



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

Conference Call Meeting

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**Thursday, July 26, 2012
1:00-3:00 pm EDT**

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**Call Number: 1.888.387.8686
Passcode: 8164961**

**Funding provided by the Centers for Disease Control and Prevention
and the Health Resources and Services Administration**

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Staffed by the Public Health Foundation

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1. Meeting Agenda



The Council on Linkages Between Academia and Public Health Practice

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Conference Call Meeting

Date: **Thursday, July 26, 2012**

Time: **1-3 pm EDT**

Call Number: **1.888.387.8686**

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AGENDA

1:00-1:05 pm	Welcome and Overview of Agenda	<i>Bill Keck</i>
1:05-1:10 pm	Introduction of New Representative ➤ Carolyn Harvey (NEHA)	<i>Bill Keck</i>
1:10-1:15 pm	NALBOH Recruiting for Chief Executive Officer	<i>Ned Baker/Bob Blackburn</i>
1:15-1:20 pm	Approval of Minutes from January 27, 2012 Meeting	<i>Bill Keck</i>
1:20-1:35 pm	Status of Council Funding (Council Administrative Priorities – Funding) ➤ CDC ➤ HRSA	<i>Denise Koo Janet Heinrich</i>
1:35-1:45 pm	Conference Calls with Council Member Organizations (Council Administrative Priorities – Membership)	<i>Bill Keck</i>
1:45-2:15 pm	Status of Council Activities ➤ Academic Health Department Learning Community Report (Council Strategic Directions – A.1.a., A.2.b.) ➤ Core Competencies Workgroup Report (Council Strategic Directions – B.1.b., C.3.a.) ➤ Training Impact Task Force Report (Council Strategic Directions – B.2.a.)	<i>Bill Keck Janet Place Wendy Braund</i>
2:15-2:25 pm	Public Health Workforce Development Inventory Initiative (Council Strategic Directions – C.1.d.)	<i>Ron Bialek</i>
2:25-2:40 pm	Discussion on Enhancing Communication (Council Administrative Priorities – Communication)	<i>Kathleen Amos</i>
2:40-2:45 pm	Council Sessions at APHA Annual Meeting (Council Administrative Priorities – Communication)	<i>Kathleen Amos</i>
2:45-2:50 pm	<i>Journal of Public Health Management and Practice</i> Special Issue on Academic Health Departments (Council Strategic Directions – A.1.a.)	<i>Bill Keck</i>
2:50-2:55 pm	Other Business	
2:55-3:00 pm	Next Steps	
	Adjourn	

2. Council Member List



Council on Linkages Members

Council Chair:

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

Council Members:

Hugh Tilson, MD, DrPH
American College of Preventive Medicine

Janet Heinrich, DrPH, RN, FAAN
Health Resources and Services Administration

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

Larry Jones, MA, MPH
National Association of County and City Health Officials

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

John Gwinn, PhD, MS, MPH
National Association of Local Boards of Health

Jack DeBoy, DrPH
Association of Public Health Laboratories

Carolyn Harvey, PhD
National Environmental Health Association

Lillian Smith, DrPH, MPH, CHES
Association of Schools of Public Health

Lisa Lang, MPP
National Library of Medicine

Terry Dwelle, MD, MPH
Association of State and Territorial Health Officials

Julia Heany, PhD
National Network of Public Health Institutes

Christopher Atchison, MPA
Association of University Programs in Health Administration

Louis Rowitz, PhD
National Public Health Leadership Development Network

Denise Koo, MD, MPH
Gregory Holzman, MD, MPH
Centers for Disease Control and Prevention

Jeanne Matthews, PhD, RN
Quad Council of Public Health Nursing Organizations

Diane Downing, PhD, RN
Community-Campus Partnerships for Health

Vincent Francisco, PhD
Society for Public Health Education

3. NALBOH Recruiting for Chief Executive Officer:

- **Search Advertisement**
- **Position Description**

NALBOH CEO Search Advertisement

The National Association of Local Boards of Health is recruiting for a Chief Executive Officer.

Position Description: The Chief Executive Officer serves at the will, pleasure, and direction of the NALBOH Board of Directors. Responsibilities include overall management and operation of the association, implementation of policies, and assuring the advancement of the NALBOH mission—to improve and strengthen public health governance.

Education & Experience Requirements: Doctorate degree in Public Health, Public Administration, or related field plus 4 years of public health or association management and leadership; or Master's degree in Public Health, Public Administration, or related field plus 7 years of public health or association management and leadership; or Bachelor's degree in a related field and 10 years of management and leadership experience

Other Requirements: Northwest Ohio residency is preferred within an established period after employment

Classification: Salary Exempt, Frequent Travel Required

Compensation: Compensation is commensurate with experience and qualifications. Benefits are commensurate with established NALBOH policies.

Application Deadline: August 31, 2012, 5:00PM Eastern

Send a cover letter, completed application, and resume to:

National Association of Local Boards of Health
Attn: Ned Baker, Interim CEO
1840 East Gypsy Lane Road
Bowling Green, OH 43402

Or email to nalboh@nalboh.org

For a complete position description and application form, please visit www.nalboh.org

If you need additional information; contact Ned Baker at ned@nalboh.org or Tracy Schupp at tracy@nalboh.org or (419) 353-7714

NALBOH Position Description

Position Title: Chief Executive Officer

Date: June 2012

Reports to: Board of Directors

Classification: Exempt

Position Summary:

The Chief Executive Officer serves at the will, pleasure, and direction of the Board of Directors. The Chief Executive Officer is responsible for the overall management and operation of the association and the implementation of board directives and policies. This position includes creating and maintaining a high performance association that exceeds member expectations while meeting their needs and is also responsible for assuring the advancement of the mission—to improve and strengthen public health governance.

