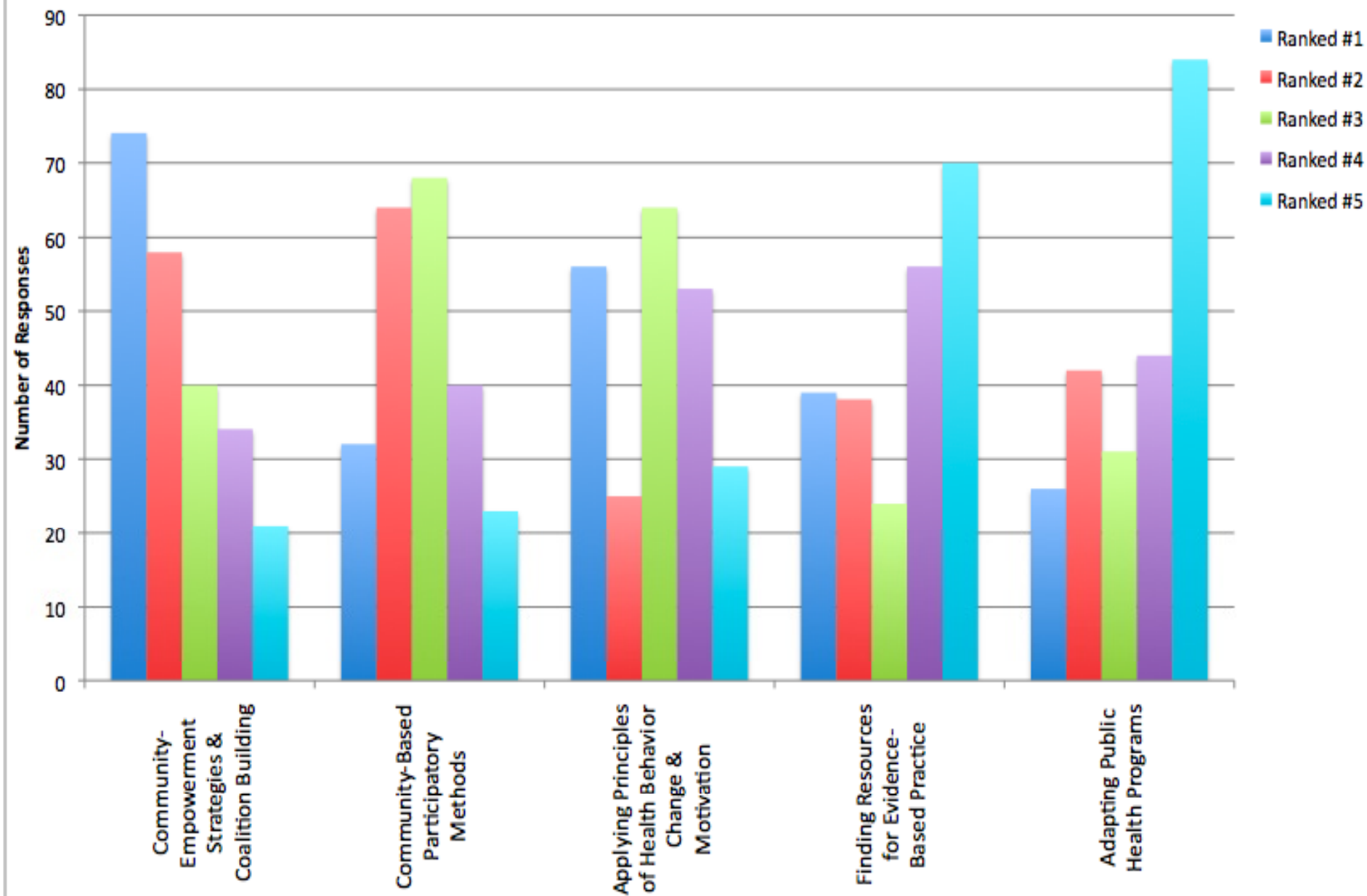
Level of Training Offering by Category



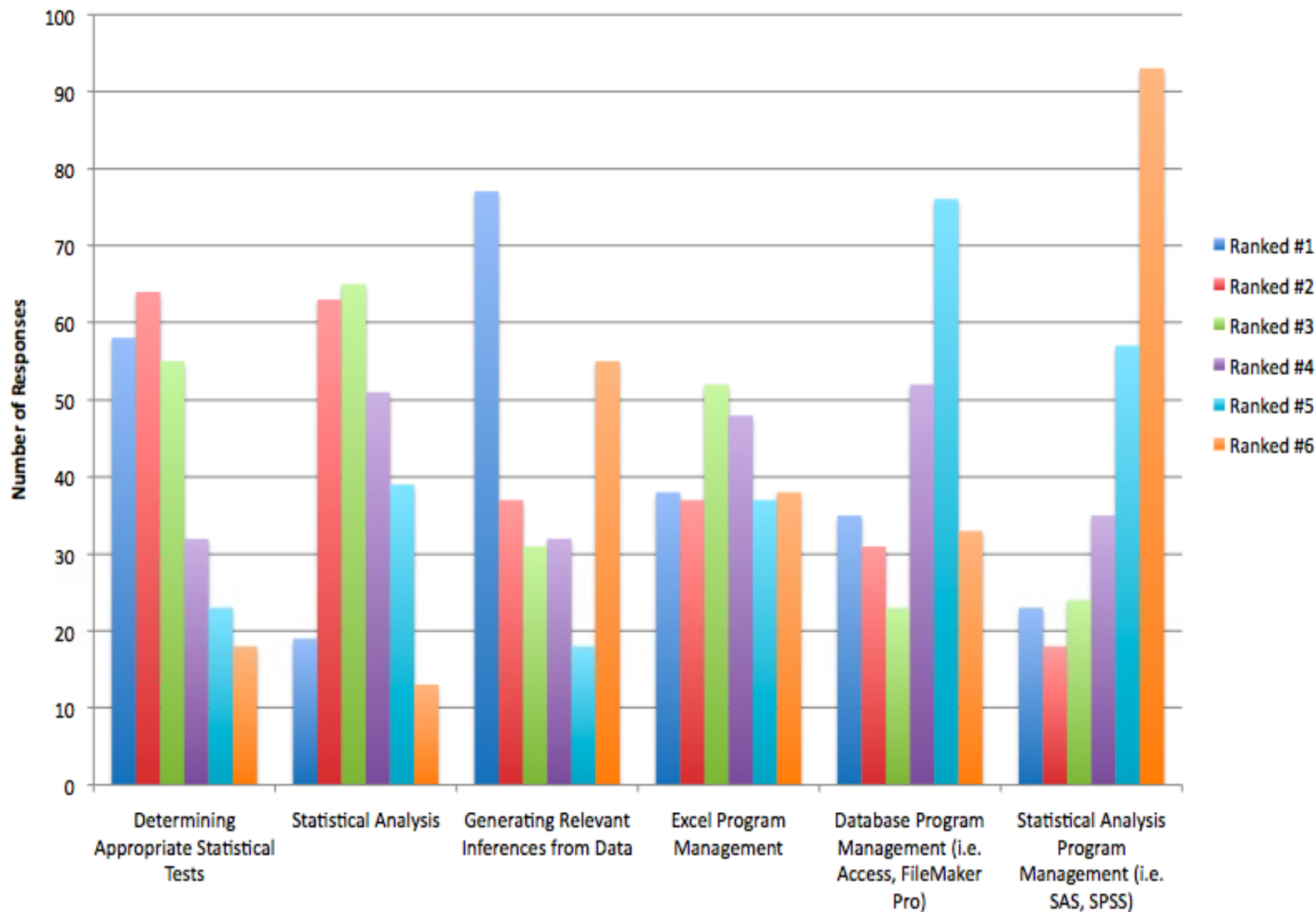
Ranking Distribution of Health Communication & Informatics Topics



