Northwest Center for Public Health Practice

2009 Annual Report & 20-year Retrospective

NWCPHP
2009 Summer Institute for Public Health Practice
Photo of Health Communication Class
see story page 4
The Northwest Center for Public Health Practice (NWCPHP) was founded by the University of Washington (UW) School of Public Health (SPH) in 1990. Dean Gil Omenn was a strong supporter (shown above left with artist Marvin Oliver who designed the black, white, and red soulcatcher logo).

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The next few years saw a diversification of training, research, and evaluation. NWCPHP started the Northwest Public Health Leadership Institute in 2003 and the monthly webinar series Hot Topics In Preparedness in 2004. In 2008 NWCPHP was funded by the CDC to create the Northwest Preparedness and Emergency Response Research Center and assumed responsibility for producing the school’s journal, *Northwest Public Health*. A more complete timeline is available online at www.nwcphp.org. Thank you to all who have made these 20 years possible.
The Mission of NWCPHP

The Northwest Center for Public Health Practice (NWCPHP) promotes excellence in public health by linking academia and the practice community. As part of the University of Washington School of Public Health, NWCPHP provides training, research, and evaluation for state, local, and tribal public health in six Pacific Northwest states—Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.

Special Supplement of Northwest Public Health

Happy Birthday NWCPHP. This special supplement to *Northwest Public Health* looks at one of the University of Washington School of Public Health’s oldest centers, the Northwest Center for Public Health Practice (NWCPHP). In its 20th year, NWCPHP has launched an annual report; this first issue is a 20-year retrospective. NWCPHP would like to thank the many, many people who have made these 20 years possible. Although this publication cannot share all of NWCPHP’s activities or recognize everyone, we would like to take this opportunity to thank you.
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A more complete timeline is available online at www.nwcphp.org. Thank you to all who have made these 20 years possible.

Photo of early 1990s computer training courtesy Panhandle Health District, Idaho. Photos of Deans Gil Omenn and Patricia Wahl courtesy Dean's Office, University of Washington School of Public Health. Photo of American Indian Day in Portland, Oregon, courtesy the Northwest Portland Area Indian Health Board. Underlay photo of the University of Washington courtesy Hsio-Ying Lo. Vaccine photo courtesy CDC PHIL.
NWCPHP celebrates 20 years.

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When I became Dean of the UW School of Public Health in 1999, I brought to the job little knowledge of public health as it is practiced in the real world. I recruited Mark Oberle as our School’s Associate Dean for Public Health Practice—the first such appointment in the country. Mark had served from 1987 to 1990 as our School’s liaison to the public health agencies in this state and was the first director of our Northwest Center for Public Health Practice (NWCPHP).

To gain a better understanding of public health at the community level, I decided to visit a few local health departments in our state and asked Mark to select some “representative” ones. He claimed there was no such thing and insisted we visit all of them. Accordingly, we made the commitment to visit all 34 local health jurisdictions in the state of Washington. It took almost two years, but we did it and learned a lot.

While we found that our School’s expertise was widely recognized and respected, and our academic programs and research were highly valued, they appeared to be neither accessible nor of benefit to local public health. It was clear that we needed a “gateway” into our “ivory tower” that would provide access to public health practitioners; thus, NWCPHP now works with state and local health agencies throughout the Washington, Wyoming, Alaska, Montana, Idaho, (WWAMI) and Oregon region. While we noted that there was a critical need to provide public health training outside of the University environment, we did not initially have the resources. We subsequently sought and received federal funding to extend the educational resources and expertise of NWCPHP throughout our state and region, and we have continued to expand NWCPHP’s ability to link our School and the practice community.

NWCPHP has played an important role in implementing our School’s strategic vision of collaboration and partnership—bringing new tools to practice and valuable experience to our students and faculty—and we look forward to its continuing to serve our region in the years ahead.

Since NWCPHP’s inception in 1990, the University of Washington’s School of Public Health has only had two deans. Dean Gil Omenn (pictured at left) was Dean when NWCPHP began. Dean Pat Wahl (pictured above) has been at the helm since 1999.

As we look back at our 20 year history, we appreciate their leadership. They clearly saw the need for engaging academic resources and practice. It’s because of this commitment that NWCPHP can offer tools and resources to promote excellence in public health practice.

Thank You
Dean Omenn & Dean Wahl

Common Acronyms:
CDC: Centers for Disease Control and Prevention
HRSA: Health Resources and Services Administration
NWCPHP: Northwest Center for Public Health Practice
SPH: School of Public Health
UW: University of Washington
Training

Training the public health workforce has been the major activity of NWCPHP since its inception. Public health workers come from a wide range of backgrounds and professional experiences, often with little or no formal training in the field of public health. For many people, the route to their current position was more serendipitous than planned.

Our partnerships with public health organizations help us identify the training needs of public health workers in our region. We then work to provide training on these topics through a range of distance and in-person formats. We are also actively connected to our peer training centers and are an active member in the national networks of public health training centers.

Research

Public health is a discipline based on principles that include the collection and analysis of data as a basis for action. Yet many current public health practices are based on limited evidence of their effectiveness. Governmental and private research funds have typically targeted medical programs and services rather than public health programs and services. This is beginning to change. In the past few years, NWCPHP has received funding to coordinate several research projects, some of which include effective communication during emergencies, limited English proficiency communication strategies, and climate change research.

Evaluation

Public health programs need to be responsive to the changing political, social, and economic environments in which they operate. The interest in rigorous evaluation of public health activities has been driven both by practitioner interest in improving the quality of services, and by the expectations of policy makers and the general public that government programs should be accountable. NWCPHP has assisted the practice community both by serving as an external evaluator of programs and by providing training and assistance to enable practitioners to evaluate their own programs.
From its beginning, the Northwest Center for Public Health Practice (NWCPHP) has served as a bridge, allowing resources, research, and tools to be shared between academia and public health practitioners. When NWCPHP was only months old, surveys went out to local public health practitioners asking what kind of training they needed most. The results generated the list of training topics for one of NWCPHP’s first services—the Summer Institute for Public Health Practice.

The Summer Institute was first held in 1991, funded by a grant from the Health Resources and Services Administration of the U.S. Department of Health and Human Services. Participants came for the intensive two-week program, designed to provide skills development in the basic public health disciplines for practitioners without prior formal training, as well as to update previously trained practitioners on new technologies and emerging topics.

University of Washington faculty taught the courses, which covered epidemiology, environmental health, public health law, program planning and evaluation, and management and leadership.

