



Public Health Worker Shortages

A strong public health workforce is critical for protecting the nation's health. Consequently, recent reports on emerging worker shortages have caused concern among many in the practice community. "The ability of state and local public health departments to respond to terrorist events, emerging infectious diseases, or other public health threats and emergencies relies heavily on the availability of experienced, well trained public health professionals," said Association of State and Territorial Health Officials President Leah M.

Devlin, DDS, MPH, North Carolina State Health Director. "Unless public health can attract new workers we will be unable to effectively carry out our mission."

Patrick M. Libbey, Executive Director of the National Association of County and City Health Officials (NACCHO), describes similar concerns: "Workforce is definitely a priority issue for local public health officials. Ensuring a competent workforce for local governmental public health agencies is one of only five strategic directions that comprise NACCHO's overall Strategic Plan.

Improving the 'pipeline'—the multiple pathways people come to public health work—has to be a priority for all parts of the public health system."

Recognizing the critical importance of addressing this issue, the Council on Linkages Between Academia and Public Health Practice has begun working with academic institutions and public health agencies, organizations, and associations in an effort to assure adequate numbers of skilled and competent workers for the future.

Dwindling Supply: Shortages by the Numbers

- 46.6** = Average age of state public health employee*
- 45** = % of public health workforce some states might lose by 2006 due to retirement and competition with other jobs*
- 24** = % of state public health workforce eligible for retirement in October 2002*
- 26** = % of local public health agencies that reported need for more public health nurses**
- 158** = estimated # of public health workers for every 100,000 Americans in 2000; compared to 220 for 100,000 in 1980***

Increasing Demand: Current Public Health Challenges

- ❖ An aging population straining the long-term care system
- ❖ Growing percent of Americans are uninsured or underinsured
- ❖ Threat of a bioterrorism or chemical attack
- ❖ Rising concern over pandemic flu
- ❖ Increasing rates of obesity among children

Inside this Issue

Interview with Tom Blanford on teacher shortages..... 3

Profiles of Linkages Award winning recruitment and retention collaborations..... 6

NOTES:

* Council of State Governments, Association of State and Territorial Health Officials, National Association of State Personnel Executives, *State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis* 2004.

** National Association of County and City Health Officials, *Local Public Health Agency Infrastructure: A Chartbook* October 2001.

***J. Merrill, R. Btoush, M. Gupta, and K. Gebbie, "A History of Public Health Workforce Enumeration" *Journal of Public Health Management and Practice* 2003, 9(6), 459.



SUPPORTED BY A GRANT FROM THE
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Dear Colleague:

The American public is facing a great many health challenges. The reemergence of the threat of pandemic flu, cities without access to clean water in the wake of natural disasters, rising numbers of uninsured Americans, and the constant threat of bioterrorism all serve as reminders that our nation needs a strong public health infrastructure and workforce capable of addressing today's challenges and safeguarding against future threats. Essential to meeting these challenges is a prepared workforce—one that is not only skilled and competent, but also adequate in number and distribution throughout the U.S.



Since its formation, the Council on Linkages Between Academia and Public Health Practice (Council) has been involved in efforts to strengthen public health education and workforce development by encouraging partnerships between the academic and practice communities. In establishing the Core Competencies for Public Health Workers, the Council strives to ensure public health education can provide current and future public health workers with essential skills and competencies necessary for the practice of public health in our changing world. In light of recent reports on emerging public health worker shortages (see cover story), the Council is expanding its focus to advance strategies to identify and close gaps in public health workforce recruitment and retention efforts.

On the recommendation of its 17 member organizations, the Council convened a national forum on January 25, 2005 on the topic. The intent of this meeting was to focus on identifying evidence of successful worker recruitment and retention programs both in our own field and from other fields experiencing worker shortages. To that end, representatives from the Association of American Medical Colleges, the Center for Health Workforce Studies at the SUNY Albany School of Public Health, the National Education Association (NEA), and the National Governors Association gave presentations. This issue of *The Link* features an interview with one of those speakers—Tom Blanford, Associate Director for Teacher Quality at NEA—who shares lessons learned from teacher shortages.

To identify examples of successful recruitment and retention practices in our own field, the Council devoted the 2005 Linkages Awards to recognizing exemplary academic-practice collaborations to better recruit and retain public health workers. The winning projects were: 1) a corps of Connecticut high schools students who receive hands-on training and experience working in public health; 2) an internship that exposes MPH students to the activities of a local health department in Georgia; and 3) a video introducing students to potential careers in public health that was distributed throughout Iowa and beyond. Profiles of these award-winning projects, as well as tips on how other communities could begin similar activities, can be found on pages 6-8.

