

## Regional Public Health Training Centers Program

### Academic Years 2015-2020

The Health Resources and Services Administration (HRSA), is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The Regional Public Health Training Centers Program (PHTC) seeks to expand the public health workforce, enhance the quality of this workforce, and improve the public health workforce’s ability to meet national, state, and local health care needs. Specifically this program aims to strengthen the public health workforce through the following activities:



**Serve a designated geographic area**



**Assess the needs of health personnel and provide training**



**Involve faculty members and students in collaborative projects**



**Coordinate field placements for public health students**

### Quick Facts about PHTC Trainees

The PHTC program trained **1,107** public health students during Academic Years (AY) 2015-2020. **41.9 percent** of these participants were underrepresented minorities or from disadvantaged backgrounds. When asked about their plans after graduation, the **981** individuals who completed their PHTC faculty-student collaboration projects or field placements between AY 2015-2020 reported the following intentions:<sup>1</sup>

**56.4 percent**

Intended to work in **medically underserved communities**

**22.5 percent**

Intended to work in **primary care settings**

**22.0 percent**

Intended to work in **rural settings**

PHTCs provided one-year stipends to support public health students participating in field placements and collaborative projects. During the five-year period, PHTC awardees distributed **\$2,541,516** in stipends overall, with an average stipend amount of **\$2,269**.<sup>2</sup>

<sup>1</sup> Students could select multiple intentions.

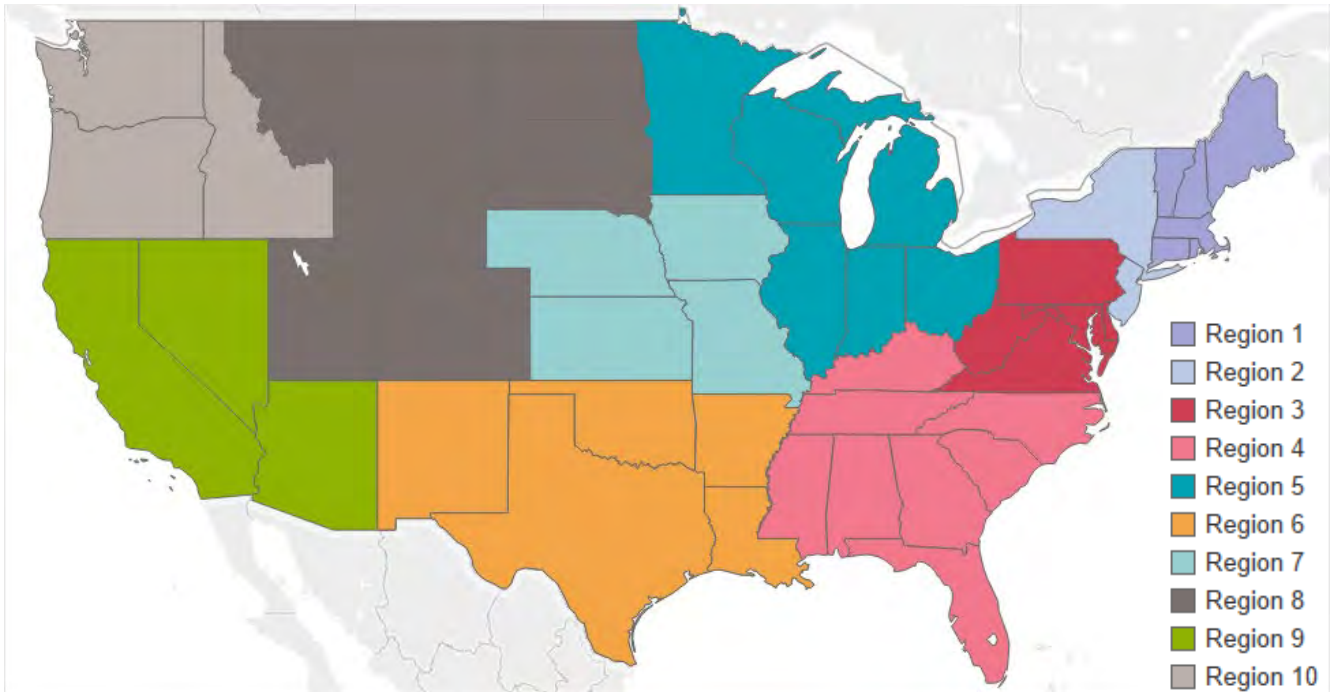
<sup>2</sup> The maximum stipend amount allowed per student was \$1,500 during AY 2015-2018 and \$3,500 during AY 2018-2020.



