The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Date: **Tuesday, March 29, 2011**
Time: **8:00 am — Noon ET**
Venue: **Hyatt Regency Crystal City at Reagan National Airport, Room Washington B**
2799 Jefferson Davis Hwy
Arlington, VA 22202

AGENDA

8:00 am—8:30 am	Continental breakfast	
8:30 am—8:45 am	Welcome, Introductions, and Overview of Agenda	*Bill Keck*
8:45 am—8: 55 am	Strategic Planning Meeting ➤ Debriefing and next steps	*Bill Keck*
8:55 am—9:00 am	Approval of Minutes from 10/25/2010 meeting	*Bill Keck*
9:00 am—9:10 am	CDC Update	*Denise Koo*
9:10 am—9:20 am	HRSA Update	*Wendy Braund*
9:20 am—9:50 am	Pipeline Workgroup Report ➤ Expansion of survey ➤ Identification of recruitment and retention strategies	*Vince Francisco*
9:50 am—10:05 am	Core Competencies Workgroup Report ➤ Status of tools to assist with Core Competencies use ➤ What else is needed to foster and promote use of the Core Competencies?	*Bill Keck*
10:05 am—10:20 am	Break	
10:20 am—10:40 am	Academic Health Department Learning Community Report ➤ Status of initiative ➤ Next steps	*Bill Keck*

10:40 am—10:50 am	**Improving and Measuring the Impact of Training** ➤ New Council Task Force ➤ Identification of experts ➤ Anticipated deliverables	*Ron Bialek*
10:50 am—11:00 am	**Guide to Community Preventive Services** ➤ Public Health Works series ➤ Council advisory role	*Ron Bialek*
11:00 am—11:20 am	**Feedback from Council member organizations on:** ➤ Issues/topics that leaders of member organizations may want to convey to the Council ➤ Strategies they employ to communicate with leaders and constituents regarding Council activities ➤ How Council staff can facilitate communications with leadership and constituents of Council member organizations	*Bill Keck*
11:20 am—11:35 am	**New website** ➤ New features ➤ Blog, News, Tools	*Ron Bialek*
11:35 am—11:45 am	**Next Steps**	*Bill Keck*
11:45 am to Noon	**Other business**	
Noon	**Adjourn**	

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Members

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

Meeting Minutes
Council on Linkages Conference Call Meeting
11:00 am—1:00 pm ET
October 25, 2010

Members Present: C. William Keck, Chris Atchison, Wendy Braund, José Cordero, Diane Downing, Terry Dwelle, Vince Francisco, John Gwinn, Gary Gilmore, Julia Heany, Larry Jones, Denise Koo, Amy Lee, Lisa Lang, Jeanne Matthews, Mike Barry (for Hugh Tilson)

Other Participants Present: Sonja Armbruster, Karlene Baddy, Joan Ellison, Connie Evashwick, Kristine Gebbie, Linda Frazee, Alex Hart, Georgia Heise, Rebecca Hines, Jeff Jones, David Knapp, Melissa Lewis, Mehran Massoudi, Kathy Miner, Judy Morley, Robin Pendley, Janet Place, Yolanda Savage, Ed Salsberg, Jeff Singh, Kathleen Smith, Chris Stan, Tanya Uden-Holman, Liz Weist, Susan Webb, Janna West-Kowalski

Staff Present: Ron Bialek, Kathleen Amos, Pam Saungweme

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting commenced with a welcome and overview of the agenda by Council on Linkages Chair, C. William Keck, MD, MPH. Following this, all present were invited to identify themselves.	
Approval of Minutes from May 3rd Meeting	Dr. Keck asked if Council on Linkages members had additions or corrections to make to the May 3rd meeting minutes.	Council on Linkages members approved the minutes as written.
Status of Funding	Denise Koo, MD, MPH of the Centers for Disease Control and Prevention (CDC) and Wendy Braund, MD, MPH, MSEd of the Health Resources and Services Administration (HRSA) announced that CDC and HRSA are jointly funding several initiatives of the Council on Linkages through an inter-agency agreement. Both Federal agencies expressed enthusiasm about working together to promote academic/practice collaboration and assure a well-trained public health workforce and a strong public health infrastructure through these initiatives.	
Public Health Workforce Enumeration Project	Mehran Massoudi, PhD, MPH of the CDC gave an update on the status of the enumeration project, noting that the CDC and HRSA have funded two centers of excellence at the University of Kentucky and the University of Michigan to focus on workforce-related Public Health Systems and Services Research. Dr. Massoudi noted that plans are underway to determine the feasibility of routinely enumerating the public health workforce. Ed Salberg, MPA, Director of HRSA's National Center for Workforce Analysis in the Bureau of Health Professions, added that, while the current enumeration project is unlikely to be as comprehensive as might be optimal, it will be a key first step for future public health workforce enumeration efforts.	

Pipeline Workgroup Report	Pipeline Workgroup Chair, Vincent T. Francisco, PhD, outlined the background and purpose of the Council on Linkages survey of public health workers fielded in 2010. He thanked Council on Linkages member organizations for their support, from publicizing the survey to donating survey prizes, in an effort to obtain a high response rate. Jeff Jones, PhD outlined the survey methods. He stated that a random sample was embedded in the census population and that there were no significant differences between the census and the random sample. Dr. Jones emphasized that survey findings are only reflective of the views of the 11,637 individuals who responded to the survey. All present were invited to ask questions or provide feedback on analyses that they felt might be useful. Ron Bialek, MPP discussed survey results as well as their potential implications. Mr. Bialek further stated that even though the survey results only reflect the opinions of the nearly 12,000 individuals who responded, it may be worthwhile to listen to the voices of these individuals.	Additional data analyses will be conducted by the University of Kentucky and Council on Linkages staff.
Core Competencies Workgroup Report	Core Competencies Workgroup Chair, Diane Downing, RN, PhD, urged Council on Linkages member organizations to send staff information about their efforts to promote use of the Core Competencies. She indicated that this information will be posted on the Council on Linkages' website in order to recognize and exhibit Council on Linkages member organizations' efforts to publicize the Core Competencies. Dr. Downing also reported on the status of Core Competencies Workgroup activities. She stated that the Workgroup and its subcommittee, the Competencies to Practice Toolkit Subgroup, were developing new Core Competencies tools and would incorporate relevant, existing tools into a user-friendly, online format for public health practitioners to use. Tools are being produced in response to requests from practice organizations for tools that can help them use the Core Competencies to better understand, assess, and meet their workforce development needs. Janet Place, MPH, Chair of the Competencies to Practice Toolkit Subgroup, added that feedback on Core Competencies tools would be sought at the APHA annual meeting. She also noted that work was underway to integrate the revised Core Competencies into TRAIN.	Staff will ask Council on Linkages member organizations to report how they are promoting Core Competencies use. This information will be posted on the Council on Linkages' website. The Core Competencies Workgroup will solicit feedback about tools from practitioners at the APHA annual meeting and through other platforms. Following this, Core Competencies tools will be available online.

Public Health Preparedness and Response Competency Model	Connie Evashwick, ScD and Liz Weist, MA, MPH of the Association of Schools of Public Health (ASPH) discussed the status of the draft Public Health Preparedness and Response Competency Model being developed for about 300,000 public health preparedness workers. They indicated that 400 individuals had provided feedback and additional comments were welcome.	To obtain additional comments from the public health community, ASPH will convene a town hall meeting focusing on this competency set on Sunday, November 7, 2010 at the APHA annual meeting in Denver, CO.
Academic Health Department Learning Community	Dr. Keck led the Academic Health Department (AHD) Learning Community discussion, reminding the Council on Linkages of its desire to establish a national AHD Learning Community. He indicated that work has begun on this project and invited all interested parties to join the AHD Learning Community and/or the Workgroup that will define the Learning Community's activities. Dr. Keck also asked that those who would like to join either of the groups email their contact information to Kathleen Amos at KAmos@phf.org.	
Next Steps	The Council on Linkages will engage in strategic planning in early 2011 and will have an opportunity to revisit its original list of objectives and strategies.	The Council on Linkages will convene for a 1½ day meeting in the spring of 2011. Proposed meeting dates will be sent to Council on Linkages members under separate cover.