We hope that this issue will provide you with useful information to guide your efforts to improve worker recruitment and retention. I encourage you to visit www.pfh.org/Link.htm to learn more about the Council's activities related to worker shortages, as well as our other current projects.

Sincerely,
C. William Keck, MD, MPH
Chair, Council on Linkages Between Academia
and Public Health Practice

MEMBERS OF THE COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

C. WILLIAM KECK, MD, MPH, Chair
American Public Health Association

CHRISTOPHER G. ATCHISON, MPA
Association of University Programs in Health Administration

MARJORIE A. CAHN, MA
National Library of Medicine

JOAN P. CIOFFI, PhD
Centers for Disease Control and Prevention

SHEPARD COHEN, MPA
National Association of Local Boards of Health

ROSE L. CONNER, RN, MEd
Association of State and Territorial Health Officials

ROBERT CUSTARD, REHS
National Environmental Health Association

DIANE DOWNING, RN, MSN
Community-Campus Partnerships for Health

VINCENT T. FRANCISCO, PhD
Society for Public Health Education

DAVID I. GREGORIO, PhD
Association of Teachers of Preventive Medicine

COLLEEN HUGHES, PhD
QUAD Council of Public Health Nursing Organizations

LARRY JONES, MA, MPH
National Association of County and City Health Officials

WILLIAM C. LIVINGOOD, PhD
Council of Accredited Masters of Public Health Programs

KERRY NESSELER, RN, MS
Health Resources and Services Administration

ELLEN RAUTENBERG, MHS
National Network of Public Health Institutes

CIRO V. SUMAYA, MD, MPH
Association of Schools of Public Health

HUGH TILSON, MD, DrPH
American College of Preventive Medicine



Supported by...



Project Director: Ron Bialek, MPP

The Link and the Council on Linkages Between Academia and Public Health Practice are funded by the Association of Schools of Public Health to the Public Health Foundation through a cooperative agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration. The Public Health Foundation performs applied research, training, and technical assistance serving the needs of federal, state, and local public health agencies.

Public Health Foundation / 1300 L Street, NW, Suite 800, Washington DC 20005
202.218.4423 / Fax 202.218-4409 / email: jkronstadt@phf.org / www.pfh.org/Link.htm

LESSONS FROM THE CLASSROOM

Efforts to Alleviate Teacher Shortages

In January 2005, a panel of experts spoke at a Council on Linkages Between Academia and Public Health Practice meeting to provide insight on worker shortages and proven efforts to address them in public health and other fields. Tom Blanford, Associate Director for Teacher Quality at the National Education Association, was one of the speakers. In August 2005, he was interviewed by Council staff.

Q. Please provide a brief overview of teacher shortages in this country.

A. Teacher shortages are both content and geography based. Shortages do not exist in all areas and in all subjects, but there are certain parts of the country and certain content fields where the shortages are pretty chronic. To nobody's great surprise, the shortages are most extreme in areas that have the lowest pay and also in the most challenging teaching positions in urban schools and high-poverty districts or areas that are geographically remote. By area of teaching expertise, the highest level of shortages are in jobs that are extremely difficult or jobs where the skills are easily transportable into much higher paid employment.

Q. Is the problem getting better or worse?

A. Well, if there is any trend, it looks like the field is becoming bifurcated. We have a group of people who are in it for life and then we have another group of teachers that are in their first few years and that group has a tremendous amount of turnover. They just keep rotating through and few of them escape into the career teacher path. So it's changing a little bit, but we're not in an upward path for the situation improving.

Q. Can you describe high impact efforts that have

succeeded in improving teacher recruitment and retention?

A. The things that we are hopeful about—I'm not sure that the impact is actually felt yet—are, first of all, to improve the leaky pipeline. We lose so many people—



50% in the first five years leave the profession. In several states/districts, we're taking a serious look at what kinds of conditions of work make people feel more positive about their jobs. We've helped develop standardized data analysis instruments to help teachers evaluate their working conditions, not just facilities, but also supervision, empowerment, and opportunities for advancement. This allows schools to compare themselves with others in the district and state and to focus in on the specific aspects of working conditions that are the biggest issues for their teachers. These data-driven working conditions efforts also allow us to highlight best practices and find schools where teachers' perceptions of working conditions are quite positive.

