

**MULTI-COMPONENT AFFILIATION AGREEMENTS
BETWEEN SCHOOLS OF PUBLIC HEALTH
AND PUBLIC HEALTH AGENCIES:**

A GUIDE

JANUARY, 1993

Acknowledgement

Sponsored by the
U.S. Department of Health & Human Services
Public Health Service
Health Resources and Services Administration
Bureau of Health Professions
Through a
Public Health Service Special Project Cooperative Agreement
(#STC-D 1 D38 AH00046-01)
with
The University of Illinois at Chicago
School of Public Health
Center for Public Health Practice

TABLE OF CONTENTS

I. WHAT ARE SCHOOL OF PUBLIC HEALTH/HEALTH AGENCY MULTI-COMPONENT AFFILIATION AGREEMENTS?	1
A. WHAT IS COVERED BY THE AGREEMENT?	1
II. HOW IS THE AGREEMENT DEVELOPED?	1
III. HOW IS THE AGREEMENT ORGANIZED?	2
A. INTRODUCTION	2
B. PRACTICE ACTIVITIES	3
1. <i>Faculty/staff appointments</i>	3
2. <i>Faculty/staff exchanges</i>	3
3. <i>Student practica/preceptorships</i>	4
4. <i>Technical assistance/consultation or other services provided</i>	5
5. <i>Joint research/joint projects</i>	6
6. <i>Information exchange</i>	6
7. <i>Other components</i>	6
C. LENGTH OF CONTRACT, HOW AMENDED, HOW TERMINATED	7
D. LEGAL CONSIDERATIONS	7
E. COORDINATION, ADMINISTRATION AND OVERSIGHT OF THE AGREEMENT	7
F. GENERAL WRITING CONSIDERATIONS	7
IV. SUMMARY	8
V. BIBLIOGRAPHY	8
APPENDIX A	9
EXHIBIT 1	9
EXHIBIT 2	11
EXHIBIT 3	13

PREFACE

Among the recommendations in **The Future of Public Health** (IOM, 1988) was one that suggested that links between public health agencies and schools of public health need to be significantly strengthened to meet the health objectives of the nation. The development of multi-component affiliation agreements between public health agencies and schools of public health is in keeping with the spirit and intent of the Institute of Medicine report.

This concept has been further advanced through **The Public Health Faculty/Agency Forum: Final Report** issued in 1991. This report calls for each school of Public health to develop at least one “flourishing, permanent, broad cooperative agreement” with a major public health agency. Such cooperative agreements “should include activities in training, research, assessment of community and organizational needs, program development and information exchange.”

This manual is intended to assist schools of public health and public health agencies in developing multi-component agreements.

I. WHAT ARE SCHOOL OF PUBLIC HEALTH/HEALTH AGENCY MULTI-COMPONENT AFFILIATION AGREEMENTS?

Multi-component affiliation (MCA) agreements are contractual agreements between a school of public health (SPH) and governmental public health agencies. These agreements establish a relationship or formalize an existing relationship of benefit to both parties. For example, a SPH may benefit by the use of agency sites for student practice, a public health agency may ask the school to provide continuing education for its staff members, and both parties may benefit by employee/faculty exchange programs. In order to be a multi-component agreement, two or more public health practice activities should be included (see below). Other names are sometimes used for MCA agreements, such as memorandum of agreement, memorandum of understanding, affiliation agreement, or partnership in public health practice.

A. What is covered by the agreement?

MCA agreements should be individualized according to the needs and structure of the institutions or agencies involved. The following is a list of commonly included public health practice activities:

- faculty-staff appointments
- faculty-staff exchanges
- student practica/preceptorships
- technical assistance/consultation
- joint research/joint projects

II. HOW IS THE AGREEMENT DEVELOPED?

MCA agreements are jointly developed by a SPH and a public health agency. It is often desirable for the senior management from each organization to agree to establish a formal agreement between the two institutions. After the conceptual framework for the agreement has been laid out, staff from each party can proceed to develop details of the agreement.

It is important to realize that obstacles often exist within both organizations that can prevent or delay the development of MCAs. For example, there may be few people within a SPH with adequate access to the health agency leadership so that joint planning and development can occur. Or frequent turnover of key agency staff and preoccupation

with the health crises of the day may relegate the development of such an agreement to the “back burner.”

If a SPH steering or advisory committee for public health practice exists, this committee or designated members may be chosen by the school to have primary responsibility for the development of the agreement(s). Alternatively, individuals may be selected from the faculty who have experience with the designated agencies. Likewise, key individuals from the public health agencies or institutions with which agreements are desired should be identified. The head of each institution or agency can be asked to designate appropriate staff to develop/negotiate an agreement with the school. However, final acceptance of an agreement rests with those individuals from both the school of public health and the agency who have ultimate authority to execute such agreements (e.g., the Dean, the Director of the Health Department).

