PH
LN

Together

educating professionals
elevating practice

NEW ENGLAND PUBLIC HEALTH TRAINING CENTER

PREPAREDNESS CONTENT AREA UPDATE
Region 1

thi Traugh, Yale School of Public Health
h Eckhouse, Boston University School of Public Health

March 15, 2018

Emergency Preparedness Training Certificate

- Bundle of 16 individual trainings
- All are on-line/ asynchronous, taken at own pace
- Once all trainings completed, candidates take culminating exam to receive certificate

http://www.nephtc.org/enrol/index.php?id=39

HICS for Community Heath Centers

- Developed with state primary care associations
- Uses team project-based learning approach
- Boston's Office of Public Health Preparedness provides instructors
- CHCs can receive expert coaching and have emergency plan updates as learning outcomes
- Web-based but provides experiential learning

"CHCs are beginning to join regional response coalitions, so ICS helps them be more prepared to participate. Without that base of knowledge, they are totally unprepared to be a response entity."

Operations Manager, Community Health Center Association of Connecticut (CHCACT)

Puerto Rico Response

Deconstructing Online Content for Puerto Rico Post-Hurricane Maria: Rapid Response Public Health Campaign by PHTCs
Todd, Karla, MBA, MSM, Boston University School of Public Health,
Cinnick, Samantha, MPH, CHES, CPH, Columbia School of Public Health,
Parrilla-Lopez de Victoria, Heidi, PhD, BHE, Impactivo

Situation in Puerto Rico Post-Maria

- High-priority public health needs included access to clean water, waste disposal, vector control, and management of generators
- Severely limited electricity, telecom and internet

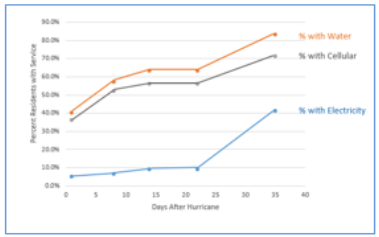

Figure 1. Locally-reported Service Availability Over Time

- Puerto Rico Department of Health (PR DOH) facilities damaged
- Most online resources are difficult to understand, not pertinent, too long and English only

PH Training Center Network Response

Rapid Organization and Design

- Work plan initiated based on strong leadership and trust between partners
- Cloud based folders used to share urgent public health needs identified by PR DOH via **Impactivo**
- Identified and deconstructed online resources using instructional design expertise
- Asked subject matter experts within the network (see figure 2) to fill in gaps where online resources did not exist (e.g., cistern cleaning, addressing dialysis without electricity)
- Requested pro-bono Spanish translation support from the University of Miami
- **Impactivo** worked on reducing branding and simplification for multiple distribution streams

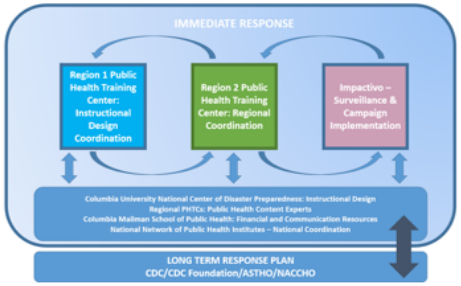

Figure 2. Representation of organizational network established to create media campaign in Puerto Rico

Public Health Campaign changed over time

1. First, newspaper-based campaign generated printed copies
2. Second, large local organizations printed and shared
3. Third, pharmaceutical/health suppliers incorporated it into the supply chain to hospitals and moved the information with their goods.

Resources Available

1) Trusted technical assistance **partner** of health department (**Impactivo LLC**) **able to respond**

2) Puerto Rico Network of **local partners** from **diverse** sectors, gathered by **Impactivo**

- ✓ Newspapers
- ✓ Universities
- ✓ Health Departments
- ✓ Health care providers
- ✓ For profit Companies
- ✓ Charitable Foundations
- ✓ Non profits
- ✓ Radio
- ✓ Drug distributor
- ✓ Associations
- ✓ Pharmaceutical companies
- ✓ Media providers

3) Public Health Learning Network of ten university-based **Public Health Training Centers,** an existing, knowledgeable and **responsive team**

Figure 3. Sample Element of Public Health Campaign

Implications

PHLN is a strong, existing team, able to rapidly respond to specific needs for PH expertise

- Established communication patterns
- Trust
- SMEs known by network
- Instructional Design technical skills

Impactivo: an essential partner on the ground

- Trusted by PR DOH
- Identified and prioritized needs
- Customized materials for local culture

Conclusion:
Relative to centralized funding approaches, strong SME Network with Local Partner can generate quick outcomes in a cost-effective manner

www.impactivo.com/saludame-saludable

Region 2 Public Health Training Center: Development of "Strategies to Advance Health Equity" Series

Marita Murrman, EdD, MS
Principal Investigator

Samantha Cinnick, MPH, CHES, CPH
Center Coordinator

region2 public health training center

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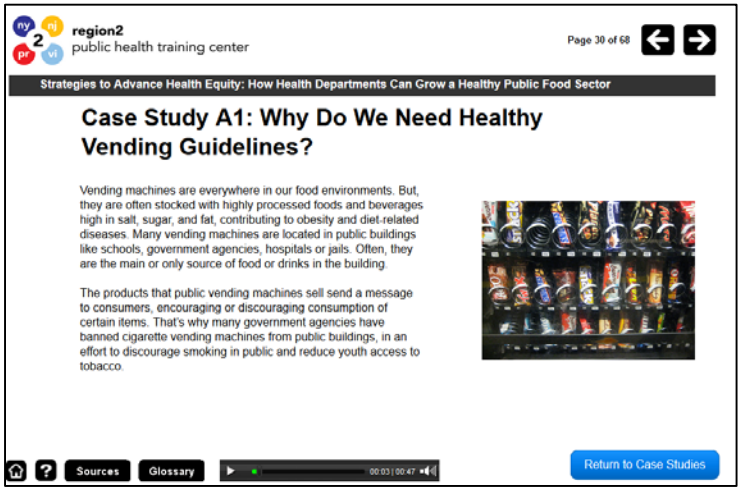
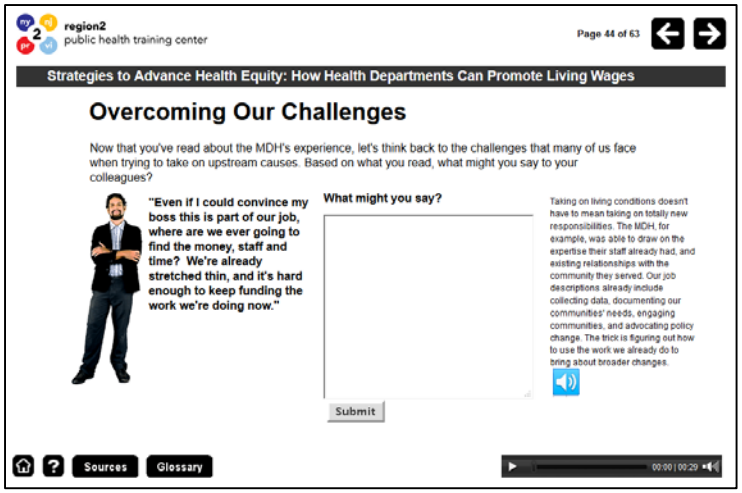
Modules Developed