A second promising area is a significant revision of the prepara-

tion for new teachers. The culture shock in the transition from the classroom at the university into the real world of schools has always been too extreme. We have a variety of different methods for helping students to spend more and more time during their preparation in the environment that they're likely to teach in, to ease the transition into becoming the teacher of record.

One other thing: We found that people who are already working in the schools and who have the knowledge, skills, and capabilities to become teachers but are in other roles—such as education support personnel, bus drivers, or maintenance folks—they know the schools and are already committed to education. If we can help them on a fast track to get their licensing some turn out to be very skilled teachers who are in it for the long haul.

Q. What programs have not yielded results commensurate with their costs?

A. Probably the most visible thing that doesn't really work very well is when we try to recruit teachers into difficult situations by salary bonuses without doing anything that addresses the underlying conditions for why it is a difficult place to teach. There have been a number of districts that have given bonuses or salary supplements up to \$10,000 to enter the teaching profession into a very difficult school, but have made no concurrent effort to improve the quality of that school or its leadership. What we've found and documented in places like South Carolina and Boston is that money by itself is not a sufficient motivator to attract and hold people in hard jobs. We cer-

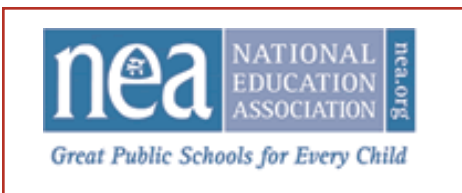
Continued on next page

Blanford, continued from page 3

tainly would never argue against additional funding, but unless you're going to address some of the underlying issues, you're really not going to have a significant impact on the problem. Everyone wants to be good at what they do and you can't really pay someone enough money to feel like a failure. If there were one issue in attracting and retaining teachers it's that the conditions have to be right so teachers can feel good about what they do. If that's not in place, then most of the other stuff doesn't matter.

Q: Where do the dollars come from for recruitment efforts?

A: It's a mishmash. There's really not one education system, there are 50 systems. In some places state tax revenues fund 70% of teachers salaries, in other places local property taxes primarily make up the funding base. A very small portion comes from the federal government, usually in some sort of incentive or grant program. So there's really no one answer to where the money comes from, but it's all public money.



Q: Are schools beginning to develop more sophisticated or varied approaches to fund raising?

A: The NEA is not really tracking other fund-raising mechanisms. There's really a problem of scale. Local fund raising—like what the PTA does—usually involves going to corporations and parents to try to raise money for facilities or band uniforms or things like that. Are schools becoming more sophisticated? Probably. I think schools are becoming more desperate and

are looking for more alternatives because the spicket in state funding has really been turned off.

Q: How sustainable are most recruitment and retention efforts?

A: We do see some ebb and flow. I think that people get excited about something and set up funding with the intent that it will become institutionalized. But something else bumps it out of the way. The lifetime of incentive programs is probably three or four years. Then what? If you reinstate a program, you do so at the expense of something else. It's like one of those mole games at the carnival where you hit one with the mallet and something else pops up in the other hole. Supply and demand is either spiraling up or it's spiraling down. And the short time blips caused by short term funding are in the context of an upward or downward spiral.

One of the unique things about the teaching profession is that the vast majority of future teachers are sitting in classrooms right now observing their teachers. If those teachers seem to be extremely stressed and not enjoying their job then teaching is a much less attractive career option than in times when there's a lot of enthusiasm and excitement about going into the education field. In the spiral up period there is an upbeat attitude with more and more kids thinking this is something that they would really like to do. But in times like now with testing pressure and federal accountability mandates and crushing of teachers' abilities to be creative and do the things they love, I'm afraid we're in one of the downward spirals.

Q: What methods have proven successful in increasing the racial and ethnic diversity of teachers?

A: This is a tremendous issue for us. The teaching profession is

overwhelmingly white females and becoming increasingly so and the student population is moving in the opposite direction. One promising factor is to pay attention to the issue. Where there have been tar-

Conditions have to be right so teachers can feel good about what they do. If that's not in place then most of the other stuff doesn't matter.

geted recruitment programs, there's a payoff. For example, there's a program that we work with in South Carolina out of Clemson University that targets African-American males in elementary schools—an almost nonexistent category of teachers. The program has been very successful in recruiting over a hundred people into the pipeline.

