

BUILDING BRIDGES:

Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control

Evaluation Report | June 9, 2025



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Executive Summary

On June 9, 2025, Health Communications Consultants, Inc. (HCC, Inc.), in partnership with the National Network of Public Health Institutes (NNPHI) and with funding from the Centers for Disease Control and Prevention's Project Firstline, delivered the interactive pre-conference workshop Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC). Held at the NNPHI Annual Conference, the session convened 13 participants, including public health professionals, public health institute (PHI) representatives, and local health department staff. The workshop aimed to enhance workforce capacity in IPC, explore PHI strengths, and foster actionable strategies for healthcare and community-based IPC and healthcare-associated infection (HAI) education.

Key Accomplishments

- **High Satisfaction & Engagement:** 100% of respondents found the session beneficial, and 80% would recommend it to others. Participants highlighted the facilitators' expertise, the inclusive design, and the practical tools offered.
- **Resource-Rich Experience:** HCC, Inc. supported the workshop with a comprehensive set of tools and materials, including a professionally designed workbook, a gamified "Heads Up!" activity, facilitator agendas, QR-coded evaluation tools, and a 23-page Project Firstline resource guide.
- **Interactive Learning:** Scenario mapping, partner identification exercises, and a case-based scenario facilitated applied learning and highlighted systemic IPC challenges.
- **PHIs Recognized as Key IPC Partners:** Participants affirmed the value of PHIs in education, technical assistance, and convening roles across public health and healthcare sectors.





Figure 1

Participants in the gamified “Heads Up!” activity.

Key Findings

- **Improved Knowledge and Skills:** Participants reported increased understanding of IPC and HAI concepts, the role of public health professionals, and PHI strengths. Notably, 90% felt more equipped to articulate PHI contributions to IPC efforts.
- **Readiness to Act:** Many attendees left with actionable ideas, including integrating IPC into communications, developing education plans, and applying Project Firstline tools.
- **Engagement Facilitators:** The gamified “Heads Up!” icebreaker, small-group activities, visual aids, and curated resource documents promoted active participation.
- **Participation Gaps:** Despite meaningful discussions, the absence of healthcare decision-makers and broader PHI representation limited the diversity of perspectives and peer learning opportunities.

Recommendations to Improve Future Workshops

- **Increase Cross Sector Representation:** Target recruitment of healthcare facilities, decision-makers and additional PHI members with considerations to scheduling (e.g. time of day, pre-conference, travel).
- **Add to Content:** Offer additional foundational IPC/HAI knowledge, use clearer instructions for activities, include more granularity for PHI project examples, provide resources and tools for participants to prioritize next steps post workshop.
- **Expand Evaluation:** Conduct a pre-session knowledge assessment to better tailor content.

Workshop Overview

The Building Bridges workshop took place on June 9, 2025, in Minneapolis, MN, as a pre-conference session at the NNPHI Annual Conference. Organized by the National Network of Public Health Institutes (NNPHI) with support from Health Communications Consultants, Inc. (HCC, Inc.) and funded through the CDC's Project Firstline Cooperative Agreement, the in-person interactive workshop convened 13 participants, including public health professionals, PHI representatives, and local health department staff. Facilitated by experts in IPC and public health, the session featured engaging activities and planning tools to strengthen cross-sector collaboration. HCC, Inc. supported the event with full facilitation and evaluation services, delivering key materials such as a slide deck, bespoke workbook, ice-breaker game cards, evaluation tools, and curated resource documents. While the session was well-received, future workshops would benefit from greater participation by healthcare decision-makers to enhance cross-sector impact.

Date and Location

June 9, 2025, 1:00p.m.– 5:00p.m. CT
Minneapolis, MN
Minneapolis Marriott City Center

Organizers

National Network of Public Health Institutes (NNPHI) with support from Health Communications Consultants, Inc. (HCC, Inc.)

Format

In-Person interactive workshop

Facilitators

- Sarah D. Matthews, PhD, MPH, MS
- Jammie Marie Klim Ciufo, MPH, CIC
- Elaina I. Perry, CHES
- Danielle C. Landis, PhD, MPH

Funding Source

Centers for Disease Control and Prevention (CDC)
– Project Firstline Cooperative Agreement

NNPHI and its subcontractors' work on Project Firstline is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,500,000 with 100 percent funded by CDC/HHS under CFDA 93.421 Centers for Disease Control and Prevention Cooperative Agreement 6 NU38OT000303-02-04. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Target Audience

Public health professionals, IPC specialists, local health department staff, and PHI representatives.

Products and Services

HCC, Inc. provided comprehensive products and services to support the successful delivery and evaluation of the workshop. Key deliverables included a professionally designed slide deck, facilitators' agenda, customized participant workbook, and QR code printouts for ease of access for survey tools. HCC developed and implemented a full suite of evaluation tools, including a registration survey, workshop evaluation, observer worksheet, and debrief tools.

HCC, Inc. also produced a 23-page Project Firstline (PFL) resources document, a curated list of useful training and coursework for public health professionals, and a U.S. map of NNPHI members to contextualize collaboration. In addition to facilitating the workshop, HCC, Inc. analyzed registration and evaluation data, conducted observations, and led the post-event team debrief process to identify lessons learned and assess training effectiveness. Their support also included marketing materials to promote engagement and participation.

Outline of primary HCC, Inc. Contributions:

1. Slide Deck
2. Facilitators' Agenda
3. Workbook
4. Evaluation Tools
 - a. Registration Survey
 - b. Workshop Evaluation
 - c. Observer Worksheet
 - d. Debrief Tools
5. QR Code Printout
6. Marketing
7. PFL Resources Document
8. Useful Training and Coursework List for Public Health Document
9. NNPHI Members on the US Map

Number of Participants and Roles

- 33 registrants total -18 outside of NNPHI and HCC, Inc.
- Participants: 6 NNPHI, 7 attendees, 3 facilitators
- Observation: While there were actively engaged participants, many decision-makers and healthcare entities were absent. More representation from hospitals and leadership roles is recommended for future sessions.

Goals and Objectives

Outcomes:

- Enhance public health workforce capacity in IPC, especially among public health professionals and their partners.
- Explore emerging trends in IPC, the evolving role of Infection Preventionists (IPs), and the essential skills for bridging gaps in clinical care and infection prevention.
- Expand awareness of the capacity of PHIs as a resource to provide support, networking, technical assistance, and convening for partners.

Learning Objectives:

1. Explain the role public health professionals play in addressing infection prevention and control (IPC) in healthcare settings.
2. Understand public health institutes' (PHI) strengths in educating, raising awareness, and developing strategies about IPC and HAIs in healthcare settings across the continuum of care.
3. Explore facilitators and challenges in educating on IPC and the prevention of HAI.

4. Leverage Project Firstline materials and other IPC resources to begin addressing the elements needed in a plan to educate communities on IPC and HAI risks.

