



Academic Health Department Workgroup Meeting

Date: Friday, January 7, 2011

Time: 3:00-4:30 pm EST

Call Number: 1.888.810.2187

Pass Code: 841190#

AGENDA

1. Welcome

- Introductions
- Overview of Agenda

2. Overview of Academic Health Department Learning Community Initiative

- Role of Academic Health Department Workgroup
- Workgroup “Housekeeping”

3. Defining the Academic Health Department

- Discussion of “Academic Health Departments: Core Concepts” Paper

4. Learning Community Plans

- Initial Meeting
- Potential Topic(s) for First Meeting:
 - AHD Concept Paper
 - Is there a step-wise approach to developing, growing, and sustaining an Academic Health Department?
- Learning Community Profile

5. Next Steps

- Additional Comments on Learning Community Profile and AHD Concept Paper
- Quarterly Meetings
- Learning Community Conference Call
- Other

Academic Health Department Workgroup Charge

The Academic Health Department (AHD) Workgroup is charged with advising the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) on the creation of a Learning Community for individuals and organizations involved or interested in the AHD concept. The Workgroup will contribute to defining the AHD concept, delineating the purpose of the Learning Community, and establishing parameters and a plan of action for the Learning Community. Workgroup members may be requested to review relevant materials, consider input from public health professionals, provide guidance on the selection of a Learning Community format appropriate for meeting the needs of the audiences identified above (e.g., the group may convene via web conference or teleconference), and advise on topics to be addressed during Learning Community meetings.

The AHD Workgroup is chaired by C. William Keck, MD, MPH, Professor Emeritus at the Northeastern Ohio Universities Colleges of Medicine and Pharmacy and Chair of the Council on Linkages. Funding for the Council on Linkages is provided by the Centers for Disease Control and Prevention and the Health Resources and Services Administration. The Council on Linkages is staffed by the Public Health Foundation.

Academic Health Departments: Core Concepts - DRAFT

Definition

An academic health department (AHD), or teaching health department, represents a formal affiliation between a health professions school and a state or local health department. Health professions schools are academic institutions housing schools or programs in public health, medicine, nursing, dentistry, environmental health, health education, or any of a variety of other health fields.^{1,2}

The AHD arrangement is the public health equivalent of the “teaching hospital” affiliation that formalizes the relationship between medical schools and hospitals. It exists to strengthen the linkage between public health practice and its broad academic base and is designed to enhance public health education and training, research, and service. AHDs can serve as public health training sites for students of public health and the clinical health sciences, as well as sites for research and practice involving both academic and practice communities.^{1,2}

Attributes

A variety of types and levels of partnership exist between academic institutions and health departments. While these can represent productive collaborative relationships, potential benefits to both types of institutions may be maximized by formalizing the relationships between the partners. A comprehensive AHD may be defined by the following attributes:

- Involvement of, at minimum, one health professions school and one health department
- Formal written agreements between partnering institutions
- Shared personnel, often in the form of faculty or staff who are jointly appointed and funded
- Organizational structures that allow the sharing of resources between partnering institutions
- Exchange of money or other forms of compensation between partnering institutions as services are provided
- Collaborative efforts to provide education and training for students and public health professionals grounded in public health theory and practice
- Joint proposal and implementation of research projects
- Shared support for and participation in providing public health services
- Collaborative and mutually beneficial relationships^{1,2}

Purpose

The AHD is meant to enhance public health education and training, research, and service by facilitating collaboration across the academic and practice communities. As such, it responds to several key issues facing the public health field. Use of the AHD model may help to address:

- Concerns regarding the separation of education and public health practice and the relatively low percentage of public health practitioners with formal public health education, faculty with public health practice experience, and graduates seeking employment in health departments

¹ Keck WC. (1998). *A Proposal to Examine the Question of What Should be Done to Facilitate the Development of Academic Health Departments*. Available from <http://www.phf.org/link/ahd.htm>

² Keck WC. (2000). Lessons learned from an academic health department. *Journal of Public Health Management and Practice*; 6(1): 47-52.

