



Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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**Friday, September 12, 2025
1:00-3:00pm ET**

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Zoom Registration URL:

[https://phf-org.zoom.us/meeting/register/
uYqQDkYkQfSMrkT3aOkebQ#/registration](https://phf-org.zoom.us/meeting/register/uYqQDkYkQfSMrkT3aOkebQ#/registration)

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Funding provided by the Public Health Foundation

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1. Meeting Agenda



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

Date: September 12, 2025

Time: 1-3pm EDT

Meeting Registration: <https://phf-org.zoom.us/meeting/register/uYqQDkYkQfSMrkt3aOkebQ#/registration>

The link to join the meeting will be shared with each participant upon registration.

AGENDA

1:00-1:05	Welcome and Overview of Agenda	<i>Amy Lee</i>
1:05-1:10	Approval of Minutes from February 20, 2025 Meeting ➤ Action Item: Vote on Approval of Minutes	<i>Amy Lee</i>
1:10-1:40	Rebuilding the Public Health Workforce ➤ Insights from the Association of State and Territorial Health Officials	<i>Ron Bialek & Joseph Kanter</i>
1:40-2:10	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a., C.3.b.) ➤ Open Discussion: Sharing Core Competencies Experiences	<i>Amy Lee & Kathleen Amos</i>
2:10-2:40	Council Member Organization Workforce Development Updates ➤ Association of University Programs in Health Administration ➤ American Public Health Association	<i>Amy Lee, Erin Seedorf, & Georges Benjamin</i>
2:40-2:45	Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.)	<i>Amy Lee & Mayela Arana</i>
2:45-2:50	Retention and Recruitment Toolkit (Council Strategic Directions – C.1.a.)	<i>Amy Lee & Mayela Arana</i>
2:50-2:55	Upcoming Events: ➤ 2025 American Public Health Association Annual Meeting & Expo ➤ 2025 Public Health Learning Forum	<i>Amy Lee & Mayela Arana</i>
2:55-3:00	Other Business and Next Steps	<i>Amy Lee</i>
3:00	➤ Adjourn	

2. Council Member List



Council on Linkages Members

Council Chair:

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

Council Members:

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

Erica Smith, PhD, MPH
Council of State and Territorial Epidemiologists

Mark Edward Humphrey, MPH, MD
American College of Preventive Medicine

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

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

Health Resources and Services Administration

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

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

Leah Gillis, PhD
Association of Public Health Laboratories

National Association of Local Boards of Health

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

David Buys, PhD, MSPH, CPH, FGSA
National Board of Public Health Examiners

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

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

Erin Seedorf, DrPH
Association of University Programs in Health Administration

National Library of Medicine

Michelle Carvalho, MPH, MCHES
Adrienne Gill, MPH
Centers for Disease Control and Prevention

Larry D. Jones, MPH
National Network of Public Health Institutes

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Julie Willems Van Dijk, MSN, PhD
Public Health Accreditation Board

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

Dee Jordan, PhD
Society for Public Health Education

3. Draft Meeting Minutes – February 20, 2025



Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: February 20, 2025 2-3:30pm EST

Meeting Minutes

Members and Designees Present: Amy Lee (Chair), Rex Archer, Jessica Arrazola, Sarah Auer, Terry Brandenburg, Marita Chilton, Allison Foster, Gary Gilmore, Mark Humphrey, Allison Jacobs, Larry Jones, Dee Jordan, Bill Keck, Laura Rasar King, Erica Smith, Susan Swider, John Wiesman, Julie Willems Van Dijk

Other Participants Present: Peg Allen, Henrietta Ampofo, Sophia Anyatonwu, Geysil Arroyo, Michael Barry, Alexis Bauer, Kelly Beckwith, Christine Beluk, Dawn Bleyenburgh, Marsha Branch, Evette Brandon, Madisen Brewer, E. Chandlee Bryan, Kacy Chrestman, Kelly Conley, Mckelle Cox, Andrea Damewood, Michelle Davis, Danielle Dazulma, Fred Dillon, Ashley Edmiston, Marie Flake, Abigail Ford, Emily Frantz, Jess Gannon, Jennifer Gay, Holly Gederos, Vlada Gladis, Micki Golden, Jo Gourneau, Susan Hacking, Marty Handy, Ellie Hansotte, Cassandra Harris, Desdemona Hartung, Emily Hines, Kellen Hopp, Alana Hudson, Cassandra Jones, Jo-Ann Julien, Jori July, Jennifer Kahn, Omar Khalid, Tamnet Kidanu, Patricia Krause, Colin Laughney, Kate Lee, Helen Linda, Kristen Lindemer, Mia Luluquisen, Renita Madu, Nicole Magnuson, Matthew Marmor, Antonio Martinez, Stephanie Mazzucca-Ragan, Mac McCullough, Bonnie Mencher, Carol Moehrle, Jennifer Moore, Ellen Mulcahy, Rob Nickla, Yasmin Odowa, Keshana Owens-Cody, Rachel Powell, Rhonda Rahn, Jennifer Ricci, Danacamile Roscom, Carla Roseman, Kim Schlosser, Kaela Schommer, Melissa Sever, Karrey Shannon, Josette Shipley, Turquoise Sidibe, Samantha Simmons, Matampulo Simpasa, Duane Stansbury, Heather Trabal, Sharon Trivette, Grecia Tures, Laura Valentino, Katherine Witcher, Sarah Worthington, Jenny Yow