Essential Position Functions (Duties and Responsibilities):

1. Manages the affairs of NALBOH in accordance with the association's bylaws, Board Governance and Policy Manual, and directives of the NALBOH Board.
2. Maintains existing funding support and leads the expansion of funding support including seeking out and obtaining grants and other revenue sources.
3. Examines the books, papers, and accounts of the association regularly and proposes monthly reports to the Board concerning the conditions that are found. Takes immediate actions to correct deficiencies and reports such actions to the Board. Supervises the annual audit.
4. Submits recommendations to the Board concerning the affairs of the association and its future financial needs as the Board may request or the Chief Executive Officer deems necessary; maintains appropriate and timely communication with the President and the Board of Directors.
5. Creates an atmosphere within the association that is conducive to continuous quality improvement.
6. Supervises the hiring, evaluation, and discipline of NALBOH staff consistent with association personnel policies and procedures. Implements merit increases and other appropriate salary adjustments within the guidelines established by the NALBOH Board. Effectively administers all human resource policies and procedures.
7. Submits a proposed annual budget to the NALBOH Board with detailed estimates of revenues and expenditures and monitors revenues and expenses after adoption of the budget by the NALBOH Board.
8. Oversees the development, implementation, and maintenance of administrative procedures for all services/projects.
9. Coordinates the overall achievement of NALBOH's vision, mission, values, development, and planning.
10. Establishes current and long-range organizational goals, objectives, performance measures, plans, and policies with the NALBOH Board of Directors.
11. Identifies sources for strategic resource development.
12. Represents the association at meetings, conferences, and in other settings as may be necessary to promote the goals of NALBOH.
13. Incorporates ethical standards of practice as the basis of all interactions with communities and individuals.
14. Develops, maintains, and supports a strong Board of Directors; serves as ex officio member of the Board and its committees.
15. Leads, coaches/mentors, and develops the association's management/leadership team as part of the association's commitment to individual and professional growth.
16. Ensures effective systems to track and evaluate association activities to measure success that can be communicated to the Board, funders, and association membership.
17. Executes contracts or other instruments on behalf of the association except in cases where the execution thereof is expressly delegated by the Board of Directors or by the Bylaws to some other officer or agent of the association.
18. Works with the President to report to the full membership on the association's activities since the preceding annual meeting of the membership.
19. Performs other tasks as assigned by the President and Board of Directors.

Position Qualifications:

- Doctorate degree in Public Health, Public Administration, or related field plus 4 years of public health or association management and leadership; or Master's degree in Public Health, Public Administration, or related field plus 7 years of public health or association management and leadership; or Bachelor's degree in a related field and 10 years of management and leadership experience.

- Strong planning and administrative skills with ability to execute policies and programs for a complex, growing national association.
- Dedicated to quality and evidence-based program evaluation.
- Proven track record of establishing and maintaining relationships with diverse associations, agencies, and funders.
- Must work a flexible schedule with variable hours and travel frequently.
- Background in preparing, analyzing, and managing budgets and financial reports; skill in analyzing and solving problems.
- Excellence in personnel management with the ability to coach/mentor staff, effectively evaluate performance and take corrective actions when necessary, and maintain a positive work environment for employees.
- Past success working with a board of directors and implementing effective board development strategies.
- Strong marketing, public relations, and fundraising experience and ability to engage a wide range of stakeholders.
- Strong written and verbal communication skills.
- Excellent computer (Microsoft Office), technology, and office equipment skills.
- Northwest Ohio residency is preferred within an established period after employment.

Competencies and Attributes

- Intellectual skills – analytical, partnership development and management, problem solving, and project management
- Interpersonal skills – team work, written communication, and oral communication
- Leadership skills – change management, visionary leadership, and managing people
- Organizational skills – strategic thinking, business acumen, cost consciousness, diversity, ethics, organizational support, and quality improvement
- Self-management skills – dependability, initiative, motivation, professionalism, planning/organizing, innovation, and judgment
- Public health/board of health knowledge – understanding the governance role in the public health system and knowledge of core public health functions and the ten essential services of public health

Certificates and Licenses

- No certifications required. Willingness to pursue certification as an association executive or equivalent.

Physical Requirements:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential job functions of this position. Reasonable accommodations may be made to ensure individuals with disabilities are able to perform these essential job functions.

While performing job duties, employee sits 80% of the time. Occasionally required to stand; walk; use hands and fingers to handle and feel objects, tools or controls; reach with hands and arms; balance; stoop, kneel, crouch or crawl; talk or hear. The employee must occasionally lift and/or move up to 25 pounds.

Work Environment:

Work environment characteristics described here are representative of those that must be met by an employee to successfully perform the essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform these essential job functions.

While performing job duties, the employee is not exposed to weather conditions except during travel assignments.

Noise level in the work environment is usually moderate to low.

4. Draft Meeting Minutes – January 27, 2012



Council on Linkages Between Academia and Public Health Practice Conference Call Meeting

Date: January 27, 2012

Time: 1:00-2:30 pm EST

Meeting Minutes - DRAFT

Members Present: C. William Keck (Chair), Chris Atchison, Jack DeBoy, Terry Dwelle, Vince Francisco, Gary Gilmore, John Gwinn, Julia Heany, Jan Heinrich, Greg Holzman, Denise Koo, Amy Lee, Jeanne Matthews, Louis Rowitz, Lillian Smith, Hugh Tilson

Other Participants Present: Karlene Baddy, Wendy Braund, Sheila Chandler, Joan Ellison, Elinor Greene, Alex Hart, Norma Hatot, David Knapp, Cynthia Lamberth, Cynthia Phillips, Janet Place, Irene Sandvold, Tanya Uden-Holman