The Summer Institute has evolved over the past 19 years to meet the needs of public health practitioners. While the courses offered in the very first Summer Institute have largely remained staples throughout the years, NWCPHP has added courses in cultural competency, informatics, emerging infections, bioterrorism, health policy, and public health communications to address participants’ interests and developments in the field. The format of the Summer Institute changed to a one-week program as it became increasingly difficult for practitioners to spend time away from work.

Participant evaluations of the Summer Institute have been overwhelmingly positive throughout its two-decade history. One participant from the 1992 session commented, “Dynamic faculty and participants – stimulating week!” Another from the 2008 session was equally enthusiastic, “Loved being here! Leaving enthused with new skills, perspective to take back to work.” NWCPHP looks forward to providing positive and practical training experiences to public health practitioners in the decades to come.

The 2010 Summer Institute will take place on August 9 - 13, 2010, in Seattle, Washington. For more information please call 206.685.1130 or visit us online at: www.nwcphp.org/si

Bud Nicola, you are great — a wonderful facilitator. I will be able to utilize what we did in case studies the most. Thank you very much for a wonderful experience.

— Registered Nurse at first Summer Institute, 1991, about faculty member and co-director Bud Nicola

The Summer Institute
An NWCPHP Tradition

Upcoming Summer Institute
A damp, but promising, beginning
by Mark Oberle, Founder & Director 1990-1991

When Gil Omenn was Dean of the University of Washington (UW) School of Public Health (SPH), one of his three goals was to improve academia’s interaction with public health practice. In 1987 this was especially important because the Institute of Medicine was about to release its report, “The Future of Public Health,” which documented the many challenges of public health practice in a deteriorating resource environment. Gil took advantage of a federal personnel assignment called the Centers for Disease Control and Prevention (CDC) liaison officer program for schools of public health, to request a Public Health Service Commissioned Officer to UW. Interestingly, the CDC home of that program was the Training and Laboratory Program Office, then headed by Paul Wiesner, who now hosts NWCPHP’s popular Hot Topics series (page 8).

In December 1987, I started my assignment at UW as a visiting assistant professor in the Department of Epidemiology, and later as Assistant Dean for Public Health Practice. On June 5, 1989, an energetic Masters of Public Health student, Natalia Kanem, and I organized a workshop at UW to discuss possible steps that the UW SPH could take to improve the School’s interaction with the practice community. We had proposed an intimate focus group, but demand was so great that it turned into a workshop with 92 practitioners.

Fortunately just after that workshop, the Health Resources and Services Administration issued its own special projects request for proposal to address public health practice and academia. Jim Gale, Joanne Hoover, Chuck Treser, Geoff Hoare and other faculty members worked over Christmas vacation to pull together a proposal for NWCPHP.

On July 1, 1990, NWCPHP began operations under the Department of Health Services with our three-year, $511,000 cooperative agreement budget. We were housed in a leaky, E-Wing basement room, with one talented staff person, Martha Thomas. In our first year, Chuck Treser coordinated a training needs assessment in the region, with 1,082 responses. That survey revealed tremendous needs for basic public health training, which partially reflected severe federal budget cuts from the 1980s.

The first year saw short course offerings in Washington, Oregon, and Montana, plus work in practicum development, faculty/agency exchanges, and a new project working with local boards of health. We then offered our first Summer Institute for Public Health Practice July 22-August 2, 1991. Thirty-four public health practitioners attended the first Summer Institute, ably directed by Joanne Hoover. At that time faculty were quite concerned that two weeks was not enough time to build skills for practitioners. We have since yielded to the time pressures of busy agencies and reduced the Summer Institute from two weeks to one.

After I had spent a year setting up NWCPHP as well as running the UW Preventive Medicine Residency, CDC reassigned me to the new Washington State Department of Health, where I was still able to teach at the Summer Institute and other NWCPHP courses. Jesse Tapp took over as director in 1991.
The NWPHLI is a year-long training program for up-and-coming public health leaders. Our leadership scholars are dynamic public health workers who have a passion for transformational leadership. Each cohort is a mix of professionals representing urban and rural areas, as well as state, tribal, and local agencies. Since 2003, four cohorts of leadership scholars have completed the institute and fifth cohort will finish in March 2010.

As is commonly understood, the field of public health is experiencing intense—and escalating—pressures. The mandate grows while funding shrinks, and at times, external demands clash with organizational structures. Many seek out the NWPHLI to increase their leadership skills during this dynamic era.

NWCPHP provides leadership scholars with multiple ways to connect and learn during the year. Scholars attend three on-site visits, which offer an opportunity to gather in one place for instruction and face-to-face interaction with each other, faculty, and the practice community.

Because teams are so important to the culture of public health, our scholar cohorts form teams. Team members provide support and resources to each other during the year and beyond. Leadership in any field can be a lonely endeavor at times, and NWCPHP consistently receives feedback that the team experience is one of the strongest and most rewarding aspects of the institute.

Specific skill areas are team leadership, systems thinking, effective communication, and health equity, among others. The curriculum is flexible from year to year since the dynamic nature of public health requires a similar dynamism in leadership training. Innovations for the current cohort include monthly webinars that allow scholars to connect with national public health leaders.

NWCPHP acknowledges complex working environments and strives to provide training to support transformational public health leadership.
A tabletop exercise is a training tool used in preparing for and responding to emergencies and disasters. It is characterized by:

- A fictional scenario of a large-scale disaster or emergency (e.g., floods, foodborne outbreaks, pandemic influenza)
- A facilitator who leads participants (called “players”) through a discussion about a series of incidents depicted in the scenario
- A debriefing to further explore and agree upon issues identified
- An after-action report that documents the status of plans and policies with recommended corrective actions

Over the past 20 years, the Northwest Center for Public Health Practice’s (NWCPHP) principal activity has been to provide just-in-time training and ongoing learning resources for public health professionals to stay current and build capacity. NWCPHP was born around the same time as the Internet and has grown with it, developing and offering online courses to practitioners throughout the region.

Today, NWCPHP offers 19 online courses on topics ranging from public health law to epidemiology to program evaluation. These online courses, called modules, are self-paced online classrooms. They can be taken by anyone, anywhere, over any amount of time. Most of them can be completed in 1-2 hours.

NWCPHP is able to provide these online courses through two major sources of federal funding. In 2000, NWCPHP became a Center for Public Health Preparedness through funding from the Centers for Disease Control and Prevention and the Associated Schools of Public Health. NWCPHP had been receiving funding from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, but in 2000 it became a HRSA Public Health Training Center. These two grants expanded NWCPHP’s capabilities to provide practice-based training.

NWCPHP contracts with public health agencies to produce a wide variety of courses and is always considering new course topics. If you have suggestions for future online modules, please contact us.