## Serve a designated geographic area

Each awardee serves one geographic region, enabling awardees to tailor their activities to the particular needs of their local public health workforce, public health trainees, and communities. These geographic areas are based on the ten regions identified by the U.S. Department of Health and Human Services. Regions 2 and 9 also include U.S. jurisdictions (e.g., Guam, American Samoa, Puerto Rico, the U.S. Virgin Islands).

**Figure 1: Ten Regions of the Public Health Training Centers Program**



### List of Current Awardees and Their PHTC Websites

Region 1: [Boston University](#)

Region 2: [Columbia University](#)

Region 3: [University of Pittsburgh](#)

Region 4: [Emory University](#)

Region 5: [University of Michigan](#)

Region 6: [Tulane University](#)

Region 7: [University of Iowa](#)

Region 8: [University of Colorado](#)

Region 9: [University of Arizona](#)

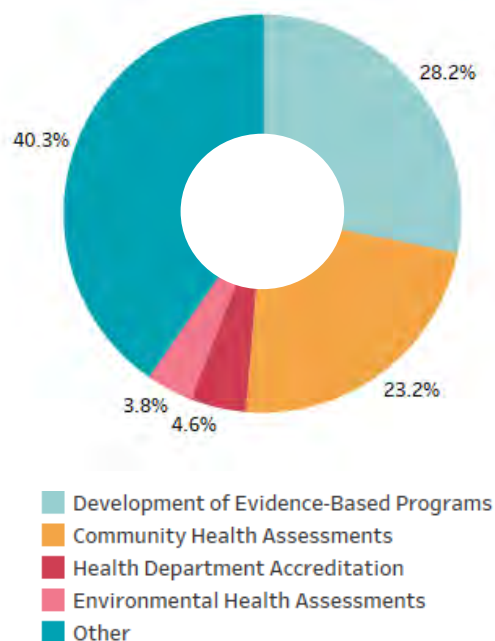
Region 10: [University of Washington](#)



## Involve faculty members and students in collaborative projects

- During AY 2015-2020, **685** faculty and **913** students collaborated on PHTC-supported projects.<sup>3</sup>
- **9.5 percent** of faculty members and **14.9 percent** of students were underrepresented minorities.
- The most frequently covered topics were evidence-based programs (**28.2 percent**) and community health assessments (**23.3 percent**), in addition to projects in the “other” category such as emergency preparedness and writing grant applications for community organizations.
- Children and adolescents were the most-studied population (**16.7 percent**), followed by low-income persons/families (**11.6 percent**).

**Figure 2: Purpose of PHTC Collaborations**



**Figure 3: Top Ten Populations Studied in Collaborations**

Population	Percentage
Children and Adolescents	19.6%
Low-income Individuals and Families	11.6%
Individuals with Mental Illness or Substance Use Disorder	6.6%
Chronically Ill Individuals	6.5%
Pregnant Women and Infants	5.8%
Underinsured/Uninsured Individuals and Families	5.3%
Individuals Experiencing Homelessness	4.8%
Older Adults	4.8%
Tribal Populations	3.9%
Individuals with HIV/AIDS	3.3%