Agenda and Activities

- **Welcome & Orientation:** Introduced workshop purpose and guidelines
- **Gamified Learning:** “Heads Up! IPC/HAI Edition”: Reinforced terminology and teamwork
- **Activity 1:** Localized IPC scenario mapping (5 Elements of Infection)
- **Activity 2:** Mapping settings and partners for IPC interventions
- **Case Study:** Tranquil Breezes Nursing Home IPC response simulation
- **Activity 3:** Gap analysis and crosswalk to PHI and Project Firstline resources
- **Activity 4:** Outlining a plan to educate healthcare entity communities on IPC/HAI and using PHI and Project Firstline resources

Participant Engagement

Participant engagement is essential to the success of interactive workshops, particularly when addressing complex topics like infection prevention and control (IPC) across both healthcare and community settings. Meaningful engagement not only enhances knowledge retention and peer learning but also ensures that participants remain energized and connected throughout the session.

Features Encouraging Engagement:

- Active participation in all small group activities and discussions.
- Shared personal jurisdictional experiences and IPC education facilitators/challenges.
- Peer-to-peer learning was supported with workbook exercises and group reporting.
- Reflection and intention-setting used to enhance focus and psychological safety.
- Activities encouraged movement and conversation.
- Workbook alignment with slides aided comprehension.
- Easel charts and real-time synthesis supported group learning.
- Clear next steps incorporated into the workbook.

Engagement Challenge Notes:

- Many participants had traveled that morning and voiced their fatigue, especially during Activity 3, due to timing and information load.
- Clarification was often needed for instructions; future iterations should simplify handouts and incorporate visual examples.

Key Content and Facilitator Insights

Key content and facilitator insights from the workshop emphasized the vital role of public health institutes (PHIs) in advancing infection prevention and control (IPC) and addressing healthcare-associated infections (HAIs) through education, collaboration, and tailored interventions. The following points highlight core themes that emerged from participant activities and group discussions:

- PHIs can fill critical IPC/HAI education and technical assistance gaps.
- Audience leaned toward community-specific IPC interventions with healthcare entities as partners.
- Community-specific IPC interventions must address systemic barriers and health inequities.
- Project Firstline tools support education at multiple levels and care settings.
- Gamification and case-based learning were included to improve engagement and knowledge retention.
- IPC and HAI must be incorporated into public health training to prepare the next generation of workforce.
- Identifying jurisdictional IPC education facilitators and gaps actively engaged participants.
- Real-life scenarios, including the Tranquil Breezes Nursing Home case, were included to enhanced understanding of concept application.
- Healthcare and community examples offered a more holistic understanding of concept application.
- PHIs are well-positioned to address IPC and HAI training gaps.
- Addressing social determinants and cultural communication is key to impactful IPC education.



Evaluation and Feedback

The evaluation data reflects a highly positive participant response to the workshop. A strong majority of respondents (ranging from 70% to 90%) strongly or moderately agreed that the workshop improved capacity to understand and communicate about infection prevention and control (IPC), healthcare associated infections (HAIs) and the role of public health professionals and institutes in their work. All participants agreed the workshop was beneficial with none reporting disagreement across any of the evaluated items. Attendees reported gaining practical planning tools, a better understanding of IPC concepts and appreciation for the collaborative learning environment. They noted intentions to apply new strategies in their own work and highlighted the value of shared resources, real-world examples, and the interactive, well-facilitated format. Suggestions included minor improvements to audio and a desire for more group networking time, but overall, the session was seen as effective, engaging and valuable for future application.

Registration Survey

Of the 13 participants, 9 participated in the registration survey. There were 8 states represented among the respondents. The respondents identified their workplace settings as health department (1), public health institutes (3) and non-profit organization (5). The health department respondent identified their professional role as a healthcare administrator.

The remaining respondents identified as public health professionals (7) and program manager (social worker) (1).

How would you describe the strength of your collaborations/partnerships within infection prevention and control (IPC) and/or Healthcare Associated Infections (HAI) in multiple settings (e.g. public health institutions, public health, hospitals, clinics, long-term facilities, social services organizations)?

- a. Very Good =1
- b. Good=3
- c. Acceptable =2
- d. Poor=0
- e. Very Poor = 0
- f. We do not have any collaborations. = 2

How would you describe the strength of your collaborations/partnerships within infection prevention and control (IPC) and/or Healthcare Associated Infections (HAI) in healthcare settings?

- a. Very Good =1
- b. Good=3
- c. Acceptable =2
- d. Poor=0
- e. Very Poor = 0
- f. We do not have any collaborations. = 2

Program Evaluation

Following the workshop, participants were invited to complete a brief evaluation survey. There were 13 participants in the workshop of which 10 completed the survey. Full results can be found in the appendices of this report.

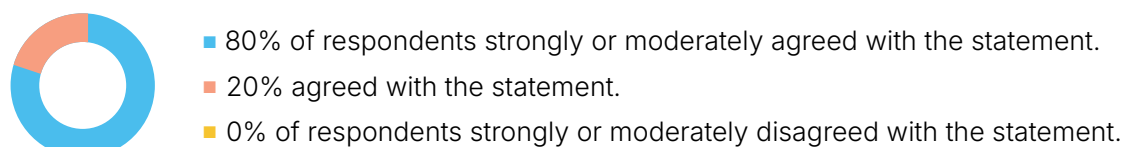
N=10

Rating	Q1		Q2		Q3		Q4		Q5		Q6	
1 – Strongly Disagree	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Moderately Disagree	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
3 – Agree	2	20%	1	10%	1	10%	2	20%	3	30%	2	20%
4 – Moderately Agree	4	40%	1	10%	0	0%	2	20%	1	10%	0	0%
5 – Strongly Agree	4	40%	8	80%	9	90%	6	60%	6	60%	8	80%

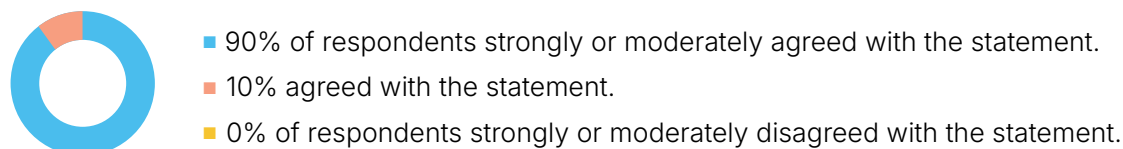
Liker-style Feedback

Participants were asked to respond that they “Strongly disagree”, “Moderately disagree”, “Agree”, “Moderately Agree” or “Strongly Agree” with each statement.

1. This workshop improved my capacity to explain the role public health professionals play in addressing infection prevention and control (IPC), including healthcare-associated infections (HAIs) in healthcare settings.



2. This workshop improved my capacity to understand public health institutes' (PHI) strengths in educating, raising awareness and developing strategies about infection prevention and control (IPC) and healthcare associated infections (HAIs) in healthcare settings across the continuum of care.



3. In this workshop I was able to explore facilitators and challenges in educating on infection prevention and control (IPC) and the prevention of healthcare associated infections (HAIs).



- 90% of respondents strongly or moderately agreed with the statement.
- 10% agreed with the statement.
- 0% of respondents strongly or moderately disagreed with the statement.

4. In this workshop I was able to outline the elements needed in a plan to educate on infection prevention and control (IPC) and healthcare associated infections (HAI).



