



2022

Annual Report

September 2021- December 2022



New To Public Health
RESIDENCY PROGRAM
UNIVERSITY OF WISCONSIN-MADISON

The New to Public Health Residency Program was supported by the Clinical and Translational Science Award (CTSA) program, through the NIH National Center for Advancing Translational Sciences (NCATS), grant UL1TR002373, University of Wisconsin School of Medicine and Public Health’s Wisconsin Partnership Program (WPP), the Wisconsin Department of Health Services, and the University of Wisconsin—Madison School of Nursing. The content is solely the responsibility of the authors and does not necessarily represent the official views of any of these entities.

Authors:

Julianna Manske, MSN, RN, OCN
University of Wisconsin-Madison, School of Nursing

Hannah Hayes, MPH, RN
University of Wisconsin-Madison, School of Nursing

The following individuals are also acknowledged for their contributions:

Susan Zahner, DrPH, MPH, RN, FNAP, FAAN
University of Wisconsin—Madison,
School of Nursing

Paula Bizot, MSN, RN
University of Wisconsin—Madison,
School of Nursing

Katie Gillespie, DNP, RN, CPH
University of Wisconsin—Madison,
School of Nursing

Ajay Sethi, PhD, MHS
University of Wisconsin—Madison,
School of Medicine and Public Health

Sung-Min Kang
University of Wisconsin—Madison,
School of Nursing

Deborah Heim, PhD, MN, RN, PHNA-BC
Wisconsin Division of Public Health,
Office of Policy and Practice Alignment

Copyright 2023 Board of Regents of the University of Wisconsin System

TABLE OF CONTENTS

PURPOSE, MISSION, VISION, GOALS.....	4
AT A GLANCE.....	5
HIGHLIGHTS	6
NEW PARTNERSHIPS	7
COMPLETED COHORTS	8
COHORTS BEGINNING.....	9
IMPACT	10
RESIDENT PERSPECTIVE	12
LEADER PERSPECTIVE	14
CONTINUOUS QUALITY IMPROVEMENT.....	15
INFORMATION DISEMINATION	16
BUDGET	17
WHAT'S NEXT IN 2023.....	18
REFERENCES	19

PURPOSE

The New to Public Health Residency Program is designed to support early-career public health professionals employed in governmental public health practice.

MISSION

To create and sustain a transformative residency program that effectively transitions new professionals into their current and future roles in public health.

VISION

A thriving, engaged public health workforce.

GOALS

By the end of this program, the resident will be able to:

- Apply learned concepts from the Foundational Public Health Services model to their public health professional practice.
- Increase knowledge, skills, and confidence for competent public health practice.
- Access tools and resources applicable to public health practice.
- Apply health equity and social justice concepts to public health practice.
- Demonstrate enhanced cultural competency knowledge and skills in their individual practice.
- Research, plan, and present a quality improvement or evidence-based practice project within their local health department or community.

AT A GLANCE

The New to Public Health (N2PH) Residency Program is a first of its kind program designed to support early career professionals working in governmental public health practice.

In this year-long program, residents learn about foundational areas and capabilities essential to public health practice as they build confidence and competence in their roles as public health professionals. Key components of the program include:



Online learning course

The online, asynchronous learning course was created using adult learning principles to ensure that content is engaging, meaningful, problem-centered, and relevant to the individuals' own practice. Each of the 12 online learning sessions is based on a foundational area or capability and associated learning objectives as described by the [Foundational Public Health Services](#) model.¹



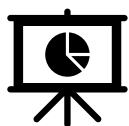
Community of Practice

Within cohorts, N2PH seeks to promote connection, mutual trust, and shared capacity to allow residents to engage in dialogue, think together, and in the face of difficulties, restore moral integrity and build collective moral resilience.² Residents attend monthly synchronous discussions, which include dedicated time for facilitated reflection, and have access to online discussion posts to engage with peers.



