



Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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**Monday, September 16, 2024
2:00-4:00pm ET**

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Zoom Registration URL:

[https://phf-
org.zoom.us/meeting/register/tZAtcOCrrzlrHNB4er
1bSE0p0g7ZCOY4JO9g](https://phf-org.zoom.us/meeting/register/tZAtcOCrrzlrHNB4er1bSE0p0g7ZCOY4JO9g)

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Funding provided by the Centers for Disease Control and Prevention

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Staffed by the Public Health Foundation

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1. Meeting Agenda



**Council on Linkages Between Academia and Public Health Practice
Virtual Meeting**

Date: September 16, 2024

Time: 2-4pm ET

Meeting Registration: <https://phf-org.zoom.us/meeting/register/tZAtcOCrrzlrHNB4er1bSE0p0g7ZCOY4JO9g>

The link to join the meeting will be shared with each participant upon registration.

AGENDA

2:00-2:05	Welcome and Overview of Agenda	<i>Amy Lee</i>
2:05-2:10	Approval of Minutes from June 24, 2024 Meeting ➤ Action Item: Vote on Approval of Minutes	<i>Amy Lee</i>
2:10-2:20	Follow-Up from Vice Chair Discussion	<i>Ron Bialek</i>
2:20-2:30	Public Health Advocacy Consensus Task Force ➤ Advisory Committee Member	<i>Amy Lee</i>
2:30-2:55	Rebuilding the Public Health Workforce ➤ Current and Future Directions: CDC Public Health Infrastructure Center, Division of Workforce Development	<i>Ron Bialek & Andrea Young</i>
2:55-3:20	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a., C.3.b.) ➤ Usage of the Core Competencies ➤ Core Competencies Review Cycle	<i>Amy Lee & Kathleen Amos</i>
3:20-3:35	Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.)	<i>Bill Keck & Kathleen Amos</i>
3:35-3:45	Retention and Recruitment Learning Community (Council Strategic Directions – C.1.a.)	<i>Mayela Arana</i>
3:45-3:55	Upcoming Conferences ➤ Open Forum: Next Generation ➤ Public Health Learning Forum: Workforce Development in Action ➤ American Public Health Association Annual Meeting	<i>Kathleen Amos & Mayela Arana</i>
3:55-4:00	Other Business and Next Steps	<i>Amy Lee</i>
4:00	➤ Adjourn	

2. Council Member List



Council on Linkages Members

Council Chair:

Amy Lee, MD, MPH, MBA
Association for Prevention Teaching and Research

Council Members:

Susan Swider, PhD, APHN-BC
American Association of Colleges of Nursing

Laura Rasar King, MPH, MCHES
Council on Education for Public Health

American College of Preventive Medicine

Bridget Kerner, MS
Health Resources and Services Administration

C. William Keck, MD, MPH
American Public Health Association

Terry Brandenburg, MBA, MPH, CPH
National Association of County and City Health Officials

Gary Gilmore, MPH, PhD, MCHES
Association of Accredited Public Health Programs

National Association of Local Boards of Health

Leah Gillis, PhD
Association of Public Health Laboratories

David Buys, PhD, MSPH, CPH, FGSA
National Board of Public Health Examiners

Paul K. Halverson, DrPH, FACHE
Association of Schools and Programs of Public Health

D. Gary Brown, DrPH, CIH, RS, DAAS
National Environmental Health Association

John Wiesman, DrPH, MPH
Association of State and Territorial Health Officials

National Library of Medicine

Erin Seedorf, DrPH
Association of University Programs in Health Administration

National Network of Public Health Institutes

Michelle Carvalho, MPH, MCHES
Adrienne Gill, MPH
Centers for Disease Control and Prevention

Julie Willems Van Dijk, MSN, PhD
Public Health Accreditation Board

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Society for Public Health Education

Lori Edwards, DrPH, MPH, BSN, RN, CNS-PCH, BC
Council of Public Health Nursing Organizations

Nancy Harada, PhD, PT
Veterans Health Administration

Erica Smith, PhD, MPH
Council of State and Territorial Epidemiologists

3. Draft Meeting Minutes – June 24, 2024



Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: June 24, 2024, 2-4pm EDT

Meeting Minutes

Members and Designees Present: Bill Keck (Chair), Anita Balan, Terry Brandenburg, David Buys, Marita Chilton, Lori Edwards, Michael Fagen, Adrienne Gill, Gary Gilmore, Barbara Gottlieb, Paul Halverson, Amy Lee, Serena McCovery, Lisa Sedlar, Susan Swider, Kristen Varol, John Wiesman

Other Participants Present: Heather Alberda, Mark Kate Allee, Nikki Almaraz, Meghan Ames, Henrietta Ampofo, Sarah Auer, Elaine Auld, Caroline Ayong, Debbie Baker, Mike Barry, Christine Beluk, Yesenia Benitez, Suellen Bennett, Dawn Bleyenbug, Evette Brandon, Kevin Brinegar, E. Chandlee Bryan, Cheryl Butler, Vera Cardinale, Jessica Carr, Candy Cates, Shweta Chooramani, Kelly Conley, Mckelle Cox, Susan Crowdes, Shanna Doucet, Joshua Egeland, Paul Erwin, Rita Espinoza, Carrie Evans, Erika Ferradino, Marie Flake, Kim Frederick, Ebony Funches, Holly Gederos, Jacqueline Gierlach, Shir Lerman Ginzburg, Brittany Grear, Nelda Grymes, Susan Hacking, Leigh Haynes, Allison Jacobs, Tamnet Kidanu, Cheryl Kilmark, Patricia Krause, Lisa Lang, Meghan Lassiter, Allison Lewis, Nicole Magnuson, Morgan Major, Helen Malcolm, Morgan Meleca, Sara Mendez, Cali Messner, Carol Moehrle, Nnamdi Moeteke, Jennifer Moore, Karin Opacich, Lynelle Phillips, Ramesh Poluru, Beth Ransopher, Jen Ricci, Jennifer Romaszewski, Julie Saber, Dwight Sanders, Suzanne Schaefer, Glenn Schneider, Kaela Schommer, Michelle Schoonover, Geri Kemper Seeley, Tressa Setlak, Sweta Shrestha, Chelsea Simpkins, Leslie Stalnaker, Shaza Stevenson, Brad Stulce, JT Theofilos, Tracey Thomas, Kim Tippens, Dieu Tran, Sharon Trivette, Catherine Troisi, Jennifer Tsai, Gail Tudor, Laura Valentino, Deepika Viswanath, Lisa Ward, Angela Watson, Caitlan Webster, Greg Wilson, Sarah Worthington, Abida Zubairi

