The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Conference Call Meeting

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Monday, August 10, 2015
1:00-3:00 pm EDT

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Call Number: 1.888.619.1583
Passcode: 479585

Funding provided by the Centers for Disease Control and Prevention

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Staffed by the Public Health Foundation

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1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

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Conference Call Meeting
Date: Monday, August 10, 2015
Time: 1:00-3:00 pm EDT
Phone Number: 1.888.619.1583
Passcode: 479585#

AGENDA

1:00-1:05	Welcome, Overview of Agenda, and Introduction of New Representatives ➢ Beth Ransopher (NACCHO) ➢ Susan Little (Quad Council)	*Bill Keck*
1:05-1:10	Approval of Minutes from January 9, 2015 Meeting ➢ **Action Item**: Vote on approval of minutes	*Bill Keck*
1:10-1:15	Council Membership Vote – AACN (Council Administrative Priorities – Membership) ➢ **Action Item**: Vote on membership status	*Bill Keck*
1:15-1:30	Status of Council Funding (Council Administrative Priorities – Funding)	*Bill Keck, Craig Thomas, Patricia Simone*
1:30-1:45	Academic Health Department Learning Community (Council Strategic Directions – A.1.a.) ➢ New Resources and Tools ➢ New Initiative – Mentorship Program ➢ Need/Desire for AHD Research Agenda	*Bill Keck*
1:45-2:00	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., B.1.d., C.3.a.) ➢ Use of the Core Competencies ➢ New Resources and Tools ➢ Healthy People 2020 Data Collection	*Janet Place, Amy Lee*
2:00-2:30	Council on Education for Public Health Curriculum Criteria Revisions (Council Strategic Directions – B.1.)	*Laura Rasar King, Mollie Mulvanity*
2:30-2:45	National Consortium for Public Health Workforce Development (Council Strategic Directions – C.1.e.)	*Ron Bialek*
2:45-2:55	Upcoming Activities and Events (Council Strategic Directions – B.1., C.1.a., C.1.b.) ➢ Strategic Directions ➢ Recruitment and Retention Papers ➢ 2015 APHA Annual Meeting ➢ NBPHE Job Task Analysis Webinar ➢ NBPHE Certified in Public Health Pilot	*Bill Keck, Ron Bialek*
2:55-3:00	Other Business and Next Steps	*Bill Keck*
3:00	Adjourn	

2. Council Member List

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Members

Council Chair:

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

Council Members:

Mary Paterson, PhD, MSN
American Association of Colleges of Nursing

Beverly Taylor, MD
American College of Preventive Medicine

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

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

Philip Amuso, PhD
Association of Public Health Laboratories

Association of Schools and Programs of Public Health

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

Christopher Atchison, MPA
Association of University Programs in Health Administration

John Lisco, MPH, CHES
Centers for Disease Control and Prevention

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Sarah Linde, MD
Health Resources and Services Administration

Beth Ransopher, RS, MEP
National Association of County and City Health Officials

Marlene Wilken, PhD, RN
National Association of Local Boards of Health

Carolyn Harvey, PhD
National Environmental Health Association

Lisa Lang, MPP
National Library of Medicine

Patrick Lenihan, PhD
National Network of Public Health Institutes

Louis Rowitz, PhD
National Public Health Leadership Development Network

Susan Little, MSN, RN, APHN-BC, CPHQ
Quad Council of Public Health Nursing Organizations

Vincent Francisco, PhD
Society for Public Health Education

3. Draft Meeting Minutes – January 9, 2015

The Council on Linkages Between Academia and Public Health Practice

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

Date: January 9, 2015

Meeting Minutes - DRAFT

Members Present: C. William Keck (Chair), Philip Amuso, Chris Atchison, Vince Francisco, Gary Gilmore, Barbara Gottlieb, Larry Jones, Lisa Lang, Amy Lee, Patrick Lenihan, Sarah Linde, John Lisco, Mary Paterson, Lou Rowitz, Beverly Taylor, Marlene Wilken

Other Participants Present: Karlene Baddy, Vera Cardinale, Ashley Edmiston, Kaitlin Emrich, Elizabeth Harper, Dorene Hersh, Bernd Jilly, Rita Kelliher, Allison Lewis, Bryn Manzella, Josh Martinez, JoBeth McCarthy-Jean, Laura Overton, Eva Perlman, Janet Place, Sophie Wenzel

Staff Present: Ron Bialek, Kathleen Amos, Janelle Nichols

Agenda Item	Discussion	Action
Welcome, Overview of Agenda, and Introduction of New Representative ➢ **Barbara Gottlieb (CCPH)**	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Roll call was conducted. Dr. Keck reviewed the agenda for the meeting. Dr. Keck welcomed and introduced a new Council representative: Barbara Gottlieb, MD, for Community-Campus Partnerships for Health (CCPH).	
Approval of Minutes from April 28, 2014 Meeting	Dr. Keck asked for any changes to the minutes of the April 28, 2014 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. Larry Jones, MA, MPH, seconded the motion. No additions or corrections.	Minutes of the April 28, 2014 Council meeting were approved as written.
CDC Update	Centers for Disease Control and Prevention (CDC) representative John Lisco, MPH, CHES, provided an update on CDC activities of interest to the Council, including funding. The Council is currently supported by funding from CDC's Office for State, Tribal, Local and Territorial Support and Center for Surveillance, Epidemiology and Laboratory Services. Mr. Lisco shared information about CDC's Public Health Associate Program and encouraged Council member organizations to distribute the information and to consider applying as a host site.	Council staff will send Council member organizations information about the Public Health Associate Program.
Academic Health Department Learning Community ➢ **Status of Activities**	Academic Health Department (AHD) Learning Community Chair Dr. Keck provided an update on the Learning Community. The Learning Community has grown to approximately 420 members, and the needs assessment that was conducted in early 2014 is being used to plan	

➢ **Mentorship Program**	Learning Community activities. The Learning Community continues to meet regularly, holding meetings in June 2014 to discuss the results of the needs assessment, August 2014 to plan for the AHD mentorship program, and October 2014 to hear results of a recent survey conducted by Learning Community member Paul Campbell Erwin, MD, DrPH, of the University of Tennessee Department of Public Health, that explored characteristics of AHDs. The next Learning Community meeting, scheduled for February 3, 2015, will focus on national health department accreditation and feature guest speaker Jessica Kronstadt, MPP, of the Public Health Accreditation Board (PHAB). Learning Community meetings have transitioned from a conference call format to webinars. Questions continue to be exchanged within the Learning Community, and a listserv is being created to facilitate communication. It is hoped that the listserv will be available by the end of January. AHD partnership agreements that can be shared through the Council website continue to be sought, and submissions are welcome. The Learning Community's largest current effort is developing an AHD mentorship program to foster AHDs by building ongoing relationships between individuals involved in AHD efforts. This program is in the planning stages; the structure and operation of the program are being developed, and a purpose statement has been drafted and is included in the meeting materials. Bryn Manzella, MPH, from the Jefferson County Department of Health (AL) is chairing the program, and approximately 40 Learning Community members have expressed interest in serving as mentors or mentees to date. A brief form has been drafted to help collect information from potential mentors about areas in which they have experience or expertise and are willing to offer guidance to others. Information about mentors will be made available on the Council website and will be used to help connect mentees with appropriate mentors. The mentorship program is expected to launch early in 2015. Updates on progress will be shared through the *Council on Linkages Update*.	Examples of AHD partnership agreements can be sent to Kathleen Amos at kamos@phf.org. Anyone interested in participating in the AHD mentorship program as a mentor or mentee, or providing feedback on planning for the mentorship program or other Learning Community activities, can email Kathleen Amos at kamos@phf.org. Council staff will provide updates on the mentorship program through the *Council on Linkages Update*.
Core Competencies for Public Health Professionals ➢ **Status of Promotion and Tools for the 2014**	Dr. Keck provided an update on the 2014 Core Competencies. This revised version of the Core Competencies was unanimously adopted by the Council on June 26, 2014. Dr. Keck thanked all Council members and member organizations for their engagement throughout the yearlong	

