



Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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**Thursday, September 29, 2022
12:00-2:00pm EDT**

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Zoom Meeting URL:

[https://phf-
org.zoom.us/j/86993879795?pwd=RkN2TjR5bTBj
WkdnZXJIS3oxV3dVQT09](https://phf-org.zoom.us/j/86993879795?pwd=RkN2TjR5bTBjWkdnZXJIS3oxV3dVQT09)

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Funding provided by the Centers for Disease Control and Prevention

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Staffed by the Public Health Foundation

Table of Contents

1. Meeting Agenda
2. Council Member List
3. Draft Meeting Minutes – June 24, 2022
4. Rebuilding the Public Health Workforce:
 - Rebuilding the Public Health Workforce
5. Academic Health Department Learning Community:
 - Academic Health Department Learning Community Report
6. Core Competencies for Public Health Professionals:
 - Core Competencies for Public Health Professionals Report
7. Core Competencies for Interprofessional Collaborative Practice:
 - Core Competencies for Interprofessional Collaborative Practice
8. Racial Justice Competency Model:
 - Racial Justice Competency Model
9. CDC E-Learning Institute Fellowship Program:
 - CDC E-Learning Institute Fellowship Program
10. Supplemental Materials:
 - Council Constitution and Bylaws
 - Council Participation Agreement
 - Council Strategic Directions, 2016-2020

1. Meeting Agenda



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

Date: September 29, 2022

Time: 12-2pm EDT

Meeting URL: <https://phf-org.zoom.us/j/86993879795?pwd=RkN2TjR5bTBjWkdnZXJIS3oxV3dVQT09>

Meeting ID: 869 9387 9795

Passcode: 307332

Phone Number: (301) 715-8592

AGENDA

12:00-12:05	Welcome and Overview of Agenda	<i>Ron Bialek</i>
12:05-12:10	Approval of Minutes from June 24, 2022 Meeting ➤ Action Item: Vote on Approval of Minutes	<i>Ron Bialek</i>
12:10-1:00	Rebuilding the Public Health Workforce (Council Strategic Directions – C.1.e.) <ul style="list-style-type: none">• Perspectives on Rebuilding the Workforce• Introduction to Public Health Practice Training Plan• Regional Public Health Training Centers	<i>Ron Bialek, Judy Monroe, Michelle Carvalho, Megan Lincoln</i>
1:00-1:10	Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.)	<i>Kathleen Amos</i>
1:10-1:20	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a., C.3.b.)	<i>Kathleen Amos</i>
1:20-1:35	Core Competencies for Interprofessional Collaborative Practice (Council Strategic Directions – C.3.d.)	<i>Liz Weist</i>
1:35-1:50	Racial Justice Competency Model (Council Strategic Directions – C.3.d.)	<i>Mayela Arana, Dena Fife, Dany Zimmel</i>
1:50-1:55	CDC E-Learning Institute Fellowship Program (Council Strategic Directions – B.2.)	<i>Michelle Carvalho</i>
1:55-2:00	Other Business and Next Steps	<i>Ron Bialek</i>
2:00	Adjourn	

2. Council Member List



Council on Linkages Members

Council Chair:

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

Council Members:

Susan Swider, PhD, APHN-BC
American Association of Colleges of Nursing

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

Olabisi Badmus, MD, MPH
American College of Preventive Medicine

Captain Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Health Resources and Services Administration

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

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

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

Andrew J. Quarnstrom
National Association of Local Boards of Health

Leah Gillis, PhD
Association of Public Health Laboratories

Kaye Bender, PhD, RN, FAAN
National Board of Public Health Examiners

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

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

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

National Library of Medicine

Ellen P. Averett, PhD, MHSA
Association of University Programs in Health Administration

Melissa (Moose) Alperin, EdD, MPH, MCHES
National Network of Public Health Institutes

Michelle Carvalho, MPH, MCHES
Liza Corso, MPA
Centers for Disease Control and Prevention

Rex Archer, MD, MPH
Public Health Accreditation Board

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Michael Fagen, PhD, MPH
Society for Public Health Education