NWCPHP Online Training Modules (available online at no cost to the public)
- Cause and Effect (2007)
- Data Analysis Modules 1-5 (2008)
- Data Collection for Program Evaluation (2009)
- Data Interpretation (2006)
- Disaster Behavioral Health (2006)
- Emergency Risk Communication (2006)
- Environmental Health Communication (2007)
- Infectious Disease (2006)
- Logic Models (2007)
- Outbreak Investigation (2006)
- Pharmacy (2008)
- Program Evaluation (2007)
- Screening in Public Health Practice (2009)
- Study Types (2008)
- Surveillance (2006)
- What is Epi? (2007)
- Workforce Resiliency Modules 1-3 (2008)

Bringing experience to the tabletop

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NWCPHP Tabletop Exercises:
- Bioterrorist Attack on Food
- Emergency Preparedness: Business Continuity
- Essential Services of Environmental Health
- Pandemic Influenza
- Recognition and Initial Response to SARS
- The Anarchist — Strategic National Stockpile Activation
Hot Topics
Hosting the discussion since 2004

By Paul Wiesner, moderator

When I visited the Northwest Center for Public Health Practice (NWCPHP) in April 2004, I was seeking a way to ease into retirement after a long career in public health at the national, state, and local levels. “Maybe,” I thought, “I could find something to do to just to keep my hands wet.”

Jack Thompson and Andy Stergachis suggested that I might be interested in starting up a new monthly Web-conference called Hot Topics in Preparedness (HTIP), which was supported by a cooperative agreement award from the Centers for Disease Control and Prevention (CDC). We wanted to provide a forum where experts and practitioners in the field could share insights about best practices in response to urgent issues facing public health. The initial emphasis was on planning for, responding to, and recovering from public health crises.

HTIP is now one of the mainstays of NWCPHP’s connection to the practice community. But we didn’t know how well-received HTIP would be when we first launched it. Our first session took place on April 27, 2004. Jeffrey Duchin from Public Health — Seattle & King County presented on preparing for severe acute respiratory syndrome (SARS).

Thinking about our first session five years and 67 sessions later, I realize that the ingredients for the success of HTIP were evident in that very first session: great speaker(s); enthusiastic participants; an interactive platform (iLinc); outstanding staff; an active network of state training coordinators; an engaged advisory committee; plenty of challenging topics; and the freedom to innovate and make improvements.

The NWCPHP staff deserves a few special comments. Each of the successive logistical coordinators (currently, Sarah Paliulis) has done a masterful job of coordinating with the regional trainers, doing all the behind-the-scenes work required for a live, monthly broadcast, orienting the speakers to iLinc and the nuances of effective distance learning, convening the advisory committee, trouble-shooting the system during the presentations and promoting objective evaluation with an eye toward improvement. Our coordinators have worked closely with staff instructional design professionals who ensure quality and organization of the presentations. Presenters (many of whom are experienced professionals on the speaking circuit) regularly comment about how much they learned about distance teaching or slide presentation from their experience with HTIP.

Search our Web site and you will see that the HTIP archive is a treasure trove of information about virtually every major issue facing public health over the past five and a half years. We have introduced stories from the field that vividly elucidate the talent of public health staff from all states in the region. We have broadened the lens on preparedness by introducing topics that have long-lasting effects on the infrastructure of practice—topics such as ethical decision-making, the art of dialogue, health care reform, and collaborative leadership. Each audience is eclectic, its composition driven both by the topic presented and by the popularity of the speaker.

Thank you Paul & welcome Bud and Pat!

NWCPHP thanks Paul Wiesner for his years of wonderful leadership. A revolving moderator schedule began in 2010, with Wiesner, Bud Nicola, and Patrick Libbey.

Tabletops at NWCPHP

After September 11, 2001, public health agencies became aware they were underprepared to respond to large-scale emergencies. Not surprisingly, this increased awareness led to increased interest in preparedness training.

NWCPHP has been able to productively respond to this interest by creating and facilitating tabletop exercises. Tabletop exercises go beyond testing individual knowledge; they teach planning.

Carl Osaki, a NWCPHP faculty member, has been identified as a national resource for developing, facilitating, and evaluating tabletop exercises. When he was Director of Environmental Health at Public Health — Seattle & King County, Carl Osaki reported to the county’s emergency operations center, participating in a number of real life emergencies as well as training exercises. With NWCPHP, he conducts numerous tabletop trainings and exercises for local, state, and tribal public health agencies.

NWCPHP has received national recognition for its tabletop trainings. Bioterrorist Attack on Food: A Tabletop Exercise was ranked first among public health tabletops in a technical report published by the RAND Corporation in 2005.*

Creation of the Northwest Center for Public Health Practice (NWCPHP) was proposed in an application to the Health Resources and Services Administration. NWCPHP would be based in the Department of Health Services in the School of Public Health at the University of Washington as a resource for the whole School.

NWCPHP was funded and a tiny office was opened in the E-Wing. With the dean’s blessing, all departments of the School were informed of NWCPHP’s existence and mission. Only scant funding was available to assist in outreach; nevertheless an opening was being enlarged for a genuine exchange with the world of practice.

An advisory committee representing several states in the region, both local and state health departments, and others was formed to provide guidance. It was clear early that there was a need for practitioners to learn the basic disciplines, such as epidemiology and health service administration. This led to the first Summer Institute for Public Health Practice (page 4). Members of the departments of Environmental Health and Epidemiology were key players in all these efforts. And important activities were proposed to work with the School of Nursing on behalf of public health nurses, the backbone of local public health.

From the beginning, we always intended that students have opportunity for well structured and supervised experience in their chosen fields of study. The goal was to enhance relationships between faculty and students and public health workers and agencies in the region. Placements were to be developed for students in the School’s preventive medicine residency to meet national standards for hands-on public health practice experience. Faculty members provided academic supervision while public health practitioners provided invaluable access to problem solving in their communities.

Medical center lawyers crafted appropriate contracts with county governments for placement of students and faculty in health department activities. It was not a matter of simple handshakes. The value of this integration was obvious. Some practitioners who provided access to their worlds and expertise were offered clinical faculty appointment in recognition of their voluntary teaching.

Growth and development of NWCPHP was slow in its infancy for the usual academic reasons: lack of sufficient seed money, lack of recognition of outreach as a factor in faculty promotion and tenure decisions, and very long distances to be traveled in the Pacific Northwest.

It is gratifying to see NWCPHP survive these obstacles to the age of 20, becoming a respected arm of the School of Public Health. There are so many who have made it work; all deserve our gratitude.