Version	review and revision process.	
➢ **Council Member Organizations' Promotion Activities**	Since the release of the 2014 Core Competencies, numerous activities have been undertaken to ensure that the public health community is aware of and has access to this version. These dissemination and promotion efforts have involved Council member organizations, the Core Competencies Workgroup, and other public health professionals and organizations and have included email announcements, newsletter articles, presentations at meetings and conferences, webinars, and updates to the TRAIN learning management network.	
	Work to update existing tools and develop new tools to help support use of the Core Competencies has also continued. These tools include a crosswalk of the 2014 and 2010 versions of the Core Competencies, self-assessment instruments, collections of competency-based job descriptions and workforce development plans, and examples of Core Competencies use. Submissions of job descriptions and workforce development plans that incorporate the Core Competencies and examples of Core Competencies use are welcome. Additional tools currently being developed include a competency checklist for course providers and a set of frequently asked questions about the Core Competencies. Feedback collected during the review and revision of the Core Competencies is helping to guide decisions about future tool development, and the Core Competencies Workgroup will be discussing tool development during its next meeting on January 22, 2015.	Examples of job descriptions and workforce development plans that incorporate the Core Competencies and other examples of Core Competencies use can be sent to Kathleen Amos at kamos@phf.org.
	Dr. Keck invited all Council members to speak briefly about their organizations' activities to disseminate and promote the 2014 Core Competencies. A summary of such activities was included in the materials for the meeting. Organizations reporting included the American Association of Colleges of Nursing, American College of Preventive Medicine, American Public Health Association (APHA), Association for Prevention Teaching and Research (APTR), Association of Accredited Public Health Programs, Association of Public Health Laboratories, Association of Schools and Programs of Public Health (ASPPH), Association of State and Territorial Health Officials, Association of University Programs in Health Administration, CDC, CCPH, Health Resources and Services Administration (HRSA), National Association of County and City Health	Council staff will update the summary of activities to disseminate and promote the 2014 Core Competencies with additional information shared by Council member organizations about their activities.

	Officials, National Association of Local Boards of Health, National Library of Medicine (NLM), National Network of Public Health Institutes, National Public Health Leadership Development Network, and Society for Public Health Education. Information about activities of PHAB and the Public Health Foundation was also provided. The summary will be updated with new information shared during the meeting. Council Director Ron Bialek, MPP, thanked Council members and staff at Council member organizations for these efforts. It was announced that APTR representative Amy Lee, MD, MPH, MBA, has accepted the position of Co-Chair of the Core Competencies Workgroup. Dr. Lee replaces Diane Downing, RN, PhD, as Co-Chair.	
Other Business and Next Steps	Dr. Keck asked if there was any other business to address. Council Assistant Director Kathleen Amos, MLIS, shared that two *Framing the Future* reports from ASPPH are now open for public comment. ASPPH's Rita Kelliher, MSPH, invited comments on the reports. NLM representative Lisa Lang, MPP, gave an update on work with the Institute of Medicine Roundtable on Population Health Improvement to identify relevant literature and resources. Mr. Bialek gave an update on recent efforts to work with HRSA to share the Public Health Workforce Development Inventory with the de Beaumont Foundation's National Consortium for Public Health Workforce Development. Dr. Keck shared that data collected through the Public Health Workers Survey continues to be disseminated through presentations, including two at the 2014 APHA Annual Meeting, and several articles are being drafted. The next meeting of the Council has not been scheduled, but will likely be held by webinar or conference call. Council staff will be in contact to schedule that meeting.	Council staff will send Council member organizations the *Framing the Future* reports. Council staff will schedule the next Council meeting.

4. Council Membership Vote – AACN

The Council on Linkages Between Academia and Public Health Practice

Council Membership Vote – AACN

August 10, 2015

Overview

Organizations that join the Council on Linkages Between Academia and Public Health Practice (Council) are required to serve a period of preliminary membership. The American Association of Colleges of Nursing (AACN) has been participating as a preliminary member and is eligible for formal membership status.

American Association of Colleges of Nursing

AACN is a national organization that represents over 750 schools of nursing at public and private universities nationwide. AACN works to establish quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice. AACN aims to leverage member schools in meeting the demand for innovation and leadership in nursing education, research, and practice. In addition, AACN is the recipient of a Centers for Disease Control and Prevention *Academic Partnerships to Improve Health* cooperative agreement to help build capacity in the public health nursing workforce, which supports improvement of health outcomes by strengthening academia's connection to public health practice.

Action Item: Vote on Membership Status

During this meeting, a vote will be held to determine whether to grant AACN formal membership on the Council.

5. Status of Council Funding

The Council on Linkages Between Academia and Public Health Practice

Status of Council Funding

August 10, 2015

Overview

Funding for the Council on Linkages Between Academia and Public Health Practice (Council) is provided by the Centers for Disease Control and Prevention (CDC) through a cooperative agreement with the Public Health Foundation. During this meeting, Craig Thomas, PhD, Director, Division of Public Health Performance Improvement within the Office for State, Tribal, Local and Territorial Support, and Patricia Simone, MD, Director, Division of Scientific Education and Professional Development within the Center for Surveillance, Epidemiology, and Laboratory Services, will share with the Council CDC's public health workforce development and public health system priorities and provide an update on the status of funding for the Council.

6. Academic Health Department Learning Community Report

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

August 10, 2015

Overview

The Academic Health Department (AHD) Learning Community supports development of AHD partnerships between public health practice organizations and academic institutions. As a national community of practitioners, educators, and researchers, the AHD Learning Community stimulates discussion and sharing of knowledge; the development of resources; and collaborative learning around establishing, sustaining, and expanding AHDs. The Learning Community currently has more than 450 members.

New Resources and Tools

The AHD Learning Community is developing a number of resources and tools to support this growing membership. The Learning Community continues to organize webinar meetings to engage members in discussion about AHD partnerships, with the most recent meeting focusing on opportunities for collaboration between health departments and academic institutions related to Public Health Accreditation Board accreditation. Learning Community meetings are now archived and made available through the Council on Linkages Between Academia and Public Health Practice (Council) website. Two additional webinar meetings are being planned for later this year to highlight examples of successful AHDs. To support discussion outside of planned meetings, an AHD Learning Community listserv has been established and is now being used for all communications with the Learning Community. In addition, AHD partnership agreements continue to be gathered, and a new webpage has been created to highlight existing AHD partnerships. All of these resources and others are available through the AHD Learning Community webpage, which has recently been redesigned to enhance access to Learning Community activities and information about AHDs.

AHD Mentorship Program

A significant new initiative of the AHD Learning Community is the AHD Mentorship Program, which formally launched at the end of June 2015. Led by Learning Community member Bryn Manzella, MPH, of the Jefferson County Department of Health (AL), this mentorship program aims to foster AHDs by building relationships between individuals involved in AHD efforts. The AHD Mentorship Program will connect individuals seeking guidance in an area of AHD development or operation with those having experience in that area, with a focus on creating ongoing relationships that support mutual learning and professional development.

A number of AHD Learning Community members have volunteered to serve as mentors through this program, and requests for mentorship are beginning to be received. Ms. Manzella is currently working with Council staff to provide mentors with orientation materials and set up mentor/mentee relationships. Information about the AHD Mentorship Program will be added to the Council website on an ongoing basis as the program develops and new mentors volunteer, and updates on progress will be shared through the *Council on Linkages Update*. Expressions of interest in participating are welcome by email to Kathleen Amos at kamos@phf.org.