- 80% of respondents strongly or moderately agreed with the statement.
- 20% agreed with the statement.
- 0% of respondents strongly or moderately disagreed with the statement.

5. In this workshop I improved my awareness of Project Firstline materials.



- 70% of respondents strongly or moderately agreed with the statement.
- 30% agreed with the statement.
- 0% of respondents strongly or moderately disagreed with the statement.

6. I would recommend this workshop to others.



- 80% of respondents strongly or moderately agreed with the statement.
- 20% agreed with the statement.
- 0% of respondents strongly or moderately disagreed with the statement.

Open-Ended Questions

7. What practice or procedure will you integrate into your operations because of your participation in this workshop?

Summary:

- As a result of participating in this workshop, attendees plan to integrate several practices into their operations, including referencing the comprehensive list of resources and workshop materials, incorporating elements of infection prevention and control (IPC) into communication strategies, and leveraging strategic tools for disease-specific projects.
- Participants also highlighted the value of collaboration and partnerships, recognized the importance of promoting resources to targeted audiences, and appreciated the accessible handouts with QR codes.

- The workshop enhanced their understanding of the factors contributing to challenges and inspired continued engagement with public health institutes to advance IPC and healthcare-associated infection (HAI) efforts.

8. What new knowledge, information and/or skills did you gain from participating in this workshop?

Summary:

- Participants gained valuable knowledge and skills from the workshop, including a clearer understanding of the relationship between healthcare-associated infections (HAIs) and infection prevention and control (IPC), and practical steps for educating communities.
- They appreciated learning about the process of mapping settings and partners to identify challenges and gaps and found the planning tools and shared documents to be helpful resources.
- The workshop also provided insights into how others are implementing IPC in their communities, highlighted both struggles and successes among peers, and reinforced the importance of collaboration and diverse perspectives in advancing IPC efforts.

9. Are there any other strengths or challenges of the workshop that you would like to share?

Summary:

- Participants highlighted several strengths of the workshop, including the presenters' clear expertise, engaging energy, and the creation of a safe, welcoming space for discussion.
- They appreciated the interactive format, the smooth flow of the session, and the ability of the facilitators to keep participants engaged while delivering valuable content.
- Some noted a desire for more time to connect with group members and build new relationships, while one mentioned audio as a minor challenge.
- Overall, the workshop was well-received and considered impactful and well-executed.

Debrief

The post-workshop debrief provided valuable reflections on the strengths, areas for improvement, and lessons learned from the Building Bridges session. Facilitators and observers identified key successes in engagement and content delivery, while also recognizing opportunities to strengthen future workshops through more diverse participation, clearer instructional design, and foundational IPC knowledge. The insights gathered not only informed immediate action steps but also highlighted strategic recommendations to enhance future programming, expand impact, and deepen partnerships across the public health and healthcare sectors.

1) Successes

- Heads Up activity was an engaging icebreaker.
- Activities are adaptable to other topics.
- QR codes and categorized resources were effective.
- PHIs were validated as key partners.
- Facilitators were flexible and responsive.

2) Areas for Improvement

- Broader participant mix needed (e.g., healthcare facilities).
- Clearer instructions and more printed materials.
- Add photos of easel charts to post-event resources.
- Provide additional foundational IPC/HAI knowledge early in the session.
- Help participants prioritize the next actionable steps with additional support when they leave the workshop.

3) Challenges and Lessons Learned

Challenges:

- Limited attendance, limited group diversity in terms of sector (i.e. healthcare facility representatives, additional PHIs, health department) and role (i.e. decision-makers).
- Some confusion around HAI concepts and how to engage with hospitals.
- While not included in the program objectives, participants voiced that they needed information on how to apply funding and build trust in partnerships.

Lessons Learned:

- Targeted recruitment of healthcare stakeholders is essential.
- Consider pre-workshop assessment of IPC/HAI familiarity to assess participants prior knowledge.
- Participants requested greater detail in the PHI project examples to help improve learning.

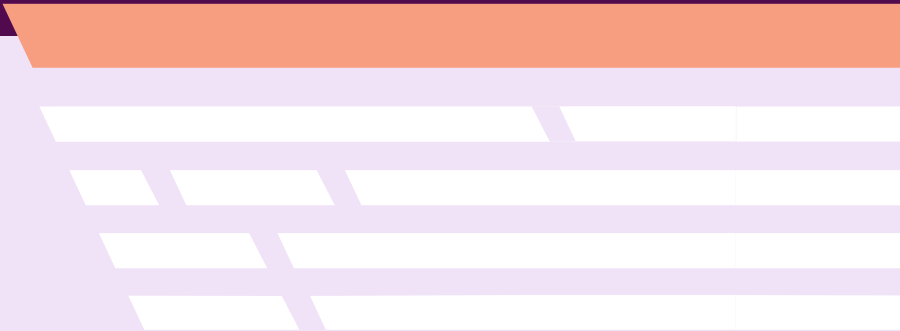
4) Outcomes

- Participants began drafting their outlines of IPC education plans.
- Groups shared their lists of facilitators and gaps to inform future support needs.
- Recommendations from participants include message mapping, templates for collaborative communication, and strategies to engage leadership.

5) Next Steps

- Distribute post-event resources, including easel chart summaries.
- Continue NNPHI engagement through Learning Navigator and discussion board.
- Incorporate pre-session needs assessment and add healthcare entities to future invite lists.

Appendices



Slide Deck

The slide deck can be found in the full report under ipc.nnphi.org/resources.

BUILDING BRIDGES:

Strengthening Relationships Between Public
Health Institutes and Healthcare Entities
to Advance Infection Prevention and Control



Facilitators' Agenda

Facilitator Agenda

National Network of Public Health Institutes: Building Bridges: Strengthening Relationships Between
Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC)
June 9, 2025 | 1:00-5:00 p.m.

Prior to Training

- **Two weeks prior to Training (May 26) – Cvent sends these**
 - Send to potential participants
 - Reminder email with date, location, time, & other details.
 - Fahrenheit email notice for video/taping
- **One day prior to Training (June 6 or June 8) – Cvent sends these**
 - Send "welcome" email with date, location, time, & other details.

Confirm Root Set-Up

- Chevron or V Shaped (4-5 chairs per table)
 - Banquet style also would work with chairs around the back side of table.
- Podium with microphone at the front of room
- Table at back of room (observers)
- Table at side of room (facilitators & support)
- Laptop for presentation with power cord.
- Remote mouse for PowerPoint presentations.
- Spare batteries for remote mouse.
- Microphone (s)
- Spare batteries if required.
- All power cords are taped/secured to floor to prevent trip hazards.

Monday June 9th, from 12:00 p.m. – 5:00 p.m.
Lunch will be provided from 12:00 p.m.- 1:00 p.m.
Workshop will begin 1:00 p.m.
Location: St. Croix I - 6th floor.

Confirm All Supplies

PDF Files on ConferenceApp (under 10MB)

- PFL Resource List
- Workbook
- NNPHI Map
- Useful Training Tools

From NNPHI

- Sign-in and evaluation printout with QR codes (1 per table)
- Printed Workbooks (number of participants)
- Printed Observer sheets (1 per observer)
- Printed Debrief tool (3- 1 for each facilitator)
- Printed Resources list (number of participants)
- Printed Useful Training list (2 per table)
- Tabletop easel pads – one per table & one for front of the room (sticky flipchart pads)
- Table tents
- Markers for easel charts/table tents
- Pens (hotel)
- Sticky notes (post it notes) – one pad per table (different colors)
- Writing pads (hotel)
- Painter's tape

HCC, Inc.

