

# Opportunities for Rural Organizations to Become Host Sites for the Public Health Associates Program – 3/17/2020

**Kristine Sande:**

Good afternoon everyone. I'm Kristine Sande and I'm the Program Director of the Rural Health Information Hub. I'd like to welcome you to today's webinar, Opportunities for Rural Organizations to Become Host Sites for the Public Health Associates Program. And we are very happy to be working with the CDC today to present this webinar. And I'll quickly run through a few housekeeping items before we begin. We do hope to have time for your questions at the end of the webinar.

If you have questions for our presenters, please submit those at the end of the webinar using the Q&A button that's on the bottom of your screen. We've provided a PDF copy of the presentation on the RHHub website, and that's accessible through the URL on your screen. And we've also sent the link for that via the chat function. If you experience any technical issues during today's webinar, we ask that you please visit the Zoom help center at [support.zoom.us](https://support.zoom.us). And now it is my pleasure to introduce our speaker for today's webinar.

J.T. Theofilos has a master's degree in physical therapy from Thomas Jefferson University in Philadelphia, Pennsylvania, an executive master of business administration with a focus in healthcare systems management from Georgia State University in Atlanta, Georgia with international studies in China, Hong Kong and Japan, and a bachelor's degree in psychobiology from the Ohio State University in Columbus, Ohio. And with that, I'll turn it over to J.T. for his presentation.

**J.T. Theofilos:**

Great. Thank you Kristine. I appreciate it and thank you all for participating in the session this afternoon. I know that there's multiple competing priorities and we appreciate your time. We'll try and make this as concise and applicable as possible and making sure that folks are aware of the resources available through CDC and the Public Health Associate Program or PHAP as we will refer to it, P-H-A-P, PHAP. CDC is known for its acronyms and this is no different. So this program is known as the Public Health Associate Program or PHAP.

What we'll do this afternoon is talk a little bit about the mission of the PHAP Program itself. So you understand a little bit more of the dynamics and the purpose of the PHAP. We'll talk a little bit about the goals of PHAP so you can understand how it will fit into your organization's goals and priorities and strategies. What we'll talk mostly about is the CO-STARR Model, the CO-STARR Model, or the seven characteristics of a quality PHAP training experience that folks will have to understand and to use as a technical assistance structure to apply to host an associate. So we'll talk in detail about the CO-STARR Model.

Again, it's another acronym. It stands for the characteristics of a quality PHAP training experience, which we'll talk about in detail before the hour's up. I'd like you to make sure that you understand at least one example of each of the CO-STARR Model characteristics. Each of these acronyms stands for a certain quality, a certain characteristic. I'd like you to list at least one example of each one so you're familiar with the characteristics of a quality PHAP training experience. And I'd like you to make sure that we'll talk a little bit about the phases of the PHAP host site application process.

The host site application process will be open April 1st through April 14th, you'll hear those dates again and again for the next 55 minutes or so. But April 1st through the 14th will be the application period when the host sites and host organizations around the country are eligible to apply to host an associate. The actual period that the associate will be on site at your location will be October of 2020 through October of 2022. So this is a two-year training program of which the associate who's applied and has been accepted and matched with an organization will be expected to be at your location, onsite ready to fulfill the work activities that you have proposed in your application, which will be open again April 1st through April 14th.

So let's get started. I'm going to talk a little bit about what PHAP is and what PHAP is not. PHAP is a two-year paid competency based training program for early career public health professionals. There's a mouthful in that blurb itself. This is a two-year training program. This is a two-year paid training program. The associates, and we call them associates, we don't call them fellows or interns and we'll talk a little bit about what the difference between a fellow, an associate and an intern is, but the associates themselves are federal government employees for the duration of the two-year training program.

Their salary is paid and their benefits are paid by CDC, so they are truly federal government employees for the two-year duration of the training program. The training program again, will start in October of 2020 and it'll end in October of 2022. It's a paid program. These are employees. These are early career public health professionals. These individuals come in at a GS-5 or a general services level five employment status. Those are early career brand new public health professional level individuals. There will be a cost of living adjustment or a COLA associated depending on where the environment is that the associate is placed, but there's a base salary and there's a cost of living adjustment.