7. **Core Competencies for Public Health Professionals:**
    - **Core Competencies Workgroup Report**
    - **Core Competencies for Public Health Professionals (2014)**
    - **Draft Healthy People 2020 Data Collection Instrument**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies Workgroup Report

August 10, 2015

Overview

The Core Competencies for Public Health Professionals (Core Competencies) reflect foundational skills desirable for professionals engaged in the practice, education, and research of public health and are used in education, training, and other workforce development activities across the country. The most recent version of the Core Competencies was released on the Council on Linkages Between Academia and Public Health Practice (Council) website in June 2014. Since that time, the Core Competencies have been accessed nearly 50,000 times, and resources and tools related to the Core Competencies have been accessed an additional 79,000 times. Development of resources and tools to support public health professionals and organizations in using the Core Competencies continues and is guided by the Core Competencies Workgroup.

New Resources and Tools

Work on Core Competencies resources and tools is ongoing, with several new resources recently being made available through the Council website and others nearing completion. Over the past year, webinars introducing the 2014 Core Competencies were held in collaboration with the Association of State and Territorial Health Officials, National Association of County and City Health Officials, Association of Schools and Programs of Public Health, and Association of Public Health Nurses, collectively attracting more than 500 participants. Each of these four webinars was archived for future viewing, and the archives are now accessible both through the Council on Linkages website and through TRAIN. Brief videos highlighting the Core Competencies and the eight Core Competencies domains are also available. Collections of job descriptions, workforce development plans, and other examples of how public health organizations have used the Core Competencies continued to be enhanced, and a set of Frequently Asked Questions about the Core Competencies was created based on inquiries received from the public health community. Additional tools under development include a crosswalk of the 2014 Core Competencies and the Essential Public Health Services, which updates the existing crosswalk based on the 2010 Core Competencies, and a competency checklist for course providers. New Core Competencies resources and tools will be featured in a presentation at the upcoming American Public Health Association Annual Meeting this fall.

Healthy People 2020 Data Collection

Within *Healthy People 2020*, the Core Competencies are incorporated into three objectives in the Public Health Infrastructure (PHI) topic area. The Council serves as the data source for the third of these objectives, PHI-3: *Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula*, and has been asked to provide data related to this objective by the end of 2015. Data were previously collected for an equivalent objective in *Healthy People 2010*. A data collection instrument has been drafted, with the goal of keeping this instrument as close as possible to that used in the past so that data can be compared. This draft is included in the meeting materials. Plans have also been made to request assistance from the appropriate Council member organizations with engaging the relevant academic institutions. However, at this time, funding for this activity has not been received, and further work in this area is currently on hold.

Core Competencies Workgroup Members

Co-Chairs:

- Amy Lee, Northeast Ohio Medical University
- Janet Place, Arnold School of Public Health, University of South Carolina

Members:

- Nor Hashidah Abd Hamid, Upper Midwest Public Health Training Center
- Susan Amador, Los Angeles County (CA) Department of Public Health
- Liz Amos, National Library of Medicine
- Sophia Anyatonwu
- Sonja Armbruster, College of Health Professions, Wichita State University
- Noel Bazini-Barakat, Los Angeles County (CA) Department of Public Health
- Dawn Beck, Olmsted County (MN) Public Health Services
- Roxanne Beharie, Ashford University
- 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
- Belinda Caballero, David Jurkovich MD PLLC; BC Billing LLC (FL)
- Candy Cates, Oregon Health Authority
- Marita Chilton, Public Health Accreditation Board
- Michelle Chino, School of Community Health Sciences, University of Nevada, Las Vegas
- Judith Compton, Michigan Public Health Training Center
- Michelle Cravetz, School of Public Health, University at Albany
- Oriyomi Dawodu, School of Medicine, University of Maryland
- Marilyn Deling, Olmsted County (MN) Public Health Services
- Diane Downing
- Mark Edgar, Wisconsin Center for Public Health Education and Training
- Dena Fife, Upper Midwest Public Health Training Center
- Rachel Flores, University of California - Los Angeles
- Kristine Gebbie
- Kari Guida, Minnesota Department of Health
- John Gwinn, University of Akron
- Elizabeth Harper, Association of State and Territorial Health Officials
- Emmanuel Jadhav, Ferris State University
- Larry Jones
- Vinitsa Karatsu, County of Los Angeles (CA) Department of Public Health
- Bryant T. Karras, Washington State Department of Health
- Louise Kent, Northern Kentucky Health Department
- David Knapp, Kentucky Department for Public Health
- Kirk Koyama, Health Resources and Services Administration
- Rajesh Krishnan, The Preventiv
- Cynthia Lamberth, College of Public Health, University of Kentucky
- Lisa Lang, National Library of Medicine
- Jessie Legros, Centers for Disease Control and Prevention
- 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, Dubois County (IN) Health Department
- Bryn Manzella, Jefferson County (AL) Department of Health
- Josh Martinez, Centers for Disease Control and Prevention
- Jeanne Matthews, Malek School of Health Professions, Marymount University
- Eyob Mazengia, Public Health – Seattle & King County (WA)
- Nadine Mescia, University of Tampa
- Kathy Miner, Rollins School of Public Health, Emory University
- Sophie Naji, Mid-America Public Health Training Center
- Scott Pegues, Denver Public Health; Denver Prevention Training Center
- Penney Reese, Centers for Disease Control and Prevention
- Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- Lillian Upton Smith, School of Public Health, West Virginia University
- Chris Stan, Connecticut Department of Public Health
- Douglas Taren, Arizona Public Health Training Center
- Allison Thrash, Minnesota Department of Health
- Karen A. Tombs, New Hampshire Public Health Training Center
- Kathi Traugh, Connecticut-Rhode Island Public Health Training Center

The Council on Linkages Between Academia and Public Health Practice

June 2014

Core Competencies for Public Health Professionals

Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice:
June 26, 2014

Available from: phf.org/corecompetencies

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations that aims to improve public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum regarding increasing the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission

The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; 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.

Membership

Twenty national organizations are members of the Council on Linkages:

- American Association of Colleges of Nursing
- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

The Council on Linkages is funded by the Centers for Disease Control and Prevention. Staff support is provided by the Public Health Foundation.

For More Information

Additional information about the Council on Linkages can be found at phf.org/councilonlinkages. Questions or requests for information may be sent to councilonlinkages@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health.

The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies.

The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs.

Development of the Core Competencies

The Core Competencies grew from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of more than two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Transitioning from a general set of Universal Competencies to a more specific set of Core Competencies began in 1998 and involved public health professionals from across the country through Council on Linkages member organizations, the Council on Linkages' Core Competencies Workgroup, and a public comment period that resulted in over 1,000 comments. This extensive development process was designed to produce a set of foundational competencies that truly reflected the practice of public health. These competencies were organized into eight skill areas or "domains" that cut across public health disciplines. The first version of the Core Competencies was adopted by the Council on Linkages in April 2001, and the Council on Linkages committed to revisiting the Core Competencies every three years to determine if revisions were needed to ensure the continued relevance of the competency set.

The Core Competencies were reviewed in 2004, with the Council on Linkages concluding that there was inadequate evidence about use of the Core Competencies to support a significant revision. At the second review in 2007, the Council on Linkages decided that revision was warranted based on usage data, changes in the practice of public health, and requests to make the Core Competencies more measurable.

Similar to the development process, the revision process begun in 2007 was led by the Core Competencies Workgroup and involved the consideration of more than 800 comments from public health professionals. A major focus of the revision process was on improving measurability of the competencies, and the revisions both updated the content of the competencies within the eight domains and added three "tiers" representing stages of career development for public health professionals. The Council on Linkages adopted a revised version of the Core Competencies in May 2010.