There are also some significant human resources issues that really make recruitment difficult. But things can be done like maintaining targeted recruiting as a priority and offering contracts in January or February for the following school year instead of waiting until August.

Another thing we're looking at is that a large number of the minority recruits to the teaching profession come in through career change as adults in their 30s or early 40s who are not satisfied with the careers they've chosen. Our challenge is to make sure that the alternate-route preparation is enough to give them the knowledge and skills they need to be successful, because teachers who are not successful are the most endangered group for leaving the profession.

Q: To what degree have efforts to improve the quality and preparation of teachers been integrated into efforts to increase the number of teachers?

A: It's in everybody's interest to have both a stable and steady workforce, but also to have a high-quality workforce. The vast majority

Continued on next page

Blanford, continued from page 4

of our teachers are hard working and doing the best they can do in some really challenging situations. And one of the worse things that can happen to them is to be surrounded by colleagues who are not well-prepared. If you are in an environment where some of your colleagues don't have the knowledge or skills or background to be successful then you have to work twice as hard and you have to compensate for those who are not carrying their load. It is in our members' interest that their colleagues be very high quality.

It's also in their interest that there's some stability in the workforce, because turnover is as bad as lack of fundamental knowledge and skills. If you work in a school where 20% to 30% of your colleagues are new every year, you have to devote a lot of attention to induction and to helping them get the lay of the land. So quality issues and stability of workforce are very important to our members. We don't think you can separate out the recruitment issue from the quality issue.

Q: What role do national organizations play in alleviating teacher shortages?

A: One of our main levers is a policy lever. To the degree that we can figure out what policies need to be in place at the federal, state, and even local level, we can be a strong advocacy voice for those policies. In order to make sure that we're on the right track we do a fair number of pilot programs in places to see if the policies and the actions we're advocating for actually have an impact. That gives us something to talk about when we speak to legislators or Congressional members. We also give our state affiliates grants to run recruitment programs and then we try to distill the lessons from what they learn out in the field to create policy solutions and suggestions that we can then take to the federal

and state policy makers.

We work with a lot of coalitions. We do everything that we can to speak with one voice and not have 10-15 different voices on these issues from different organizations. So we spend a lot of time sitting around large tables hammering out differences and developing common strategies with other national and state organizations.

Q: You have said that it is both important and difficult to collect good data to track progress towards addressing worker shortages. What tips can you offer for capturing this type of data?

A: One thing that we have learned is to be very lean in data collection. The tendency is as long as we're asking, let's collect this, let's collect that. That can make the process so cumbersome that it's not going to happen with any sort of quality. So we try to figure out very specifically what we need to know to track progress and to do self-correction.

The second thing we've learned is that the data piece seems to a lot of folks like a perk, something to do

if we have a lot of extra time and money. But evaluation and tracking are so essential to both doing the right thing and being an advocate.

We have to keep reminding folks that collection of data and evaluation of data is really essential to make good policy and to make good decisions.

We don't think you can separate out the recruitment issue from the quality issue.

Q: Do you have any additional advice for the public health field in its efforts to alleviate worker shortages?

A: From what I know it seems like the issues are similar. If any of the initiatives that we're undertaking would be feasible for public health, we'd be glad to provide additional details or a quick-and-dirty evaluation of what seems to work for us. We'd also ask that the communication go both ways. Because we're both working in public fields and largely dependent on public funding sources, to the degree that we can, we should work together at the national and state level. We have a lot of overlapping interests. Maybe our folks could help make teachers—and therefore students—more aware of careers in public health. There may be some reciprocal ways of interacting.

**Looking for More Recruitment & Retention Resources?
Visit <http://www.phf.org/Link/tools.htm#Recruitment>**

The Council on Linkages Between Academia and Public Health Practice has compiled the following resources:

- ❖ Information on the Council's January 2005 Forum on Effective Recruitment and Retention Efforts
- ❖ Strategies to Address Public Health Worker Shortages
- ❖ Research Questions on Worker Recruitment and Retention
- ❖ Literature Search on Recruitment and Retention

Please contact Council staff (jkronstadt@phf.org) to submit additional resources.

WORKING TOGETHER TO IMPROVE WORKER RECRUITMENT AND RETENTION

Linkages Award Winning Collaborations

Each year, the Council on Linkages Between Academia and Public Health Practice (Council) presents its Linkages Awards to recognize exemplary community-based collaborative activities between public health practice agencies and academic institutions of higher learning. In response to emerging worker shortages, the Council decided to focus the 2005 Linkages Awards on partnerships that have sought to improve worker recruitment and retention. This issue of *The Link* includes brief profiles of the award-winning projects.