Staff Present: Ron Bialek, Kathleen Amos, Mayela Arana, Grace Davis

Agenda Item	Discussion	Action
<p>Welcome and Overview of Agenda</p>	<p>The meeting began with a welcome by Council Chair C. William Keck, MD, MPH.</p> <p>Dr. Keck thanked the Centers for Disease Control and Prevention (CDC) for the funding support that has enabled current Council activities, reminded participants of the Council’s mission, and reviewed the agenda for the meeting.</p>	
<p>Approval of Minutes from March 1, 2024 Meeting</p>	<p>Dr. Keck asked for any changes to the minutes of the March 1, 2024 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. Michael Fagen, PhD, MPH, seconded the motion. No additions or corrections.</p>	<p>Minutes of the March 1, 2024 Council meeting were approved as written.</p>
<p>Rebuilding the Public Health Workforce</p> <ul style="list-style-type: none"> • Public Health Advocacy 	<p>Council Director Ron Bialek, MPP, introduced a discussion on current efforts to rebuild the public health workforce with regard to advocacy skills.</p> <p>Glenn Schneider, Director, Public Health Advocacy Consensus Task Force; Meghan Ames, Education</p>	<p>Council staff announced that a vote on Council endorsement of the taskforce would</p>

<p>Consensus Taskforce</p>	<p>Program Manager, Lerner Center for Public Health Advocacy, Johns Hopkins Bloomberg School of Public Health; and Elaine Auld, Chief Executive Officer (retired), Society for Public Health Education, shared information about the new Public Health Advocacy Consensus Taskforce.</p> <p>Ms. Auld introduced the taskforce and why advocacy is important to public health. Ms. Ames described the taskforce and its efforts to educate professionals on advocacy. Mr. Schneider discussed policy engagement and the importance of the taskforce, and asked the Council for formal endorsement of its efforts.</p> <p>Mr. Bialek facilitated discussion about the taskforce.</p>	<p>occur after the meeting via email.</p>
<p>CSTE Applied Epidemiology Competencies Toolkit and Trainings</p>	<p>Sarah Auer, Program Analyst, Council of State and Territorial Epidemiologists, shared information on a new toolkit and trainings created to support adoption of and education on the recently revised Applied Epidemiology Competencies.</p>	
<p>Council Activity Updates</p> <ul style="list-style-type: none"> • Academic Health Department Learning Community • Core Competencies for Public Health Professionals • Retention and Recruitment Learning Community 	<p>Grace Davis, Project Associate, Workforce Development, Public Health Foundation (PHF), provided an update on Academic Health Department (AHD) Learning Community activities.</p> <p>The AHD Learning Community is a national community that brings together and supports practitioners, educators, researchers, and others to explore AHD partnerships, share their experiences, and engage in collaborative learning. Since its launch in January 2011, the AHD Learning Community has grown to more than 1,500 members from health departments, academic institutions, and other organizations across the country. The Learning Community offers resources and activities to support AHD partnerships, including a venue for sharing examples and stories of AHD partnerships, webinars featuring AHD partnerships, examples of partnership agreements, a listserv for communication, and technical assistance.</p> <p>Since the last Council meeting in March 2024, the AHD Learning Community and its resources and tools have been accessed online more than 1,400 times. This brings online usage of the Learning Community and its resources and tools since its launch to more than 87,500 visits. Since the last Council meeting, Council staff have responded to 6 requests for assistance related to AHD partnerships, serving 6 organizations in 6 states.</p> <p>AHD partnerships were highlighted at the Public Health Improvement Training (PHIT) in a townhall session titled <i>Strengthening Linkages Between Academia and Public Health Practice Townhall</i> and in an Association of State and Territorial Health Officials Workforce Pop-Up webinar, both in June 2024. Later this year, AHD partnerships will be featured at the 2024 Public Health</p>	