Review of the May 2010 Core Competencies began in early 2013, and the Council on Linkages again decided to undertake revisions. In addition to updating the content of the competencies, this revision process was aimed at simplifying and clarifying the wording of competencies and improving the order and grouping of competencies to make the competency set easier to use. This revision process was guided by the Core Competencies Workgroup and over 1,000 comments from the public health community, and culminated in the adoption by the Council on Linkages of the current set of Core Competencies in June 2014.

Key Dates

Since development began in 1998, the Core Competencies have gone through three versions:

- 2001 version – Adopted April 11, 2001 *(original version)*
- 2010 version – Adopted May 3, 2010
- 2014 version – Adopted June 26, 2014 *(current version)*

Currently, the Core Competencies are on a three year review cycle and will next be considered for revision in 2017. This timing may change as a result of feedback that this can be too frequent for disciplines that base competency sets on the Core Competencies.

Organization of the Core Competencies

The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

These eight domains have remained consistent in all versions of the Core Competencies.

Tiers

- *Tier 1 – Front Line Staff/Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

During the 2014 revision of the Core Competencies, minor changes were made to clarify these tier definitions. In general, competencies progress from lower to higher levels of skill complexity both within each domain in a given tier and across the tiers. Similar competencies within Tiers 1, 2, and 3 are presented next to each other to show connections between tiers. In some cases, a single competency appears in multiple tiers; however, the way competence in that area is demonstrated may vary from one tier to another.

Core Competencies Resources and Tools

A variety of resources and tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. These include crosswalks of different versions of the Core Competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies resources and tools can be found online at phf.org/corecompetenciestools. Examples of how organizations have used the Core Competencies are available at phf.org/corecompetenciesexamples.

Feedback on the Core Competencies

The Council on Linkages thanks the public health community for its tremendous contributions to the Core Competencies and welcomes feedback about the Core Competencies. Examples illustrating how public health professionals and organizations are using the Core Competencies and tools that facilitate Core Competencies use are also appreciated. Feedback, suggestions, and resources can be shared by emailing competencies@phf.org.

For More Information

Additional information about the Core Competencies, including background on development and revisions, resources and tools to facilitate use, and current activities and events, can be found at phf.org/aboutcorecompetencies. Questions or requests for information may be sent to competencies@phf.org.

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A8. Collects valid and reliable quantitative and qualitative data	1B8. Collects valid and reliable quantitative and qualitative data	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1A9. Describes public health applications of quantitative and qualitative data	1B9. Analyzes quantitative and qualitative data	1C9. Determines trends from quantitative and qualitative data
1A10. Uses quantitative and qualitative data	1B10. Interprets quantitative and qualitative data	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)
	1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)	1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)	2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)	2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)
2A2. Contributes to development of program goals and objectives	2B2. Develops program goals and objectives	2C2. Develops organizational goals and objectives
2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization
2A4. Contributes to implementation of organizational strategic plan	2B4. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
2A7. Describes implications of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2B8. Recommends policies, programs, and services for implementation	2C8. Selects policies, programs, and services for implementation
2A8. Implements policies, programs, and services	2B9. Implements policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
2A9. Explains the importance of evaluations for improving policies, programs, and services	2B10. Explains the importance of evaluations for improving policies, programs, and services	2C11. Explains the importance of evaluations for improving policies, programs, and services
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A11. Applies strategies for continuous quality improvement	2B12. Implements strategies for continuous quality improvement	2C13. Develops strategies for continuous quality improvement
2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services
3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)	3B5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)	3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
3A7. Facilitates communication among individuals, groups, and organizations	3B7. Facilitates communication among individuals, groups, and organizations	3C7. Facilitates communication among individuals, groups, and organizations
3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community	3B8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4B1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
4A2. Describes the diversity of individuals and populations in a community	4B2. Describes the diversity of individuals and populations in a community	4C2. Describes the diversity of individuals and populations in a community
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A6. Describes the effects of policies, programs, and services on different populations in a community	4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
4A7. Describes the value of a diverse public health workforce	4B7. Describes the value of a diverse public health workforce	4C7. Demonstrates the value of a diverse public health workforce
	4B8. Advocates for a diverse public health workforce	4C8. Takes measures to support a diverse public health workforce

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community	5B1. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
5A3. Suggests relationships that may be needed to improve health in a community	5B3. Suggests relationships that may be needed to improve health in a community	5C3. Suggests relationships that may be needed to improve health in a community
	5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5A4. Supports relationships that improve health in a community	5B5. Maintains relationships that improve health in a community	5C5. Maintains relationships that improve health in a community
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services	5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services
5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	5B9. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
5A9. Informs the public about policies, programs, and resources that improve health in a community	5B10. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
5A10. Describes the importance of community-based participatory research	5B11. Collaborates in community-based participatory research	5C11. Engages the organization in community-based participatory research

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6B2. Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services	6B3. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services	6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services
	6B4. Applies public health sciences in the administration and management of programs	6C4. Applies public health sciences in the administration and management of the organization
6A4. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making	6B5. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making	6C5. Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services	6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6B8. Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6B9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
7A2. Describes government agencies with authority to impact the health of a community	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
7A3. Adheres to organizational policies and procedures	7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)	7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services
	7B5. Justifies programs for inclusion in organizational budgets	7C5. Determines priorities for organizational budgets
7A5. Contributes to development of program budgets	7B6. Develops program budgets	7C6. Develops organizational budgets
	7B7. Defends program budgets	7C7. Defends organizational budgets

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
7A7. Provides information for development of contracts and other agreements for programs and services	7B9. Negotiates contracts and other agreements for programs and services	7C9. Approves contracts and other agreements for programs and services
7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
7A9. Operates programs within budget	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)	7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)	7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A12. Uses evaluation results to improve program and organizational performance	7B14. Uses evaluation results to improve program and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
7A13. Describes program performance standards and measures	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
8A2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)	8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)
8A7. Participates in professional development opportunities	8B7. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices	8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)	8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)
8A9. Describes ways to improve individual and program performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	8B10. Advocates for the role of public health in providing population health services	8C10. Advocates for the role of public health in providing population health services

Tier Definitions

Tier 1 – Front Line Staff/Entry Level

Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2 – Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Tier 3 – Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

For more information about the Core Competencies, please contact Kathleen Amos at kamos@phf.org or 202.218.4418.

The Council on Linkages Between Academia and Public Health Practice

Draft Healthy People 2020 Data Collection Instrument

August 10, 2015

Healthy People 2020: Use of the Core Competencies for Public Health Professionals in Curricula

The U.S. Department of Health and Human Services has requested that the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) inquire about use of the Core Competencies for Public Health Professionals (Core Competencies) by academic institutions. More information about the Core Competencies can be found on the Council on Linkages website.

1. Has your academic institution **used** the Core Competencies for any of its public health or community health degree programs in any of the following ways?
    a. Assessed gaps in curricula
    b. Developed curricula
    c. Assessed gaps in specific courses
    d. Developed courses
    e. Evaluated/assessed student skills and competencies for student or program planning purposes
    f. Developed objectives for field practica or capstone projects
    g. Based public health degree program competencies on the Core Competencies
    h. Trained faculty
    i. Other
        i. If you selected other, please specify:

2. Has your academic institution **integrated** competencies into its curriculum using the Core Competencies for any of its public health or community health degree programs in any of the following ways?
    a. Added specific content intended to build skills and/or competencies
    b. Designed field placements/internships to build skills and/or competencies
    c. Designed exercises or assignments to build skills and/or competencies
    d. Brought in external speakers/faculty to help teach or address the Core Competencies
    e. Tested students for attainment of skills and competencies during or after completion of a course
    f. Other
        i. If you selected other, please specify:

3. Before your academic institution grants a degree in any of its public health or community health degree programs, is there an assessment or evaluation of Core Competencies attained by a student?
    a. Yes
    b. No

4. Does your academic institution provide training for the current public health workforce using the Core Competencies?
    a. Yes
    b. No

5. Please provide the following contact information. All data collected will be presented in the aggregate and will not be associated with any individuals or specific academic institutions.
    a. Academic Institution
    b. School or Program
    c. Division, Department, or Office
    d. Name
    e. Title
    f. Email Address

6. Would you like to receive a summary of the data collected?
    a. Yes
    b. No

7. Would you like to receive the *Council on Linkages Update* newsletter?
    a. Yes
    b. No

8. **Council on Education for Public Health Curriculum Criteria Revisions:**
    - **Council on Education for Public Health Curriculum Criteria Revisions**
    - **Proposed Curriculum Criteria Revisions**

The Council on Linkages Between Academia and Public Health Practice

Council on Education for Public Health Curriculum Criteria Revisions

August 10, 2015

Overview

The Council on Education for Public Health (CEPH) is the accrediting body for schools and programs of public health and produces accreditation criteria for schools of public health, programs of public health, and standalone baccalaureate programs. CEPH is currently in the process of revising its graduate-level accreditation criteria and has released a draft of revised criteria related to curriculum for public review and comment. This draft is included in the meeting materials and is available on CEPH's website at http://ceph.org/criteria-revision/, along with instructions for submitting comments.

