

WELCOME

This year has brought exciting growth and innovation for the New to Public Health Residency Program! I am especially proud that we welcomed three new state-specific cohorts who are bringing exceptional support to early career public health professionals in the states of Illinois, Iowa, and Virginia. It has been wonderful to work closely with their cohort leaders and adapt synchronous discussions to meet the needs of their unique workforce.

Our team is always conscious of resident feedback. This past year we focused on strengthening support and resources for residents' projects. We adapted a new project format built on the Mountain Model's *Evidence-Based Practice Quality Improvement* framework. This new format has simultaneously streamlined the process and amplified the impact of resident's projects. As a result, residents' projects are achieving stronger outcomes and driving meaningful improvements within their communities.

We also broadened our opportunities for shared learning and professional connection. Our "Micro-Learning and Networking" sessions now engage residents, alumni, supervisors, and mentors. We invited mentors to share their expertise and lead rich and meaningful discussions. To further spotlight the voices and experiences of our growing community, we launched <u>Field Notes: Insights from New to Public Health Alumni</u>, a platform that celebrates alumni achievements, highlights the value of public health in communities, and inspires students and professionals to explore diverse public health careers. It has been so fun to reconnect with program Alumni and celebrate their work, and I welcome you to listen to their stories!

Together, these efforts reflect our commitment to fostering collaboration, advancing practice, and supporting the next generation of public health leaders.

Julianna Manske Program Manager

Juliana Yoske

PURPOSE

The New to Public Health Residency Program is designed to support earlycareer 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.

"Being a seasoned professional in a new industry, this program has been incredibly beneficial to network, learn new things, examine case studies and spark curiosity for further learning. Now, with a comprehensive toolkit for public health research and practice under my belt,



Director of Health Equity Cohort 15, Virginia

I feel fully capable to implement equitable community change at a population level with local partners.

Furthermore, getting a snapshot of the breadth of public health practice encourages me to continue my professional career in the industry."

Malia A.

VISION

A thriving, engaged public health workforce.

GOALS

N2PH program graduates 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 an evidence-based quality improvement project within their local health department or community.

N2PH 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 discuss how to overcome challenges in practice. Residents attend monthly synchronous discussions, which include dedicated time for facilitated reflection, and have access to online discussion posts to engage with peers.



Mentorship supports residents' professional socialization, development, insight, and growth as they transition to practice.^{2,3} Residents are matched with a mentor and one-totwo other residents that will meet for approximately one hour per month.



Residents plan an Evidence-Based Quality Improvement Project that they will present at graduation.4 The goal of this project is to increase the residents' abilities to integrate evidence into professional practices, evaluate outcomes of public health practice, and strengthen critical thinking skills.

PROGRAM 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:

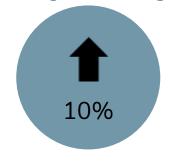
- Greater competency for evidence-based public health practice
- Enhanced **confidence** in addressing the challenges of public health work
- High satisfaction with their new jobs and clear intentions to remain in public health practice, thus reducing organizational costs associated with turnover





Increase in public health Core Competencies^{5*}

Change in Knowledge



Increase in knowledge of FPHS1*

One-Year Retention



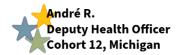
Employed at their workplace one year after graduation+

CONGRATULATIONS N2PH ALUMNI

	Cohort 11 Traditional	Cohort 12 Sponsored by Region V	Cohort 13 State-based	Cohort 14 Traditional	Cohort 15 Traditional
Number of Residents who graduated	20	32	8	21	19
Number of states represented	11	8	New Mexico	8	5

Cohorts 11-15 graduated from N2PH in FY 25. Evaluation data and resident testimonials from these cohorts are included in this report.

"N2PH was an awesome experience. I met some wonderful individuals aiming to better their community and themselves. The atmosphere was pleasant and inviting."





^{*} Results are from Cohorts 1-15

⁺Results are from Cohorts 1-10

^{1.} The Council on Linkages Between Academia and Public Health Practice. (2017).

