



# Academic-Government Partnership: Building a Better Public Health Workforce through a Local Learning Collaborative



## NASHVILLE PUBLIC HEALTH LEARNING COLLABORATIVE



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### Background

Public health workforce development is critical to promoting community health, but training resources are often expensive and distal to the work site. To address this, the master of public health programs at Meharry Medical College, Tennessee State University and Vanderbilt University Medical Center pooled their resources with the local health department to form the Nashville Public Health Learning Collaborative (NPHLC).

### Public Health Competency Matrix

Public Health Training Courses	Public Health Sciences	Advocacy Skills	Cultural Competency	Communication Skills	Leadership/Systems Thinking	Analytic Skills	Community Dimensions	Policy Dev./Program Planning
1. Public Health Sciences: Epidemiology concepts, using data to drive decisions, evidence based practice	✓			✓		✓		✓
2. Public Health Sciences: Program planning, design, and evaluation	✓			✓	✓	✓	✓	✓
3. Advocacy: Defining and placing policy and program change advocacy in context, identifying policy leverage points and data to support advocacy		✓		✓	✓	✓	✓	✓
4. Advocacy: Implementing advocacy efforts (also advocacy for employees)		✓		✓	✓		✓	
5. Cultural competency: With clients and patients			✓	✓	✓		✓	
6. Cultural competency: With colleagues, workforce diversity			✓	✓	✓		✓	✓

The matrix represents the competencies that were taught within each course.

### Key Components

The key components of each didactic session include:

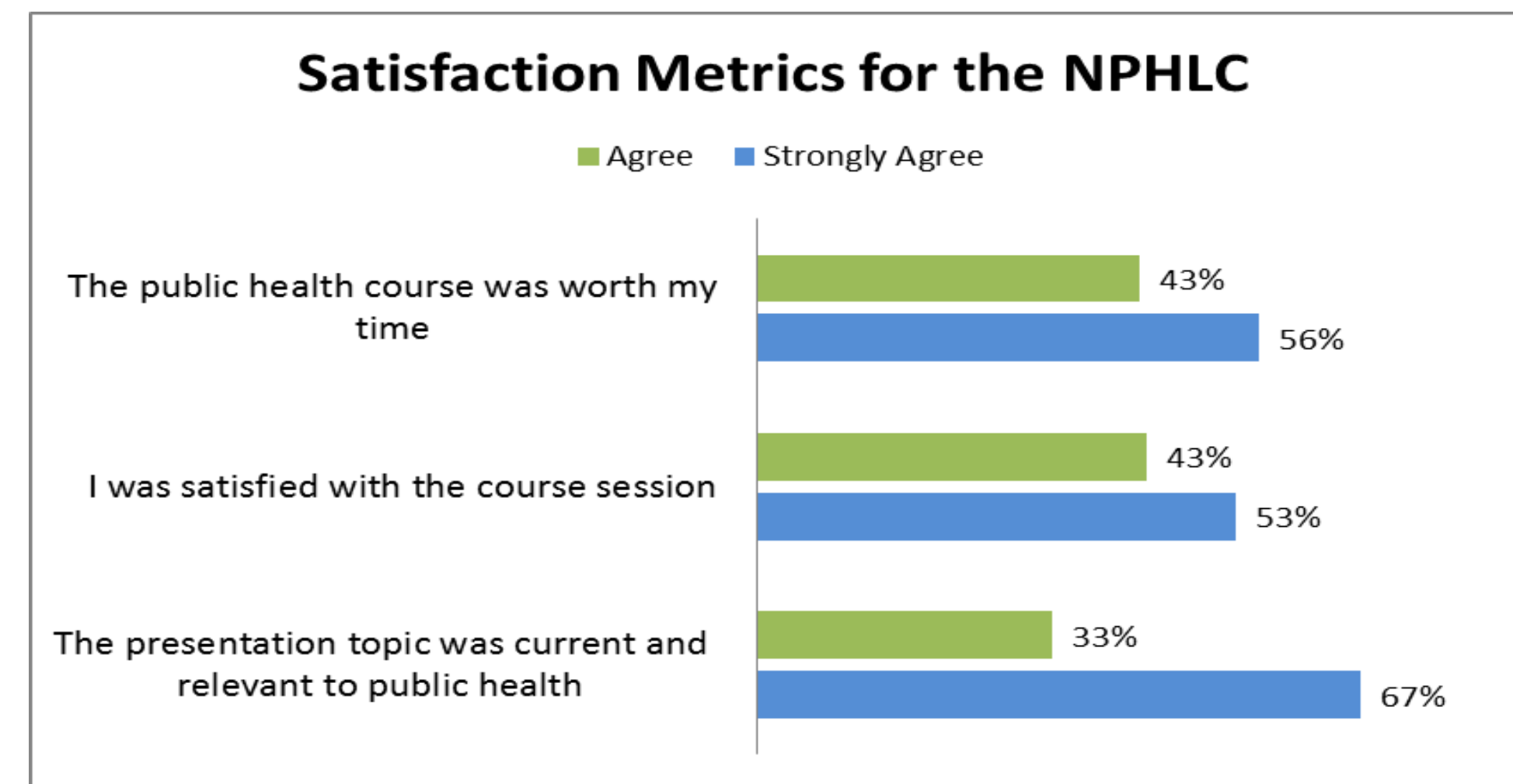
- Case study:** each public health program took responsibility for developing a case study to illustrate the concepts outlined in the course objectives. The case study was presented by one of the public health instructors.
- Lead Presenter:** described key concepts and outlined the framework of the discussion.
- Facilitator:** introduced the course, described learning objectives, facilitated questions and discussion, wrapped up the training session.
- Coordinator:** scheduled the team meetings and training sessions, tracked the evaluations, and monitored the success of the training sessions.
- Video production team:** recorded and edited all training sessions, uploaded recordings to website for future use.

### Return on Investment

- Free meeting space
- Free video production
- No speaker fees
- No travel expenses for participants
- Videos available for later viewing

★ To view past trainings from the NPHLC, visit: <http://health.nashville.gov/PHLC.htm>

### Evaluation



- Average number of attendees: **18**
- Average number of programs represented: **6**

### Challenges

- Attendance was limited to those chosen by their supervisors
- Confined to employee work schedules
- Gatekeepers limited accessibility to marketing channels

### Future Considerations

- **Revise Course Content:** building upon previous content and aligning with organizational needs
- **Revise Course Structure:** using a variety of teaching modalities and session structure
- **Revise Marketing Strategy:** improving recruitment and access from underrepresented programs/divisions