**Northwest Public Health Training Center**

NWCPHP is one of 14 nationally recognized Public Health Training Centers (PHTC). The federal Health Resources and Services Administration (HRSA) funds these regional training centers to strengthen the technical, scientific, managerial, and leadership skills of the public health workforce.

Our mission as the Northwest PHTC is to ensure the basic competencies of all public health personnel in our region and to promote the development of public health leaders in the Pacific Northwest. Our activities range from frontline training to formal higher education, focusing on the priorities and strengths of our partners. NWCPHP serves six states in the Northwestern United States: Alaska, Idaho, Montana, Oregon, Washington, and Wyoming. We also have tribal partners in this geographical area. The area we cover makes up almost one-third of the land mass of the United States and extends across three time zones.

NWCPHP staff also revised the PHTC network repository of over 250 online training courses developed by all of the PHTCs. The searchable database is stored on the Association of Schools of Public Health website to be constantly available to practitioners.
2009 Training Numbers:

NWCPHP offers online courses through our Web site (www.nwcphp.org) and posts them in regional and national online training resources. These numbers reflect the courses taken through our Web site and our regional partners’ websites. We know anecdotally that NWCPHP courses are used on national Web sites and at in-person trainings, but because we can't track that use, those numbers are not reflected here.

Online courses:

Basic Infectious Disease Concepts in Epidemiology 1,478
Cause and Effect in Epidemiology 319
Data Analysis Series Module 1: Overview of Public Health Data 295
Data Analysis Series Module 2: Analysis and Interpretation of Public Health Data Part 1 134
Data Analysis Series Module 3: Analysis and Interpretation of Public Health Data Part 2 85
Data Analysis Series Module 4: Presenting Public Health Data 65
Data Analysis Series Module 5: Data Available to Public Health Professionals 56
Data Collection for Program Evaluation 35
Data Interpretation for Public Health Professionals 222
Disaster Behavioral Health 596
Effective Communication for Environmental Public Health 235
Emergency Distribution of Pharmaceuticals 338
Emergency Risk Communication for Public Health Professionals 457
Essential Services of Environmental Health for Academia 33
Introduction to Outbreak Investigation 492
Introduction to Public Health Law 122
Introduction to Public Health Surveillance 468
Logic Models and Outcome Measurement 85
Measuring Risk in Epidemiology 346
Preparing for and Responding to Bioterrorism (Primary Care Clinicians) 80
Preparing for and Responding to Bioterrorism (Public Health Workforce) 188
Program Evaluation in Environmental Health 112
Screening in Public Health Practice 274
Study Types in Epidemiology 379
What Is Epidemiology in Public Health? 818
Workforce Resiliency 1: Stressful Effects of Disasters on Workers 178
Workforce Resiliency 2: Individual and Organizational Preparedness 39
Workforce Resiliency 3: During and After a Disaster 36
2009 Total: 7,965

CD-ROM Orders:

Basic Concepts in Data Analysis Series 66
Bioterrorist Attack on Food: A Tabletop 128
Emergency Preparedness: Business Continuity Tabletop Exercise 116
Epidemiology Modules 95
Essential Services of Environmental Health 138
Hot Topics 2004 Archive 36
Hot Topics 2005 Archive 34
Hot Topics 2006 Archive 36
Hot Topics 2007 Archive 62
Hot Topics 2008 Archive 98
Pandemic Influenza Tabletop Exercise 142
Recognition and Initial Response to Suspected SARS: A Tabletop Exercise for Local Communities 72
The Anarchist-Strategic National Stockpile Activation: A Tabletop 123
2009 Total: 1,146

Summer Institute:

58 participants

Leadership Institute:

23 participants

Hot Topics in Preparedness: (page 8) (estimates based on participation survey responses)

<table>
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2009 Total: 1,163

New in 2009:

Screening in Public Health Practice, online course released February 2009

Data Collection for Program Evaluation, online course released November 2009

An emergency call to 9-1-1 is stressful. Now imagine explaining your emergency to an operator who speaks another language.

This study aims to identify language barriers to using phone-based emergency communication and response systems, focusing on vulnerable Limited English Proficiency (LEP) communities.

This research starts with focus groups and a telephone survey. Then, reports from 9-1-1 calls will be analyzed to see if response is slower where there is a language difficulty. For calls where operators identified a language barrier, the taped calls will be listened to. LEP callers will be called and asked whether they understood the information received from the operator.

Health care professionals play an important role in public health’s emergency preparedness and response infrastructure.

This study will evaluate current and novel communication (fax, e-mail, text messaging) between public health and health care providers to determine the effectiveness of various message delivery systems. Researchers will also compare the effectiveness of communication methods in diverse community types, such as urban and rural.

The results can be used to improve emergency preparedness and response systems by improving communications between public health and health care providers.

This project is being led by researchers at Public Health – Seattle & King County.

Text messaging is an intriguing emergency communication channel. Texting is popular with certain populations and text messaging works on a packet-switching network, so texting often works when regular phone transmission lines get jammed. Research has also shown text messages to be persuasive.

The primary aim is to learn about the texting needs of our audiences to ensure texting programs developed and implemented are as effective as possible.

A second aim is to understand the logistical, fiscal, legal, and technical implications for a health department.
Big goals in baby steps


The Northwest Center for Public Health Practice (NWCPHP) was still in its infancy in 1992, when I took over as director. We didn’t have much money, but we had already held the first Summer Institute for Public Health Practice – and it had been a success.

My biggest regret during my directorship was that funding for outreach to our practice partners was restricted. Morale was good, however, with strong support and good humor, specifically from Dean Omenn, Health Services Chair Bill Dowling, and CDC-supported Mark Oberle and Patrick O’Carroll.

Narrowing the gap between public health practice and academia is no small task, but we began to make progress with the Summer Institute, visible institutional backing, greater funding, and new faculty from the practice world, especially Jack Thompson. Early support from the federal Health Resources and Services Administration (HRSA) allowed us to hire important faculty members, including Jesse Tapp, Chuck Treser, Joanne Hoover, and Sharon Morris.

Personally, I bridged the gap between academia and practice when I was appointed as part-time health officer for Kittitas County in central Washington. This was a new experience for me, and a wonderful addition to my University of Washington responsibilities. Joanne Hoover developed a useful manual for new board of health members, most of whom were elected officials with no prior public health background. (see timeline at front) We were also able to provide a practice framework for 11 preventive medicine residents, who traveled to Kittitas County weekly to act as assistant health officers from 1991 through 2001.

