

PHAP 201: Strategic Development of a Quality PHAP Training Experience: The CO-STARR Model

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Upon completion of today's session, participants will have a better understanding of the mission of CDC's Public Health Associate Program or PHAP. We expect that you will be able to list at least two of the three goals of PHAP, be familiar with the CO-STARR Model, and how to effectively use the CO-STARR Model in the strategic development of a quality PHAP training experience. We also expect that you'll be able to list at least one example of each CO-STARR Model characteristic, and understand the phases of the PHAP host site application process.

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So what is PHAP? PHAP is a two-year, paid, competency-based training program for early-career public health professionals. Associates, while in the program, are federal government employees. Therefore, associates are both required and expected to maintain compliance with all federal government policies and procedures. PHAP is a partnership between CDC and potential organizations that are selected to serve as host sites. These organizations can be from local, state, tribal, or territorial health departments, and non-governmental organizations. The associate's program focus area is the same for the entire two-year PHAP assignment. PHAP is not an internship. Your organization must propose a set of clearly-defined work activities for the associate in order to be considered as a potential host site during the application process. These work activities will be the foundation for the activities that the associate will complete during the entire two-year training experience. PHAP is not an administrative staffing support program. The associates are not expected to solely work in an administrative capacity within your organization. There may be components of administrative support activities intertwined into the work assignments, but predominantly, the work activities should be robust, hands-on public health work activities. PHAP is also not a program that provides subject matter experts. PHAP is a training program for early career-public health professionals. Although associates are federal government employees, they are placed in your organization to be trained and to learn how to apply public health skills and policies at the state, local, tribal, territorial, or nongovernmental organizational level.

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Let's briefly talk about the mission of PHAP. The mission of the Public Health Associate Program is to provide training and experiential learning for early career public health professionals that contribute to the public health workforce. There are three primary components to the mission of PHAP. The first is to provide training and experiential learning. PHAP is a hands-on training program for associates in field-based assignments across the United States and US territories. The second component of the PHAP mission is early-career public health professionals. PHAP is dedicated to those who are no more than two years removed from graduation with a minimum of a four-year bachelor's degree from an accredited college or university, and have little to no public health work experience. The third component of the PHAP mission is that these associates are expected to contribute to the public health workforce during their two-year assignment.

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PHAP is a competency-based training program. There are nine competency domains with several sub-competencies. As we get into the CO-STARR Model, all of your associate's proposed work activities should link to one of these nine competency domains. This includes activities such as monitoring health risks and factors affecting communities; using data that are valid and reliable for assessing the health of a community; synthesizing public health information to accurately assess problems; recognizing the ways in which diversity influences policies, programs, and the overall health of a community; recognizing the benefits of deploying a diverse workforce to better serve target populations; using cultural and social factors to increase interventions effectiveness; developing and maintaining relationships with diverse partners to improve population based health; establishing partnerships and relationships with academia, customers, and others to improve health of a community; collaborating with stakeholders to improve health of a community; serving as a public health ambassador; identifying policies, programs, and resources that improve health in a community; describing public health funding mechanisms; providing assistance on grants, cooperative agreements, contracts, and other awards; describing components of a budget and tracking program spending to current and forecast budget constraints.

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Let's talk briefly about the goals of PHAP, the three-legged stool concept or the Win-Win-Win approach. Each leg of the stool represents one of the three essential elements needed to run a successful program. First, the associate will provide a value added service to the host site throughout the duration of the two year training program. This may be a traditional public health program such as, HIV, STD and TB prevention, environmental health, a variety of chronic disease programs, or helping support the organization or tribal agency in their effort to achieve accreditation. It may also be to support local emergency response efforts should the entity or organization should be faced with an emergency. Second, potential host sites should provide the associate with public health experience that is tied its program goals. This can include disease investigation, disease specific surveillance, community needs assessment, health promotion, developing tribal safety tool kits, conducting immunization record audits, assisting with developing and staging preparedness and response exercises with key community-based partners, conducting restaurant inspections, screening for chronic disease among American Indian/Alaskan Native populations, developing effective strategies for American Indian/Alaskan Native injury prevention, host site policy development and systems improvement. Third, the goal of PHAP is that the work activities should provide opportunities for the associate to achieve non-PHAP competencies.