### Sample Project Titles for Each Region

**Region 1:** “Local Health Department Language Needs Survey”

**Region 2:** “Preterm Birth in Puerto Rico, 2002-2004 and 2012-2014”

**Region 3:** “GIS Spatial Analysis of West Virginia Colorectal Cancer Cases by Stage”

**Region 4:** “Breastfeeding Rates within the WIC Program”

**Region 5:** “Gap Analysis of Housing Policy and Childhood Lead Poisoning in Kent County, MI”

**Region 6:** “Breaking Barriers and Building Bridges: Transgender Care in Galveston County”

**Region 7:** “Ebola Preparedness and Response”

**Region 8:** “Reduction in the Suicide Rate in Rural Wyoming”

**Region 9:** “Antimicrobial Stewardship Training for Skilled Nursing Facilities”

**Region 10:** “A Cultural Needs Assessment for Alaska Natives in the Alaska Corrections System”

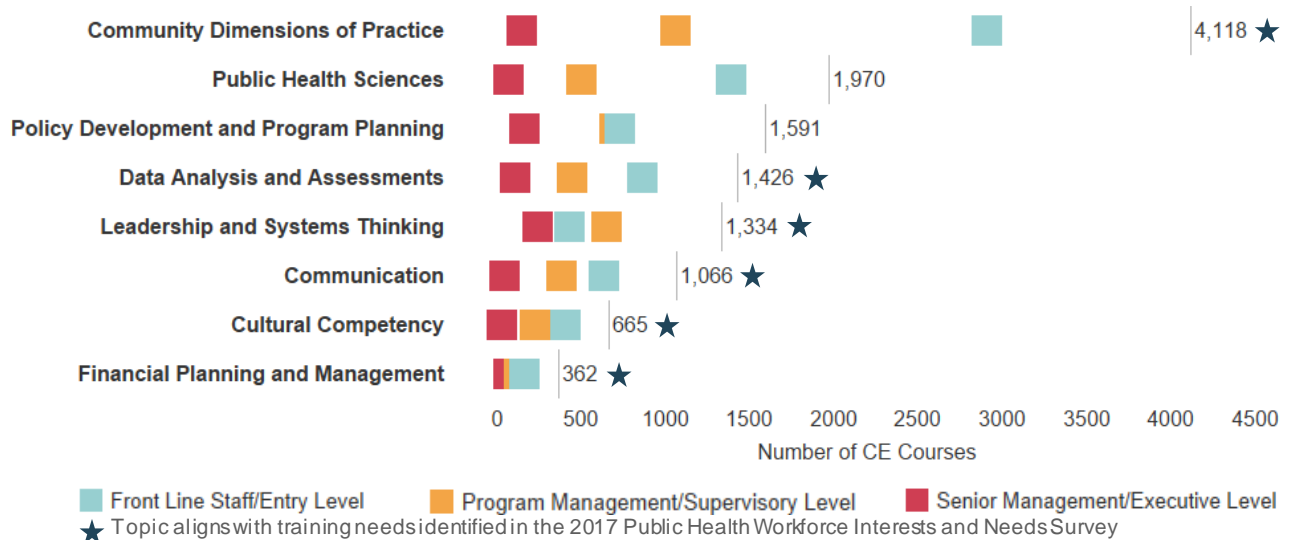
<sup>3</sup> Individuals may have been counted twice if they participated in multiple projects or over multiple years.



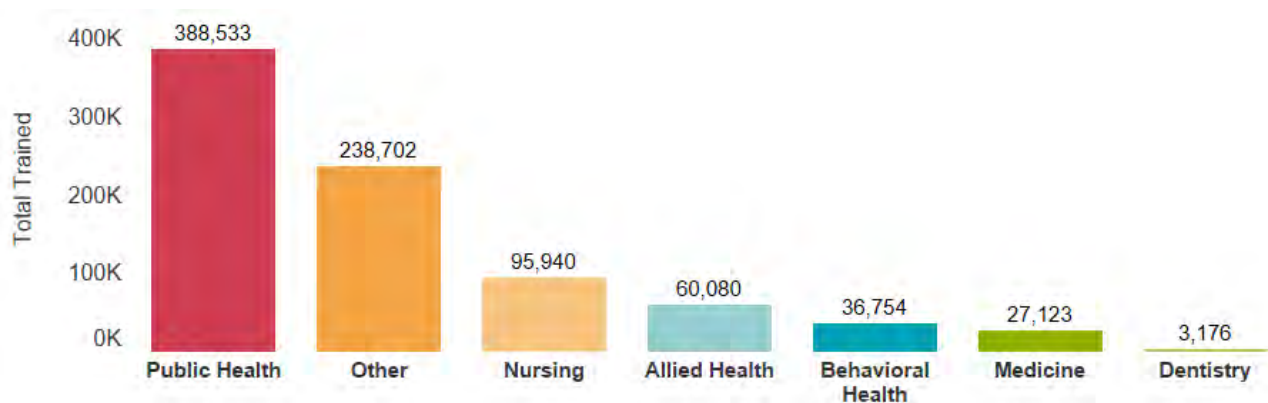
## Assess the needs of local health personnel and provide training

