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

Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

~

Thursday, February 20, 2025
2:00-3:30pm ET

~

Zoom Registration URL:

https://phf-org.zoom.us/meeting/register/
tZ0lcuGtqD4tGtC8el-MvDZEzKfIJ3r43CQq#/
registration

~

Table of Contents

1. Meeting Agenda
2. Council Member List
3. Draft Meeting Minutes – September 16, 2024
4. Rebuilding the Public Health Workforce
   - Rebuilding the Public Health Workforce: Alameda County Public Health Department, Academic Health Department Partnership Environmental Scan Project Report
5. Council Member Organization Workforce Development Updates:
   - Council Member Organization Workforce Development Updates Report
6. Core Competencies for Public Health Professionals:
   - Core Competencies for Public Health Professionals Report
7. Academic Health Department Learning Community:
   - Academic Health Department Learning Community Report
8. Retention and Recruitment Learning Community:
   - Retention and Recruitment Learning Community Report
9. Supplemental Materials:
   - Council Constitution and Bylaws
   - Council Participation Agreement
   - Council Strategic Directions, 2023-2027

1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Virtual Meeting

Date: February 20, 2025

Time: 2-3:30pm EST

Meeting Registration: https://phf-org.zoom.us/meeting/register/tZ0lcuGtqD4tGtC8el-MvDZEzKfIJ3r43CQq

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

AGENDA

2:00-2:05	Welcome and Overview of Agenda	*Amy Lee*
2:05-2:15	Introduction of New Representative ➤ Dr. Dee Jordan, SOPHE Representative ➤ Larry Jones, NNPHI Representative	*Amy Lee*
2:15-2:20	Approval of Minutes from September 16, 2024 Meeting **Action Item**: Vote on Approval of Minutes	*Amy Lee*
2:20-2:50	Rebuilding the Public Health Workforce ➤ Alameda County Public Health Department, AHD Environmental Scan Project	*Ron Bialek, Mayela Arana, Evette Brandon, & Mia Luluquisen*
2:50-3:10	Council Member Organization Workforce Development Updates ➤ Council of State and Territorial Epidemiologists (CSTE) ➤ Council on Education for Public Health (CEPH)	*Amy Lee, Erica Smith, & Laura Rasar King*
3:10-3:25	Council on Linkages Activities Updates ➤ Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a., C.3.b.) ➤ Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.) ➤ Retention and Recruitment Learning Community (Council Strategic Directions – C.1.a.)	*Amy Lee & Mayela Arana*
3:25-3:30	Other Business and Next Steps	*Amy Lee*
3:30	➤ Adjourn	

2. Council Member List

The Council on Linkages Between Academia and Public Health Practice

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

Mark Edward Humphrey, MPH, MD
American College of Preventive Medicine

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

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

Leah Gillis, PhD
Association of Public Health Laboratories

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

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

Erin Seedorf, DrPH
Association of University Programs in Health Administration

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

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

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

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

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

Health Resources and Services Administration

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

National Association of Local Boards of Health

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

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

National Library of Medicine

Larry D. Jones, MPH
National Network of Public Health Institutes

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

Dee Jordan, PhD
Society for Public Health Education

3. Draft Meeting Minutes – September 16, 2024

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: September 16, 2024 2-4pm EDT

Meeting Minutes

Members and Designees Present: Amy Lee (Chair), Bill Keck, Terry Brandenburg, Gary Brown, Marita Chilton, Lori Edwards, Adrienne Gill, Gary Gilmore, Paul Halverson, Mark Humphrey, Jamie Michael, Laura Rasar King, Erin Seedorf, Erica Smith, Susan Swider, John Wiesman, Julie Willems Van Dijk