Mentorship

Mentorship supports residents' professional socialization, development, insight, and growth as they transition to practice.^{3,4} Upon acceptance to the program, residents complete a mentor preference survey which allows residents to relay specific experiences, skills, and demographic information they prefer in a mentor. Based on the survey, residents are paired with one-to-two other residents and a mentor that will meet for approximately one hour per month.



Application of evidence-based learning

Residents plan an Evidence-Based Practice or Quality Improvement Project that they will present to their peers, mentors, and supervisors at graduation. The goal of this project is to increase the resident's abilities to integrate evidence into professional practices, evaluate outcomes of public health practice, and strengthen critical thinking skills.

HIGHLIGHTS



PROGRAM LAUNCH

The N2PH Residency Program launched its first cohort in September 2021 which included 24 public health professionals from Wisconsin and Virginia.

FIRST STATE SPECIFIC COHORT

In January 2022, N2PH launched its third cohort in partnership with Alaska Health and Social Services Division of Public Health - Section of Public Health Nursing to offer a co-facilitated model to public health nurses in Alaska. This was N2PH's first state-specific, single discipline cohort and was offered at no-cost to residents.



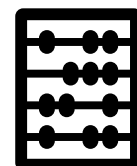
PROGRAM SUSTAINABILITY

In 2020-2021 N2PH received grant funds to support planning for program implementation and sustainability. Stakeholder interviews were conducted to help determine program costs. Through this process a fee of \$1000 per resident was established, with a separate fee structure for state specific co-facilitated agreements. In September 2022, 31 residents were accepted to the first cost-recovery cohort. Program costs include up to 77 contact hours, access to the online course, engagement in a community of practice, and being individually matched with a mentor group.



PARTNERSHIP FOR EVALUATION

N2PH was generously awarded funding from the UW—Madison School of Nursing to conduct an external program evaluation with the University of Wisconsin Population Health Institute on the first four N2PH cohorts. This evaluation will use program data, focus groups, and interviews to assess program effectiveness and identify areas for improvement.



NEW PARTNERSHIPS



The N2PH team connected with individuals from the New Jersey Association of County and City Health Officials at the NACCHO 360 conference in June 2022 regarding a state-based cohort for public health professionals working in New Jersey. This is a sponsored cohort of 25 public health professionals that started in January 2023.

The Region V Public Health Training Center (RVPHTC) is a current N2PH Advisory Board member. In 2022, the RVPHTC generously offered to sponsor a cohort of 36 individuals across the six Region V states of Illinois, Indiana, Ohio, Minnesota, Michigan, and Wisconsin beginning February 2023-2024. This cohort will be conducted by N2PH program facilitators.