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

Nancy Harada, PhD, PT
Veterans Health Administration

Council of State and Territorial Epidemiologists

3. Draft Meeting Minutes – June 24, 2022



Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: June 24, 2022, 2-4pm EDT

Meeting Minutes – Draft

Members and Designees Present: C. William Keck (Chair), Linda Alexander, Melissa Alperin, Rex Archer, Ellen Averett, Olabisi Badmus, Terry Brandenburg, Michelle Carvalho, Tammy Dillard-Steels, Lori Edwards, Allison Foster, Leah Gillis, Gary Gilmore, Barbara Gottlieb, Nancy Harada, Amy Lee, Megan Lincoln, Lisa Sedlar, Susan Swider, John Wiesman

Other Participants Present: Peg Allen, Magali Angeloni, Mayela Arana, Natalia Babenko, Liljana Baddour, Laura Barrett, Mike Barry, Kathy Basile, Christine Bean, Jennifer Beard, Betty Bekemeier, Deena Bell, Katie Bieker, Janice Blake, Emily Burke, Tom Burroughs, Ashley Burts, Maria Calvo, Vera Cardinale, Carmen Carrillo, Autum Carter, Candy Cates, T. Conner, Ursula Copeland, Patty Cross, Kay Dacary, Michelle Davis, Danielle Deltgen, Anna Dobbins, Cynthia Dunn, Ashley Edmiston, Carrie Evans, Traci Fowler, Kelly French, Cheryl Gaddis, Jacqueline Gierlach, Craig Gilden, Adrienne Gill, Brad Hubbard, Cassandra Jefferson, Christopher Johnson, Mel Kantor, Geri Kemper Seeley, David Knapp, Heather Krasna, Jess Kronstadt, Lisa Lang, Rayona LaVoie, Neva Loney, Lizbeth Lopez, Karya Lustig, Helen Malcolm, Amanda Manzello, Mondy Mason, Natasha McCoy, Doha Medani, Eka Megawati, Lloyd Michener, Amber Moore, Jeni Morrow, Kelly Nagel, Nancy, Linda Nelson, Saadia Oulamine, Jennifer Pakiam, Mita Patel, Joanne Pearsol, Erica Piedade, Janet Place, Maura Proser, Beth Ransopher, Darren Rausch, Kelly Reynolds, Steve Reynolds, Jennifer Romaszewski, Priscila Ruedas, Luz Santana, Allison Scheeler, Karis Schoellmann, Ana Scuteri, Rosemarie Shephard, Staci, Duane Stansbury, Tiffany Stevens, Paula Taillant, K. Thomas, Randall Ulrich, Laura Valentino, Vanessa, Alice Vestergaard, Jennifer W., Sarah Worthington, Yola, Mary Beth Zeni

Staff Present: Ron Bialek, Kathleen Amos, Abdullah Tauqeer, Grace Davis

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Dr. Keck thanked the Centers for Disease Control and Prevention (CDC) for the funding support that has enabled current Council activities, reminded participants of the Council's mission, and reviewed the agenda for the meeting.	
Approval of Minutes from March 31, 2022 Meeting	Dr. Keck asked for any changes to the minutes of the March 31, 2022 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. John Wiesman, DrPH, MPH, seconded the motion. No additions or corrections.	Minutes of the March 31, 2022 Council meeting were approved as written.
Council Membership Vote – National Board of Public Health Examiners	Dr. Keck called for a vote on granting the National Board of Public Health Examiners (NBPHE) formal Council membership following completion of its preliminary membership period.	NBPHE was granted formal Council membership.

