

## The Public Health Associates Program: Opportunities for Rural Host Sites – 12/2/2020

**Kristine Sande:**

All right. I think we'll get started. Hello everyone. I'm Kristine Sande. And I'm the Program Director of the Rural Health Information Hub. And I'd like to welcome you to today's webinar, the Public Health Associates Program, Opportunities For Rural Host Sites. I'll quickly run through a few housekeeping items before we begin.

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 also have just put that in the chat function as well. If you do have any technical issues during the webinars today, we ask that you please visit the Zoom help center at [support.zoom.us](https://support.zoom.us).

We do hope to have time for your questions at the end of the webinar. So if you have questions for our presenter today, you can submit those through the Q&A button that's on the bottom of your screen, and you can submit those towards the end of the webinar and our presenter can answer those questions for you. And now it is my pleasure to introduce our speaker for today's webinar.

Heidi Pfeiffer has over 30 years of experience in the public health field. Her career started in a rural county in upstate New York as a Public Health Educator. She holds a Bachelor of Healthcare Administration and a Bachelor's of Science and Nursing Degree. After five years of practicing as a nurse, she returned to the public health field as a Disease Intervention Specialist with the New York State Department of Health.

After receiving her Masters in Health Education, she started working in the Public Health Preparedness and Response field. Heidi came to CDC in 2004 to work as a Public Health Advisor with the Strategic National Stockpile. Her knowledge of the workings of local and state health departments and her public health nursing experience afforded her the ability to provide technical assistance to local and state emergency preparedness planners.

She has deployed multiple times in support of local, state and national emergencies. And recently spent February through September supporting CDC's COVID-19 response, both in the field and at CDC headquarters. Heidi has been with the Public Health Associate Program since 2010, her eight years as a supervisor, working with hundreds of associates and host sites, and as of recently, working with the partnership and education team as a Training Specialist, offers her the ability to provide technical assistance to public health stakeholders and early career professionals. And with that, I'll turn it over to Heidi to tell us more.

**Heidi Pfeiffer:**

Hi everyone. This is Heidi. I have to learn to unmute myself once again, every single time on the call. So thank you. I want to thank everyone here at the Rural Health Information Hub for inviting me to come speak to you. I know PHAP has been a partner with you for many years, so we're really excited to talk a little bit about the program itself, kind of share a little bit about the information that we do here at CDC, and also kind of give you an overview on how to apply to be a host site, as well as possibly maybe referring some of your colleagues or friends to apply for the program itself.

Hello everyone. My name is Heidi, I have heard a little bit about me and the reason why I'm here today is to talk about the Public Health Associate Program, which is a program that I've been working for, for about over almost 10 years. It's a program that basically is very simply two-year paid competency-based training program at CDC.

And the whole idea behind PHAP is to kind of revitalize and get people back into public health. Back in the 1950s, CDC hired a lot of field staff and some people might know a little bit about doing the VD investigations and using the word VD and communal disease. CDC was pretty heavy handed when it came to having field staff and we promoted and we continued that process all the way into about 1990 and decisions were made for whatever reasons, funding was cut.

And we stopped kind of doing field staff hiring primarily just for field staff at that time. Well, we've definitely acknowledged a need within CDC that we need to kind of rebuild that field staff and kind of help that pipeline that we have there go back out. Not necessarily just for CDC, but for all public health entities and NGOs, agencies associations. And that kind of basically is what PHAP is all about is to rebuild that pipeline. It's a two-year program as I mentioned, the Associates are hired by CDC, but they're placed out in the field. They're placed out into field positions referred to as host sites. And that's where you guys come into play, because I need you to kind of help us figure out how can we get more host sites that are rural to apply.

We have a combination of partnerships between State Health Departments, local Health Departments, Tribal Nations Territory. We've got people in Puerto Rico, Guam, and USVI, we've got people at the American Heart Association. We've met people at ASHTO and NHO. We're also really kind of expanding now. COVID has really changed the kind of almost vision of what we're seeing now for our pipeline. What is it going to look like next year? Is it going to be virtual? We don't know. I don't have those answers, but I wanted to kind of just talk to you just a little bit about the program and how we do and just a little bit about our partners.

Overall, our mission is really, really just to train early career professionals. We want people who want to work in public health. People that apply for PHAP Program, referred to them as Associates. These are people, young people, I would say the majority of them about 28, 25 and 26 have been are average ages believe it or not. Of our Associates who have applied for the program that want to work in public health. In some situations they don't even know what public health is. They just want to save the world and want to do healthcare. They want to do work within rural or suburban or even academic settings. So that's what our mission basic is, very, very simple. It's just to train and provide learning, working with career public health professionals. And there's a partnership between all of us. And that's the whole point is between you as a host site, as well as us as a CDC agency.