Modified Version of the Core Competencies for Public Health Professionals.
http://www.phf.org/resourcestools/Pages/Modified_Core_Competencies_for_Public_Health_Professionals.aspx
2. Public Health National Center for Innovations (PHNCI). Foundational public health services in action. PHNCI.
https://phnci.org/uploads/resource-files/FPHS-Factsheet-2022.pd Published February 2022

RESIDENT PROFILE

N2PH Residents work in a variety of roles, typically at a governmental public health organization. Some work for community-based, academic, or federally funded organizations.

Job Titles of Residents

School Health Advocate Public Health Pharmacist Emergency

Community Health Strategist

Preparedness Coordinator

Community Engagement & Partnership Coordinator

Dental Hygienist Animal Services Officer

Informatics Coordinator Registered Dietitian

Public Health Policy and Communication Coordinator

Public Health Educator

Equity Coordinator Epidemiologist Data Quality Analyst

Accreditation Coordinator Public Health Nurse

Disease Intervention Specialist
Environmental Health Specialist

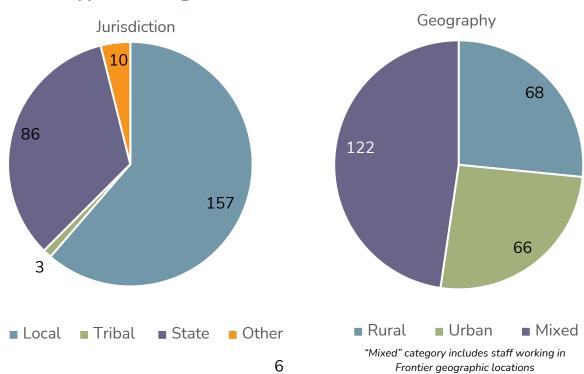
Climate and Health Planner

Licensed Social Worker

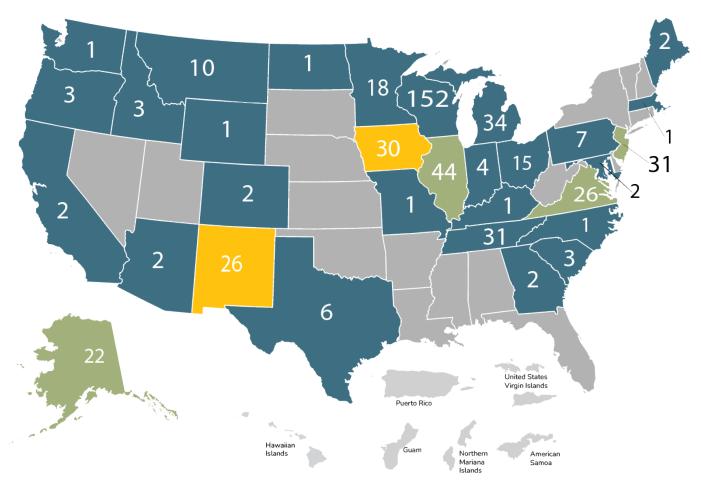
Public Health Harm Reduction

Supervisor Program Coordinator

Types of Organizations Residents Work For



A GROWING NUMBER OF **RESIDENTS ACROSS THE UNITED STATES**



This image represents the number of people accepted to the N2PH Residency Program per state or territory. Key: ■Traditional cohorts ■State-based cohorts ■Both types of cohorts

To date, 487 Residents have been accepted to N2PH cohorts. In FY 25 we welcomed three new state-based cohorts representing the states of Illinois, Iowa, and Virginia.