CONNECTICUT YOUTH HEALTH SERVICE CORPS

by Tricia Harrity, MS, of the Northwestern Connecticut AHEC

The Youth Health Service Corps trains and places high school students as volunteers in community agencies providing health care to vulnerable populations. Under the guidance of professional role models, Corps members are filling a large community need for volunteer service while acquiring real life experience and increasing their awareness of health and public health careers. In Connecticut, the problem of workforce shortages and under-representation of racial and ethnic minorities in the health professions must be addressed. This program works to engage the next generation of health care practitioners, while still in high school, to contribute in a meaningful way to the delivery of health care in their community.

Since the Connecticut Area

Health Education Center (AHEC) at the University of Connecticut School of Medicine implemented the program in September 2004, more than 120 Connecticut high school students have completed the Youth Health Service Corps core training modules. Student volunteers have logged over 370 hours of service at over 20 health care agencies across the state of Connecticut including community health centers and homeless shelters. This summer, Corps members are volunteering at the free mobile health clinic for migrant farm workers organized by University of Connecticut medical students. Corps volunteers work as part of an interdisciplinary team providing medical service to migrant farm workers.

The Connecticut AHEC is partnering with the Connecticut

Department of Public Health, the Connecticut Primary Care Association, and the National Health Service Corps to implement the Youth Health Service Corps. This collaboration provides volunteer placement sites and awards for students, as well as partial funding for the program.

The program's success has prompted the Connecticut AHEC to create the Youth Health Service Corps Consortium to enable other AHEC's to utilize the program within their states. The goal of the Consortium is to mobilize high school students across the nation to provide much needed volunteer services while concurrently developing a national pipeline of future health care practitioners willing to serve our nation's most vulnerable populations. Consortium members receive the nine-module curriculum, program evaluations, tracking database, and training on the implementation of the program.



Youth Health Service Corps student volunteers learn to take blood pressure.

KEYS TO PROGRAM SUCCESS

- ❖ Training curricula for students need to be very dynamic, hands on, and applicable to their lives.
- ❖ Students benefit greatly from "soft skills" training including communicating clearly with supervisors, understanding and complying with site specific rules and regulations, being on time and dressed professionally, etc.
- ❖ Parental involvement is extremely helpful to foster student commitment to the program.

FOR MORE INFORMATION

Visit www.ctyhsc.com or call Tricia Harrity at (203) 758-1110.

STUDENT OUTREACH AND RESPONSE TEAM

by Darren Collins, Ariane Reeves, RN, and Sherry Jung of the DeKalb County Board of Health, Center for Public Health Preparedness

The DeKalb County (Georgia) Board of Health has a long history of developing relationships with members of the community. The agency's Center for Public Health Preparedness has had a relationship with the Rollins School of Public Health of Emory University since 2000, when the Center first hired graduate student interns to work on a number of preparedness projects. This relationship has been very productive, leading to the development of the Student Outreach and Response Team (SORT) program.

The need for this program was illustrated by the 2001 anthrax cases and the accompanying rise in suspicious package incidents. During that time, our epidemiology staff labored to meet the increased demand for case identification and investigation. This experience made it clear that a system to acquire additional epidemiology staff quickly would enhance our ability to respond efficiently to a large emergency.

In our search for "real world" examples of this type of system, we found the SORT program at the Bloomberg School of Public Health of Johns Hopkins University. This graduate student-run organization assists local and state public health agencies in conducting outbreak

investigations. In 2002, we proceeded with a pilot project and identified several graduate student leaders, who worked with Center staff to initiate the program.

Over the last several years, the SORT program's scope and purpose have changed dramatically. SORT's mission—"To promote future public health leadership by providing students with hands-on experiences that contribute to improved community health"—reflects our belief that students should have the opportunity to advantage of a wide range of public health experiences and opportunities at the local and state levels.

The SORT program has a pro-

found impact on students and interest in the program is increasing. Students gain valuable insights and perspectives about the public health system and have ample opportunities to network with seasoned public health professionals. Additionally, they contribute to improved community health through participation in outbreak investigations, community coalition building, needs assessment, and program evaluation. In return, SORT provides the DeKalb County Board of Health with a mechanism to identify and recruit public health workers.