What PHAP is not. It's not an internship. And what's really important to understand is that we have predefined set of work activities that these associates get when they work at their host sites. For example, a host site will say, "I need someone to come do STD work for me. And they're going to be a DIS or they're going to be working in tuberculosis, or they're going to work with my WIC clients." Well, in the application, which we'll talk about at the end of this presentation is where you actually put down work assignments. We put timelines, we put due outs. Now we know that changes, but there are specific set of defined work activities. So they're not an intern. They're not administrative staffing support. We make sure that they're not there just to make copies or to make Excel spreadsheets or to modernize programs. However, that is sometimes a need that a whole site can acknowledge that.

"Listen, we need someone to help us modernize our host site." I've had an Associate at one point when I was supervising the first or second week, take their GC, their gonorrhea log, and actually put it in an Excel spreadsheet. And it was beautiful. It was just amazing, but you know what? They just didn't have the time to do it. And that's what PHAP Associates really are there for, is to kind of fill in the gaps, but also be an active partner with the program itself. We are not

a job training company. We are not a company that's maybe placing people into positions. We are a training program. We cannot guarantee anyone will get jobs after this program. Of course, we hire many of them. Some of them get jobs, we help them with their resumes. But we are not an employment government training service.

And in one other thing, too, that's really important is that these people you do get at your host sites is that they're not subject matter expertise. They're not SMEs. They have no legal authority to represent or speak on behalf of CDC. We recognize them as Associates, and sometimes you'll hear them refer to as fellows, but they're not subject matter experts. They're entry-level early career, public health professional. Now some of those folks you're going to get might have masters and might have a lot of experience analyzing data. But truly, when we look at what the actual person you're getting is not going to be a subject matter expert and not speak for CDC. Because they're your staff members working alongside of you. One thing that's really important to know about is that our program is built on competencies. And what you're seeing right now is the proposed 2021 competencies.

We've added a few of them, edited and taken out a few of requirements to respond to some of the changes within public health and not necessarily just in the response side. But we really took the time, and I know the council of linkages is reviewing theirs as well. So we will kind of want it to mirror the work that they were doing. And also make sure that we hit on every single competency that the early career public health employee would want and need to work at your Health Department or agency or any facility where you think that that would be effective for them.

So I'm not going to go through all these. I'm just going to leave this, you have the slides. Underneath the 11 competencies, currently we have 42 of them and I'm dismissed not to know the exact number that we have for the 2021, but they're in about that same range, 40ish. And these are competencies that are easy to obtain. They're related to, as you can see public health science, some of it just understanding what an epidemiologist is or what contact tracing is, professionalism, how to run a meeting, how to network, how to get your partners to want to be part of the project that you're working on. So we are competency based and it's really, really important that they understand that.

This is also an example right here of some work activities that we've had Associates do in the field. Lead the health assessments process and the cores. This is information that's done to the very bottom baseline, fundamental framework of public health work. We've got people who are DIS as I mentioned, the DIS investigators, we've got people who conduct environmental and restaurant inspections. Some Health Departments to actually get them certified with the state to go out and do the inspections. So it's really, depending on the state, it depends on the locality. Because we all know we've got some home rule states and we've got some centralized states, but the amount of work activities could be just slides and slides and slides. And that's where a lot of times what's helpful is working with CDC PHAP staff prior to your filling out your application.

What is the needs? What is the need at your host site? And would this work? We've had people working in accreditation. We've got people working now just in simple COVID, basic COVID. We've had people working within communication departments and JIC offices and EOC offices. So it really is open to you, but definitely, we want to know what is the justification for the need? What is the program you want these associates to work in and how can they help and also meet your goal, program goals and make an impact?

Well, what does it mean to become one of these people? Well, here's the basic associate eligibility criteria. They've got to be a US citizen. They've got to be able to be committed to public health and want to work within public health. I think many of us on the phone know, it's not the most lucrative field early on in our careers, but we want them to understand that this is a field that kind of involves and almost envelops you into wanting to work, being passionate about public health, committed to public service, being the public servant.