Staff Present: Ron Bialek, Kathleen Amos, Aleta Hong

Agenda Item	Discussion	Action
<p>Welcome and Overview of Agenda</p>	<p>The meeting began with a welcome by Council on Linkages Chair C. William Keck, MD, MPH. Roll call was conducted.</p> <p>Dr. Keck introduced Irene Sandvold, DrPH, MPH, MSN, RN, who works in the Health Resources and Services Administration's (HRSA) Bureau of Health Professions and is the Public Health Foundation's (PHF) Project Officer (which includes funding for the Council).</p> <p>Dr. Keck reviewed the agenda for the meeting.</p>	
<p>Introduction of New Council Members</p>	<p>Dr. Keck welcomed and introduced three new Council representatives: Lillian Smith, PhD, MPH, CHES for the Association of Schools of Public Health; Gregory Holzman, MD, MPH for the Centers for Disease Control and Prevention; and Janet Heinrich, DrPH, RN for HRSA.</p> <p>Dr. Keck introduced Aleta Hong as the Council's new Project Assistant at PHF.</p>	
<p>Approval of Minutes from July 28, 2011 Meeting</p>	<p>Dr. Keck asked for any changes to the minutes of the July 28, 2011 Council meeting. Vince Francisco, PhD moved to approve the minutes as written. Gary Gilmore, PhD, MPH, MCHES seconded the motion.</p>	<p>Minutes of the July 28, 2011 Council meeting were approved as written.</p>
<p>Council Constitution and Bylaws</p>	<p>Dr. Keck proposed revising the Council Constitution and Bylaws to reflect changes made to the mission statement during strategic planning and to add the two new member organizations, the Association of Public Health Laboratories and the National Public Health Leadership Development Network, to the membership list. Dr. Gilmore moved to accept the proposed changes. Dr.</p>	<p>The changes to the Council Constitution and Bylaws were approved as written.</p>

	Francisco seconded the motion.	
<p>Status of Council Activities</p>	<p>Academic Health Department (AHD) Learning Community Chair Dr. Keck reported on the status of the Learning Community. The Learning Community has 104 members; has held four meetings, including an in-person meeting during the 2011 American Public Health Association Annual Meeting; and is working to identify AHDs and create resources to support AHDs. The next Learning Community meeting will likely be held in the spring.</p> <p>Dr. Keck reported on the status of tool development for the Competencies to Practice Toolkit being created to facilitate use of the Core Competencies for Public Health Professionals (Core Competencies). The Toolkit will include competency assessments, examples to clarify competencies (e.g.s), a cultural competency tool, job descriptions, and quality improvement tools. Tools will be posted on the Council website as they become available.</p> <p>Council Director Ron Bialek, MPP reported on the status of the Recruitment and Retention initiative. A final report is being written for the Public Health Workers Survey conducted in 2010. When available, the draft report will be posted online for comments. The report will be finalized by the Pipeline Workgroup and sent to the Council for approval.</p> <p>Mr. Bialek reported on the status of the Public Health Training Impact (PHTI) initiative. Guided by the Training Impact Task Force, a group of 11 experts in training and evaluation chaired by Wendy Braund, MD, MPH, MEd, the PHTI initiative seeks to identify methods and tools to improve and measure the impact of training. Final products are expected by fall 2012 and will include a document containing strategies and methods for enhancing and evaluating the impact of training and a selective review of literature related to training and evaluation.</p>	
<p>Current Actions and Future Commitments of Council Member Organizations</p>	<p>Representatives from Council member organizations reported on the work their organizations are doing to promote and utilize Council initiatives and products, particularly the Core Competencies and the AHD Learning Community.</p>	<p>Council staff will compile the information gathered during the reports and send it to Council representatives for review. The final product will be posted on the Council website.</p>

<p>Discussion on Enhancing Communication</p>	<p>Council Project Manager Kathleen Amos, MLIS asked for Council member organization input on communication methods they have found effective within their organizations, how they measure their communications impact, and how they can help the Council communicate.</p>	<p>Council staff will provide a report on the Council's current communications strategies, as well as communications questions for feedback from Council member organizations. A follow-up discussion on communications will be held at the next Council meeting.</p>
<p>Other Business</p>	<p>Dr. Keck announced that he and Mr. Bialek will be conducting conference call meetings with Council member organizations' CEOs/Executive Directors, representatives, and staff contacts to discuss the Council and its future directions. They aim to conduct these meetings in March 2012.</p>	<p>Council staff will contact Council member organizations to schedule conference call meetings.</p>
<p>Next Steps</p>	<p>Dr. Keck informed the Council that its next meeting has not yet been scheduled, but that Council staff will be in contact to do so.</p>	<p>Council staff will schedule the next Council meeting.</p>

5. Conference Calls with Council Member Organizations



Conference Calls with Council Member Organizations

July 26, 2012

Overview

Engagement of Council on Linkages Between Academia and Public Health Practice (Council) members was identified as an administrative priority during the Council's strategic planning in 2011. In an effort to facilitate member engagement, conference calls were conducted with individual Council member organizations during the spring of 2012 to discuss the current and future work of the Council, as well as how the Council can best serve its member organizations. Participants in these calls included Council Chair C. William Keck, MD, MPH; Council Director Ron Bialek, MPP; Council representatives; and CEOs/executive directors and Council staff contacts of member organizations.

Discussion Summary

The Council received a positive response to these conference calls from its member organizations. Discussion on the calls was open and direct, and Council members indicated that the calls were informative and beneficial, offering an opportunity for organizational leadership to become more familiar with the Council's work and make connections with the efforts of their own organizations. Council members were supportive of the Council and its initiatives, indicating a desire to begin or continue sharing Council activities and products with their constituents. The value of the Core Competencies for Public Health Professionals to the practice of public health was emphasized, and interest was expressed in newer initiatives, such as the Academic Health Department Learning Community and the Public Health Training Impact initiative, as well.

A recurring theme throughout these discussions was that the field of public health is changing, especially with the increasing emphasis on integrating public health and primary care and the rise of undergraduate public health and interprofessional education initiatives, and there is a need to consider the impact this will have on the public health workforce. Ensuring a workforce that is competent and trained for the changing reality of public health practice presents a challenge for the Council and its member organizations moving forward.