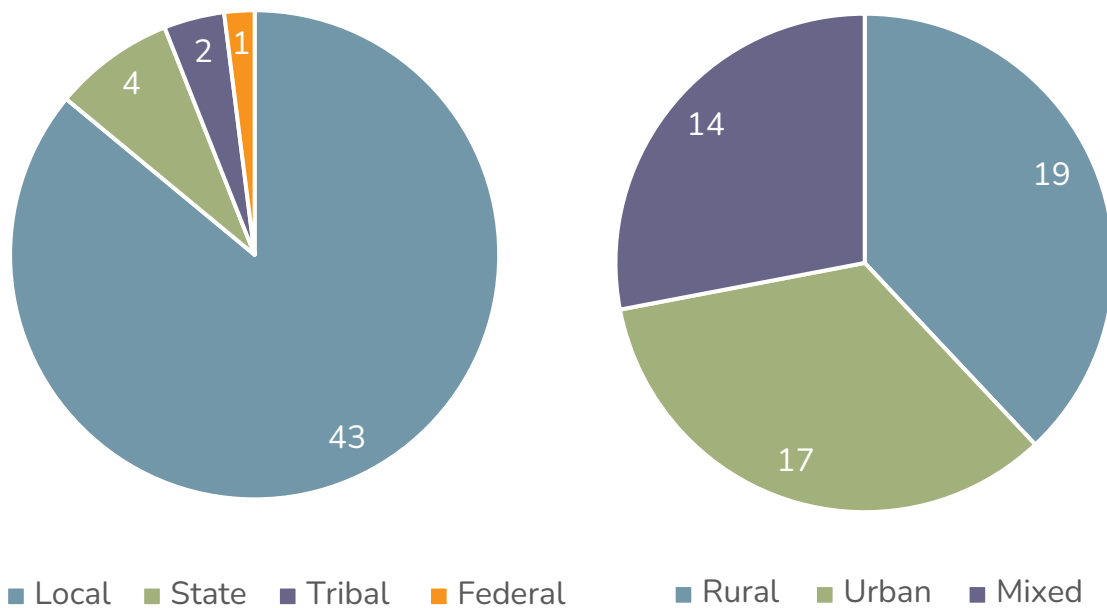


Individuals from New Mexico Department of Health, Section of Nursing learned about the N2PH Residency Program through the Association of Public Health Nursing (APHN) conference. After following the programs development over several years, they gained approval to conduct their first cohort of public health nurses from New Mexico beginning March 2022-2023.