	<p>Learning Forum and American Public Health Association (APHA) Annual Meeting.</p> <p>In addition, CDC has invited Council staff to present a seminar for CDC staff on AHD partnerships, which will take place in September 2024. This seminar will also feature speakers from state and local public health – Antonia Blinn and Chrissy Beluk from the Massachusetts Department of Public Health and Sarah Worthington and Nicole Miller from the Toledo-Lucas County Health Department (OH) – and highlight those organizations’ successful partnerships</p> <p>A webinar in the AHD Webinar Series was held in April 2024 as part of National Public Health Week. This webinar, <i>The Public Health Camp – Building an Academic-to-Practice Pipeline at Public Health – Seattle & King County</i>, featured guest speakers from an AHD who shared their experiences working to establish their partnership and their Public Health Camp.</p> <p>Ms. Davis invited questions about the AHD Learning Community.</p> <p>Ms. Davis provided an update on the Core Competencies for Public Health Professionals (Core Competencies).</p> <p>The Core Competencies, a set of foundational or crosscutting skills for professionals engaged in public health practice, education, and research, are used in workforce development activities across the US. The most current data show that approximately 80% of state health departments, 60% of tribal health organizations, 55% of local health departments, 25% of territorial health departments, and 90% of academic programs with a public health focus use the Core Competencies. The Core Competencies are used in a variety of ways, including to guide development of job descriptions and performance objectives, competency or training needs assessments, education and training, workforce development plans, other competency sets, and other tools and resources to support professional development for public health professionals. These competencies also appear in major national initiatives, such as Healthy People and accreditation; are integrated into the TRAIN Learning Network; and are designed to reflect the knowledge and skills needed to deliver the 10 Essential Public Health Services.</p> <p>Since the last Council meeting in March 2024, the Core Competencies and resources and tools to support implementation have been accessed online more than 14,000 times, with more than 9,000 of those visits to resources and tools. Since the latest version of the Core Competencies was released in November 2021, the webpage has been visited around 177,000 times. Since the last Council meeting, Council staff have responded to 5 requests for assistance related to the Core</p>	<p>More information about the AHD Learning Community and its activities is available through the AHD Learning Community section of the Council website or by contacting Mayela Arana at marana@phf.org.</p>
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	<p>Competencies, serving 4 organizations in 3 states and the United Kingdom.</p> <p>In May 2024, the Core Competencies were highlighted in a PHF webinar, <i>Using the Core Competencies for Public Health Professionals to Support Workforce Development</i>. This webinar featured speakers from the Missouri Department of Health and Senior Services and the City of Milwaukee Health Department (WI) who spoke about using the Core Competencies to assess their workforce; identify gaps in knowledge, skills, and abilities; and address those gaps through training and other workforce development opportunities. The Core Competencies were also featured in a workshop session at PHIT, <i>Designing a Workforce Development Plan that Closes the Gap on Priority Competencies</i>, in May and June 2024, and will be the focus of sessions at the 2024 Public Health Learning Forum.</p> <p>Since the release of the 2021 Core Competencies in October 2021, Council staff have been updating and developing resources and tools that support use of the Core Competencies and engaging in dissemination activities to help ensure the public health community is aware of and has access to this latest version for their workforce development efforts. A new resource describing the relationship between the Core Competencies, 10 Essential Public Health Services (EPHS), and Foundational Public Health Services (FPHS) was recently developed. This brief resource highlights the Core Competencies as underlying organizations' abilities to deliver the EPHS and FPHS. Along with other tools related to the Core Competencies, this resource is available on the Council website on the updated Core Competencies Tools page.</p> <p>Ms. Davis invited questions about the Core Competencies.</p> <p>Mayela Arana, MPH, Senior Program Manager, Workforce Development, PHF shared updates about the new Retention and Recruitment (R&R) Learning Community.</p> <p>The R&R Learning Community is a new initiative that was approved by the Council during the March meeting to foster collaboration and provide an environment for sharing strategies for public health workforce retention and recruitment, highlighting successes, and working through common challenges. Planning for the Learning Community is underway, and it is anticipated the group will focus on strategies and solutions related to five areas: Organizational Culture, Workplace Environment, and Employee Experience; Professional Development; Human Resource Policies and Processes; AHD Partnerships; and Workforce Pathways and Recruitment.</p>	<p>More information about the Core Competencies is available through the Core Competencies section of the Council website or by contacting Mayela Arana at marana@phf.org.</p>
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	<p>To guide development of the R&R Learning Community, an R&R Workgroup was established. This group is chaired by Terry Brandenburg, MBA, MPH, CPH the National Association of County and City Health Officials representative to the Council, and includes more than 60 members from health departments and partner organizations across the country. The Workgroup has met twice so far – in May and June 2024 – and the next meeting will be held on July 2, 2024.</p> <p>While the R&R Learning Community is still under development, R&R tools and resources have been highlighted at national conferences. In May and June 2024, these resources were featured in the <i>Retention and Recruitment in Governmental Public Health</i> session at PHIT. Additionally, plans are underway for a session on R&R at the 2024 APHA Annual Meeting.</p> <p>Ms. Arana asked for questions about the R&R Learning Community.</p>	<p>More information about the Retention and Recruitment Learning Community is available through the Retention and Recruitment section of the Council website or by contacting Mayela Arana at marana@phf.org.</p>
<p>Chair Transition</p> <ul style="list-style-type: none"> • Election Results • Discussion of Term Limits and Chair Elect Position • Celebration of Dr. Keck 	<p>Mr. Bialek updated the Council on the election of a new Council Chair, Dr. Amy Lee, MD, MPH, MBA, MPH Program Director, Consortium of Eastern Ohio Master of Public Health, Northeast Ohio Medical University; Association for Prevention Teaching and Research representative to the Council.</p> <p>In response to a query from Council members, Mr. Bialek opened a discussion about possibility of instituting a Chair Elect position. Council staff and members discussed the benefits and challenges of adding a new position to Council leadership.</p> <p>Mr. Bialek led the Council in thanking Dr. Keck for his years of service as Council Chair. Council staff, members, and guests thanked Dr. Keck for his important contributions to the Council.</p>	
<p>Other Business and Next Steps</p>	<p>Dr. Keck asked if there was any other business to address.</p> <p>Kathleen Amos, Council Assistant Director, shared information about the Public Health Learning Forum: Workforce Development in Action. The conference will take place from October 15-18, 2024 and everyone is welcome to register.</p> <p>The next Council meeting will be held on September 16, 2024 from 2-4pm EDT. More information will be shared as it becomes available.</p>	<p>Questions can be sent to Mayela Arana at marana@phf.org.</p>

4. Follow-Up from Vice Chair Discussion:

- **Vice Chair Position Report**



Follow-Up from Vice Chair Discussion

September 16, 2024

Overview

Overall leadership of the [Council on Linkages Between Academia and Public Health Practice](#) (Council) is provided by the Council Chair. Elections for Council Chair are held every two years, and the 2024 election recently concluded with the election of a new Chair. Additional leadership is provided by the chairs of each Council on Linkages workgroup and learning community. Currently, this includes a chair of the [Academic Health Department Learning Community](#), co-chairs of the [Core Competencies Workgroup](#), and a chair of the [Retention and Recruitment Workgroup](#). During the June 2024 Council meeting, discussion occurred about the possibility of creating an additional leadership position for the Council.