They have to be willing to relocate at their own expense. We don't know where our host sites are going to be every single year. Sometimes they can be heavy on the East coast or West coast side. And I'll show you a map on the next slide of where we have our class of 2019, but they move on their own. We do not give them any funding or any type of fiduciary advantage. We work right now with them to connect them with people within that state or city and they move on their own. So these are young, early career and sometimes first career, right out of college. Because what we're seeing now, we've got this millennial group out there who can't get jobs. The jobs just aren't out there right now. And some of them will continue on with their academic goals and get their master's.

So we'll go right from high school to four years and then two more years and then six years later, they come to our program and they're like, "Hey, I want a job. I want to work with public health." And they've never really professionally had a job. So one of the things we want is we want them to understand that they're going to have to be learning and commit to these two years. They're going to have to move on their own. They're going to be working full time. And the minimum requirement is they have to have a bachelor's degree from an accredited academic institution. And that is something that we would make sure they're aware of. It has to be at least two years from the start of your position. And we do all of our hiring through USA Jobs, which is the federal hiring mechanism platform.

And we tend to do some webinars on that and to help people kind of work through that wonderful platform. Here's that map I spoke about a little bit where the class of 2019 are. As you can see, they're scattered all over. We have had Associates in every single state, Commonwealth of the Northern Mariana Islands is just this past year in 2019. Really happy about that. We've got people in Alaska, we've got people in Guam. We've had people in Hawaii before. And as you can see the numbers change, you've got California and New York and you've got Virginia pretty large states, Florida as well.

And they can have multiple locations. You can have one or two locations even in Miami, or you can have two people in the New York State Department of Health, but they could be working in two different programs. So I just wanted to share that with you really quickly about where the class is. And then for the class of 2020, I don't have a fun map to look at, but what I do have is kind of a little bit of a, just a listing of where they are currently. This past year, we hired over 185 Associates, which is big for us. This is a big year, and it was really driven not only by the necessity of supporting COVID activities within the state, but also the success of our program. Our program does do great work.

PHAP prepares people to work with the public health, state, local associations agencies within federal agencies as well, hire our staff because they're ready, they want to work. And as you can see, I highlighted a couple of the sections, the NGOs and the community-based organizations, because we're seeing a little bit of an increase with that. We really want, of course everyone, we think of health departments just being the public health cadre. But we've got a lot of other agencies, and a lot of other associations that do just as perfect work and just as comprehensive work as they would do at a Health Department.

So, we look for these kinds of agencies and I think where the rural health folks come into play, and I looked at your website and your definition and I wanted to narrow it to what we kind of define our rule entity as. Rural is someplace where I grew up in the middle of a place called Akron New York, which has a population seven or 8,000 people. But each agency has their own definition. And one of the things we try to do is we try to expand those ... I don't have the 2020 broken up as far as the local right now. I don't think I can see, I can look through my email really quickly. But I wanted you kind of just a little bit to see where the class of 2020 was.

The CDC loves bars and graphs. So I put a bunch in here, so I could look really fancy. So just to give you an idea of the program, we have a history of program. This is when we started collecting consistently on our data. But as you can see the applications, we don't need to recruit. We don't need to go out and talk to a lot of people to come want to work for us because we get applications in the thousands. Host site applications, as you can see, not that many, but this is a process.

That application is a process, it's lengthy. It's done through a fellowship program management system. It takes time. It just takes thought and time. And I wanted to give you a little idea of the number of people that we do hire, which is here. All those numbers that you had, we're right now 187 was 2020. We've got two people that aren't with us anymore. But as you can see, we've grown. During the class of 2013 to 2017. We've had, of course the need for many more Associates required by CDC because we've got these things that happen, for example, Zika and Ebola. So the need to get more people within public health, into the profession, we increased our staffing, and that is in support from CDC. CDC's programs at the agency help us fund these positions. And they realize that it's important to have people in public health. And this is a great mechanism to get people kind of hooked into the field.

This is a little bit of our graduates, how successful we are. Again, lots of numbers, graphs makes me feel really fancy, funny and important. But one thing I think what's really important to see is that that middle accepted a job thing, section, with it over 50%, over 50% we see after our two years, our Associates, the disposition becomes into actually accepting a position. Some of them go on for their schooling, if they don't have their master's or some will go on, even for doctorate. And we do have people going into service learning programs like medical school or even nursing school. So, we've had really great success with the program. And I think what's really nice to know is that we need partners like you to help us continue this success. What type of employment? That would be my next question if I saw that previous slide. Well, as you can see, majority of them it's all public health or healthcare. Some of the others have been veterinarians.