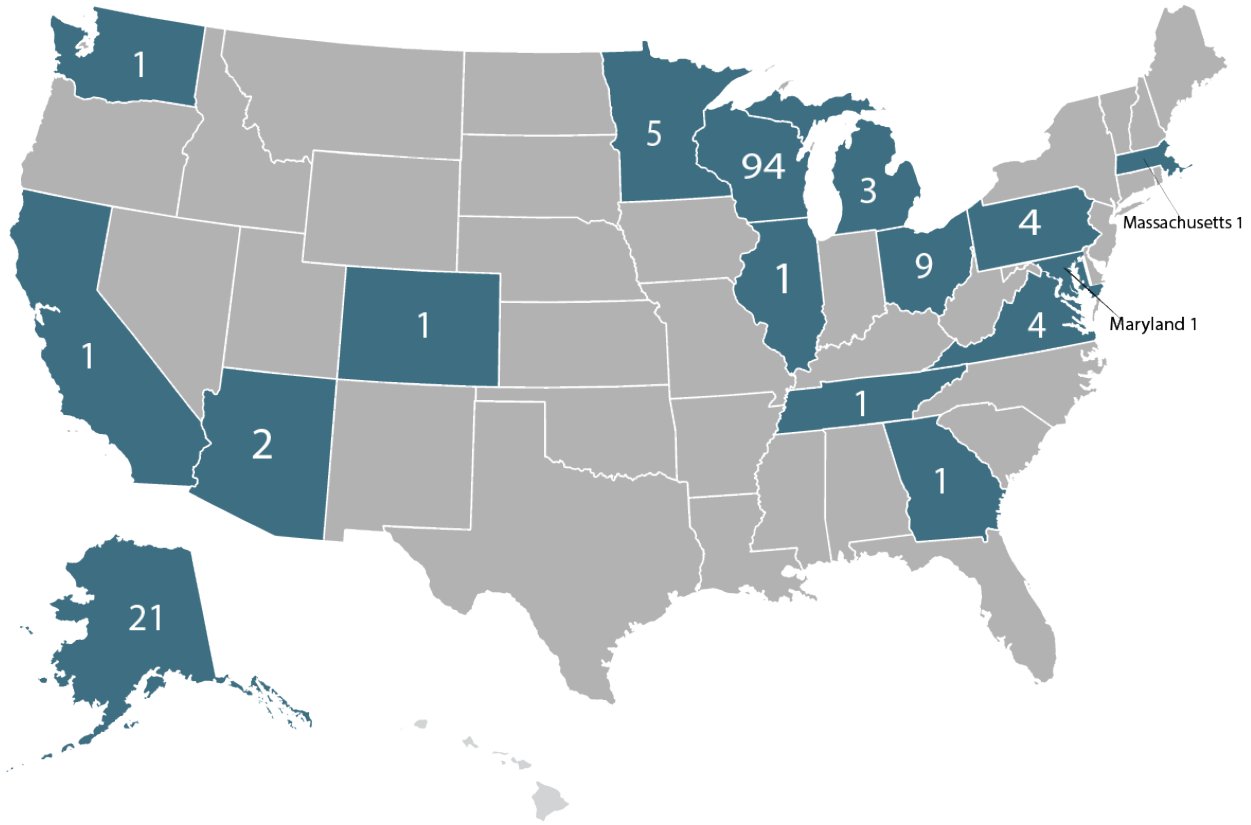
COMPLETED COHORTS

	Cohort 1 September 2021-2022	Cohort 2 November 2021-2022
Number of Individuals accepted to the program	24	26
Number of states represented	2	5
Number of individuals who graduated the program	16	16
Program completion rate	67%	62%

Types of Organizations Residents Work For



COHORTS BEGINNING in 2022



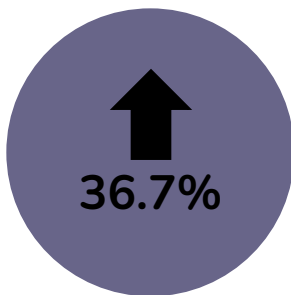
	Cohort 3 January 2022	Cohort 4 April 2022	Cohort 5 September 2022	Cohort 6 December 2022
Number of Individuals accepted to the program	21	26	31	14
Number of states represented	1	8	5	5

IMPACT

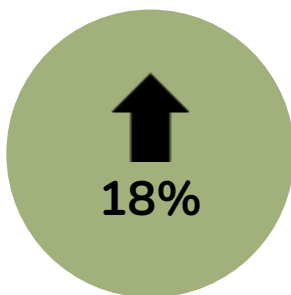
The N2PH Residency Program aims to support residents in their critical transition time into the field of public health in ways that result in:

- Greater competency for evidence-based public health practice
- Enhanced confidence for addressing the challenges of public health work
- High satisfaction with their new jobs and clear intentions to remain in public health practice, thus reducing organizational costs associated with turnover

The following results are an average change in resident confidence and competence prior to beginning the N2PH Residency Program and upon completing the program from Cohorts 1 and 2.