<p>Rebuilding the Public Health Workforce</p>	<p>Council Director Ron Bialek, MPP, led a discussion on efforts to rebuild the public health workforce.</p> <p>CDC Council representative Michelle Carvalho, MPH, MCHES, shared updates on the Introduction to Public Health Practice training plan developed for Public Health AmeriCorps, which is anticipated to be released in July 2022. After this release, a public-facing version will also be made available. Mr. Bialek invited questions and discussion.</p> <p>Steve Reynolds, Senior Public Health Advisor, Division of Scientific Education and Professional Development (DSEPD), Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), CDC, discussed the recently released CDC Notice of Funding Opportunity (NOFO), <i>Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems</i>. This nearly \$4 billion five-year initiative aims to help reinvigorate and rebuild public health infrastructure and “will provide cross-cutting support to public health agencies for critical infrastructure needs related to workforce, foundational capabilities, and modernizing public health data systems.” Mr. Bialek invited questions and discussion.</p>	<p>For more information about this NOFO, CDC has a website with information and FAQs at https://www.cdc.gov/workforce/resources/infrastructuregrant/index.html.</p>
<p>Academic Health Department Learning Community</p>	<p>Dr. Keck provided an update on Academic Health Department (AHD) Learning Community activities.</p> <p>The AHD Learning Community is a national community that brings together and supports practitioners, educators, researchers, and others to explore AHD partnerships, share their experiences, and engage in collaborative learning. Since its launch in January 2011, the AHD Learning Community has grown to more than 1,200 members from health departments, academic institutions, and other organizations across the country. The Learning Community offers resources and activities to support AHD partnerships, including a venue for sharing examples and stories of AHD partnerships, webinars featuring AHD partnerships, examples of partnership agreements, a listserv for communication, and technical assistance.</p> <p>Thus far in 2022, the Learning Community and its resources and tools have been accessed online nearly 5,000 times. This brings online usage since launch of the Learning Community to more than 80,000 visits. To date in 2022, staff have responded to 10 requests for assistance related to AHD partnerships, serving 8 organizations in 7 states and DC.</p> <p>AHD partnerships were highlighted at webinars and conferences, including during a webinar hosted by the American Association of Colleges of Nursing (AACN) in April 2022, <i>Partnerships Between Academic Health Departments and Schools of Nursing</i>, and a session at the Missoula AHD Conference (MT) in May 2022. An archive version of the AACN webinar is available on the AACN</p>	<p>More information about the AHD Learning Community and its activities is available through the</p>

	<p>website. AHD partnerships will also be featured during a livestream session at the 2022 National Association of County and City Health Officials (NACCHO) 360 Conference in July: <i>Envisioning and Building the Public Health Workforce of the Future Through Partnerships</i>.</p> <p>Dr. Keck invited questions about the AHD Learning Community.</p>	<p>AHD Learning Community section of the Council website or by contacting Kathleen Amos at kamos@phf.org.</p>
<p>Core Competencies for Public Health Professionals</p>	<p>Council Assistant Director Kathleen Amos, MLIS, provided an update on the Core Competencies for Public Health Professionals (Core Competencies).</p> <p>The Core Competencies, a set of foundational or crosscutting skills for professionals engaged in public health practice, education, and research, are used in workforce development activities across the US. The most current data show that approximately 80% of state health departments, 60% of tribal health organizations, 45% of local health departments, 25% of territorial health departments, and 90% of academic programs with a public health focus use the Core Competencies. The Core Competencies are used in a variety of ways, including to guide development of job descriptions and performance objectives, competency or training needs assessments, education and training, workforce development plans, other competency sets, and other tools and resources to support professional development for public health professionals. These competencies also appear in major national initiatives, such as Healthy People and accreditation; are integrated into the TRAIN Learning Network; and are designed to reflect the knowledge and skills needed to deliver the 10 Essential Public Health Services.</p> <p>To date in 2022, the Core Competencies and resources and tools that support implementation have been accessed online more than 48,000 times, with more than 25,000 visits to the Core Competencies and more than 22,000 visits to resources and tools. Since the 2021 version of the Core Competencies was released in November, the webpage has been visited more than 31,000 times. So far in 2022, Council staff have responded to 17 requests for assistance related to the Core Competencies, serving 14 organizations in 11 states.</p> <p>The 2021 Core Competencies were adopted in October 2021 and have been available through the Council website since November 2021. Since that time, Council staff have been engaged in dissemination activities to try to ensure the public health community is aware of and has access to this latest version for their workforce development efforts. These include direct emails; sharing content through PHF, Council, and partner websites, newsletters, and social media; and presenting during meetings and webinars. Since the March 2022 Council meeting, the Core Competencies were shared during sessions at the Public Health Improvement Training in June and 2022 NACCHO360 Conference in July. Dissemination activities</p>	