- *Provides leadership in public health-related training and education*
- *Manages innovative, evidence-based programs preparing the current and future public health and health care workforce to meet ongoing and emerging public health challenges of the 21st century*

SEPDPO Mission

SEPDPO provides leadership in public health training and education, and manages innovative, evidence-based programs to prepare the health workforce to meet 21st century public health challenges.
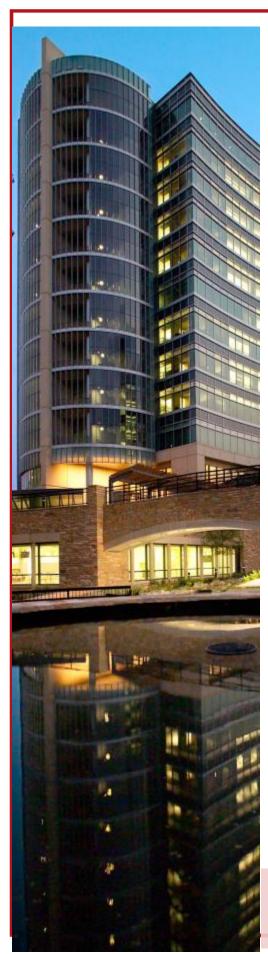
SEPDPO:

- Develops a diverse workforce through CDC-sponsored fellowships, internships and student programs, where participants provide service while learning at CDC and in public health agencies across the country and abroad

- Directs programs that engage students (K-12, undergraduate) and health professionals in considering public health as a career

- Provides training in core public health sciences, as well as providing curricula, consultation, and technical assistance

- Conducts workforce-related research and ensures the use of best practices for professional development programs

- Works with partners in academia, state and local health agencies, and professional organizations to address training and education needs

Major Activities in Office of the Director

- **Career Paths to Public Health (CPP)**
  SEPDPO directs programs that engage students and promotes public health careers by supporting science, public health, and epidemiology education for students and educators.
- **CDC-Hubert Global Health Fellowship**
  A six- to twelve-week overseas rotation in public health for third- and fourth-year medical or veterinary students; 10 students each year.
- **Epidemiology Elective Program for Senior Medical and Veterinary Students**
  A six- to eight-week rotation in applied epidemiology and public health for fourth-year medical or veterinary students; 50 students each year.
- *The CDC Experience* **Applied Epidemiology Fellowship**
  A one-year fellowship in applied epidemiology and public health for third- and fourth-year medical students; 8 fellows each year.

SEPDPO Divisions

There are two divisions in SEPDPO.

Division of Applied Sciences—provides training in applied public health sciences through experiential learning and service internships and fellowships. Fellows provide technical assistance to state and local public health agencies in the areas of epidemiology, informatics, and economic analysis.

CDC Steven M. Teutsch Prevention Effectiveness Fellowship (PEF) is a two-year postdoctoral fellowship for economists, health services researchers, decision scientists, operations researchers, and other quantitative policy analysts; 5–10 fellows each year.

Epidemic Intelligence Service (EIS) is a two-year program of training and service in applied epidemiology, largely for persons holding doctoral degrees (MD, DVM, PhD, DDS, also RN/MPH, PharmD/MPH); 75–80 officers each year.

Preventive Medicine Residency and Fellowship (PMR/F) is a one-year program focusing on leadership, management, policy development, and program evaluation, largely for EIS graduates (MD or DVM); 6–8 residents each year.

Public Health Informatics Fellowship Program (PHIFP) is a two-year fellowship for individuals with a minimum of a master's degree (e.g., MD, PhD, MPH, MS) and with training and experience in a health-related field and information/computer science and technology; 6–8 fellows each year.

Division of Leadership and Practice—provides experiential training in public health leadership and management, and provides educational development for the existing public health workforce.

CDC's Continuing Education Program maintains continuing education programs, accredits offerings, and awards continuing credits to health professionals. In 2010, this program accredited 450 CDC-sponsored offerings and awarded CE credit to various health professionals in over 78,000 course registrations.

CDC Learning Connection provides critical training and education programs and maximizes the use of technology for accessing quality public health learning products for health professionals (www.cdc.gov/learning).

Emerging Leaders Program (ELP)—SEPDPO coordinates CDC participation in this Department of Health and Human Services' program, a two-year fellowship for individuals with a minimum of a bachelor's degree (with qualifying work experience) or a graduate degree, with a focus in leadership and management; 5-10 fellows each year.

Presidential Management Fellows (PMF)—SEPDPO coordinates CDC participation in this Office of Personnel Management's program, a two-year fellowship for individuals with a masters, law, or doctoral-level degree, with a focus on leadership and management of policy and programs; 10-15 fellows each year.

CDC Learning Connection
At a Glance

Although many public health learning products exist online, they are often difficult to locate. To increase access to and availability of quality learning products for the public health community, the Centers for Disease Control and Prevention has established the *CDC Learning Connection* website. This website currently features a listing of learning products and will evolve to provide a searchable, online data base and a dynamic learning management system. The *CDC Learning Connection* is forging a remarkable first step in the coordination of public health training products: serving as a one-stop resource for fulfilling the training needs of the public health community.

Quality Assured Learning

In one central location, the *CDC Learning Connection* provides high quality learning products that are available from CDC and CDC partners. The website features selected products that have been reviewed by CDC subject matter experts from across the agency and instructional designers from CDC's Scientific Education and Professional Development Program Office. These featured products meet CDC educational best practice standards. Accuracy of scientific content, Section 508 accessibility and no-cost availability are verified by CDC or CDC partners. Products cover topics across the range of public health disciplines.

Products are available in the following media formats:

- Podcasts
- E-learning and other web-based products
- Electronic publications
- Webcasts

The *CDC Learning Connection* currently provides

- An online repository for technology-enabled public health learning products
- Information on newly accredited courses for continuing education
- The ability to identify and share instructional products that meet CDC's educational best practice standards

Dynamic Capabilities on the Horizon

CDC has partnered with the Public Health Foundation to integrate the "TRAIN" learning management system (LMS) into the *CDC Learning Connection*. Through the use of this highly flexible and robust learning management system, over the coming months the *CDC Learning Connection* will evolve and allow

- Advanced search capabilities with user preferences that aid in the creation of personalized training plans
- A user rating system
- Learner impact assessment through embedded evaluation methods
- The ability to identify gaps in training content
- The generation of detailed, customizable reports that inform training and education trends and needs throughout the public health community

For More Information
Visit the CDC Learning Connection at http://www.cdc.gov/learning. E-mail your questions and comments to learning@cdc.gov.

11/05/2010

**The Council on Linkages
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Pipeline Workgroup Report

March 29, 2011

Overview
The purpose of the Pipeline Workgroup is to assist the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) with identifying strategies aimed at recruiting and retaining a skilled and competent public health workforce. After establishing in 2008 that existing public health workforce data were insufficient, the Council on Linkages decided that collecting its own data on how, when and why individuals enter, remain in or leave public health was a key first step in developing effective recruitment and retention strategies for public health. The Council on Linkages charged the Pipeline Workgroup with developing a survey that would begin to answer these questions. The survey would focus on governmental public health as that is where public health worker shortages are most critical.

After undergoing thorough review in 2009, the survey instrument was deployed to over 70,000 current and former public health workers in the spring of 2010. Responses were received from nearly 12,000 public health professionals who use TRAIN (the learning management system developed by the Public Health Foundation) and those in one non-TRAIN state (Alabama Department of Public Health). While survey results cannot be generalized to the overall public health workforce, they can help inform the Council on Linkages deliberations about recruitment and retention strategies.

Current Activities
Several recruitment and retention activities are presently underway:
➢ Now that data collected from the survey have been thoroughly sliced and diced in different ways (mainly to see if any additional findings might be unraveled) a final report containing survey results is being developed and will be available in the next two to three months.
➢ Existing published and grey literature about recruitment and retention strategies that have been employed in public health, nursing and other professions are being reviewed.
➢ In efforts to get a more rounded picture of the public health workforce, plans are underway to deploy the 2010 survey to non-TRAIN states. This effort is being supported by a new Council on Linkages funder, the Robert Wood Johnson Foundation.

Next Steps
After completion of the activities noted above, the following will ensue:
➢ A final report of the 2010 survey will be presented to the Pipeline Workgroup for review. Following Workgroup review and comments, the report will be presented to the Council on Linkages for approval.
➢ Recruitment and retention strategies being employed in public health and other fields will be presented to the Pipeline Workgroup for discussion. Workgroup recommendations that emerge from the discussion will be presented to the full Council on Linkages for consideration.
➢ Staff will be contacting Senior Deputies of non-TRAIN states and inviting them to participate in the 2011 survey. The survey is anticipated to be launched in May.

**The Council on Linkages
Between Academia and
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Pipeline Workgroup Members

Chair:

➤ *Vincent T. Francisco*, University of North Carolina at Greensboro, NC

Members:

➤ *Susan Allan*, School of Public Health, University of Washington, WA

➤ *Ralph Cordell*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA

➤ *Pat Drehobl,* Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA

➤ *Julie Gleason-Comstock,* School of Medicine, Wayne University, MI

➤ *Georgia Heise*, Three Rivers District Health Department, KY

➤ *Azania Heyward-James*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA

➤ *Jean Moore*, Center for Health Workforce Studies, SUNY School of Public Health, NY

➤ *Clese Erikson*, Association of American Medical Colleges, DC

➤ *Susan Lepre*

➤ *Henry Taylor*, Bloomberg School of Public Health, Johns Hopkins University, MD

➤ *Tanya Uden-Holman*, School of Public Health, University of Iowa, IA

➤ *Susan Webb*, University of Kentucky, College of Public Health, KY

➤ *Marlene Wilken*, Creighton University, School of Nursing, NE

Slide 1

Pipeline Workgroup: Developing Recruitment & Retention Strategies for Public Health

Vincent T. Francisco, PhD
Council on Linkages In-Person Meeting
Arlington, VA

March 29, 2011

Slide 2

In the Beginning…

- The Council sought to develop **recruitment and retention strategies** for public health
- This was in response to reports about public health worker shortages due to:
  - An aging workforce
  - Fewer people entering public health
- The Council recognized the importance of developing strategies grounded in evidence

Slide 3

On the Public Health Worker Pipeline…

- To develop effective strategies, it is first necessary to thoroughly analyze the public health worker pipeline

Current Workforce: 550,000

Slide 4

Pipeline Workgroup

- Purpose:
  - To assist the Council with developing **recruitment and retention strategies** for the public health workforce