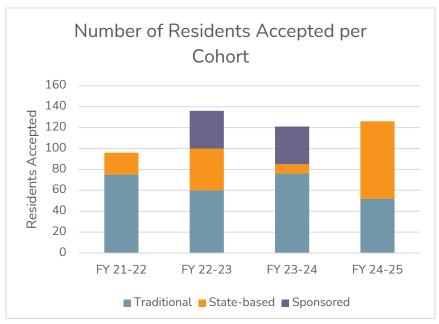








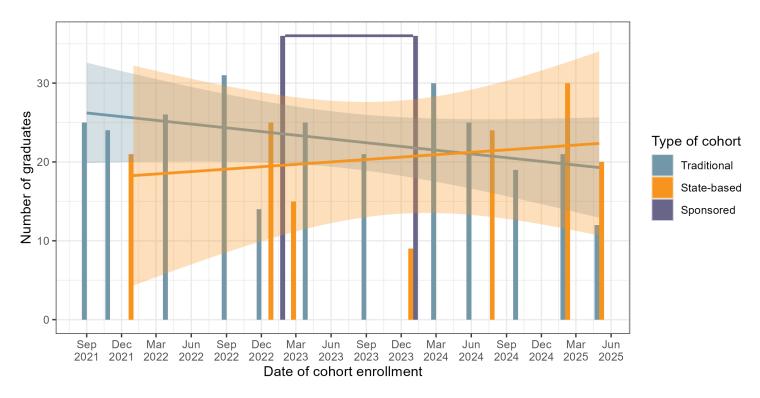
ENROLLMENT



The number of people who participate in the N2PH Residency Program continues to grow. From FY 24 to FY 25, there was a 4% increase in overall program enrollment.

Numerically, traditional cohort enrollment was smaller this fiscal year than last. However, when compared by time

overall or by type of cohort, there is not a reliable statistical trend in either direction.



We see no statistically significant time trend in the number of graduates per year, either overall (Poisson regression: $\chi^2(1) = 1.26$, p= 0.26) or considered separately by type of cohort ($\chi^2(2) = 2.58$, p= 0.28).

FY25 COHORTS

We welcomed 126 new residents to the N2PH Residency Program in FY 25!





TRADITIONAL COHORTS

Traditional cohorts are comprised of early career public health professionals working at governmental public health organizations across the United States.

STATE-BASED COHORTS

State-based cohorts are facilitated by state-specific leaders. Synchronous discussions are adapted to meet the unique needs of that state's workforce.

	Cohort 16 August	Cohort 17 October	Cohort 18 February	Cohort 19 February	Cohort 20 May	Cohort 21 May
	2024	2024	2025	2025	2025	2025
	State-	Traditional	Traditional	State-	Traditional	State-
	based	Traditionat	Traditionat	based	Traditionat	based
Number of						
Individuals accepted	24	19	21	30	12	20
to the program						
Number of states	Illinois	11	5	lowa	7	Virginia
represented	Ittiliois					Viigiilia



We welcomed our first participants from the states of Iowa, Kentucky, Montana, and North Dakota!

LEADER PERSPECTIVE

The results below include perspectives from the supervisors/ managers of residents in Cohorts 11-15 collected upon resident completion of the N2PH Residency Program.

"It has been helpful for her to see more broadly the work of public health as currently the work is fairly separated within our Health Department. Her knowledge and understanding of what everyone does has helped build bridges and improve programs."

"My staff member is more willing to speak up in team meetings to offer her contributions. She is also more confident in her role as a public health professional."

"She is more confident in conducting evidence-based quality improvement work."

93%

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.

"The staff member is working on our IPLAN, and I believe this course has helped her to gain knowledge and confidence. Very happy with the progress and program."

"[My staff person] increased WIC participation numbers and also has increased her knowledge of and confidence in public health related topics."

MENTORSHIP

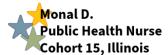
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MENTORS

Mentors contribute significantly to the professional socialization of residents. Thirty-four experienced public health professionals volunteered their time mentoring residents. Mentors meet with small groups (typically 1-3 residents) for about one hour per month. That's approximately 340 hours of volunteer time supporting early career public health workers! Four of these mentors have volunteered with N2PH more than once!

"The N2PH program strengthened my confidence and competence in addressing complex public health issues by deepening my understanding of evidence based practice, health equity, systems thinking, social determinants of health, role of policy and also partnerships in advancing community health.



With the mentorship and also hands on experience, I have become more purposeful in my advocacy and more grounded in my professional identity as a Public Health Nurse."



States Mentors are from:

Alabama	1
Connecticut	1
Florida	3
Georgia	1
Idaho	1
Illinois	2
Indiana	2
Michigan	2
Mississippi	1
New Jersey	1
New Mexico	3
Ohio	5
Pennsylvania	1
Wisconsin	9



Three N2PH Alumni stepped up to volunteer as a mentor after graduating from the program! Thanks Scott, Jalessa, and Shelley!

