

Human Resources for Public Health Challenges in the Western Pacific – Local Community Colleges Respond

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Background

In April 2006, in its annual World Health Report (WHR) entitled “Working Together for Health”, the World Health Organization (WHO) published a landmark document underscoring the challenges facing the world’s health workforce. These challenges included absolute shortages and mal-distribution of health workers, under-training of the current workforce, poor pay and working conditions, the countries’ inability to train adequate numbers of needed health workers, and the adverse effects of health worker out-migration – especially on developing countries. For many countries the crisis facing human resources for health (HRH) had become so chronic and pervasive that these HRH problems had become the number one health challenge. In his WHR “Message from the Director-General”, the then WHO Director-General, Dr. Lee Jong-Wook, outlined the daunting scope of the problem:

“In 2003, before I took up the position of Director General, I asked many leaders and decision makers in health what they saw as the most important issues in their country. One common theme, whether in developed or developing countries, was the crisis in human resources.

There is a chronic shortage of well trained health workers. The shortage is global, but most acutely felt in the countries that need them most. For a variety of reasons, such as the migration, illness or death of health workers, countries are unable to educate and sustain the health workforce that would improve people’s chances of survival and well-being.

People are a vital ingredient in the strengthening of health systems. But it takes a considerable investment of time and money to train health workers. That investment comes both from the individuals and from institutional subsidies or grants. Countries need their skilled workforce to stay so that their professional expertise can benefit the populations. When health workers leave to work elsewhere, there is a loss of hope and a loss of years of investment.



The solution is not straight forward, and there is no consensus on how to proceed. Redressing the shortages in each individual country involves a chain of cooperation and shared intent between the public and private sector parties which fund and direct educational establishments; between those who plan and influence health service staffing; and between those able to make financial commitments to sustain or support the conditions of service of health workers...”¹

In August 2006, following WHO’s lead, the Ministers, Secretaries, and Directors of Health of the U.S. Associated Pacific Islands (USAPI), which stretch across five-time zones of Pacific expanse, convened their 42nd Pacific Island Health Officers Association (PIHOA) Meeting. PIHOA is the non-governmental agency that formerly represents the USAPI Chief Executives in health.² Embedded in this meeting was a two-day workshop entitled “Working Together for Health – How Can We Help Ourselves?” The late Dr. Lee’s “Message” set the tone for PIHOA’s meeting.

With the assistance of a HRH Technical Advisor from WHO’s South Pacific Office, the PIHOA Board acknowledged its own HRH problems in the region, especially the adverse impact of both the absolute shortages of select health workers and the under-training of many of the current health workforce particularly among the third world economies of the Freely Associated States (FAS) countries of the Republic of Palau (ROP), the Federated States of Micronesia (FSM)³, and the Republic of the Marshall Islands (RMI). Also discussed were the chronic difficulties of local school systems (the K-12 educational pipeline) to appropriately prepare high school graduates to qualify for and be successful in matriculating in science-based health careers programs both in and out of the USAPI.⁴

To address these local HRH issues, the PIHOA Board in its Workshop formulated the Nahlap HRH Action Plan⁵, in which it committed its resources to developing “a strategic HRH report to address regional HRH challenges and focus on critical issues” including strengthening and developing: the educational pipeline for the new workforce (K-12), 2) career ladder and bridging training for the current workforce, 3) management training, 4) overall HRH planning, and 5) partnerships with local institutions for higher learning for delivery of needed accredited curricula.

One key recommendation is No.5 - Aside from physicians, nurses, and select health workers who have received formal training in their disciplines, many of the health workforce in the Micronesian FAS countries have received little formal training other than non-accredited grant-related training and basic and continuing on-the-job training often by others who themselves were trained on-the-job. For example, of the 50 medical laboratory workers in the FAS countries, six have formal training as medical lab technicians or technologists; of these six, only two are Micronesian. It was seen as critical to the PIHOA Board to replace on-the-job training with accredited health professions training at local institutions of higher learning (University of Guam, Guam Community College, College of the Northern Marianas, Palau Community College, College of Micronesia – FSM, College of the Marshall Islands, and American Samoa Community College).