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The seven core characteristics of the CO-STARR model are the foundation of a quality PHAP training experience. Over the next several slides we will talk about each characteristic of the CO-STARR model.

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The "C" of CO-STARR stands for competency-based work plan. The nine PHAP competencies and sub-competencies that we discussed earlier should govern the work activities that your organization has proposed for the associate. We encourage the "see, do, teach" approach when proposing work activities. The associate could be involved in observation of a certain skill or activity. Then, they would be expected to actually perform that service, skill, or activity. Over the two years, we expect them to be proficient in teaching others to actually perform that skill or provide that service. PHAP is a skills- and performance-based program, not just observation.

You may include public health experience tied to program goals such as disease intervention specialist work activities, community education activities, participating and collaborating in partnership efforts, having responsibility and supporting your organization's attempt to seek public health accreditation. They may go out and actually collect water samples. They may be involved in health promotion activities or participate in community needs assessment.

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The "O" stands for opportunities for advancement. Keep in mind that again the "O" in opportunities for advancement stands for work activities and not job position. The work activities and responsibilities of the associate should be progressive and build upon each other over the duration of the two-year training program. They should provide the associate opportunities to advance his or her skills, and opportunities to experience and reinforce the skills that he/she has acquired. Some examples could include implementing a survey, followed up by assisting in the data analysis. They could participate in interviewing survey participants, and then potentially assisting their host site supervisor in managing local disease control efforts. They may conduct tuberculosis directly observed therapy, and then assist the TB manager in identifying barriers to care. They may obtain environmental samples, conduct quality assurance, and assist in developing protocols. They may help conduct immunization assessments and interact directly with healthcare providers. Again, the "see, do, teach" approach is what we are encouraging organizations to have in mind as they develop associate work activities and responsibilities.

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The "S" stands for supervisor involvement. The supervisor's involvement is sometimes the most critical and key aspect of an associate's success in PHAP. This individual should have both direct oversight and close proximity to the associate's day-to-day work activities. He/she should expect to commit about 10% of his/her time, or four hours per week, in directly observing and supporting the work of the associate. Your organization should have the capacity to actually provide a supervisor within your own staffing infrastructure to support the associate. We expect your organization to place the associate in the care of a supervisor who has both the experience and the

time to lead early-career staff. Many organizations will frequently list a health director as the associate's supervisor. Although this may be an indication of the level of your organization's support and interest in hosting an associate, health directors are typically not the best candidates to serve as an associate's host site supervisor. Just to be clear, the host site supervisor will have direct oversight over the associate's day-to-day work activities; He/she will commit 10% of his/her time **each** week to oversee, coach, mentor, and provide feedback to the associate. Ten percent, or four hours per week, is the minimum, but we hope that the host site supervisor would go above and beyond the bare minimum requirements to help the associate achieve the competency domains when needed.

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The "T" of CO-STARR Model stands for the ongoing training, education, and development of the associate. Your organization should develop a detailed training plan for the associate that focuses on three primary areas: host site orientation, technical training, and public health and professional education. As with any new employee, the associate should be involved in a host site orientation that familiarizes him/her to your organization's rules, regulations, policies, procedures, security issues, use of information technology, professional attire, ethics, and so forth. In addition, it is important that your organization's expectations are discussed so that the environment is created that promotes the success of the associate. Technical training focuses on the specific knowledge, skills, and abilities needed to complete the proposed work activities. This may include training on the services that your organization provides; they may also include host-site specific trainings, such as information technology, security awareness, and so forth. These trainings can be onsite and/or offsite. The third focus, which is public health and professional education, looks at opportunities for the associate to collaborate with the other program areas in your host site. These interdisciplinary educational opportunities will provide a broader training of public health concepts, methods, and tools to foster professional growth.

