Journal of Public Health Management and Practice Template

Practice full reports should be 1500-3500-word reports from practitioners, scientists, or policy makers on work which falls outside the scope of traditional research, but which nevertheless depicts promising, large-scale policies and programs relevant to policy makers or practitioners. An article in this format should include data describing the planning, implementation, and/or effectiveness of a policy or program by offering sufficient rigor and transparency to provide actionable evidence. Examples include dissemination and/or implementation of practices, policies, trainings, capacity-building strategies, or workforce development programs with data to support their importance, relevance, acceptability, feasibility, or short-term effectiveness. In rare instances, this format may be appropriate for a narrative review of relevance to the journal’s readership.

Submissions may include no more than 5 tables or figures, although additional tables/figures as supplemental digital content may be included. The word limit does not include the abstract, tables, figures, references, or Implications for Policy & Practice.

Starting with page 2, you will find general instructions on using this template, which will help to speed up the processing of submitting your manuscript.

Sections, in part and in full, were taken from a couple of articles and the links to the articles can be found below:

https://journals.lww.com/jphmp/Abstract/publishahead/Building_Professionalism_Through_Management.99550.aspx
https://journals.lww.com/jphmp/Abstract/publishahead/Monitoring_Depression_Rates_in_an_Urban_Community_.99519.aspx

Submit paper here: JPHMP

Find additional instructions here: submitting files; general manuscript guidelines
Title: Building Professionalism Through Management Training: New England Public Health Training Center’s Low-Cost, High-Impact Model

Authors: Kathleen MacVarish, MS, REHS; Hope Kenefick, MSW, PhD; Anne Fidler, ScD; Bradley Cohen, BA; Yuri Orellana, MS; Karla Todd, MBA, MSM

Corresponding Author: Karla Todd, MBA, MSM, New England Public Health Training Center, Boston University School of Public Health, 715 Albany St, Boston, MA 02118 (toddks@bu.edu)

Author Affiliations: New England Public Health Training Center at Boston University School of Public Health (Ms MacVarish, Drs Kenefick, and Fidler, and Ms Todd); and Boston Public Health Commission, Consortium for Professional Development (Messrs Cohen and Orellana)

Funding: This work was supported by AHRQ grant no. 5R24HS0122143.

Financial Disclosure: The authors declare that they have no conflicts of interest
Acknowledgements: A number of people made significant contributions to the creation and delivery of the course and thereby to this report, including Seth Eckhouse and Kate McLarty, who manage and serve as teaching assistant for the course, respectively; Ruth Ellen Sandler of the Massachusetts Health Officers Association; and Karen O’Rourke of the University of New England. Seth Bauer assisted with writing and editing this manuscript.

Human Participant Compliance Statement: The public health surveillance use of CHORDS was reviewed and deemed nonhuman subjects research by the Colorado Multiple Institutional Review Board.

Abstract

Context: Evolving practices, accreditation, and priorities established in Public Health 3.0 are adding to the long-identified need for management training among public health practitioners.

Program: The New England Public Health Training Center is addressing this need with a flexible, open-source, 16-topic training program. The program is designed to build competencies for current and future managers, preparing them for their day-to-day tasks and for the kinds of adaptation suggested by Public Health 3.0 advocates.

Implementation: The training program uses live expert instructors for 10 webinars and 2 in-person trainings. Experts have also created the content for multiple self-paced E-Learnings that trainees undertake in addition to the instructor-led sessions. A webinar platform with breakout rooms and an advanced learning management system allows for online discussion and mentor interaction. The course has now been offered, evaluated, and modified 3 times, and the materials are available for noncommercial use by the public health community.

Evaluation: Using the Kirkpatrick training evaluation model, the recent cohort was satisfied (87.5%) with the training, reported identifying actions to apply information learned to their work (85.8%), and experienced statistically significant knowledge gains. Earlier trainees reported work-related behavior change.

Discussion: Management training offers the hope of increasing professionalism; creating better, more effective workplaces and programs; and preparing practitioners for an evolving public health landscape. Early results indicate that NEPHTC’s program, Managing Effectively in Today’s Public Health Environment, is a useful tool in realizing that hope.

KEY WORDS: management, training, workforce, Public Health 3.0
Context

Approach

Course adaptation

Evaluation Strategy

Level I: Reaction

Level II: Learning

An example of section headings found in the first article link provided on page 1. These can be utilized to break up the information if, for example, there is no clear methods or results section but report contains data to describe the need or population in question. Only capitalize first letter of the first word.

Methods (if applicable)

Describe overall method used on dissemination or adoption of training, policy, program, etc. If your study involved human participants, be sure to indicate that the study protocol has been reviewed and approved by an institution review board (IRB) or other independent ethics committee and that informed consent has been obtained for all participants.

Results (if applicable)

Include no more than 5 tables or figures. Additional figures/tables can be listed below under Supplemental Digital Content.
FIGURE 1  New York State ExPS Pilot Project Outcomes Abbreviations: ExPS, Expanded Partner Services; NYS, New York State; PLWH, persons living with diagnosed HIV infection

*This subset of out-of-jurisdiction cases constitute the “not eligible for ExPS Intervention” comparison group.