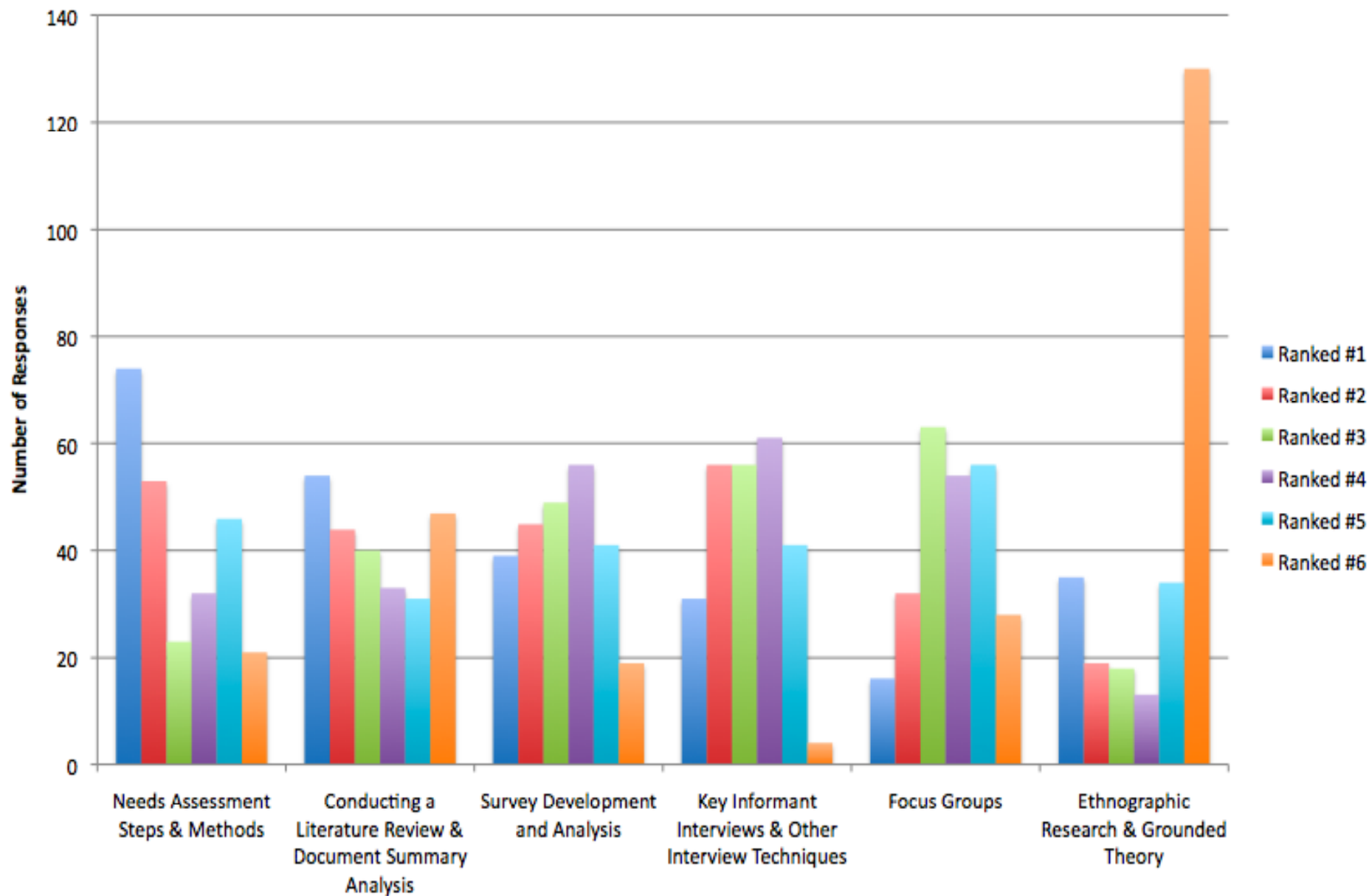
Ranking Distribution of Community-Based Practice, Partnering & Empowering Topics



