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.