During this meeting, Laura Rasar King, MPH, MCHES, Executive Director, and Mollie Mulvanity, MPH, Deputy Director, CEPH, will speak with the Council on Linkages Between Academia and Public Health Practice (Council) about the revision process. This will be an opportunity for Council members to ask questions about the revisions and learn more about submitting comments. Council members and member organizations are encouraged to provide comments to CEPH on the proposed curriculum criteria revisions. Comments must be submitted by close of business on Friday, September 18, 2015.

C1. MPH Foundational Skills

MPH[1] graduates demonstrate the following skills. These skills are attained in the context of foundational content areas as described in Criterion C4.

The program demonstrates at least one specific, required assessment activity (eg, paper, presentation, test) for each area below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the skills.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each of the skills below. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

Assessment may occur in simulations, group projects, etc. While application of skills in a setting that approximates post-graduate practice can be useful, the program may assess a student's ability to manage grant funding, for example, without using an actual grant.

Data and Analysis

- **a. Implement data collection strategies, from the planning phase through data collection**
- **b. Identify appropriate data sources and sets for the purpose of describing a public health problem**
- **c. Analyze public health data sets**
- **d. Apply evidence-based reasoning to address a public health issue**
- **e. Evaluate a scholarly article, including data sources and methodology**

Communication

- **f. Identify strategies for communicating a public health issue to various audiences, including stakeholders at all levels**
- **g. Communicate public health content to the general public through various means, including social media**
- **h. Write technical or professional papers on public health issues**
- **i. Deliver oral presentations on public health issues to various audiences, including stakeholders at all levels**

Professionalism

- **j. Explain the role of a public health professional to various audiences, stakeholders and other professionals**
- **k. Perform effectively on teams and in different team roles in a variety of settings**

Systems Thinking

- **l. Apply systems thinking tools such as concept mapping, outcome mapping and social network analysis to a public health issue**

[1] Throughout this document, the term "MPH degree" also includes any other master's degrees for which the program intends to prepare public health practitioners (previously referred to as "equivalent professional degrees").

Program Planning, Management and Evaluation

- **m. Plan a population-based project, program or intervention, including defining populations and assessing and prioritizing their needs**
- **n. Develop a grant proposal for a public health project, program or intervention, including developing a budget**
- **o. Implement a population-based project, program or intervention, including addressing management and human resource concerns**
- **p. Manage grant funding, including required reporting**
- **q. Evaluate the success of a population-based project, program or intervention**
- **r. Use continuous quality improvement principles**

Health Systems

- **s. Explain the US health care[2] and public health systems, including access issues, financial issues and the systems interactions that affect population health**
- **t. Compare health care and public health systems from different global settings**

Policy and Advocacy

- **u. Explain the public health policy-making process, including the role of stakeholders and public and private entities**
- **v. Evaluate public health policies and their intentional and unintentional effects on populations**
- **w. Advocate for public health policies, including identifying, collaborating and negotiating with individual stakeholders and public and private entities**

Cultural Competency

- **x. Engage respectfully with people of various cultures and socioeconomic strata**

Required Documentation:

1) A list of the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option in the format of Template C1-1. (self-study document)

2) A matrix, in the format of Template C1-2, that indicates the assessment activity for each of the foundational skills listed above (a-x). Typically, the program will present a separate matrix for each concentration and each combined degree option that includes the MPH. (self-study document)

3) The most recent syllabus from each course listed in Template C1-1, or written guidelines for any required elements listed in Template C1-1 that do not have a syllabus. (electronic resource file)

4) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available, and include electronic copies of any documents that are not available online. (electronic resource file)

5) Plans for continuous improvement in this area. (self-study document)

[2] For institutions located outside the US, the program may substitute its home nation or region depending on the goals and population served of the program.

C2. DrPH Foundational Skills

DrPH graduates demonstrate the following skills. These skills are attained in the context of foundational content areas as described in Criterion C4.

The program demonstrates at least one specific, required assessment activity (eg, paper, presentation, test) for each area below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the skills.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a specialization or in other educational requirements outside of designated coursework, but the program must assess *all* DrPH students, regardless of concentration, at least once on each of the skills below.

Assessment may occur in simulations, group projects, etc. While application of skills in a setting that approximates post-graduate practice can be useful, the program may assess a student's ability to manage grant funding, for example, without using an actual grant.

Data and Analysis

- **a. Synthesize evidence from multiple sources**
- **b. Apply appropriate research methods**
- **c. Disseminate scholarly work through various channels**

Communication

- **d. Translate and communicate public health knowledge to diverse audiences**

Systems Thinking

- **e. Use systems thinking frameworks to analyze and address public health issues**

Program Planning, Management and Evaluation

- **f. Design programs and interventions**
- **g. Apply assessment, monitoring and evaluation methods**

Health Systems

- **h. Assess the impact of health systems on population health outcomes**

Policy and Analysis

- **i. Develop public health policies**
- **j. Develop strategies for policy making and advocacy**
- **k. Analyze the impact of policies that impact population health outcomes**

Cultural Competency

- **l. Demonstrate cultural competency**
- **m. Apply strategies for fostering a diverse and inclusive work setting**

Leadership and Management

- **n. Manage resources, including fiscal, human and material**
- **o. Apply negotiation and consensus-building methods**
- **p. Design and lead organizational change**
- **q. Lead through strategic planning, guiding decision-making, fostering collaboration, inspiring trust and motivating others**

r. Lead continuous quality improvement efforts

Education and Pedagogy

s. Design and deliver educational experiences that promote learning in academic, organizational and community settings

t. Use innovative modalities for best pedagogical practices

Required Documentation:

1) A list of the coursework and other learning experiences required for the program's DrPH degrees, including the required curriculum for each concentration, in the format of Template C1-1. (self-study document)

2) A matrix, in the format of Template C2-1, that indicates the assessment activity for each of the foundational skills listed above (a-t). Typically, the program will present a separate matrix for each concentration and each combined degree option that includes the DrPH. (self-study document)

3) The most recent syllabus from each course listed in Template C1-1, or written guidelines for any required elements listed in Template C1-1 that do not have a syllabus. (electronic resource file)

4) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available, and include electronic copies of any documents that are not available online. (electronic resource file)

5) Plans for continuous improvement in this area. (self-study document)

C3. Additional Professional Skills

MPH and DrPH graduates attain specific skills in addition to the foundational skills listed in Criteria C1 and C2. These skills relate to the program's mission and/or to the area(s) of concentration.

The program defines at least five distinct skills for each concentration or generalist degree in addition to those listed in Criterion C1 or C2.

For generalist MPH or DrPH degrees, the list of skills may expand on or enhance foundational skills, but the program must define a specific set of statements that defines the depth or enhancement. It is not sufficient for generalist programs to refer to the skills in Criterion C1 or C2 as a response to this criterion.