III. HOW IS THE AGREEMENT ORGANIZED?

Most agreements begin with an introduction, followed by sections addressing specific practice activities. A general statement regarding how the contract will be coordinated or administered can be included, or this information may be incorporated into each section. Then, a statement describing if and when the agreement will expire and how it will be amended and terminated should be included, followed by the appropriate signatures. Keep in mind that the five practice activities mentioned in this manual are only suggestions and that additional activities can be included as well. Any two public health practice activities agreed upon in writing between a school and an agency can be incorporated into a multi-component agreement. Some hints in developing each of these sections follow:

A. Introduction

- Start with a statement regarding the purpose, goals, or objectives of the agreement. Mission statements of the two parties may or may not be included.
- A statement referencing national public health government publications such as *Healthy People 2000* and *The Future of Public Health* in formulating a purpose, if desired, may be appropriate (e.g.,

“In keeping with the recommendations of the Institute of Medicine report....”)

- Some agreements may mention the benefits each party derives from the relationship.

B. Practice Activities

1. *Faculty/staff appointments*

- Start with a brief statement that both parties support the appointment of qualified staff to appropriate positions in the other institution.
- State how interested candidates from each institution will be identified, how often, and by whom. For example, a yearly memo may be sent by the dean and the director of the public health department, either individually or jointly, to agency employees and SPH faculty requesting applications for appointments for the coming year.
- State who makes the decision regarding appointments (e.g., a committee or specified individuals).
- Ranks to which appointments are considered may be mentioned, especially if these are limited (e.g., adjunct clinical lecturer, clinical assistant professor, clinical research specialist).
- Specify whether the appointments are salaried or non-salaried and how fees/salaries are decided. A brief generalized statement is preferable, with reference to a policy manual or other document for specifics. A statement ending with a phrase like “to be agreed upon by both parties,” or “as set forth in the personnel policy manual” may be helpful.
- The agreement can contain separate statements for SPH-to-agency and agency-to-SPH appointments or one generalized statement can be used to include both.

2. *Faculty/staff exchanges*

- Start with a brief statement of support.

- State how interested candidates from each institution are identified and who makes the decision regarding appointments.
- Ranks or titles for which exchanged faculty and staff are qualified may be mentioned.
- How fees or salaries are handled may be briefly stated, such as salary support provided by the “home” agency, by the receiving agency, or joint support. Statements like “to be agreed upon by both parties” are appropriate.
- The agreement can contain separate statements for SPH-to-agency and agency-to-SPH exchanges or one generalized statement can be used to include both.

3. *Student practica/preceptorships*

- Include a statement regarding the offering of practica slots for public health students based on expertise of agency staff and availability of projects.
- Ongoing as well as specially designed practica assignments may be specified. For example, a public health laboratory may have five slots per semester for students desiring general laboratory experience, but also offer more specialized assignments to be individually negotiated.
- Include a statement about how the school informs the agency of its needs (number of students needing placement, types of practica sites desired, etc.) and the agency informs the school of available practica experiences it can offer. Specify if a survey of needs and available offerings will be done yearly or in some other time frame, who will do the assessment for each party, and the mechanism to communicate this information.
- It is not necessary to outline legal responsibilities for student supervision or other specifics regarding student and preceptor responsibilities in the agreement. Most schools have student/preceptor contracts and student practica policy

manuals containing this information. A general statement in the agreement referring to these documents for such information is preferable. For example, the phrase “...according to the rules and regulations set forth in the Student Practica Policy Manual” may be appropriate.

4. *Technical assistance/consultation or other services provided*

- Specify types of services offered by each party and whether there are any costs associated with the services. If technical assistance or consultation will be purchased, a statement to that effect should be included.
- Some services commonly offered to the agency by the SPH include:
 - Assessment of staff training, continuing education, and career development needs, and the development and administration of programs to meet those needs.
 - Development and presentation of education and training programs.
 - Provision of technical assistance to agency committees or work groups.
 - Evaluation of agency programs and services.
- Some services commonly offered to the SPH by the agency include:
 - Provision of mentors, advisors or role models for public health students.
 - Provision of technical and practical input in the development of courses offered at the school.
 - Identification of potential students, especially minorities, for enrollment in the school.
 - Provision of specialized equipment or materials for case studies or other real world examples of materials for use in courses at the school.