Content Experts: Nicholas Freudenberg, DrPH and Emily Franzosa, DrPH at City University of New York School of Public Health and Health Policy

Modules Developed

- How Health Departments Can Grow a Healthy Public Food Sector (completers = 8)
- How Health Departments Can Promote Living Wages (completers = 37)
- How Health Departments Can Protect the Health of Immigrants (completers = 5)
- How Health Departments can use Countermarketing to Address Tobacco, Alcohol and Unhealthy Food (completers = 41)
- Understanding and Influencing Corporate Practices of Alcohol, Tobacco, and Food and Beverage Industries to Promote Health (completers = 31)





region2
public health training center

PUBLIC HEALTH LEARNING NETWORK
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Next Steps

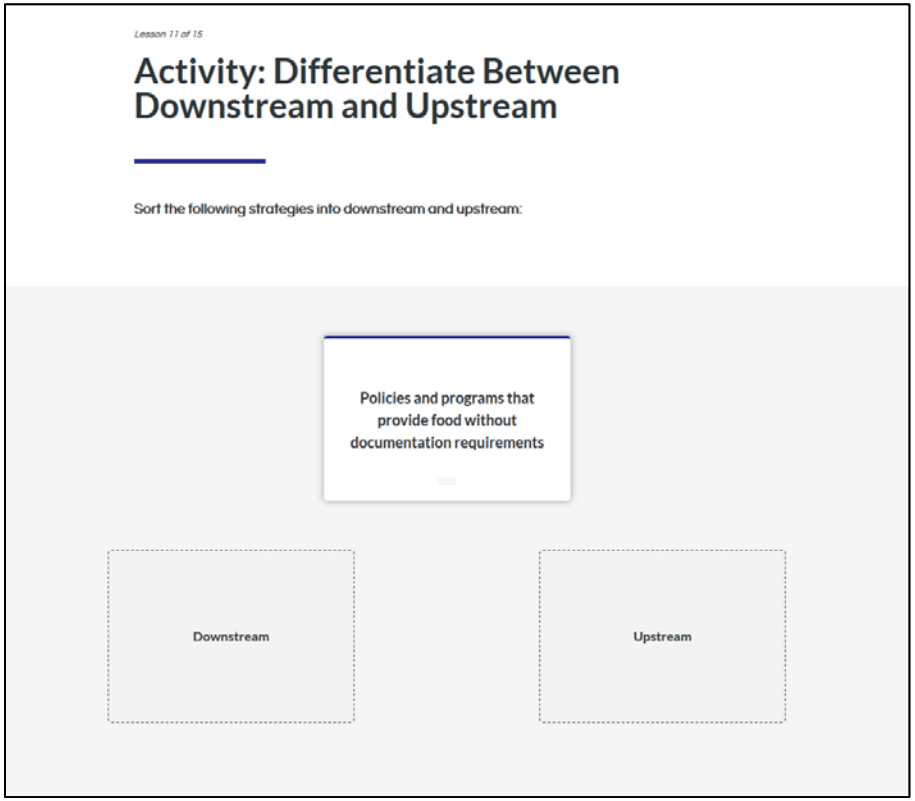
Content Experts: Nicholas Freudenberg, DrPH and Emily Franzosa, DrPH at City University of New York School of Public Health and Health Policy

Modules in Development

- State and Local Health Departments' Role in Improving Food Access among Immigrants
- State and Local Health Departments' Role in Building Pathways to Higher Education

Paper Submitted and Accepted for Publication

- "Rationale and design of distance-based training to persuade local health department employees that addressing social determinants of health is their job, too"
- Using the Elaboration Likelihood Model theory to persuade public health professionals' that influencing social determinants of health is part of their job



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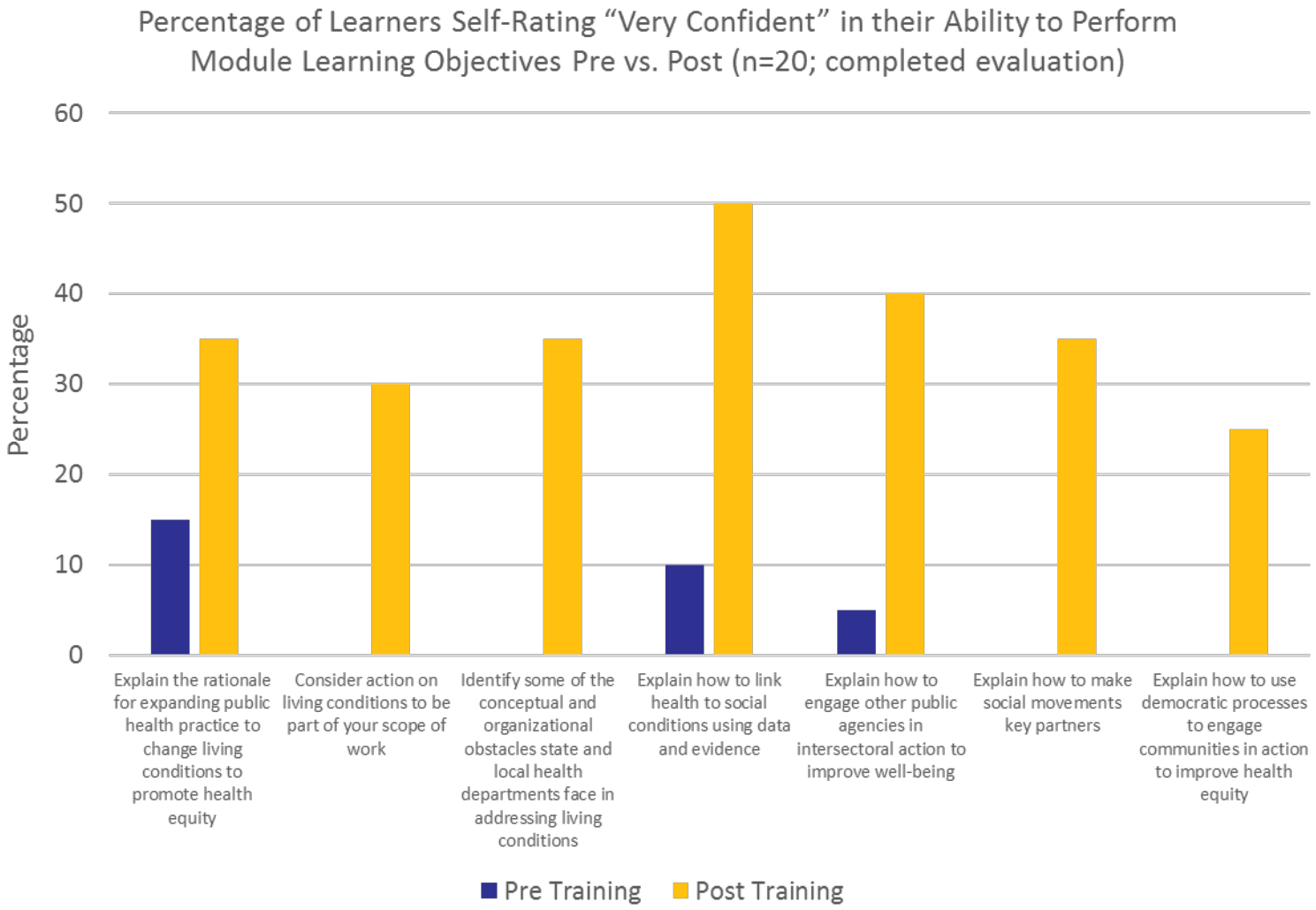
Initial Evaluation Results: Living Wages