Other Participants Present: Yesenia Benitez, Mike Barry, Christine Beluk, Chandlee Bryan, Julie Campbell, Vera Cardinale, Candy Cates, Kacy Chrestman, Shamaree Cromartie, Jenna Constable, Andrea Damewood, Danielle Dazulma, Leslie deRosset, John Dowd, Cynthia Dunn, Jocelyn Estiandan, Lauralee Fernandez, Dan Gentry, Melissa German, Jacqueline Gierlach, Shir Ginzburg, Ellie Hansotte, Susan Hacking, Jeanette Hart, Casie Higginbotham, Shayla Holcomb, Lien House, Pam Isom, Allison Jacobs, Matthew Jackson, Cindy Jessome, Geri Kemper Seeley, Tamnnet Kidanu, Patricia Krause, Vanessa Lamers, Colin Laughney, Kate Lee, Kristen Lindemer, Fitumai Madrid, Morgan Major, Sara Mendez, Mac McCullough, Grace Minto, Kristen Mitchell, Jennifer Moore, Carol Moehrle, Brenda Nickol, Laurence Padua, Resham Patel, Trevor Pugh, Beth Ransopher, Jen Ricci, Carey Riccitelli, Rebecca Roesslet, Jennifer Romaszewski, Dwight Richards, Kaela Schommer, Silvia Shin, Turquoise Sidibe, Kathleen Sobiech, Jane Steinberg, Leslie Stalnaker, Duane Stansbury, Tamara Walker, Lora Wade, Katie Waters, Greg Wilson, Joshua Woods, Sarah Worthington, Kimberly Wu, Andrea Young, Deepika Viswanath, Eva Wong

Staff Present: Ron Bialek, Kathleen Amos, Mayela Arana

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council Chair Amy F. Lee, MD, MPH, MBA. Dr. Lee 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. Dr. Lee also welcomes two new Council Representatives from the Public Health Accreditation Board, Julie Willems Van Dijk, PhD, RN, and the American College of Preventive Medicine, Mark Edward Humphrey, MPH, MD, introduced themselves to the Council.	
Approval of Minutes from June 24, 2024 Meeting	Dr. Lee asked for any changes to the minutes of the June 24, 2024 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. John Wiesman, DrPH, MPH, seconded the motion. No additions or corrections.	Minutes of the June 24, 2024 Council meeting were approved as written.
Follow-Up from Vice Chair Discussion	Council Director Ron Bialek, MPP, led a discussion on the possibility of creating a Vice Chair position as a continuation from the June 24, 2024 meeting. Council staff and members discussed the criteria for the Vice	A vote on amending the Council Constitution and Bylaws to include a

	Chair, deciding that criteria for serving in this position would be the same as the Chair position and would be elected on the same 2-year cycle. It was discussed that the Vice Chair would fill in for the Chair in the case of absence at a Council meeting or other obligation and that while the Vice Chair could be elected as Chair following a term as Vice Chair, this would not necessarily be a requirement or responsibility.	Vice Chair will be conducted via email.
	Council staff discussed that to create a Vice Chair position would require an amendment to the Council's Constitution and Bylaws, which requires a two-thirds super majority vote of all Council representatives.	
	Gary Gilmore, MPH, PhD, MCHES, motioned to develop an amendment and put it to a vote. John Wiesman, DrPH, MPH, seconded the motion. Council staff agreed to write the amendment and conduct the vote via email.	
Public Health Advocacy Consensus Task Force • **Advisory Committee Member**	Dr. Lee led a discussion on the endorsement of the Public Health Advocacy Consensus Task Force (PH-ACT). During the June meeting, the Council was introduced to the PH-ACT, an initiative of the Lerner Center for Public Health Advocacy at the Johns Hopkins Bloomberg School of Public Health 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 Council voted in August 2024 to endorse the PH-ACT. Endorsement by the Council includes: the addition of the Council logo to the consensus webpage; designating a representative from the Council to serve on the PH-ACT Advisory Committee (1 hour per quarter) and to act in the best interest of the Council as a whole; providing occasional feedback; and helping to promote PH-ACT consensus efforts widely. Following this Council meeting, Mayela Arana, Senior Program Manager, Workforce Development, Public Health Foundation (PHF), will send an email calling for volunteers to represent the Council on the PH-ACT Advisory Committee.	Council staff announced that a call for volunteers to serve as the PH-ACT Advisory Committee representative will occur after the meeting via email.
Rebuilding the Public Health Workforce • **Current and Future Directions: CDC Public Health Infrastructure Center, Division**	Mr. Bialek introduced a discussion on current efforts to rebuild the public health workforce of CDC's Division of Workforce Development, Public Health Infrastructure Center. Andrea Young, PhD, MS, Director, Division of Workforce Development, Public Health Infrastructure Center, shared information about the Public Health Infrastructure Center's new Division of Workforce Development. She discussed the Division's mission and strategic goals, focusing on the many fellowship pathways that the	