5. *Joint research/joint projects*

- Start with a statement of mutual support of joint research.
- State how potential joint research activities will be identified. For example, each party might designate an individual responsible for sharing information on requests for projects with the other party.
- Consider developing a policy or contract covering specific aspects of joint research (e.g., ethics, review, publishing rights) if one does not already exist and refer to this in the agreement. Make sure this agreement is in compliance with the University and agency policies on research.

6. *Information exchange*

- A general statement should be included regarding the support and facilitation of information sharing between the two institutions.
- There are many ways research findings and other information can be exchanged (e.g., annual SPH/agency research forums, posting research abstracts or summaries of special projects on bulletin boards, computer networking, posting of seminars and guest speakers, etc.). These need not be specified in the MCA agreement but it may be helpful for institutions to outline a policy to ensure that information-sharing takes place.

7. *Other components*

- MCA agreements should be designed to meet the specific needs of the SPH and the agency who enter into them. A variety of additional components may be included. For example, a statement regarding mutual support of enhanced minority recruitment may be included.

C. Length of contract, how amended, how terminated

- Either specify a length of time under which the contract is valid or provide a mechanism for termination by either party (e.g., “This contract is valid until terminated in writing by either party”).
- If the contract will expire in a given period of time, state the time interval and procedure for renewal.
- If the contract is valid until terminated in writing, state how often it will be reviewed and by whom, and the procedure for amending it.

D. Legal considerations

- Before a contract is signed, it is recommended that both parties receive legal counsel from both the University and public health agencies regarding content and specific wording of the contract to avoid problems.

E. Coordination, administration and oversight of the agreement

- A separate statement may be placed in the contract regarding administration and oversight of the agreement; alternatively, this information may be included under each section of the agreement.
- If you choose the latter, consider adding a statement under each section acknowledging that a liaison will be designated from both the agency and the school to coordinate the administration of that part of the agreement and be responsible for oversight with respect to that particular part of the contract. These individuals may wish to meet at designated intervals to ensure that things are running smoothly.

F. General writing considerations

- Briefness and clarity are important considerations. Referring to other documents for specific information can keep the MCA agreement brief and to the point.
- Consider using bold face type or underlining to introduce each part of the agreement and separating each section visually.

- When a school of public health and a public health agency are part of the same organizational structure, an organizational chart may be attached to the MCA agreement or referred to in order to clarify relationships.

IV. SUMMARY

The development of multi-component agreements can be an important step in strengthening the links between schools of public health and public health agencies. These agreements can solidify already existing collaborative arrangements as well as allow schools and agencies to develop new avenues of working together. There is no single approach or model that will be applicable to all situations; however, there will be much wisdom and experience available to draw from as these agreements are developed and refined over time. Appendix A of this manual contains examples of existing MCA agreements that may be of use. Appendix B contains a list of individuals who have volunteered to serve as resource persons for those who need additional assistance in the development and implementation of an MCA.

V. BIBLIOGRAPHY

Institute of Medicine, Committee for the Study of Public Health/Division of Health Care Services. (1988). **The Future of Public Health**. Washington, D.C.: National Academy Press.

The **Public Health Faculty/Agency Forum: Final Report**. (1991). Sponsored by the Health Resources and Services Administration and the Centers for Disease Control. Prepared by The Johns Hopkins University School of Hygiene and Public Health in collaboration with the Association of Schools of Public Health.

APPENDIX A

Exhibit 1

Memorandum of Understanding Between
New York City Department of Health and
Columbia University School of Public Health
for the
Health Resources and Services Administration (HRSA)
Special Projects Application

To accomplish the goals and objectives of the Health Resources and Services Administration (HRSA) Special Projects Proposal entitled "A Model Health Department/School of Public Health Collaboration," upon grant approval it is the intent of the New York City Department of Health and the Columbia University School of Public Health to:

1. Establish a joint steering committee consisting of New York City Department of Health representatives and Columbia University School of Public Health representatives that will review and execute potential curriculum enhancements to be offered by the school's faculty and New York City Department of Health staff, develop a mechanism for the review of Department staff for appointments to the school, and implement a series of jointly conducted special projects.
2. Participate in a two-day retreat that will include senior executive management staff of the Department of Health, senior Columbia University faculty, and Steering Committee members. The purpose of the retreat will include developing an agenda to permit School of Public Health faculty to become familiar with services of the New York City Department of Health, and conversely, for Department staff to become familiar with the research, training, and service programs offered through the School of Public Health. This forum will provide an opportunity to move towards implementing recommendations of the Institute of Medicine's **Future of Public Health** report and the **Healthy People 2000 Objectives**.
3. Implement a three year long collaboration as described in the attached grant application.
4. Jointly conduct, as part of the three-year collaboration, projects of specific applied applications that directly relate to the **Healthy People 2000 Objectives**.
5. Facilitate Health Department staff appointments as active faculty at Columbia University School of Public Health. The Health Department staff appointments will meet the standards set forth by Columbia University for faculty appointments.
6. Facilitate faculty providing clinical and analytical services to the Health Department.
7. It is the intent of the Parties that all publications or results from the studies developed through these collaborative efforts will be co-authored by mutually-

agreed upon members of the respective study group, with senior authorship by the mutually-agreed upon individual primarily responsible for the study.