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PUBLIC HEALTH LEARNING NETWORK
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MID ATLANTIC REGIONAL
PUBLIC HEALTH
TRAINING CENTER

HEALTH INFORMATICS and HEALTH INFORMATION TECHNOLOGY

Harnessing the power and potential of computer technology for the efficient collection, management, transmission and presentation of data

SPECIALIZED TOOLS AND APPS

ELI

The Emergency Law Inventory (ELI) is a tool developed by the University of Pittsburgh Graduate School of Public Health and its partners at the New York City Department of Health and Mental Hygiene, Allegheny County Health Department (Pittsburgh, Pennsylvania), and Mahoning, Columbiana, and Trumbull Counties Medical Reserve Corps (Ohio).

ELI helps individuals navigate through laws that impact volunteer participation in preparing for or responding to disasters. The inventory focuses on four area s of law: Liability, License Reciprocity, Scope of Practice, and Workers' Benefits. ELI provides over 1500 clear, concise summaries of laws in all 50 states, the District of Columbia, eight (8) U.S. territories, and the federal government. The laws are searchable by profession and jurisdiction so users can identify the provisions that impact them specifically.

Access ELI

All about ELI

Click to view

FRED

Framework for Reconstructing Epidemiological Dynamics (FRED) is an open source modeling system developed by the University of Pittsburgh Public Health Dynamics Laboratory in collaboration with the Pittsburgh Supercomputing Center and the School of Computer Science at Carnegie Mellon University.

FRED supports research on the dynamics of infectious disease epidemics and the interacting effects of:

- Mitigation strategies
- Viral evolution
- Personal health behavior

FRED is available through open source in the hopes of making large-scale agent-based epidemic models more useful to the policy-making community, the research community, and as a teaching tool for students in public health.

Access FRED

Project TYCHO ®

Project Tycho ® is a project at the University of Pittsburgh to advance the availability and use of public health data for science and policy making. Currently, the Project Tycho ® database includes data from all weekly notifiable disease reports for the United States dating back to 1888. These data are freely available to anybody interested. Additional U.S. and international data will be released twice yearly.

All About Tycho ® provides users with an introduction to Tycho ® and tips for its use.

Access Project Tycho ®

All about TYCHO®

Click to view

CDC Epi Info ™

Epi Info ™ is a free software tool allowing users to create easy data entry forms, database construction, and data analyses with epidemiologic statistics, maps, and graphs for public health professionals who may lack an information technology background. Epi Info ™ is used for outbreak investigations; for developing small to mid-sized disease surveillance systems; as analysis, visualization, and reporting components of larger systems; and in the continuing education in the science of epidemiology and public health analytic methods at schools of public health around the world.

Access Epi Info ™

CDC WONDER

Wide-ranging Online Data for Epidemiologic Research (WONDER) is an easy-to-use, menu-driven system for the analysis of public health data. Users can access statistical research data published by CDC, as well as reference materials, reports, and guidelines on health-related topics. WONDER online databases provide data dissemination, online data query capabilities, analysis, visualization, and reporting for public health data collections.

Access CDC Wonder

University of Pittsburgh

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eli EMERGENCYLAWINVENTORY

Home | U.S. Jurisdictions | About | More Info

All About ELI

This informational video introduces the Emergency Law Inventory (ELI), a tool developed by the University of Pittsburgh, Graduate School of Public Health and its partners at the New York City Department of Health and Mental Hygiene, Allegheny County Health Department (Pittsburgh, Pennsylvania), and Mahoning, Columbiana, and Trumbull Counties Medical Reserve Corps (Ohio)

Other tools and apps can be found at

http://www.marphtc.pitt.edu

Region IV and Infectious Disease

Approach to Content Area

Considerations

- Scope of infectious disease is broad.
- There is both an *emerging* component and a *predictable* component.
- Infectious disease (ID) provides an opportunity to leverage non-PHTC resources.
- Great deal of ID-related trainings are already in existence.

Approach

- Environmental scan and subsequent database of trainings *
- National webinar series *
- Other ID-related trainings

** Central Office led activity*

Environmental Scan and Subsequent Database

Updated every 12-18 mos.

Reviewed trainings from 80 organizations

Searchable

Current database (2017)

- Trainings developed 2012-2017
- 570 trainings from 68 organizations
- Most common content areas:
  - Vaccination/Immunization (15%)
  - HIV/AIDS (12%)
  - STD (11%)
- Common modalities
  - 62% webinars
  - 21% online courses

Database Categories

- Bacterial Diseases
- Disease Detection
- Ebola
- Foodborne, Waterborne, and Environmental Diseases
- Global Migration and Quarantine
- Healthcare Associated Infections
- HIV/AIDS
- Infection Prevention
- Infectious Diseases
- Influenza
- Pneumonia
- Preparedness/Emerging Infections
- STD
- Tuberculosis
- Vaccination/Immunization
- Vector-borne Diseases
- Viral Disease
- Viral Hepatitis
- Zoonotic Diseases