Staff Present: Ron Bialek, Kathleen Amos, Mayela Arana

Agenda Item	Discussion	Action
<p>Welcome and Overview of Agenda</p>	<p>The meeting began with a welcome by Council Chair Amy F. Lee, MD, MPH, MBA.</p> <p>Dr. Lee expressed appreciation to Council members for taking the time to be present, both at the meeting and throughout the uncertain times faced by the public health community, and commended Council members' leadership and collaborative spirit.</p> <p>Dr. Lee thanked the Public Health Foundation's (PHF's) Board of Directors for providing the funding support enabling the continuation of Council activities in the absence of Centers for Disease Control and Prevention funding, reminded participants of the Council's mission, and reviewed the agenda for the meeting.</p> <p>Dr. Lee also acknowledged that the Veterans Health Administration is unable to continue to participate in the Council at this time, thus bringing the group down to 23 member organizations.</p>	
<p>Introduction of New Representatives</p>	<p>Dr. Lee welcomed two new Council representatives: from the Society for Public Health Education, Dee Jordan, PhD, MPH, Instructor, Department of Global Health and Social</p>	

<ul style="list-style-type: none"> • Dr. Dee Jordan, SOPHE • Larry Jones, NNPHI 	<p>Medicine, Harvard Medical School, and from the National Network of Public Health Institutes, Larry D. Jones, MPH, Senior Advisor, Missouri Public Health Institute. Dr. Jordan and Mr. Jones introduced themselves to the Council.</p>	
<p>Approval of Minutes from September 16, 2024 Meeting</p>	<p>Dr. Lee asked for any changes to the minutes of the September 16, 2024 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. C. William Keck, MD, MPH, FACPM, seconded the motion. No additions or corrections.</p> <p>Dr. Lee also provided an update regarding the vote to amend the Council Constitution and Bylaws to add a Vice Chair position. The vote was conducted via email from January 24 to February 7, 2025. Although a quorum participated, the amendment did not pass, as it failed to receive the required two-thirds supermajority (16 affirmative votes). The matter remains open for future discussion.</p>	<p>Minutes of the September 16, 2024 Council meeting were approved as written.</p>
<p>Rebuilding the Public Health Workforce</p> <ul style="list-style-type: none"> • Alameda County Public Health Department, AHD Environmental Scan Project 	<p>Ron Bialek, MPP, President of PHF and Director of the Council, introduced a discussion on rebuilding the public health workforce focused on the Alameda County Public Health Department's (CA) Academic Health Department (AHD) Partnership Environmental Scan Project.</p> <p>Evette Brandon, MPH, Director, Quality Improvement and Accreditation, and Mia Luluquisen, DrPH, MPH, RN, Office of the Director, from the Alameda County Public Health Department highlighted their existing AHD partnerships, motivation behind wanting to strengthen and expand their partnerships in Alameda County, how the Public Health Infrastructure Grant program helped to support these efforts, and their plans for next steps.</p> <p>Mayela Arana, MPH, CPH, CHES, Senior Program Manager, Workforce Development, PHF, provided additional information about the environmental scan process. The project focused on aligning findings with the health department's goals, including fostering reciprocal partnerships, supporting continuing education for staff, creating workforce pathways for students, and exploring research opportunities. Ten interviews were conducted with representatives from the University of California, Berkeley; California State University, East Bay; and Touro University, and findings are being compiled to support future collaboration aligned with the health department's goals.</p> <p>Mr. Bialek invited questions and facilitated a discussion about the environmental scan project.</p> <p>Discussion from meeting participants included clarification on how the Alameda County Public Health Department prioritized their partnerships, particularly those around internships; ideas about governance structures for how to formalize the partnerships; data tracking to be able to show impact; and how these partnerships help to support</p>	