- To achieve this end the Workgroup:
  - Conducts literature searches
  - Collects data
  - Will use the literature and data to recommend **recruitment and retention strategies** to the Council

Slide 5

Pipeline Workgroup Members

Chair:
- *Vincent T. Francisco*, University of North Carolina at Greensboro, NC

Members:
- *Susan Allan*, School of Public Health, University of Washington, WA
- *Ralph Cordell*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA
- *Pat Drehobl*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA
- *Julie Gleason-Comstock*, School of Medicine, Wayne University, MI
- *Georgia Heise*, Three Rivers District Health Department, KY
- *Azania Heyward-James*, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, GA
- *Jean Moore*, Center for Health Workforce Studies, SUNY School of Public Health, NY
- *Clese Erikson*, Association of American Medical Colleges, DC
- *Susan Lepre*
- *Henry Taylor*, Bloomberg School of Public Health, Johns Hopkins University, MD
- *Tanya Uden-Holman*, School of Public Health, University of Iowa, IA
- *Susan Webb*, University of Kentucky, College of Public Health, KY
- *Marlene Wilken*, Creighton University, School of Nursing, NE

Slide 6

Accomplishments

- 2005:
  - Convened *Evidence-Based Forum on Effective Recruitment and Retention Efforts*
  - Experts from government, education, and health professions participated
  - Led to development of strategies to alleviate public health worker shortages

- 2007
  - Conducted literature search on **recruitment and retention** and periodic updates

Accomplishments

> 2008:
>> Asked Council member organizations for data to map the public health worker pipeline and identify where largest gaps exist
>> Determined that existing quantitative public health workforce data were insufficient
>> Released policy statement about the importance of gathering data on workforce flow into and out of governmental public health agencies

> 2009:
>> Developed data collection instrument

> 2010:
>> Collected data from public health workers

New Developments Affecting Public Health

> Permanent elimination of positions due to harsh economic environment

> According to NACCHO[1]:
>> ~19% of the nationwide local health department workforce has been eliminated since 2008
>> 29,000 local health department jobs have been lost since 2008
>> 6,000 local health department jobs were eliminated in 2010

[1] www.naccho.org/topics/infrastructure/lhdbudget/index.cfm

Pipeline Workgroup's Next Steps...

> Expand the survey - to collect additional data

> Conduct a literature review - to identify possible recruitment and retention strategies

> Contribute to workforce research agenda

> Use data and literature to:
>> Continue learning about the pipeline of public health workers
>> Develop evidence-assisted **recruitment and retention strategies** for public health

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Questions?

Thank You

**The Council on Linkages
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Core Competencies Workgroup Report

March 29, 2011

Overview

The Core Competencies Workgroup was originally established to develop the Core Competencies for Public Health Professionals (Core Competencies) and review them every three years for possible revision. The Workgroup's efforts have been expanded to develop tools and promote use of the Core Competencies. Currently, the Workgroup is focused on developing a Competencies to Practice Toolkit that will help public health practice organizations use the Core Competencies to better understand, assess and meet their workforce and training needs.

The tools being developed by the Workgroup also will assist public health professionals with performance improvement, accreditation preparation, and meeting Healthy People 2020 goals and objectives. Some of the tools being developed include:

➢ Core Competencies domain definitions
➢ Additional "e.g.s" for competencies that need them
➢ Examples that demonstrate attainment of competence
➢ Job descriptions
➢ Self assessment and peer review tools

In its quest to produce a handy toolkit, the Workgroup vetted some of these tools at the APHA annual meeting in 2010. It is anticipated that the toolkit will be available on the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) website by May 2011. These tools will be updated regularly based on feedback from the field. To view existing competencies-related tools, visit http://www.phf.org/programs/corecompetencies/Pages/Core_Public_Health_Competencies_Tools.aspx

What other competencies efforts are underway?

➢ *Council on Linkages member organizations* have been encouraging their constituents to use the Core Competencies to meet workforce development needs. The attached *"Council Member Organizations' Efforts to Promote Use of the Core Competencies for Public Health Professionals"* document outlines how they are doing this.
➢ *Examples of Use* – To foster use of the Core Competencies, staff has been compiling examples from the field. Recent examples include: 1) The Core Competencies were used by CDC to articulate specific quality improvement competencies for Performance Improvement Managers being hired by health departments through funding provided under the Affordability Care Act. 2) In a report to the State Health Commissioner, Minnesota's State Community Health Services Advisory Committee recommended that Community Health Services Administrators meet the Tier 3 Core Competencies. 3) The Southwest Regional Public Health Training Center is developing a knowledge-based needs assessment using the Core Competencies (to be incorporated into its new learning management system). To view examples of Core Competencies use, visit http://www.phf.org/programs/corecompetencies/Pages/Core_PublicHealthCompetencies_Examples_of_use.aspx.

Want to get involved in Core Competencies activities?
Interested parties are invited to blog about their competencies success story. Your blog post could be featured on the Council on Linkages' website and in a future issue of the Council on Linkages Update. Contact Pamela at psaungweme@phf.org to share your story.

Next Steps
The subcommittee of the Core Competencies Workgroup, comprised of 34 individuals (many of whom are practitioners), has volunteered to help develop and review several tools. In the near future, individual members will be providing feedback about their desired level of involvement. After the subgroup has developed and reviewed tools, additional feedback will be sought from the Core Competencies Workgroup. Once tools have been approved, they will be available on the Council on Linkages' website for all to use.

The Council on Linkages Between Academia and Public Health Practice

Core Competencies Workgroup Members

Chair:
- *Diane Downing,* Georgetown University School of Nursing and Health Studies, DC

Members:
- *Joan Cioffi*, Centers for Disease Control and Prevention, GA
- *Mark Edgar*, University of Illinois at Springfield, IL
- *Kristine Gebbie*, Hunter-Bellevue School of Nursing, City University of New York, NY
- *Dawn Gentsch,* College of Public Health, University of Iowa, IA
- *John Gwinn*, The University of Akron, OH
- *Larry Jones,* City of Independence, MO
- *Denise Koo*, Centers for Disease Control and Prevention, GA
- *Lisa Lang*, National Library of Medicine, MD
- *John Lisco*, Centers for Disease Control and Prevention, GA
- *Jeanne Matthews*, Georgetown University School of Nursing and Health Studies, DC
- *Nancy McKenney*, Wisconsin Department of Health and Family Services, WI
- *Kathy Miner,* Rollins School of Public Health, Emory University, GA
- *Janet Place*, North Carolina Public Health Academy, University of North Carolina, NC
- *Yolanda Savage,* National Association of Local Boards of Health, DC

Competencies to Practice Toolkit Subgroup Members

Chair:
- *Janet Place,* North Carolina Public Health Academy, University of North Carolina, NC

Members:
- *Nor Hashidah Abd Hamid,* Upper Midwest Public Health Training Center, IA
- *Geri Aglipay,* Mid America Public Health Training Center, IL
- *Michael S. Bisesi,* Ohio Public Health Training Center, OH
- *Sonya Armbruster*, Sedwick County Health Department, KS
- *Noel Barakat*, Los Angeles Department of Public Health, CA
- *Dawn Beck*, Olmsted County Public Health Services, MN
- *Tom Burke*, Johns Hopkins University School of Public Health, MD
- *Sarah Childers-Strawbridge,* Indiana Department of Health, IN
- *Judith Compton,* Michigan Public Health Training Center, MI
- *Marilyn Deling,* Olmsted County Public Health Services, MN
- *Mark Edgar,* Wisconsin Public Health Training Center, WI
- *Joan Ellison*, Livingston County Department of Health, NY
- *Dena Fife,* Upper Midwest Public Health Training Center
- *Rachel Flores*, University of California - Los Angeles, CA
- *Linda Frazee,* Kansas Department of Health, KS
- *Kari Guida*, Minnesota Department of Health, MN
- *Louise Kent*, Northern Kentucky Health Department, KY
- *David Knapp,* Kentucky Department of Health, KY
- *Erin Louis,* Kentucky and Appalachia Public Health Training Center
- *Kathleen Macvarish,* New England Alliance for Public Health Training
- *Lynn Maitlen*, Indiana Department of Health, IN
- *Nancy McKenney,* Wisconsin Department of Health Services, WI
- *Nadine Mescia,* Florida Public Health Training Center
- *Sophi Naji,* Mid America Public Health Training Center
- *Kay Nicholson,* Indiana Public Health Training Center
- *Beth Resnick*, Johns Hopkins University School of Public Health, MD
- *Kathleen Smith,* Los Angeles Department of Public Health, CA
- *Chris Stan*, Connecticut Department of Public Health, CT
- *Taren Douglas,* Arizona Public Health Training Center
- *Allison Thrash,* Minnesota Department of Health, MN
- *Karen A. Tombs,* New Hampshire Public Health Training Center
- *Lillian Upton-Smith*, Arnold School of Public Health, SC
- *Judy Voss,* Olmsted County Public Health Services, MN

**The Council on Linkages
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Council Member Organizations' Efforts to Promote
Use of the Core Competencies for Public Health Professionals

(As reported by Council member organizations)

www.phf.org/programs/corecompetencies/Pages/About_the_Core_PublicHealth_Competencies.aspx

Council Member Organizations' Efforts to Promote Use of the Core Competencies for Public Health Professionals (Core Public Health Competencies/Council on Linkages Core Competencies) - As reported by Council member organizations