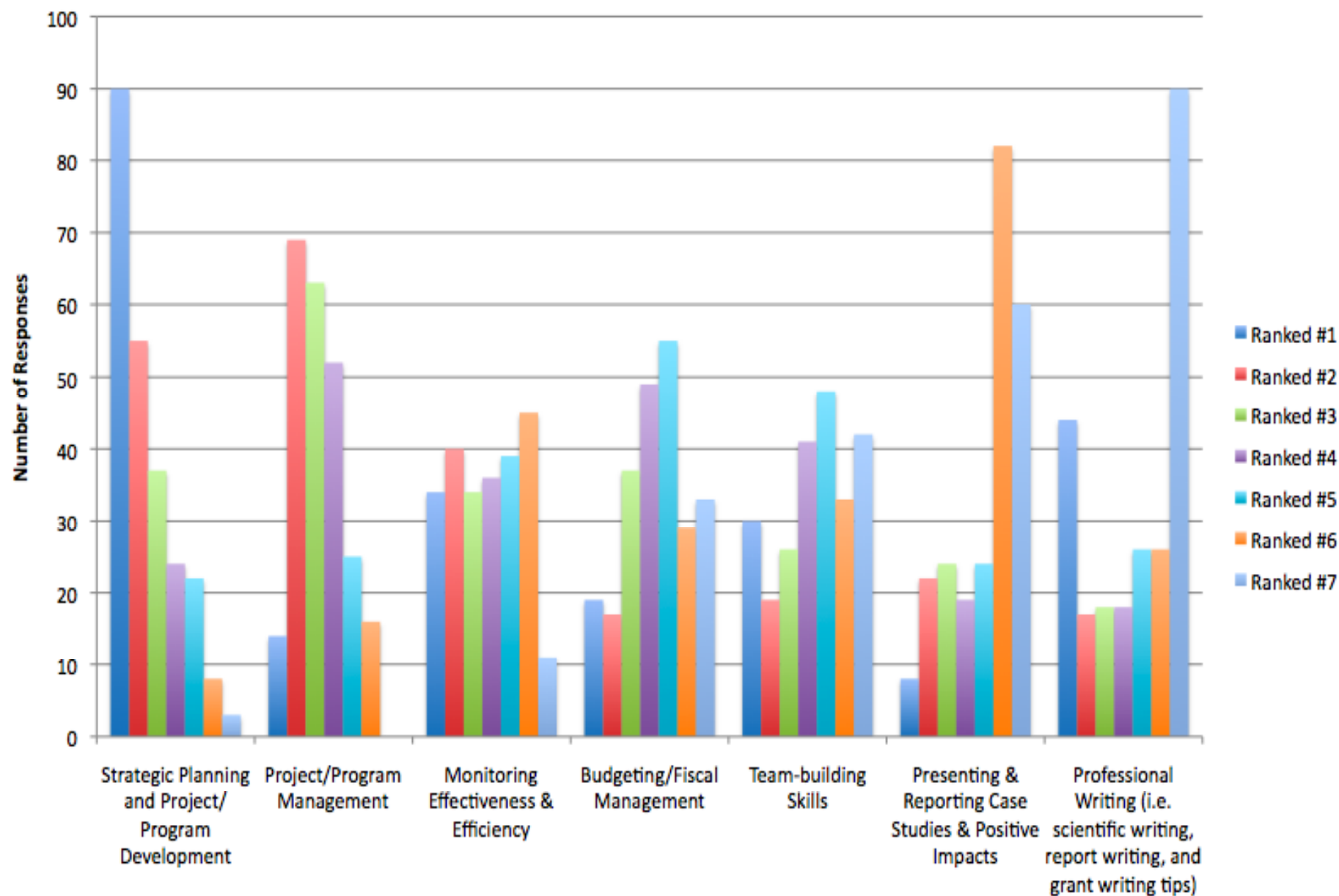
Ranking Distribution of Data Organization & Statistical Skills Topics