- Concerns related to the level of preparedness of students and public health professionals to meet local public health needs
- Health departments' limited abilities to access the expertise necessary for assessing and responding to community health needs
- The lack of quality community-based or applied public health research
- The need for continuing education and exposure to public health innovation for public health professionals in both academic and practice environments^{2,3,4,5}

Benefits

One defining characteristic of the AHD is that benefits are realized by all partnering institutions and the communities served by the health departments as a result of the AHD affiliation.

Numerous benefits may be derived from an effective AHD relationship and may include:

- Increased awareness of and appreciation for public health practice and respect for public health professionals
- Increased capacity for performing core public health functions and meeting community health needs
- An ability to maximize and target the use of scarce resources
- Additional, and better qualified, professionals providing public health services
- Public health graduates better prepared to enter the workforce with a solid foundation and skills in public health theory and practice
- Enhanced career opportunities and broader career options for public health graduates
- Enhanced opportunities for recruitment of public health graduates and professionals into practice environments and public health practitioners into academic environments
- Better integration of public health principles in health sciences curricula
- Lifelong learning opportunities for public health professionals
- Increased opportunities for applied research addressing local public health issues, as well as access to communities and community-based data for research purposes
- Enhanced opportunities for grant funding
- Increased access to academic resources and expertise to improve the provision of public health services
- The exchange of fresh ideas and perspectives
- A broader and more cohesive communication network for disseminating information relevant to public health
- Advances in the science of public health and an expansion of the knowledgebase for public health decisions and policies
- A rethinking of the division within public health in which academic institutions focus on education and research, while practice institutions focus on service^{2,3,6,7,8,9}

Ultimately, AHDs strive to improve the public health system and, in so doing, the health of the communities they serve.^{1,3}

³ Association of Schools of Public Health. (n.d.). *Academic Health Departments: Pioneering Academic-Practice Collaboration*. Available from <http://www.asph.org/UserFiles/AcademicHealthDepartments.pdf>

⁴ Conte C, et al. (2006). Academic health departments: From theory to practice. *Journal of Public Health Management and Practice*; 12(1): 6-14.

⁵ Institute of Medicine. (1988). *The Future of Public Health*. Washington, DC: National Academy Press.

⁶ Kegler MC, et al. (2006). Multiple perspectives on collaboration between schools of public health and public health agencies. *Public Health Reports*; 121: 634-639.

⁷ Livingood WC, et al. (2007). Assessing the status of partnerships between academic institutions and public health agencies. *American Journal of Public Health*; 97(4): 659-666.

⁸ Mahan C, Silver GB. (2006). More practice, but still not perfect. *Journal of Public Health Management and Practice*; 12(1): 28-30.

⁹ Swain GR, et al. (2006). Local health department and academic partnerships: Education beyond the ivy walls. *Journal of Public Health Management and Practice*; 12(1): 33-36.

**Academic Health Department Learning Community Profile
DRAFT Questions**

[INTRODUCTORY STATEMENT]

Academic Health Department Experience

1. Does your organization have relationships with other public health academic or practice organizations characterized by:

- Formal written agreements
- Shared personnel
- Shared resources
- Compensation for services provided
- Collaborative public health education/training
- Joint research projects
- Shared provision of public health services
- Collaboration and mutual benefit
- No relationships
- Other (please specify)

2. If your organization has relationships with other public health academic or practice organizations, are these connections primarily for the purpose of:

- Public health education/training
- Public health research
- Public health service provision
- Other (please specify)

3. Does your organization currently participate in a partnership with, or as, an academic health department (AHD)?

- Yes
- No
- Has in the past, but not currently
- Unsure

If you answered YES, please complete questions 3.a. and 3.b. If you did not answer YES, please skip to question 4 below.

3.a. Please list the name(s) of the organizations involved.

3.b. How long has the AHD existed?