Some of them have been management school. Some of them have policy, some are politics, but as you can see the majority of this cohorts from 2014, at least the number we're seeing right here, stay within the medical or public health field. And that's really, if you think about our mission is kind of what we're all about. Is to really convince these Associates that public health is really population health. It is working with a group of entities, either it'd be a small town, big town, big city, a reservation, territory, a group of natives. It really does encompass more than just working for a Health Department. So I wanted to share that with you as well. One thing too, that we wanted to share also that is something that we're really working more towards is help and technical assistance. One of the things I think the biggest takeaway of this presentation is this CO-STARR Model.

This model is used right now and is being modified even as we speak, to really help people in the field apply for Associates. By using this CO-STARR Model, using this framework, using the letters, and we'll talk about the letters in a second. It'll help you fill out your application. Because if you

meet these letters and you follow all this guidance here, your application will fall and be able to be evaluated the level of what we're looking for. When we talk about competency based work plan, will I showed you what the domains that we have, the 11 domains coming in for class of 2021, and then about the 40 or 50 competencies. If you look at the competencies, you can achieve them in two years. Many of them are very easy to achieve. Some of them are in a framework where they're tiered levels and that's the whole point is for you to make sure that you allow the person to see, do, and teach.

That's one thing we like to do is we want the experiential, and that's the whole idea of having the Associates out in the field and not at CDC. It's so allow them to see, do and teach approach. Let them see how to do it, do it and then teach someone. The work that the Associate does should be progressive, to build their skills over those two years. So if you look at the competencies and you look at what your gap is and what you want them to do, easy, it's just more of just marrying what you need. If we look at opportunities for advancement, well, we want to make sure that they're not just learning a task. If we look at, for example, watching someone take medication for tuberculosis or a DIS, there's a pretty good framework on how to do that job.

One of the things we want to make sure is that that's not just that skillset, but there's more about how about running a meeting? How about training someone on how to watch GOPT or having to do DIS? We also want to make sure the supervisors involved. We require the supervisor to have about 10% of their time, which is about four hours. Now that's not on top of that person, it's sitting right in front of them. It's a matter of them having meetings and seeing. Having the Associates understand the expectations, making sure that the associate is meeting the goals and objectives of that position. The training, and education. We provide training at the CDC. They have courses that have to be taken within the two years. That supports your competency achievement.

And that is something that we work with you. We have a Public Health Program Supervisor at CDC, along with you in conjunction as a partner, working together to have the associate meet these competencies. And that's where the training and education and the skill development comes from. Within the aligning a category, a program that basically is, we want to make sure they're not working in something that you didn't need them. If you wanted them to work in diabetes, then we need them to work in diabetes, they're not there to work in anything other than what you apply for. And that can change throughout the year. But that's a dialogue that happens between you and the Public Health Associate CDC Supervisor. We also want to make sure that these applications are realistic. These are early career public health professionals. These folks, like I said, might not even have ever had a job before.

So if you follow this CO-STARR Model and use that word realistic, could someone coming up right out of college, do the jobs and the activities you're looking for and the needs that you have at your Health Department. And let's make sure that it's robust and fun. We want to make sure that people want to do this. These Associates don't know what they're getting into. They don't know what program they're going to be working into. They might have an interest in HIV and they're going to be working in maternal child health. We try to incorporate some of their interests, but again, we don't know if we're going to get all HIV applicants or if we're going to get all preparedness applicants. So we try to make them as robust as possible. And that's something that can be evolved even throughout the two years with your CDC PHAP Supervisor, if we need to change some positions.

Here's an important slide for everyone to see is the timeline, when are these applications due? Well, they're technically, usually only open for a month, but we're opening them up for two

years this year, on that second bullet. And what's important to know is that we want to provide the technical assistance. And you can see that you're applying for someone in December and February, but then you're not going to be getting them until the October timeframe. As a federal agency as you know, we have to kind of work within their timelines, and it does take that long for us to go through this process to actually review the applicant's work within the matching system, and also make sure we notify the people and give them time to make their moves and make their decisions.

So we've used this model for the last 12, 15 years. It's been effective. The candidate application for people who you think might be really good fits to be an Associate is opening it up in January, from January 20th to the 27. And all of this information is located on our website, which this is my last slide for everybody. And that's where you're going to find all the information that I spoke about on that PHAP website, the application information, the timeframes.