DISSEMINATION

5 1 6 1 4
Conferences Poster Presentations Case Study Webinars

July 2024

Detroit, MI
Revitalizing the Public Health Workforce:
A Comprehensive Approach to Onboarding & Retention.

Plenerary presentation at NACCHO,

Podium presentation at NACCHO, Detroit, MI

Building Leadership through Evidence-Based Practice in Public Health

Poster presentation with Region V Public Health Training Center, at NACCHO, Detroit, MI

Strengthening Public Health Capacities in the Great Lakes States: A Collaborative Initiative

March 2025



Webinar for CHW Strength, virtual Curriculum Development Using Al

June 2025

ASTHO Workforce Pop-up
We're in this together!

Partnering to Support the Public Health Workforce

Featured Case Study on de
Beaumont Insights to Action
New to Public Health Program Helps

Build a Foundation for Sustainable Public Health Career (select link to read)

October 2025



Panel Discussion at APHA, Minneapolis, MN

Navigating the Career Lifecycle of the Public Health Professional: Early Career

February 2025



Webinar in partnership with the Region 3 Mid-Atlantic Regional

Public Health Training Center

Onboarding Tools for the Public Health Workforce: Best Practices for Welcoming and Retaining Employees

May 2025



Webinar in partnership with Region 2 Public Health Training Center

Retention and Mentoring Webinar Series Part III: Mentoring for Retention

Student presentation for APHN, virtual conference

Does Participation in a One-Year Online Residency Program Improve Public Health Practitioner Confidence, Competency, and Career Track Satisfaction?

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Podium presentation at WPHA, Milwaukee, WI

Retain, Empower, Thrive:
Rethinking Onboarding in Public Health

GROWTH & IMPACT THIS YEAR

ENHANCED SUPPORT

- Adopted use of the Mountain Model's Evidence-Based Practice Quality Improvement¹ for resident projects and developed a workbook to help guide residents through completion.
- N2PH staff attended professional development with a focus on enhancing the mentorship experience and a workgroup meeting for the National Board of Public Health Examiners.
- Collaborated with a DNP student to develop a nursing competencies crosswalk between the ANA Public Health Nursing Scope and Standards of Practice² and the Foundational Public Health Services³ model.
- Updated synchronous discussions based on the current climate and topics of interest including Climate Change and emergency preparedness scenarios.

COMMUNITY & CONNECTION

- Expanded monthly "Micro-Learning and Networking" sessions to include all residents, alumni, supervisors, and mentors. Seven mentors volunteered as guest presenters.
- Launched <u>Field Notes: Insights from New to Public Health Alumni</u> to recognize N2PH Alumni's work, provide a platform to share public health stories and the value of public health in communities, and inspire students and others to explore diverse public health careers.

CONTINUOUS QUALITY IMPROVEMENT

- Submitted for reaccreditation of the online learning course. Updates focus on updating content and learner accessibility standards.
- Collaborated with a DNP student to evaluate Cohorts 5-10 and submit a manuscript with the results.

"Putting together a quality improvement project to present to our cohort was very meaningful to me. It showed me that so much of the work I was doing was quality improvement without even realizing it - and now I know that it is a huge strength of mine."





^{1.} Waldrop, Julee DNP, PNP-BC, EBP-C, FAANP, FAAN; Dunlap, Jayne Jennings DNP, FNP, CNE, EBP-C. The Mountain Model for Evidence-Based Practice Quality Improvement Initiatives. AJN, American Journal of Nursing 124(5):p 32-37, May 2024. | DOI: 10.1097/01.NAJ.0001014540.57079.72

^{2.} American Nurses Association. (2021). Public health nursing: Scope and standards of practice (3rd ed.). American Nurses Association.

B. Public Health National Center for Innovations (PHNCI). Foundational public health services in action. PHNCI. https://phnci.org/national-frameworks/fphs. Published February 2022.

MICROLEARNINGS

N2PH Microlearning & Networking sessions bring together Alumni, Residents, Supervisors, and Mentors to explore trending topics, ask questions, share experiences, and connect with peers. These sessions foster engagement, strengthen relationships, and provide ongoing support within the N2PH community.