	<p>will continue over the coming months, and suggestions of activities or potential audiences are welcome.</p> <p>Since the release of the 2021 Core Competencies, Council staff have been working on updating and developing resources and tools that support use of the Core Competencies and help with the transition from the 2014 to the 2021 version. Updated competency assessments are available on the Council website, and the 2021 Core Competencies have been made available on the TRAIN Learning Network as a search filter. Updates of additional resources and tools are underway. As resources and tools are completed, they will be posted on the Council website and shared through the <i>Council on Linkages Update</i>.</p> <p>Core Competencies Workgroup Co-Chairs Amy Lee, MD, MPH, MBA, and Janet Place, MPH, encouraged those who are developing and providing training through TRAIN to use the 2021 Core Competencies and identify which competencies their courses address.</p> <p>Ms. Amos invited questions about the Core Competencies and suggestions for dissemination opportunities or resources or tools to update or develop.</p>	<p>More information about the Core Competencies can be found through the Core Competencies section of the Council website or by contacting Kathleen Amos at kamos@phf.org.</p>
<p>Certified in Public Health Job Task Analysis</p>	<p>Dr. Keck invited Allison Foster, MBA, CAE, President, NBPHE, to share information about the Certified in Public Health (CPH) Job Task Analysis.</p> <p>Ms. Foster shared updates on the worldwide "We are Public Health" job task analysis survey being conducted by NBPHE. This survey is being done to meet two important goals: to study the most common functions of the public health workforce on a region-by-region basis across the globe and to update the content outline of the CPH exam. The survey will be open until at least July 31, 2022, and all working in public health are invited to participate.</p> <p>Dr. Keck invited questions for Ms. Foster.</p>	<p>More information about the CPH Job Task Analysis can be found on the NBPHE website and the survey is available at https://www.surveymonkey.com/r/TVWVW6F.</p>
<p>Other Business and Next Steps</p>	<p>Dr. Keck asked if there was any other business to address.</p> <p>Dr. Keck shared that an election for Council Chair is anticipated to be conducted in July 2022. Additional details about the process and requests for engagement will be sent by email.</p> <p>The next Council meetings will take place on September 29, 2022 and November 30, 2022.</p>	<p>Council staff will email Council members about the Council Chair election.</p> <p>Questions can be sent to Kathleen Amos at kamos@phf.org.</p>

4. Rebuilding the Public Health Workforce:

- **Rebuilding the Public Health Workforce**



Rebuilding the Public Health Workforce

September 29, 2022

CDC Foundation Perspectives on Rebuilding the Public Health Workforce

With the enhanced focus on public health infrastructure and workforce throughout the COVID-19 pandemic and the [Centers for Disease Control and Prevention's](#) (CDC's) recent landmark Notice of Funding Opportunity (NOFO) to help reinvigorate and rebuild public health infrastructure, [Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems](#), the time has never been better for workforce development initiatives. The CDC Foundation, a nonprofit organization established to mobilize philanthropic and private-sector resources to support CDC, plays a key role in public health infrastructure. During this [Council on Linkages Between Academia and Public Health Practice](#) (Council) meeting, Judy Monroe, MD, President and CEO, CDC Foundation, will share perspectives on rebuilding the public health workforce.

Introduction to Public Health Practice Training Plan

CDC has recently released a new [Introduction to Public Health Practice training plan](#) through [CDC TRAIN](#). This flexible training plan consists of eight sections, six of which are built around domains of the [Core Competencies for Public Health Professionals](#) (Core Competencies). Created to build the skills of new public health professionals, this resource will help provide education and training to new staff hired to improve critical public health infrastructure needs and is freely available for anyone to use. During the Council meeting, Michelle Carvalho, MPH, MCHES, Lead, Learning Design & Fellowship Education Team, Education and Training Services Branch, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology and Laboratory Services, CDC, will share information about this new training plan.