of Workforce Development	Division supports. Dr. Young also discussed training services available to upskill the current public health workforce and strategic partnerships to address workforce priorities. Mr. Bialek invited questions and facilitated a discussion about the work of the new Division.	
Core Competencies for Public Health Professionals • **Usage of the Core Competencies** • **Core Competencies Review Cycle**	Kathleen Amos, Council Assistant Director, shared updates about the Core Competencies for Public Health Professionals (Core Competencies). 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. Since the 2021 version was released, the Core Competencies have been accessed online nearly 100,000 times, with an additional 101,000 visits to the resources and tools designed to support implementation of the competency set. Council staff regularly respond to requests for assistance related to the Core Competencies. In the same time period since the release of the 2021 version, staff has responded to 100 requests, serving 69 organizations in 29 states, DC, and five other countries (Canada, China, Tanzania, United Arab Emirates, and the United Kingdom). 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. Along with other tools related to the Core Competencies, this resource is	The process for revising the Core Competencies will not be initiated in 2025. 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.

	available on the Council website on the updated Core Competencies Tools page.	
	Dr. Lee facilitated a discussion of Council Members use of the Core Competencies. Meeting participants were invited to share their feedback and experiences with how they are using the 2021 version of the Core Competencies. Council Members and friends shared their experiences with using the Core Competencies for developing leadership training, evaluating staff, standardizing job descriptions, identifying training needs and gaps, and developing workforce development plans. Members shared that a greater focus on advocacy and connections with the Foundational Public Health Services would be helpful.	
	Dr. Lee transitioned to discuss the review cycle for the Core Competencies. On a three-year cycle, the Council discusses the timing for updating the Core Competencies to ensure that the Core Competencies reflect evolving public health workforce roles, responsibilities, and functions.	
	The most recent revision of the Core Competencies was approved by the Council in October 2021 and is being used extensively by many health departments, academic institutions, and national organizations.	
	The feedback received from the field is very positive regarding the current version of the Core Competencies. They are simpler to use, the language is clearer, and many topical issues important to public health are being addressed. The Core Competencies have also been worked into other competency sets, like the newly revised Applied Epidemiology Competencies that the Council has heard about in the past from the Council of State and Territorial Epidemiologists.	
	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.	
	Dr. Lee led a discussion of the review of the Core Competencies. The Discussion focused on the need for careful consideration before making changes to Core Competencies, with several members emphasizing that it's too soon to revise them given that people are still adjusting to the latest revision. Some felt that while updates should be made periodically to maintain relevance, the process should be gradual to allow for full implementation and to avoid overwhelming health departments and others that rely on the Core Competencies. Additionally, there was a consensus on the importance of gathering feedback and planning	

	collaboratively with other organizations, such as the Public Health Accreditation Board for future updates.	
Academic Health Department Learning Community	Ms. Amos and C. William Keck, MD, MPH, Chair of the Academic Health Department (AHD) Learning Community, provided an update on AHD Learning Community activities. 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. Since the last Council meeting, Council staff have responded to eight requests from seveb organizations in five states, DC, and Kenya. Council staff are also beginning to apply AHD partnership expertise 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. 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. Council staff participated in the Tennessee Department of Health Academic Practice Linkages Symposium 2024, where the state health department and representatives from academic institutions across the state provided an introduction to AHD partnerships to help frame discussion around developing such partnerships in Tennessee. CDC invited Council staff to present a seminar for CDC staff on AHD partnerships, which will take place in September 2024. This seminar will 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. Webinars play a significant role in the Council's educational offerings as well. The Council's series of	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.