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The training plan should also be progressive and offer creative opportunities for the associate to build his/her knowledge, skills, and abilities. A variety of creative training methods could include instructor-led activities, web-

based or online learning, one-on-one observation or training, independent study, or self-paced study. All of these trainings are in addition to the CDC-required trainings that the associate will complete.

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The “A” of CO-STARR stands for aligns or alignment with program goals. The work activities of the associate should focus on categorical, agency, and program goals. Organizations are encouraged to ask: “How can the associate supplement our organization’s efforts to meet our program, state, or, national goals and objectives?”. We encourage organizations to focus on work activities that provide public health experience and hands-on work experience for the associate. These can include such examples as disease investigation, disease-specific work activities, community needs assessments, or health promotion activities.

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The first “R” of CO-STARR stands for realistic. The work activities that your organization proposes for an associate should be realistic and appropriate for an early career public health professional. Keep in mind that associates, at a minimum, have a bachelor’s degree that may or may not be in public health or a healthcare-focused field. They have little to no work experience in public health. The associates have, however, demonstrated sustained academic success, which we believe translates into a capacity to learn and acquire new skills. Given their desire to impact public health service delivery, their work activities should be progressive with specific measurable deliverables and clear timelines. Keep in mind that associates are not supervisors or spokespersons for the CDC or your host site. It is not reasonable to expect an associate to supervise staff. Given that PHAP is a training program, it also not reasonable to expect associates to be spokespersons for the CDC or your organization. As earlier stated, PHAP is not a program that provides subject matter experts.

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The last “R” of the CO-STARR Model stands for robust public health experience. We expect your organization to develop work activities that will provide a broad range of public health experiences for the associate. The different types of broad public health experiences include, but are not limited to, implementing door-to-door, telephone, or web or email-based surveys; tracking and/or interviewing STD contacts; providing directly

observed therapies for tuberculosis; developing communications tools; supporting partnership and collaboration efforts; and supporting host site policy development, accreditation, and systems performance improvement.

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They could also be involved in conducting immunization record audits with schools, day care, or healthcare provider-based organizations; assisting with developing and staging preparedness and response exercises for key community-based partners and stakeholders; conducting restaurant inspections; and developing and delivering public health education to communities. As you can see from the examples, there are many opportunities for your organization to provide an associate with robust, diverse public health experiences.

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As we wrap up PHAP 201, there are a few key messages that we'd like you to remember. First, plan accordingly when developing the associate's PHAP training experience. In other words, the earlier you start the process the better. Use the CO-STARR Model as the foundation for developing quality work activities and program experiences. Next, when the application systems opens in January, please respond to all of the application questions. As I previously stated, the earlier the better. Next, ensure that the associate's work activities and responsibilities are progressive and increase in complexity over the two-year assignment. Provide multiple opportunities for the associate to develop his or her knowledge, skills, and abilities. In addition to being progressive, work activities and responsibilities should be specific, including timelines, milestones, and deliverables. It is important that the work activities and responsibilities create the right environment for what is expected of the associate. Next, identify a strong primary and secondary or back-up host site supervisor. As early career public health professionals, the associates will need experienced, talented, knowledgeable, patient, and dedicated leaders to oversee their day-to-day work during the two-year training assignment. And lastly, strategize how your organization will communicate with the associate's CDC PHAP supervisor throughout the two-year assignment. The associate's CDC PHAP supervisor is his/her official PHAP supervisor, and is vital to the collaboration between your organization and CDC. Both the associate's host site supervisors

and CDC PHAP supervisors are paramount in ensuring the success of the associate throughout the duration of the two-year training assignment.

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If you have any questions or comments, please visit the PHAP website where there is a repository of information about PHAP. The PHAP website is www.cdc.gov/PHAP. We thank you for your time. We anticipate receiving your applications and look forward to a potentially long-term relationship between CDC and your organization as part of the PHAP program. Thank you, again, and we wish all of you the best.