National Webinar Series: Infectious Disease

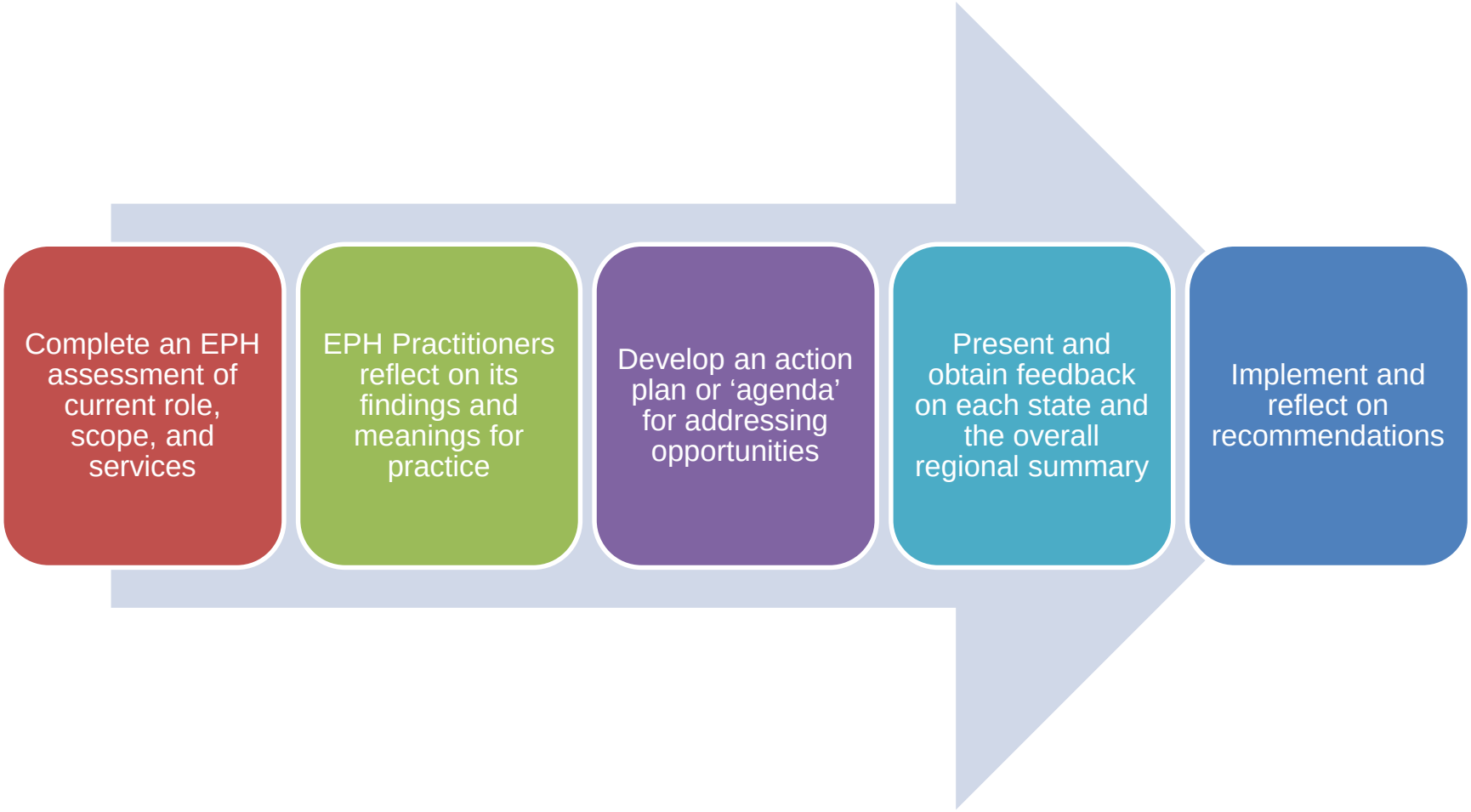
- SAVE THE DATE – LIVE ON APRIL 11, 2018 **» What is Public Health's Role in the Prevention & Control of Hospital-Acquired Infections?** | Ruth Carrico, University of Louisville
- **A "One Health" Approach to Managing and Preventing Animal Bites** | Peter Rabinowitz, University of Washington
- **Fighting Flu Now and Preparing for the Future** | Lynette Brammer & Kristen Nordlund, Centers for Disease Control and Prevention
- **Health Communication and Vector Control: Zika Lessons Learned and Priorities** | Victoria Carter & Janet McAllister, Centers for Disease Control and Prevention
- **The Interface of Public Health and Health Care: Population Health through Improved Infectious Diseases Prevention and Management** | José T. Montero, Centers for Disease Control and Prevention
- **Protecting the Public from Mosquito-borne Illnesses: The Zika Challenge** | Beth P. Bell, Centers for Disease Control and Prevention
- **Updates from February 2017 Advisory Committee on Immunization Practices Meeting** | William Schaffner, National Foundation for Infectious Disease & Patricia Stinchfield, Children's Minnesota
- **The Zika Virus: What It Is and How to Protect Against It** | Cherie Drenzek, Georgia Department of Public Health

Building Capacity Toward Enhanced Learning Engagement through Communities of Practice March 15, 2018

GREAT LAKES
PUBLIC HEALTH TRAINING
COLLABORATIVE
A Member of the Nation's Network of Public Health Training Centers

Great Lakes PHTC Members: University of Illinois at Chicago | Indiana University at IUPUI | University of Michigan | University of Minnesota | The Ohio State University | University of Wisconsin

Environmental Public Health (EPH) Inquiry Process



Reflection quotes

Some thought the dialogue was valuable and were affirmed that other LHDs experience similar challenges

"[The conversation] was very insightful and thoughtful and it reflected the current inconsistencies and gaps prevailing in public health practice." -- Conversation 1 participant

"That even thought I represent a small LHD, it sounds like many of my challenges are shared with larger ones."
-- Conversation 1 participant

"The facilitation was excellent. All were able to share their viewpoints and build on other comments. Very productive use of time. It was good to get into specifics to hear various differences and similarities in who handles various programs."
-- Conversation 1 participant

Specific needs were illuminated

"The discussion content choices for this project were unexpected; however, it became clear how important it is for environmental health leaders to engage in discussions about emerging issues and improving the practice of environmental health. The lack of EH inclusion in community health needs assessments is a concern which must be addressed."
-- Conversation 3 participant

"We need to do a better job marketing what sanitarians do."
-- Conversation 2 participant

"Environmental issues may be over looked, as citizens assume (take for granted) that their water is safe, food is safe and the air quality adequately monitored. E.H. practitioners may need better 'story telling skills' to share their value and need for adequate program funding."
-- Conversation 3 participant

Great Lakes Public Health Training Collaborative
Environmental Public Health Inquiry: Initiative Summary

Illinois | Indiana | Michigan | Minnesota | Ohio | Wisconsin

What is the project and what was the purpose?