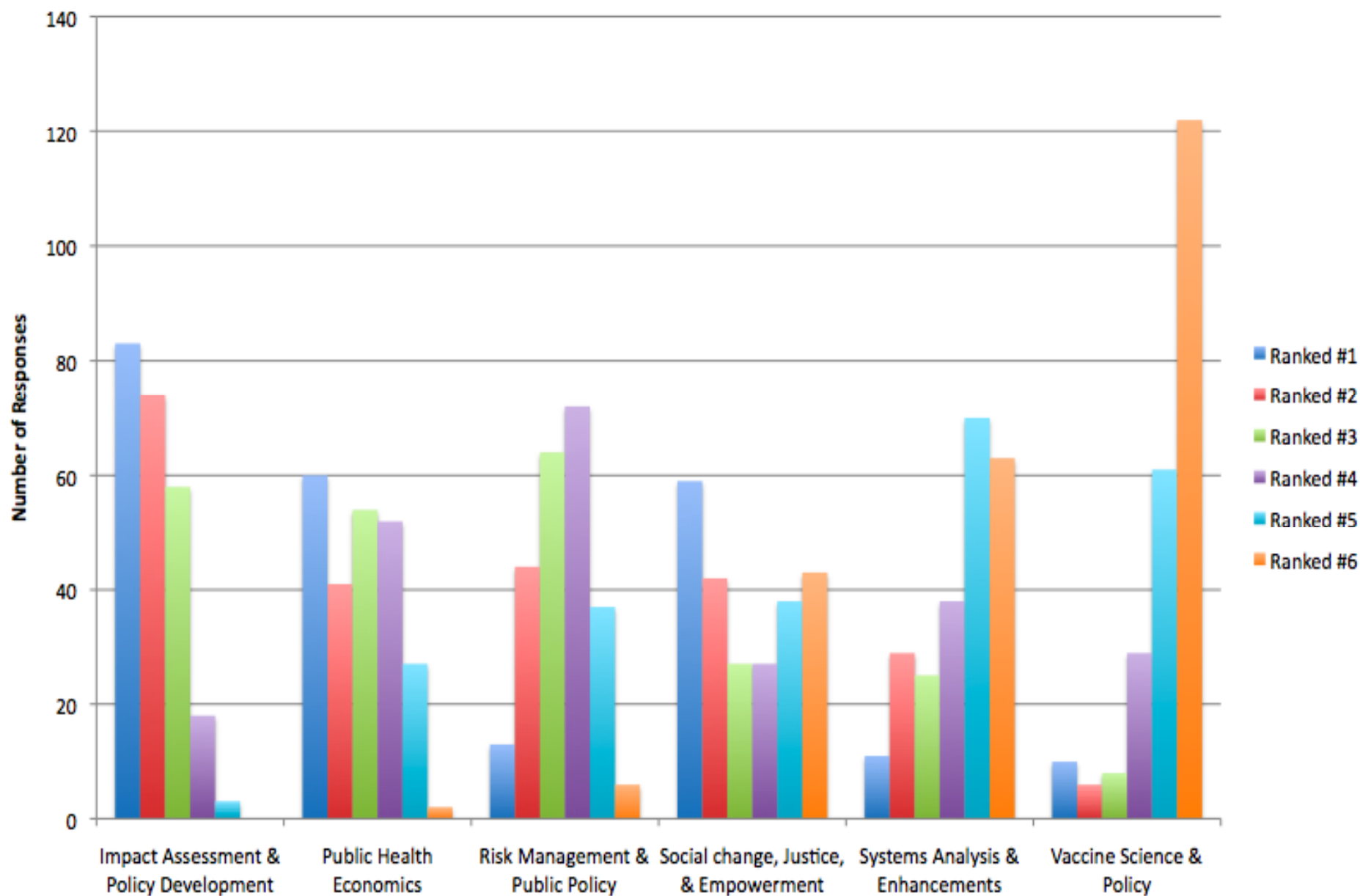
Ranking Distribution of Qualitative & Quantitative Data Collection Tools Topics



