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## Evaluation of the Physical Activity and Public Health Course for Practitioners

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**Conflict of Interest:** The University of South Carolina, which administers the course, provided factual information when asked, but did not participate in instrument development, data collection, or analysis. Following analysis, the practitioner course lead (Dennis Shepard) provided feedback on the manuscript draft. The Centers for Disease Control and Prevention (CDC) coauthors (Brown, Dorn, Epping, and Jernigan) provided input on the evaluation design and instrument development. Two authors attended the course as fellows (Dorn in 1995 and Evenson in 1998). The CDC provided the Physical Activity and Public Health course with funding and faculty support since its inception. The CDC authors have a potential conflict of interest in that they have a vested interest in, and may benefit (not financially) from positive findings of the present study. The CDC authors do not have any professional relationships with companies or manufacturers that would benefit from the results of the present study. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.

## Abstract

**Purpose**—From 1996–2013, a 6-day Physical Activity and Public Health Course for Practitioners has been offered yearly in the United States. An evaluation was conducted to assess the impact of the course on building public health capacity for physical activity and on shaping the physical activity and public health careers of fellows since taking the courses.

**Method**—An evaluation quantified time that fellows spent in different course offerings and surveyed fellows.

**Results**—From 1996–2012, 410 fellows attended the course and, in 2013, 186 participated in the web-based survey (56% response rate). The number of fellows attending the course ranged from 15–33 yearly. From 1996–2012, the course averaged 38 hr of instructional time including topics on interventions and environment/policy work to increase physical activity, program evaluation, public health research, and health disparities. The course included consultations, collaborative work, and field-based experiences. Fellows who participated in the survey agreed that the course had a positive impact on the physical activity research or practice work they did (98%), met their expectations (96%), helped them with research/practice collaborations with other physical activity professionals (96%), assisted them in conducting higher quality interventions/programs (95%), helped increase their professional networking in the field (93%), and had a positive impact on other work they did (91%). Following the course, 66% and 56% had further contact with faculty and other fellows, respectively.

**Conclusion**—The Physical Activity and Public Health Course for Practitioners made important contributions towards building the capacity of physical activity and public health practitioners.

## Keywords

exercise; knowledge; policy; training

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In the United States (US) there are 59 state and territorial health departments and more than 3,000 local health departments (Baker, Brownson, Dreisinger, McIntosh, & Karamelic-Muratovic, 2009). In 2012, it is estimated that there were over one-half million public health workers, with 47% in federal, 21% in state, and 31% in local health departments (University of Michigan, 2013). Few of these workers are specifically trained in physical activity and public health. Prior studies indicate an extensive gap between the development of public health knowledge through research and its subsequent dissemination (Brownson, Colditz, & Proctor, 2012). Specifically, the public health capacity to address a lack of physical activity in the US has been called insufficient by some experts (Franks et al., 2005; Hooker & Buchner, 2009), and although the science of physical activity promotion is growing, the practice of promoting physical activity is a relatively young field (Kohl et al., 2013; Yancey et al., 2007). Educational and professional development programs in physical activity and public health, such as described herein, can help address this need to increase the public health capacity and practice to promote physical activity.

To improve the education and training gap of practitioners for physical activity, a Physical Activity and Public Health Course for Practitioners began in 1996 as a 5-day course that

increased to a 6-day course in 2000 (Brown et al., 2001). The increase in time was necessary to provide sufficient course content and to allow for more time in a field-based project. The Prevention Research Center at the University of South Carolina offers the course, in collaboration with the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity. The intensive course is held once a year, alternating between eastern and western US venues. It is planned, implemented, and taught by national and international faculty. Practitioners apply to attend the course as fellows, with acceptance based on professional credentials, experience, and potential to enhance physical activity public health research and practice. The goal of the practitioner's course is to enhance the public's health by developing the nation's capacity for implementing community-based interventions to increase physical activity (University of South Carolina, 2014). The objectives of the course are to enable fellows to (a) make use of public health data and scientific information as a tool in developing and prioritizing community-based interventions, (b) develop and implement community partnerships, (c) develop and implement both individual behavioral interventions and community and policy/environmental interventions to promote physical activity, and (d) understand the key components of a sound approach to evaluation. This manuscript provides results from an evaluation of this course.