After careful consideration, creating a Vice Chair position is being proposed. During this Council meeting, there will be an opportunity for additional discussion about this proposal and the potential role of the Vice Chair.

To create a Vice Chair position would require an amendment to the Council's [Constitution and Bylaws](#). Should an amendment be needed, proposed language will be developed following the meeting and a Council vote will be held. Approval of an amendment to the Constitution and Bylaws requires a two-thirds super majority vote of all Council representatives.

For additional questions or suggestions, please contact Mayela Arana at marana@phf.org.

5. Public Health Advocacy Consensus Task Force:

- **Public Health Advocacy Consensus Task Force Endorsement Report**



Public Health Advocacy Consensus Task Force

September 16, 2024

Overview

Advocacy is a critical skill as the public health field continues to focus on rebuilding the workforce in response to the COVID-19 pandemic and in preparation for the future. However, recent studies show that public health professionals may still be underprepared to engage in advocacy. During the June 2024 [Council on Linkages Between Academia and Public Health Practice](#) (Council) meeting, the Council was introduced to the [Public Health Advocacy Consensus Task Force](#) (PH-ACT), an initiative of the [Lerner Center for Public Health Advocacy](#) and the [de Beaumont Foundation](#) to gain consensus on the definition of public health advocacy; identify the essential advocacy skills needed to operationalize it; and draft guidance that could help schools and programs. The goal of the PH-ACT is to build a stronger, more effective advocacy competency training to improve public health policy at the federal, state, and local levels.

The PH-ACT will engage in a rigorous consensus-building process to define public health advocacy and essential skills to operationalize it, and the Council voted in August 2024 to endorse the PH-ACT. Endorsement by the Council entails addition of the Council logo to the consensus webpage; designating a representative to serve on the PH-ACT Advisory Committee (1 hour per quarter); providing occasional feedback; and helping to promote PH-ACT consensus efforts.

During this Council meeting, the Council will discuss next steps related to the PH-ACT, including the designation of a representative for the PH-ACT Advisory Committee.

Individual Council member organizations may also wish to consider adding their organizations to the list of individual organizational endorsers of this effort. To learn more about this opportunity, please visit the [PH-ACT website](#).

For more information about Council endorsement of the PH-ACT, please contact Mayela Arana at marana@phf.org.

6. Rebuilding the Public Health Workforce:

- **Rebuilding the Public Health Workforce**



**Rebuilding the Public Health Workforce:
Current and Future Directions: CDC Public Health Infrastructure Center, Division
of Workforce Development**

September 16, 2024

Overview

With the ongoing and much-needed focus on rebuilding the public health workforce, the Centers for Disease Control and Prevention's (CDC's) new [National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce](#) (Public Health Infrastructure Center) aims to improve public health outcomes by strengthening the public health infrastructure and workforce of the United States. The [Division of Workforce Development](#) (DWD) within this CDC center provides leadership in public health workforce development, including leading advancements in recruiting, training, developing, and retaining the nation's public health workforce. DWD collaborates with national, state, tribal, local, and territorial organizations to advance shared interests in and garner support for public health.

During this [Council on Linkages Between Academia and Public Health Practice](#) meeting, Andrea C. Young, PhD, Director of DWD, will share updates about the priorities and activities of the new division.

7. Core Competencies for Public Health Professionals

- **Core Competencies for Public Health Professionals Report**



Core Competencies for Public Health Professionals Report

September 16, 2024

Overview

The [Core Competencies for Public Health Professionals](#) (Core Competencies) reflect foundational or crosscutting knowledge and skills for professionals engaged in the practice, education, and research of public health. Guidance for [Council on Linkages Between Academia and Public Health Practice](#) (Council) efforts related to the Core Competencies is provided by the [Core Competencies Workgroup](#), which includes members representing a variety of practice and academic organizations and interests within the public health field. The most recent version of the Core Competencies was approved by the Council in October 2021.

Core Competencies Use

The Core Competencies are widely used within public health workforce development efforts across the US. Data show that approximately 80% of state health departments, [60% of Tribal health organizations](#), [55% of local health departments](#), and 25% of territorial health departments use the Core Competencies. Since the release of the 2021 version, the Core Competencies have been accessed online nearly 100,000 times, with an additional 101,000 visits to resources and tools designed to support implementation of the competency set. In that same time period, Council staff have responded to 100 requests for assistance with the Core Competencies, serving 69 organizations in 29 states, DC, Canada, China, Tanzania, United Arab Emirates, and the United Kingdom. Numerous [tools and resources](#) have been developed and presentations and workshops delivered to raise awareness about the Core Competencies and assist public health professionals and organizations in using the Core Competencies for workforce development.

Core Competencies Review Cycle

The Core Competencies are regularly reviewed and revised to keep pace with changes in the field of public health and ensure they continue to meet the needs of the public health workforce. The Council reviews the Core Competencies every three years to determine if there is a need for revisions and to ensure that the Core Competencies reflect evolving public health workforce roles, responsibilities, and functions. As the most recent revision of the Core Competencies was approved by the Council in October 2021, the Council is due to discuss the possibility of revision.

The Council has previously received requests to consider lengthening the review and revision cycle for the Core Competencies to minimize disruption and allow time for organizations and individuals to integrate the latest Core Competencies into their work before revisions are made. The Council must balance the needs of those relying on the Core Competencies with responsiveness to changes in the field in order to ensure continued use. With the three-year anniversary of the current version of the Core Competencies in October, the Council is asked to consider whether significant enough changes have occurred in the public health field to necessitate potential revision of the Core Competencies or whether the current version of the Core Competencies is likely to meet the anticipated needs of the near future. It should be noted in this discussion that a decision not to begin the review and revision process at the present time does not mean that the Council must wait another three years before revisiting this question again, as this can be done at any time.

During this meeting, the Council will discuss whether the time is right to engage in a Core Competencies revision process. Topics for this discussion may include feedback on use of the Core Competencies and suggestions related to content, as appropriate. Further comments and suggestions are also welcome following the meeting by email to Mayela Arana at marana@phf.org.