4. Is your organization currently working to form an AHD?

- Yes
- No
- Unsure

Demographics

5. How many years have you been employed as a public health practitioner and/or academic?

6. Are you currently employed by a:
- Public health academic organization
 - Public health practice organization
 - Both
 - Neither
 - Other (please specify)

7. Current work setting (please select all that apply):
- Academic institution
 - Governmental public health
 - Community/migrant health center
 - Healthcare services
 - Hospital
 - Nonprofit organization
 - Private industry
 - None
 - Other (please specify)

8. How large is your *[primary/academic/practice – skip logic options may help determine exact wording of this question]* organization?
- Not sure/Unknown
 - Less than 25 people
 - 25-99
 - 100-499
 - 500-999
 - 1,000-9,999
 - 10,000 or more

Closing

9. Name and Position (please provide this information as you would like it to appear in your profile):
- Name
 - Academic Degrees/Professional Certifications *[will provide a list from which people can select]*
 - Position Title
10. Contact Information:
- Organization
 - Street Address
 - City
 - State
 - Zip
 - Phone
 - Email
11. Are you willing to have this profile information made available through the Council on Linkages Between Academia and Public Health Practice website?
- Yes
 - No

12. Please share with us documents (e.g., memoranda of understanding) or other resources you have that may help others develop, sustain, or expand AHDs. Materials may be sent to Kathleen Amos at kamos@phf.org.

13. Is there anything else you would like to tell us about your experience with or interest in AHDs?



**Academic Health Department Workgroup
Members**

Name	Organization
Bill Keck (Chair)	Department of Community Health Sciences, Northeastern Ohio Universities Colleges of Medicine and Pharmacy
Wanda Aberle	Peoria City/County Health Department (IL)
Gerald Barron	Graduate School of Public Health, University of Pittsburgh (PA)
James J. Burns	College of Medicine, Florida State University; Sacred Heart Children's Hospital (FL)
Larry Cohen	Scientific Education and Professional Development Program Office, Centers for Disease Control and Prevention
Ralph Cordell	Scientific Education and Professional Development Program Office, Centers for Disease Control and Prevention
John M. (Jack) DeBoy	Laboratories Administration, Maryland Department of Health and Mental Hygiene
Diane Downing	School of Nursing & Health Studies, Georgetown University (DC)
Patricia Drehobl	Scientific Education and Professional Development Program Office, Centers for Disease Control and Prevention
Terry Dwelle	North Dakota Department of Health
Linda Frazee	Bureau of Local and Rural Health, Kansas Department of Health and Environment
Julie Gleason-Comstock	Center for Urban Studies and Department of Family Medicine & Public Health Sciences, Wayne State University (MI)
John Gwinn	Kent City Board of Health (OH)
Georgia Heise	Three Rivers District Health Department (KY)
Robert Hood	Office of Public Health Research, Florida Department of Health
Colleen Hughes	
Louise A. Kent	Northern Kentucky Health Department
Deb Koester	College of Health Sciences, Marshall University (WV)
Cynthia D. Lamberth	College of Public Health, University of Kentucky
Lisa Lang	National Library of Medicine
Amy F. Lee	Consortium of Eastern Ohio Master of Public Health
Susan Lepre	
Bill Livingood	DCHD Institute for Public Health Informatics & Research, Duval County Health Department (FL)
Bryn Manzella	Jefferson County Department of Health (AL)
Marcia Mills	Minnesota Department of Human Services
Janet Place	North Carolina Institute for Public Health, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill
Beth A. Resnick	Bloomberg School of Public Health, Johns Hopkins University (MD)
Bill Riley	School of Public Health, University of Minnesota
Yolanda Savage-Narva	National Association of Local Boards of Health
David P. Steffen	University of North Carolina at Chapel Hill
Patricia Thompson-Reid	Division of Diabetes Translation, Centers for Disease Control and Prevention
Susan C. Webb	Center of Excellence in Public Health Workforce Research and Policy, College of Public Health, University of Kentucky
Kate Wright	School of Public Health, Saint Louis University (MO)