The Public Health Response:

Of the many pressing HRH needs identified, the need to train the FAS public health workforce had been identified in the Republic of Palau in 2003 and was formally recognized by PIHOA in 2007. In 2002 Palau Community College (PCC) and the Palau Ministry of Health (MOH) partnered with the University of Hawaii’s



John A. Burns School of Medicine to establish the Palau Area Health Education Center (AHEC) as part of JABSOM's Hawaii / Pacific Basin AHEC system.^{6,7,8,9} AHECs are part of a 37-year old U.S. federally funded program which addresses local health worker shortages by strengthening the diversity, mix, quality, and retention of the local health workforce. Since 2002 the Palau AHEC has channeled over two million US dollars in training resources to upgrade the health workforce of ROP, FSM, and RMI which stretch across three time zones. Partnering with the Fiji School of Medicine (FSMed) School of Public Health (then renamed Department of Public Health), the Palau AHEC⁸ along with the subsequent Yap State (FSM) AHEC (another Hawaii/ Pacific Basin AHEC member)¹⁰ facilitated over 100 face-to-face and distance learning courses in undergraduate and postgraduate public health for over 300-physicians, nurses, environmental health workers, health administrators, and allied health and nutrition workers among the FAS countries. This experience in facilitating undergraduate public health training was so successful that it gave PCC and the College of Micronesia – FSM (Pohnpei, FSM) - both members of the Pacific Postsecondary Education Council (PPEC)¹¹ the courage and confidence to develop a fully accredited undergraduate Associate of Sciences Degree in Public Health (ASDPH) Program at COM-FSM. This Public Health Training Program (PHTP), derived from FSMed's undergraduate public health curriculum after careful steps through COM-FSM's curriculum committee and approval by its Board of Regents, was forwarded to the Western Association of Schools and Colleges (WASC) which accredits all colleges and community colleges in California, Hawaii, and the USAPI.¹² WASC fully approved the curriculum in 2009 and the inaugural courses began in August 2009.^{13,14}

PHTP is primarily directed at the FAS countries' current public health workers most of whom have little or no formal training in public health other than that provided by the Palau and Yap AHECs. Although there has been much valuable public health training by donor agencies such as the U.S. Centers for Disease Control and Prevention (CDC), the Secretariat for the Pacific Community (SPC), and WHO, these trainings are not accredited, not recognized by local government personnel departments, and do not contribute to a career track in public health. Health workers are then not remunerated for increased responsibilities associated with these often grant-related trainings which disappear when the grants end. PHTP is the first step to institutionalize needed public health training in the region and begin a career ladder process which will include planned Bachelor Degrees taught face-to-face and by distance in partnership with other Pacific schools of public health.

Curriculum and Teaching Process:¹⁵

PHTP is a multi-entry, multi-exit educational opportunity for high school graduates who wish to enter studies in the health domain, as well as for health workers who wish to enhance the effectiveness of their work and improve their working conditions. It offers also an opportunity for Associate Degree graduates to prepare themselves, academically, for the pursuit of further studies, towards a Bachelor and, eventually, a Master degree.

PHTP offers 2 undergraduate Certificate qualifications: a) Certificate of Achievement in Basic Public Health (CABPH), b) Advanced Certificate of Achievement in Public Health (ACAPH); an Associate of Science Degree qualification: c) Associate of Science Degree in Public Health (ASDPH); and a Third-year Certificate of Achievement qualification (postgraduate), with 2 options: d) Third-year Certificate of Achievement as: Specialist in Public Health (CASPH), or e) Third-year Certificate of Achievement as: Public Health Specialist



in.... (CAPHS - AE/HR; EH; FN; HP; HSM) one of the 5 public health disciplines of: Applied Epidemiology and Health Research (AE/HR); Environmental Health (EH); Food and Nutrition (FN); Health Promotion (HP); and Health Services Management (HSM).