Additional information about activities related to the Core Competencies can be found through the [Core Competencies](#) section of the Council website or by contacting Mayela Arana at marana@phf.org.

8. Academic Health Department Learning Community:

- **Academic Health Department Learning
Community Report**



Academic Health Department Learning Community Report

September 16, 2024

Overview

The [Academic Health Department \(AHD\) Learning Community](#) supports the development of [AHD partnerships](#) between public health practice organizations and academic institutions. As a national community of practitioners, educators, and researchers, the AHD Learning Community stimulates discussion and sharing of knowledge; the development of resources; and collaborative learning around establishing, sustaining, and expanding AHD partnerships.

Sharing AHD Partnership Expertise

Throughout its 13-year history, the AHD Learning Community has seen sustained interest from the public health community, with membership numbers rising from less than 100 to more than 1,500 and engagement continuing to grow. This active participation has led to a wealth of knowledge about AHD partnerships being shared among Learning Community members and with the broader public health community. Highlights of ways this information is shared are described below.

Training

The Council regularly shares AHD partnership expertise at national, regional, and local events, building awareness and knowledge of this concept, how it can be operationalized, and the value it offers to public health practice and academic organizations. For example, Council staff recently participated in the Tennessee Department of Health Academic Practice Linkages Symposium 2024 to provide an overview of AHD partnerships, and presentations are being prepared for the 2024 [Public Health Learning Forum](#) and [American Public Health Association Annual Meeting](#) this October.

Webinars play a significant role in the Council's educational offerings as well. The Council's [series of AHD webinars](#) has been running for 10 years, and webinars are also presented in collaboration with other organizations upon request. Later this month, Council staff will join with members of the AHD Learning Community to present a virtual seminar for [Centers for Disease Control and Prevention](#) staff on AHD partnerships and how they contribute to health department capacity. In addition, work is underway to make the collection of archived webinars in the AHD Webinar Series accessible as a training plan on the [TRAIN Learning Network](#), and details will be shared through the *Council on Linkages Update* when that becomes available.

Technical Assistance

Direct technical assistance is provided to public health professionals and organizations to support developing and sustaining AHD partnerships. Council staff regularly receive requests for such assistance, responding to 8 requests from 7 organizations in 5 states, DC, and Kenya since the last Council meeting.

AHD partnership expertise is also beginning to be applied in more in-depth technical assistance engagements. The first such engagement in which Council staff are involved is underway now, working with a local health department to conduct an environmental scan that will lay groundwork for building AHD partnerships.

Resources

Since the start of the AHD Learning Community, resources and tools have been developed based on the learning and sharing that is occurring. In a new approach, AHD Learning Community Chair Bill Keck, MD, MPH, and Council staff have collaborated on a book that is set for publication, *Academic Health Department Partnerships: Bridging the Gap Between Town and Gown*. Capturing learnings from decades of work with AHD partnerships and the AHD Learning Community, this book will offer readers something of a how-to guide for developing and maintaining AHD partnerships, exploring a variety of elements related to these partnerships and making the case for why they are of value. Information about purchasing this new resource will be shared through the *Council on Linkages Update* when the book is published.

More information about the AHD Learning Community and its activities is available through the [AHD Learning Community](#) section of the Council website or by contacting Mayela Arana at marana@phf.org.

9. Retention and Recruitment Learning Community:

- **Retention and Recruitment Learning
Community Report**



Retention and Recruitment Learning Community Report

September 16, 2024

Overview

The [Retention and Recruitment \(R&R\) Learning Community](#) is a new initiative of the [Council on Linkages Between Academia and Public Health Practice](#) (Council) that was approved during the March 2024 Council meeting. The R&R Learning Community seeks to explore and address factors influencing workforce retention and recruitment, equipping public health agencies with valuable tools and resources for these crucial aspects of public health practice. It aims to foster a collaborative environment where health departments and their partners can come together to share effective strategies, highlight successes, and discuss challenges related to workforce retention and recruitment to support health departments in meeting their capacity needs.

The R&R Learning Community is currently under development. This development is guided by the [R&R Workgroup](#). The R&R Workgroup is comprised of over 60 members from health departments, academic institutions, and national organizations and is chaired by Terry Brandenburg, MBA, MPH, CPH, Director of the Master of Public Health Program and Co-Director of the Doctor of Public Health Program (retired) at the Medical College of Wisconsin and Council representative for the National Association of County and City Health Officials.

Progress Toward Establishment of the R&R Learning Community

Significant progress has been made toward the development of the R&R Learning Community, including articulation of the purpose of the Learning Community; identification of focus areas for the group's learning; brainstorming of potential Learning Community activities; and collection of strategies, tips, and resources for supporting workforce retention and recruitment. These strategies, tips, and resources are currently being transformed into a retention and recruitment toolkit that will be made available on the Council website, providing a valuable starting resource for the Learning Community and others addressing retention and recruitment for the public health workforce.

Planning for the launch and operation of the Learning Community continues, with an aim to launch by the end of the year. Additional details will be shared through the *Council on Linkages Update* as they are available.

More information about the R&R Learning Community and Workgroup is available through the [R&R Learning Community](#) section of the Council website or by contacting Mayela Arana at marana@phf.org.

10. Upcoming Conferences:

- **Upcoming Conferences Report**



Upcoming Conferences

September 16, 2024

Overview

The [Council on Linkages between Academia and Public Health Practice](#) (Council) regularly presents at national conferences and meetings to share the workforce development resources the Council offers and support public health professionals and organizations in using them. This fall, Council initiatives will be highlighted at the [Open Forum: Next Generation](#), the [Public Health Learning Forum: Workforce Development in Action](#), and the [American Public Health Association \(APHA\) Annual Meeting and Expo](#).