- Candy prizes for heads up game.
- Heads Up Card Deck

Time	Agenda
10:30 a.m.	Facilitators arrive Review room & facilitator logistics
12:00 p.m.	Information Technology arrives to set up or check set up
12:00 p.m.-1:00 p.m.	Lunch
12:30 p.m.	Participant Check-in: Point to QR code. Welcome participants as they arrive. Jammie and Elaina continue to welcome participants after program starts-find a seat, complete the sign-in survey.
Welcome	
1:00 p.m. 1:25 p.m. Slides 1-15 Slide 16	NNPHI Welcome-Jaime Jimenez Sarah Matthews <ul style="list-style-type: none"> • Welcome all participants- complete sign-in • Introducing other key planning/support team • Overview of the workshop, workbook

	<ul style="list-style-type: none"> • At Learning Objectives-ensure refer to 13 Elements of a Plan when speaking about LO4 • Icebreaker (Standing teams to introduce themselves first-introductions) (15 minutes) • Breathing exercise. (3 minutes) • Brief review of who PHIs are, Project Firstline • What is IPC?
Workshop	
1:26 p.m. 1:36 p.m. Slides 17-19	Jammie Marie Klim Ciufo <ul style="list-style-type: none"> • How Germs Spread and Cause Infection • Use of Narrative to explain IPC and HAI
1:37 p.m. 1:50p.m. Slide 20	Sarah and Jammie <ul style="list-style-type: none"> • Activity 1 (10 minutes: 3 minutes for slide, 3 minutes for exercise, 3 minutes for debrief) • Debrief ensure to relate to the Outline Elements of a Plan- Step 1: Selecting a priority area for awareness, education, strategy
1:51 p.m. 1:58 p.m. Slide 21-28	Jammie Marie Klim Ciufo <ul style="list-style-type: none"> • HAI • AMR, AMS
1:59 p.m. 2:09 p.m. Slides 29-32	Sarah and Elaina Perry <ul style="list-style-type: none"> • Exercise (5 minutes: 2 minutes explain, 3 minutes for exercise) • Bridge: Remind the audience-one of the main reasons you are here is for the two groups that we have brought here to work together and collaborate to advance IPC and HAI education, awareness and strategies in your jurisdiction. One critical step to doing that is understanding who your IPC partners would be. We want to show you an example just one possible partner setting for IPC – Nursing Homes; and within that partner setting are many different potential partners, all of whom have a role in IPC within that setting and all of whom are possible collaborators in the IPC settings. • Debrief Outline Elements of a Plan- Step 5: Identify-Map external resources and planning partners needed for planning and implementation Step 6: Approach and Engage partners for collaboration. • REMINDER: Only engage in large group discussion if time. Otherwise, ask attendees to turn to partner at table or just move into break in interest of time.

2:10 p.m. 2:20 p.m. Slide 33	Elaina As people return to the room ask 2 volunteers from each table to move to the table clockwise to them. BREAK (First break should be between 2 and 2:10)
Workshop Continue	
2:21 p.m. 2:24 p.m.	As people return to the room ask 2 volunteers from each table to move to the table clockwise to them.
2:25 p.m. 2:40 p.m. Slides 34-43	Jammie Marie Klim Ciufo <ul style="list-style-type: none"> Public Health and IPC/HAI Reflect and Respond
2:41 p.m. 3:10 p.m. Slides 44-50	Elaina Perry <ul style="list-style-type: none"> Activity 2 (25 minutes) Step 1 (1 minutes) Use table groups they are already in post-break!, Step 2 (3 minutes), Step 3 (5 minutes), Step 4 (2 minutes), Step 5 (2 minutes), Step 6 (5 minutes), Step 7 (5 minutes) Debrief: Step 3: Inventory Facilitators and Challenges Gaps to educating communities.
3:11 p.m. 3:20 p.m. Slides 51-54	Jammie Marie Klim Ciufo <ul style="list-style-type: none"> Challenges Health Inequities
3:21 p.m. 3:39 p.m. Slides 55-79	Sarah Matthews <ul style="list-style-type: none"> How to address challenges Leveraging PHIs PFL
3:40 p.m. 3:50 p.m. Slide 80	BREAK (Second break should be done by 4:00 p.m.-Latest)
3:51 p.m. 4:25 p.m. Slides 81-85	Elaina Perry <ul style="list-style-type: none"> Activity 3 (31 minutes) Step 1 (1 minute), Step 2 (5 minutes), Step 3 (10 minutes), Step 4 (5 minutes) Consider writing page # for visual cue to others for ease., Step 5 (10 minutes) Jammie provide feedback to resources to address challenges-gaps participants identified.

	<ul style="list-style-type: none"> Debrief: Step 3: Inventory Facilitators and Challenges Gaps to educating communities. Step 4: Determine preliminary solutions/resources and planning partners needed for planning and implementation.
4:26 p.m. 4:47 p.m. Slides 86-92 (need to start no later than 4:26)	Sarah Matthews (take these if we have time) and Elaina Perry (facilitate if short on time) <ul style="list-style-type: none"> Activity 4 (20 minutes: Debrief as large group) Step 1 (1 minute), Step 2 (2 minutes), Step 3 (2 minutes), Step 4 (2 minutes), Step 5 (3 minutes) If short on time, mention if they get a chance, put some info from your discussion on the easel chart. (Skipping formal step 8.) Step 6 & 7 (minutes) Debrief if possible on timing by outline., Step 8 (10 minutes) (If we are really behind on time, this exercise can be done as a big group instead of the smaller tables first).
4:50 p.m. 4:55 p.m. Slide 92 (Must be at 4:50 at the latest)	Sarah Matthews <ul style="list-style-type: none"> Activity (5 minutes) In the next 48 hours, next week, next month
Workshop Continue	
4:55 p.m. 5:00 p.m. Slides 94-95	Sarah Matthews <ul style="list-style-type: none"> Q & A Post Workshop Evaluation Thank you Post-Workshop Networking Staff will be available for any questions
Adjourn	
5:10 p.m. 5:40 p.m.	Sarah Matthews <ul style="list-style-type: none"> Hot Wash Meeting Breakdown/load out
6:00 p.m. 7:00 p.m.	Sarah and Jammie <ul style="list-style-type: none"> Fahrenheit Interview

Workbook

The workbook can be found in the full report under ipc.nnphi.org/resources.

**Building Bridges:
Strengthening Relationships
Between Public Health
Institutes
and Healthcare Entities
to Advance Infection Prevention
and Control (IPC)**

**Pre-Conference
Workshop
Workbook**



An NNPHI and HCC, Inc.
Collaboration



Evaluation Tools

Demographic Survey

Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC) Workshop Demographic Survey

(Introduction Text) Thank you for taking the time to complete this pre-workshop survey for the Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC) workshop scheduled for June 9, 2025, from 1-5p.m. EST at the NNPHI 2025 Annual Conference. This survey is being administered by Health Communications Consultants, Inc. (HCC, Inc.) in collaboration with the National Network of Public Health Institutes (NNPHI).