ORGANIZATION	ACTIVITIES PROMOTING USE OF THE CORE PUBLIC HEALTH COMPETENCIES
ACPM[1]	➢ Promotes the Core Public Health Competencies among its membership via its electronic newsletter, *ACPM Headlines*.
APHA[2]	➢ Provides an opportunity for at least one Council on Linkages session at its annual meeting through its "Innovations Project" (routinely focuses on the Core Public Health Competencies). ➢ Disseminates information about the Core Public Health Competencies through its electronic newsletter.
APTR[3]	➢ Publicizes information about the Core Public Health Competencies through its electronic newsletter publications. ➢ Disseminates information about the Core Public Health Competencies through the Council on Graduate Programs in Public Health listserv.
ASPH[4]	➢ Publicizes information about the Core Public Health Competencies through the *ASPH Friday Letter*. ➢ Promotes the Core Public Health Competencies through other competencies efforts (e.g., the ASPH-CDC Public Health Preparedness and Response Workforce Competencies - see http://www.asph.org/document.cfm?page=1081).
ASTHO[5]	➢ Disseminates Core Public Health Competencies information through its newsletters and website. ➢ Participates in surveys and other information gathering activities, and works with NACCHO and other practice organizations to look at Core Public Health Competencies use.
AUPHA[6]	➢ Supports the integration of the Core Public Health Competencies into graduate and undergraduate healthcare administration education.
CDC[7]	➢ CDC's Scientific Education and Professional Development Program Office has ensured use of the Council on Linkages Core Competencies as a framework for CDC fellowship programs. Eight CDC fellowships have adopted the Council on Linkages Core Competencies as the foundation for developing their discipline-specific competencies and curricula (i.e., *The CDC Experience* Applied Epidemiology Fellowship, Epidemic Intelligence Service, CDC-Hubert Global Health Fellowship, Prevention Effectiveness Fellowship Program, Preventive Medicine Residency and Fellowship, Public Health Informatics Fellowship Program, Public Health Prevention Service, and Public Health Apprentice Program). ➢ CDC provides funding support for work on the Council on Linkages Core Competencies. ➢ In addition, CDC has used the Council on Linkages Core Competencies as the foundation for developing discipline-specific competencies (i.e., the Competencies for Public Health Informatics and Applied Epidemiology Competencies).

(Last updated November 2010)

The Council on Linkages Between Academia and Public Health Practice

ORGANIZATION	ACTIVITIES PROMOTING USE OF THE CORE PUBLIC HEALTH COMPETENCIES
Association of Accredited Masters of Public Health Programs[8]	➢ Encourages use of the Core Public Health Competencies in undergraduate and graduate-related professional preparation, credentialing, and professional development.
CCPH[9]	➢ Disseminates the Core Public Health Competencies through its various communication mechanisms (listservs, CCPH website, Twitter feeds). ➢ Promotes use of the Core Public Health Competencies amongst its members and others through conference sessions, teleconferences and webinars. ➢ Provides technical assistance to its members and others in incorporating the Core Public Health Competencies into curricula, training programs and job descriptions.
HRSA[10]	➢ Shared the Core Public Health Competencies with its Office of Internal Workforce. ➢ Requires the use of the Core Public Health Competencies by the Public Health Training Centers.
NACCHO[11]	➢ Promotes the Core Public Health Competencies through the web and through *NACCHO Connect*. ➢ As part of its profile of local health departments, NACCHO asks these agencies about their familiarity with and use of the Core Public Health Competencies.
NALBOH[12]	➢ Bases Board of Health Orientation on the Core Public Health Competencies. ➢ Promotes use of the Core Public Health Competencies through its website, quarterly *NEWSBRIEF* publication, and monthly electronic newsletters.
NLM[13]	➢ Promotes the Core Public Health Competencies through the Public Health Partners website, see http://phpartners.org/workforcedevelopment.html.
NNPHI[14]	➢ Promotes Core Public Health Competencies use through its newsletter publications.
Quad Council[15]	➢ Disseminates information about the Core Public Health Competencies through its member organizations' listservs. ➢ Used the Core Public Health Competencies as a starting point when developing its current set of public heath nursing competencies and is in the process of updating its competencies based on the new Core Public Health Competencies that were adopted May 3, 2010.
SOPHE[16]	➢ Disseminates information about the Core Public Health Competencies through its newsletter communications and updates to its Board. ➢ Refers to the Core Public Health Competencies when conducting its job analysis every five years, which serves as the basis for articulation of the health education competencies and certification system.

The Council on Linkages Between Academia and Public Health Practice

[1] ACPM—American College of Preventive Medicine

[2] APHA—American Public Health Association

[3] APTR—Association for Prevention Teaching and Research

[4] ASPH—Association of Schools of Public Health

[5] ASTHO—Association of State and Territorial Health Officials

[6] AUPHA—Association of University Programs in Health Administration

[7] CDC—Centers for Disease Control and Prevention

[8] Association of Accredited Public Health Programs — (CAMP)

[9] CCPH—Community-Campus Partnerships for Health

[10] HRSA—Health Resources and Services Administration

[11] NACCHO—National Association of County and City Health Officials

[12] NALBOH—National Association of Local Boards of Health

[13] NLM—National Library of Medicine

[14] NNPHI—National Network of Public Health Institutes

[15] Quad Council—Quad Council on Public Health Nursing Organizations

[16] SOPHE—Society for Public Health Education

(Last updated November 2010)

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

Core Competencies Workgroup

C. William Keck, MD, MPH
Council on Linkages In-Person Meeting
Arlington, VA

March 29, 2011

Overview

- Core Competencies Workgroup
- Current Activities
- Core Competencies Uses and Users
- Examples of Core Competencies Use
- Next Steps
- Want to Get Involved?

Core Competencies Workgroup

- Established to develop the Core Competencies for Public Health Professionals and review them every three years for possible revision

- Has expanded its reach to include developing tools **and** promoting use of the Core Competencies

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Core Competencies Workgroup Members

Chair:
- Diane Downing, Georgetown University School of Nursing and Health Studies, DC

Members:
- Joan Cioffi, Centers for Disease Control and Prevention, GA
- Mark Edgar, University of Illinois at Springfield, IL
- Kristine Gebbie, Hunter-Bellevue School of Nursing, City University of New York, NY
- Dawn Gentsch, College of Public Health, University of Iowa, IA
- John Gwinn, The University of Akron, OH
- Larry Jones, City of Independence, MO
- Denise Koo, Centers for Disease Control and Prevention, GA
- Lisa Lang, National Library of Medicine, MD
- John Lisco, Centers for Disease Control and Prevention, GA
- Jeanne Matthews, Georgetown University School of Nursing and Health Studies, DC
- Nancy McKenney, Wisconsin Department of Health and Family Services, WI
- Kathy Miner, Rollins School of Public Health, Emory University, GA
- Janet Place, North Carolina Public Health Academy, University of North Carolina, NC
- Yolanda Savage, National Association of Local Boards of Health, DC

Competencies to Practice Toolkit Subgroup

Chair:
- Janet Place, North Carolina Public Health Academy, University of North Carolina, NC

Members:
- Nor Hashidah Abd Hamid, Upper Midwest Public Health Training Center, IA
- Geri Aglipay, Mid America Public Health Training Center, IL
- Michael S. Bisesi, Ohio Public Health Training Center, OH
- Sonya Armbruster, Sedwick County Health Department, KS
- Noel Barakat, Los Angeles Department of Public Health, CA
- Dawn Beck, Olmsted County Public Health Services, MN
- Tom Burke, Johns Hopkins University School of Public Health, MD
- Sarah Childers-Strawbridge, Indiana Department of Health, IN
- Judith Compton, Michigan Public Health Training Center, MI
- Marilyn Deling, Olmsted County Public Health Services, MN
- Mark Edgar, Wisconsin Public Health Training Center, WI
- Joan Ellison, Livingston County Department of Health, NY
- Dena Fife, Upper Midwest Public Health Training Center
- Rachel Flores, University of California - Los Angeles, CA

Competencies to Practice Toolkit Subgroup Members (ctd)

- Linda Frazee, Kansas Department of Health, KS
- Kari Guida, Minnesota Department of Health, MN
- Louise Kent, Northern Kentucky Health Department, KY
- David Stan, Kentucky Department of Health, KY
- Erin Louis, Kentucky and Appalachia Public Health Training Center
- Kathleen Macvarish, New England Alliance for Public Health Training
- Lynn Maitlen, Indiana Department of Health, IN
- Nancy McKenney, Wisconsin Department of Health Services, WI
- Nadine Mescia, Florida Public Health Training Center
- Sophi Naji, Mid America Public Health Training Center
- Kay Nicholson, Indiana Public Health Training Center
- Beth Resnick, Johns Hopkins University School of Public Health, MD
- Kathleen Smith, Los Angeles Department of Public Health, CA
- Chris Stan, Connecticut Department of Public Health, CT
- Taren Douglas, Arizona Public Health Training Center
- Allison Thrash, Minnesota Department of Health, MN
- Karen A. Tombs, New Hampshire Public Health Training Center
- Lillian Upton-Smith, Arnold School of Public Health, SC
- Judy Voss, Olmsted County Public Health Services, MN