If either of the Parties will not authorize publication under the study group's respective Party's name, either Party may publish the results in accordance with standard academic practice, in which case neither the study group nor the other Party's name will be used or credited.

If either party refuses to agree to the publication as presented, the publication shall include a disclaimer that the published material does not represent the Party (New York City Department of Health or Columbia University School of Public Health) or study group's viewpoint or position.

Commissioner
New York City Department of Public Health

Dean
Columbia University School of Public Health

Approved by: _____
Associate Dean for Research Administration, P&S
Director, Office of Grants and Contracts

Source: Columbia University School of Public Health, model Health Department Collaboration, Dept. of HHS, HRSA, Bureau of Health Professions, Special Projects Grant (1990). Exhibit 1, page 21, with permission.

APPENDIX A

Exhibit 2

MEMORANDUM OF UNDERSTANDING BETWEEN THE HAWAII STATE DEPARTMENT OF HEALTH AND THE SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF HAWAII

In the best interests of providing support for the mandated functions of the Hawaii State Department of Health, the following Memorandum of Understanding is executed between the Hawaii State Department of Health (DOH) and the School of Public Health (SPH) at the University of Hawaii.

There is a need for an external evaluative, consultative, and research capability to serve the mission of the DOH. Conversely, there should be a facilitator to service the needs of the SPH faculty and students in providing for experiential practice in the field of public health and preventive medicine in the community.

It is also recognized that these needs and capabilities should be brought together through a more formal process in order to better identify specific capabilities and related opportunities for each organization.

In order to accomplish these outcomes it is agreed that the SPH will be designated as a research, consultant, and training resource of the DOH.

The Office of Public Health Practice (OPHP) in the DOH, will act as the responsible office for identifying and coordinating opportunities in the DOH for student practice, joint research, and evaluative and educational projects between the two agencies who are signatories to this agreement.

The decision on projects undertaken will be made by the State Director of Health and the Dean of the SPH acting jointly and based upon recommendations of the head of the OPHP. It is also understood that, under general guidelines approved by the Director of the DOH and the Dean of the SPH, student placements for practicum purposes, linkage with ongoing programs of the DOH and the SPH, and effectiveness evaluation will be the responsibility of the head of OPHP.

It is expected that the OPHP will develop, in coordination with the SPH, proposals for the conduct of programs of continuing education for staff of DOH, and generally facilitate communication between faculty and staff of the two organizations.

It is intended that each agency will work together to define relationships as needed, and that the exchange of staff, faculty, and students for the purposes here stated will be facilitated by such a process.

With this Memorandum of Understanding, both the DOH and the SPH acknowledge and accept a collegial and mutually supportive role in the areas mentioned. This agreement will continue until either terminates it in writing after prior notification and discussion.

Director, Department of Health
State of Hawaii

Dean, School of Public Health
University of Hawaii

Date

Date

Source: The Hawaii State Department of Health and the School of Public Health, University of Hawaii, June 1991, with permission.

APPENDIX A

Exhibit 3

PARTNERSHIP IN PUBLIC HEALTH PRACTICE AGREEMENT BETWEEN THE CHICAGO DEPARTMENT OF HEALTH AND THE UNIVERSITY OF ILLINOIS AT CHICAGO SCHOOL OF PUBLIC HEALTH

The education and training of public health workers is central to the mission and goals of both the Chicago Department of Health (the “Department”) and the University of Illinois at Chicago School of Public Health (the “University”).

In order to enhance the practice of public health through improved teaching and education of public health students and workers by the University, and through more effectively identifying and addressing the education, training, and career development needs of the Department’s work force, the Department and the University acting through its School of Public Health (the “School”) commit to entering into this Partnership Agreement. It is the intent of both parties to develop and nurture firm practice links between the Department and the University in the following areas:

I. APPOINTMENTS

- A. **Faculty Appointments at the University.**
The Department will identify agency staff to be considered for appointment to the faculty of the University’s School of Public Health. This information will be transmitted to the University annually in time to allow for screening and processing for the next academic year. The University will review all such candidates and coordinate the applicants’ procedural requirements for appointment and/or promotion consistent with existing University policies and procedures. Non-salaried appointments to the ranks of Professor, Associate Professor, Assistant Professor, Instructor, and Lecturer on both regular academic and clinical tracks will be considered. The University will formally notify the Department of the actions/decisions taken on all Department staff annually.