Open Forum: Next Generation

Open Forum: Next Generation focuses on developing the current and future public health workforce to meet the ever-evolving needs of the field. Hosted by the [National Network of Public Health Institutes](#), this year's Open Forum will be held September 18-20, 2024 in Chicago, IL and will showcase emerging practices and innovations related to public health infrastructure, the public health workforce, complex public health challenges, and topics related to performance management and quality improvement. Council staff will join Open Forum to present a breakfast roundtable – Session R8: *Retention and Recruitment in Governmental Public Health* – on Thursday, September 19, 2024 from 8:15-9:15am CST. Please visit the [Public Health Foundation \(PHF\) website](#) to learn more.

Public Health Learning Forum: Workforce Development in Action

The [Public Health Foundation](#) (PHF) will host the 2024 Public Health Learning Forum virtually from October 15-18, 2024. This year's theme is "Workforce Development in Action." Sessions will focus on training and tools to support public health workforce development and building governmental public health workforce capacity. Topics will include academic health department partnerships; the Core Competencies for Public Health Professionals; fostering diversity, equity, inclusion, and justice; and more. Registration for the 2024 Public Health Learning Forum is free and available through the [TRAIN Learning Network](#). For more information, please visit the [event page on the PHF website](#).

American Public Health Association Annual Meeting

[APHA](#) will host its [2024 Annual Meeting & Expo](#) from October 27-30, 2024 in Minneapolis, MN. The event offers innovative and exciting opportunities to help attendees engage with public health experts, collaborate with other advocates, and grow professionally. This year's theme is "Building Trust in Public Health Science." Council initiatives will be featured in sessions including *Supporting Retention and Recruitment of the Public Health Workforce: The Role of the Council on Linkages Between Academia and Public Health Practice* (Session 2054.1) and *Using the Core Competencies to Better Prepare for a Career in Public Health* (Session 2073.0) on Sunday, October 27, 2024 from 2:30-4pm CST and *Academic Health Department (AHD) Roundtable* (Session 3102.0) on Monday, October 28, 2024 from 10:30am-12pm CST. Learn more on the [PHF website](#).

Information about upcoming conferences and related activities can be found through the [Events](#) section of the PHF website, in the *Council on Linkages Update*, or by contacting Mayela Arana at marana@phf.org.

11. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2023-2027**



**Council on Linkages Between Academia and
Public Health Practice**

Constitution and Bylaws

ARTICLE I. – MISSION:

The mission of the Council on Linkages Between Academia and Public Health Practice (Council) is to improve the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure.

ARTICLE II. – BACKGROUND AND PURPOSE:

In order to bridge the perceived gap between the academic and practice communities that was documented in the 1988 Institute of Medicine report, *The Future of Public Health*, the Public Health Faculty/Agency Forum was established in 1990.

After nearly two years of deliberations and a public comment period, the Forum released its final report entitled, *The Public Health Faculty/Agency Forum: Linking Graduate Education and Practice*. The report offers recommendations for: 1) strengthening relationships between public health academicians and public health practitioners in public agencies; 2) improving the teaching, training, and practice of public health; 3) establishing firm practice links between schools of public health and public agencies; and 4) collaborating with others in achieving the nation's Year 2000 health objectives. In addition, the Public Health Faculty/Agency Forum issued a list of "Universal Competencies" to help guide the education and training of public health professionals.

The Council was formed initially to help implement these recommendations and competencies. Over time, the Council's mission and corollary objectives may be amended to best serve the needs of public health's academic and practice communities.

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

The Council is comprised of national public health academic and practice agencies, organizations, and associations that desire to work together to help build academic/practice linkages in public health. Membership on the Council is limited to any agency, organization, or association that:

1. Can demonstrate that agency, organization, or association is national in scope.
2. Is unique and not currently represented by existing Council Member Organizations.
3. Has a mission consistent with the Council's mission and objectives.
4. Is willing to participate as a Preliminary Member Organization on the Council for one year prior to formal membership, at the participating organization's expense.
5. Upon being granted formal membership status, signs the Council's Participation Agreement.

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American Association of Colleges of Nursing (AACN)
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Council of Public Health Nursing Organizations (CPHNO)
- Council of State and Territorial Epidemiologists (CSTE)
- Council on Education for Public Health (CEPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Board of Public Health Examiners (NBPHE)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- Public Health Accreditation Board (PHAB)
- Society for Public Health Education (SOPHE)
- Veterans Health Administration (VHA)

Membership Categories:

An organization must petition the Council to become a member in accordance with the Council's membership policy. If membership is granted, the agency, organization, or association will become a Preliminary Member Organization for the period of one year. At the conclusion of one year as a Preliminary Member Organization, the Council will vote to approve or decline the agency, organization, or association as a Formal Member Organization. If granted formal membership status, the agency, organization, or association will be reimbursed for travel related expenses for future meetings, if funds permit.

I. Preliminary Member Organization Privileges

1. Preliminary Member Organizations may fully participate in all discussions and activities associated with Council meetings at which they are required to attend.
2. Preliminary Member Organizations retain the right to vote at Council meetings during their preliminary term.
3. Preliminary Member Organizations can participate in any and all Council subcommittee/taskforce discussions that they desire to join.
4. Preliminary Member Organizations' names and/or logos will be included in Council resources that depict Member Organizations during the preliminary term.

5. Preliminary Member Organizations will be responsible for all travel related expenses for attending meetings.

II. Formal Member Organization Privileges

1. In accordance with the Council's travel policy and as funding permits, Organizational Representatives (Representatives) from Formal Member Organizations are entitled to reimbursement up to a predetermined amount for airfare, transportation to and from meeting site, and hotel accommodations for Council meeting travel.
2. As funding permits, Representatives from Formal Member Organizations will be reimbursed at the federally-approved per diem rate for meals consumed during travel to and from Council meetings.
3. Substitutes for officially designated Representatives are not eligible for travel reimbursement.
4. Formal Member Organizations retain full participation privileges in all Council discussions, activities, votes, and subcommittee/taskforces.
5. Formal Member Organizations will be represented either via logo or text in all Council resources that depict membership.
6. Formal Member Organizations must comply with the signed Participation Agreement.
7. Representatives from federal government agencies will not receive funding from the Council for travel or related expenses.