Students in combined degree programs (eg, joint, dual, concurrent degrees) may either complete the set of skills associated with one of the existing concentrations or generalist degrees, or they may identify unique sets of public health skills that apply to the combined degree program.

The program demonstrates at least one specific, required assessment activity (eg, paper, presentation, test) for each defined skill, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the skill(s).

Since this criterion defines skills beyond the foundational skills required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational knowledge.

Assessment may occur in simulations, group projects, etc. While application of skills in a setting that approximates post-graduate practice can be useful, the program may assess a student's ability to manage grant funding, for example, without using an actual grant.

Required Documentation:

1) A matrix, in the format of Template C3-1, that lists at least five skills in addition to those defined in Criterion C1 or C2 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed skills. Typically, the program will present a separate matrix for each concentration. (self-study document)

2) For generalist or other degrees that allow students to tailor competencies at an individual level, the program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template C3-1 for each student. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

3) The most recent syllabus for each course listed in Template C3-1, or written guidelines for any required elements listed in Template C3-1 that do not have a syllabus. (electronic resource file)

4) Plans for continuous improvement in this area. (self-study document)

C4. MPH and DrPH Foundational Content

MPH and DrPH graduates attain skills in the context of the following content areas.

The program identifies at least one required experience that substantively addresses the following topics. There is no expectation that there be one course for each topic area listed below.

The program may address the topics in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must ensure coverage for *all* MPH and DrPH students, regardless of concentration, of all of the content areas below. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

- **a. History of public health, including evolution of the health system and its medical care and public health components**
- **b. Public health philosophy and values**
- **c. Core functions of public health and the 10 Essential Services[3]**
- **d. Principles of team development and roles and practices of effective teams**
- **e. Roles and responsibilities of other health-related professionals and the relationships between various health-related professions**
- **f. Principles of effective leadership, including fostering collaboration, guiding decision making and motivating others**
- **g. Concepts of surveillance, screening, immunity and risk factors**
- **h. Population-based study design**
- **i. Evidence-based decision making**
- **j. Informatics systems in public health**
- **k. Effects of biological, physical and chemical elements on disease processes**
- **l. Environmental factors that impact human health**
- **m. Social determinants: socio-economic and cultural factors that impact human health**
- **n. Behavioral factors that impact human health**
- **o. Globalization and global burden of disease**
- **p. Sustainable development and its relationship to population health**
- **q. Health inequities and strategies for addressing them**
- **r. Structure and function of public health and health care systems**
- **s. Roles, influences and responsibilities of various branches and agencies of government, with regard to public health**
- **t. Legal and regulatory concepts in health care and public health policy**
- **u. Ethical concepts in health care and public health policy**
- **v. Economic concepts in health care and public health policy**

Required Documentation:

1) A matrix in the format of Template C4-1 that indicates the required learning experiences that provide exposure to each of the required concepts (a-v). Typically, the program will

[3] Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.

present a separate matrix for each MPH and DrPH concentration and each combined degree option that includes the MPH. (self-study document)

2) The most recent syllabus for any course listed in Template C4-1, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

3) Plans for continuous improvement in this area. (self-study document)

C5. MPH and DrPH Professional Disposition

MPH and DrPH graduates exhibit professional disposition through commitment to the following:

a. **Advancing the profession of public health**
b. **Excellence in ongoing professional development**
c. **Collegiality in professional and academic public health settings**
d. **Serving the public good**
e. **Application of ethical principles to practice**
f. **Advancing concepts of diversity, equity and inclusion through public health practice**

The program identifies at least one required curricular or co-curricular experience that substantively addresses each aspect of professional disposition. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

Required Documentation:

1) A matrix in the format of Template C5-1 that indicates the required learning experiences that provide exposure to each of the required concepts (a-f). Typically, the program will present a separate matrix for each MPH and DrPH concentration and each combined degree option that includes the MPH. (self-study document)

2) Documentation (syllabus, agenda, etc.) for each curricular or co-curricular experience listed in Template C5-1. (electronic resource file)

3) Plans for continuous improvement in this area. (self-study document)

C6. MPH Application and Practice

MPH students apply skills and knowledge in appropriate sites outside of academic and classroom settings.

Opportunities may be concentrated in time (eg, a required practicum or internship completed during a summer or academic term) or may be spread throughout a student's enrollment. Opportunities may be the following:

- **course-based (eg, performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)**
- **linked to service learning, as defined by the university**
- **co-curricular (eg, service and volunteer opportunities, such as those organized by a student association)**
- **for credit or not-for-credit**

The program identifies a minimum of five foundational skills (as defined in Criterion C1) that are reinforced and/or assessed through application in a non-classroom setting. Sites may include governmental, non-governmental, non-profit, industrial and for-profit settings. The program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. When possible, sites benefit from students' experiences.

The five foundational skills need not be identical from student to student, but the program must be structured to ensure that all students complete experiences addressing at least five foundational skills. The applied experiences may also address concentration-specific skills.

Students document skill attainment in a portfolio format. The portfolio contains artifacts, personal reflections and analyses that document students' demonstration of at least five foundational skills through application in a practice-based setting outside of academia. The artifacts and experiences may originate from multiple experiences (eg, applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (eg, an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present a portfolio demonstrating individual contribution to the activity.

The program structures applied experience requirements to support the program's mission and students' career goals, to the extent possible.

Required Documentation:

1) A detailed overview of the manner by which the program ensures that all MPH students document application of at least five foundational skills. (self-study document)

2) Documentation, including syllabi and handbooks, of the official requirements through which students complete the applied experience requirement. (electronic resource file)

3) Samples of portfolios for each concentration or generalist degree. The sample must also include portfolios from students completing combined degree programs, if applicable. The program must provide at least five samples produced in the last three years for each concentration or generalist degree. If the program has not produced five samples for each, note this and provide all available samples. (electronic resource file)

4) Plans for continuous improvement in this area. (self-study document)

C7. DrPH Application and Practice

DrPH students complete an applied field experience in which students are responsible for the completion of at least one project that is meaningful for an external organization and meaningful to advanced public health practice. The work product may be a single project or a set of related projects that demonstrate a depth of skills.

External organizations may include governmental, non-governmental, non-profit, industrial and for-profit settings. The program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Sites should benefit from students' experiences.

DrPH programs ensure that graduates have significant practical experiences collaborating with practitioners, allowing opportunities to develop leadership skills and contribute to the field. The program identifies a minimum of five skills (as defined in Criteria C2 and C3) that are reinforced and/or assessed through application in a non-classroom setting. Skills may differ from student to student.

This criterion does not define a minimum number of hours for application and practice, but it does require the program to identify substantive, quality opportunities that address the identified skills.

Required Documentation:

1) A matrix, in the format of Template C7-1, that lists at least five skills, as defined in Criteria C2 and C3, and indexes each to a required opportunity for application or practice outside of an academic setting. (self-study document)

   Typically, the program will present a separate matrix for each DrPH concentration.

   For programs of study that allow individual students to choose skills to practice, the program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template C7-1 for each student. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

2) An explanation, with references to specific deliverables or other requirements, of the manner through which the program ensures that the applied field experience requires students to demonstrate leadership skills. (self-study document)

3) Plans for continuous improvement in this area. (self-study document)

C8. MPH Integrative Experience

MPH students complete an integrative experience that demonstrates the following:

a. **Synthesis of foundational and concentration skills, including the following:**

    1. **at least one aspect of professional disposition (see criterion C5)**
    2. **at least one skill related to communications (see criterion C1)**
    3. **at least three skills related to the student's concentration or generalist degree (see criterion C3)**

b. **Ability to use and apply technology, as appropriate, to degree objectives**

c. **Critical thinking skills**

d. **Problem solving skills**

The integrative experience is completed at or near the end of the program of study (eg, in the final year or term). It may take the form of a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. The experience may be group-based or individual. In group-based experiences, the program demonstrates that the experience provides opportunities for individualized assessment.