The Council was encouraged to continue its collaborative efforts and support for its member organizations, as well as its communication activities to increase awareness of Council initiatives and products. The Council occupies a unique position within the public health field, and its future work will be best guided by considering how to leverage this position to advance the goals of public health.

Next Steps

The conference calls with Council member organizations provided an excellent opportunity to better connect the Council with its members, and many ideas were shared that will help inform the future work of the Council and ensure that work is relevant to the needs of its members. Specific follow-up items were generated for all organizations participating in these calls and will be pursued over the coming months. In addition, activities of Council member organizations in support of Council initiatives will be shared through the Council website to highlight the significant contributions made by Council members.

6. Academic Health Department Learning Community Report



Academic Health Department Learning Community Report

July 26, 2012

Overview

The [Academic Health Department \(AHD\) Learning Community](#) is a national community of practitioners, educators, and researchers interested in the use of the AHD model within public health. Developed with the guidance of the [AHD Workgroup](#), the Learning Community connects public health and primary care professionals to share knowledge and engage in collaborative activities to support the development, maintenance, and expansion of AHDs. The Learning Community accomplishes this by holding conference call and in-person [meetings](#), creating and collecting [AHD-related resources](#), developing [profiles](#) of Learning Community members, and stimulating [discussion online](#).

Current Activities

Since its launch in January of 2011, the AHD Learning Community has grown to include over 130 members from more than 30 states and territories, the District of Columbia, and seven national organizations. The Learning Community continues working to identify AHDs across the country, to collect and share the agreements that established these partnerships, and to reach out to expand membership. Information about the Learning Community was recently shared with groups representing primary care providers and public health practice-based research networks in efforts to build connections to enhance the activities of the Learning Community.

Based on input from the AHD Learning Community, the AHD Workgroup was dissolved following a final meeting in May. The Workgroup was successful in its goal of establishing the Learning Community, and the Learning Community itself will guide its future development. A Learning Community meeting was held in early July to begin gathering feedback on progress made by the Learning Community and identifying avenues for further growth.

Next Steps

Over the next few months, the AHD Learning Community will be considering future directions for its growing membership, as well as exploring partnerships between AHDs and primary care organizations, such as community health centers, with the aim of identifying elements that contribute to success within these partnerships. The Learning Community will meet again in-person this fall at the American Public Health Association Annual Meeting. All Learning Community members and others interested in learning more about AHDs and the Learning Community are invited to attend this meeting on Tuesday, October 30th from 8:30-10:00 am. Additional Learning Community meetings will continue to be held by conference call.

7. Core Competencies Workgroup Report



Core Competencies Workgroup Report

July 26, 2012

Overview

The [Core Competencies Workgroup](#), originally established to develop and update the [Core Competencies for Public Health Professionals](#) (Core Competencies), is currently focused on developing tools to assist public health professionals and organizations in using the Core Competencies to better understand, assess, and meet their workforce and training needs. Various tools have been completed or are under development and are available through the Council on Linkages Between Academia and Public Health Practice (Council) website. These include competency assessments, examples to clarify the language of competencies, examples demonstrating attainment of competence, samples of competency-based job descriptions, and quality improvement tools.

Existing Tools

Three sets of tools have recently been developed and posted on the Council website: competency assessments, a competency prioritization sequence, and competency-based job descriptions. [Competency Assessments for Public Health Professionals](#) were created for each tier of the Core Competencies and support professional development planning by enabling individuals to determine their current levels of competence. These assessments are also accessible from TRAIN, the Public Health Foundation's learning management system, to support individuals in connecting assessment results with training opportunities. The [3-Step Competency Prioritization Sequence](#) is a set of quality improvement tools that can help public health organizations decide where to focus their competency development efforts. The sequence consists of a radar chart for determining current competence levels, a prioritization matrix for identifying competencies important to organizational goals, and a matrix diagram for visualizing areas of strategic importance to the organization where competency development is needed. Finally, [Competency-Based Job Descriptions](#) are being collected as examples for professionals and organizations interested in integrating the Core Competencies into their own job descriptions. Three job descriptions are currently available, and efforts are being made to expand this collection.

Draft Tools

Two additional tools are available in draft form: examples or "e.g.s" to clarify competency statements and examples demonstrating attainment of competence. ["E.g.s" to Clarify the Core Competencies for Public Health Professionals](#) are intended to help explain the terminology or concepts within competency statements. [Examples Demonstrating Attainment of the Core Competencies for Public Health Professionals](#) illustrate how professionals can show that they've gained the competence necessary to be effective in their positions. Comments are being accepted on both of these drafts through July 31, 2012.

Next Steps

In the coming months, the Core Competencies Workgroup will continue developing, collecting, and refining tools and resources to facilitate use of the Core Competencies, including a new tool related to cultural competency. Tools can be accessed directly by visiting the [Core Competencies Tools webpage](#), and this page will be updated with new tools as they become available.

Core Competencies Workgroup Members

Co-Chairs:

- Diane Downing, School of Nursing and Health Studies, Georgetown University
- Janet Place, North Carolina Institute for Public Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Members:

- Nor Hashidah Abd Hamid, Upper Midwest Public Health Training Center
- Geri Aglipay, Mid-America Public Health Training Center
- Sonya Armbruster, Sedgwick County (KS) Health Department
- Noel Barakat, County of Los Angeles (CA) Department of Public Health
- Dawn Beck, Olmsted County (MN) Public Health Services
- Linda Beuter, Livingston County (NY) Department of Health
- Michael S. Bisesi, Ohio Public Health Training Center
- Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
- Candy Cates, Oregon Health Authority
- Marita Chilton, Public Health Accreditation Board
- Joan Cioffi, Centers for Disease Control and Prevention
- Judith Compton, Michigan Public Health Training Center
- Marilyn Deling, Olmsted County (MN) Public Health Services
- Taren Douglas, Arizona Public Health Training Center
- Mark Edgar, Wisconsin Center for Public Health Education and Training
- Joan Ellison, Livingston County (NY) Department of Health
- Dena Fife, Upper Midwest Public Health Training Center
- Rachel Flores, University of California - Los Angeles
- Linda Frazee, Kansas Department of Health and Environment
- Kristine Gebbie
- Kari Guida, Minnesota Department of Health
- John Gwinn, University of Akron
- Larry Jones, City of Independence (MO)
- Vinita Karatsu, County of Los Angeles (CA) Department of Public Health
- Louise Kent, Northern Kentucky Health Department
- David Knapp, Kentucky Department for Public Health
- Denise Koo, Centers for Disease Control and Prevention
- Lisa Lang, National Library of Medicine
- John Lisco, Centers for Disease Control and Prevention
- Erin Louis, Kentucky and Appalachia Public Health Training Center
- Kathleen MacVarish, New England Alliance for Public Health Workforce Development
- Lynn Maitlen, Indiana State Department of Health
- Jeanne Matthews, School of Nursing and Health Studies, Georgetown University
- Nancy McKenney, Wisconsin Department of Health Services
- Nadine Mescia, Florida Public Health Training Center
- Kathy Miner, Rollins School of Public Health, Emory University
- Sophi Naji, Mid-America Public Health Training Center
- Kate Nicholson, Indiana Public Health Training Center
- Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- Lillian Smith, Arnold School of Public Health, University of South Carolina

- Chris Stan, Connecticut Department of Public Health
- Allison Thrash, Minnesota Department of Health
- Karen A. Tombs, New Hampshire Public Health Training Center

8. Training Impact Task Force Report



Training Impact Task Force Report

July 26, 2012

Overview

To support the ongoing training of public health professionals, the [Public Health Training Impact](#) initiative was launched in the fall of 2011 to identify methods and tools to improve and measure the impact of training. This effort is guided by the [Training Impact Task Force](#) (Task Force), which consists of 11 experts in training and evaluation. Task Force members were drawn from academia, government, and the private sector, and work both inside and outside of the field of public health. The Public Health Training Impact initiative will produce a set of strategies and methods intended to guide trainers, public health organizations, and sponsors of training through the training and evaluation process, as well as a collection of resources, such as tools, examples, and literature, supporting implementation of the approaches identified. These products are expected to be completed by the fall of 2012.

Current Activities

The Task Force has held five working meetings via conference call to draft the [set of strategies and methods](#) for enhancing and evaluating the impact of training for public health professionals. Strategies and methods have been developed in the areas of assessment, motivation, design, delivery, and evaluation of training. This draft tool was distributed for public review and comment through the Council on Linkages Between Academia and Public Health Practice (Council) and the Public Health Foundation. Comments received are informing the development of a final draft, which will be available for review by the Task Force by the end of July. Relevant literature on training and evaluation identified through numerous searches is being organized and will be available by the end of August.

Next Steps

Following Task Force review and approval of the strategies and methods tool, the tool will be shared with the Council for approval. A final version of the tool is anticipated to be completed and available by the end of September. The Task Force will convene for one final meeting to conclude its work and discuss approaches for disseminating the results of this initiative.

Training Impact Task Force Members

Chair:

- Wendy Braund, MD, MPH, MEd, Wyoming Department of Health

Members:

- Mark Edgar, PhD, MPH, Wisconsin Center for Public Health Education and Training, University of Wisconsin
- Cam Escoffery, PhD, MPH, CHES, Rollins School of Public Health, Emory University
- Elinor Greene, PhD, MS, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention
- David Knapp, Department for Public Health, Education, and Workforce Development Branch, Kentucky Cabinet for Health and Family Services
- Diane Kneeland, PhD, College of Natural Sciences, University of Texas at Austin
- Joan Kub, PhD, MA, PHCNS-BC, School of Nursing, Johns Hopkins University
- Lloyd F. Novick, MD, MPH, Brody School of Medicine, East Carolina University
- Janet Place, MPH, Southeast Public Health Training Center, University of North Carolina
- Patti Phillips, PhD, CPLP, ROI Institute, Inc.
- Steve Sitek, Novartis Pharmaceuticals Corporation

9. Public Health Workforce Development Inventory Initiative



Public Health Workforce Development Inventory Initiative

July 26, 2012

Overview

One objective of the Council on Linkages Between Academia and Public Health Practice (Council) [Strategic Directions](#) adopted in June 2011 is to “support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.” Strategy 1 under this objective is to “develop a comprehensive plan for ensuring an effective public health workforce.” One of the tactics to accomplishing this strategy is to “participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.” The Public Health Workforce Development Inventory Initiative is focused on contributing important information about workforce development plans and activities that can help identify needs and gaps in public health workforce development. Furthermore, this baseline information can contribute to ongoing workforce development planning activities of the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

Current Activities

Council staff will be setting up conference calls with each Council member organization to discuss public health workforce development activities and plans. Staff are currently in the process of developing themes and an interview guide to facilitate collection and cataloging of relevant information. Information gathered will be entered into a database for analysis and updating over time. This information is intended for use by Council member organizations as future workforce development initiatives are developed and can serve as an environmental scan for public health workforce strategic planning.

Action Item for Council Members

By August 17, 2012, please provide to Kathleen Amos (kamos@phf.org) the names and contact information of people within your organization who we can interview about your organization’s workforce development activities and plans. We recognize that this may involve more than one individual and phone call. Having this information will facilitate development of a comprehensive and useful inventory of public health workforce development activities and plans.

10. Enhancing Council Communication



Enhancing Council Communication

July 26, 2012

The Council on Linkages Between Academia and Public Health Practice's (Council) [Strategic Directions, 2011-2015](#) detail several administrative priorities, including the desire to "use communication tools effectively to increase access for diverse audiences to Council initiatives and products." The Council uses several methods to communicate with the public health community and is working to determine the impact of these communications and explore targeted opportunities for enhancement. Current communication methods include the Council website, news articles, blog posts, the *Council on Linkages Update* newsletter, conference attendance, and Twitter.