Our visibility began to increase with the assignment of Patrick O’Carroll, who conducted an assessment of Internet needs, knowledge, and training among local Washington health jurisdictions in conjunction with the UW Health Sciences Libraries with support from the Woodruff Foundation.

From 1997-2000, we successfully ran a Graduate Certificate Program in Public Health, funded by the Centers for Disease Control and Prevention (CDC). Through distance learning, students could take half the course credits for a Master of Public Health degree from the University of Washington. Graduates of this hybrid program have assumed leadership roles throughout the Northwest.

In 1998, Jack Thompson took over as director, and I wrote a successful CDC application for our Academic Center for Public Health Preparedness. This grant, together with additional Health Resources and Services Administration funding for outreach, thrust the NWCPHP and its newly energized leadership, to the next level of visibility and expertise in training leadership for the Northwest region.

We didn’t have much money, but we had already held the first Summer Institute - a success.

9-1-1 CPR instructions, regardless of language

NWCPHP took on another project related to emergency communication in 2009, specifically investigating the cultural and linguistic barriers faced by Limited English Populations (LEP) related to performing cardiopulmonary resuscitation (CPR).

The goal of this project is to investigate awareness and acceptability of bystander CPR, find out how to best teach basic CPR skills to different language communities, adapt and test linguistically appropriate 9-1-1 dispatch-assisted CPR instructions, and implement the most effective CPR instructions in two large call centers in the Pacific Northwest.

This research project is a collaborative effort of NWCPHP, the Emergency Medical Services (EMS) division of Public Health — Seattle & King County, and several community-based organizations serving Asian and Latino communities in the Seattle-King County area. Funding comes from the Centers for Disease Control and Prevention.

NWPERC Pilot Projects:

- 2 pilot projects
- 3 H1N1 pilot projects
Climate Change

The Northwest Center for Public Health Practice (NWCPHP) is working with partners in the University of Washington's Department of Environmental and Occupational Health Sciences and Climate Impacts Group to study climate change in the Northwest.

Scientists will evaluate the impact of climate change on human health in the region, work with local communities to study health risks that will likely occur in the next 35 years and uncover how communities might mitigate those risks.

The University of Washington team will investigate health impacts of two climate trends in the Northwest: increase in extreme heat events and worsening air quality. This project will analyze the mortality and morbidity risks for specific communities as these climate change trends continue.

NWCPHP’s responsibility within this project will be to develop strategies and tools for health departments to communicate effectively with local communities about these health risks. NWCPHP will work with public health officials to develop strategies that engage and support decision makers, health care providers, tribal councils, and the public. In addition to addressing health risks, we will assist public health practitioners to communicate about new programs and policies to prevent or mitigate the health risks of climate change.

Richard Fenske, from the Department of Environmental and Occupational Health Sciences, is the primary investigator. Fenske was a senior author in a June 2009 report to the Washington State Legislature that documented excess mortality during heat events in the greater Seattle area over the past 25 years. The report also predicted significantly more heat- and air pollution-related deaths in Washington in the years to come. This project is funded by the Centers for Disease Control and Prevention for the next three years.

Environmental Health Training

Climate change research is a newer endeavor for the Northwest Center for Public Health Practice (NWCPHP), but, during the past decade, NWCPHP has become nationally recognized for its training of environmental health professionals with funding from the Centers for Disease Control and Prevention (CDC).

Professional organizations, such as National Environmental Health Association, provide technical training for environmental health professionals, but our region expressed a need for courses on effective communication, public health law, community collaboration, and program evaluation. In the early years of NWCPHP, Chuck Treser, of NWCPHP and UW Department of Environmental and Occupational Health Sciences faculty, advocated the importance of making environmental health part of the NWCPHP’s mission.

From our CDC funding, we have produced a module that helps environmental health professionals integrate the 10 Essential Public Health Services into environmental health practice. To date, this training module has been distributed by the CDC to more than 3,000 local and state health departments.

The CDC also funded a Regional Academic Environmental Public Health Center (RAEPHC) at NWCPHP. The RAEPHC’s aim was to provide technical assistance, assessments, training, and evaluations to environmental health professionals in nine states. Carl Osaki, a NWCPHP faculty member, provided critical expertise and oversight for these CDC-funded projects.

We look forward to continued collaboration with our environmental health partners.
EVALUATION

Evaluation is critical to successful public health programs. Effective program and training evaluation helps collect evidence needed to determine a program’s impact and uncover successful and less successful components. It helps shape and assess public health activities. The Northwest Center for Public Health Practice (NWCPHP) focuses on three areas of evaluation: public health programs, public health training needs, and public health trainings.

Evaluating public health programs
Evaluating the King County Healthcare Coalition

How do health departments know if their programs are producing the results that they are working to achieve? Public Health - Seattle & King County (PHSKC) wanted to clearly demonstrate the outcomes of their work invested in the King County Healthcare Coalition (HCC). For the past two years, PHSKC has contracted with NWCPHP to conduct an evaluation of the seven projects, as well as an overall evaluation of the HCC.

The work is part of a health care facilities partnership grant awarded in 2007 by the Assistant Secretary for Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services. Four of the projects were:

- Evaluating Business Resiliency Workshops: The project provided training, tools, and techniques for assessing gaps in preparedness and supported agency planning through enhancement grants, continuity of operations workshops, technical assistance, and guidance on sustaining operations and services during an emergency response. NWCPHP worked with PHSKC to develop project monitoring spreadsheets, business resiliency assessment tools, and final reporting tools and conducted pre- and post-evaluations of business resiliency workshops.

- Regional Healthcare Worker Survey: The Regional Healthcare Worker Survey provided an assessment of the ability and willingness of healthcare workers in King County to report to work during a public health emergency. The data from this study provided valuable information to inform both regional and organizational emergency preparedness and response planning.

- Healthcare Coalition Self-Assessment Survey: The Healthcare Coalition Self-Assessment Survey was based on the Partnership Self-Assessment Tool,* which was designed to help partnerships understand how well the collaborative process is working and identify specific areas of improvement. The HCC Self-Assessment Survey was administered electronically using SurveyMonkey, a Web-based survey tool.

- Overall Evaluation of King County Healthcare Coalition: NWCPHP collaborated with the HCC and PHSKC to conduct key informant interviews with government leadership and Coalition executives, members, and staff.

More information available online at: www.nwcphp.org/evaluation

*The Partnership Self-Assessment Tool was created by Roz Lasker, Elisa Weiss, and Rebecca Miller Anderson at the Center for the Advancement of Collaborative Strategies in Health. Minor modifications were made for use with the HCC.
Evaluating Public Health Training

What training is needed? Who needs it? What format?