## Method

For the evaluation of the Physical Activity and Public Health Course for Practitioners, we (a) documented time fellows spent in course offerings, (b) surveyed fellows to document their perspectives on course impact, and (c) recorded fellow representation on the past and current Board of Directors of the National Physical Activity Society (NPAS), formerly the National Society of Physical Activity Practitioners in Public Health. Data collection involving human subjects was approved by the Office of Budget and Management (OMB) #0920-0864. The procedures for all components involving participants were approved by the Institutional Review Board at the University of North Carolina.

## Course Content

We collected course syllabi from 1995–2012 and categorized offerings by time and topical category. Total course time offered was calculated with and without including overlapping sessions (i.e., when fellows could choose from different sessions offered simultaneously) for each year.

## Survey of Fellows

In April 2013, all practitioner fellows that attended the course from 1996–2011 were invited to complete the survey through the Qualtrics™ platform (version 43,874, Provo, UT). An initial email was sent through Qualtrics™ to all fellows for whom we had an email address. The email explained the purpose of the course evaluation and provided ways for questions to be answered. The survey individualized link allowed only one survey completion per link, preventing a fellow from completing the survey multiple times. All participants provided informed consent prior to completing the survey.

Out of 410 fellows that attended the course from 1996 to 2012, 15 were excluded from the web survey because they attended the course in 2012 (not enough time had gone by to assess impact of the course) and 5 were deceased. Out of the 390 eligible fellows, 186 completed the survey, 6 partially completed the survey and were excluded, and 17 declined the survey. There was no current contact information for 2 fellows and 57 were unconfirmed (defined as an unconfirmed email and phone number, and returned letters). The response rate among fellows with a confirmed contact was 56% (calculated as  $(186/(390-2-57))$ ). Fellows who attended the course in more recent years had a higher response rate than those who attended in earlier years (50% 1996–2001; 57% 2002–2006, 62% 2007–2011). When expanding the unconfirmed contact definition to also include those fellows who did not respond to the letters that were mailed and not returned, the overall response rate was 74% (calculated as  $(186/(390-2-138))$ ).

We created a 28-item web-based survey that was administered in April 2013. The survey included an initial question that allowed the fellow to decline or consent to the survey. Those consenting to take the survey were asked descriptive questions about themselves, the year they attended the course, how the course helped their career, and about subsequent contact with course faculty and other fellows. Completed questionnaire responses were exported from Qualtrics™ to SAS (version 9.3; Cary, NC) for analysis. Open ended, textual responses were reviewed separately. Codes were created for the open ended questions, and frequency and proportion of the responses that fit the criteria for each code were reported.

### **NPAS Leadership**

Organized in 2006, the NPAS is the only national professional organization for physical activity and public health practitioners in the US (Kimber et al., 2009; Newkirk, 2010). We included participation on the NPAS Board of Directors as part of the evaluation as one indicator of the extent to which the course potentially impacted the physical activity and public health careers of course fellows. The names of current board members were compiled from the NPAS website, while the names of past board members were obtained from NPAS. We were not able to discern timing of board membership for all individuals, and thus do not know if attendance to the course occurred before or after their service.

### **Results**

From 1996 to 2012, the practitioner course involved 100 different faculty with an average of 18.1 faculty/year (standard deviation 2.4; median 18; range 13–22). On average practitioner faculty taught 3.1 times (standard deviation 3.7, median 1, range 1–17).

### **Course Content**

Fellows could spend on average 38.4 hr attending course offerings during the practitioner course (1996–2012), with a mean of 32.1 hr during the 5-day session (1996–1999) and 40.3 hr during the 6-day session (2000–2012). When including all overlapping sessions (e.g., including sessions offered simultaneously), the yearly average for the courses offered increased to 41.2 hr. The topic of interventions had the most time allocated to it (mean 10.3 hr), followed by environment/policy (4.0 hr), introduction/closing (2.7 hr), evaluation (2.5

hr), and public health research (2.5 hr) (Table 1). Time dedicated to evaluation increased from a mean of 2.0 hr from 2000–2006 to 3.5 hr in 2007, and a mean of 4.8 hr from 2009–2012. The topic of health disparities/equity was introduced in 2011 (mean 1.8 hr in 2011–2012) as a separate topic (rather than being subsumed in other talks). The course also included consultations (individual meetings with faculty; mean 3.1 hr) and collaborative work (fellow-to-fellow meetings; mean 2.5 hr).

From 1999–2004, the community project was incorporated, in which fellows brought a project from their respective community to work on throughout the course. The time spent on this activity averaged 10.2 hr. In 2005, the community project was replaced with a capstone experience, in which fellows engaged with members near the local host community on the final day of the course to utilize their knowledge, experience, and course concepts. The average time spent on this was 7.5 hr (2005–2012).