So for example, in a rural environment, the cost of living is a little less than it would be if it was in New York city, Chicago, Atlanta, LA, that it would be a cost of living adjustment to make sure that the cost of living adjustment is commensurate with the city or the state or the rural locality for where they are placed. Competency based training program. This is truly a competency based training program. There are a list of 44 competencies distributed among nine domain areas. We'll talk about the nine domain areas and examples of the competencies, but the work activities that the associate is expected to perform during the two years should give the associate opportunities, give them opportunities to meet the competencies of the program.

And the competencies are early career, public health professional competencies. The competencies are an amalgamation of public health from CDC as well as the council of linkages on the early career public health professional competencies. So they're very, very basic competencies to give the associate exposure to actually working in a public health environment in the field and to experience day to day trials and tribulations associated with providing and delivering public health services. It's a training program for early career public health professionals.

The associates themselves, the candidates for application, we'll talk a little bit more about this as well, are early in their public health careers, they've got to be within two years of graduating from their most recent degree. At a minimum, the associates must have a four year degree from an accredited college or university that will make them eligible to apply to be an associate. They have to be within two years of graduating, so these folks will not come in with a lot of experience. Many of the associates will come directly from college into the PHAP program, the Public Health Associate Program.

So we have folks who sometimes this might be their very first professional position right out of undergraduate school. On average, we've got about 60 to 65% of the associates have bachelor's degrees, at a minimum have a bachelor's degree. About 35 to 40% will have a master's degree. Again, if they've got a master's degree, they've got to be within two years of graduation from their most recent degree. We'll talk a little bit more about that as well, so you understand the caliber and the experience level of an associate coming to your organization.

This is a partnership with host sites, with state, tribal, local, territorial health departments and NGOs. Any organization is eligible to apply to host an associate as long as the proposed work activities gives the associate opportunities to meet the core competencies of the program. So you'll hear the term competencies, this is the true underlying and underpinning quality of the actual training experience themselves. This is a two-year training assignment in one subject area. This is not a program area that we would expect the associate to work in maternal child health and environmental health and public health preparedness or STD prevention.

We would expect the associates of work activities to be in one subject area for the duration of the two-year training program. You could incorporate experiences that would give the associates a breadth and scope of understanding public health delivery services at your local organization, but the two-year training assignment should be focused in one subject area. What PHAP is not. PHAP is not an internship. The difference between an internship and a training program from CDC perspectives is that an internship is a shorter duration. It's for someone who has less than a college degree. Maybe they are in college, maybe they are in high school.

Those folks will do work that needs to get done on a day to day basis without a preconceived or pre identified work assignment. The training program that is competency based must have work activities that give the associate opportunities to meet the core competencies of the program. The actual applicant, you as rural health departments must look at your work activities that you will expect to have in October of 2020 through October of 2022. You're going to say, "J.T, this is an unreal, unimaginable that we can project what work activities that we will expect from October of 2020 to October of 2022."

You know something? This is okay to have a variation in the work activities after you submit your application. It is okay to have a shift in the priorities of the subject area that the associate will be working in depending on your strategic goals and your strategic strategies associated with delivering public health services. That will be a partnership between your organization and the CDC supervisor over the associate to work through and modify the work plan associated with the associate's work.

But the internship is not a predefined set of work activities. It's whatever needs to get done. Sometimes it's more administrative. It might be more organizing files. It might be tallying information from meetings and so forth. But it is not as structured. This is a structured training program for early career public health professionals. This is not an administrative staffing support program. For example, the associates should be able to participate in meetings.

If you'd like to have meeting minutes or notes or key messages as an outcome of the associate participating in the meeting, that's fine, but the sole purpose should not be the associate to come out of the meeting just with meeting minutes, but it's not an administrative staffing support. It is not a program that provides subject matter experts. These folks are early career public health professionals. They're early in their careers. They are intelligent individuals. They have to have at least a 3.0 grade point average or higher to be considered a viable candidate to become an associate. But these are not CDC spokespeople.

They do not represent CDC, the federal government or subject matter experts in any way, shape or form. They are not to be going to for guidance on CDC's policies, for example with Corona virus testing or procedures on donning and doffing of personal protective equipment. These folks are purposed there to learn, to actually provide a value added service to your organization, but they are not subject matter experts. The PHAP mission is very simple, but it is very, very comprehensive.