Regional Public Health Training Centers

The [Regional Public Health Training Centers](#) (PHTCs) provide training and other workforce development opportunities to strengthen the public health workforce. Funded by the [Health Resources and Services Administration](#) (HRSA) and located in public health schools and programs, 10 Regional PHTCs provide specialized training for public health students and the workforce using the Core Competencies. Megan Lincoln, MSW, Public Health Analyst, Division of Nursing and Public Health, Bureau of Health Workforce, HRSA, will share updates on the Regional PHTCs during this Council meeting.

5. Academic Health Department Learning Community:

- **Academic Health Department Learning Community Report**



Academic Health Department Learning Community Report

September 29, 2022

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 AHD partnerships.

AHD Learning Community Engagement

The Learning Community continues to see sustained interest and engagement from the public health community. The Learning Community has more than 1,200 members, and the Learning Community and its resources and tools have been accessed more than 7,000 times so far in 2022. [Council on Linkages Between Academia and Public Health Practice](#) (Council) staff also continue to regularly receive requests for assistance related to AHD partnerships, responding to 15 requests from 11 organizations in 10 states and DC during that same time period.

Webinars and Conferences

AHD partnerships were highlighted during a virtual livestream session at the [2022 National Association of County and City Health Officials 360 Conference](#) in July 2022. *Envisioning and Building the Public Health Workforce of the Future Through Partnerships* featured speakers from two local health departments with successful AHD partnerships: Lisa Macon Harrison, MPH, Director of the Granville-Vance District Health Department (NC), and Bryn Manzella, MPH, Director of Quality Improvement at the Jefferson County Department of Health (AL).

Planning is underway for the next webinar in the [AHD Webinar Series](#), which is anticipated to be held in late October or early November 2022. Additional details will be available shortly and will be shared through the *Council on Linkages Update*.

More information about the AHD Learning Community and its activities is available through the [AHD Learning Community](#) section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

6. Core Competencies for Public Health Professionals:

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



Core Competencies for Public Health Professionals Report

September 29, 2022

Overview

The [Core Competencies for Public Health Professionals](#) (Core Competencies) reflect foundational or crosscutting knowledge and skills for professionals engaged in the practice, education, and research of public health. Guidance for [Council on Linkages Between Academia and Public Health Practice](#) (Council) efforts related to the Core Competencies is provided by the [Core Competencies Workgroup](#), which includes members representing a variety of practice and academic organizations and interests within the public health field. The Core Competencies were recently revised, with the current version completed in October 2021.

Core Competencies Use

The Core Competencies are widely used within public health workforce development efforts across the US. Data show that [approximately 80% of state health departments](#), [60% of Tribal health organizations](#), [45% of local health departments](#), and [25% of territorial health departments](#) use the Core Competencies. So far in 2022, the Core Competencies and resources and tools designed to support implementation have been accessed online more than 72,000 times, with nearly 45,000 visits to the [Core Competencies webpage](#) since the 2021 version was released. Council staff have responded to more than 30 requests for assistance with the Core Competencies in 2022, serving 23 organizations in 15 states and Tanzania.

Dissemination of the 2021 Core Competencies

The 2021 Core Competencies have been available through the [Council website](#) since November 2021, and dissemination activities continue to ensure the public health community has access to this latest version for workforce development efforts. The Core Competencies will be featured during three presentations at the [American Public Health Association 2022 Annual Meeting & Expo](#) in November 2022: [New Tools for Using the 2021 Core Competencies for Public Health Professionals](#) and [Who Has Time for Workforce Development? Reinvigorating Your Workforce Development Program](#) on November 6 and [Advancing Health Equity with the Core Competencies for Public Health Professionals](#) on November 8. The Core Competencies were also shared during an on-demand session at the [2022 National Association of County and City Health Officials 360 Conference](#) in July 2022: [Introducing the 2021 Core Competencies for Public Health Professionals: Crosscutting Skills for a High-Performing Workforce](#). All Council members are encouraged to publicize the Core Competencies through websites, newsletters, social media, meetings, presentations, or other communications channels.