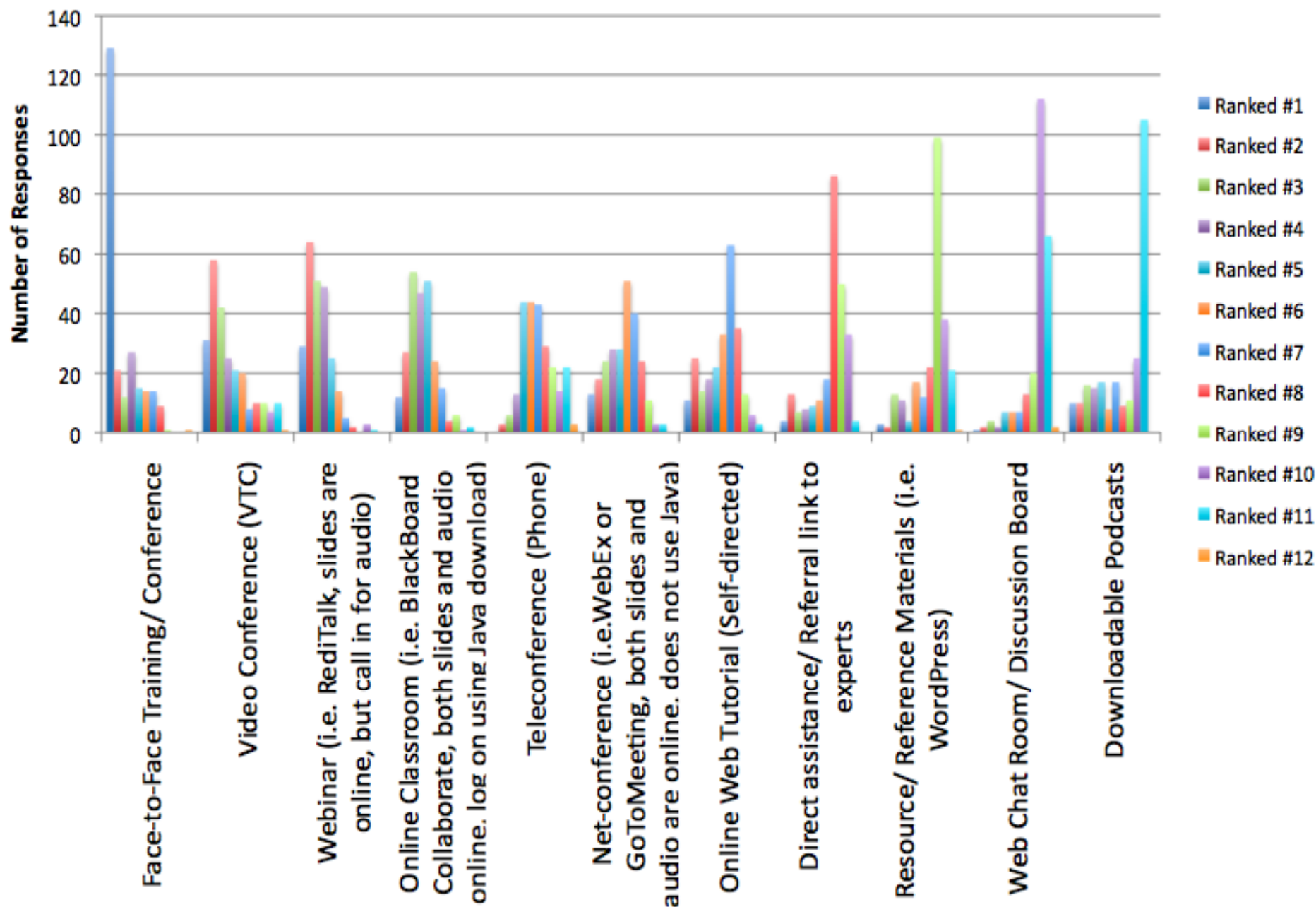
Ranking Distribution of Project/Program Planning, Development & Management Topics