The mission of the PHAP Program is to train and provide experiential learning to early career professionals who contribute to the public health workforce. The training and providing experiential learning to early career public health professionals, that's what they will get on a day to day basis. They will incorporate their work as seamlessly as possible into your existing staff. When someone looks across your office, looks across your workforce, they will not be able to identify that an associate is a CDC federal government employee. The associate themselves will be virtually indistinguishable between your professional staff and the associate themselves. They are what we call a field based assignee.

They will have the same badge that your staff will wear, they'll have the same access to your network and to your systems. They should have an email address that is similar to the staff that they're working with, they should wear the same attire and the dress code should be the same. They will not identify themselves as CDC federal government employees. Those are all behind the scenes. And to contribute to the public health workforce are strategically that the associate's work activities should provide your organization with a value added service.

They should help you meet your strategic goals, whatever subject area, whatever your goals are, the associate's work activities should help you meet your professional goals. We'll talk a little bit more about this in the CO-STARR Model. Here are the PHAP competency domains. These are the nine domain areas that the associate will have to have work activities that will help them meet competencies in analytic and assessment skills, in public health science skills, in program planning, management improvement, public health policy and law skills.

Competencies number five, six and seven are for any early career professional. Professionalism skills, speaking skills, writing skills, communication skills, verbal and writing skills, diversity and inclusion skills, working with a variety of different cultures and populations of the jurisdictions that will be represented by those of you who are interested in applying to host an associate. Community dimensions of public health, financial planning and management skills. They've got to understand a little bit about the budgeting process, but giving the experiences and the associate experiences and opportunities to meet the competencies are going to be the underlying painting of the proposed work activities.

The three-legged concept of the PHAP goals is we look at it as a stool, a three-legged stool where the first goal of the program is to provide a value added service to the host site, the associate's participation and we'll relocate physically him or herself to your city and state on their own financial resources. CDC will not pay for them to relocate. Neither does the host organization, but that the services that the work activities of the associate should provide a value added service either through traditional public health programs, working on accreditation, local emergency response, vaccination clinics, testing clinics, whatever the case might be, but actually should add a value added service to your host organization.

The second leg of the stool is that the work activities and the experiences that you propose should provide the associate with experience in public health and service delivery. That's a very, very simple exchange. They should be providing you with a value added service and your organization should be providing the associate with general experience. It's early career, public

health training experience and that the third leg of the stool is to ensure that the associate attains the PHAP competencies.

There's no way possible that you will be held accountable for the performance of the associate it's giving the associate opportunities to meet the competencies. For example, professionalism skills, delivering a presentation. One of the competencies is that they've got to deliver a presentation. It could be to the community, it could be to their colleagues. It could be to you as your leadership. It could be to a supervisor, but they've got to deliver a presentation. They've got to be given the opportunity to deliver the presentation maybe multiple times over the two years or multiple presentations to build their skills, to get quotes, to get feedback, to get guidance, to get mentorship, to get coaching to the associates so he or she will improve his skills in attaining the competencies.

Here it gives you a little bit of an idea of the number of applications that we've gotten over the last number of years. The most recent year of 2019, 2800 applications for candidates. We have 440 plus host site applications. What we will do is we will take the best qualified candidates and the highest ranked qualified host site applications. We will put them into a pool and we will match them. Ideally we'll get a hundred to 110, 120, 130 matches of the associates candidate applications as well as the host site applications for the calendar year coming up. We will then batch the associates with the host site.

Sometimes we will have a very qualified host site application that will be ranked high among our centers, institutes and officers as a priority that we cannot get matched. We cannot get an associate to say they will move to Warren, Ohio or Paducah, Kentucky or Eagle County, Colorado. For some reason, we'll go through a number of associate applications and candidates and we just can't get a match. So there is no guarantee that an application from a host site that is accepted and put in the matching pool will actually receive an associate. I like to use the analogy that stars have to align.

The associate has to be on board to be able to financially and physically move and relocate to a city, to a state, to a rural area, and the subject area has to be an area of interest to the associate and the timing needs to measure up the need to align. So ideally we'll have 130 or so applications out of this year's application pool that we expect to match. Let's get into the meat of the CO-STARR Model. This is the crux of what we're going to talk about this afternoon. These are the seven characteristics of a quality PHAP host site training experience. You see an acronym again from CDC. We love acronyms.

