

PHAP 201

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

Public Health Associate Program (PHAP)

Center for State, Tribal, Local, and Territorial Support

Centers for Disease Control and Prevention

Session Objectives

- **Upon completion of this session, participants should be able to—**
 - Describe the mission of CDC's Public Health Associate Program (PHAP)
 - List at least two of the goals of PHAP
 - Describe the CO-STARR Model
 - List at least one example of each CO-STARR model characteristic
 - Identify the phases of the PHAP host site application process



What Is PHAP?

- **Two-year, paid, competency-based training program for early-career public health professionals**
 - Associates are federal government employees while in PHAP
- **CDC partnership with host sites**
 - State, tribal, local, and territorial health departments and nongovernmental organizations
- **Two-year training assignment in one primary focus area**
- **PHAP is NOT**
 - An internship
 - Administrative staffing support
 - A program that provides host sites with CDC subject matter experts



PHAP Mission

The mission of the Public Health Associate Program is to train and provide experiential learning to early-career professionals who contribute to the public health workforce.



PHAP Competency Domains

- 1.0: Analytic and assessment
- 2.0: Public health science
- 3.0: Program planning, management, and improvement
- 4.0: Public health policy and law
- 5.0: Professionalism
- 6.0: Communication
- 7.0: Cultural competency
- 8.0: Community dimensions of public health
- 9.0: Financial planning and management

https://www.cdc.gov/phap/pdf/PHAP_competencies.pdf



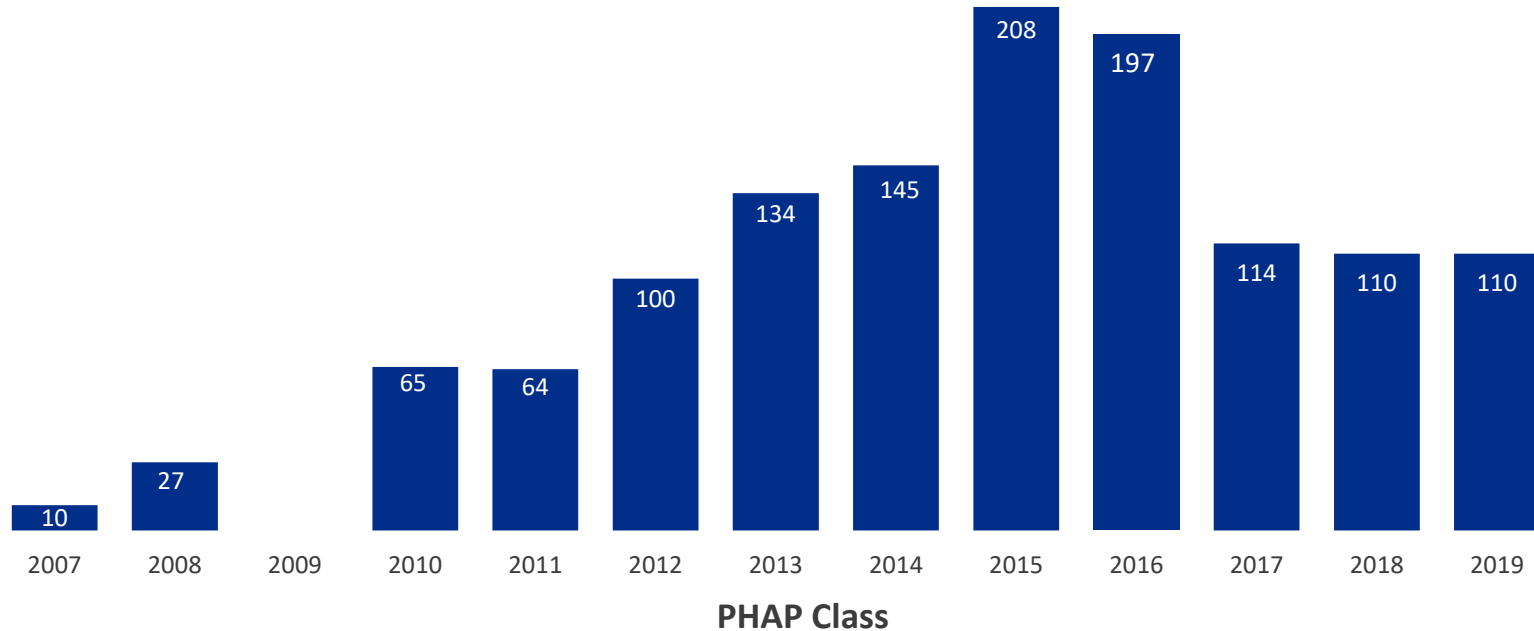
“Three-Legged Stool” Concept of PHAP Goals