During the integrative experience, the student produces, at a minimum, a high-quality written product that is appropriate for the student's degree objectives. Written products might include the following: program evaluation report, training manual, policy statement, legislative testimony with accompanying supporting research, etc. When appropriate, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

The program identifies specific policies, procedures and expected deliverables.

The program identifies assessment methods that ensure that a faculty member assesses each student's performance in the integrative experience and ensures that the experience meets the criteria listed above (a-d). Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

Required Documentation:

1) A list, in the format of Template C8-1, of the integrative experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to indicate, for each experience, how it ensures that the experience requires demonstration of a-d, above. (self-study document)

2) A narrative that briefly summarizes the process, expectations and assessment for each integrative experience. (self-study document)

3) Documentation, including syllabi and/or handbooks, that communicates integrative experience policies and procedures to students. (electronic resource file)

4) Documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative experience. (electronic resource file)

5) Completed, graded samples of deliverables associated with each integrative experience option. The program must provide at least five samples from the last three years for each integrative experience option. If the program does not have five recent samples for an option, note this and provide all available samples. (electronic resource file)

6) Plans for continuous improvement in this area. (self-study document)

C9. DrPH Integrative Experience

DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing population health. The products demonstrate the following:

a) **Synthesis of foundational skills and other skills defined by the program, including the following:**

   a. **at least one aspect of professional disposition (see criterion C5)**
   b. **at least one foundational skill related to leadership (see criterion C2)**
   c. **at least one foundational skill related to communications (see criterion C2)**
   d. **at least three skills related to the student's concentration or generalist degree (see criterion C3)**

b) **Critical thinking skills**

c) **Problem solving skills**

The integrative experience is completed at or near the end of the program of study. It may take many forms consistent with advanced, doctoral-level studies but must require, at a minimum, production of a high-quality written product.

The program identifies specific policies, procedures and expected deliverables.

Required Documentation:

1) A list, in the format of Template C8-1, of the integrative experience for each DrPH concentration or generalist degree. (self-study document)

2) A narrative that briefly summarizes the process, expectations and assessment for each integrative experience. (self-study document)

3) Documentation, including syllabi and/or handbooks, that communicates integrative experience policies and procedures to students. (electronic resource file)

4) Documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative experience. (electronic resource file)

5) Completed, graded samples of deliverables associated with each integrative experience option. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

6) Plans for continuous improvement in this area. (self-study document)

C10. Public Health Bachelor's Degree Curriculum

a. The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- **the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease**
- **the foundations of social and behavioral sciences**
- **basic statistics**
- **the humanities/fine arts**

b. The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- **the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society**
- **the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice**
- **the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations**
- **the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course**
- **the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities**
- **the fundamental concepts and features of project implementation, including planning, assessment and evaluation**
- **the fundamental characteristics and organizational structures of the US health system as well as the differences between systems in other countries**
- **basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government**
- **basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology**

c. If the program intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

d. Students must demonstrate the following skills:

- **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
- **the ability to locate, use, evaluate and synthesize public health information**

e. Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

f. The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- **advocacy for protection and promotion of the public's health at all levels of society**
- **community dynamics**
- **critical thinking and creativity**
- **cultural contexts in which public health professionals work**
- **ethical decision making as related to self and society**
- **independent work and a personal work ethic**
- **networking**
- **organizational dynamics**
- **professionalism**
- **research methods**
- **systems thinking**
- **teamwork and leadership**

Required Documentation:

1) A list of the coursework required for the program's degree(s), including the total number of credits required for degree completion. (self-study document)

2) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online. (electronic resource file)

3) A matrix, in the format of Template C10-1, that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion C10a. Template C10-1 requires the program to identify the experiences that introduce each domain. (self-study document)

4) A matrix, in the format of Template C10-2, that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion C10b. Template C10-2 requires the program to identify the experiences that introduce and reinforce each domain. (self-study document)

5) A matrix, in the format of Template C10-3, that indicates the experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion C10d. Template C10-3 requires the program to identify the experiences that introduce and reinforce each domain. (self-study document)

6) A matrix, in the format of Template C10-4, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in Criterion C10e. (self-study document)

7) A brief narrative description, in the format of Template C10-5, of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion C10f. (self-study document)

8) Syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course. (electronic resource file)

9) Examples of student work, including that related to the cumulative and experiential activities. (electronic resource file)

10) A brief description of the means through which the program implements the cumulative experience and field exposure requirements. (self-study document)

11) Handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online. (electronic resource file)

12) Plans for continuous improvement in this area. (self-study document)

C11. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

Required Documentation:

1) Information about the minimum credit-hour requirements for all MPH degree options. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

2) Definition of a credit with regard to classroom/contact hours. (self-study document)

C12. DrPH Program Length

The DrPH degree requires a minimum of 36 semester-credits of post-master's coursework or its equivalent. Credits associated with dissertation or other integrative project research do not count toward this requirement, nor do credits associated with the applied practice experience.

Programs use university definitions for credit hours.

Required Documentation:

1) Information about the minimum credit-hour requirements for all DrPH degree options. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

2) Definition of a credit with regard to classroom/contact hours. (self-study document)

C13. Bachelor's Degree Program Length

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.

Programs use university definitions for credit hours.

Required Documentation:

1) Information about the minimum credit-hour requirements for all public health bachelor's degree options. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

2) Definition of a credit with regard to classroom/contact hours. (self-study document)

3) Information about the minimum credit-hour requirements for at least two similar bachelor's degree programs in the home institution. (self-study document)

C14. Distance Education

A degree program offered via distance education is a curriculum or course of study designated to be primarily accessed remotely via various technologies, including internet-based course management systems, audio or web-based conferencing, video, chat or other modes of delivery. All methods support regular and substantive interaction between and among students and the instructor either synchronously and/or asynchronously and are a) consistent with the mission of the program and within the program's established areas of expertise; b) guided by clearly articulated student learning outcomes that are rigorously evaluated; c) subject to the same quality control processes that other degree programs in the university are; and d) providing planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of online learners.

The university provides needed support for the program, including administrative, communication, IT and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

The program has processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit. Student identity may be verified by using, at the option of the institution, methods such as a secure login and passcode; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The university notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Required Documentation:

1) Identification of all degree programs and/or majors that offer a curriculum or course of study that uses an internet-based course management system and may be combined with other modes of distance delivery, including audio or web-based conferencing, video, chat, etc., whether synchronous and/or asynchronous in nature. (self-study document)

2) Description of the distance education programs, including a) an explanation of the model or methods used, b) the program's rationale for offering these programs, c) the manner in which it provides necessary administrative, IT and student support services, d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and e) the manner in which it evaluates the educational outcomes, as well as the format and methods. (self-study document)

3) Description of the processes that the university uses to verify that the student who registers in a distance education course or degree is the same student who participates

in and completes the course or degree and receives the academic credit. (self-study document)

4) Plans for continuous improvement in this area. (self-study document)

C15. Public health content in all degrees in the unit of accreditation[4]

Students enrolled in all degree programs in the unit of accreditation that are not addressed in the previous criteria complete coursework that provides a broad introduction to public health. This introduction to public health addresses all of the content areas listed below, at a level of complexity appropriate to the level of the student's degree program.

The instruction may be for credit or not for credit and may be delivered through online, in-person or blended methodology, but it must meet the following requirements while covering the defined content areas.