Ranking Distribution of PH Policy, Advocacy & Systemic Approach Topics

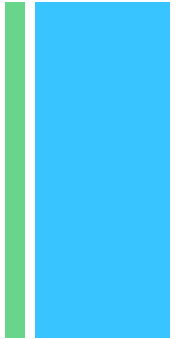


Ranking Distribution of Modalities of Training





Summary Points



- **Hawaii Public Health Training-**
 - **Success Impact-**growing and expanding to help assess and training the work force
 - **Needs Known-**needs assessment results-guide the ever change needs and desires of the work force
 - **Success Collaborative-**the “Hui” is an example of a fun, exciting, useful, and positive collaborative
 - **Public Health Institute-**future holds great expectations for more professional work force with wide capacity skills and potential of a Public Health Institute in Hawai‘i



Questions?

MIDWIFING PUBLIC HEALTH EDUCATION and TRAINING in the PACIFIC

+

Giuseppe Cuboni, MPH
Professor, Public Health &
Training Curriculum and Distance Learning
Coordinator
Pacific Island Health Organization Association
(PIHOA) at Palau Community College

+ Giuseppe Cuboni, MD

- **Professor of Public Health & Training Curriculum & distance Learning Coordinator for Public Health Training Program –Palau Community College under Pacific Island Health Officers' Association (PIHOA)**

Prior years:

- **Epidemiologist at Fiji School of Medicine**
- **World Health Organization (WHO) Epidemiologist in Vietnam, Vanuatu, Fiji, Papua New Guinea, Brazil, and Indonesia**
- **Medical Officer and Lecturer in Italy**

Contact: g.cuboni@gmail.com



Who is PIHOA?



- ▶ **Founded by USAPI Health Ministers, Directors and Secretaries**
- ▶ **Non-profit incorporated in CNMI since 1987**
- ▶ **A network of 6 directors, 11 associate members, 9 organizational members, and 100's of partners**
- ▶ **4 staff in Hawai'i, Guam & Palau**

MISSION

Improve the health and well-being of USAPI communities by providing, through consensus, a unified credible voice on health issues of regional significance.



Affiliate Members

Professional associations for:

- ▶ **Medicine**
- ▶ **Dentistry**
- ▶ **Nursing**
- ▶ **Behavioral Health**
- ▶ **Cancer Control**
- ▶ **Primary Care**
- ▶ **Education**
- ▶ **Health Care**

Partners

- ▶ **HRSA, CDC, ASTHO, PREL, WHO,
POLHN, PHRHA, SPC, MCES**

Affiliates must be:

- ▶ Pacific-Governed
- ▶ Charitable
- ▶ Impact on health policy

Where a lot of work happens.

PIHOA ...