We encourage you to reach out to the academic community in your area to identify innovative ways to engage students in public health practice. This will help ensure a cadre of well-trained public health personnel and increase your ability to recruit talented staff.

KEYS TO PROGRAM SUCCESS

If you're interested in starting a similar program...

- ❖ Start small—develop a pilot project.
- ❖ Agree on stakeholder roles and responsibilities up front.
- ❖ Don't reinvent the wheel—utilize the SORT on-line resources.
- ❖ Consider developing a charter to formalize program.
- ❖ Think about evaluation up front.

FOR MORE INFORMATION

Please contact the DeKalb County Board of Health, Center for Public Health Preparedness, at 404-294-3866 or cphp@gdph.state.ga.us. For help in starting a SORT program in your community, visit: www.dekalbhealth.net/cphp/products.htm. A poster presentation about the project is available at www.phf.org/Link/sort-poster.pdf.

SORT

PUBLIC HEALTH — SCIENCE IN ACTION

by Bonnie Rubin, MT(ASCP), MBA, MHA, and Beth Hochstedler, of the University Hygienic Laboratory

Every state should be proactive in attracting future public health workers. We at the University of Iowa Hygienic Laboratory (UHL), Iowa's environmental and public health laboratory, believe that having multidiscipline career recruitment is essential. Therefore, we developed a videotape and DVD to educate junior and senior high school students about public health career opportunities. This project was guided by a belief that we need to a) introduce the field of public health to youth before they enter college so they are able to take appropriate courses; b) educate students not planning to go to college about opportunities as support staff; and c) expand the focus to include all public health careers, including computer science, dentistry, ecology, law, engineering, etc.

PRODUCTION

UHL partnered with the Upper Midwest Public Health Training Center (UMPHTC) for video production. Initially we produced short interview video-clips of a variety of public health professionals talking about their careers. Input from a target audience of high school students, the National Laboratory Training Network, the Association of Public Health Laboratories (APHL), and UMPHTC helped us make the DVD more dynamic.

The video addresses:

- ❖ What is Public Health?
- ❖ Who are Public Health Practitioners?
- ❖ Impact of Public Health
- ❖ Partners in Public Health
- ❖ Career Opportunities in Public Health

The final product, a 14 minute video/DVD, "Public Health -

Science In Action," was produced on a minimal budget of roughly \$5,000, funded through a grant from the Health Resources and Services Administration.

UMPHTC and UHL have a strong collegial relationship particularly in the area of academic curricula and course direction. This project built on that relationship and strengthened it in a new area of joint audiovisual development and educational tools.

DISTRIBUTION

"Public Health - Science In Action" has been well received by public health and education communities. Over 600 copies have been distributed to all Iowa high school counselors, all Iowa colleges, the Centers for Disease Control and Prevention, APHL, and all state public health laboratories. Many public health agencies in turn have requested copies for other educational venues in their communities. The Missouri State Public Health Laboratory, for example, sent the following comment, "The video on careers in public health is excellent and will be a great tool for us to use." Unfortunately, obtaining funds to make and distribute additional copies has been a challenge.

Students and teachers are responding to this outreach with positive feedback. Comments received include: "My class studies health occupations and this was an EXCELLENT presentation with a variety of options in public health. I thought it was EXCEPTIONALLY well done!" and "This fit into our science curriculum perfectly."



Students across Iowa learn about public health through an interactive distance-learning program.

KEYS TO PROGRAM SUCCESS

If you are interested in starting a similar program...

- ❖ Research what resources are currently available regarding public health workforce issues. APHL was an excellent resource for us.
- ❖ Assure that the audiovisual producer and editor are competent and willing to listen to your ideas and needs.
- ❖ Allow your audiovisual staff to use their creativity—you might be pleasantly surprised!
- ❖ Partner with your local school of public health whenever you are developing a product to be used by the academic community. If there is not a school of public health nearby, collaborate with science departments at local colleges or community colleges.
- ❖ Devote adequate time to editing, fine-tuning, rewriting, and reworking—the quality of your finished product depends on it.

FOR MORE INFORMATION

Contact Bonnie Rubin at bonnie-rubin@uiowa.edu or Beth Hochstedler at beth-hochstedler@uiowa.edu. You can view the video at www.uhl.uiowa.edu. A poster presentation is available at www.phf.org/Link/iowa-poster.pdf.