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITIES:

In order for the Council to meet its goals and corollary objectives, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council membership requires that:

- Each Member Organization (Organization) select an appropriate Representative to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.
- The Representative have access to and communicate regularly with the Organization's leadership about Council activities.
- The Representative be able to present the perspectives of the Organization during Council meetings.
- The Representative attend and actively participate in scheduled meetings and shall not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.
- Each Organization identify a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.
- During at least one meeting each year, Representatives present the progress their respective Organizations and members have made toward implementing and sustaining productive academic/practice linkages.

- Each Representative (or staff contact) respond to requests for assistance with writing and compiling Council documents and resources.
- Representatives and Organizations disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective memberships of the Organizations.
- Upon request of the Council Chair, Representatives officially represent the Council at meetings or presentations widely attended by members of the practice and academic public health communities.
- Upon request of the Council Chair, Representatives assist Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

If a Representative or Organization does not fulfill the above responsibilities, Council staff will first contact the Representative and Organization in writing. If a Representative fails to address the concerns—for example, in the case of chronic absenteeism at Council meetings—the Council chair may request that a new Representative be selected. Then, if a Member Organization consistently fails to perform its responsibilities after a written warning, Council staff will inform that Organization in writing that the full Council will vote on revoking that Organization's membership. If a majority of all Representatives vote to revoke an Organization's membership, that Organization will no longer be considered a part of the Council.

ARTICLE V. – Discussions, Decisions, and Voting:

A. The following overlying principle shall govern decisions within the Council:

Each Member Organization shall have one vote. Only Representatives or officially designated substitutes can vote. To designate a substitute, Member Organizations must provide the name and contact information for that individual to Council staff in advance of the meeting.

B. Discussions & Decisions:

Council meetings will use a modified form of parliamentary procedure where discussions among the Representatives will be informal to assure that adequate consideration is given to a particular issue being discussed by the Council. However, decisions will be formal, using Robert's Rules of Order (recording the precise matters to be considered, the decisions made, and the responsibilities accepted or assigned).

C. Voting:

1. Each Representative shall have one vote. If a Representative is unable to attend a meeting, the Organization may designate a substitute (or Designee) for the meeting. That Designee will have voting privileges for the meeting.
2. **Quorum** is required for a vote to be taken and shall consist of a majority of the Representatives or Designees of all participating groups composing the Council.
3. **Simple Majority** Vote will be required for internal Council administrative, operational, and membership matters (i.e.: Minutes approvals).
4. The Council will seek **Consensus** (Quaker style – No-one blocking consensus) when developing major new directions for the Council (i.e.: moving forward with studying leadership tier of credentialing). No more than one-quarter of

Representatives or their Designees can abstain, or the motion will not pass. Representatives will be expected to confer with the leadership of their organizations prior to the meeting to ensure that their votes reflect the Organization's views on the topic.

5. A two-thirds **Super Majority** of all Representatives will be required to vote on accepting or amending this Constitution and Bylaws.

ARTICLE VI. – COUNCIL LEADERSHIP:

One Representative will serve as the Council Chair. The Chair is charged with opening and closing meetings, calling all votes, and working with Council staff to set meeting agendas.

The term of the Chair is two years. There is no limit to the number of terms a Representative can serve as Chair. At the end of each two-year term, another Council Representative and/or the current Chair may nominate him/herself or be nominated for the position of Chair. To be elected Chair requires a majority affirmative vote of Council membership. In the event that there are several nominees and no nominee receives a clear majority of the vote, a runoff will be held among the individuals who received the highest number of votes.

To be eligible to serve as Chair, an individual must:

- have served as a Council Representative for at least two years; and
- have some experience working in public health practice.

ARTICLE VII. – MEETINGS:

The Council shall convene at least one in-person meeting a year. Funds permitting, the Council will convene additional meetings either in-person or via conference call. All meetings are open to the public.

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSIBILITIES:

The Council is staffed by the Public Health Foundation. Council staff provide administrative support to the Council and its Organizations and Representatives. This includes, but is not limited to:

1. Planning and convening Council meetings;
2. General Council administration such as drafting meeting minutes, yearly deliverables, progress reports, action plans, etc.;
3. Working with Representatives and their Organizations to secure core and special project funding for Council activities and initiatives; and
4. Officially representing the Council at meetings related to education and practice.

ARTICLE IX. – FUNDING:

Council staff, with approval from the Council Chair, may seek core and special project funding on behalf of the Council in accordance with Council-approved objectives, strategies, and deliverables.

Adopted: January 24, 2006

Amended: January 27, 2012

Article I. Mission Updated:

Article III.B. Member Organizations Updated:

October 7, 2016

September 6, 2013; March 31, 2014; August 19, 2015; January 20, 2016; August 18, 2016; May 1, 2017; October 18, 2017; December 20, 2017; May 11, 2021; May 19, 2021; September 23, 2021; December 15, 2021; August 8, 2022; June 23, 2023

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure. In order to fulfill this mission, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council involvement requires that:

- The Member Organization (Organization) selects an appropriate Representative (Representative) to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.
- The Representative has access to and communicates regularly with the Organization's leadership about Council activities.
- The Representative is able to present the perspectives of the Organization during Council meetings.
- The Representative attends and actively participates in scheduled meetings and does not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.
- The Organization identifies a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.
- During at least one meeting each year, the Representative presents the progress his/her respective Organization and members have made toward implementing and sustaining productive academic/practice linkages.
- The Representative and Organization contribute to the Council's understanding of how Council initiatives and products are being used by the members/constituents of the Council Organization.
- The Representative (or staff contact) responds to requests for assistance with writing and compiling Council documents and resources.
- The Representative and Organization disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective membership of the Council Organization.
- Upon request of the Council Chair, the Representative officially represents the Council at meetings or presentations widely attended by members of the practice and academic public health communities.