Between July 2024 and June 2025, the following topics were discussed:

- Innovation in Public Health
- Generational Differences
- Interpersonal Skills
- Operationalizing Health Equity
- Polishing Your Resume for Leadership Opportunities
- Advocacy vs. Lobbying
- Expanding Nursing Roles in Public Health
- Public Health Budgets
- Navigating Organizational Culture



Over 300 people attended a Microlearning & Networking session this past year! Thank you to the following individuals for sharing their experience on a Microlearning topic!

- Niki Lucht, Wood County Health Department
- Mallory Bejster, Rush University College of Nursing
- Katie Gillespie, UW— Madison School of Nursing
- Dr. Melva Black, Metro Public Health Department, Nashville/ Davidson County

"The N2PH program helped me think about my work on a much larger scale. I learned how I can support my community through things like policy advocacy and volunteering at community events.

This program was a great way to connect with other public health professionals from all around the United States and learn about their different prospectives and the work they do."



Alyssa W. Health Educator III Cohort 11, South Carolina

FIELD NOTES: INSIGHTS FROM N2PH ALUMNI

One of our favorite initiatives this year was a podcast highlighting N2PH Alumni. This series aims to:

- Recognize the work and successes of N2PH Alumni
- Provide a platform to share public health stories and the value of public health in communities
- Inspire students and others to explore diverse public health careers.

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PODCASTS

It has been so fun reconnecting with Alumni since their graduation from the program!

This past year we interviewed 18 Alumni. Listen to their stories by selecting this link: Field Notes:

Insights from N2PH Alumni













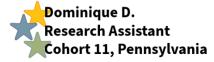








"N2PH has given me the confidence to be ready for the public health field. By the engaging discussions, mentorship, networking, and challenging final project I completed it was definitely worth the experience."



BUDGET

FY 25 Actual

REVENUE \$ 193,987.50

EXPENSES

 Salaries
 \$ 116,930.70

 Fringes
 \$ 58,509.04

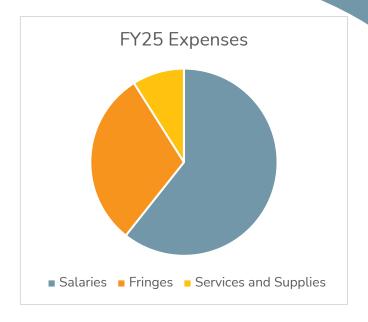
 Services and Supplies
 \$ 17,285.79

 TOTAL EXPENSES
 \$ 192,725.53

 NET GAIN/(LOSS)
 \$1,261.97

 Beginning Fund Balance
 \$ (163,288.41)

 CURRENT BALANCE
 \$ (162,026.44)



We are proud to have earned revenue to cover program expenses this fiscal year!



Thanks to a generous, private donor, we are proud to have awarded eight partial scholarships to residents this year!

"This was an incredible opportunity to meet colleagues from across the county and across disciplines to learn more about public health. This program provided me with some fundamentals and empowered me to continue to grow my knowledge and skills in ways I would not have imagined!"

Jody P.
Public Health Manager
Cohort 14, Tennessee



Team

Julianna Manske

Program Manager

McKenzie Liegel

Program Specialist

Kate Gillespie

Clinical Assistant Professor and Faculty Consultant to N2PH Residency Program

Deborah Heim

Public Health Nurse Consultant

Ajay Sethi

Professor of Population Health Sciences, Faculty Director of the MPH Program

"Entering the new to public health residency has transformed how I approach the work I lead, solidifying my practice in health/racial equity, policy development and community centered solutions.

This experience sharpened my ability to connect systems thinking with real world challenges, deepening my commitment to inclusive, long-term impact."



Kelli J. Public Health Nurse Cohort 14, Ohio

Advisory Board

Antonio (Tony) Neri

Director, Preventive Medicine Residency and Fellowship (PMR/F) and Population Health Training in Place Program (PH-TIPP), Centers for Disease Control Chris Culotta

Health Services Management Supervisor, Wisconsin Department of Health Services, Division of Public Health

Heather Black

Chief Nurse for the Center for Access and Linkage to Healthcare,

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