The CO-STARR Model, the C stands for competency based work plan. The O stands for opportunities for skill building. The S stands for supervisory involvement. The T of the model stands for training and education, a professional development or ongoing for the two-year duration. The A of the model stands for aligns with the program's goals and strategies. We'll talk a little bit more about that. The first R of the model stands for the work activities need to be realistic for early career public health professional with little to no public health work experience and they've got to be robust public health learning experience for the associate.

Let's get into the details of each of the actual acronyms for the CO-STARR Model. The C stands for competency based work plan or that the work activities should provide opportunities for the associate to meet the PHAP competencies. The competencies are going to be the underlying foundation for the work activities that your organization will propose. You do not have to have one work activity to meet one competency. You might have one work activity that encompasses a number of competencies, that is okay.

We will ask you to link the work activities to the competencies of the program. The competencies are on the PHAP website. The link is on the materials that you have and that we are going over here on the competency slide that we went over. The website is called [cdc.gov\PHAP](https://cdc.gov/PHAP). So it's [cdc.gov\PHAP](https://cdc.gov/PHAP). That is the PHAP website where you will find all the competencies so you can prepare now for the application period starting on April 1st to the 14th to plan your work activities, to start planning the work activities surrounding the competencies.

We like to use the model of the see, do, teach approach. The see, do, teach approach. Let the associates see what's going on. Let them observe a subject matter expert or a coach or a mentor or their host site supervisor in doing certain activities. Then let the associate actually get in there and do the work. They're not going to do it perfectly the first time to coach them along the way, to mentor them, to ask them questions, to let them actually do the work. This is going to be the bulk of the two-year duration of the training program.

Towards the end of the program, you might see that the associate has mastered a certain skill. That's where they should be able to have the opportunity to teach somebody who's coming behind them and give them small opportunities to teach skill sets that they have developed and actually fostered over the two-year duration. But the see, do, teach approach is an excellent approach to keep in mind when deciding on what work activities the associate will do from October of 2020 through October of 2022.

This should be a skills and performance based experience, not just observation. This is the bulk of their experience, is the do part of the see, do, teach approach, are they building their skills and actually being able to have the opportunity to perform an activity. They're not going to be perfect. What they want is the opportunity to actually try and build new skills throughout the two years. You will see that these folks are very intelligent. They're very motivated, they're very articulate, they're very intelligent as far as their qualifications. They just don't have the actual work experience that your organization can offer them in the two-year duration. In return, they will offer you of value added service over the two years.

Public health experience should be tied to your program goals. We'll talk a little bit more about the A of the model, but there's examples here, disease intervention specialist, community education, collaboration efforts, water sampling, restaurant inspections, health promotion, working with the vaccine clinics or testing procedures, now with the Corona virus and so forth. But there's a variety of different areas that your organization's goals will drive the competency based work assignments.

So the C of the model, the work activities need to be C, competency based. Let's move on to the O of the CO-STARR Model. This is opportunities to build skills. This is a training program, so over the two-year duration, they should be given opportunities to build skills over the two-year training program. Activities that you're expecting the associate to do should build on each other month after month, quarter after quarter, semi-annually after semi-annually. They should build on each other.

For example, you might ask the associate to develop or design a data collection tool that's going to be used. At some point, you might ask the associate to pilot that data collection tool. You may ask them then to collect data from constituents or stakeholders. You may then ask them to analyze the data that has been collected. You may then ask them to write a report on the data that they've analyzed through the data collection process. You then might ask them to present that data and present the outcomes of the data analysis that they've done. So there are opportunities for them to see a project through fruition and to build skills upon each other over the two-year duration.

There's some examples written here, implement a survey, assist in the data analysis like we just went over. They might conduct the interviews, they might assist the supervisor in managing a local disease control response or effort, conducting directly observed therapy with TB patients and assisting the TB manager to identify barriers to care and identify ways to continuously quality improve the program itself. But the opportunities should be self-evident and should be demonstrated in your work activities, in your work plan over the two-year duration.

So we've talked about competency based work plan, we've talked about opportunities to build skills. The next element of the model is S for supervisor involvement. This is probably the tide for one of the two most important aspects of your application. The supervisor should have the proximity, the time commitment, the capacity and the experience to be a supervisor. And I really would like to talk a little bit about what these are because we'll get applications that will be from Health Departments, whether they're rural or urban or state health departments, local, city county Health Departments, and they'll list the department director as the supervisor.