- Upon request of the Council Chair, the Representative assists Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

We have read and understand the Participation Agreement described above and agree to the obligations and conditions for membership on the Council on Linkages Between Academia and Public Health Practice. We understand that membership and representation is voluntary, and we may withdraw Representative and/or Organizational participation at any time if we are unable to meet the above outlined responsibilities.

Council Representative Designated by Organization

Date

Organizational Executive Director

Date

Member Organization

Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2023-2027

Mission

To improve the performance of individuals and organizations within public health by:

- Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities;
- Promoting public health education and training for health professionals throughout their careers; and
- Developing and advancing innovative strategies to build and strengthen public health infrastructure.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Health Equity
- Accountability
- Public Responsibility and Citizenship
- Community Engagement

Objectives

- Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
- Enhance public health practice-oriented education and training.
- Support the development of a diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen the evidence base for public health practice.

Objectives, Strategies, & Tactics

Objective A. Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.

Strategy 1: Promote the development of collaborations between academia and practice within public health.

Tactics:

- a. Support the development, maintenance, and expansion of academic health department partnerships through the Academic Health Department Learning Community.
- b. Document and disseminate progress in academic/practice collaboration and the impact of that collaboration in public health.

- c. Document contributions of Council on Linkages member organizations, individually and collectively, to improving public health performance through implementation of the Council on Linkages' Strategic Directions.
- d. Coordinate with other national initiatives, such as the Public Health Infrastructure Grant program, to improve public health performance through the implementation of the Council on Linkages' Strategic Directions.
- e. Learn from and share with other countries and global health organizations strategies for strengthening the public health workforce.

Strategy 2: Promote the development of collaborations between public health and healthcare professionals and organizations.

Tactics:

- a. Review the Competencies for Population Health Professionals for potential modification.
- b. Encourage the inclusion of healthcare professionals and organizations in academic health department partnerships.
- c. Document and highlight progress being made in public health/healthcare collaboration and the impact of that collaboration.

Objective B. Enhance public health practice-oriented education and training.

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.

Tactics:

- a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
- b. Develop and disseminate tools and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into education and training.
- c. Work with the Council on Education for Public Health to encourage the use of the Core Competencies for Public Health Professionals and academic/practice partnerships by schools and programs of public health.
- d. Work with the National Board of Public Health Examiners to encourage the use of the Core Competencies for Public Health Professionals in the Certified in Public Health credentialing program.
- e. Contribute to the development and measurement of Healthy People objectives related to public health infrastructure.
- f. Identify and advance opportunities for using the Core Competencies for Public Health Professionals in the education and training of health professionals and other professionals who impact health.

Strategy 2: Encourage the development of quality training for public health professionals.

Tactics:

- a. Provide resources and tools for enhancing and measuring the impact of training.
- b. Contribute to efforts to use and improve quality standards for public health training.

Strategy 3: Promote public health practice-based learning.

Tactics:

- a. Conduct a periodic review of practice-based content in public health education.

- b. Develop tools to assist academic health departments in providing high-quality practica.

Objective C. Support the development of a diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed.

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.

Tactics:

- a. Support the use of evidence in recruitment and retention strategies for the public health workforce.
- b. Use existing data to better understand the composition and competencies of the public health workforce.
- c. Identify additional data needed to support the development and implementation of a comprehensive plan for the public health workforce.
- d. Participate in the Public Health Accreditation Board's workforce development, quality improvement, and performance management activities to encourage the use of Core Competencies for Public Health Professionals and academic/practice partnerships by health departments.
- e. Participate in, facilitate, and/or convene efforts to develop a national strategic or action plan for public health workforce development and monitor progress.

Strategy 2: Define the training and life-long learning needs of the public health workforce, identify gaps in training, and explore mechanisms to address these gaps.

Tactics:

- a. Explore emerging leadership competencies needed within the public health workforce for health systems transformation.
- b. Identify skills needed for public health professionals to deliver Foundational Public Health Services.

Strategy 3: Provide access to and assistance with using tools to enhance competence.

Tactics:

- a. Develop and disseminate tools and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into practice.
- b. Assist individuals and organizations with using tools and training to implement and integrate the Core Competencies for Public Health Professionals into practice.
- c. Encourage the use of the Core Competencies for Public Health Professionals as a foundation for the development of discipline-specific and interprofessional competencies.
- d. Assist with developing, refining, and implementing discipline-specific and interprofessional competencies aligned with the Core Competencies for Public Health Professionals.
- e. Assist other countries and global health organizations with developing and using public health competencies.

Strategy 4: Demonstrate the value of public health in achieving a culture of health.

Tactics:

- a. Document contributions of the various professions within public health to achieving healthy communities.
- b. Describe the unique contributions that public health professionals can bring to health systems transformation.
- c. Encourage public health professionals to engage other professions and sectors in developing strategies for achieving healthy communities.
- d. Document how public health research can and does contribute to achieving healthy communities.
- e. Participate in, facilitate, and/or conduct a profile study of the public health workforce.

Objective D. Promote and strengthen the evidence base for public health practice.

Strategy 1: Support efforts to further public health practice research, including public health systems and services research (PHSSR).

Tactics:

- a. Identify gaps in data and opportunities for improving data for conducting research relevant to practice.
- b. Identify emerging needs for public health practice research to support health systems transformation.
- c. Collaborate with other national efforts to help build capacity for and promote public health practice research.
- d. Convene potential funders to increase financial support for public health practice research.
- e. Assess progress related to public health practice research.

Strategy 2: Support the translation of research into public health practice.

Tactics:

- a. Identify ways to disseminate and improve access to evidence-based practices.
- b. Demonstrate the value of public health practice research to the practice of public health.
- c. Explore opportunities to support The Guide to Community Preventive Services.

Strategy 3: Encourage the engagement of public health practitioners in contributing to the public health evidence base.

Tactics:

- a. Develop and support implementation of an academic health department research agenda.
- b. Foster the development, sharing, and use of practice-based evidence.