### Survey of Fellows

From 1996 through 2012, 410 fellows completed the course, ranging from 15 (in 1998 and 2012) to 33 (in 2003). Among 410 fellows, 34 (8.3%) were international, representing 12 different countries outside of the US. The countries represented most often were Canada (n=13), Colombia (n=5), Australia (n=3), and Brazil (n=3).

The 186 survey respondents represented fellows from the full range of course years (Online Table 1 – available from the first author). At the time attending the course, 62% considered themselves physical activity practitioners, but at the time of the survey this dropped to 38%. More than 90% of fellows agreed or strongly agreed that the course positively impacted the physical activity research or practice work they did, met their expectations, helped with research or practice collaborations with other physical activity professionals, helped with conducting higher quality physical activity related interventions and/or programs, helped increase professional networking in the field, and positively impacted other work they did (Table 2). They also often agreed that the course helped them prepare physical activity related reports or dissemination materials (88%), helped increase their leadership role in the physical activity profession (87%), and helped them conduct higher quality evaluations (85%). Fellows had lower agreement when asked if the course helped them integrate a focus on health disparities into their work (63%) or identify funding resources for physical activity research and interventions (59%). No statistically significant differences by course year were identified for any of the items listed in Table 2. Most (87%) fellows recommended the course to others and 77% would be interested in attending a refresher course.

Since attending the course, 66% of fellows had some professional contact with course faculty and 56% had professional contact with other course fellows (Table 3). The most common contact with faculty or fellows was to assist with an intervention or program. The types of faculty and fellow contact shown in Table 3 remained similar across course years (data not shown). In addition to the list provided in Table 3, fellows could write in other reasons for contact. The most common “other reasons for contact with faculty” related to involvement with trainings, presentations, conferences, or seminars (n=13) and collaborations or partnerships (n=5). The most common “other reasons for contact with

fellows” related to collaborations and partnerships (n=9), expert panels and committees (n=7), and social (n=6).

Fellows were asked to consider their work-related physical activity accomplishments and to describe whether the course helped them with those accomplishments. Overall, 139 fellows wrote a response and these were coded into broad non-mutually exclusive categories (Online Table 2 – available from the first author). The most common responses related to gaining knowledge on key concepts during the course, networking, interventions and programs, acquiring grant funding and subsequent grant implementation, learning how to conduct evaluation, and career and professional development.

### **NPAS Leadership**

Out of 37 past and present NPAS board members, 24 (65%) completed the practitioner course. In addition, two board members (5%) served as course faculty.

### **Discussion**

In the 1990’s, it was recognized that too few physical activity and public health practitioners were equipped with adequate skills to implement evidence-based, public health oriented physical activity interventions. This was due, in part, to a lack of academic programs geared to the discipline (Hooker & Buchner, 2009) and an absence of public health practice infrastructure for local level physical activity promotion of physical activity (Yancey et al., 2007). The need for a trained cadre of physical activity and public health practitioners was critical to address this public health issue of increasing importance. The Physical Activity and Public Health Course for Practitioners was created to address this deficiency and the course has positively impacted the field of physical activity and public health to help shape the direction of physical activity community-based research, practice, and programs as evidenced by the fellows who participated in the evaluation. We found that most fellows reported that the course had a positive impact on their careers and recommended the course to colleagues. Further, they valued the professional networking opportunities and connections made with faculty and other fellows, which have led to successful collaborations that continue after the training courses ended.

A strength of offering the course over a substantial time period was that fellows were exposed to new and cutting edge initiatives and documents when or even before they were released. Many faculty were involved in significant physical activity and public health milestones over the years these courses were offered, such as the 2008 US Physical Activity Guidelines for Americans (US Department of Health and Human Services, 2008) and the 2010 US National Physical Activity Plan (2010), and shared this information with fellows.

The survey of fellows highlighted a few areas for improvement. Focused instruction on health equity/disparities as applied to the field was identified as needed, and it is noted that this became a specific topic on the syllabi starting in 2011. A number of fellows described a desire for emerging and more advanced topics to be included in future iterations of the course. Topics included qualitative research, emerging technologies, sedentary behavior, research ethics, geospatial methods, equity, sleep, accelerometer processing, cost



effectiveness, underserved communities, and special populations. Related to this, 77% noted that they would be interested in attending a refresher or sequel course, an idea for course administrators to consider. Several fellows offered suggestions related to making the course more affordable and to broadening participation among professionals outside the fields of either physical activity or public health. A longer research-focused course is offered at the same time as the practitioner course, in part to enhance interaction between the two groups (Evenson et al., 2015). Several fellows recommended more integration across the two courses, particularly in light of the importance of translating research to practice.