- B. **Agency Appointments.**
The University will annually survey all School of Public Health faculty to identify members interested in possible appointment to boards, committees and advisory bodies of the Department and will transmit that information to the Department. The Department will notify the University when nominations for such bodies are being solicited so that faculty at the University can be nominated for consideration.

II. FACULTY/STAFF EXCHANGES

- A. The Department will identify candidates appropriate for assignment to teaching and research responsibilities at the University for a period of one semester or longer if necessary. The University will review the candidates and determine whether an individually tailored program can be designed for those candidates. The University and the Department will jointly select at least one candidate each year and agree upon the content of the assignment. The individual will remain an employee of the Department during this assignment, but will be afforded the status of a University faculty member during the assignment.
- B. The University will identify candidates appropriate for assignment to responsibilities at the Department for a period equivalent to one semester or longer if necessary. The Department will review the candidates and determine whether an individually tailored program can be designed for those candidates. The Department and the University will jointly select at least one candidate each year and agree upon the content of the assignment. The individual will remain an employee of the University during this assignment, but will be afforded the same status as other Department staff during the assignment.

III. PRECEPTORSHIPS

- A. The Department will offer a jointly agreed upon minimum number of preceptorship positions for School of Public Health students from the University. These slots will include both ongoing and specially designed duties. The Department will identify a preceptorship coordinator to facilitate these placements and to assist Department staff serving as preceptors. The Department will seek to make stipends available for these preceptorship positions if resources are available.
- B. The University will notify School of Public Health students of the availability of preceptorship experiences at the Department and will share information on the evaluation of those experiences with Department preceptorship coordinator and preceptors. The University will identify a preceptorship coordinator within the School of Public Health to facilitate these placements and to promote awareness of these preceptorships among students and faculty advisors.
- C. The provisions of the “Memorandum of Understanding: School of Public Health Student Practicum” will govern preceptorships for students of the University at the Department.

IV. TECHNICAL ASSISTANCE AND CONSULTATION

- A. The University will offer consultation and technical assistance services to the Department on a priority basis for the identification of education, training, and career development needs of the Department and for the development of programs and services to meet those needs. Technical assistance and consultation services will be provided through staff of the

Public Health Practice, Office of the University's School of Public Health at no cost to the Department

- B. Additional technical assistance and consultation services to the Department may be arranged through purchasing the services of University faculty participating in the school of Public Health's Public Health Practice Service Institute.

V. JOINT OVERSIGHT

- A. Quarterly meetings between representatives of both parties (Department and University) will be held to review progress on all elements of this Partnership Agreement.
- B. The Commissioner of Health will designate two Department representatives for these meetings. The Dean of the university's School of Public Health will designate two representatives for the University.
- C. Progress will also be shared with the School's Steering Committee for Public Health Practice and with the Health Resource and Services Administration's (HRSA) Bureau of Health Professions (the funding agency for this grant project).

VI. JOINT RESEARCH

- A. The Joint Oversight Committee will develop recommendations for areas of potential joint research activity. Department staff and University faculty will be encouraged to develop joint research proposals in these areas. Representatives from the University and the Department will share information on requests for proposals in these areas with other party.
- B. Whenever fiscal resources become available to the University to implement components of this Partnership agreement, those funds will be made available to the Department through a separate agreement that defines the scope of services and deliverables consistent with the purposes of this Partnership Agreement.
- C. It is agreed that the parties may modify or amend this Partnership Agreement without altering the basic agreement, providing such modification or amendments shall be in writing and signed by both parties.
- D. This agreement shall be reviewed annually between October and December of each year by the Joint Oversight Committee.

IX. ASSIGNMENT

A. The terms of this Partnership Agreement may not be assigned unless agreed upon in writing by both parties and affixed hereto as an amendment.

X. STATEMENT OF AGREEMENT

In testimony whereof this Partnership Agreement between the Chicago Department of Health and the University of Illinois, through its School of Public Health, is effective as of the first day of January, 1992 by their authorized representative signed below.

FOR CHICAGO DEPARTMENT OF HEALTH

BY: _____

FOR THE SCHOOL OF PUBLIC HEALTH OF THE UNIVERSITY OF ILLINOIS

BY: _____