The survey is estimated to take 5-10 minutes to complete. If you have any questions on this survey, please contact Dr. Sarah Matthews at sarah.matthews@healthcommunicationsconsultants.com.

1. (Demographics-Text Boxes) Please provide the following information:

- Name
- Organization Name
- Email
- LinkedIn profile

- State (drop down)
 - a. IHS Area - National • IHS Area - Alaska • IHS Area - Albuquerque • IHS Area - Bemidji • IHS Area - Billings • IHS Area - California • IHS Area - Great Plains • IHS Area - Nashville • IHS Area - Navajo • IHS Area - Oklahoma • IHS Area - Phoenix • IHS Area - Portland • IHS Area - Tucson • Alabama • Alaska • American Samoa • Arizona • Arkansas • California • Colorado • Connecticut • Delaware • District of Columbia • Federated States of Micronesia • Florida • Georgia • Guam • Hawaii • Idaho • Illinois • Indiana • Iowa • Kansas • Kentucky • Louisiana • Maine • Marshall Islands • Maryland • Massachusetts • Michigan • Minnesota • Mississippi • Missouri • Montana • Nebraska • Nevada • New Hampshire • New Jersey • New Mexico • New York • North Carolina • North Dakota • Northern Mariana Islands • Ohio • Oklahoma •

Oregon • Palau • Pennsylvania • Puerto Rico • Rhode Island • South Carolina • South Dakota • Tennessee • Texas • Utah • Vermont • Virgin Islands • Virginia • Washington • West Virginia • Wisconsin • Wyoming • N/A: Outside of the U.S.-text box

- (Skip logic for other)

- Workplace Setting (drop down)

- a. Academic institution (university, community college, etc.) • Acute care hospital • Critical access hospital • Long-term acute care hospital or inpatient rehabilitation facility • Skilled nursing facility (nursing home) Assisted living facility • Pharmacy • Dental facility • Home health • Health department • Dialysis facility (outpatient) • Outpatient/ambulatory care • Behavioral Health Facilities • Correctional Facilities Other-text box

- (Skip logic for other)

- Professional Role (drop down)

- a. Physician • Physician assistant • Advanced practice nurse (e.g., nurse practitioner) • Registered nurse (RN) • Licensed practical nurse (LPN) • Nursing/medical assistant • Dentist/dental hygienist • Technician (e.g., radiology, surgical, pharmacy) • Therapist (e.g., physical, occupational, respiratory) • Pharmacist • Environmental/facility services (e.g., EVS staff, facility managers, facility engineers) • Social and community services (e.g., social workers, community health workers, residential/outpatient mental health treatment staff) • Healthcare administrator (e.g., clinic or hospital directors, CEOs) • Non-clinical staff (e.g., HR personnel, marketing/communications staff, quality/patient safety staff, clerical staff) • Emergency medical technician/paramedic • Laboratory staff • Public health professional • Infection Preventionist • Epidemiologist • Other text box

- (Skip logic for other)

2. How would you describe the strength of your collaborations within infection prevention and control (IPC) and Healthcare Associated Infections (HAI) in multiple settings (e.g. public health institutes, public health agencies, hospitals, clinics, long-term facilities, social services organizations)?

Very Good

Good

Acceptable

Poor

Very Poor

We do not have any collaborations.

Workshop Evaluation

Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC) Workshop Workshop Evaluation

Thank you for attending the Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC) Workshop on June 9, 2025, at the NNPHI Annual Conference.

Your feedback is invaluable. Please help us to enhance the experience by participating in the evaluation survey. This survey should take between 5-10 minutes to complete. Thank you for your time and continued contribution.

Email

Please rate your level of agreement for the workshop for questions 1-5 below using the following scale.

1 – Strongly Disagree 2 – Moderately Disagree 3 – Agree 4 – Moderately Agree 5 – Strongly Agree

1. This workshop improved my capacity to explain the role public health professionals play in addressing infection prevention and control (IPC), including healthcare-associated infections (HAIs), and engaging with infection prevention teams in multiple settings.
2. This workshop improved my capacity to understand public health institutes' strengths in educating, raising awareness and developing strategies about IPC and HAIs in multiple settings.
3. In this workshop I was able to explore facilitators and challenges educating communities on IPC and HAI risks.
4. In this workshop I was able to outline the elements needed in a plan to educate communities on IPC and HAI risks.
5. In this workshop I improved my awareness of Project Firstline materials.
6. I would recommend this workshop to others.

Open Text

7. What practice or procedure will you integrate into your operations because of your participation in this workshop?
8. What new knowledge, information and/or skills did you gain from participating in this workshop?
9. Are there any other strengths or challenges of the workshop that you would like to share?

Thank you for your completion of this workshop evaluation.

Observer Worksheet

Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC) Observer Worksheet

Thank you for agreeing to be an observer in today's workshop and participate in the after-workshop debrief.

Overall, what did you hear was needed (people, products, process) in the IPC space? What barriers or challenges did the group identify within the IPC space?

What were some *successes* (what went right) observed during the workshop? (keep in mind behaviors that showed participant interest, engagement, learning).

What were some of the *challenges* (what went wrong) observed in the workshop? (keep in mind behaviors that showed participant confusion, discomfort, hesitation).

What *areas for improvement* did you observe for future workshops? (keep in mind equipment, training, communication, procedures) What other thoughts did you have regarding the workshop experience?

Please see the table below and indicate the level to which you think the outcomes and learning objectives were achieved. Please also indicate any observations you have regarding the score you provided, and any recommendations for improving that Learning Objective.

Outcome or Learning Objective	Extent Achieved? 0= not at all 5= completely	Supporting Observations	Recommendations
LO 1: Explain the role public health professionals play in addressing infection prevention and control (IPC), including healthcare-associated infections (HAIs), and engaging with infection prevention teams in multiple settings.			
LO 2: Understand public health institutes' strengths in educating, raising awareness and developing strategies about IPC and HAIs in multiple settings.			
LO 3. Explore facilitators and challenges to educating communities on IPC and HAI risks.			
LO 4. Using Project Firstline materials, outline the elements needed in a plan to educate communities on IPC and HAI risks including equitable, actionable communication approaches.			

Debrief Notes Worksheet

Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC) Debrief Worksheet

Thank you for agreeing to be an observer in today's workshop and participate in the after-workshop hot wash.

Were the *right participants* in the room? Who was missing?

7 participants outside of NNPHI. Key participants were missing from the training. May want to include healthcare facilities in the future. Other PHI members were coming in later in the week or were in other meetings scheduled for the same time. PHI's and 2 health departments, great conversation but not good mix of levels. More of the doers than the decision makers.

General Overview

Success – What went right	Challenges – What went wrong?	Areas for Improvement – What can we do better in the future?	PPP needs Identified

Specific Learning Objectives

Outcome or Learning Objective	Achieved? (Y/N)	Supporting Observations	Recommendations	Action Items
Outcome 1: Enhance public health workforce capacity in IPC, especially among public health professionals and their partners.				