- 1. Provide a value-added service to the host site to help it meets its goals**
 - Traditional public health programs
 - Accreditation
 - Local emergency response efforts
- 2. Provide associates with experience in public programs and service delivery**
- 3. Ensure that associates achieve the PHAP competencies**

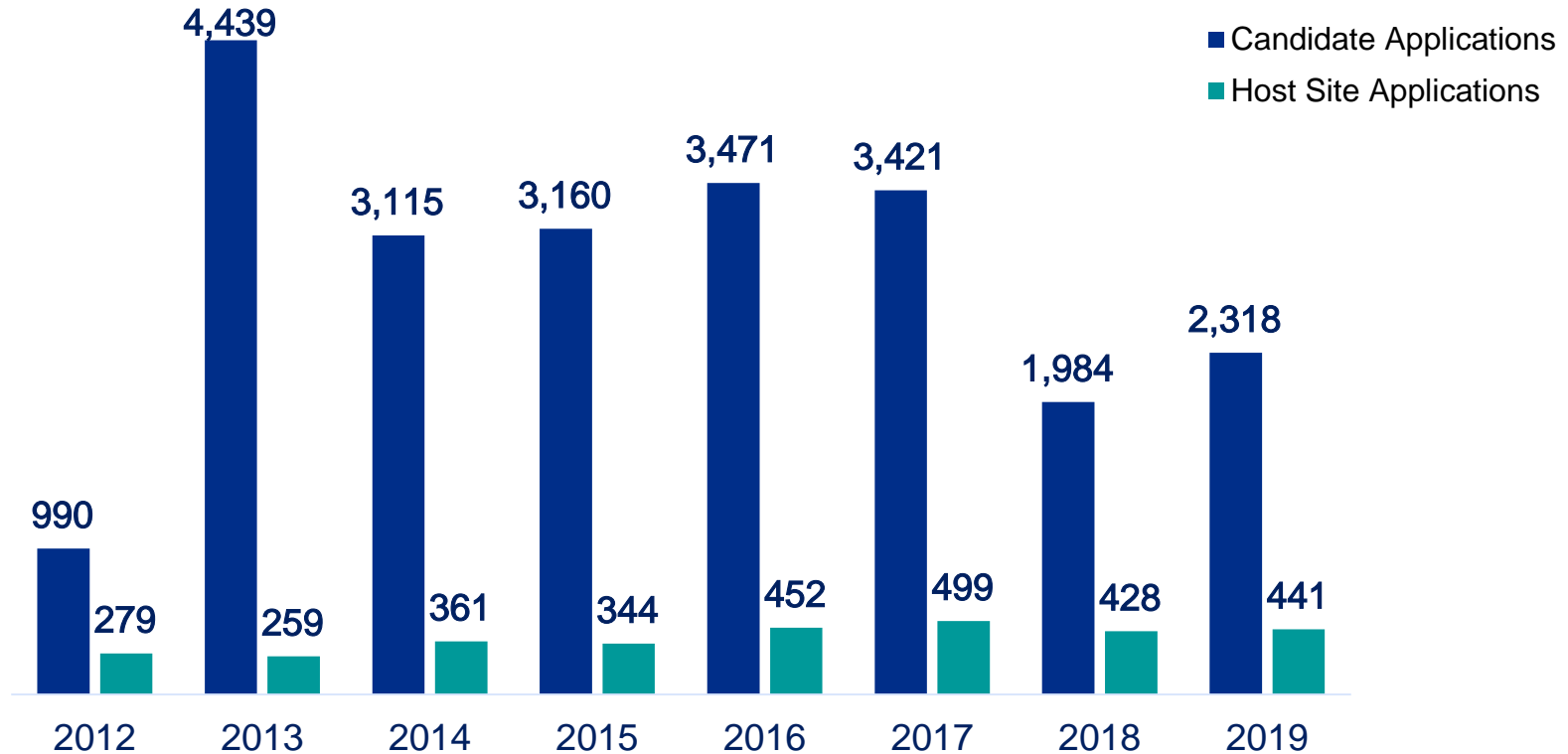


Associates Hired by Class

Since 2007, 1284 associates have been hired into PHAP.

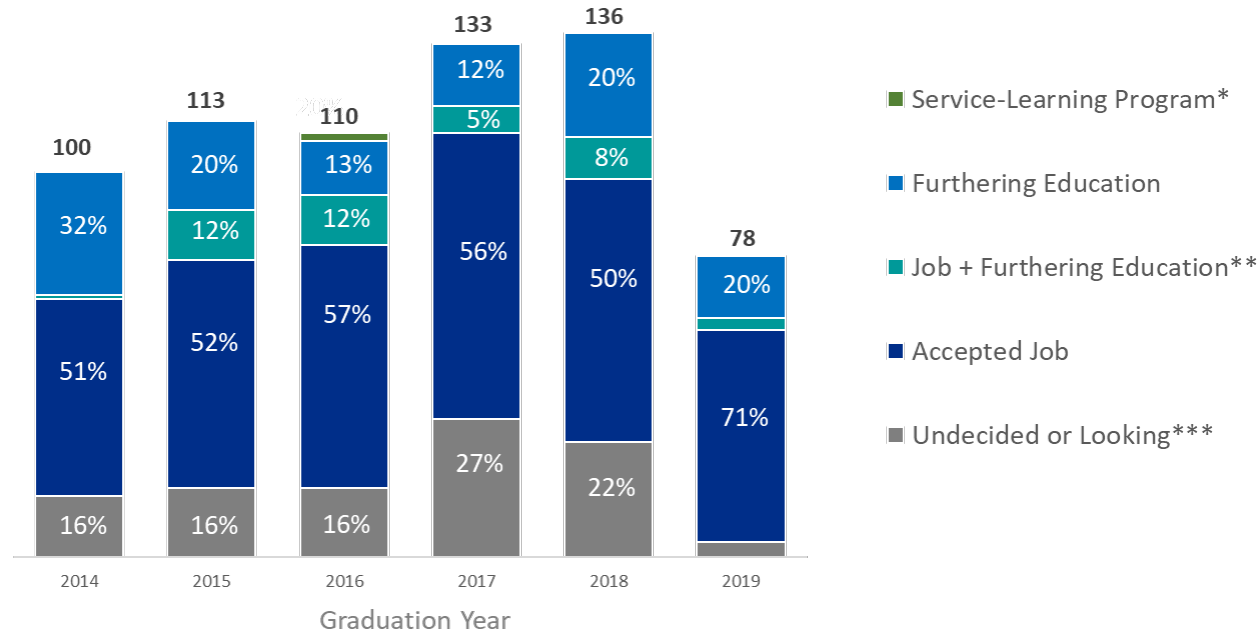


Candidate and Host Site Applications, 2012–2019



Disposition of PHAP Graduates

The majority of graduates accepted a job immediately after PHAP..