Environmental Public Health (EPH) has never been more important than it is today. With ongoing and emerging concerns like Flint's water crisis and weather related emergencies, it is critical that we examine and enhance EPH efforts. EPH has been added as an essential function in Public Health 3.0 to assess the current state of public health. The Great Lakes Public Health Training Collaborative's (GLPHTC) intent is to understand how to assess and create change in the field of EPH through an inquiry project.

The project's aim is to provide local Environmental Public Health professionals from each state an opportunity to identify needs and make recommendations to enhance the value and role of EPH in their state.

61	18	6	1	1
Participants	Conversations	States	Region	Agenda

What was the process?

- Multi-step process incorporating **action learning**.
- Collaborative learning groups were formed in 6 states comprised of 5-10 directors and environmental public health personnel from local health departments (LHDs) within each state.
- The collaborative learning groups assessed Essential Services 1 and 2 of the 10 Essential Services of Public Health (CDC, 2013) with a focus on **air**, **food**, **water**, **built environment**, and other relevant environmental public health focus areas (www.neha.org/eh-topic).
- The collaborative learning groups followed a **6-step process**:

1. Each participant completed the assessment tool, which was used to capture the experiences of the participants and how their work may or may not align with Essential Services 1 and 2.
2. Assessment results were analyzed and used to guide **3 conversations** for each collaborative learning group, with the assistance of trained facilitators.
3. **Conversation 1:** Introduction to the assessment tool, discussed state role within each focus area, discussed role for Essential Service 1.
4. **Conversation 2:** Discussed role for Essential Service 2, state recommended action steps.
5. **Conversation 3:** State recommended action steps, agenda setting
6. Collaborative learning groups developed an action plan or 'agenda' for addressing opportunities at the state-level.

For more information and training opportunities visit our website at:
www.greatlakesphtc.com

GREAT LAKES PUBLIC HEALTH TRAINING COLLABORATIVE
A Member of the Nation's Network of Public Health Training Centers

IN PARTNERSHIP WITH PUBLIC HEALTH LEARNING NETWORK

Common Challenges Were Cited Across the States

A lack of political will or prioritization of EPH	• Need for prioritization of EPH threats by state and local leadership • Lack of involvement of EPH in developing policy supportive for community EPH policy
Limited data collection and analysis systems to inform EPH needs	• Limited resources and infrastructure in collecting, tracking, disseminating data • Need for training in framing issues to show value, gain priority, and secure funding
System fragmentation among LHDs and between the state and LHDs	• Lack of clarity on if state or local EPH personnel are responsible for specific activities • Confusion about whether local EPH role includes education/prevention or response • EPH operational standardization within state and local agencies is needed
A lack of integration between EPH and other public health functions	• Limited inclusion of EPH in public health actions, assessments, planning, and policies • Other public health professions have limited understanding of role of EPH
The public lacks a clear understanding of the role of EPH	• The public does not understand what is under the purview of the LHDs • Better public communications mechanisms and platforms are needed
Funding Constraints	• Financial support is limited at local, state, and federal levels • Funding, rather than need, drives activities
Emerging Issues (e.g. Zika)	• Insufficient capacity to address newer EPH issues and health related emergencies • Emergent issues may compromise capacity to address ongoing EPH needs
A lack of policy, standards, and mandates	• Limited policy, standards, and mandates supportive of state and local EPH operations
A lack of workforce competency and capacity	• Limited workforce capacity in fulfilling necessary roles and responsibilities • The need for EPH to define and communicate role to those entering the workforce

Recommendations

1. Improve standardized environmental public **health informatics and surveillance systems** to support collection and analysis of EPH data (e.g. Minnesota Department of Health Annual Reporting for Local Public Health).
2. Develop improved mechanisms of **sharing and integration** (e.g. apply for shared service grants).
3. Address fragmentation between state and local entities by **clarifying and/or standardizing the role** of EPH (e.g. create a position paper).
4. **Build leadership capacity of the EPH workforce** to: better utilize data to drive decisions; facilitate collaborative processes; and organize and advocate for EPH needs (e.g. develop and/or promote leadership institutes).
5. Expand access and utilization of **evidence-based practices** to address ongoing and emerging needs (e.g. vapor intrusion, Zika)
6. **Develop workforce competency** for Environmental Public Health to build the pipeline and current workforce (e.g. standard EPH roles such as Environmental Health Specialist)
7. **Expand and integrate the role of Environmental Public Health within public health** activities (e.g. community health assessment; Health in All Policies)
8. **Expand connections and partnerships** with state associations and other agencies to better address broader health needs (e.g. Wisconsin partnership between its NEHA and LPHA affiliates)
9. Use **various communication platforms to demonstrate the role and value of EPH** (e.g. YouTube videos, etc.)

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB6HP27885, Region V Public Health Training Collaborative. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Region 6 South Central Public Health Training Center Behavioral Health Training Development