Current Activities

- **Developing** a Competencies to Practice Toolkit
  - Tools will include
    - Examples of how one can demonstrate attainment of competence
    - Self assessments and peer reviews
    - Radar chart
    - Job descriptions
    - Domain definitions
    - Additional "e.g.s" for competencies that need them
    - Scenario-based assessment
- **Promoting** use of the Core Competencies
  - Many thanks to Council member organizations for promoting the Core Competencies to their constituents
- **Collecting examples** of Core Competencies use
  - Recent examples: CDC, Southwest Regional Public Health Training Center, Minnesota, Indiana

Core Competencies Uses

The Core Competencies can help public health organizations

Develop:
- Job descriptions
- Workforce competency assessments
- Discipline-specific competencies
- Training plans
- Workforce development plans
- Performance objectives
- Curricula

Conduct:
- Curricula review and development
- Performance reviews/evaluations

Core Competencies Users

- State Health Departments (SHDs)
  - ASTHO reported in 2009 that over 50% of SHDs were using the Core Competencies

- Local Health Departments (LHDs)
  - NACCHO's 2008 profile study noted that over 30% of LHDs are using the Core Competencies

- Academia
  - Results of a 2006 Council survey showed that over 90% of academic public health programs use the Core Competencies

- Core Competencies also used by
  - CDC
  - HRSA's Public Health Training Centers (PHTCs)
  - TRAIN affiliates

Recent Examples of Core Competencies Use

- **CDC:** Used the competencies to articulate quality improvement competencies for Performance Improvement Managers being hired by health departments through funding under the Affordability Care Act

- **Minnesota:** The State Community Health Services Advisory Committee recommended in a report to the State Health Commissioner that Community Health Services Administrators use the Tier 3 Core Competencies

- **The Southwest Regional Public Health Training Center** is developing a knowledge-based needs assessment using the Core Competencies (to be incorporated into its new learning management system)

- **Indiana:** Incorporated the Council's Crosswalk of the Tier 2 Core Competencies and the Essential Public Health Services into an "Education and Training Toolkit" recently distributed to its local health departments

Next Steps

- Competencies to Practice Toolkit will be completed and posted online

- Tools will be updated regularly based on feedback from the field
  - New tools will be added
  - Existing tools will be updated

Want to get involved?

- Please continue to **promote** the Core Competencies

- **Engage** in blog discussions through the PHF Pulse Blog

- **Inform** Council staff about examples of use you learn about through your constituents

Questions?

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

March 29, 2011

Overview

The Academic Health Department (AHD) Learning Community is a national community connecting public health professionals interested in the AHD model. An AHD is formed by a formal affiliation between an academic health professions institution and a health department and can enhance public health education and training, research, and service. The AHD Learning Community brings academics and practitioners together to share knowledge and experiences and engage in collaborative activities that support the use of the AHD model in public health. An initiative of the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the AHD Learning Community is supported by funding from the Health Resources and Services Administration and Centers for Disease Control and Prevention.

Accomplishments

A number of milestones mark the young life of the AHD Learning Community. These include:
➢ Establishment of the AHD Workgroup to guide the development of the Learning Community. The workgroup, chaired by C. William Keck, MD, MPH, is 32 members strong and held its first meeting in early January 2011.
➢ Convening of the Learning Community for the first time in late January 2011. More than 30 community members participated in this conference call meeting.
➢ Development of a concept paper that details the basic elements of the AHD model. This paper has been presented to both the AHD Workgroup and the Learning Community, and the current version is attached.
➢ Compilation of a bibliography of AHD-related literature. This collection offers an initial access point for those interested in increasing their knowledge about AHDs.
➢ Launch of the AHD Learning Community Profiles. The Profiles enable Learning Community members to begin sharing their AHD-related experiences, by making it possible for community members to create and share personal profiles. A sample profile is attached.
➢ Membership of nearly 70 people. The Learning Community continues to grow and its value increases with each new member.

Future Initiatives

Building on these early successes, the Council on Linkages is continuing to expand the AHD Learning Community. Several future activities are planned and include:
➢ Collecting partnership agreements and other resources used in forming AHDs. This resource collection will assist professionals in developing and growing AHD relationships.
➢ Enhancing Learning Community communications. Thus far, knowledge of the Learning Community has spread primarily through personal connections; the development of a communications plan and materials will help increase the reach of the Learning Community.
➢ Holding periodic Learning Community meetings to explore issues of interest to community members as they work to develop and enhance AHDs. These meetings will help facilitate the active sharing and discussion that builds collaboration.
➢ Hosting a Learning Community meeting at the American Public Health Association meeting in fall 2011. This meeting will bring Learning Community members together in person to strengthen the relationships that are currently developing at a distance.

For additional information or to join the AHD Learning Community, please contact Kathleen at kamos@phf.org.

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

AHD Workgroup Members

<u>Chair:</u>
- *C. William Keck*, Department of Community Health Sciences, Northeastern Ohio Universities Colleges of Medicine and Pharmacy

<u>Members:</u>
- *Wanda Aberle*
- *Gerald Barron*, Graduate School of Public Health, University of Pittsburgh, Pennsylvania
- *James J. Burns*, College of Medicine, Florida State University; Sacred Heart Children's Hospital, Florida
- *Larry Cohen*, Centers for Disease Control and Prevention
- *Ralph Cordell*, Centers for Disease Control and Prevention
- *John M. DeBoy*, Laboratories Administration, Maryland Department of Health and Mental Hygiene
- *Diane Downing*, School of Nursing and Health Studies, Georgetown University, Washington, DC
- *Patricia Drehobl*, 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 and Public Health Sciences, Wayne State University, Michigan
- *John Gwinn*, Kent City Board of Health, Ohio
- *Georgia Heise*, Three Rivers District Health Department, Kentucky
- *Colleen Hughes*
- *Louise A. Kent*, Northern Kentucky Health Department
- *Deb Koester*, College of Health Professions, Marshall University, West Virginia
- *Cynthia D. Lamberth*, College of Public Health, University of Kentucky
- *Lisa A. Lang*, National Library of Medicine
- *Amy F. Lee*, Consortium of Eastern Ohio Master of Public Health, Northeastern Ohio Universities Colleges of Medicine and Pharmacy
- *Susan Lepre*
- *William C. Livingood*, Institute for Public Health Informatics and Research, Duval County Health Department, Florida
- *Bryn Manzella*, Jefferson County Department of Health, Alabama
- *Marcia Mills*, Minnesota Department of Human Services
- *Janet Place*, North Carolina Institute for Public Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill
- *Beth A. Resnick*, Bloomberg School of Public Health, Johns Hopkins University, Maryland
- *William J. Riley*, School of Public Health, University of Minnesota
- *Yolanda Savage-Narva*, National Association of Local Boards of Health
- *David P. Steffen*, Gillings School of Global Public Health, University of North Carolina at Chapel Hill
- *Patricia Thompson-Reid*, 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
- *Kathleen S. Wright*, School of Public Health, Saint Louis University, Missouri

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

Academic Health Departments: Core Concepts

Definition

An academic health department (AHD), or teaching health department, represents a formal affiliation between an academic institution and a public health practice organization. Typically, an AHD joins a health professions school and a state or local health department, although other public health practice organizations may be involved. 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 exhibit some or all of the following attributes:

- Involvement of, at minimum, one health professions school and one public health practice organization
- Formal written partnership agreements between 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 resources 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
- 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]

[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.

[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.

C. William Keck, MD, MPH
Professor Emeritus; Retired Director of Health

Location: Akron, OH
Phone: 330.836.1974
Email: keck@lek.net

Length of Time in Public Health:
- Approximately 40 years

Current Work Setting:
- Academic institution

Relationship Building Experience:
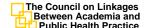- I have been involved in developing an academic health department (AHD)

About Me:
I first realized the potential benefit to both practice and academic institutions by linking them when I was a Field Professor of Community Health Sciences at the University of Kentucky and lived and taught medical students in Hazard, KY. My local project was to join 6 county health departments into a regional department - the Kentucky River District Health Department - and I was employed both by the medical school and the health department. I was then jointly recruited in 1976 by the then new Northeastern Ohio Universities College of Medicine (NEOUCOM) and the Akron Health Department to work in both and to "bring them more closely together." The rest is history, I suppose. We did develop a close working relationship in the areas of teaching, service and research, and I was paid partially by each organization. The relationship was formalized in 1997. On January 1, 2011, the Akron Health Department and the Barberton Health Department merged with the Summit County Health District and the formal association with NEOUCOM continues. I am now a member of the Board of Health of the new organization.

My main purpose now is to assist others who wish to explore the AHD model and perhaps adopt it in one form or another.

About My Institution:
Northeastern Ohio Universities Colleges of Medicine and Pharmacy
- Is an academic institution
- Currently participates in an AHD partnership with (date of partnership):
    - Summit County Health District (began as the Akron Health Department in 1976, formalized in 1997)
    - Stark County Health District (2000)
    - Portage County Health District (2009)
    - Mahoning County Health District (2009)
    - City of Canton Health Department (2009)
- Is not currently working to form an AHD
- Has relationships with public health practice organizations for:
    - Public health education/training
    - Public health research
- Has relationships with public health practice organizations characterized by:
    - Formal written partnership agreements
    - Shared resources
    - Collaborative public health education/training
    - Joint research projects
    - Collaboration and mutual benefit
- Notes on AHD-related activities:
    - The current budget climate and accompanying hiring freezes have temporarily precluded sharing the costs of personnel. Before this time we have a 33 year history of sharing salary costs for selected professionals.