Website

Hosted by the Public Health Foundation (PHF), the [Council website](#) features introductory information about the Council and its initiatives, as well as relevant documents and resources. News articles and blog posts are shared through the website, as is information regarding meetings. News articles address topics such as progress on initiatives, upcoming meetings, highlights from recent meetings, and how the work of the Council ties in with the broader public health system. In addition to news articles, blog posts from experts in the field are periodically added to the website. Webpages containing resources, news, and blog posts are designed to accept comments in order to stimulate discussion. Council staff can monitor the number of views for each page on the website to estimate usage. Information about the Core Competencies for Public Health Professionals (Core Competencies) consistently ranks among the most viewed on the PHF website as a whole.

Council on Linkages Update

Approximately once a month, the [Council on Linkages Update](#) newsletter is emailed to over 350 individuals, including Council members, executive directors and staff of member organizations, Workgroup and Task Force members, and Academic Health Department (AHD) Learning Community members. The newsletter is also posted online for those who do not receive it directly. Council staff can track clicks of the links embedded in the newsletter to identify popular content. Data suggest that individuals who click these links spend more time on the PHF website and view more pages than the average visitor.

Conferences

Having a presence at conferences, whether through presentations or exhibits, is another way in which the Council communicates with the public health community. At the most recent [American Public Health Association \(APHA\) Annual Meeting](#), the Council gave four presentations on the AHD Learning Community, the Core Competencies, Core Competencies tools, and the Public Health Workers Survey. The Council also distributed general information, copies of the Core Competencies, AHD Learning Community information, and more. Turnout at the presentations was strong, and many individuals who attended presentations came by the exhibit booth afterward to discuss the presentations and obtain additional materials. Several presentations are again scheduled for this year's APHA Annual Meeting and will focus on the AHD Learning Community, the Core Competencies and related tools, and the Public Health Training Impact initiative.

Twitter

In late October 2011, the Council became active on Twitter using PHF's account, [@thepfh](#). The Council posts approximately weekly, sharing information on the *Council on Linkages Update*, news articles, and meetings and presentations related to Council activities with over 6,000 followers. As with the *Council on Linkages Update*, links posted can be tracked to determine how many individuals access the Council website through Twitter.

Feedback

Feedback is appreciated at any time from Council members on strategies for enhancing communication to promote the work of the Council. Are there communication methods that Council members have found effective within their organizations? How do member organizations measure the impact of their communications? How can Council members help the Council communicate? The Council strives to continue to improve its communication efforts to make Council initiatives and products more accessible.

11. Council Sessions at the APHA Annual Meeting



Council Sessions at the APHA Annual Meeting

July 26, 2012

As in previous years, the Council on Linkages Between Academia and Public Health Practice (Council) will be actively involved in the American Public Health Association (APHA) Annual Meeting to be held October 27-31, 2012 in San Francisco, CA. The Council will be offering print materials at the Public Health Foundation (PHF) exhibit booth, as well as engaging in sessions related to the Academic Health Department (AHD) Learning Community, the Core Competencies for Public Health Professionals (Core Competencies), and the Public Health Training Impact initiative.

Academic Health Department Learning Community

The AHD Learning Community will hold its second in-person meeting on Tuesday, October 30th from 8:30-10:00 am. Hosted by Council Chair C. William Keck, MD, MPH, the 90 minute session, "[Academic Health Department Learning Community: Strengthening Collaboration in Public Health](#)" (Session #4009.0), will serve as an opportunity for Learning Community members and others to learn more about AHDs and the Learning Community, share AHD-related experiences, and connect with public health professionals from across the country working to advance AHD efforts.

Core Competencies for Public Health Professionals

Tools to facilitate use of the Core Competencies will be presented in "[Enabling Competency-Based Public Health Workforce Development](#)" (Presentation #260766) on Monday, October 29th. This presentation will run from 8:30-8:50 am as part of the "Workforce Development in Public Health" session (Session #3035.0) scheduled for 8:30-10:00 am and will center on competency assessment and quality improvement tools.

Public Health Training Impact

The work of the Public Health Training Impact initiative will also be reported as part of the "Workforce Development in Public Health" session (Session #3035.0) on Monday, October 29th from 8:30-10:00 am. Entitled "[Maximizing the Impact of Public Health Training](#)" (Presentation #260874), this presentation will run from 9:10-9:30 am and will focus on strategies and methods for improving and measuring the impact of public health training.

Workforce Development Planning

Both the AHD Learning Community and the Core Competencies will be featured in "Developing and Implementing a Successful Workforce Development Plan" on Monday, October 29th. This 90 minute workshop will be presented twice on October 29th, first from [8:30-10:00 am](#) (Session #3009.0) and again from [2:30-4:00 pm](#) (Session #3337.0; Presentation #259345). During the session, Council Director Ron Bialek, MPP and PHF Senior Quality Advisor John (Jack) W. Moran, Jr., MBA, PhD, CMC, CQM will focus on strategies for developing and implementing a workforce development plan that will meet Public Health Accreditation Board standards for health department accreditation, as well as the needs of any public health organization. A similar session was successfully presented to approximately 60 participants at the National Association of County and City Health Officials Annual 2012 and is scheduled for this summer's National Association of Local Boards of Health Annual Conference on Thursday, August 9th from 1:00-2:00 pm (Session 2.5).

12. *Journal of Public Health Management and Practice* Call for Abstracts

CALL FOR ABSTRACTS

Deadline for submission: Sunday, September 30, 2012

The *Journal of Public Health Management and Practice (JPHMP)*, in collaboration with the Academic Health Department Learning Community of the Council on Linkages Between Academia and Public Health Practice (COL), the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) invites practitioners and researchers to submit abstracts for articles to appear in the November-December 2013 issue of the *JPHMP* under the theme of Academic Health Departments. We are pleased that Paul Campbell Erwin, MD, DrPH, Professor and Department Head, Department of Public Health, University of Tennessee and C. William Keck, MD, MPH, Professor Emeritus, Department of Family and Community Medicine, Northeast Ohio Medical University have agreed to serve as guest editors for this issue.