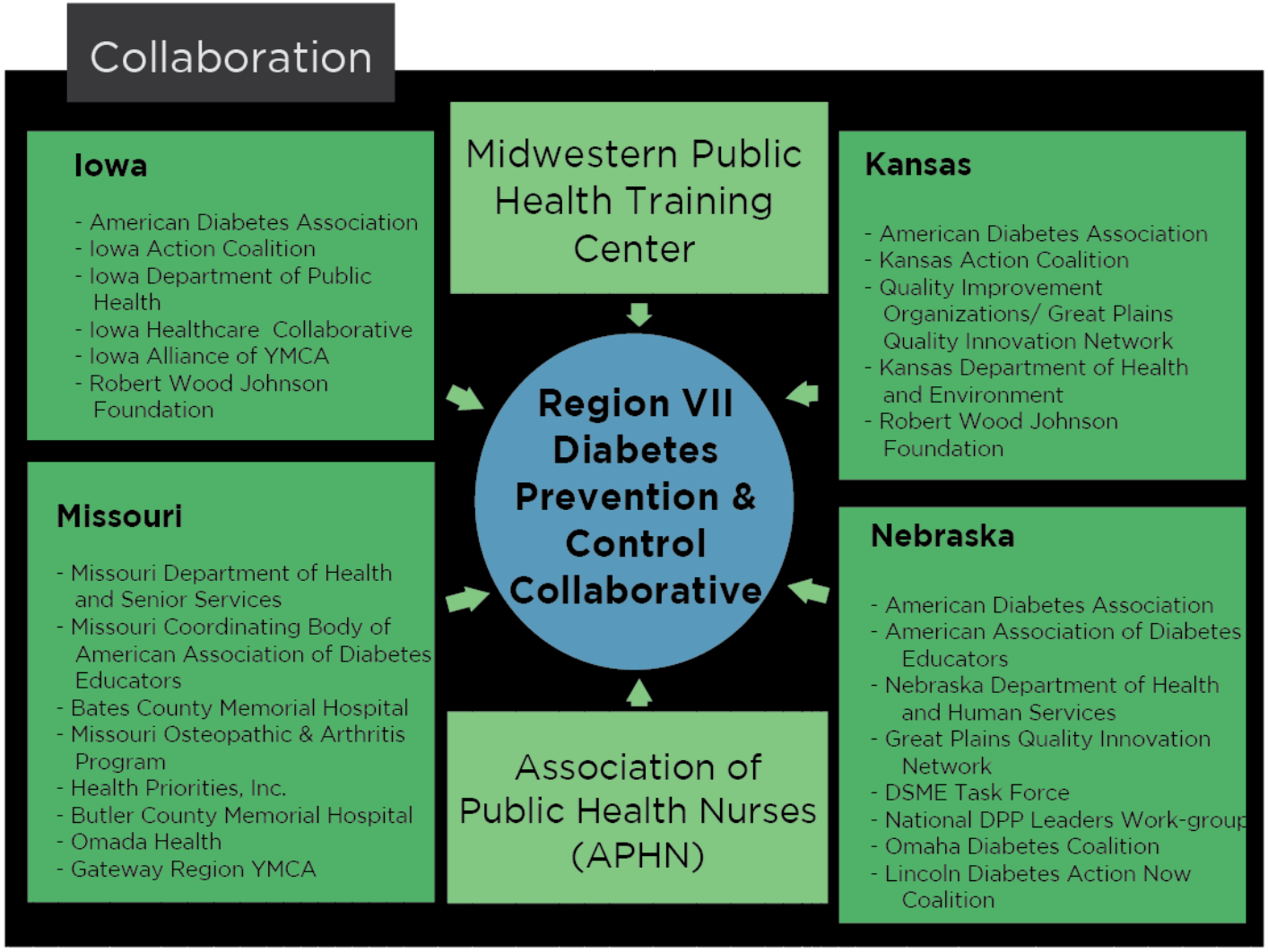
- The Region 6 SCPHTC includes:
  - Tulane University (central office)
  - Oklahoma University Health Sciences Center (LPS)
  - University of New Mexico (LPS)
  - Texas Health Institute (LPS)
- Topic Area: Behavioral Health
- Several courses and course series, at various stages of development, that address Behavioral Health

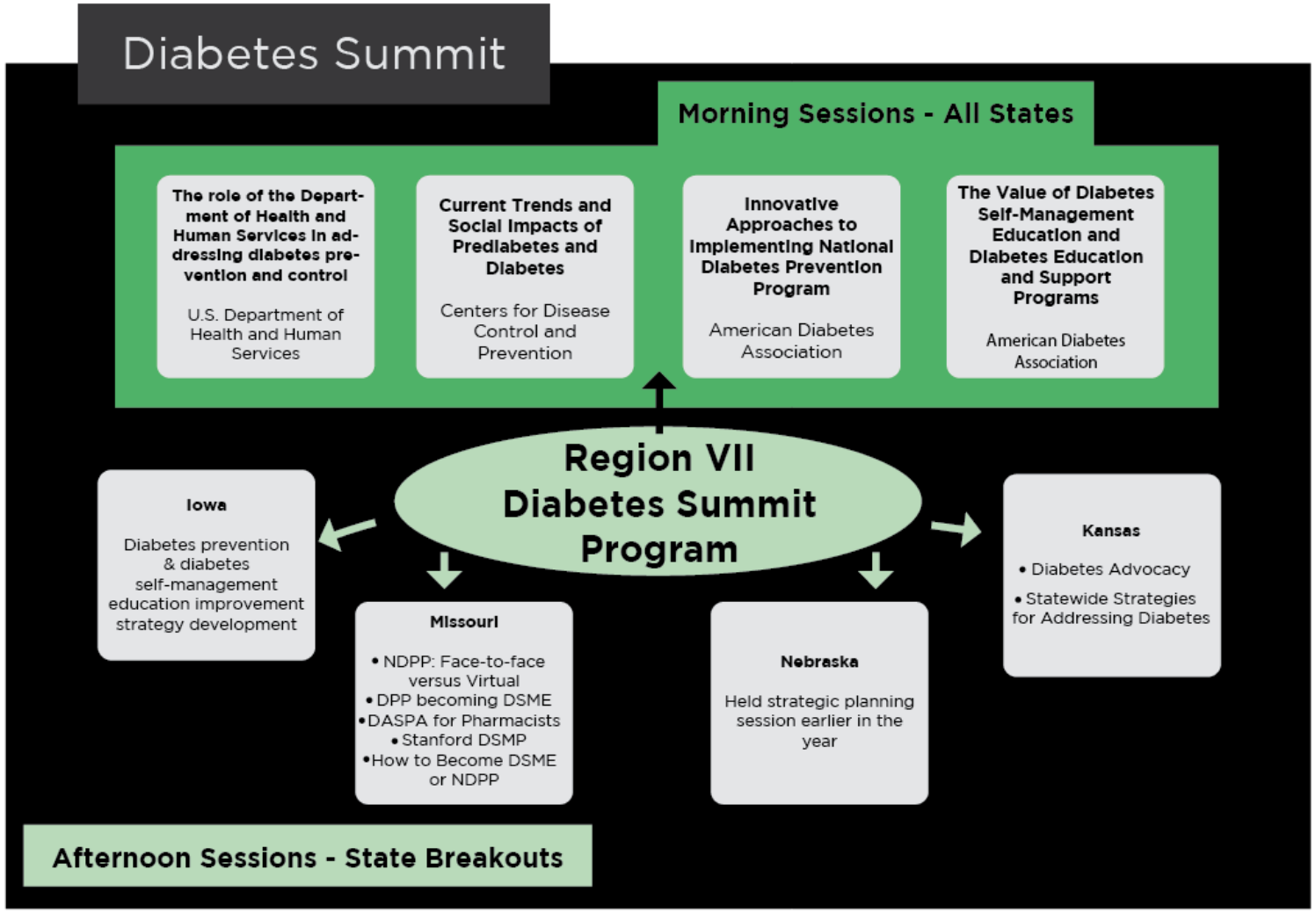
Behavioral Health Courses and Course Series

- Behavioral Health 101 for Public Health Practitioners
- Public Health Meets Behavioral Health
  - Creating the Conditions for Optimal Behavioral Health in any Delivery System
- Overview of Behavioral Health for AI/AN Populations
- Geographic Information Systems (GIS) and Behavioral Health (part of our “Data Into Action for Tribes” course series)
- Legal and Ethical Considerations Related to the use of Service Emotional Support and Therapy Animals
- Aging and Behavioral Health
  - America’s Other Drug Problem – Elderly and Medication Management
  - Elderly Abuse
- Transgender Health Series