Although that is a great testament to the support that the director of the agency has for PHAP, you have to think strategically, is the director the most closely observing individual to the day-to-day work activities about the work activities? Chances are that an early career public health professional working with the director of an agency are not going to be working in the day-to-day activities close enough to the work that the associate's work is going to be doing. So it's usually best to have somebody who they're slightly ahead of the work activities that the associate will be doing, somebody who might be a couple of years of work experience in the environment. This is what we call the host site supervisor.

Do they have the time commitment? We project that about 10% of time or about four hours a week should be dedicated to overseeing the work of the associate, overseeing the work that he or she is doing, monitoring the work, reviewing work products, mentoring the associate, letting the associate observe the supervisor's work and so forth, participating in meetings together. But about 10% over the duration of the two years on average should be the time that the supervisor dedicates. The time that the supervisor will dedicate to overseeing the work will come down over the two year time period.

The time commitment upfront will be a little bit higher. In the middle, it might be about 10%, at the end, it might be a little bit less. But over the time period of the two years, you should dedicate about 10% of time or about four hours per week to spend with the associate. They should have the capacity to be the supervisor. The staffing infrastructure should maintain that the host site supervisor can support an associate. If your organization is staffed for six or seven individuals and you've got two people, this might not be a viable program for you to support an associate.

This is a training program. This is not a workforce development program that we're going to send you an experienced individual who's going to hit the ground running. Many of the associates will want to hit the ground running, they just don't know what direction they're running in. But they are excited, they're anxious. They are full of energy, full of vim and vigor and they will want to run, but they will need to be slowed down a little bit. So the associates supervisor have to have the capacity within the staffing structure to supervise the associate onsite.

And also they should have the experience. They should have some supervisory experience. These folks, majority of them are coming out of undergraduate school, many of them are coming from different generations. Then I know myself, I'll speak on behalf of myself, but they're coming from a different generation than when I was undergraduate or graduate school

and coming out of school. They communicate differently. They communicate using technology. They are much different with respect to verbal skills, communication skills and so forth. We want someone to inspire creativity and inspire the use of communication tools and social media and not Squelcher that and not squash that, so someone who understands that millennials might speak different languages than a majority of us on the call.

The T of the model stands for training, education development or ongoing. This is a key aspect as well. Over the two-year duration, we should expect that the associate has an experience to be trained in training activities over the two years. We like to break them up into three groups. Number one, host site orientation. Number two, technical training. Number three, public health and professional education. The host site orientation should be part of your training plan. This is part of getting the associate accustomed to the regulations, the policies, procedures, use of IT, professional attire, ethics and so forth that will be part of them being within your organization for the duration of a two-year training program.

The second bucket is technical training, providing specific knowledge and skills that they will need to complete the work activities. If an associate comes out of undergraduate school and comes to you and is excited about the work and you'd like them to develop a data collection tool, they may or may not have had this in undergraduate school. So what kind of training opportunities will you provide them to help build their skills so they can do the work that you're expecting? It could be in classroom training, it could be in web based training, it could be an instructor led training. It could be in self-paced learning.

It could be in monitoring, managing, and working with one on one observation. It could be one on one with their host site supervisor or another smee. It could be observation, it could be shadowing. There's a variety of treatment interventions and training interventions that could be used as part of the two-year training plan. Think about training that will be provided over the two years. We see many training plans that are heavily weighted in the upfront aspect that will dwindle off at the end and they're not giving them any training at the end. So think about the distribution of the training opportunities over the two-year training period itself.

Let's move on to the A of the model. The A of the model stands for the work activity, should A, align with your goals. The associate's work activities should really support your organization's efforts to meet its program goals. As you are thinking about the work activities, think about what your goals and your mission is to this subject area. If it is to reduce the incidence or prevalence of a certain activity or certain disease process, how can the work activities help your organization meet your goals? They should focus the activities that provide a good public health experience to the associates.

You see some examples listed here, disease-specific surveillance, community needs assessment, health promotion inventory. These are examples of some work activities that the associate could be doing that could help your organization, with STD and HIV it might be looking at datasets in distribution of diseases. They could engage with community partners and healthcare providers. They could be working closely with local school districts and actual community interventionists and specialists to be able to promote safer sex practices.

In community health, they could develop a community health assessment; they could help towards accreditation processes and so forth. Whatever your specific goals are for your organization in that subject area, the associates work activities should be aligned with those activities. The first R of the model, these activities should be realistic for an early career public professional who's got little to no public health experience. About 60% of the associates have

some kind of undergraduate or graduate degree that is public health related, that is science related, that is based in some kind of scientific evidence.