- PHTCs trained **1,081,148** individuals—including **388,533** public health professionals—through **12,560** continuing education (CE) courses during AY 2015-2020.<sup>4</sup>
- **5,937** courses were offered a total of **8,634** times, with an additional **6,623** courses accessible anytime online. **30.2 percent** of PHTC-sponsored courses were approved for CE credits.
- Courses provided training in competencies such as community dimensions of practice (**4,118 courses**) and data analysis and assessments (**1,426 courses**) (Figure 4).
- As indicated by the stars in Figure 4, **75 percent** of the PHTC program’s CE course competencies aligned with training needs identified in a 2017 national survey of the public health workforce.<sup>5</sup>
- The majority of PHTC CE courses were designed to reach front line/entry level public health workers (67 percent) and program managers/supervisors (29 percent).
- PHTC courses primarily reached public health professionals (**35.9 percent**) (Figure 5).

**Figure 4: Competencies Addressed in PHTC CE Courses by Trainee’s Management Level (N= 12,560 Courses)**



**Figure 5: Number Trained in PHTC CE Courses by Discipline (N= 850,308 Trainees)<sup>6</sup>**



<sup>4</sup> Individuals may be counted twice if the same individual took multiple continuing education courses.

<sup>5</sup> De Beaumont Foundation, Association of State and Territorial Health Officials, National Association of County and City Health Officials, and Big Cities Health Coalition. 2017. “Public Health Workforce Interests and Needs Survey: 2017 National Findings.” <https://debeaumont.org/programs/ph-w-ins/>.

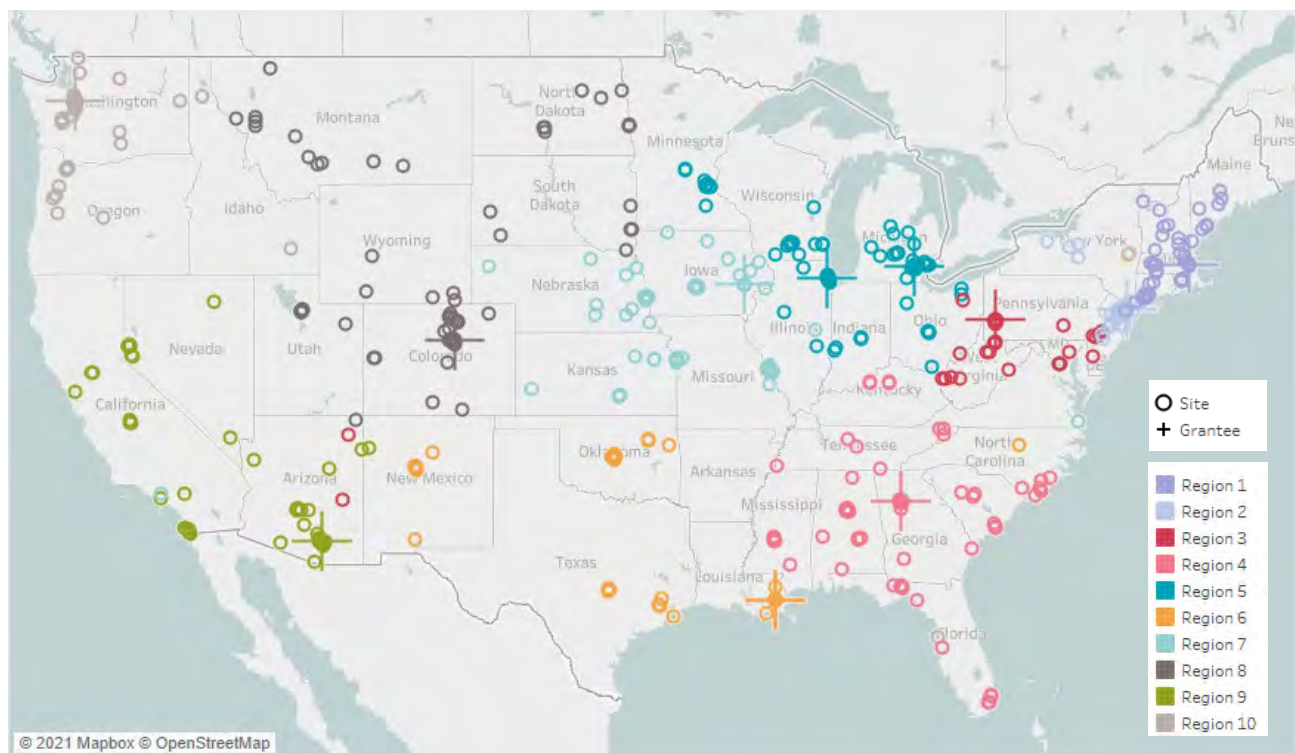
<sup>6</sup> The graph excludes 230,840 individuals due to lack of trainee discipline data.