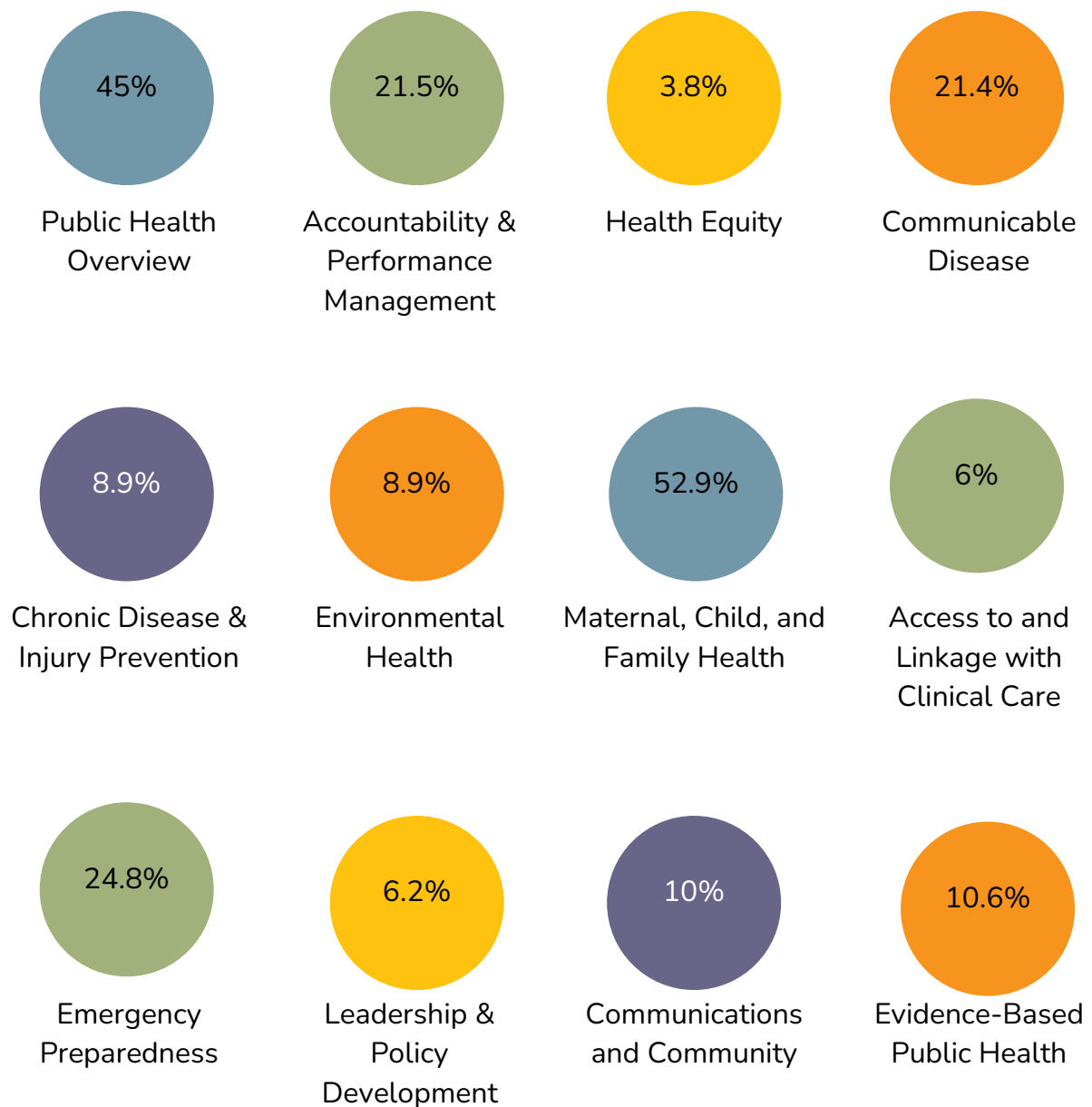
The **Modified Version of the Core Competencies for Public Health Professionals⁵** is a set of skills and knowledge across eight domains of public health categories applicable to the individual public health professional. It is used to assess change in individual competence of foundational skills for public health practice.



Pre/post-session self-assessment knowledge checks aim to evaluate learning in a particular foundational area or capability based on the objectives in each online learning session. This result includes an average change in learning prior to beginning the online session and upon completion of the session across all 12 sessions.

The results below indicate the increase in knowledge between pre and post-session self-assessment knowledge checks per individual session.

Residents complete a pre-self-assessment knowledge check prior to beginning the online learning modules for each of the 12 online course sessions. The self-assessments are based on the session learning objectives. After completing all the required online learning modules, the resident completes the same set of questions as a post-assessment knowledge check. The two scores are then compared per individual response and averaged per session across residents in Cohort 1 and 2.



RESIDENT PERSPECTIVE

The results below include perspectives from residents in Cohorts 1 and 2 collected upon completion of the N2PH Residency Program.

100%

The percentage of residents strongly agreed or agreed that the N2PH Residency Program **increased their competence in foundational public health areas and capabilities as outlined in the Foundational Public Health Services model.**

“I have incorporated N2PH in much of my work. I've built networks, learned how to become more confident, and use my skills to lead teams.”

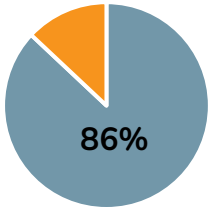
“My QI project really taught me so much about how to successfully conduct a sustainable program and how to evaluate barriers and address them.”