To adhere to current manuscript standards, please lowercase “n”

Find this figure in the open-access research full report at https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for10.aspx

Number figures in the order in which they are discussed, and give description here

If superscripts are used within figure, specify what they represent
FIGURE 1 Number and Percentage of Cooling Towers From Multifamily Housing Units That Tested Positive for Legionella Over Time in Garland, Texas

Abbreviation: HVAC, heating, ventilating, and air-conditioning.

Between 2005 and 2007, there were 18 cooling towers. The number of cooling towers decreased over time as multifamily housing units replaced aging HVAC systems; 17 cooling towers in 2008, 16 cooling towers in 2009, 15 cooling towers in 2011, and 14 cooling towers in 2012-2015. Since the number of cooling towers in 2010 is unknown, a value of 15.5 was assigned.

Find this figure in the open-access research full report at https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for.10.aspx
Figure 1 Usefulness Rating by Surveillance Report

a In the survey, “Don't know” was described as: “I haven't used the report yet, but I might use it in the future.”

b In the survey, “Don't use” was described as: “I don't need to use the report at all.”

Find this figure in the open-access research full report at https://journals.lww.com/jphmp/Fulltext/2018/01000/An_Evaluation_of_Provincial_Infectious_Disease.5.aspx
### TABLE Expanded Partner Services Cohort Determined to Be Truly Out of Care and Successfully Relinked to Care

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>%</th>
<th>Relinked to Care</th>
<th>%</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td></td>
<td></td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Total confirmed out of care</td>
<td>233</td>
<td>100.0</td>
<td>166</td>
<td>71.2</td>
<td>.30</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>89</td>
<td>36.2</td>
<td>67</td>
<td>75.3</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Male</td>
<td>142</td>
<td>60.9</td>
<td>97</td>
<td>68.3</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>2</td>
<td>0.9</td>
<td>2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Age, y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>36</td>
<td>16.3</td>
<td>21</td>
<td>55.3</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>30-39</td>
<td>60</td>
<td>21.5</td>
<td>31</td>
<td>62.0</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>63</td>
<td>27.0</td>
<td>48</td>
<td>76.2</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>66</td>
<td>28.3</td>
<td>51</td>
<td>77.3</td>
<td></td>
</tr>
<tr>
<td>&gt;60</td>
<td>16</td>
<td>6.9</td>
<td>15</td>
<td>93.8</td>
<td>&lt;.005</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>61</td>
<td>26.2</td>
<td>45</td>
<td>73.8</td>
<td></td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>117</td>
<td>50.2</td>
<td>92</td>
<td>78.6</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>9.0</td>
<td>10</td>
<td>47.6</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>30</td>
<td>12.9</td>
<td>18</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>1.7</td>
<td>1</td>
<td>25.0</td>
<td>.89</td>
</tr>
<tr>
<td>Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>87</td>
<td>37.3</td>
<td>59</td>
<td>67.8</td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>26</td>
<td>12.0</td>
<td>21</td>
<td>75.0</td>
<td></td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>4</td>
<td>1.7</td>
<td>3</td>
<td>75.0</td>
<td></td>
</tr>
<tr>
<td>heterosexual</td>
<td>86</td>
<td>36.9</td>
<td>61</td>
<td>70.9</td>
<td></td>
</tr>
<tr>
<td>Unknown or missing</td>
<td>28</td>
<td>12.0</td>
<td>22</td>
<td>78.6</td>
<td></td>
</tr>
</tbody>
</table>

*Abbreviations: IDU, intravenous drug user; MSM, men who had sex with men.*

If superscripts are used within the table, specify what they represent.

- Represents row percent.
- Test for trend.
- Includes females presumed heterosexual contact.

**If** $P > .01$, express $P$ values to 2 digits, regardless of whether it’s significant or not.

**If** $P < .01$, express it as an actual $P$ value to 3 digits, unless $p < .001$.

Can leave $P$ value to 3 digits if rounding to 2 digits would make it nonsignificant.

Find this table in the open-access research full report at https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for.10.aspx
Implications for Policy & Practice

- An up-front investment in developing a training program with a fully-developed curriculum and complete instructor guidance can lead to low-cost, adaptable, open-source implementation, potentially reaching a broad swath of practitioners.
- While vertical, specialty training has been the focus of public health continuing education, management training is a core need that cuts across job titles and seniority levels.
- Management training represents a significant way to improve the likelihood of continued success in a rapidly changing public health environment, both for individuals and for their programs and practices.

Discussion and Conclusion (if applicable)

Supplemental Digital Content

...at Supplemental Digital Content Table A, available at http://links.lww.com/JPHMP/A394.

Note: Each supplemental figure/table must be referenced in-text
References

Journal Article
1. Author(s) last name followed by first and middle initial, if given. Article full title. Abbreviated journal title. Date;volume (issue #):inclusive pages.


Government/Organization Report
1. Author(s) last name followed by first and middle initial, if given. Organization full title. Title of specific item. City, State. Web site URL. Published [date]. Updated [date]. Accessed [date].


Book
1. Author(s) last name followed by first and middle initial, if given. Chapter title. In: Editor(s). *Book title.* [Edition, if not first edition]. City, State (or country) of publisher: Publisher’s name; copyright year:inclusive pages. URL. Accessed [date].


Web Site
1. Organization responsible for site full title. Title of the specific item cited (if none is given, use the name of the organization responsible for the site). Name of the Web site. URL. Published [date]. Updated [date].