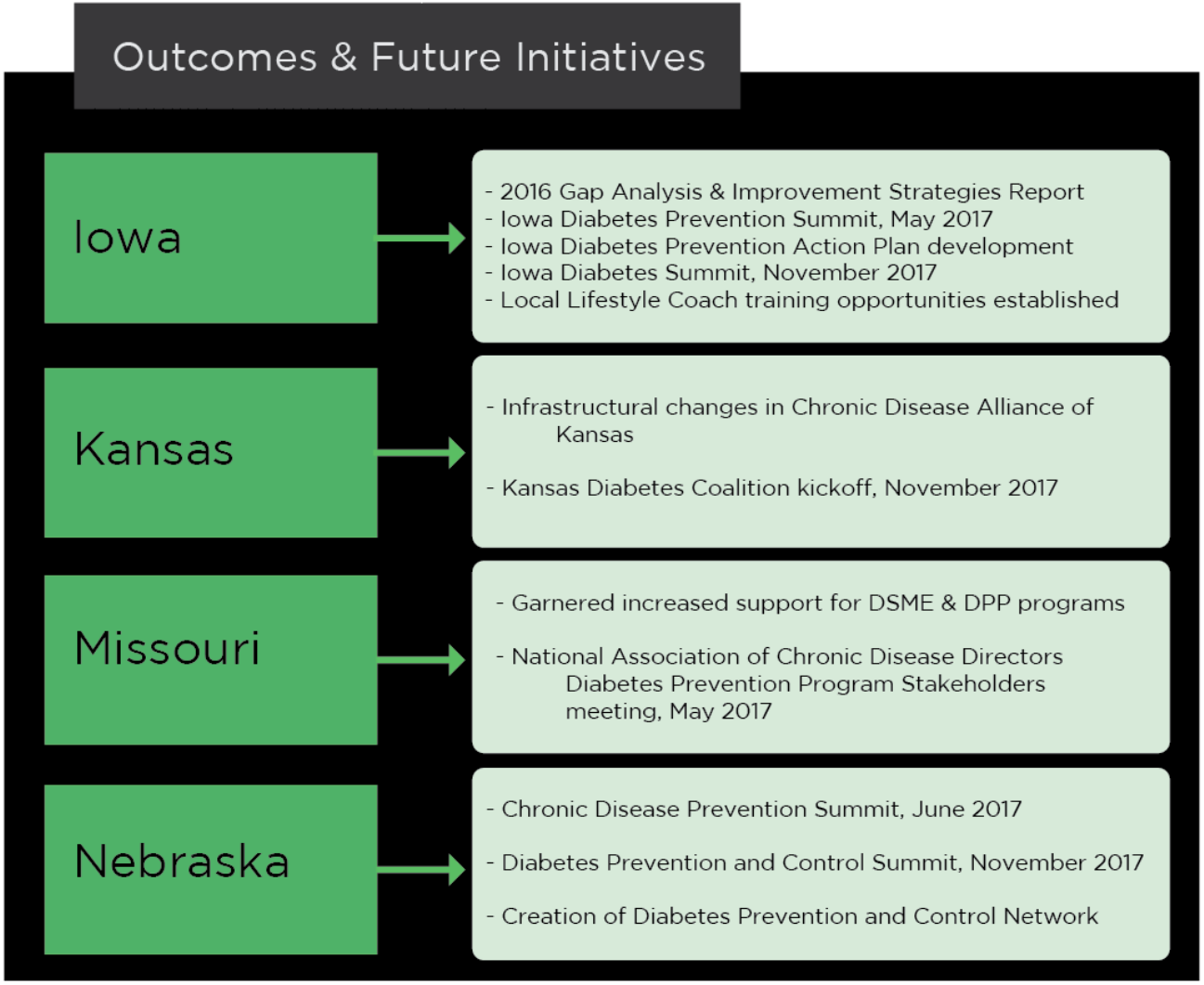
Transgender Health Series – Course Descriptions

- **Transgender Health 101: A Foundation Course on Transgender People and Public Health:** A foundation in understanding transgender people and the trans community in the context of population health. The course is designed for health providers and anyone interested in becoming more familiar with the transgender community
- **Transgender Health 102: Transgender Patient-Provider Relationship:** A foundational understanding for healthcare professionals to build and improve patient-provider relationships with trans patients. The course serves as an informational resource for healthcare professionals to the transgender population, and provides evaluative and action plan methods to create a transgender competent healthcare environment.
- **Transgender Health 103: LGBTQ+ Workplace Inclusion:** A foundation in understanding the lesbian, gay, bi-sexual, transgender, and queer (LGBTQ) community in the context of workplace inclusion for healthcare, corporate, and community organizations. The course provides a resource for employers and employees of any organization interested in creating and sustaining an LGBTQ-inclusive workplace.
- **Transgender Health 104: Psychological Distress:** A resource for health care, behavioral health, and public health practitioners administrators, and leaders who wish to enhance their capacity to serve the transgender community in their practice. The course reviews behavioral health issues pertaining to transgender, gender non-binary, and intersex individuals.
- **Transgender Health 105: Role of Endocrinology in the Transgender Community:** A resource for healthcare professionals on hormone replacement therapy for transgender patients. The course provides insight to transgender patients' perspective, as well as reviews the medical processes, patient's physical changes, and insurance navigation for hormone replacement therapy.
- **Transgender Health 106: Pre and Post-operative Care:** A resource for healthcare professionals on the various types of female-to-male and male-to-female transition related surgeries, insurance navigation, and insight to transgender patients' perspective.
- These courses will be certified as "Authorized Provider" courses by the *Human Right's Campaign' Healthcare Equality Index (HEI).* Several hundred hospitals require 35+ hours of employee training each year using HEI authorized providers.