87%

The percentage of residents who strongly agreed or agreed **completing the N2PH Residency Program increased their confidence in how they perform their job duties.**

“I lead a QI team...that has implemented an entire training for next generations of PH professionals [and] used what I learned to reach out to another jurisdiction to co-write requests that turned into us becoming the first 2 Narcan vending pilots in the state”

“This program has given me confidence in myself, and how I can incorporate things into everyday settings in Public Health.”



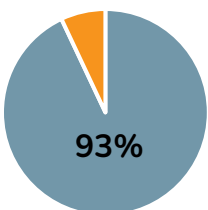
The percentage of residents who reported they would recommend the N2PH Residency Program to a colleague. The remaining 14% of residents reported they are “unsure” if they would recommend the program to a colleague.

“This program helps to create a more well-rounded professional.”

“Breaking each subject down by the month allowed me to focus on each area. The resources and the way things were explained was so helpful.”

“It was a chance for me to learn beside and from my cohort....It was that shared experience that meant a lot to me and why I would recommend it to anyone who asked me about it.”

“Valuable information for understanding the basis of public health, not just from an individual role.”



The percentage of residents who reported that their mentor relationship positively impacted their professional practice.

“My mentor challenged me to think about my long-term goals and how I can improve my current practice. They are a wealth of knowledge and were always able to provide me with ideas and resources.”

“I appreciated being able to bounce ideas off her regarding ideas current work-related tasks our county was trying to implement.”

LEADER PERSPECTIVE

The results below include perspectives from the supervisors/ managers of residents in Cohorts 1 and 2 collected upon resident completion of the N2PH Residency Program.

100%

The percentage of supervisors who reported that the individual they supervise **applied what they learned** in the N2PH Residency Program to their work.

“She utilized the N2PH program to evaluate gaps in a PH program, made progress in strengthening that program and established goals for future actions.”

“This program has helped the staff member advocate for public health across the health department...[and] broadened her scope beyond COVID prevention”

100%

The percentage of supervisors who agreed or strongly agreed that the individual they supervise **increased their ability to integrate evidence and evaluate outcomes in their professional practice** as a result of the N2PH Residency Program.

“[She] grew her understanding of QI/PM in both theory and practice.”

“Their N2PH project has been incorporated into the activities that our HD does on a regular basis.”

CONTINUOUS QUALITY IMPROVEMENT

To continuously improve the experience of residents, supervisors/managers, and mentors who engage in the N2PH Residency Program, feedback is reviewed on a regular basis. The following process improvements were implemented in 2022:



Increased communication about the N2PH Residency Program activities to supervisors/managers through a monthly email.



Established monthly mentor networking meetings to better support volunteer mentors.



Created session summaries of the online course for mentors to have a better understanding of program content.



Developed a workbook for state-based cohort facilitators and accompanying box folder for program templates and materials.



Established a box folder with poster presentation examples from N2PH Alumni to better support current residents.



Transitioned to small group mentoring to increase resident peer support while also benefiting from the guidance of a mentor.



Established regular communication processes with residents and offered individual support from program facilitators.

INFORMATION DISSEMINATION

To disseminate information about the N2PH Residency Program and recruit residents, the N2PH team participated in several conferences, lead webinars, and contributed to partner organization blog posts. Additionally, our first manuscript introducing the program was published.

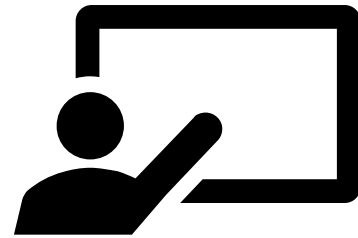


PUBLICATIONS

The N2PH team's first manuscript was accepted and published in the [*Journal of Public Health Management and Practice*](#) as a project brief describing the N2PH Residency Program's background and program components.

CONFERENCE PRESENTATIONS

The N2PH team presented at six state and national conferences in 2022 highlighting N2PH Residency Program components and innovative practices. The team was also invited to speak on a virtual webinar for APHA early-career professionals.