Resources and Tools for Implementing the Core Competencies

Work also continues to update and develop resources and tools to support individuals and organizations in implementing the Core Competencies. Recently, a prioritization tool that supports organizations in identifying the most essential Core Competencies for different jobs within public health was updated. This tool will be available on the Council website in the near future. Input on resources and tools that would help support use of the Core Competencies is welcome and may be shared by emailing Kathleen Amos at kamos@phf.org.

Additional information about activities related to the Core Competencies can be found through the [Core Competencies](#) section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

7. Core Competencies for Interprofessional Collaborative Practice:

- **Core Competencies for Interprofessional Collaborative Practice**



Core Competencies for Interprofessional Collaborative Practice

September 29, 2022

Overview

Developed by the [Interprofessional Education Collaborative](#) (IPEC), the [Core Competencies for Interprofessional Collaborative Practice](#) (IPEC Core Competencies) are designed to help prepare future health professionals for enhanced team-based care of patients and improved population health outcomes. IPEC represents 21 national health professions associations that address areas including medicine, osteopathic medicine, nursing, pharmacy, dentistry, and public health. The IPEC Core Competencies were first adopted in 2011 and updated in 2016, and help to guide curriculum development across health professions schools.

The IPEC Core Competencies are currently [under revision](#). This updating process began in June 2021 and is being shaped by a desire to empower the interprofessional education community with the best available evidence and research related to interprofessional education and collaborative practice; review common definitions for competence, competency, and competency framework; and ensure the framework reflects changes in research, policy, and practice. The updated competencies are tentatively expected to be released in the summer or fall of 2023.

During this [Council on Linkages Between Academia and Public Health Practice](#) meeting, Liz Weist, MA, MPH, CPH, Director of Education, [Association of Schools and Programs of Public Health](#), will discuss the revision of the IPEC Core Competencies and opportunities to engage.

8. Racial Justice Competency Model:

- **Racial Justice Competency Model**



Racial Justice Competency Model

September 29, 2022

Overview

Over the past year, the [Regional Public Health Training Centers](#) (PHTCs) have been leading an effort to develop a Racial Justice Competency Model for Public Health Professionals. Working with an Expert Review Panel, the PHTC Racial Justice Workgroup aimed to establish clear, specific, consensus-based recommendations and produce a competency set that would be applicable to the PHTCs, their partners, and local and state health departments to support education, training, and other workforce development initiatives related to racial justice. The competency model is anticipated to be released in October 2022.

Mayela Arana, MPH, CHES, CPH, Associate Director, [Region 2 PHTC](#); Dena Fife, MA, Instructional Services Specialist, [Midwestern PHTC](#); and Dany Zimmel, MPH, Training and Engagement Manager, [Region V PHTC](#), will join this [Council on Linkages Between Academia and Public Health Practice](#) meeting to discuss the development of the Racial Justice Competency Model.

9. CDC E-Learning Institute Fellowship Program

- **CDC E-Learning Institute Fellowship Program**



CDC E-Learning Institute Fellowship Program

September 29, 2022

Overview

The [Centers for Disease Control and Prevention](#) (CDC) offers the [CDC E-Learning Institute](#) (ELI) to support public health professionals in cultivating skills for developing quality e-learning products. This free, six-month online fellowship offers access to CDC-developed materials and skilled training developers who serve as mentors, as well as peer learning opportunities. CDC is currently accepting applications for the ELI class of 2023, which will run from January-June 2023. Applications are due October 21, 2022.

During this [Council on Linkages Between Academia and Public Health Practice](#) meeting, Michelle Carvalho, MPH, MCHES, Lead, Learning Design & Fellowship Education Team, Education and Training Services Branch, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology and Laboratory Services, CDC, will share information about ELI and this year's application period.

10. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2016-2020**



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

Constitution and Bylaws

ARTICLE I. – MISSION:

The mission of the Council on Linkages Between Academia and Public Health Practice (Council) is to improve the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure.