	AHD webinars has been running for 10 years, and webinars are also presented in collaboration with other organizations upon request. Work is now underway to make the collection of archived webinars in the AHD Webinar Series accessible as a training plan on the TRAIN Learning Network. 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, Council staff and Dr. Keck, as Chair of the AHD Learning Community, collaborated on a book that is set for publication. The book is called *Academic Health Department Partnerships: Bridging the Gap Between Town and Gown* and captures learnings from decades of work with AHD partnerships and the AHD Learning Community. It is somewhat 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 valuable. Dr. Keck invited questions about the AHD Learning Community.	
Retention and Recruitment Learning Community	Ms. Arana and Terry Brandenburg, MBA, MPH, CPH, Chair of the Retention & Recruitment Workgroup, shared updates about the Retention and Recruitment (R&R) Learning Community. 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. To guide development of the R&R Learning Community, an R&R Workgroup was established and includes more than 70 members from health departments and partner organizations across the country. The Retention and Recruitment Workgroup met three times over the summer and significant progress was made toward development of the R&R Learning Community, including articulation of the purpose of the Learning Community; and consideration of potential Learning Community activities which may include webinars, podcasts, blog posts, social media engagement, development of tools and resources, and interactive storytelling.	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.

	With the support and direction of the Workgroup a retention and recruitment toolkit is being developed, 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. The decision has been made to move the launch date to November to be sure that there is funding to fully implement and continue this effort. Ms. Arana asked for questions about the R&R Learning Community.	
Upcoming Conferences • **Open Forum: Next Generation** • **Public Health Learning Forum: Workforce Development in Action** • **American Public Health Association Annual Meeting**	Ms. Amos and Ms. Arana updated the Council on upcoming presentations of Council initiatives at conferences this year. The 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 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 on 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. The Public Health Foundation will host the 2024 Public Health Learning Forum virtually from October 15-18, 2024. This year's theme is "Workforce Development in Action" and sessions will focus on training and tools to support public health workforce development and building governmental public health workforce capacity. APHA will host its 2024 Annual Meeting & Expo from October 27-30, 2024 in Minneapolis, MN. This year's theme is "Building Trust in Public Health Science." Council staff will be engaged in two sessions: 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 the Academic Health Department (AHD) Roundtable (Session 3102.0). Hosted by the Academic	

	and Practice Linkages in Public Health Caucus (ASPPH, PHAB, PHF). Ms. Amos asked for questions about upcoming conferences.	
Other Business and Next Steps	Dr. Lee asked if there was any other business to address. This was the last Council meeting scheduled for 2024. Council staff will be in touch soon about scheduling meetings in 2025. More information will be shared when it is available.	Questions can be sent to Mayela Arana at marana@phf.org.

4. Rebuilding the Public Health Workforce

- **Rebuilding the Public Health Workforce: Alameda County Public Health Department, Academic Health Department Partnership Environmental Scan Project Report**

The Council on Linkages Between Academia and Public Health Practice

Rebuilding the Public Health Workforce:
Alameda County Public Health Department, Academic Health Department Partnership
Environmental Scan Project

February 20, 2025

Overview

Over the past few months the Public Health Foundation (PHF) has collaborated with the Alameda County Public Health Department to better understand their existing Academic Health Department (AHD) partnerships and identify opportunities to strengthen, formalize, and expand their partnerships. During this Council on Linkages Between Academia and Public Health Practice meeting, Evette Brandon, Director, Quality Improvement and Accreditation, and Mia Luluquisen, Deputy Director, Community Assessment Planning and Education from the Alameda County Public Health Department in California will share insights on past and existing partnerships in Alameda County, highlighting their successes with minority serving institutions. They will also discuss how they have utilized Public Health Infrastructure Grant (PHIG) funding to work with PHF to conduct an environmental scan to strengthen and expand their AHD partnerships.