Purpose: Linkages between public health practice agencies and academic institutions have existed for many decades. Typically, these linkages join a health professions school and a state or local health department, although other public health practice organizations may be involved. Their intent is to enhance public health training, research and service by facilitating collaboration across academic and practice communities.

Although the Academic Health Department concept has been in existence for at least three decades, the literature about the nature, development, management and impact of these partnerships is sparse. In the aggregate, little is known about the extent of these relationships; the particular factors that support or detract from success; the nature of formal affiliation agreements including the sharing of resources, risks and rewards; or the outcomes that might be expected. We hope to expand the knowledge base about all elements of Academic Health Departments.

Call for Abstracts: We seek abstracts providing case examples of relationships between public health academic and practice organizations that would include such topics as:

- Reasons for considering the development of formal linkages.
- Problems encountered and overcome in the development process.
- Key elements related to success (or failure) of partnerships.
- Important points included in formal affiliation agreements including responsibilities of each partner, governance, sharing of resources, joint funding of positions, authorship of journal articles, and so on.
- Specific outcomes in teaching, research or community health impact credited to the partnership.

We encourage, but do not require, joint authorship between at least one academician and one practitioner.

Deadline for submission: Sunday, September 30, 2012

Submission of abstracts (approximately 500 words) is invited for consideration for the development of an article (12 double-spaced pages) to be published in the November-December, 2013 edition of the *JPHMP*.

Abstracts should be submitted to Lloyd F. Novick, MD, MPH, Editor, *Journal of Public Health Management and Practice* novickl@ecu.edu

Selection and Notification: Abstract authors selected to submit a full article will be notified by October 30, 2012. Full manuscripts (2000-3000 words) will be due by February 1, 2013.

13. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2011-2015**
- **Council Administrative Priorities**



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

Constitution and Bylaws

ARTICLE I. – MISSION:

The mission of the Council on Linkages Between Academia and Public Health Practice (Council) is to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

ARTICLE II. – BACKGROUND AND PURPOSE:

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

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

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

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

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

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

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL) – Preliminary Member Organization
- Association of Schools of Public Health (ASPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- National Public Health Leadership Development Network (NLN) – Preliminary Member Organization
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education (SOPHE)

Membership Categories:

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

I. Preliminary Member Organization Privileges

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

II. Formal Member Organization Privileges

1. In accordance with the Council's travel policy and as funding permits, Organizational Representatives (Representatives) from Formal Member Organizations are entitled

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

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITIES:

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

- Each Member Organization (Organization) select an appropriate Representative to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.
- The Representative have access to and communicate regularly with the Organization's leadership about Council activities.
- The Representative be able to present the perspectives of the Organization during Council meetings.
- The Representative attend and actively participate in scheduled meetings and shall not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.
- Each Organization identify a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.
- During at least one meeting each year, Representatives present the progress their respective Organizations and members have made toward implementing and sustaining productive academic/practice linkages.
- Each Representative (or staff contact) respond to requests for assistance with writing and compiling Council documents and resources.
- Representatives and Organizations disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective memberships of the Organizations.
- Upon request of the Council Chair, Representatives officially represent the Council at meetings or presentations widely attended by members of the practice and academic public health communities.

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

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

ARTICLE V. – Discussions, Decisions, and Voting:

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

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

B. Discussions & Decisions:

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

C. Voting:

1. Each Representative shall have one vote. If a Representative is unable to attend a meeting, the Organization may designate a substitute (or Designee) for the meeting. That Designee will have voting privileges for the meeting.
2. **Quorum** is required for a vote to be taken and shall consist of a majority of the Representatives or Designees of all participating groups composing the Council.
3. **Simple Majority** Vote will be required for internal Council administrative, operational, and membership matters (i.e.: Minutes approvals).
4. The Council will seek **Consensus** (Quaker style – No-one blocking consensus) when developing major new directions for the Council (i.e.: moving forward with studying leadership tier of credentialing). No more than one-quarter of Representatives or their Designees can abstain, or the motion will not pass. Representatives will be expected to confer with the leadership of their organizations prior to the meeting to ensure that their votes reflect the Organization's views on the topic.
5. A two-thirds **Super Majority** of all Representatives will be required to vote on accepting or amending this Constitution and Bylaws.

ARTICLE VI. – COUNCIL LEADERSHIP:

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

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

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

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

ARTICLE VII. – MEETINGS:

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

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSIBILITIES:

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

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

ARTICLE IX. – FUNDING:

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

Adopted: January 24, 2006

Amended: January 27, 2012

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career. In order to fulfill this mission, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council involvement requires that:

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

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

Council Representative Designated by Organization

Date

Organizational Executive Director

Date

Member Organization



Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2011-2015

Mission

To improve public health practice, education, and research by:

- Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
- Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
- Creating a process for continuing public health education throughout one's career.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Public Responsibility and Citizenship

Objectives

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

Objectives, Strategies, & Tactics

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

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.

Tactics:

- a. Increase membership and activities of the Academic Health Department Learning Community.
- b. Document and highlight collaboration and its impact through a Linkages Awards program.

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

Tactics:

- a. Identify cross-cutting competencies for public health and primary care.

- b. Expand the Academic Health Department Learning Community to include primary care professionals and organizations.
- c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.

Tactics:

- a. Serve as a clearinghouse for evidence regarding successful linkages.
- b. Conduct a periodic review of practice-based content in public health education.

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

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

Tactics:

- a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
- b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
- c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
- d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.

Tactics:

- a. Explore methods for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.

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

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

Tactics:

- a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
- b. Use survey methods to gather additional data about public health workers.
- c. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
- d. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

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

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

Tactics:

- a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.

Tactics:

- a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.