But we've got 40% who come with the background that is not science related but they have a passion for public health and an experience that they might've had in undergraduate school or in high school, but they want to try public health as a career. These are the candidates who we will seek to accept into the program. So they should be realistic for an early career professional who is educated, who is intelligent, who has the capacity to learn and implement new skills and should have the capacity to actually deliver skills and work activities that your host organization will deem as appropriate.

They should have specific measurable deliverables and clear timelines for the work activities. If there are notes or distribution of data analysis tools or data collection tools and so forth, you should have some measurable deliverables with clear timelines. The associates are not supervisors. They should not have anyone reporting to them. They will report indirectly to a host site supervisor. They will also have a CDC supervisor of record who is based here in Atlanta. That will be the official supervisor of record.

The relationship between the host site supervisor and the CDC supervisor will be a very, very close relationship because the CDC supervisor will have the official accountability and responsibility to actually coach and give official feedback to the associate on his or her performance with significant input from the host site supervisor since the host site supervisor is the one who's onsite monitoring and overseeing the work of the associate on a day to day basis. These folks are not spokespeople for CDC or their host site. They are not CDC subject matter experts. They are not spokespeople for CDC nor are they CDC subject matter experts.

They're there to provide work activities, provide your organization with some value added services that will help you meet your goals, but they are not CDC subject matter experts. The work activity should be robust public health work activities. This is a program that is training individuals on what we call transferable skills. The competencies as you see them in detail are transferable dependent on what the subject matter is, it's irrelevant. We want them to deliver a presentation, for example. We want them to be able to write cohesively and comprehensively, we want them to be able to understand public health law.

You notice how it's not related to a subject matter but it is general, so we treat this program as a generalist training program, that the skills that the associate will obtain over the two years are actually transferable to any subject area that they would like to actually pursue after the training program. Let's talk a little bit about the PHAP host site application process and then we'll open it up for questions. The actual training application will open up in April, April 1st through the 14th.

The link to the application website will be on the PHAP website, which is [cdc.gov\PHAP](https://cdc.gov/PHAP), \phap. Complete the application in April the first through the 14th. Between now and April 1st you've got about two or three weeks is to think strategically across your organization and across your subject areas on what work activities could an associate provide us that can help them meet our goals. What work activities are competency based? Review the competencies of the program. Start to think of work activities starting in October of 2020 through October of 2022 on what work activities the associate could be doing to help your organization meet its goals.

This is a projection, we will not hold each host organization accountable to the specifics of the host site application if your goals change, if your strategies change, if there is a different priority that has taken place between now and when the time comes between October of 2020 and

October of 2022, we will work with your organization. But at this point, what do you project the work activities to be between October of 2020 through October of 2022? Between May and June, the host sites will be notified of the results of their application.

Some of the applications will be deemed acceptable; we'll go into a matching pool. That doesn't mean that you will get matched with an associate. That means that your application is deemed acceptable, it is a good learning experience. It will go into a pool of where we will then match the associates with their application and the host sites. We ask the associates, for example, the area of interest that they would like to focus on. What area of the United States would they like to relocate to? Meaning what state would they like to relocate to? Not specifically the city, but within the state.

So with those two variables and the needs of the host site organization, we will try and do our best to match an associate candidate to a host site. Early October is when the associates will arrive to the host site. The first day that they will actually report for duty is Tuesday, October 13th. Tuesday, October 13th, that's when they will report physically to your location after having spoken with the host site supervisor and moving there and relocating to a new city and state, they will actually report to the host site on October 13th.

In November, we will fly them back to Atlanta on CDC's budget for one-week worth of orientation training. We will have orientation with the associates every Tuesday afternoon from August until the end of December. In November, we will fly them to Atlanta for one week's worth of training that will be to get their badges set up, to get their fingerprints taken, to take their professional photographs, to actually meet with their CDC PHAP supervisor, to meet the leadership team at CDC here in Atlanta, to meet their colleagues, to start to network with the CIOs from which their subject areas will be focused on. But they will be in Atlanta on CDC's budget in November.