Collaboration
Iowa
- American Diabetes Association
- Iowa Action Coalition
- Iowa Department of Public Health
- Iowa Healthcare Collaborative
- Iowa Alliance of YMCA
- Robert Wood Johnson Foundation
Midwestern Public Health Training Center
Kansas
- American Diabetes Association
- Kansas Action Coalition
- Quality Improvement Organizations/ Great Plains Quality Innovation Network
- Kansas Department of Health and Environment
- Robert Wood Johnson Foundation
Region VII Diabetes Prevention & Control Collaborative
Missouri
- Missouri Department of Health and Senior Services
- Missouri Coordinating Body of American Association of Diabetes Educators
- Bates County Memorial Hospital
- Missouri Osteopathic & Arthritis Program
- Health Priorities, Inc.
- Butler County Memorial Hospital
- Omada Health
- Gateway Region YMCA
Nebraska
- American Diabetes Association
- American Association of Diabetes Educators
- Nebraska Department of Health and Human Services
- Great Plains Quality Innovation Network
- DSME Task Force
- National DPP Leaders Work-group
- Omaha Diabetes Coalition
- Lincoln Diabetes Action Now Coalition
Association of Public Health Nurses (APHN)


Diabetes Summit
Morning Sessions - All States
The role of the Department of Health and Human Services in addressing diabetes prevention and control
U.S. Department of Health and Human Services
Current Trends and Social Impacts of Prediabetes and Diabetes
Centers for Disease Control and Prevention
Innovative Approaches to Implementing National Diabetes Prevention Program
American Diabetes Association
The Value of Diabetes Self-Management Education and Diabetes Education and Support Programs
American Diabetes Association
Region VII Diabetes Summit Program
Iowa
Diabetes prevention & diabetes self-management education improvement strategy development
Missouri
• NDPP: Face-to-face versus Virtual
• DPP becoming DSME
• DASPA for Pharmacists
• Stanford DSMP
• How to Become DSME or NDPP
Nebraska
Held strategic planning session earlier in the year
Kansas
• Diabetes Advocacy
• Statewide Strategies for Addressing Diabetes
Afternoon Sessions - State Breakouts

Region VII Diabetes Summit


Outcomes & Future Initiatives
Iowa
- 2016 Gap Analysis & Improvement Strategies Report
- Iowa Diabetes Prevention Summit, May 2017
- Iowa Diabetes Prevention Action Plan development
- Iowa Diabetes Summit, November 2017
- Local Lifestyle Coach training opportunities established
Kansas
- Infrastructural changes in Chronic Disease Alliance of Kansas
- Kansas Diabetes Coalition kickoff, November 2017
Missouri
- Garnered increased support for DSME & DPP programs
- National Association of Chronic Disease Directors Diabetes Prevention Program Stakeholders meeting, May 2017
Nebraska
- Chronic Disease Prevention Summit, June 2017
- Diabetes Prevention and Control Summit, November 2017
- Creation of Diabetes Prevention and Control Network

RMPHTC
ROCKY MOUNTAIN PUBLIC HEALTH TRAINING CENTER

Topic Area: Cancer

Primary Resource Developed: Cancer Control Video Series

2018 update: Review by Colorado Cancer Coalition - Updates

RMPHTC Rocky Mountain Public Health Training Center
Center for Public Health Practice
colorado school of public health
PH LN
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Additional Trainings:

- Colorectal Cancer Screening ECHO series (4)
- Cervical Cancer Screening ECHO series
- Cancer Survivorship ECHO series (3)
- *Upcoming:* Leading Effective Coalitions

will include participation from several cancer coalitions

Other Support: Colorado Cancer Coalition

- Action Planning with workgroups
- Quarterly Meeting – Zoom support

Region IX: Western Region PHTC

- Virtual Conference focused on Native Food Sovereignty
  - August 22-24, 2017
- Content from in-person training series developed for tribal health departments redesigned
  - Program Planning & Evaluation
  - Policy Development & Advocacy
  - Developing & Monitoring a Program Budget
- iCohere, *Serving Those Who Serve Others*

Secure | https://wrphtc.arizona.edu/virtual-conference/program

Apps | gmail | WRPHTC | news | health | travel | organizations & op... | food | entertainment | teaching | dogs | Calm | Other Bookmarks

ABOUT TRAINING CENTERS TRAININGS NEEDS ASSESSMENT RESOURCES INTERNSHIPS NEWS

Home

PROGRAM

We're excited to host this interactive conference about strategies to increase access to healthy, culturally-appropriate foods. We'll have a combination of live and pre-recorded presentations on our conference agenda, some online workshops, as well as discussion boards for you to interact with your fellow conference participants and our presenters. One of the benefits of having this conference in a completely virtual format, apart from being able to participate from your home or office, are that the recordings will be available for you to access online whenever you're available. Check our proposed agenda here to see what sessions you'll be able to attend live -- our schedule is in Pacific Standard Time.

Conference Program

Tuesday, Aug 22 | Wednesday, Aug 23 | Thursday, Aug 24

8:30 am - 9:00 am

Welcome [live]

Blessing from Carlos Gonzales [live]

Keynote from Winona LaDuke [live]

Registration

Submit Abstract

View Program

Contact Us

Conference Homepage

Western Region Public Health Training Center
Secure | https://secure.icohere.com/sharedpages/userframe.cfm?t=542310724&iMS=0&fMSeq=0
Incorporating Public Health Skills to Improve Quality of Life:
Examples From Native American Food Systems
Arizona Nevada California Hawai'i Pacific Islands
WESTERN REGION Public Health Training Center
>Subscribe to our newsletter
Welcome Abby
Western Region Public Health Training Center
site search
LOGOUT
Welcome
print
my sites
1 online
Administer
Welcome
Discussion Boards
Workshop Activities
The Gallery 16
Additional Resources
Twitter
Preferences
Help Desk
Registration Setup
PH LN
PUBLIC HEALTH LEARNING NETWORK
WESTERN REGION Public Health Training Center
Conference Welcome
Douglas Taren, PhD
University of Arizona
06:50
We hope you enjoyed the conference!
If you missed any sessions, you can now view the archive recordings on the Session Archives page.
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3:53 PM

Region 10: Injury & Violence Prevention Resources

Barb Rose, MPH

Training and Outreach Manager

Northwest Center for Public Health Practice

UNIVERSITY of WASHINGTON
SCHOOL OF PUBLIC HEALTH

Our Approach

In-Person

1 Summit

100 Attendees

eLearning

11 Hours of training, including:

9 Webinars

1 Online course

"Safe at Every Stage"

70 participants in first 2 months!

Storytelling

4 Articles featured by *Northwest Public Health* and *Elevate*:

Student Projects

13 field placements & collaborative projects

Safe at Every Stage: Injury and Violence Prevention and the Developing Brain

https://www.nwcphp.org/training/opportunities/online-courses/safe-at-every-stage

Resources

One-day Summit

www.nwcphp.org/about/funding/phtc/injury-and-violence-prevention-summit

Trainings Developed

www.nwcphp.org/about/funding/phtc/content-area

Student Projects

www.nwcphp.org/about/funding/phtc/student-projects

Articles

www.northwestpublichealth.org/current-issue/perspectives/gateway-to-support-a-harm-reduction-approach-to-opioid-use-and-addiction

www.northwestpublichealth.org/archives/s2016/features/tracking-and-treating-opioid-addiction-in-washington-state

www.northwestpublichealth.org/archives/s2016/features/a-clearer-picture-of-alaskas-suicide-puzzle

nnphi.org/students-help-public-health-safety-leaders-address-opioid-overdose-rural-washington/

Thanks for putting your heart into your work!