How do we begin to understand the training needs of the public health workforce? As early as 1990 the Northwest Center for Public Health Practice (NWCPHP) asked our region this question.

The formal definition of a training needs assessment is the systematic identification of needs, defined as discrepancies between desired and actual skill level. It employs multiple methods of data collection, analysis, and prioritization. The process utilizes a prioritized needs list to develop solution strategies.

Below are a few of the training needs assessment projects from the past ten years:

- Emergency response and Bioterrorism became critical after September 11, 2001. During 2002 and 2003, NWCPHP hired Group Health Community Foundation to work with state health departments in our partner states (Alaska, Idaho, Montana, Washington, and Wyoming) to develop an instrument to help the states assess their workforce training needs and develop an emergency preparedness training plan. Many of the training plans from these initial assessments are still in use.
- Montana Public Health Workforce Development Survey: NWCPHP conducted this online survey in October 2004 for the Montana Public Health Training Institute, a program of the Montana Department of Health and Human Services, Public Health and Safety Division.
- The Northwest Regional Public Health Workforce Development Assessment was completed in 2002. These assessments (Idaho, Montana, Oregon, Washington, and Wyoming) were reviewed and analyzed to develop a broad picture of public health workforce issues, barriers, needs, and resources across the region.
- Workforce Development Project: 2000 Training Needs Assessment Update—Washington State. This final report provided a review and update of several training needs assessments. This report supported development of the 2001 Public Health Improvement Plan, which has workforce development as a major priority.
- In 2003, NWCPHP conducted an assessment of the knowledge and practice of the 10 Essential Services by environmental health practitioners in our six partner states.
- In 2009, NWCPHP prepared for a comprehensive regional training needs assessment implemented in the first quarter of 2010.

Was this training successful?

NWCPHP conducts many public health trainings in many different formats, and we evaluate each one to make sure the workforce needs are being met and determine successful and less successful tools for future trainings.

In 2005, NWCPHP reviewed its evaluation instruments and developed a set of standardized questions and response options that could be used for all training evaluations. Previously, NWCPHP’s faculty, staff, and partnering agencies routinely designed evaluations to meet the needs of specific training programs without a common framework. These uncoordinated evaluations resulted in numerous variations of survey questions and response options, as well as inconsistent data collection and analysis processes.

NWCPHP undertook the training evaluation standardization project to streamline its evaluation efforts and develop a system that could aggregate data across similar types of training and compare findings from year to year. In addition to evaluating our own trainings, NWCPHP is routinely contracted by other organizations to help develop training evaluation.

We also post the basic templates we use for training evaluations on our Web site at www.nwcphp.org/evaluation for other organizations to customize for their training evaluation needs.
In 1995, the Centers for Disease Control and Prevention (CDC) assigned me to the Northwest Center for Public Health Practice (NWCPHP) to develop informatics training for CDC’s public health advisors. These advisors had been given the job of developing nationally interoperable statewide immunization registries—an undertaking only slightly less complex than the Apollo moon mission of the 1960s. NWCPHP was selected because of its well-established training infrastructure and its close connection with the practice community.

The idea was for me to develop a week-long informatics training course in close collaboration with state and local practice colleagues, and then to deliver it as a special track at the Summer Institute for Public Health Practice (page 4). A year or so later, Jim Gale asked if I would help him co-direct NWCPHP. In 1997 I became full-time director and stayed in that post until I returned to CDC headquarters in 1999.

The reader will remember the 1990s as that brief period between when dinosaurs roamed the earth and when essentially everyone on the planet acquired a Facebook account. When I first arrived in the Northwest, many states were still actively developing closed (non-Internet-based) statewide computer networks; most local public health practitioners did not use e-mail; and managers were busy deciding which few of their employees might be trusted with access to the World Wide Web. Needless to say, it was an exciting time to be in informatics.

One of my favorite memories of this period is traveling across Washington with colleagues from the Washington State Department of Health and the University of Washington Health Sciences Library, proselytizing about the information and communication wonders of Web access. After one such session, in which we demonstrated how to use a Web browser to find public health information, a local health department employee told us she thought the Web looked wonderful—but would it be possible, first, to help her log into her e-mail account? It appears that contractors had recently installed the department’s first-ever e-mail system, but neglected to give anyone at the department their password. Early days, indeed.

During my tenure as director, public health informatics became a major component of the NWCPHP along with training development and delivery, and outreach to the practice community (e.g., managing the practicum assignments of students at state and local health departments). Since that time, of course, public health informatics has grown into its own domain, and now the University of Washington can boast one of the country’s premier Centers for Public Health Informatics (www.cphi.washington.edu).

Today, the nature of NWCPHP’s projects continue to grow and evolve as it takes on new responsibilities related to public health practice research. As to the future, I can only say that I expect the many projects of the NWCPHP will always reflect its fundamental purpose: to serve as a bridge between the academic and practice worlds of public health, and to bring the power of a great academic institution to bear on improving public health in the Pacific Northwest.

The reader will remember the 1990s as that brief period between when dinosaurs roamed the earth and when essentially everyone on the planet acquired a Facebook account.
Yearly Emergency Preparedness Conferences are part of a formal partnership of the Northwest Portland Area Indian Health Board (NPAIHB), the Washington Department of Health, and NWCPHP.

The first Preparedness Conference, held in 2004 in Portland, drew about 60 leaders from Indian Nations in Oregon, Washington, and Idaho. Accompanying these leaders were state and local public health organizations from the region.

The conference grew out of a needs assessment NWCPHP conducted with resources from NPAIHB, the Washington Department of Health, and the Group Health Community Health Foundation.

Since 2004, the Preparedness Conference has been held in various locations in Washington and Oregon. By 2009, participation had grown to 150 people. Keynote speakers have included tribal leaders such as Mel Tonasket, the past president of the National Congress of American Indians and current member of the Washington State Board of Health; state public health leaders such as Mary Selecky, Secretary of the Washington Department of Health, and Susan Allan, Oregon Department of Human Services Public Health Director at that time; and federal leadership such as Rear Admiral Craig Vanderwagen from the U.S. Department of Health and Human Services.

Alaska is by far the largest state in the United States. Its area is one-fifth the size of the lower 48 states. Alaska’s large land mass, low population density, and robust indigenous populations make it like no other state. To keep connected as they address their unique public health needs, the Alaskan public health community has gathered every year for the past 27 years at the Alaska Health Summit.