Key takeaways. We've talked about these, developing your PHAP training experience early, plan now before the application opens. We've gone through the elements of the CO-STARR Model. We have talked about what variables are important to consider. We have not talked about the questions on the application, but the questions on the application, if you prepare through the CO-STARR Model, will prepare you to answer the questions on the application. But prepare early, respond to the application questions when the application opens. The system that the application is in is called EFMS, the electronic fellowship management system, EFMS.

The system itself will be open until 11:59 on April the 14th. We would suggest highly that folks do not wait until 11:58 on April 14th to get into the system and actually start the application. Look at the application on April 1st, cut and paste the questions out, work in a Word document, cut and paste the document and put it back into the application, save your application. Though systematically in that sense, because if the system fails at the 11th hour on April 14th, there will not be an extension due to technical problems. So enter the system early, get your information in early, actually submit your application early.

Identifying strong primary and backup host side supervisor, who's that individual who's worked closely with the work the associate will be doing, who's got the skills, the proximity, the actual experience to be able to work with the associate on a day-to-day basis? And then I included strategies on how to communicate with the CDC supervisor throughout the two-year assignment. The relationship that we talked about between the CDC PHAP supervisor and the host site supervisor will be critical. We will ask questions about the strategies on how a CDC PHAP supervisor will be communicated with, the approach that the host site supervisor would project to be able to communicate thoroughly with the CPCP PHAP supervisor. With that, I

would like to go ahead and open it up for questions. So I will go ahead and turn it back to Kristine for some questions at this point.

**Kristine Sande:** Thanks so much J.T. That was great information. As J.T. mentioned, at this time we will open the webinar up for questions. So you will see a Q&A button at the bottom of your screen. And after clicking that, the questions box will pop up and you can enter any questions you have there. And I do have one question to start.

**J.T. Theofilos:** Sure.

**Kristine Sande:** So if a host site really likes the associate they're working with, can they hire that person upon completion of the program?

**J.T. Theofilos:** That's a great question. And our goal is that the host site's workforce needs are fully met during the actual training experience and afterwards. The CDC employment is of the two years. At the end of the two years, the associates are eligible for hire or conversion to a CDC position. We would highly encourage an associate to convert and be hired by the host organization should there be an opportunity and there's an interest. But yes, absolutely. A host organization can hire the associate at any point in time during the actual two-year training assignment or at the end of the training assignment.

**Kristine Sande:** Great. So another question is, can you provide some real world examples of work activities that associates have performed in the past at rural host sites?

**J.T. Theofilos:** Yeah, absolutely. Let me go through a couple of program areas and give you some ideas of some of the actual real world examples. For example, let's talk about accreditation, take accreditation through the Public Health Accreditation Board. We've seen many associates that will assist the accreditation coordinator for a fab project management and process evaluation activities. They don't own an entire activity in the accreditation process, but they can assist an accreditation coordinator. They can assist individuals who are involved in the process.

They can assist in the development of policies and procedures including things like workforce plan or tribal health improvement plan or all hazards plan, a QA plan, a strategic plan, whatever is needed to help the organization meet accreditation standards, the associate can assist in. We would not have them lead an effort. We would have them assist in the actual accreditation process. For example, an opioid response. We can have the associates will work as coordinators and organizers of events to dispense certain activities for HIV medications or hepatitis C testing examples.

They can be responsible for scheduling planning team meetings, sending out meeting minutes, conducting site visits, improvements with continuing education, creating marketing materials, identifying guest speakers and vendors, doing literature reviews and so forth. Chronic disease, we've seen folks who are working on smoking and vaping cessation, folks working on physical activity and nutrition curricula with schools and environments and so forth. So there's a lot of different activities. The activities will really depend on the needs of the organization. What are the goals, what are the strategies of the organization and how can the associate who is new or early in his or her career provide a value added service?

**Kristine Sande:** Great. That's very helpful. So seeing no other questions at this point, I think that'll bring us to the close of our webinar. On behalf of the Rural Health Information Hub, I'd like to thank J.T. for the great information and insights that you've shared today. And thank you to all of our participants for joining us as well. A survey will automatically open at the end of today's webinar

and we encourage you to complete the survey and provide us with feedback that we can use in hosting future webinars. The slides used in today's webinar are currently available at [www.ruralhealthinfo.org/webinars](http://www.ruralhealthinfo.org/webinars). And in addition, a recording and transcript of today's webinar will be made available on the RHHub website and sent to you by email as well. Thank you again for joining us and have a great day.