Slide 1

**Academic Health Department
Learning Community:
Background, Accomplishments, & Future Initiatives**

C. William Keck, MD, MPH
Council on Linkages In-Person Meeting
Arlington, VA

March 29, 2011

Slide 2

**Academic Health Department
Learning Community**

- National community of public health professionals interested in the academic health department (AHD) model
- Facilitates shared exploration of the AHD concept
- Encourages knowledge sharing and collaboration

- An AHD is:
  - A formal affiliation of an academic health professions institution and a health department
  - A collaborative relationship to enhance public health education and training, research, and service

Slide 3

**Academic Health Department
Learning Community**

- Launched in January 2011

- Supported by HRSA and CDC

- Nearly 70 academics and practitioners have joined

- More information online:
  http://www.phf.org/programs/AHDLC

Slide 4

Accomplishments

- Since its inception, the AHD Learning Community has:
  - Established an AHD Workgroup
  - Convened meetings of both the AHD Workgroup and the AHD Learning Community
  - Developed an AHD concept paper
  - Compiled an AHD bibliography
  - Engaged members in AHD discussions on the PHF Pulse Blog
  - Launched the AHD Learning Community Profiles

Slide 5

AHD Workgroup

- Guides development of the AHD Learning Community
- 32 AHD Workgroup Members:

  Chair:
  - *C. William Keck*, Department of Community Health Sciences, Northeastern Ohio Universities Colleges of Medicine and Pharmacy

  Members:
  - *Wanda Aberle*
  - *Gerald Barron*, Graduate School of Public Health, University of Pittsburgh
  - *James J. Burns*, College of Medicine, Florida State University; Sacred Heart Children's Hospital, FL
  - *Larry Cohen*, Centers for Disease Control and Prevention
  - *Ralph Cordell*, Centers for Disease Control and Prevention
  - *John M. DeBoy*, Laboratories Administration, Maryland Department of Health and Mental Hygiene
  - *Diane Downing*, School of Nursing and Health Studies, Georgetown University
  - *Patricia Drehobl*, 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 and Public Health Sciences, Wayne State University
  - *John Gwinn*, Kent City Board of Health, OH   (continues…)

Slide 6

**AHD Workgroup Members
(continued)**

  Members:
  - *Georgia Heise*, Three Rivers District Health Department, KY
  - *Colleen Hughes*
  - *Louise A. Kent*, Northern Kentucky Health Department
  - *Deb Koester*, College of Health Professions, Marshall University
  - *Cynthia D. Lamberth*, College of Public Health, University of Kentucky
  - *Lisa A. Lang*, National Library of Medicine
  - *Amy F. Lee*, Consortium of Eastern Ohio Master of Public Health, Northeastern Ohio Universities Colleges of Medicine and Pharmacy
  - *Susan Lepre*
  - *William C. Livingood*, Institute for Public Health Informatics and 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, Gillings School of Global Public Health, University of North Carolina at Chapel Hill
  - *Beth A. Resnick*, Bloomberg School of Public Health, Johns Hopkins University
  - *William J. Riley*, School of Public Health, University of Minnesota
  - *Yolanda Savage-Narva*, National Association of Local Boards of Health
  - *David P. Steffen*, Gillings School of Global Public Health, University of North Carolina at Chapel Hill
  - *Patricia Thompson-Reid*, 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
  - *Kathleen S. Wright*, School of Public Health, Saint Louis University

AHD Workgroup and AHD Learning Community Meetings

- Meetings of both the AHD Workgroup and the AHD Learning Community were held in January

- Meetings occurred by conference call

- AHD Learning Community meeting focused on defining the AHD and exploring steps in AHD development

- Excellent engagement from participants

AHD Concept Paper & Bibliography

- Concept Paper
  - Describes basic elements of the AHD model
  - Discussed by the AHD Workgroup and AHD Learning Community
  - Available through PHF's Resources & Tools Library

- Bibliography
  - List of AHD-related literature
  - Will be updated as literature and other materials are discovered
  - Available through PHF's Resources & Tools Library

AHD Blog Discussions

- AHD Learning Community members have written blog posts on:
  - AHDs and the AHD Learning Community
  - Steps in AHD Development
  - Model AHD Health Officer Qualities

- Add your comments online: http://www.phf.org/phfpulse

AHD Learning Community Profiles

- Personal profiles for AHD Learning Community members to share their experiences

- Available online

Future Initiatives

- The AHD Learning Community is just getting started!
- Future plans include:
  - Building a collection of partnership agreements and other resources used in establishing and expanding AHDs
  - Developing a communications plan and materials to help spread the word about AHDs and the AHD Learning Community
  - Exploring AHD topics during periodic meetings
  - Hosting an in-person meeting at APHA in fall 2011
- We look forward to continued member engagement and to welcoming new members

Questions?

The Council on Linkages Between Academia and Public Health Practice

Improving and Measuring the Impact of Training

March 29, 2011

Background

One of the areas of focus for the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) has been to promote the development and delivery of high-quality continuing education offerings for public health practitioners. We have been fortunate to see both the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) support efforts of trainers in academe, health departments, and other settings in the continuing education arena.

To garner continued support for training and foster development of even higher-quality offerings, HRSA has requested assistance from the Council on Linkages to identify methods and tools that can more effectively measure the impact of training. As a first step, Council on Linkages staff conducted a preliminary literature search and summarized common themes identified in the literature (follows this document). While reviewing the literature, it became apparent that simply focusing on "measurement" was insufficient. There are many steps trainers can take prior to developing training programs/courses that can result in the training having a greater impact on the learner.

Proposed Action

The Council on Linkages is proposing to establish a Task Force to assist HRSA, CDC, and others in identifying methods and tools to improve and measure the impact of training. This Task Force will be comprised of experts from within and outside of public health who can contribute to this effort. It is anticipated that experts will be identified from HRSA-sponsored Public Health Training Centers, CDC-sponsored Preparedness and Response Learning Centers, CDC and HRSA themselves, academic programs, health departments, and elsewhere.

Deliverables of the Task Force will include: 1) a literature search and summary of themes; 2) identification of methods and tools to improve and measure the impact of training; and 3) a short document to assist trainers in improving and measuring the impact of training. It is anticipated that the work of the Task Force will be concluded by mid-2012.

Next Steps

The Council on Linkages needs to identify experts who can be recruited to join the Task Force. While the typical Council on Linkages workgroup includes all those who wish to volunteer their services, this Task Force will be more selective and limited to individuals with expertise in methods and tools to improve and measure the impact of training.

Please provide your suggestions of potential Task Force members to Lynne Stauff, lstauff@phf.org. Along with your suggestions, please include a sentence or two about the individual and why you feel that he/she can contribute to this effort. Suggestions are requested through <u>April 15, 2011</u>.

The Council on Linkages Between Academia and Public Health Practice

Helping to Improve and Measure the Impact of Public Health Training

March 29, 2011

The Council on Linkages Between Academia and Public Health Practice aims to assist the field to improve and measure the impact of public health training.   A short literature search was conducted using the following keywords: training, learning, continuing education, instructional design, impact, knowledge transfer, evaluation, public health workforce and Kirkpatrick. Captured below are common factors or elements found in the referenced abstracts (attached).

1. Assess training needs of potential trainees prior to training (Reference: 1 & 15)

2. Identify training goals or competency outcome before training event (Reference: 1, 2, 3, 5, 10 & 15)

3. Incorporate adult learning theory (Reference: 1, 2, 6 & 10)
   - Fully engage adults in learning process
   - Consider influence of pre-training motivation
   - Perceive immediate relevance to job
   - Motivate adult learner to transfer knowledge to their job
   - Vary learning experiences
   - Appreciate and maximize previous life experiences of learner
   - Learning goal or outcome is clear

4. Consider contextual factors effecting skills transfer (Reference: 1, 6 & 13)
   - Opportunities for practice and learner feedback during the training
   - Similarity between the training setting and the job setting
   - Opportunities to apply the training on-the-job
   - Consider internal organizational environment (peers, supervisor, organizational policies and culture) and external environment

5. Levels of evaluation - Kirkpatrick[1] (Reference: 4, 7, 8, 9, 10, 11, 12, 13 & 15)
   - Reaction
     - Measures training participant reactions (e.g., length of training, teacher and training format, relevance to job, overall experience/satisfaction with training)
   - Learning
     - Measures extent that participants will change attitudes, improve knowledge, or increase skill as a result of the training

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[1] Kirkpatrick's four levels build upon one another. If participants are satisfied with the training then they are more likely to learn. If participants learn then they may change their behavior by using the new skills on the job. If new skills are used on the job there is a better chance of demonstrated results or impact to the organization.