- ▶ ... advocates for
- ▶ ... builds capacity of
- ▶ ... contracts with members for
 - Professional licensing
 - Continuing education
 - Program planning
 - More



Affiliate Members

- ▶ Pacific Basin Medical Association
- ▶ Pacific Basin Dental Association
- ▶ American Pacific Nursing Leaders Council
- ▶ Pacific Substance Abuse and Mental Health Collaborating Council
- ▶ Cancer Council of the Pacific Islands
- ▶ Pacific Islands Primary Care Association
- ▶ Secretariat of the Pacific Community
- ▶ Pacific Resources for Education and Learning
- ▶ Pacific Post-Secondary Education Council



Palua Community College
Accredited by the Western Association of Schools and Colleges

Public Health Training Program (PHTP)

2013



*Fostering Public Health Education
and Training for Palauans*

Associate of Sciences Degree In Public Health

1. Certificate of Achievement
2. Advanced Certificate of Achievement of Public Health
3. Associate of Sciences degree in Public Health
4. Third Year Certificate of Achievement / Specialist in Public Health

The Vision: To offer Pacificans alike, opportunities for education and training in Public Health that are appropriate, desirable, dynamic, flexible, and practice-oriented.

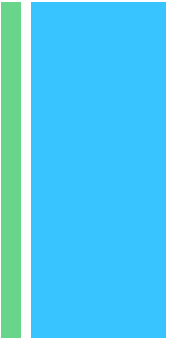


Role and Function Of PHTP

Role--involved a program to help promote public health work force

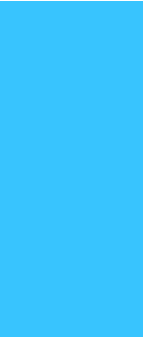
Function involves the following:

- 1) Goal
- 2) Strategy
- 3) Advance
- 4) Funding
- 5) Stakeholders





Goal and Strategy OF PHTP



The GOAL:

- to enhance the current Public Health workforce performance
- to prepare the new / replacement P.H. workforce

The STRATEGY:

- ❖ To establish an ASDPH = Associate of Science Degree in Public Health
- ❖ To complement a “basic” ASDPH with “specialized” AS Degrees, to fill regional requirements and opportunities

+ Advantages of PHTC

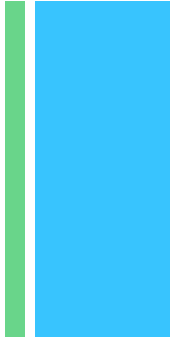


The ADVANTAGES:

- ❑ Enhanced PH workforce conditions [careers; salaries; perception of self in the society; etc.]
- ❑ Heightened motivation to perform and improved PH literacy
- ❑ Improved quality, coverage, and contents of work and services



Joint Funding: US Federal and Palau National



■ The PRICE:

- ✓ Minimal, to all Parties involved, if Federal support can be attained [Pell grant; etc.]
- ✓ Affordable, at any rate, if the health of communities is truly a priority

Stakeholders

The ACTORS [a.k.a. the “moving parts“, when they actually do move.....]

- A farsighted, proactive and motivated Department of Public Health
- An open-minded, change-susceptible and progressive Community College [or similar tertiary institution]
- One [or more] Champion, to harmonize and bring together the two Actors above [Change Managers? Early Enablers?]

+ Resources



The SUPPLIES and EQUIPMENT required:

- A 60 to 80 credits comprehensive PH curriculum, designed for undergraduate level ,and amenable to fit within the Community College's academic culture, rules and norms
- A prospective student intake [= cohort], consisting of serving PH workforce; high school leavers; community members, etc.], of the minimum size deemed necessary to “break even” in the academic costs

+ Operational Aspects

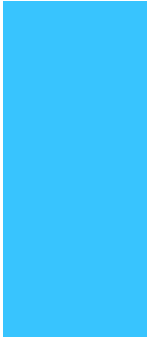


OPERATING INSTRUCTIONS:

”.....stir, do not shake”



Inaugural PHTP in FSM-2009



HAS IT ALREADY WORKED, somewhere?

➤ **FSM – the Federated States of Micronesia**

- **The Inaugural Lecture of PHTP, the Public Health Training**

Program of COM – FSM, the College of Micronesia – FSM,

was delivered on August 17, 2009, by Dr. Gregory J. Dever

- **About 30 candidates have graduated to-date**

- **PHTP is a multi – entry / multi – exit Program, and it also**

offers a “3rd Year Certificate of Achievement” in Public Health



Expansion of PHTP to Palau



COULD IT WORK ELSEWHERE?