ARTICLE II. – BACKGROUND AND PURPOSE:

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

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

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

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

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

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

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American Association of Colleges of Nursing (AACN)
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Council of Public Health Nursing Organizations (CPHNO)
- Council of State and Territorial Epidemiologists (CSTE) – Preliminary Member Organization
- Council on Education for Public Health (CEPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Board of Public Health Examiners (NBPHE)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- Public Health Accreditation Board (PHAB) – Preliminary Member Organization
- Society for Public Health Education (SOPHE)
- Veterans Health Administration (VHA)

Membership Categories:

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

I. Preliminary Member Organization Privileges

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

5. Preliminary Member Organizations will be responsible for all travel related expenses for attending meetings.

II. Formal Member Organization Privileges

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

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITIES:

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

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

- Each Representative (or staff contact) respond to requests for assistance with writing and compiling Council documents and resources.
- Representatives and Organizations disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective memberships of the Organizations.
- Upon request of the Council Chair, Representatives officially represent the Council at meetings or presentations widely attended by members of the practice and academic public health communities.
- Upon request of the Council Chair, Representatives assist Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

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

ARTICLE V. – Discussions, Decisions, and Voting:

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

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

B. Discussions & Decisions:

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

C. Voting:

1. Each Representative shall have one vote. If a Representative is unable to attend a meeting, the Organization may designate a substitute (or Designee) for the meeting. That Designee will have voting privileges for the meeting.
2. **Quorum** is required for a vote to be taken and shall consist of a majority of the Representatives or Designees of all participating groups composing the Council.
3. **Simple Majority** Vote will be required for internal Council administrative, operational, and membership matters (i.e.: Minutes approvals).
4. The Council will seek **Consensus** (Quaker style – No-one blocking consensus) when developing major new directions for the Council (i.e.: moving forward with studying leadership tier of credentialing). No more than one-quarter of

Representatives or their Designees can abstain, or the motion will not pass. Representatives will be expected to confer with the leadership of their organizations prior to the meeting to ensure that their votes reflect the Organization's views on the topic.

5. A two-thirds **Super Majority** of all Representatives will be required to vote on accepting or amending this Constitution and Bylaws.

ARTICLE VI. – COUNCIL LEADERSHIP:

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

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

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

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

ARTICLE VII. – MEETINGS:

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

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSIBILITIES:

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

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

ARTICLE IX. – FUNDING:

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

Adopted: January 24, 2006

Amended: January 27, 2012

Article I. Mission Updated:

Article III.B. Member Organizations Updated:

October 7, 2016

September 6, 2013; March 31, 2014; August 19, 2015; January 20, 2016; August 18, 2016; May 1, 2017; October 18, 2017; December 20, 2017; May 11, 2021; May 19, 2021; September 23, 2021; December 15, 2021; August 8, 2022

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure. In order to fulfill this mission, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council involvement requires that:

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

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

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

Council Representative Designated by Organization

Date

Organizational Executive Director

Date

Member Organization



Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2016-2020

Mission

To improve the performance of individuals and organizations within public health by:

- Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities;
- Promoting public health education and training for health professionals throughout their careers; and
- Developing and advancing innovative strategies to build and strengthen public health infrastructure.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Health Equity
- 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 diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen the evidence base for public health practice.

Objectives, Strategies, & Tactics

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

Strategy 1: Promote development of collaborations between academia and practice within public health.

Tactics:

- a. Support the development, maintenance, and expansion of academic health department partnerships through the Academic Health Department Learning Community.
- b. Document and highlight progress being made in academic/practice collaboration within public health and the impact of that collaboration.

- c. Document contributions of Council on Linkages member organizations, individually and collectively, to improving public health performance through implementation of the Council on Linkages' Strategic Directions.
- d. Coordinate with other national initiatives, such as the Foundational Public Health Services, public health department and academic institution accreditation, Healthy People, National Consortium for Public Health Workforce Development, Public Health Workforce Interests and Needs Survey (PH WINS), and Health Impact in Five Years (HI-5) initiative, to improve public health performance through implementation of the Council on Linkages' Strategic Directions.
- e. Learn from and share with other countries and global health organizations strategies for strengthening the public health workforce.