Outcome 2: Explore emerging trends, health inequities, the evolving role of Infection Preventionists (IPs), and the essential skills for bridging gaps in clinical care and infection prevention.				
Outcome 3: Expand awareness of the capacity of PHIs as a resource to provide support, networking, technical assistance, and convening for partners.				
LO 1: Explain the role public health professionals play in addressing infection prevention and control (IPC), including healthcare-associated infections (HAIs), and engaging with infection prevention teams in multiple settings.				
LO2: Understand public health institutes' strengths in educating, raising awareness and developing strategies about IPC and HAIs in multiple settings.				
LO3. Explore facilitators and challenges to educating communities on IPC and HAI risks.				

<p>LO4. Using Project Firstline materials, outline the elements needed in a plan to educate communities on IPC and HAI risks including equitable, actionable communication approaches.</p>				
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If not covered above:

- What parts of the facilitation style supported engagement?
- Were there moments when participant energy dropped or increased?
- What group activity was the most effective and why?
- What other activities, tools, or resources could NNPHI explore offering to a similar audience in the future?

What other thoughts did you have regarding the workshop experience?

Map Graphic



ALABAMA

Alabama Public Health Institute Birmingham

ARKANSAS

Arkansas Center for Health Improvement Little Rock

CALIFORNIA

Public Health Institute CA Oakland

COLORADO

Colorado Health Institute Trailhead Institute Denver Denver

DC

Institute for Public Health Innovation Washington

GEORGIA

Georgia Health Policy Center Atlanta

HAWAII

Hawaii Public Health Institute Honolulu

ILLINOIS

Illinois Public Health Institute Chicago
Public Health Institute of Metropolitan Chicago Chicago

INDIANA

Healthy Hoosiers Foundation Indianapolis
Indiana Family Health Council Indianapolis

KANSAS

Kansas Health Institute Topeka

LOUISIANA

Louisiana Public Health Institute New Orleans

MAINE

Maine Public Health Institute Portland
MCD Global Health August
MCD Global Health Augusta

MASSACHUSETTS

Health Resources in Action Boston
Public Health Institute of Western Massachusetts Springfield

MICHIGAN

Michigan Public Health Institute Okemos

MISSISSIPPI

Center for Mississippi Health Policy Mississippi Public Health Institute Jackson Ridgeland

MISSOURI

Missouri Center for Public Health Excellence St. Louis

MONTANA

Montana Public Health Institute Kalispell

NEVADA

Nevada Public Health Foundation Carson City
Nevada Public Health Institute Gardnerville

NEW HAMPSHIRE

New Hampshire Community Health Institute Bow

NEW JERSEY

Center for Health Equity: A Public Health Institute Glassboro

NEW MEXICO

Center for Health Innovation Silver City
Center for Native American Health at UNM Albuquerque

NEW YORK

Fund for Public Health in New York, Inc. New York
Health Research, Inc. Menands
Public Health Solutions New York
Rural Health Institute of New York Cortland

NORTH CAROLINA

North Carolina Institute for Public Health Chapel Hill

NORTH DAKOTA

American Indian Public Health Resource Center Fargo

OHIO

Health Policy Institute of Ohio Columbus
Ohio Public Health Institute Columbus

OKLAHOMA

Public Health Institute of Oklahoma Oklahoma City

OREGON

Oregon Public Health Institute Portland

PENNSYLVANIA

Public Health Management Corporation Philadelphia

PUERTO RICO

Puerto Rico Public Health Trust San Juan

SOUTH CAROLINA

South Carolina Institute of Medicine and Public Health Seattle

TENNESSEE

Tennessee Institute of Public Health Johnson City

TEXAS

Texas Health Institute Austin

VERMONT

Vermont Public Health Institute Burlington

WASHINGTON

Northwest Center for Public Health Practice Seattle
Seven Directions Seattle

WEST VIRGINIA

Health Affairs Institute Charleston

WISCONSIN

University of Wisconsin Population Health Institute (UWPHI) Madison

Heads Up Game Cards

The Heads Up Game cards can be found in the full report under ipc.nnphi.org/resources.



QR Code Printout



**Building Bridges: Strengthening Relationships Between Public Health Institutes
and Healthcare Entities to Advance Infection Prevention and Control (IPC)**

NNPHI Pre-Conference Workshop

June 9, 2025

Sign In Code:



https://healthcc.qualtrics.com/jfe/form/SV_7X9SVpAaQxzKJpk

Evaluation Survey Code:



https://healthcc.qualtrics.com/jfe/form/SV_3lWX8JbutduQ2eW



Workshop Products

Easel Charts

Easel Chart Summary (Facilitators & Challenges)

- Facilitators:
 - Communication channels (epi, public health director, local providers, media contact)
 - Cultural responsiveness ✓✓
 - Implementing standard precautions/care → sampling, testing ✓
 - Collab – case definitions already in place (red book) ✓✓
 - Plan of action (key partners, capacity)
 - Local health department; tapping local when national
 - Data lay of the land understand broader impacts ✓✓✓
 - Home care services + culturally respectful/responsive ✓✓
 - Common illness templates/materials for child care centers
 - Educational level appropriate information to parents ✓
- Challenges:
 - Funding
 - Capacity
 - Vaccine hesitancy (ex. Anti-vaxers) ✓
 - Health literacy ✓✓✓
 - Trust ✓
 - Funding sustainability
 - Communication across many groups ✓
 - Comprehensive list of child care in area ✓
 - Whose job is it to report? ✓✓

Easel Chart Summary (Resource List)

Challenge/Gap	Existing Resource	Source	Outstanding Need
Overcoming myths	Education	Project Firstline Facilitator Training	
Collaboration	NNPHI Incorporating a Relational Model in Training + TA to Promote Trust, Equity, + Collaboration (p. 12)	NNPHI	

Culturally Relevant Communication	Culturally Relevant Communication (p. 11)	PHIs	Funding for materials outside of the DOH
Communication/ Misinformation	Provide information to parents, providers, + partner organizations (measles micro learn)		Funding, communication at provider level (MME routine practice)
Capacity (e.g. funding + staff)	Use of student projects (internships + practicums) for promotional materials + outreach (a-IPC)		Examining funding sources + identifying collaborative solutions
Cultural Responsiveness	Community engagement (media contact, social media) – physical presence <illegible> CDC Health Literacy Culture + Language		
Hep C Education	Germs on the Skin	CDC	
Measles Edu	Measles Microlearn	CDC	
Disease fact sheets	Krista (Ohio!) – Message Map Example		*more disease specific materials (micro learns, messaging, fact sheets)
Partnerships & Collabs	PHIG Tools		

Priority Elements:

- 2, 4, and 9
- 5, 6, 7, and 8; identifying the WHAT + HOW
- 6, 7, 8, and 9
- 6, 8, and 11

Raw Data From Evaluation

Registration Survey

Legend:

A. State

B. You replied "N/A: Outside of the U.S." from the State dropdown list. Please enter the area outside the U.S. that you are joining us from in the text box below.

C. Workplace Setting

D. You replied "Other" from the Workplace Setting dropdown list. Please enter the workplace setting that you representing in the text box below.