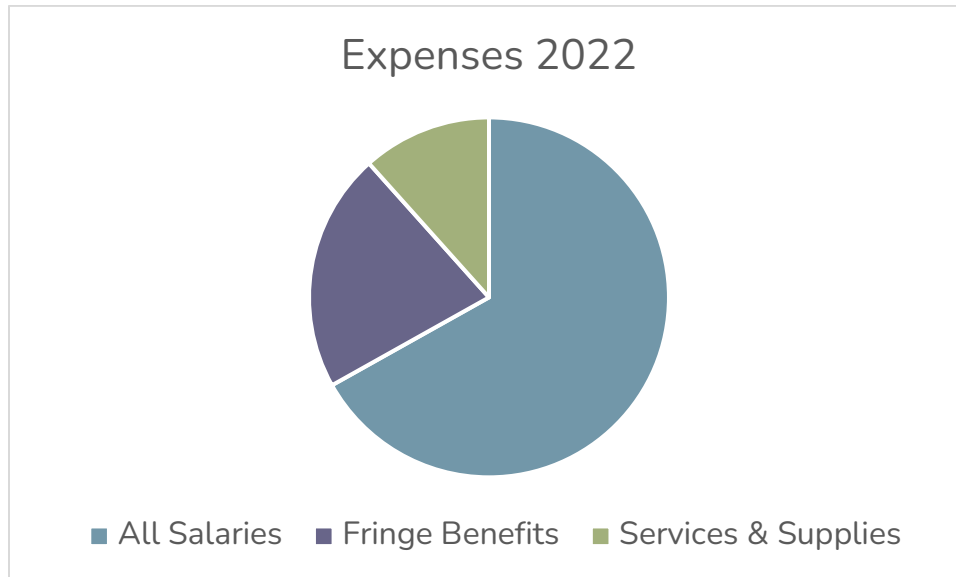


OTHER MEDIA

The N2PH team was invited to contribute to two partnering organizations' blogs including the *Council of Public Health Nursing Organizations* and *Public Health Foundation*.