- **The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of knowledge in the content areas. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**
- **The instruction and assessment of students' broad introduction to public health are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester unit class, regardless of the number of credits awarded for the experience or the mode of delivery.**

The program identifies at least one required experience that substantively addresses the following topics.

a. **History of public health, including evolution of the health system and its medical care and public health components**
b. **Public health philosophy and values**
c. **Core functions of public health and the 10 Essential Services[5]**
d. **Concepts of surveillance, screening, immunity and risk factors**
e. **Population-based study design**
f. **Environmental factors that impact human health**
g. **Social determinants: socio-economic and cultural factors that impact human health**
h. **Behavioral factors that impact human health**
i. **Structure and function of public health and health care systems**

Required Documentation:

1) A matrix in the format of Template C15-1 that indicates the required learning experiences that provide exposure to each of the required concepts (a-i). Typically, the program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

2) A summary of the assessment methods used for students in each degree program for attainment of broad introductory public health knowledge. (self-study document)

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[4] This criterion applies to ALL degrees in the unit of accreditation other than the MPH, DrPH and bachelor's degrees in public health. This includes all degrees formerly referred to as "academic degrees," in both public health and other areas, and those formerly referred to as "other professional degrees."

[5] Institutions outside the US may replace 10 Essential Services with content appropriate to the nation/region.

3) A brief statement explaining how the program ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)

4) The most recent syllabus for any course listed in Template C15-1, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

5) Plans for continuous improvement in this area. (self-study document)

C16. Master's degrees in public health fields, other than MPH[6]

Students enrolled in the unit of accreditation's public health master's degree programs other than the MPH (eg, MS) produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study.

These students have the opportunity to engage in research at a level appropriate to the degree program's objectives.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework. The instruction and assessment in this area is equivalent in depth to the instruction and assessment that would typically be associated with a three-semester unit class, regardless of the number of credits awarded or the mode of delivery.

Required Documentation:

1) A list of the curricular requirements for each non-MPH public health master's degree in the unit of accreditation. (self-study document)

2) A list of required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three semester-unit course.

   Typically, the program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical. (self-study document)

3) The most recent syllabus for any course listed in the documentation request above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

4) A brief summary of policies and procedures relating to production and assessment of the final research project or paper. (self-study document)

5) Links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)

6) Completed, graded samples of deliverables associated with the master's paper or project. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

7) Plans for continuous improvement in this area. (self-study document)

[6] This criterion applies to degrees in public health fields that were formerly referred to as "academic degrees." This criterion does NOT apply to master's degrees in non-public health fields.

C17. Doctoral degrees in public health fields, other than DrPH[7]

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (eg, PhD) engage in research appropriate to the degree program and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework. The instruction and assessment in this area is equivalent in depth to the instruction and assessment that would typically be associated with a three-semester unit class, regardless of the number of credits awarded or the mode of delivery.

Finally, these students also complete advanced-level coursework and other experiences that distinguish the program of study from a master's degree in the same field.

The program defines appropriate policies for advancement to candidacy, within the context of the institution.

Required Documentation:

1) A list of the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

   The program may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

   The program will present a separate list for each degree program. (self-study document)

2) A list of required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three semester-unit course.

   Typically, the program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical. (self-study document)

3) The most recent syllabus for all courses listed in the two documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

[7] This criterion applies to doctoral degrees, other than the DrPH, in public health fields only. This criterion does NOT apply to PhDs in non-public health fields.

4) A brief summary of policies and procedures relating to production and assessment of the final research project. (self-study document)

5) Links to handbooks or webpages that contain the full list of policies and procedures governing completion of coursework and production and assessment of the final research project for each degree program. (electronic resource file)

6) Completed, graded samples of deliverables associated with the final research project. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

7) Plans for continuous improvement in this area. (self-study document)

9. National Consortium for Public Health Workforce Development

The Council on Linkages Between Academia and Public Health Practice

National Consortium for Public Health Workforce Development

August 10, 2015

Overview

The National Consortium for Public Health Workforce Development (Consortium), a de Beaumont Foundation initiative, was established to advance discussions and strategies for governmental public health workforce development issues and solutions. The Consortium is comprised of the following organizations: Association of Schools and Programs of Public Health, American Public Health Association, Association of State and Territorial Health Officials (along with affiliates and peer networks), Centers for Disease Control and Prevention, Health Resources and Services Administration, National Association of County and City Health Officials, National Leadership Academy for the Public's Health, National Public Health Leadership Development Network, National Network of Public Health Institutes, and Public Health Foundation. The Consortium met on June 17 and 18, 2015 to discuss and refine "a call to action" for public health workforce development. The status of the Consortium's efforts and potential implications for the Council on Linkages Between Academia and Public Health Practice (Council) will be discussed during this Council meeting. In addition, it is anticipated that a representative of the de Beaumont Foundation will present the Consortium's recommendations and next steps during a future Council meeting.

10. Upcoming Activities and Events

- **Council Strategic Directions, 2011-2015**
- **2015 APHA Annual Meeting – Navigating the Seas of Public Health Workforce Development**

The Council on Linkages Between Academia and Public Health Practice

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.

Adopted: June 9, 2011
Revised: April 28, 2014

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.

Tactics:

a. Develop an online competency-based training module/plan using existing courses.

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 existing data to better understand the composition and competencies of the public health workforce.
c. Use survey methods to gather additional data about public health workers.

d. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
e. 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 capacity for 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.

APHA 143rd Annual Meeting – Navigating the Seas of Public Health Workforce Development

Are you confused about all of the public health workforce development studies and frameworks being discussed to help prioritize and guide public health workforce development activities? Have you been using the Core Competencies for Public Health Professionals as you prepare for health department accreditation or develop training for the public health workforce, and you don't understand how all of the new initiatives relate? Are you wondering how the *Framing the Future* critical content areas, the draft foundational skills and content proposed by the Council on Education for Public Health, the cross-cutting workforce development skills being suggested by the National Consortium for Public Health Workforce Development, and other initiatives all fit together? Unsure if these are complementary or competing initiatives? A 90-minute interactive session at the American Public Health Association's 143rd Annual Meeting this fall in Chicago, IL will provide an opportunity to learn how these multiple initiatives are indeed aligning and contributing to developing an even stronger public health workforce for the future. Hear from national experts about these initiatives, and explore with colleagues where there's clarity and confusion. Participants will have ample opportunity for questions, answers, discussion, and suggestions during the session.

Session Details

- **Date:** Monday, November 2, 2015
- **Time:** 8:30-10am
- **Session Title and Abstract:** *Navigating the Seas of Public Health Workforce Development: What Every Practitioner and Academic Needs to Know*
- **Session Number:** 3011.0

Questions about this session may be sent to Kathleen Amos at kamos@phf.org.

11. Supplemental Materials:

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

The Council on Linkages Between Academia and Public Health Practice

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 Association of Colleges of Nursing (AACN) – Preliminary Member Organization
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- 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)
- 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 RESPONSIBILITES:

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

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

- Upon request of the Council Chair, Representatives officially represent the Council at meetings or presentations widely attended by members of the practice and academic public health communities.
- Upon request of the Council Chair, Representatives assist Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

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

ARTICLE V. – Discussions, Decisions, and Voting:

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

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

B. Discussions & Decisions:

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

C. Voting:

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

ARTICLE VI. – COUNCIL LEADERSHIP:

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

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

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

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

ARTICLE VII. – MEETINGS:

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

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSBILITIES:

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

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

ARTICLE IX. – FUNDING:

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

Adopted: January 24, 2006
Amended: January 27, 2012
Article III.B. Member Organizations Updated: September 6, 2013; March 31, 2014

The Council on Linkages Between Academia and Public Health Practice

Participation Agreement

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve 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	

The Council on Linkages Between Academia and Public Health Practice

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.

Adopted: June 9, 2011
Revised: April 28, 2014

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.

Tactics:

a. Develop an online competency-based training module/plan using existing courses.

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 existing data to better understand the composition and competencies of the public health workforce.
c. Use survey methods to gather additional data about public health workers.

d. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
e. 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 capacity for 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.