The PHTP's Vision *is to offer to Micronesians, and other Pacificans alike, opportunities for education and training in public health that are appropriate, desirable, dynamic, flexible and practice-oriented. Its Mission is to present PHTP's quality education and practice-centred training at times, sites and modes most suitable to learning-determined students.*

The operative definition of public health used for PHTP is: The science and art of preventing disease and injury, prolonging quality life and promoting the health of populations through the organized effort of societies. The PHTP's guiding principles are: i) There shall be a vibrant approach to research in all PHTP teaching; ii) Micronesian communities and their inherent demographic and cultural characteristics will orient teaching, learning and practice in public health; iii) PHTP will foster links with regional and overseas Institutions, in order to facilitate the academic and professional progression of PHTP graduates towards postgraduate studies and research; and iv) An evidence-based approach will guide, as much as possible, teaching, learning and practical work.

PHTP is arranged in a spiral staircase or stepladder approach, with multiple entry and exit points to enable students to enter according to competency, experience and level of academic stand. Each exit point will be a qualification with competencies to practice at different levels of public health work. As students progress up the staircase of knowledge, attitude and practice, they will move from the generic to more specialised public health areas of practice, from generic to specialized competencies.

The PHTP adopted strategy of *"teaching anyone anywhere at anytime"* caters for the scattered geography and multiple ethnicities of Micronesia. In practice, it is envisaged that the program will deliver courses and qualifications, combining these modalities:

- "Face-to-face" conventional teaching/ learning, with these options:
 - Standard teaching/learning at COM-FSM national campus (and, over time, state campuses) with classes convening during daytime;
 - Flexible teaching/learning, at COM-FSM facilities or elsewhere, with classes convening "after hours", thus allowing continued work attendance by prospective students; the duration of a course, in this modality, may range between a minimum of 3 weeks, when classes convene for 5-6 hours per week, to a longer time span, depending on class frequencies per week.
- The use of smart boards (Elluminate software), where available, will allow simultaneous delivery of hybrid "distance/ face-to-face" courses at multiple sites.
- The possibility of teaching/ learning at distance (no or minimal "face-to-face" teacher – students interaction) is being studied, and may become available in the future.

PHTP, as a COM-FSM program, is bound by the academic and administrative rules and regulations of the college. Eventual exceptions or specific notations of academic or administrative relevance are described in yearly issue of the PHTP Handbook, and/or in specific course outline and course syllabus.

The basic disciplines for generic and specialized competencies in this public health academic program include:



- a) *Applied Epidemiology/Health Research*- centred on strategies for disease prevention and control in populations, biostatistics, study of determinants and causation of diseases, and research methodology.
- b) *Environmental Health*- based on air, water, soil chemical and biological contamination prevention and control including occupational health, housing and technology standards, waste management, environment impact assessment, food quality control, and pollution.
- c) *Food and Nutrition*- focused on public health nutrition, food services safety, nutrition policy, food production, security and recipe development.
- d) *Health Promotion*- based on health information, communications and education, behavioural sciences, community development and participation, and healthy policies.
- e) *Health Services Management*- based on the principles of management, assessment and planning of health systems, evaluation, and health economics.

This program fits into the academic qualification framework of COM-FSM, and uses existing COM-FSM courses and new courses in public health. It also takes into cross-crediting consideration (on a case-by-case basis) academic studies and work that students may have carried out elsewhere. Those who complete the 3rd Year Certificate of Achievement in Public Health are expected to be able to gain admission into Bachelor of Public Health (BPH) and of Master of Public Health (MPH) programs at Institutions awarding those around the Pacific Rim.

There are four steps in this career ladder public health academic programme, each requiring general education and public health studies:

- Certificate of Achievement in Basic Public Health (CABPH);
- Advanced Certificate of Achievement in Public Health (ACAPH);
- Associate of Science degree in Public Health (ASDPH);
- Third Year Certificate of Achievement in Public Health, either as "Specialist in Public Health (CASPH)" or as "Public Health Specialist in ... (one of the 5 Disciplines) (CAPHS - ...).

At the end of each step an exit qualification is awarded. The entry criteria, course and credit requirements for each step are displayed in the yearly issue of the PHTP Handbook.