*2% of PHAP 2014 enrolled in another service-learning program

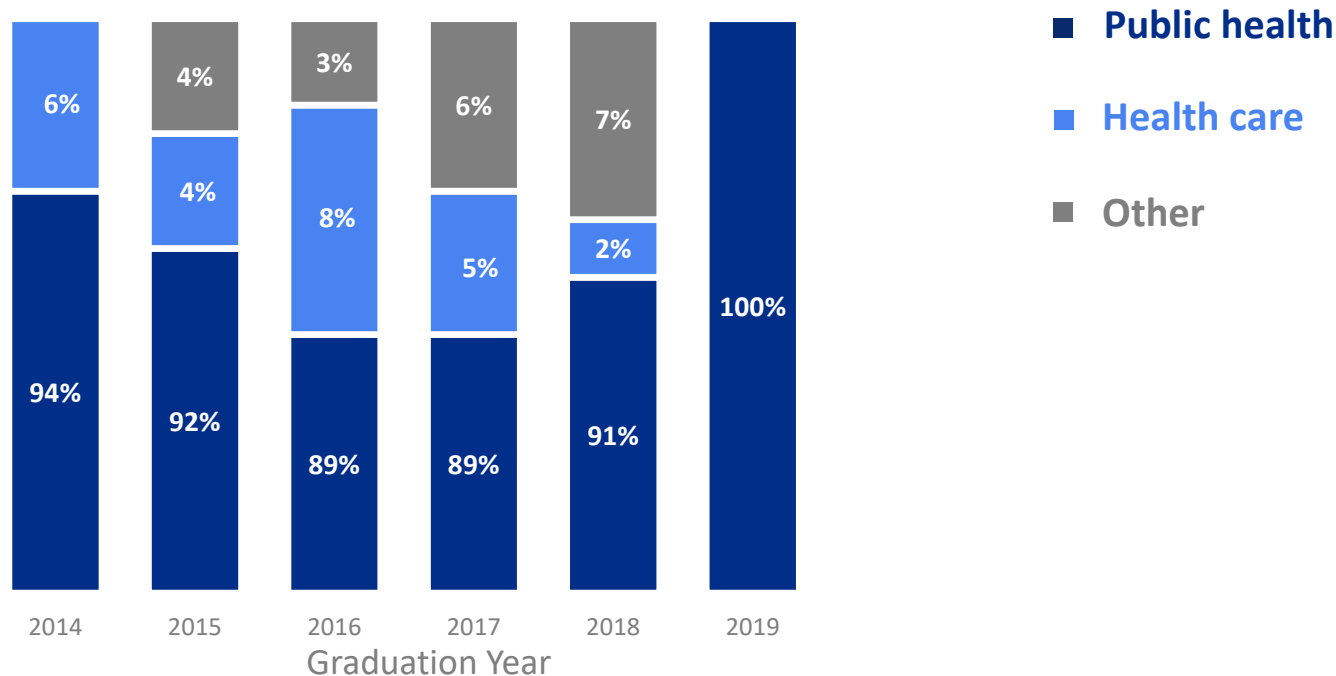
**1% of PHAP 2012 accepted a job and were furthering education at the same time; 4% of PHAP 2017 accepted a job and were furthering education at the same time.

*** 5% of PHAP 2017 were undecided or looking at graduation.

Data Source: CSTLTS Science Unit, Graduate Survey

Type of Employment

Most employed graduates accepted a job in public health after PHAP.