The theme for 2009’s December summit was “Small Steps – Big Impact.” Curriculum tracks included workforce development, innovative approaches to public health, and social determinants and health inequities. The summit presented current challenges in a roundtable format:

- Substance abuse prevention coalition and its impact on Alaska
- Traumatic Brain Injury and Post-Traumatic Stress Disorder: The new face of America’s military
- Global partnerships: Building innovative approaches to improve public health
- Cancer survivorships in Alaska
- Project Healthy Juneau Kids: Action to expand access and the utilization of well-childcare services in Juneau
- Improve Department of Health & Human Services communication to Alaska health care providers
- Evaluation of suicide data from the Alaska violent death reporting system
- The Art of DART: Disability Abuse Response Teams in Alaska
- Pre-diabetes: Driving with the warning lights on
In 2005, we collaborated with the Idaho Department of Health and Welfare to provide disaster behavioral health consultations and trainings for Idaho health care professionals. These trainings were specifically designed to help health care professionals know how to address the behavioral health consequences of public health emergencies.

Randall Beaton, a University of Washington faculty member affiliated with NWCPHP, designed and delivered these trainings. Using a needs assessment, Beaton tailored his training to each Idaho health district. Depending on what was most relevant to the district, Beaton addressed the psychological effects of disasters and the mental health risks that public health workers face during disasters. He also described how to conduct a psychological needs assessment post-disaster and how “psychological first-aid” can be given.

“Most of the people, most of the time display resilience and continue to function physically and psychologically during a disaster,” Beaton says.

For the past eight years, we have enjoyed a strong collaboration with the public health community in Montana in coordinating the Montana Public Health Summer Institute. The Institute offers short, intensive courses taught by Montana’s public health leaders and practitioners, and faculty from NWCPHP.

At the 2009 Institute, participants could choose courses on leading teams, advocating for public health, and assessing needs. Other Institute courses taught by NWCPHP faculty included public health workforce resiliency, putting preparedness into context, and voluntary accreditation for local health departments.

Montana’s local public health jurisdictions have always played a vital role in determining the curriculum for each year’s Institute. One example from the past has been the valuable collaboration on a public health law course with Joan Miles, a former director of the Lewis and Clark County Health Department and an expert in Montana state law.
The Public Health Improvement Partnership is a collaborative effort across the Washington public health community. This partnership works to guide the development of Washington’s public health system based on the premise that there is a real connection between the health of public health systems and the health of communities.

The partnership is an impressive collaboration of the:
- American Indian Health Commission
- Washington State Board of Health
- Washington Health Foundation
- Washington State Association of Local Public Health Officials
- Washington State Department of Health
- Washington State Public Health Association
- Northwest Center for Public Health Practice

In recent years, the partnership has produced:
- The Public Health Improvement Plan
- The Report Card for Health
- A survey, Everybody Counts: The Public Health Workforce in Washington State
- White Papers on public health financing
- A tool kit for communicating about public health (see poster made available to the public at left)
- Standards for public health in Washington State

Training doesn’t have to be boring, as participants in the 2008 Oregon Public Health Workforce Development Conference learned. The conference opened with FiSH!” This motivational video shows how the fish sellers at Seattle’s Pike Place Market keep their work energetic and positive—even when it is difficult.

NWCPHP partnered with the Oregon Department of Human Services to put on this conference. Presenters came from NWCPHP faculty and the Training and Education staff of the Oregon Division of Public Health. Topics included epidemiology, leadership development, program planning and evaluation, and building effective teams. Participants were given the flexibility of taking different in-depth courses.

The Northwest Portland Area Indian Health Board provided a valuable session on tribal issues and cultural understanding. This session focused on communication issues that facilitate or hinder working with tribes, tribal training needs, and information about Native humor.

“The way they designed it was fun. It showed that learning does not have to be stressful,” recalls NWCPHP’s Assistant Director, Luann D’Ambrosio.
The 2008 Wyoming Public Health Leadership Workshop provided on-the-ground application of leadership skills.

First came the classroom courses taught by a nationally-known expert on public health leadership, Louis Rowitz, PhD, at the Wyoming Life Resource Center in Lander. Then participants headed outdoors.

It was a leadership navigation course at the National Outdoor Leadership School. Participants divided into teams with a GPS navigational device, a map, and a list of destinations, each having different point values. The exercise required participants to strategize, solve problems, delegate, and make decisions together.

At the end of the workshop, Jep Enck, President of Enck Resources, presented an entertaining and informative session on the leadership challenges of having four generations in the public health workplace.

NWCPHP supported this workshop with funds from the federal Health Resources and Services Administration and the Public Health Emergency Preparedness Program.
I was very fortunate to become director of the Northwest Center for Public Health Practice (NWCPHP) at a critical and exciting time. Patricia Wahl became the Dean of the School of Public Health in 1999 and brought to her office a deep appreciation of public health practice. This was exemplified by her appointment of Mark Oberle as the Associate Dean for Public Health Practice, the first such position in a school of public health. This was also the year in which both the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) initiated new funding streams to support public health workforce development. NWCPHP assembled a strong grant applicant team, including Mark Oberle, Jim Gale (who had been an NWCPHP director), Chuck Trese (a long-time NWCPHP leader who brought a strong environmental health perspective to our work), and others and became one of only two schools of public health in the country to receive funding from both federal agencies.

So I became NWCPHP director in late 1999 at a very good time! The two new grants allowed NWCPHP to develop trainings, workshops, and conferences that supported basic workforce development and more specialized emergency preparedness training. The HRSA Public Health Training Center grant enabled us to truly become a Northwest Center for Public Health Practice. Prior to this, NWCPHP mostly worked in Washington, but this grant allowed us to support workforce development activities with state and local partners in Alaska, Idaho, Montana, Oregon, Washington, and Wyoming (and later also with the Northwest Portland Area Indian Health Board). The grant also led to the formation of our Regional Network Steering Committee, which acts as a sounding board and planning group for our regional training activities and provides a forum for creating a regional strategy for public health workforce development.

The CDC Centers for Public Health Preparedness grant grew from a smaller three-year project to develop trainings specifically related to preparedness. As our expertise in preparedness developed, participation in our Summer Institute grew (page 4). We were also able to offer more resources to partners to send staff to preparedness-related opportunities such as the Summer Institute.

As with almost everything related to public health, the relative emphasis of our work at NWCPHP changed dramatically after the events of September 11, 2001. Ironically, I was at a preparedness center meeting in Athens, Georgia, with the seven other center directors when the twin towers were attacked. This circumstance led to a bonding and partnership with our sister centers that continue to this day. Subsequent to these events, our CDC Preparedness Center grant more than tripled in award size, and we developed very specific preparedness activities in support of state and local bioterrorism preparedness efforts.