5. Council Member Organization Workforce Development Updates

- **Council Member Organization Workforce Development Updates Report**

The Council on Linkages Between Academia and Public Health Practice

Council Member Organization Workforce Development Updates

February 20, 2025

Overview

Representatives will provide brief updates on their organization's workforce development priorities during [Council on Linkages Between Academia and Public Health Practice](#) meetings throughout 2025. In the February meeting, updates will be shared by The Council of State and Territorial Epidemiologists and the Council on Education for Public Health.

[Council of State and Territorial Epidemiologists](#) *(CSTE)*

Erica Smith will provide an update from CSTE. At the [2025 CSTE Annual Conference](#) they will be hosting a workshop titled, *Pathways to Partnership: Enhancing Collaborations between Health Departments and Academia*, on Sunday June 8, 2025 in Grand Rapids, Michigan. By the end of this workshop, participants will be able to (1) Identify existing opportunities for enhancing the epidemiology workforce pipeline, including CSTE training programs and fellowships, to address workforce challenges; (2) Describe how to initiate a partnership between a health department and academic institutions to support applied epidemiology workforce needs; (3) Discuss opportunities for health departments and academic institutions to collaborate; and (4) Discuss strategies to support the adoption of the Applied Epidemiology Competencies (AECs) through academic practice partnerships. This workshop is an excellent opportunity for academic partners to learn about successful partnerships, hear from the governmental workforce, and contribute to the conversation on enhancing collaboration. The early bird deadline for [conference registration](#) is April 17, 2025.

[Council on Education for Public Health](#) *(CEPH)*

Laura Rasar King will provide an update from CEPH. CEPH is the independent agency recognized by the United States Department of Education to accredit schools of public health and public health programs outside schools of public health at the undergraduate and graduate levels. CEPH's work assures quality and encourages improvement in public health education and training programs across the United States and abroad. Currently, CEPH accredits 259 public health schools and programs. To ensure that CEPH's accreditation process aligns with workforce needs, the accreditation criteria are opened for revision at least every five years. The next scheduled revision is in 2026, and CEPH already has begun the process of reviewing and collecting data to inform this process. Over the next year to 18 months, there will be multiple opportunities for interested parties, including students, alumni, employers, and faculty to provide input on potential revisions to accreditation criteria.

6. Core Competencies for Public Health Professionals

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

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals Report

February 20, 2025

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](#), [43% 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, Council staff have responded to 100 requests for assistance with the Core Competencies, serving 70 organizations in 29 states, DC, Canada, China, Tanzania, the 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.

Webinars and Conferences

In October 2024 the Core Competencies were highlighted as part of the 2024 [Public Health Learning Forum: Workforce Development in Action](#) in a session on using the Core Competencies and TRAIN Learning Network for workforce development activities. [Session recordings](#) are available on the TRAIN Learning Network.

Resources and Tools for Implementing the Core Competencies

Efforts to update and develop resources and tools to support individuals and organizations in implementing the Core Competencies is ongoing. These resources and tools are available on the Council website and can be found on the updated [Core Competencies Tools page](#). Input on resources and tools to support use of the Core Competencies is welcome and may be shared by emailing Mayela Arana at marana@phf.org.

Recently, Council staff agreed to collaborate with the [National Board of Public Health Examiners](#) to identify the Certified in Public Health credential skill areas that are addressed by the Core Competencies and to identify the gaps. This work will take place in 2025 with updates shared with the Council as the work progresses.

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.

7. Academic Health Department Learning Community

- **Academic Health Department Learning Community Report**

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

Academic Health Department Learning Community Report

February 20, 2025

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.