CO-STARR Model: Characteristics of a Quality PHAP Host Site Training Experience

Competency-based work plan

Opportunities for skill-building

Supervisor involvement

Training, education, and development are ongoing

Aligns with the categorical program goals and strategy

Realistic for an early-career public health professional

Robust public health learning experience



“C” Competency-Based Work Plan

- Work plan should provide opportunities for associate to meet PHAP competencies
- “See, Do, Teach” approach
- Skills and performance; not just observation
- Public health experience tied to host site applicant’s program goals—
 - Disease intervention specialist
 - Community education
 - Collaboration efforts
 - Health department accreditation
 - Water sampling
 - Health promotion
 - Community needs assessment



“O” Opportunities for Skill-Building

- Associate’s work should be progressive to build skills over the two-year program
- Activities should build upon each other
- Provide additional experiences to reinforce acquired skills, for example—
 - Implement a survey → assist in data analyses
 - Interview contacts → assist supervisor in managing local disease control efforts
 - Conduct Directly Observed Therapy → assist tuberculosis (TB) manager to identify barriers to care
 - Help conduct immunization assessments → interact directly with healthcare providers



“S” Supervisor Involvement

- **Proximity**

- Direct oversight of associate’s day-to-day work activities
- Close to the work the associate will be doing

- **Time commitment**

- About 10 percent of time (~4 hours per week)

- **Capacity**

- Staffing infrastructure of host site can support an associate

- **Experience**

- Host site supervisor’s skills, supervisory experience (e.g., supervising early-career staff, fellows, interns, students), mentoring, and interest in supervising associate



“T” Training, Education, and Development Are Ongoing

- **Develop a training plan for the two-year assignment—**
 - Host site orientation
 - Local regulations, policies, and procedures (e.g., security, use of IT, professional attire, ethics, sexual harassment)
 - Technical training
 - Provide specific knowledge and skills needed to complete work activities
 - Public health and professional education
 - Collaboration among public health program areas
 - Provide broader training of public health concepts, methods, and issues to foster professional growth



“T” Training, Education, and Development... (continued)

- **Progressive training and creative opportunities to build knowledge, skill, and ability**
- **Include a variety of training methods, including—**
 - Instructor-led
 - Web-based/online learning
 - One-on-one
 - Independent study



“A” Align Work activities with Host Site Goals

- Associate's work should support host site's effort to meet program goals
- *Ask: How can an associate's work activities supplement the host site's efforts to meet its goals and objectives?*
- Focus on work activities that provide public health experience
- Examples include conducting the following:
 - Disease investigation
 - Disease-specific surveillance
 - Community needs assessment
 - Health promotion inventory



“R” Realistic

- Work plan should be realistic and appropriate for an early-career public health professional
- Work activities should be progressive, with specific measurable deliverables and clear timelines
- Associates are NOT:
 - Supervisors
 - Spokespersons for CDC or their host site
 - CDC subject matter experts



“R” Robust Public Health Experience

- **Develop work activities to provide broad public health experience**
- **Examples:**
 - Survey implementation
 - Track/interview STD contacts
 - Provide TB Directly Observed Therapy
 - Develop communications tools
 - Support partnership and collaboration efforts
 - Support host site policy development, accreditation, systems improvement



“R” Robust Public Health Experience (continued)

■ More examples:

- Conduct immunization record audits (e.g., school, daycare, or healthcare-provider-based)
- Assist with developing and staging preparedness and response exercises for key community-based partners
- Conduct restaurant inspections
- Develop and deliver public health education to community



Annual PHAP Host Site Application Process

- **By April**
 - Develop your associate's training experience and work plan based on the CO-STARR model
 - Complete PHAP application to host an associate
- **May – June**
 - Host sites notified of the outcome of their application
- **July – August**
 - Matching of accepted PHAP candidates to PHAP host sites
- **October**
 - New associates report to host sites
- **Late October/Early November**
 - In-person orientation for associates at CDC headquarters in Atlanta

Key Takeaways

- Develop a PHAP training experience early
- Respond to application questions when application system opens
- Demonstrate an increased level of skill building over the two-year assignment
- Include specific work activities with timelines, milestones, and deliverables
- Identify a strong primary and back-up host site supervisor
- Include strategies to communicate with CDC PHAP supervisor throughout two-year assignment



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