With the excellent products that NWCPHP staff prepared with the support and guidance of our practice partners, we had achieved a national reputation for excellence by mid-decade. The two anchor grants led to other contract opportunities with our partner states in preparedness and workforce development. Other major developments during this amazing period included the establishment of our Northwest Public Health Leadership Institute (page 6) and the Tribal Emergency Preparedness Conferences (page 17), both of which began in 2004.

My eight years as director were incredibly rewarding to me. When I began my tenure, NWCPHP had four staff. With the new resources from CDC and HRSA, we grew to a staff four times that size. With the expansion of our work to partner states and Indian nations, we truly developed a regional presence. I am very grateful to our excellent staff, faculty, to our supportive Dean and the School of Public Health, and to community partners for a very gratifying time as director of NWCPHP.
Northwest Public Health at 30:  
A journal connecting academia and practice

The journal *Northwest Public Health* is new to the Northwest Center for Public Health Practice (NWCPHP), but it has been connecting the academic and practice communities since 1979.

NWCPHP took on responsibility for producing *Northwest Public Health*, the journal of the University of Washington School of Public Health, in 2008. The journal has had a distinguished history in the past decade as a peer-reviewed journal — and two previous decades as *Washington Public Health*. It has earned regional and national awards, including the grand award for print magazines and journals in the 2007 APEX awards for publication excellence, a 2009 APEX Award of Excellence, and a distinguished award in the 2009 regional publication competition from the Society for Technical Communication.

The publication’s original purpose was to communicate the School’s activities to alumni, the community, schools of public health, and the many groups interested in public health.

Its content mirrors the evolution of the field. In 1990, Mark Oberle, assistant dean for public health practice, wrote about increased linkages between the practice and academic communities:

“Despite limited financial resources, the future of public health lies in our ability to bring together the academic and practice communities to prepare the next generation of public health leaders.”

In its 1991 issue, the magazine announced the creation of NWCPHP, which would focus on training. In 1993, *Washington Public Health* became a joint publication of the UW and Washington’s new Department of Health.

The 1995 issue celebrated the 25th anniversary of the UW School of Public Health and looked back at “25 Years of Challenges in Public Health.” Dean Gil Omenn and State Health Officer Mimi Fields wrote: “During these 25 years, vaccines, antibiotics, sophisticated diagnostic/screening tests, and new technologies and therapies have created unprecedented opportunities not just to treat sick patients, but to conquer diseases and improve the health status of populations.”

In 1999, the new SPH dean, Patricia Wahl, celebrated the School’s 30th anniversary and unveiled her strategic planning initiative. Part of that initiative was the transition of *Washington Public Health* into a regional journal, published twice a year. Its editorial board expanded to a more diverse representation from the academic and practice communities in the six-state region, and 33 peer reviewers were recruited.

In 2001, Aaron Katz became editor-in-chief and Judith Yarrow became managing editor, launching the inaugural issue of *Northwest Public Health*. The journal also went online, under the umbrella of the Health Sciences Library’s Healthlinks.

In 2008, Susan Allan replaced Katz and the journal’s administrative home moved to NWCPHP. Katherine Hall replaced Yarrow. Today, the journal is a biannual forum for practitioners, teachers, researchers, and policy makers in public health to exchange ideas, describe innovations, and discuss current issues.

2009 Awards:

**Fall/Winter 2008 issue:**

APEX Award of Excellence

“Distinguished” in the 2009 Society for Technical Communications regional publication competition

**Fall/Winter 2009 issue:**

“Distinguished” in the 2009 Society for Technical Communications regional publication competition
This publication would be incomplete without acknowledging the massive amount of work for H1N1 done by public health workers throughout 2009. Following the identification of a new strain of influenza (H1N1) in April 2009, the public health community was absorbed with tracking and responding to the pandemic.

The Northwest Center for Public Health Practice (NWCPHP) has provided a number of services for our region regarding H1N1, including research pilot projects and up-to-date resources. During both waves of the recent H1N1 influenza outbreak, one of our faculty members, Andy Stergachis, has served as pharmacy advisor on the response team at Public Health — Seattle & King County (PHSKC). He has worked closely with the health department and the pharmacy community on the distribution of antiviral stockpiles and pharmacy-based vaccinations.

The history of influenza pandemics in the 20th century has highlighted the importance of preparedness. NWCPHP has been particularly involved with pandemic flu preparedness since 2006 when it began assisting the University of Washington (UW) with planning, implementing, and evaluating a university-wide pandemic preparedness exercise. In 2009, NWCPHP created, implemented, and evaluated a tabletop exercise for the UW School of Public Health (SPH), which emphasized pandemic preparedness and business continuity planning. (Tabletop available at www.nwcphp.org.)

We continue to work closely with SPH in a variety of activities stemming from this exercise. Pandemic influenza preparedness and response have been built into the curricula for the courses and certificate programs SPH offers to students enrolled in the University's health sciences schools.

Preparedness is for everyone, so we have made the resources from these exercises available at no charge. NWCPHP has also assisted other organizations with their pandemic flu preparedness, such as PHSKC, where we have been involved with planning, implementing, and evaluating a coordinated series of pandemic preparedness exercises.
The Northwest Center for Public Health Practice (NWCPHP) is a 100% grant-funded center in the School of Public Health at the University of Washington. Over the past two years, our largest funders have been the Centers for Disease Control and Prevention (74%) and the Health Resources and Services Administration (16%). We also receive funding from many other national, state, local, and tribal public health organizations and agencies for specific projects and special contracts or for general training, research, or evaluation activities.

NWCPHP funds over the past 10 years

The graph at left shows grants awarded during the calendar year. The fluctuations in funding are based on the number and types of grants awarded each year, or the amount of available funding for continuation grants. For instance, 2005 was a close-out year for numerous grants housed within NWCPHP.

NWCPHP resource allocation in 2009

In 2009, NWCPHP included 16 staff, 15 affiliate faculty members, and 11 student research assistants (see below). NWCPHP serves state, local, and tribal public health in six states — Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.

For more information, visit us online: www.nwcphp.org

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Thank you to everyone who made this publication possible, especially the School of Public Health Dean’s Office, Dean Patricia Wahl, Holly Weese, all NWCPHP former directors, the Department of Health Services, and all of our practice partners.
The Northwest Center for Public Health Practice (NWCPHP) in the University of Washington School of Public Health has been a public health resource in the northwest since 1990.

This Special Supplement to *Northwest Public Health* is NWCPHP’s first annual report and a 20-year retrospective.

NWCPHP promotes excellence in public health practice by linking academia and the practice community. NWCPHP provides training, research, and evaluation for state, local, and tribal public health in six Pacific Northwest states — Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.