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

Tactics:

- a. Identify population health competencies aligned with the Core Competencies for Public Health Professionals that are designed for non-clinical settings.
- b. Encourage the inclusion of healthcare professionals and organizations in academic health department partnerships.
- c. Document and highlight progress being made in public health/healthcare collaboration and the impact of that collaboration.

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

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

Tactics:

- a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
- b. Develop and disseminate tools and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into education and training.
- c. Work with the Council on Education for Public Health to encourage use of the Core Competencies for Public Health Professionals and academic/practice partnerships by schools and programs of public health.
- d. Work with the National Board of Public Health Examiners to encourage use of the Core Competencies for Public Health Professionals in the Certified in Public Health credentialing program.
- e. Contribute to the development and measurement of Healthy People objectives related to public health infrastructure.
- f. Advance opportunities for using the Core Competencies for Public Health Professionals in the education and training of health professionals and other professionals who impact health.

Strategy 2: Encourage development of quality training for public health professionals.

Tactics:

- a. Provide resources and tools for enhancing and measuring the impact of training.
- b. Contribute to efforts to develop quality standards for public health training.
- c. Explore the desirability and feasibility of creating a process for approving and advancing training for general public health continuing education units.

Strategy 3: Promote public health practice-based learning.

Tactics:

- a. Conduct a periodic review of practice-based content in public health education.
- b. Develop tools to assist academic health departments in providing high quality practica.

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

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

Tactics:

- a. Support the use of evidence in recruitment and retention strategies for the public health workforce.
- b. Use existing data to better understand the composition and competencies of the public health workforce.
- c. Participate in the Public Health Accreditation Board's workforce development, quality improvement, and performance management activities to encourage use of Core Competencies for Public Health Professionals and academic/practice partnerships by health departments.
- d. Explore approaches for determining contributions of credentialing for ensuring a competent public health workforce.
- e. Participate in, facilitate, and/or convene efforts to develop a national strategic or action plan for public health workforce development and monitor progress.

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

Tactics:

- a. Explore emerging leadership competencies needed within the public health workforce for health systems transformation.
- b. Identify skills needed for public health professionals to assume the responsibilities of community chief health strategist.

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

Tactics:

- a. Develop and disseminate tools and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into practice.
- b. Assist individuals and organizations with using tools and training to implement and integrate the Core Competencies for Public Health Professionals into practice.
- c. Encourage use of the Core Competencies for Public Health Professionals as a foundation for the development of discipline-specific and interprofessional competencies.
- d. Assist with developing, refining, and implementing discipline-specific and interprofessional competencies aligned with the Core Competencies for Public Health Professionals.
- e. Assist other countries and global health organizations with developing and using public health competencies.

Strategy 4: Demonstrate the value of public health to achieving a culture of health.

Tactics:

- a. Document contributions of the various professions within public health to achieving healthy communities.
- b. Describe the unique contributions that public health professionals can bring to health systems transformation.
- c. Encourage public health professionals to engage other professions and sectors in developing strategies for achieving healthy communities.
- d. Document how public health research can and does contribute to achieving healthy communities.
- e. Participate in, facilitate, and/or conduct a profile study of the public health workforce.

Objective D. Promote and strengthen the evidence base for public health practice.

Strategy 1: Support efforts to further public health practice research, including public health systems and services research (PHSSR).

Tactics:

- a. Identify gaps in data and opportunities for improving data for conducting research relevant to practice.
- b. Identify emerging needs for public health practice research to support health systems transformation.
- c. Collaborate with other national efforts to help build capacity for and promote public health practice research.
- d. Convene potential funders to increase financial support for public health practice research.
- e. Assess progress related to public health practice research.

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

Tactics:

- a. Identify ways to disseminate and improve access to evidence-based practices.
- b. Demonstrate the value of public health practice research to the practice of public health.
- c. Explore opportunities to support The Guide to Community Preventive Services.

Strategy 3: Encourage the engagement of public health practitioners in contributing to the public health evidence base.

Tactics:

- a. Develop and support implementation of an academic health department research agenda.
- b. Foster the development, sharing, and use of practice-based evidence.