- Behavior
  - Measures extent change in behavior has occurred or will occur because participant attended training program
- Results – outcomes – impact
  - Measures extent to which outcomes are attributable to or *influenced by* the training

6. <u>Measurement methods</u>: quantitative and qualitative (Reference: 1, 3, 4, 10, 11 & 15)
   - Surveys (paper, electronic, phone)
   - Direct observation of skill application
   - Pre/post test
   - Post event questionnaire
   - Key informant interviews (phone, in-person)
   - Organizational data (performance evaluations, return on investment data)

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

Helping to Improve and Measure the Impact of Public Health Training
Referenced Abstracts

March 29, 2011

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1.   **A Public Health Training Center Experience: Professional Continuing Education
      at Schools of Public Health (Potter, M., et al.)**
      Journal of Public Health Management & Practice, July/August 2008
      Volume 14 #4; Pages E10 - E16
      Paper copy available

Abstract

The Public Health Training Center (PHTC) national program was first established at accredited
schools of public health in 2000. The PHTC program used the US Health Resources and
Services Administration's grants to build workforce development programs, attracting schools as
training providers and the workforce as training clients. This article is a reflection on the
experience of two schools, whose partnership supported one of the PHTCs, for the purpose of
opening a conversation about the future of continuing education throughout schools and degree
programs of public health. This partnership, the Pennsylvania & Ohio Public Health Training
Center (POPHTC), concentrated its funding on more intensive training of public healthcare
workers through a relatively narrow inventory of courses that were delivered typically in-person
rather than by distance-learning technologies. This approach responded to the assessed needs
and preferences of the POPHTC's workforce population. POPHTC's experience may not be
typical among the PHTCs nationally, but the collective experience of all PHTCs is instructive to
schools of public health as they work to meet an increasing demand for continuing education
from the public health workforce.

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2.   **Outcome-Based Workforce Development and Education in Public Health (Kool, D.,
      et al)**
      Annual Review of Public Health
      Vol. 31: 253-269 (April 2010)
      Paper copy available

Abstract

The broad scope of the public health mission leads to an increasingly diverse workforce. Given
the range of feeder disciplines and the reality that much of the workforce does not have formal
training in public health science and practice, a pressing need exists for training and education
throughout the workforce. Just as we in public health take a rigorous approach to our science,
so too should we take a rigorous, evidence-driven approach to workforce development. In this
review, we recommend a framework for workforce education in public health, integrating three
critical conceptual approaches: (a) adult learning theory; (b) competency-based education; and
(c) the expanded Dreyfus model in public health, an addition to the Dreyfus model of
professional skills progression. We illustrate the application of this framework in practice, using
the field of applied epidemiology. This framework provides a context for designing and
developing high-quality, outcome-based workforce development efforts and evaluating their
impact, with implications for academic and public health practice efforts to educate the public
health workforce.

3. **Does leadership training make a difference? The CDC/UC Public Health Leadership Institute: 1991-1999 (Woltring C., et al)**
J Public Health Manag. Pract. 2003 Mar-Apr; 9 (2):103-22
Paper copy available

Abstract

Public health leadership development programs have proliferated since the release of the Institute of Medicine's call for strengthened public health leadership. Little has been documented, however, about the impact of these programs. This article presents results of an eight-year retrospective evaluation of the Centers for Disease Control and Prevention/University of California Public Health Leadership Institute, the nation's first year-long leadership development program serving senior public health leaders. Results show that this program has had a positive impact on participants' leadership effectiveness at the personal, organizational, and community levels as well as on the field of public health.

4. **Introducing Quality Improvement Methods into Local Public Health Departments: Structured Evaluation of a Statewide Pilot Project (Riley, W., et al)**
Article: http://findarticles.com/p/articles/mi_m4149/is_5_44/ai_n39295375/
Research and Educational Trust, Health Services Research
Volume 44, Issue 5, p2, pages 1863–1879, October 2009

Principal Findings. The participants reported (1) high levels of satisfaction with the training sessions, (2) increased perception of the relevance of the QI techniques, (3) increased perceived knowledge of all specific QI methods and techniques, (4) increased confidence in applying QI techniques on future projects, (5) increased intention to apply techniques on future QI projects, and (6) high perceived success of, and satisfaction with, the projects. Finally, preliminary outcomes data show moderate to large improvements in quality and/or efficiency for six out of eight projects.

Conclusions: QI methods and techniques can be successfully implemented in local public health agencies on a statewide basis using the collaborative model through distance training and expert facilitation. This unique training can improve both core and support processes and lead to favorable staff reactions, increased knowledge, and improved health outcomes. The program can be further improved and deployed and holds great promise to facilitate the successful dissemination of proven QI methods throughout local public health departments.

5. **Evaluability Assessment to Improve Public Health Policies, Programs, and Practices (Levion, L., et al)**
Article:
http://www.annualreviews.org/eprint/3qapif4I2Mnmg6RfSDFX/full/10.1146/annurev.publhealth.012809.103625
Annual Review of Public Health
Vol. 31: 213-233 (April 2010)

Abstract

Evaluability assessment, also commonly known as exploratory evaluation, has assisted the field of public health to improve programs and to develop a pragmatic, practice-based research agenda. Evaluability assessment was originally developed as a low-cost pre-evaluation activity to prepare better for conventional evaluations of programs, practices, and some policies. For public health programs, however, it serves several other important purposes: (a) giving program staff rapid, constructive feedback about program operations; (b) assisting the core public health planning and assurance functions by helping to develop realistic objectives and providing low-cost, rapid feedback on implementation; (c) navigating federal performance measurement

requirements; (d) translating research into practice by examining the feasibility, acceptability, and adaptation of evidence-based practices in new settings and populations; and (e) translating practice into research by identifying promising new approaches to achieve public health goals.

6.   What predicts skill transfer? An exploratory study of goal orientation, training self-efficacy and organizational supports (Chiaburu, D., et al)
International Journal of Training and Development
Volume 9, Issue 2, pages 110–123, June 2005

Results from a study examining the predictors of skill transfer from an instructional to a work environment are presented. Prior research indicates that skill transfer is a function of both individual and contextual factors. A total of 186 employees from a work organization were surveyed on individual dimensions (goal orientation, training self-efficacy) and contextual factors (supervisor and peer support). Pre-training motivation was proposed as proximal training outcome and further connected to the distal outcome, skill transfer. Analyses with structural equation modeling using EQS indicate that individual dimensions, such as mastery-approach goal orientation and training self-efficacy, are related to pre-training motivation. Also, contextual factors, such as peer support, predicted both pre-training motivation and skill transfer, while supervisor support was unrelated to either pre-training motivation or skill transfer. Pre-training motivation, in turn, was related to skill transfer. Implications for theory and practice are discussed.

7.   E-Learning Takes the Lead: An Empirical Investigation of Learner Differences in Online and Classroom Delivery (Iverson, K., et al)
Performance Improvement Quarterly
Volume 18, Issue 4, pages 5–18, December 2005

Abstract
Outcomes and mediators of differences in online and traditional course delivery were tested with a sample of 112 graduate students who completed an introductory course in training and development. Specifically, the individual learner characteristics of self-efficacy, motivation, goal orientation, and meta-cognition and their effects on success through online delivery were examined. The study also addressed three outcomes: trainees' reactions to that program, their learning, and subsequent planned changes in job behavior. The findings indicate that online learners have significantly more positive reaction levels of enjoyment and utility and significantly stronger intent to transfer their learning. Online students find the coursework more difficult, but there was no significant difference in learning based on delivery mode. Implications for both managers and educators involved in online learning are discussed.

8.   *Kirkpatrick and Beyond: A Review of Models of Training Evaluation (Tamkin, P., et al)*
Information Analyses, 2002-10-00

Abstract
Many organizations are not satisfied that their methods of evaluating training are rigorous or extensive enough to answer questions of value to them. Complaints about Kirkpatrick's popular four-step model (1959) of training evaluation are that each level is assumed to be associated with the previous and next levels and that the model is too simple and fails to take account of the intervening variables affecting learning and transfer. Others have developed models that purport to resolve difficulties and might be thought of as Kirkpatrick "progeny." They take much inherent in the original model and extend it at the front end, by including training design/needs analysis, or at the back end, by evaluating societal outcomes. The "progeny" are Hamblin's five-level approach (1974); Kaufman et. al's Organizational Elements Model (1995); Indiana University approach described by Molenda et al. (1996); the Carousel of Development from the

Industrial Society (2000); the Five-Level Return on Investment Framework by Phillips, and Holton (1994, 1995); and the KPMT model described by Kearns and Miller (1997). Models unrelated to Kirkpatrick have a different approach to how training evaluation might occur and include the following: responsive evaluation by Pulley (1994); context evaluation described by Newby (1992); and evaluative enquiry described by Preskill and Torres (1999). An underlying model of learning recognizes the intervening factors affecting the chain of impact from a developmental process to individual learning, changed behavior, and resulting organizational or social impact. The evaluation should be cognizant of variables that affect evaluating at these four levels: reaction, learning, behavioral change, and organizational results.

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9.   **The Impact of Practical Relevance on Training Transfer: Evidence from a Service Quality Training Program for German Bank Clerks (Liebermann, S., et al)**
 Abstract
The management literature provides a variety of recommendations as to how workers' customer orientation might be improved, including through training. Crucial factors in the process of transferring the contents of service quality training programs to practice, however, have not yet been sufficiently analyzed. This study proposes and tests a model of transfer motivation and training transfer via structural equation modeling, validating Baldwin and Ford's framework and Kirkpatrick's levels of evaluation. Following the recommendation of Alliger et al., the present study analyses the relationship between Kirkpatrick's levels of evaluation, paying attention to the specificity of the measures at each level. The survey collects data from 213 German bank employees who attended a training program aimed at improving service quality. As hypothesized, the perceived practical relevance of the training was found to exert a strong influence on the reaction of the participants and had a substantial total effect on the motivation to transfer and on actual transfer. Subject to the limitations of the research methodology employed here, it is concluded that trainee satisfaction needs to be conceptually distinguished from perceived practical relevance and that the latter is the main driving force for transfer motivation and transfer.

