



## **Council on Linkages: Distance Learning in Public Health**

By Dennis McDowell and Nona Gibbs

We are all familiar with the dramatic changes taking place in the U.S. public health system. As many traditional public health functions are transferred to the private sector, training and retraining will be needed to provide this more broadly defined "public health" workforce with the necessary skills to perform its new roles. The demand this poses for new training comes at a time when, paradoxically, government funding is decreasing.

The traditional student/teacher training model in academic settings often proves too costly, time consuming and inefficient for this new paradigm. A more cost-effective model is needed. Distance learning, in which the *training is taken to the learner*, is an effective and increasingly popular tool for retraining the public health workforce.

### **Economical, easy to use and effective**

In its broadest definition, distance learning encompasses all education and training programs outside traditional academic settings. It is being used successfully in business and industry, education, and many governmental agencies. Distance learning has the advantage of incorporating a variety of media -- printed materials, audiotapes, videotapes, computer-based instruction, audio-conferences, compressed and satellite videoconferencing, and the Internet. Health organizations can participate in distance learning programs with easy to use, readily available technology such as satellite, videoconferences, telephones, computers and the Internet; many of the same tools that are utilized for controlling disease outbreaks are leveraged as learning tools. And localized training substantially lowers per-person training costs by eliminating the time and money spent on travel and commuting.

In addition to being economical and easy to use, scholarly research has proven that well-designed distance learning programs are very effective in transferring skill and knowledge to workers and has been shown to beneficially affect the practice of public health programs. This has been demonstrated most recently by an ongoing evaluation of distance learning programs on immunizations.

## **The Public Health Training Network (PHTN)**

To help state and local health departments utilize these available technologies as learning tools, the Centers for Disease Control and Prevention (CDC) and its state, local and academic partners launched the Public Health Training Network (PHTN) in 1993. The PHTN is a network of partners in disease prevention who provide leadership, share complementary human and technology-base resources, and work together to carry out the interdependent activities needed for developing and delivering high-quality distance learning programs to public health practitioners at all levels. The partnerships, the state-based Distance Learning Coordinators and the technical infrastructure in the public health system have evolved, so that PHTN can now rapidly reach hundreds of thousands of public health workers in countless settings.

The PHTN has shown that distance learning is a powerful, indispensable, strategic asset for prevention and health. But the continued success of distance learning will require a united effort among players involved to yield a universally (i.e., geographically, economically and culturally) accessible distance learning network. For such a network to function smoothly, it must be externally seamless (i.e., supported by a systematic learner support system such as accreditation and registration); technically interoperable (i.e., utilizing technologies that "talk" to each other); and internally coordinated across agencies, to ensure that partners eliminate duplication and prevent conflicts. This network would result in making the latest disease prevention and health promotion expertise and know-how instantly, economically and easily available to health practitioners in the U.S. and the around the world.

### **A plan for the future, today**

An overarching plan for such a network has been developed by the Public Health Functions Steering Committee's subcommittee on the Public Health Workforce, Training and Education. This plan was developed with input from all DHHS agencies and many constituent associations. Its effective implementation would be a major step forward in training an effective public health workforce. Collaboration will be the key to developing a single, effective distance learning network. DHHS is in a unique position to provide the leadership necessary to foster this effort. The most successful organizations in the next century will be those that learn and adapt the fastest. By creating and using a robust, united, flexible distance learning system, the public health workforce will be able to "outlearn" the existing and emerging threats to health in this country and globally – well into the 21st century.

*Dennis McDowell is Director, and Nona Gibbs is Deputy Director, of the Public Health Training Network and of the Division of Media and Training Services for the Centers for Disease Control and Prevention.*

**Area I: Market, promote and incorporate distance learning techniques to improve and enhance training and educational efforts across the health field.**

Promotion by senior-level leadership is crucial to tapping the potential of distance learning in expanding and accelerating training. Leadership will use distance learning techniques and technologies within their agencies, promoting the concept both inside and outside DHHS and developing a near-term financial strategy.

**Area II: Strengthen the distance learning collaborations/partnerships within DHHS and among its partners.**

A cross-agency Distance Learning Coordinating Committee (DLCC), composed of representatives from federal agencies, state-based Distance Learning Coordinators and key stakeholders from academia and constituency associations, should be formed to share resources, reduce duplication, and standardize practices. The committee will ensure that common standards are developed and disseminated for practice and methodology, program marketing, participant registration, systems integration, learner support, etc. It is anticipated that the Internet will provide the best platform for integration of these functions.

**Area III: Optimize the use of existing traditional training and distance learning resources.**

The capability and infrastructure for training and distance learning are scattered throughout DHHS and the Public Health System. The DLCC will spearhead the effort to coordinate these resources, thereby minimizing the initial start-up effort and costs.

**Area IV: Describe priority audiences -- including the critical competencies for each.**

Distance learning program priorities must be adaptable to changing workforce needs. To ensure that participants' needs are being met, the DLCC will link learning systems and program development to the marketing information on workforce composition and competency-based curricula.

**Area V: Adopt a set of common principles and practices for distance learning.**

The American Council on Education and the United States Distance Learning Association have defined standards for distance learning. By adopting these, DHHS could ensure that distance learning development and delivery is of high quality and remains learner centered. This will assure the most effective transfer of skills and knowledge, regardless of the media used.

**Area VI: Modernize the existing training infrastructure to better facilitate distance learning.**

Enhancing existing training facilities to serve as distance learning host sites is a cost-effective and efficient way to jump-start distance learning participation, expand capacity and solidify partnerships. A common technological standard across agencies and stakeholder organizations will allow for joint participation in distance learning programs.

**Area VII: Expand the DHHS distance learning capacity for DHHS, its agencies and partners.**

To recognize the full potential of distance learning requires a robust prevention learning network that can rapidly train learners, wherever they are. Therefore, DHHS will establish a public health distance learning support center, composed of staff from all partners. A financial strategy to sustain and enhance the network will also be needed.