Tactics:

- a. Identify gaps in the development of research that is relevant to practice.
- b. Vet the Robert Wood Johnson Foundation workforce research agenda.
- c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

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

Tactics:

- a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.

Strategy 4: Explore approaches to enhance funding of public health research.

Council on Linkages Administrative Priorities

- **Communication:** Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.
- **Funding:** Secure funding to support Council activities.
- **Governance:** Review governance structure of the Council.
- **Membership:** Explore desirability of and opportunities for Council membership expansion and diversification.
- **Staffing:** Maintain Council staffing and convening role of the Public Health Foundation.
- **Technology:** Explore uses of technology to facilitate Council activities.



**Council on Linkages: Strategic Directions, 2011-2015
Administrative Priorities**

July 28, 2011

During the Council on Linkages Between Academia and Public Health Practice (Council) strategic planning, several priorities for effective administration of the Council were identified. The Council Chair and staff have begun planning to address these priorities. The following details our anticipated initial steps.

Communication: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.

The key priority identified in the area of communication was increasing awareness of and access to Council activities and products. Currently, several communication methods are used to disseminate information about the Council and its products. These include: maintaining the Council website, producing and distributing the Council on Linkages Update, publishing news articles on the PHF website, blogging on the PHF Pulse blog, and participating in national conferences and meetings through presentations and exhibits. We propose four initial steps toward enhancing Council communication activities:

- Maintain use of the communication methods listed above, while exploring opportunities to maximize the impact of these communication channels in reaching our broad public health audience.
- Pilot test the addition of Twitter to our current communication strategies as a way to push out information. The pilot test will involve establishing communication goals, a pilot time period, and ways to measure success. This pilot test will be initiated within the next three months.
- Request assistance from Council Representatives to explore how Council Representatives and Member Organizations can help us enhance Council communication strategies.
- Discuss ways to enhance Council communications during the fall/winter Council meeting.

Funding: Secure funding to support Council activities.

Funding is likely to remain a concern for the Council for the foreseeable future. Securing and maintaining adequate funding levels to advance the work of the Council remains a priority for us.

Governance: Review governance structure of the Council.

Two items were identified in the area of governance: holding regular elections for Council leadership and possible expansion of Council leadership to include an executive committee.

1. *Regular Elections.* According to the Council's *Constitution and Bylaws*, Article VI – Council Leadership, the leadership of the Council consists of an elected Chair. The term of the Chair is two years, and there is no limit to the number of terms a Council Representative can serve in this position. All Council Representatives who have served a minimum of two years and have worked in public health practice are eligible to stand for election. Each Council Member Organization, through its Representative, has one vote in the election, and the result is determined by a majority affirmative vote.¹ Preparation for an election for the Council Chair position has begun. A request for nominations has been distributed. Voting is expected to occur in mid-July, with the winner announced at the July meeting of the Council.
2. *Executive Committee.* The idea of establishing a formal executive committee to assist in governing the Council has been previously considered. Currently, the Chairs of the Council Workgroups and Task Force serve as an informal executive committee that conducts Council business in between Council meetings. The Council Chair monitors the work conducted and reports to the full Council. This arrangement has served the Council well over the years and has enabled flexibility in responding to changing circumstances.

Membership: Explore desirability of and opportunities for Council membership expansion and diversification.

Two priorities under the umbrella of membership have been identified: expansion and engagement.

1. *Council Membership Expansion.* The question of whether expansion of the Council's membership would be desirable has been raised. Some Council members have proposed expanding Council membership, while others have expressed concern over membership growth. We would like to be strategic about any decisions that are made and request that the Council revisit this topic at a future meeting.
2. *Council Member Engagement.* Prior to considering expanding Council membership, we propose to maximize engagement of existing Council members. Each Council Representative is responsible for serving as a communication liaison between the Council and his/her Member Organization and constituency, engaging in the business of the Council at meetings, and contributing to the development of Council resources. Council Representatives have the opportunity to participate more extensively in Council initiatives through involvement with Council workgroups. Building on this foundation, we propose the following initial steps to increase engagement:
 - More clearly communicate to new Council Representatives the activities of the Council and opportunities for involvement.

¹ Council on Linkages Between Academia and Public Health Practice. (2006). Council on Linkages Between Academia and Public Health Practice: Constitution and Bylaws.

- Periodically remind Council Representatives of ongoing activities and opportunities to become involved.
- Actively request Council Representative assistance in communicating Council activities to our broad public health audience through activities such as writing for the PHF Pulse blog.
- Contact all Council Member Organizations to discuss the Council and its future directions. The Council Chair and Director will speak via conference call with the Representative, director/CEO, and staff contact of each Council Member Organization within the next six to nine months.

To assist in accomplishing these initial steps, we will be asking all Council Representatives to provide current professional information, including an updated CV and brief biography, within the next three months.

Staffing: Maintain Council staffing and convening role of the Public Health Foundation.

Staffing of the Council is closely tied to Council funding and, as such, will likely continue to be an area of concern. Maintaining adequate staffing levels to support a productive Council remains a priority for us.

Technology: Explore uses of technology to facilitate Council activities.

Technology priorities center on the use of technology to efficiently conduct Council activities. A key Council activity is communication and the use of technological tools, such as the Council website, the PHF Pulse blog, and Twitter, within communication efforts was discussed above under the priorities for Communication. Many of the communication methods used to disseminate information to the public also serve as means to disseminate information to Council Representatives and Member Organizations. Additionally, we propose to:

- Redesign the Council workgroup pages within our website to become more of a “home” for workgroup activities where all relevant information, such as current activities, resources under development, and upcoming meetings, can be accessed. This redesign will begin within the next three months.
- Request assistance from Council Representatives to help us identify ways to maximize the value obtained from the technologies we currently use and investigate promising new technologies and their potential value for the Council.

We are committed to the continued success of the Council on Linkages Between Academia and Public Health Practice. Feedback and ideas related to administrative issues are welcome from Council members at any time.