E. Professional Role

F. You replied "Other" from the Professional Role dropdown list. Please enter your professional role in the text box below.

G. How would you describe the strength of your collaborations/partnerships within infection prevention and control (IPC) and/or Healthcare Associated Infections (HAI) in multiple settings (e.g. public health institutions, public health, hospitals, clinics, long-term facilities, social services organizations)?

H. How would you describe the strength of your collaborations/partnerships within infection prevention and control (IPC) and/or Healthcare Associated Infections (HAI) in healthcare settings?

A	B	C	D	E	F	G	H
Virginia		Other	Nonprofit Organization	Public health professional		B. Good	B. Good
Maryland		Other	Public Health Institute	Public health professional			
Hawaii		Other	Public Health Institute	Public health professional		B. Good	B. Good
Texas		Other	Public Health Institute	Public health professional		B. Good	C. Acceptable

Colorado		Other	Public Health Institute	Other	Program Manager (Social Worker)	F. We do not have any collaboration	
Colorado		Other	Nonprofit	Public health professional		C. Acceptable	B. Good
Wisconsin		Other	Nonprofit	Public health professional		C. Acceptable	C. Acceptable
Louisiana		Other	Non for profit org	Public health professional		F. We do not have any collaboration	F. We do not have any collaboration
Ohio		Health Department		Healthcare administrator (e.g., clinic or hospital directors, CEOs)		A. Very good	A. Very good

N=9

State

- Virginia
- Maryland
- Hawaii
- Texas
- Colorado
- Colorado
- Wisconsin
- Louisiana
- Ohio

8 States represented among respondents.

Workplace Setting

- Other
- Other

- Other
- Other
- Other
- Other
- Other
- Other
- Health department

8 respondents with "Other," 1 with Health Department,

You replied "Other" from the Workplace Setting dropdown list. Please enter the workplace setting that you representing in the text box below.

- Nonprofit Organization
- Public Health Institute

- Public Health Institute
- Non profit
- Public health institute
- Nonprofit
- Nonprofit
- Non for profit org

Of the 8 respondents who answered "other" in the previous question about workplace setting, 5 responded with non-profit organization, 3 with public health institute.

Professional Role

- Public health professional
- Public health professional
- Public health professional
- Public health professional
- Other
- Public health professional
- Public health professional
- Public health professional
- Healthcare administrator (e.g., clinic or hospital directors, CEOs)

7 respondents stated they were public health professionals, 1 Other and 1 Healthcare administration.

You replied "Other" from the Professional Role dropdown list. Please enter your professional role in the text box below.

- Program Manager (Social Worker)

How would you describe the strength of your collaborations/partnerships within infection prevention and control (IPC) and/or Healthcare Associated Infections (HAI) in multiple settings (e.g. public health institutions, public health, hospitals, clinics, long-term facilities, social services organizations)?

- B. Good
- B. Good
- B. Good
- F. We do not have any collaboration
- C. Acceptable
- C. Acceptable
- F. We do not have any collaboration
- A. Very Good

A. Very Good = 1
B. Good = 3
C. Acceptable = 2
D. Poor= 0
E. Very Poor = 0
F. We do not have any collaborations = 2

How would you describe the strength of your collaborations/partnerships within infection prevention and control (IPC) and/or Healthcare Associated Infections (HAI) in healthcare settings?

- B. Good
- B. Good
- C. Acceptable
- F. We do not have any collaboration
- B. Good
- C. Acceptable
- F. We do not have any collaboration
- A. Very Good

A. Very Good = 1
B. Good = 3
C. Acceptable = 2
D. Poor= 0
E. Very Poor = 0
F. We do not have any collaborations = 2

Building Bridges Workshop Evaluation

Legend:

- A.** This workshop improved my capacity to explain the role public health professionals play in addressing infection prevention and control (IPC), including healthcare- associated infections (HAIs) in healthcare settings.
- B.** This workshop improved my capacity to understand public health institutes' (PHI) strengths in educating, raising awareness and developing strategies about infection prevention and control (IPC) and healthcare associated infections (HAIs) in healthcare settings across the continuum of care.
- C.** In this workshop I was able to explore facilitators and challenges in educating on infection prevention and control (IPC) and the prevention of healthcare associated infections (HAIs).
- D.** In this workshop I was able to outline the elements needed in a plan to educate on infection prevention and control (IPC) and healthcare associated infections (HAI).
- E.** In this workshop I improved my awareness of Project Firstline materials.
- F.** I would recommend this workshop to others.
- G.** What practice or procedure will you integrate into your operations because of your participation in this workshop?
- H.** What new knowledge, information and/or skills did you gain from participating in this workshop?
- I.** Are there any other strengths or challenges of the workshop that you would like to share?

A	B	C	D	E	F	G	H	I
3	4	5	4	3	3	We now have an extensive list of resources to reference	I like the steps in a plan to educate communities	
5	5	5	5	5	5	Elements of a plan!	The HAI part of IPC finally clicked	
5	5	5	3	3	5	Considering IPC in communication strategy		Great job Expertise was clear Great energy

3	3	3	3	3	3		Resources	
5	5	5	5	5	5	The power of networking, collaboration and partnerships	Loved what people shared and how they are doing ipc work in their community	
4	5	5	5	5	5	The use of promoting resources within certain audiences or populations.	Learn more about other IPC professionals within the space and see where they are struggling and also thriving	Strengths is having a safe space!
5	5	5	5	5	5	Utilizing the list of resources and workshop documents., and identifying elements	All documents	All was great. Would have love to chat more with our groups and new friends.
4	5	5	4	4	5	Understanding the facilitators of my challenges	The elements of a plan was a great resource	Audio
4	5	5	5	5	5	Loved the handouts with QR codes for resources. I am also speaking with our PHI about promoting PH/HAI work.	The process for mapping settings and partners and then exploring challenges and gaps.	Sarah engaged the group well and the 3 presenters each offered key elements to a great presentation.

4	5	5	5	5	5	I will use these strategy tools in thinking about specific disease related projects!	I think seeing other perspectives is always good in activities like this, the engagement with everyone in this work together was awesome - it was a good reminder on how collaborative work makes a huge difference.	I think the flow was great, it kept us on our toes!
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N=10 respondents

Rating	Q1		Q2		Q3		Q4		Q5		Q6	
1 – Strongly Disagree	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
2 – Moderately Disagree	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
3 – Agree	2	20%	1	10%	1	10%	2	20%	3	30%	2	20%
4 – Moderately Agree	4	40%	1	10%	0	0%	2	20%	1	10%	0	0%
5 – Strongly Agree	4	40%	8	80%	9	90%	6	60%	6	60%	8	80%

G. What practice or procedure will you integrate into your operations because of your participation in this workshop?

- We now have an extensive list of resources to reference
- Elements of a plan!
- Considering IPC in communication strategy
- The power of networking, collaboration and partnerships

- The use of promoting resources within certain audiences or populations.
- Utilizing the list of resources and workshop documents., and identifying elements
- Understanding the facilitators of my challenges
- Loved the handouts with QR codes for resources. I am also speaking with our PHI about promoting PH/HAI work.
- I will use these strategy tools in thinking about specific disease related projects!