## Coordinate field placements for public health students

- Over the course of five years, the PHTC program coordinated **1,335** field training experiences at **818** sites.
- These sites were located in 49 states, the District of Columbia, and four jurisdictions.
- The majority of PHTC sites were located in medically underserved communities (**67.2 percent**), **27.0 percent** were located in rural settings, and **23.2 percent** were located in primary care settings.

**Figure 6: Map of PHTC Awardees and Field Placement Sites (N = 818 Sites)<sup>7</sup>**



<b>HI</b> 1 site	<b>FM</b> 3 sites	<b>PW</b> 1 site	<b>AK</b> 8 sites	<b>PR</b> 5 sites	<b>VI</b> 2 sites
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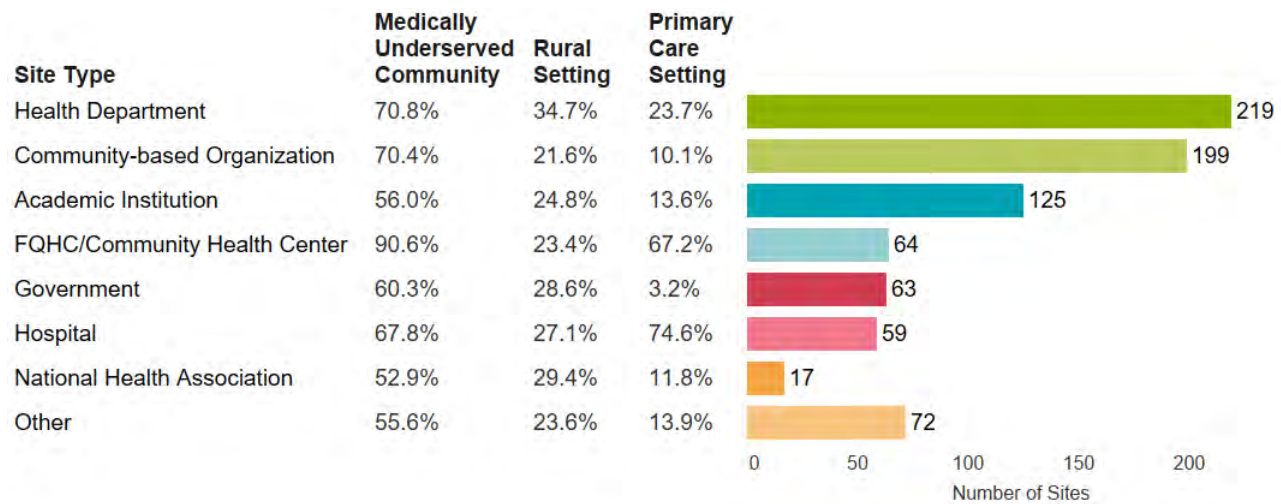
- PHTCs placed students throughout their geographic region (Figure 6), even in the case of Regions 2, 9, and 10, where students trained at sites that were thousands of miles away from their “home” PHTC. This includes trainees in the Federated States of Micronesia and Palau, who were **6,000 to 7,000 miles** away from their Region 9 PHTC.
- Students trained within their designated region, aside from a few exceptions (**2.3 percent of sites**), which indicates that the PHTCs successfully maintained the geographic/regional focus of the program.

<sup>7</sup> The 818 sites includes one located in China (not depicted in Figure 6).