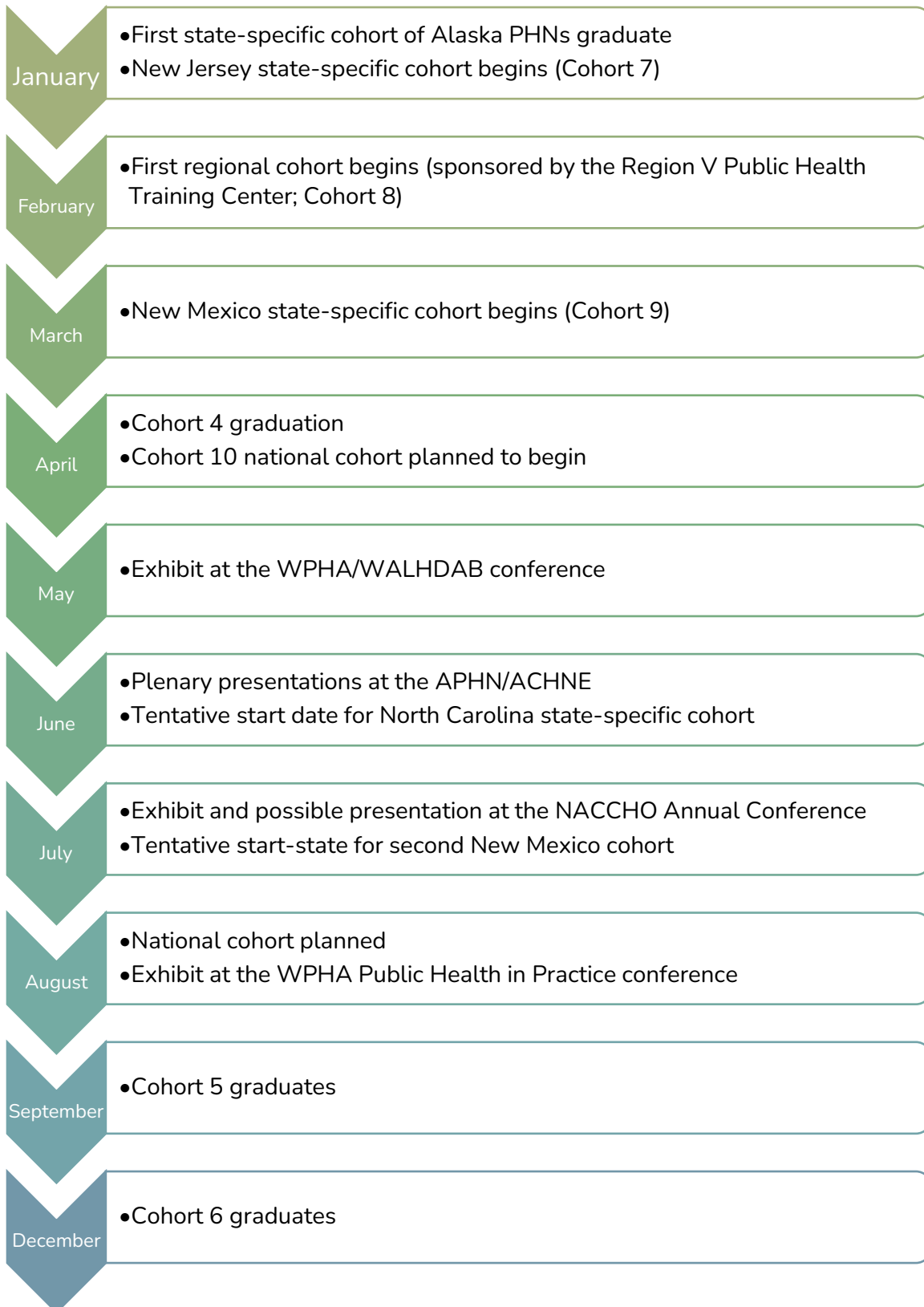
BUDGET

Account	2022
REVENUE	
Cohort 5 and 6	\$42,107.50*
EXPENSES	
All Salaries	\$64,301.25
Fringe Benefits	\$20,666.92
Services & Supplies	\$11,175.60
TOTAL	-\$96,143.77
CURRENT BALANCE	-\$54,036.27



*Program tuition was collected by University Wisconsin—Madison Interprofessional Continuing Education Partnership (ICEP) in 2022. Revenue was received in March 2023.

WHAT'S NEXT IN 2023?



REFERENCES

1. Public Health National Center for Innovations (PHNCI). Foundational public health services in action. PHNCI. <https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pdf> Published February 2022
2. Delgado, J., Siow, S., de Groot, J., McLane, B., & Hedlin, M. (2021). Towards collective moral resilience: the potential of communities of practice during the COVID-19 pandemic and beyond. *Journal of medical ethics*, medethics-2020-106764. Advance online publication. <https://doi.org/10.1136/medethics-2020-106764>
3. Vizient/AACN Nurse Residency Program. (2018). Retrieved from <https://www.vizientinc.com/Our-solutions/Clinical-Solutions/Vizient-AACN-Nurse-Residency-Program>
4. Freiheit, J. M. (2017, December). Understanding Public Health Professional Socialization and Professional Identity Formation Experiences (Dissertation, University of Wisconsin—Milwaukee).
5. Council on Linkages Between Academia and Public Health Practice. Modified Version of the Core Competencies for Public Health Professionals. Published online 2017. Accessed January 18, 2022. https://www.phf.org/resourcestools/Documents/Modified_Core_Competencies.pdf
6. Fink R, Casey K. Casey-Fink surveys. UCHHealth. Accessed November 24, 2021. <https://www.uchealth.org/professionals/professional-development/casey-fink-surveys/>



School of Nursing
UNIVERSITY OF WISCONSIN-MADISON