H. What new knowledge, information and/or skills did you gain from participating in this workshop?

- I like the steps in a plan to educate communities
- The HAI part of IPC finally clicked
- Resources
- Loved what people shared and how they are doing ipc work in their community
- Learn more about other IPC professionals within the space and see where they are struggling and also thriving
- All documents
- The elements of a plan was a great resource
- The process for mapping settings and partners and then exploring challenges and gaps.
- I think seeing other perspectives is always good in activities like this, the engagement with everyone in this work together was awesome - it was a good reminder on how collaborative work makes a huge difference.

I. Are there any other strengths or challenges of the workshop that you would like to share?

- "Great job
- Expertise was clear
- Great energy "
- Strengths is having a safe space!
- All was great. Would have love to chat more with our groups and new friends.
- Audio
- Sarah engaged the group well and the 3 presenters each offered key elements to a great presentation. I think the flow was great, it kept us on our toes!

Debrief Notes

Building Bridges: Strengthening Relationships Between Public Health Institutes and Healthcare Entities to Advance Infection Prevention and Control (IPC)

Debrief Worksheet

Thank you for agreeing to be an observer in today's workshop and participate in the after-workshop hot wash.

Were the *right participants* in the room? Who was missing?

7 participants outside of NNPHI. Key participants were missing from the training. May want to include healthcare facilities in the future. Other PHI members were coming in later in the week or were in other meetings scheduled for the same time. PHI's and 2 health departments, great conversation but not good mix of levels. More of the doers than the decision makers.

General Overview

Successes – What went right?

- Heads Up activity engaging-great at the introduction
- Community awareness brought up in conversation
- Great conversation, attentive audience
- Open communication
- Engagement
- Activities were fun
- Activity allowed them to move around
- Activities can be changed for any topic
- Next steps were clearly written in the workbook
- Facilitators read the room and provided an alternative plan to meet participants where they were at
- Rhythm of activities broke up presentation
- Time conscious
- Page icon on the slide to match the workbook
- Jammie to ask questions
- Workshop was a tool in one place
- Resource finding. The QR codes were effective
- Checking if resources meet the needs
- Examples and aligning the resources
- PHI already doing these things
- Networking-topic
- Flip charts for capturing thoughts
- Next steps activity in the workbook

Challenges – What went wrong?

- Participant numbers
- Limited attendees-limited examples-limited the activities
- Addressing myths or culturally relevant communications were brought up in the conversation as challenges around the topic
- Ground work of HAI was confusing
- Knowledge of HAI background-fall back on community acquired infections
- Confused on how to get in to this space
- Hospitals do not want them in this space
- More targeted audience
- PHIS want to know what healthcare needs

PPP needs identified

- Had to clarify instructions a lot
- Examples to work from instead of choosing
- Framework-wanted to work on one thing
- Initiating the partnership
- Needs were communicated and identified
- Building trust
- Partnerships
- Communication
- Need background knowledge of HAI-breakdown of origin

Areas for Improvement – What can we do better in the future?

- Difficulty prioritizing what next steps are
- Funding but don't know who to use it
- More granular details of PHI projects
- Marketing-Tuesday morning maybe for next year-logistics
- Conference only had ½ the attendance as previous years
- Agent specific rather than framework
- Invite healthcare facilities and entities
- Level of knowledge-HAI base level
- Need more groundwork on clarifying community acquired illnesses vs HAIs
- Community examples in MN
- More attendees-although great examples provided by those in the room
- Clarifying instructions and print outs
- Pics of flip charts to share out with attendees-capture and share
- Engage healthcare perspective

Specific Learning Objectives:

Outcome or Learning Objectives	Achieved? (Y/N)	Supporting Observations	Recommendations	Action Items
Outcome 1: Enhance public health workforce capacity in IPC, especially among public health professionals and their partners.	Yes	<ul style="list-style-type: none"> • Participants engaged • Participant will know what the acronyms IPC and HAI are • What is an infection-no one could answer 	<ul style="list-style-type: none"> • Cut the activities and ask to think more about partners more time for foundation. Slides could be more engaging, though some were required slides not developed by HCC. 	
Outcome 2: Explore emerging trends, health inequities, the evolving role of Infection Preventionists (IPs), and the essential skills for bridging gaps in clinical care and infection prevention.	Unsure	<ul style="list-style-type: none"> • Audience was community based but could relate to health partnerships • Testimony of real-life MPH to IP • SDOH-reaction and interest • Academic partnerships • IPC at MPH level curriculum 	<ul style="list-style-type: none"> • Visual-how everything is interconnected. 	

<p>Outcome</p> <p>3: Expand awareness of the capacity of PHIs as a resource to provide support, networking, technical assistance, and convening for partners.</p>	Yes	<ul style="list-style-type: none"> • Lots of examples • Validation among folks in the room-shared. 		
<p>LO 1: Explain the role public health professionals play in addressing infection prevention and control (IPC), including healthcare-associated infections (HAIs), and engaging with infection prevention teams in multiple settings.</p>	Yes	<ul style="list-style-type: none"> • Uncertainty of role of hospital verses public health. • Audience identify lack of process for engagement with hospital and healthcare system. • Covid-19 was not the topic-approach was broad which allowed everyone to be included and allowed contextual conversation. 		

LO2: Understand public health institutes' strengths in educating, raising awareness and developing strategies about IPC and HAIs in multiple settings.	Yes	<ul style="list-style-type: none"> • Everyone felt they needed to be here. • Have a space here • No one spoke over anyone 		
LO3. Explore facilitators and challenges to educating communities on IPC and HAI risks.	Yes	<ul style="list-style-type: none"> • Removing CDC from logos. Project Firstline • CDC-Mistrust, misinformation, distrust 		
LO4. Using Project Firstline materials, outline the elements needed in a plan to educate communities on IPC and HAI risks including equitable, actionable communication approaches.		<ul style="list-style-type: none"> • Looking through the PFL document took time • The document was provided and categorized for ease of reference • There were many questions for Jammie • Jammie facilitation-lots of content in one place 		

If not covered above:

- What parts of the facilitation style supported engagement?
 - Engaging facilitation, calling name and facility, chocolate/peppermints, workbook easy to follow, kept on track.
- Were there moments when participant energy dropped or increased?
 - Too much time to review resources in Activity 3, timing of people coming in to the conference, sleep deprivation
 - Flipping through resources too much time
 - Camera crew-energized-energyshift
- What group activity was the most effective and why?
 - Facilitators and challenges activity.
 - Same themes regardless of agent
 - Heads up activity
- What other activities, tools, or resources could NNPHI explore offering to a similar audience in the future?
 - Message map
 - Soft hand off of actionable items
 - Leadership
 - Lifting up who is coming up behind you/leveraging student resources better
 - Develop template for collaborative communication
 - Collaboration

What other thoughts did you have regarding the workshop experience?

- Community based IPC was brought up by participants not just healthcare associated IPC
- Actual IPC work leaves little room for training-nursing. Working with PHI would take the pressure off Ips
- Have at the beginning, Q-level of knowledge of IPC. Familiar with HAI and IPC

Photos