✓ PALAU

- The full contents of CPH, the Community and Public Health Program of PCC, the Palau Community College, submitted to WASC, are awaiting ACCJC's endorsement of both a "general PH Degree-ASDPH" and a "specialized Degree encompassing Emergency Health Management-ASDPH/ EHM-1"

✓ AMERICAN SAMOA

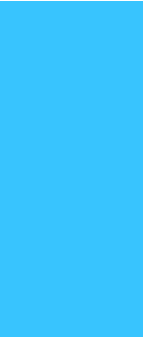
- General interest and specific requirements for Emergency Health Management have been put forward

✓ MARSHALL ISLANDS

- Interest was manifested by all Actors concerned



Partners and Endorsements



CAN OTHER “SPECIALTIES” QUALIFY for a DEGREE?

❖ Emergency Health Management = ALREADY AWAITING ACCJC’s

ENDORSEMENT

❖ Nutrition – Dietetics – Child Obesity = a curriculum is being assembled

❖ EPHF, the Essential Public Health Functions = they are presently the

object of consultations at this PGHC

+ Future Focus

MORE DETAILS?

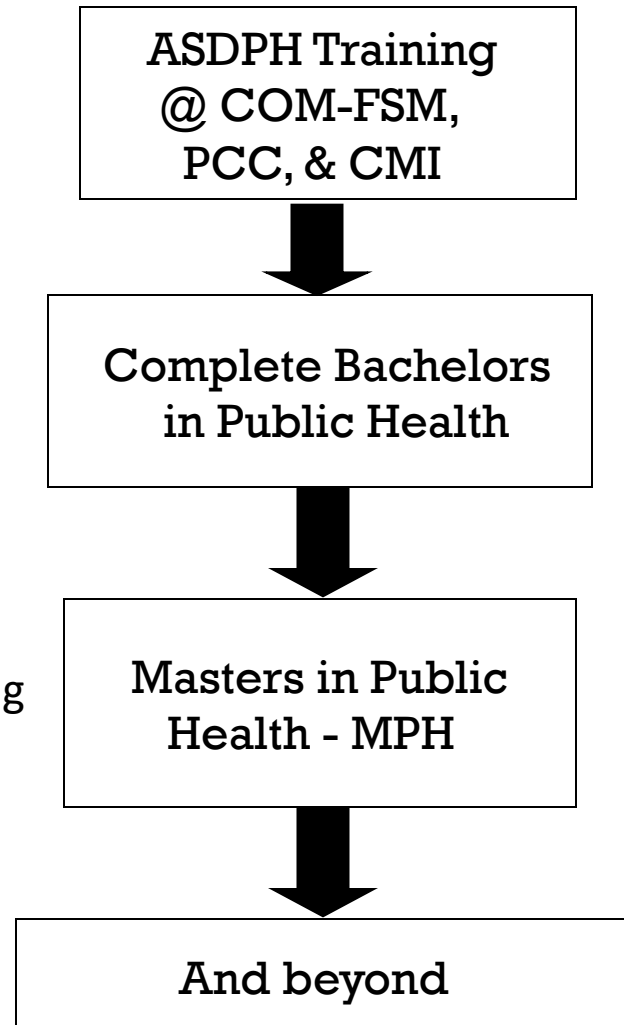
☐ By the plenty

☐ Intentionally not addressed, to stimulate:

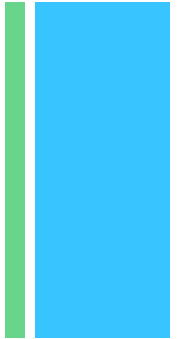
- Critical debate
- Challenging questions
- A Public Health stirring [not shaking...]

Public Health Training Program Flow Chart

- Target Groups: Current Public Health Workforce & New Community College Students (Palau and COM-FSM AHECs)
- In preliminary discussions with San Diego State University to conduct post-ASDPH courses by distance. Partnering with UC Berkley School of Public Health Public Health training Center (Cal-Pac Training Center to develop postgraduate pipeline
- Multiple opportunities for distance learning vs off-island study (UHM, Cal-Pac Training Center,
- Steps to be funded by PELL Grants and National Scholarships



+ Summary Points



- PHTP is expanding from FSM to Palau
- Program to help promote and develop existing workforce in their own place of resident
- Program can be adapted to all six US Affiliated Pacific Island (USAPI) nations
- PHTH fosters collaboration and helps build workforce capacity through USAPI nations.