The idea for a professional society for physical activity and public health practitioners was conceptualized during discussions at the course. Therefore, it is not surprising that we found almost two-thirds of the NPAS leadership completed the course. Another indicator of leadership development came from the survey, where 87% agreed that the course helped increase their leadership role in the physical activity profession.

The course provided real-world experiences that allowed fellows to assess elements of the built environment and policies that could impact physical activity opportunities and other potential outcomes in these communities, including the identification of community strengths and weaknesses. This type of “hands-on” instruction benefited both the fellows and the communities. Specifically, since 1999 the course included a field-based experience to help fellows meet course objectives while engaging in an applied project. From 1999–2004, this was accomplished by having the fellows bring projects from their own community to the course. These projects were integrated as course concepts were presented. In 2005, the field-based experience became more engaged and tied more directly to the course concepts and practice by involving a capstone experience on the final day of the course. The recommendations made by course fellows and faculty helped with creation of coalitions, changing planning documents, obtaining funding, and building new or improving existing destinations for physical activity (Arnold School of Public Health, 2007; Franks et al., 2005; Hamburger, 2008). The course is an example of active learning, benefiting both the fellows and communities.

The course spurred on creation of other courses to help meet public health needs. The course has been replicated both locally and internationally. For example, in 2006 North Carolina built upon the model of this national course by offering a 4-day state-based course, the “Move More Scholars Institute” to reach local practitioners who would not likely attend a national course (Schneider et al., 2007). Since then, it has been offered in 2008 and 2011 and can serve as an example for other states. From an international perspective, both the practitioner and research courses contributed to the development of international courses on physical activity and public health that modeled their offerings on the US course (del Castillo et al., 2013).

Considering unmet training needs, other models of delivery could supplement current offerings. In total, from 1996 to 2012, 410 fellows completed the training, with 8% from other countries. Considering the large number of public health departments in the US, at both local and state levels, and the relatively high level of staff turnover and retirement rates (Association of State and Territorial Health Officials, 2004), the course organizers are

challenged to address current needs with this model. Additional models of delivery could be considered, in coordination with the yearly course offering, such as providing methods for “train the trainer” interactions for the fellows when they return to their workplace or providing additional course offerings at less cost using distance learning models. Such approaches could be in addition to the current course structure that offers one-on-one meetings, small group faculty/fellow mentoring experiences, and faculty/fellow networking opportunities after the course conclusion.

### Limitations

The evaluation of the course is subject to several limitations. First, the survey response rate may have introduced selection bias, such that those who participated may not have been representative of all fellows. Second, the survey relied on recall and became more difficult for respondents longer from course completion. Though they were asked about course offerings, we would not expect fellows to be aware of any changes in offerings over time. Third, we cannot directly attribute the course to participation on NPAS leadership; rather, these analyses serve as indicators of success (i.e., indicating that the course is reaching one important intended target audience). Finally, the inclusion of a comparison group, such as comparable practitioners who did not apply or participate in the course, would strengthen the evaluation findings.

### Conclusion

To advance the science and practice of physical activity and public health, capacity building is a core foundation training need (Pate, Gay, Brown, & Pratt, 2011). The Physical Activity and Public Health Course for Practitioners filled a critical gap related to a need to train practitioners in two disciplines, physical activity and public health. The course addressed this need for capacity building and has positively impacted the field both during and after the course conclusion, as interaction continues between fellows and faculty. In addition to training, the faculty and fellows together performed public health service through a capstone experience. In the future, consideration should be given to ways to build upon this successful model to train more practitioners in the field of physical activity and public health and to continue to update the course to meet any changing needs of practitioners.

### Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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**What Does This Article Add?**

The Physical Activity and Public Health Course for Practitioners is an example of a sustained program that met a need for training more public health practitioners on the topic. The evaluation documented course outcomes and identified areas for improvement. The course can serve as a model for training public health practitioners and the evaluation can serve as an example for documenting course impact.