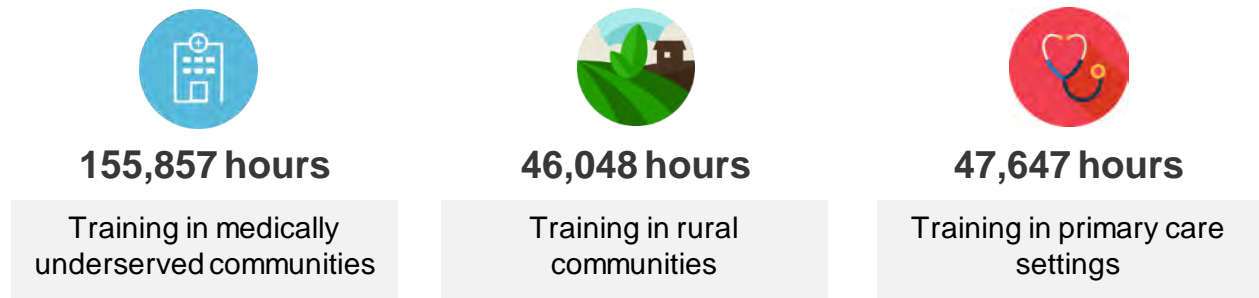


- As seen in Figure 7, health departments at the state, local, and tribal levels were the most common type of field placement site during AY 2015-2020 (**219**), followed by community-based organizations (**199**) and academic institutions (**125**).
- **70.8 percent** of health department sites were in medically underserved communities, **34.7 percent** were in rural areas, and **23.7 percent** provided primary care services.<sup>8</sup>

**Figure 7: PHTC Field Placement Sites by Setting (N = 818 Sites)**



From AY 2015-2020, PHTC students at field placement sites accumulated a total of:



Training in MUC, rural, or primary care settings was significantly associated with intending to work in those settings:<sup>9</sup>

- Students who trained in MUCs were **3.5 times** more likely to intend to work in MUCs.<sup>10</sup>
- Students who trained in rural areas were **3.1 times** more likely to intend to work in rural areas.<sup>11</sup>
- Students who trained in primary care settings were **90 percent** more likely to intend to work in primary care settings.<sup>12</sup>

<sup>8</sup> MUC, rural, and primary care settings are not mutually exclusive.

<sup>9</sup> Binary logistic regression models were adjusted for sex, rural background, disadvantaged background, and URM status (N = 457).

<sup>10</sup> Wald (1, N = 457) = 31.82, p < .001, 95% confidence interval (CI) [2.3, 5.5].

<sup>11</sup> Wald (1, N = 457) = 23.34, p < .001, 95% CI [1.9, 4.8].

<sup>12</sup> Wald (1, N = 457) = 6.64, p = .010, 95% CI [1.2, 3.2].

A PHTC student explained what their field placement meant to their career trajectory: <sup>13</sup>

*“More than anything, this position really solidified my goals to want to strive for a career at the state or federal level of the public health system. One of my passions throughout my public health journey has been to work to bridge the gap of health disparities among underserved communities. My field placement organization did just that. Being able to see and take part in this important work was truly rewarding.”*

One year after completing the PHTC program, many graduates chose careers in medically underserved communities, rural areas, or primary care settings. Of the 45.5 percent (N = 457) of PHTC program completers who provided their employment status one year after graduation:

- **40.9 percent** worked in MUCs.
- **15.8 percent** worked in rural areas.
- **19.7 percent** worked in primary care settings.
- **6.8 percent** worked in Rural Health Clinics, Critical Access Hospitals, Federally Qualified Health Centers/Look-alikes, or Area Health Education Centers.

Significant indicators of whether graduates worked in MUC, rural, or primary care settings one year after graduation differed by setting:<sup>14</sup>

- PHTC graduates who trained in MUCs were **3.0 times** more likely to work in MUCs.<sup>15</sup>
- PHTC graduates from rural backgrounds were **2.4 times** more likely to work in rural areas.<sup>16</sup>
- PHTC graduates who intended to work in primary care settings at graduation were **4.3 times** more likely to find employment in primary care settings one year later.<sup>17</sup>

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<sup>13</sup> Lightly edited for clarity. PHTC grantee non-competing continuation progress report, 2021.

<sup>14</sup> Binary logistic models were adjusted for training experience in Setting X, intention to work in Setting X, sex, rural background, disadvantaged background, and URM status (N = 457).

<sup>15</sup> Wald (1, N = 457) = 21.72,  $p < .001$ , 95% CI [1.9, 4.8].

<sup>16</sup> Wald (1, N = 457) = 9.72,  $p = .002$ , 95% CI [1.4, 4.1].

<sup>17</sup> Wald (1, N = 457) = 30.60,  $p < .001$ , 95% CI [2.6, 7.2].