Webinars and Conferences

The Council on Linkages Between Academia and Public Health Practice (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 highlighted AHD partnerships in a session at the 2024 [Public Health Learning Forum: Workforce Development in Action](#) titled, *Unlocking Potential: Enhancing Capacity Through Academic Health Department Partnerships.* The [session recording](#) is available on the TRAIN Learning Network. Additionally, in collaboration with the Academic and Practice Linkages in Public Health Caucus, an AHD partnership roundtable and luncheon was held at the 2024 American Public Health Association Annual Meeting this past October. This event was held in response to the AHD Learning Community's desire for an in-person gathering. The roundtable featured 10 presentations covering topics such as forming AHD's, student connections, and rurally-focused partnerships.

Webinars play a significant role in the Council's educational offerings. 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. Archived webinars from the [AHD Webinar Series are now accessible](#) as a training plan on the TRAIN Learning Network. With funding from the [Association of State and Territorial Health Officials](#), the Council is planning a new webinar series focused on AHD partnerships that highlight relationships with minority-serving academic institutions. More information about the upcoming webinar series will be shared via the *Council in Linkages Update.*

Technical Assistance

Direct technical assistance (TA) 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 4 requests from state and local health departments in Wisconsin, Minnesota, Vermont, and Connecticut since the last Council meeting.

AHD expertise is now being applied in more in-depth TA engagements. The first such engagement involves Council staff conducting an environmental scan to lay the groundwork for

building AHD partnerships in Alameda County, California. More information about this TA project is described in the Rebuilding the Public Health Workforce: Alameda County Public Health Department, Academic Health Department Partnership Environmental Scan Project Report. Additionally, through funding provided by ASTHO, the Public Health Foundation (PHF) will be providing TA to three health departments receiving Public Health Infrastructure Grant funds.

Resources
Since the start of the AHD Learning Community, various resources and tools have been developed based on ongoing learning and sharing. With funding from ASTHO, PHF is developing vignettes and a toolkit to help share success stories and provide examples for organizations looking to establish, expand, or formalize their AHD partnerships. More information about these resources will be shared via the *Council on Linkages Update*.

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.

8. Retention and Recruitment Learning Community

- **Retention and Recruitment Learning Community Report**

The Council on Linkages Between Academia and Public Health Practice

Retention and Recruitment Learning Community Report

February 20, 2025

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), approved during the March 2024 Council meeting. The R&R Learning Community aims to explore and address factors influencing workforce retention and recruitment, equipping public health agencies with valuable tools and resources. The intent of this community is 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.

Development of the R&R Learning Community is guided by the [R&R Workgroup](#). The R&R Workgroup is comprised of over 70 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.

Webinars and Conferences

Council staff regularly share expertise at national, regional, and local events. For example, Council staff highlighted retention and recruitment strategies in a session at the 2024 [Public Health Learning Forum: Workforce Development in Action](#) titled, *Laying the Groundwork: Essentials of Public Health Workforce Development.* The [session recording](#) is available on the TRAIN Learning Network. Additionally, the Council session at the 2024 American Public Health Association Annual Meeting focused on supporting retention and recruitment of the public health workforce.

Resources

The Public Health Foundation (PHF), in collaboration with the [R&R Workgroup](#), developed a new [Retention & Recruitment Toolkit](#) that provides resources, tools, and practical strategies to improve retention, reduce recruitment needs, and build a diverse, skilled workforce. This initial version of the toolkit is a PDF document that includes the organizing framework that was developed with support of the R&R Workgroup along with links, examples, and strategies gathered over the past year. PHF will continue gathering resources and content to enhance this tool and later transition it into a more user-friendly web-based format.

Progress Toward Development of the R&R Learning Community

While significant progress has been made toward the development of the R&R Learning Community, additional efforts in this area will continue at a reduced rate while PHF explores opportunities for sustained funding of the Learning Community.

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.

9. 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)

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 RESPONSBILITIES:

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; January 16, 2025

The Council on Linkages Between Academia and Public Health Practice

Participation Agreement

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.