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**Table 1**

Topics Covered During the Physical Activity and Public Health Course for Practitioners, Averaged from 1996–2012

Topic	Mean hr Including Overlapping Sessions
Intervention*	10.3
Environment and policy**	4.0
Community project	3.6
Capstone experience	3.5
Consultations	3.1
Introduction and closing	2.7
Public health research	2.5
Evaluation	2.5
Collaborative work	2.5
Health outcomes	1.8
Special topics	1.3
Measurement	1.2
Roundtables	0.6
Special populations	0.4
Guidelines	0.4
Sedentary behavior	0.3
Exercise physiology	0.2
Health equity	0.2

\* The topic of “interventions” included a rationale for interventions (public health and personal), intervention channels, methods and tools to conduct interventions, case histories, planning, promotion, and implementation.

\*\* The topic of “environment and policy” consisted of topics that specified either environment or policy in the title of the talk or targeted walkability, bikeability, advocacy, or other attributes of policy, systems, and environmental change.

**Table 2**  
 Agreement to Statements about the Course by Practitioner Fellows Reported on the Web Survey (class of 1996–2011; N=186)

The Physical Activity and Public Health Course...	Agree		Disagree		Not Applicable		Missing	
	n	%	n	%	n	%	n	%
...had a positive impact on the physical activity research or practice work that I do.	171	97.7	4	2.3	9		2	
...met my expectations.	177	96.2	7	3.8	0		2	
...helped me with research or practice collaborations with other physical activity professionals.	162	95.9	7	4.1	15		2	
...helped me conduct higher quality physical activity related interventions and/or programs.	164	94.8	9	5.2	11		2	
...helped me increase my professional networking in the field.	171	92.9	13	7.1	0		2	
...had a positive impact on other work that I do, outside of physical activity research or practice.	155	91.2	15	8.8	14		2	
...helped me prepare physical activity-related reports or dissemination materials.	133	87.5	19	12.5	31		3	
...helped increase my leadership role in the physical activity profession, such as by serving on advisory boards, professional organization committees, manuscript reviewer, or consultations.	143	86.7	22	13.3	19		2	
...helped me conduct higher quality evaluations of physical activity related interventions and/or programs.	144	85.2	25	14.8	14		3	
...helped me in preparing higher quality grant proposals in physical activity research.	79	78.2	22	21.8	82		3	
...helped me develop my research question for physical activity research.	55	77.5	16	22.5	111		4	
...helped me in preparing higher quality manuscripts in physical activity research.	46	66.6	23	33.3	114		3	
...helped me integrate a focus on health disparities into my work.	106	62.7	63	37.3	15		2	
...helped me identify funding resources for physical activity research and interventions.	83	58.5	59	41.5	41		3	

Note: The response options were “strongly agree” and “agree” (collapsed into “agree”), “strongly disagree” and “disagree” (collapsed into “disagree”), and “not applicable”. The “agree” and “disagree” responses add to 100%. The number that responded “not applicable” or “missing” are provided in the table but do not contribute to the percentages.

**Table 3**  
 Practitioner Fellow Responses Regarding Contact After the Course with Faculty and Other Fellows Reported on the Web Survey (Class of 1996–2011; N=186)

Since the course, have you had contact with any course (faculty/fellow) for professional reasons...	Faculty Contact		Other Fellow Contact	
	n	%	n	%
* Yes	120	65.9	103	56.3
No	62	34.1	80	43.7
...to assist with an intervention or program?			4	3
Yes, and it probably would not have happened without the course	66	36.3	62	33.9
Yes, and it probably would have happened without the course	25	13.7	20	10.9
No	91	50.0	101	55.2
...to assist with an evaluation?			4	3
Yes, and it probably would not have happened without the course	28	15.4	23	12.6
Yes, and it probably would have happened without the course	11	6.0	14	7.7
No	143	78.6	146	79.8
...to collaborate on a grant application?			4	4
Yes, and it probably would not have happened without the course	29	15.9	19	10.4
Yes, and it probably would have happened without the course	14	7.7	10	5.5
No	139	76.4	153	84.1
...to collaborate on a manuscript?			6	3
Yes, and it probably would not have happened without the course	12	6.7	9	4.9
Yes, and it probably would have happened without the course	7	3.9	10	5.5
No	161	89.4	164	89.6
...to review a manuscript?			6	3
Yes, and it probably would not have happened without the course	14	7.8	9	4.9
Yes, and it probably would have happened without the course	5	2.8	7	3.8
No	161	89.4	167	91.3

\* Indicates yes to any of the statements.