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10.   **Systematic performance improvement – refining the space between learning and results (Burrow, J., et al)**
Abstract
Planned learning can be applied to a range of education and training interventions and events in an organization. Its value can be directly measured through observable performance improvement of trainees in job contexts following the planned learning highlighting transfer of learning. More specific and directly connected organizational metrics need to be identified. The connections should be both to the trainee performance and learning and to the broader organizational performance. Reports a redefinition of training evaluation resulting from the authors work with members of a global manufacturing training department. The effort was undertaken to create a process for the department to demonstrate the impact of planned learning on key organizational performance measures. The value-added from training was established when the direct relationships between training (planned learning) and systematic job performance improvements were observed that were drawn from and directly linked to broader organizational productivity and performance metrics. From those successful field experiences and the training evaluation literature, proposes a refinement within the traditional four-level evaluation process akin to a new level 3.5 – performance impact, to fit between Kirkpatrick's model of level 3 (behavior) and level 4 (results).

11.   Evaluation and eLearning (Peak, D., et al)
Online Submission, Turkish Online Journal of Distance Education
Pub Date: 2006
Article: http://eric.ed.gov/PDFS/ED494421.pdf

Abstract
In today's results-oriented, fast-moving business environment, it is critical for trainers to demonstrate the value of training to the organization: There is nothing inherently valuable about training. It is performance gains that training catalyzes that give it worth (Graber, 2000). This is why evaluations tied to business results are becoming commonplace. If you ask training professionals about measuring training, most will start talking about levels of evaluation, referring to Kirkpatrick's landmark evaluation model developed in 1959. Kirkpatrick's levels of evaluation have been the industry standard for nearly half a century. However, many professionals now believe that e-learning and a shift in emphasis toward performance improvement have changed the training business so that these levels are no longer completely relevant. The purpose of this paper is to discuss what similarities and differences exist between evaluating e-learning and traditional classroom instruction, how Kirkpatrick's evaluation levels are currently conducted, why conducting Kirkpatrick's Level 4 evaluation is so difficult to do, why e-learning evaluation has evolved to include return-on-investment (ROI) calculations, and whether other evaluation methods currently practiced are more relevant and useful.

12.   Adaptation of Kirkpatrick's Four Level Model of Training Criteria to Assessment of Learning Outcomes and Program Evaluation in Higher Education (Praslova, L.)
Educational Assessment, Evaluation and Accountability, v22, p215-225 Aug 2010
Peer-Reviewed: Yes

Abstract
Assessment of educational effectiveness provides vitally important feedback to Institutions of Higher Education. It also provides important information to external stakeholders, such as prospective students, parents, governmental and local regulatory entities, professional and regional accrediting organizations, and representatives of the workforce. However, selecting appropriate indicators of educational effectiveness of programs and institutions is a difficult task, especially when criteria of effectiveness are not well defined. This article proposes a comprehensive and systematic approach to aligning criteria for educational effectiveness with specific indicators of achievement of these criteria by adapting a popular organizational training evaluation framework, the Kirkpatrick's four level model of training criteria (Kirkpatrick 1959; 1976; 1996), to assessment in Higher Education. The four level model consists of "reaction, learning, behavior" and "results" criteria. Adaptation of this model to Higher Education helps to clarify the criteria and create plans for assessment of educational outcomes in which specific instruments and indicators are linked to corresponding criteria. This provides a rich context for understanding the role of various indicators in the overall mosaic of assessment. It also provides Institutions of Higher Education rich and multilevel feedback regarding the effectiveness of their effort to serve their multiple stakeholders. The importance of such feedback is contextualized both in the reality of stakeholder pressures and in theoretical understanding of colleges and universities as open systems according to the systems theory (Katz and Kahn 1966). Although the focus of this article is on Higher Education, core principles and ideas will be applicable to different types and levels of educational programs.

13.   An Integral Approach to Evaluating Outcome Evaluation Training (Brown, R.)
        University Outreach Partnerships, Michigan State University, East Lansing, MI

Abstract

Public and private nonprofit organizations are increasing training efforts to build individual and organizational capacity to carry out and utilize outcome evaluation. Evaluators of training are challenged to find comprehensive evaluative frameworks. Traditional training evaluation tends to focus individual change, while organization-focused efforts tend to incorporate individual change as a necessary sub-component of the larger entity's change. Neither approach adequately incorporates a developmental context within the evaluative framework. This article presents an integral, developmental approach that links individual and collective attributes. The use of the framework is illustrated with examples from Check Points, an outcome evaluation training program of Michigan State University and United Way of Michigan. The article concludes with suggestions for improving training and evaluative efforts.

14.   The Value of Evaluation (ASTD Press, 2009, 64 pgs.)

Measuring the impact of learning continues to be one of the most challenging aspects of the learning function. ASTD's Value of Evaluation report explores the complex issue of learning evaluation, the techniques being used, barriers to effective implementation, and strategic use of learning metrics.

Companies employ myriad strategies to identify and quantify the results of training, but most are not satisfied with the evaluation efforts. Organizations are not giving up on successful measurement of the learning function, as they continue to explore ways to communicate and document the value of training and development they provide to employees. The data in this report can help many firms become more proficient in these areas.

15.   Approaches to Evaluation of Training: Theory and Practice (Esery, D., et al)
        Article: http://www.ifets.info/journals/5_2/eseryel.html
        Educational Technology & Society 5 (2) 2002
        Syracuse University, Syracuse, New York USA

Abstract

There is an on-going debate in the field of evaluation about which approach is best to facilitate the processes involved. This article reviews current approaches to evaluation of training both in theory and in practice. Particular attention is paid to the complexities associated with evaluation practice and whether these are addressed in the theory. Furthermore, possible means of expediting the performance of evaluations and expanding the range and precision of data collection using automated systems are discussed. Recommendations for further research are also discussed.

Introduction

Evaluation is an integral part of most instructional design (ID) models. Evaluation tools and methodologies help determine the effectiveness of instructional interventions. Despite its importance, there is evidence that evaluations of training programs are often inconsistent or missing (Carnevale & Schulz, 1990; Holcomb, 1993; McMahon & Carter, 1990; Rossi et al., 1979). Possible explanations for inadequate evaluations include: insufficient budget allocated; insufficient time allocated; lack of expertise; blind trust in training solutions; or lack of methods and tools (see, for example, McEvoy & Buller, 1990).

Part of the explanation may be that the task of evaluation is complex in itself. Evaluating training interventions with regard to learning, transfer, and organizational impact involves a number of

complexity factors. These complexity factors are associated with the dynamic and ongoing interactions of the various dimensions and attributes of organizational and training goals, trainees, training situations, and instructional technologies.

Evaluation goals involve multiple purposes at different levels. These purposes include evaluation of student learning, evaluation of instructional materials, transfer of training, return on investment, and so on. Attaining these multiple purposes may require the collaboration of different people in different parts of an organization. Furthermore, not all goals may be well-defined and some may change.

Different approaches to evaluation of training indicating how complexity factors associated with evaluation are addressed below. Furthermore, how technology can be used to support this process is suggested. In the following section, different approaches to evaluation and associated models are discussed. Next, recent studies concerning evaluation practice are presented. In the final section, opportunities for automated evaluation systems are discussed. The article concludes with recommendations for further research.

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

Guide to Community Preventive Services: Increasing Use

March 29, 2011

Background
In 1994, the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) embarked on an effort to determine the desirability and feasibility of evidence-based public health practice guidelines. After a two-year effort, with extensive literature reviews in four public health topic areas and development of two evidence-based public health practice guidelines, the Council on Linkages determined that development of evidence-based public health practice guidelines was both desirable and feasible.

Following this Council on Linkages initiative, the Centers for Disease Control and Prevention (CDC) convened the Task Force on Community Preventive Services. This Task Force was charged with developing evidence-based recommendations to help guide the practice of public health. The *Guide to Community Preventive Services (Community Guide)*, the product of the Task Force, continues to evolve and grow as new evidence is reviewed to help guide public health interventions.

Through funding under the Affordability Care Act, CDC has partnered with several organizations to help increase use of the *Community Guide.* An initiative proposed by the Public Health Foundation (PHF) and funded by CDC is to create the "Public Health Works" series. This web-based video series will demonstrate how the *Community Guide* is being used by health departments and other community organizations, along with quality improvement methods and tools, to improve the impact of public health programs. Dr. Hugh Tilson, the American College of Preventive Medicine's representative to the Council on Linkages, will serve as host of the "Public Health Works" series.

Proposed Action
The "Public Health Works" series is in its planning stages. As planning proceeds and topics are determined with CDC, PHF requests the Council on Linkages to serve in an advisory role. Initially, this role will involve circulating to Council on Linkages members suggestions regarding initial programming. As the series moves from planning to development of programs, the advisory role will be expanded from initial planning to developing suggestions on how best to evaluate and improve the quality and impact of the series. During the implementation phase, the Council on Linkages will establish a workgroup to serve a more formal advisory role.

Next Steps
Council on Linkages staff will circulate to members initial plans regarding the "Public Health Works" series and request feedback. It is anticipated that with additional funding from CDC, the series will move from planning to implementation in late 2011. At that time, the Council on Linkages will convene a workgroup to serve an advisory role. Dr. Tilson has agreed to chair this workgroup.