There's also going to be a bunch of webinars there for you to listen to that we've put up there. 101 PHAP 101 as well as how do you do a good application using that CO-STARR Model? That's there. These all have links attached to these lines right here. So you can find the links. We actually are having, appropriately, from two o'clock after this call, we're having a host site application, technical assistance call going over CO-STARR, more of a deeper dive into it. But thing what's most important right now is when you leave this call to think about, "Do I want to, can our agency support this well?"

What are your needs? Well, your needs are to have someone come help within the program. What financial requirements? That's one thing everyone asks me is, what are the financial requirements? The only financial requirements that a host site is tied to is any type of local travel. They are required to supply them with office equipment, be it a computer or a laptop or an office setting, or an area where they can actually work, a workstation. And that's pretty much it. A host site Supervisor who isn't on the same kind of mentality of training. We want people who have had experienced either mentoring or someone who has interns. Someone who wants to train this Associate, but also can balance that position with doing their job and getting the job and the objectives done for their position. And of course, training, we want to make sure that they're getting training at your level as well.

The dates are right there for the webinars. And I just highlighted the dates once again, the December 15th to the 20th. So I don't have a final goodbye, thank you very much slide. So I'm going to leave this one up for you guys. I'm going to also stop my control of the slides, but I wanted to just kind of give you an overview. And I know I talked really fast, because I'm from New York and that's what I do. But I will be available here for questions if we have any. But I also want you to know that we're here to help you as well. We've got a whole entire staff to help with questions, and we've got a lot of folks who have a familiarity within your states. A lot of our CDC PHAP have supervisors have been in the states, visiting host sites, seeing host sites. So if I can't help you, I definitely can find someone who knows. So that being said, ladies, I'm going to toss this back over to you.

**Kristine Sande:**

All right. Thank you very much, Heidi. So at this time we will open the webinar up for questions. So you can use the Q&A icon at the bottom of your screen to open the Q&A box and type your question in there. And while we're waiting, Heidi, I did have one question for you. Do you have information about what percentage of the current class is located in a rural area and what sorts of rural sites are they located at?

**Heidi Pfeiffer:**

That's great. Yeah, actually, let's start with the class of 2019. In class of 2019, we had about 7% of our applicants were in rural settings and that was about eight total. But the ones I know

currently, because I'm activity we were working with this class is we have a 10% of our class right now is in the rural setting. It's about 20. And when I say rural, we're referring to some of the Chickasaw Nations, the Cherokee Nation, we've got someone in and I can never say it MANILAQ Association up in rural Alaska. I think it's Kotzebue. I think that's the name of it.

We've got folks working in SOAR, which is in Kentucky, which is a federal program. We have South Dakota, North Dakota, and I want to say Cheyenne, Wyoming is another site that we have for 2020. So I would say we're hovering around the seven, eight, nine, 10%. We always want more because we know the need is there. Even more now with COVID, we're seeing the need or people to work within the COVID field within the rural settings. We're always getting asked to help. So, that's why we kind of want to reach out to you to help us convince sites to apply.

**Kristine Sande:** Great. I'm not seeing any additional questions at this time. So Heidi, any final thoughts?

**Heidi Pfeiffer:** No. I just appreciate everyone taking some time. And if you want to unmute and ask, you're more than welcome to do that, but I will make sure that this information is here for you. Please reach out to myself. I can always make sure that we talk to someone at the CDC and the PHAP Program to connect with you. We've got a lot of relationships with health departments and rural and suburban and urban entities that we can find someone who has had someone in that area to give you some good experience and what it was like to be an Associate there or have someone.

So the whole point for us is to kind of make these connections for you. And if we can, we will. And we're more than happy to help you with applications too as much as we can. We want to make sure, and I think COVID has demonstrated at least to all of us here on the phone as professionals, public health field professionals, is that we do need to kind of start saturating a little bit more than just the downtown Miami and the LA's. God loved them, they're great. But we also need to get people out into the rural areas, really where a need is there and where it's necessitated.

**Kristine Sande:** Heidi, thank you so much for joining us today and for giving us this great information and thanks for everyone who joined us as well. A survey should have opened up in your web browser about this webinar, and we hope that you'll take the time to provide us with some feedback on this webinar that we can use as we host future webinars. And once again, the slides used in today's webinar are currently available at [www.ruralhealthinfo.org/webinars](http://www.ruralhealthinfo.org/webinars). And we will also make a recording and a transcript of today's webinar available on the RHHub website. And we'll also send that out to each of you by email in the near future. That will give you the opportunity to listen again, if you need to, or to share the presentation with your colleagues. Thanks again for joining us and have a great day.