

Spreading our wings

by Jack Thompson, Director 1999-2008

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 Treser (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



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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.