Current Status and forward planning

Two student cohorts have enrolled in PHTP, starting in the Fall semester, August 2009: a group of public health workers of the Pohnpei State Health Services; and the majority of the COM-FSM students who graduated in May 2009 with an Associate of Arts Degree of the Health Career Opportunities Program (HCOP). A selection of PHTP courses was made to suit the college's requirements and the aspirations of the two cohorts, so that the first one will attain ASDPH, while the second one will achieve CASP/ CAPHS. In the meantime more students request to join the program, either as "freshmen" or through a change in their declared major. PHTP is expected to offer its courses and program steps also in the other three states of FSM, namely Chuuk, Kosrae and Yap, to State Health Services officers and young students interested in a health domain such as public health. Furthermore, PHTP is endeavouring to attract interest and resources to enable it to deliver specialized trainings (behavioural health; cancer control; disaster and climate change preparedness; etc.) on behalf of specialized health agencies and donors, thus awarding academic credit to successful "workforce students" and creating the opportunity for their working conditions improvement.



Other likely developments (links to BPH and MPH Institutions; distance and “on-line” teaching; etc.) have been addressed elsewhere in this article.

Next Steps:

Currently the Palau AHEC is going through the same development process at PCC with the PCC curriculum committee and the Palau MOH in developing Palau’s PHTP¹⁴. In 2009 the Palau MOH rolled out its first ever Strategic Public Health Plan (SPHP). The Plan took five-years to fully emerge and helped stimulate PIHOA’s endorsement in 2007 to make training for public health planning a regional health priority¹⁰⁰. However, in Palau, at the recommendation of MOH’s Bureau of Public Health the public health curriculum will be developed in a problem-based learning (PBL) format which reflects the problems approach of its SPHP. The curriculum will go through the same careful academic steps at PCC, and once approved, will be forwarded to WASC for review. Envisioned is a common public health course catalog across the FAS country region (three time zones) directed at the current public health workforce and new students to be taught at the three country community colleges through a blended learning process (face-to-face, by distance, or a mix of the two).

Suggested alternative: Through collaboration and innovation, accredited public health training at the community college level will not only provide formal public health training for many of the region’s public health workforce and new students entering this workforce, but also become a career ladder step to Bachelors’ Degrees in Public Health and beyond. As an academic platform, it is developing into training venue for formal behavioral health, oral public health, and disaster managers training for the local departments of health and the First Responder community. With hard work and resources, it is hoped that the PHTP at COM-FSM will become a training model for other regional community colleges in the Republic of Palau, the Republic of the Marshall Islands, and American Samoa.

This PHTP at the COM-FSM is but one example how PIHOA, the regional AHECS, and the local community colleges are responding to the human resources for health crisis among the U.S.-Associated Pacific Islands.

The ultimate success of all the efforts highlighted above rests with yet another feat: the untiring cooperation between the Public Health Administrators and the Institutions of Higher Learning in Micronesia, once the improvement of the services to the people, and notably the services management, has firmly become a focused priority.

Towards that goal a call is hereby extended to all colleagues, partners and friends engaged in the betterment of the welfare of Micronesians.

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*"A great man is hard on himself;
a small man is hard on others."*

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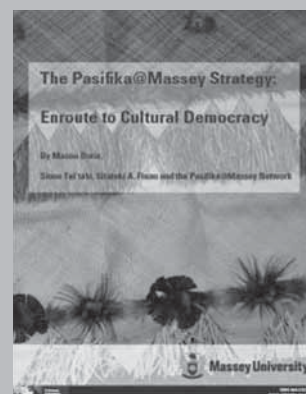
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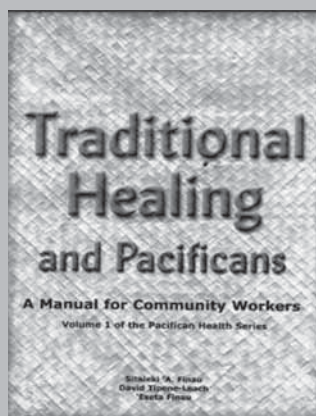
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