	<p>workforce, quality improvement, and accreditation activities.</p>	
<p>Council Member Organization Workforce Development Updates</p> <ul style="list-style-type: none"> • Council of State and Territorial Epidemiologists (CSTE) • Council on Education for Public Health (CEPH) 	<p>Dr. Lee introduced a new 2025 initiative to provide more opportunities for Council representatives to share updates on their organizations’ priorities and activities. As part of this effort, the Council heard updates from the Council of State and Territorial Epidemiologists (CSTE) and the Council on Education for Public Health (CEPH).</p> <p>Erica Smith, PhD, MPH, Council Representative for CSTE, shared that CSTE will host a workshop titled <i>Pathways to Partnership</i> at the 2025 CSTE Annual Conference on June 8, 2025 in Grand Rapids, MI. The session will explore strategies to strengthen collaborations between health departments and academic institutions, with a focus on workforce development and applied epidemiology competencies.</p> <p>Laura Rasar King, MPH, MCHES, Council Representative for CEPH, informed the Council that CEPH has begun the process of reviewing and collecting data for its next accreditation criteria revision, scheduled for 2026, with opportunities for partner input over the next 12–18 months.</p>	
<p>Core Competencies for Public Health Professionals</p> <ul style="list-style-type: none"> • Usage of the Core Competencies • Core Competencies Review Cycle 	<p>Ms. Arana shared updates about 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 the Core Competencies are used by:</p> <ul style="list-style-type: none"> • 80% of state health departments • 43% of tribal health organizations (down from 60% in 2017) • 55% of local health departments • 25% of territorial health departments • 90% of academic programs <p>The Core Competencies are being 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. While increases or steady use of the Core Competencies continue to be seen among state, local, and territorial health departments, the drop in use among tribal health organizations is being explored. PHF plans to speak with tribal public health organizations to better understand this decline and identify ways to support greater adoption.</p> <p>The Core Competencies also appear in major national initiatives, such as Healthy People and health department accreditation; are integrated into the TRAIN Learning</p>	<p>More information about the Core Competencies is available through the Core Competencies section of the Council website or by contacting Mayela Arana at marana@phf.org.</p>

	<p>Network (TRAIN); and are designed to reflect the knowledge and skills needed to deliver the 10 Essential Public Health Services.</p> <p>Council staff regularly respond to requests for assistance related to the Core Competencies. Since the release of the 2021 version, Council staff have responded to over 100 requests for assistance with the Core Competencies, serving 70 organizations in 29 states, DC, Canada, China, Tanzania, the United Arab Emirates, and the United Kingdom.</p> <p>The Council regularly shares expertise about the Core Competencies at national, regional, and local events. Most recently, the Core Competencies were highlighted as part of the 2024 Public Health Learning Forum: Workforce Development in Action in a session on using the Core Competencies and TRAIN for workforce development activities. Session recordings from the October conference are available on TRAIN.</p> <p>Since the release of the 2021 Core Competencies, Council staff have been updating and developing resources and tools that support use of the Core Competencies and engaging in dissemination activities to help ensure the public health community is aware of and has access to this latest version for their workforce development efforts. Recently, Council staff have agreed to collaborate with the National Board of Public Health Examiners to identify the Certified in Public Health credential skill areas that are addressed by the Core Competencies and the gaps. This work will take place in 2025 and updates will be shared with the Council as the work progresses.</p> <p>Ms. Arana invited questions about the Core Competencies.</p>	
<p>Academic Health Department Learning Community</p>	<p>Ms. Arana provided an update on 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 1,400 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 (TA). Currently, the Association of State and Territorial Health Officials is providing funding to support activities of the AHD Learning Community, including the development of a new toolkit, a webinar series, TA engagements with health</p>	<p>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 Mayela Arana at marana@phf.org.</p>

	<p>departments, and success stories from AHD Learning Community members.</p> <p>The Council regularly shares AHD partnership expertise at national, regional, and local events, building awareness and knowledge of this concept, how it can be operationalized, and the value it offers to public health practice and academic organizations.</p> <p>Council staff highlighted AHD partnerships in a session at the 2024 Public Health Learning Forum: Workforce Development in Action titled <i>Unlocking Potential: Enhancing Capacity Through Academic Health Department Partnerships</i>. The session recording is available on TRAIN.</p> <p>Additionally, in collaboration with the American Public Health Association's (APHA's) Academic and Practice Linkages in Public Health Caucus, an AHD partnership roundtable and luncheon was held at the 2024 APHA Annual Meeting this past October. This event was held in response to the AHD Learning Community's desire for an in-person gathering. The roundtable featured 10 presentations covering topics such as forming AHD partnerships, student connections, and rurally-focused partnerships.</p> <p>Webinars also play a significant role in the Council's educational offerings. The Council's series of AHD partnership webinars has been running for 10 years, and webinars are also presented in collaboration with other organizations upon request. Archived webinars from the AHD Webinar Series are now accessible as a training plan on TRAIN.</p> <p>Council staff is in the process of planning a new webinar series focused on AHD partnerships that highlights relationships with minority-serving academic institutions. More information about the upcoming webinar series will be shared via the <i>Council in Linkages Update</i>.</p> <p>Council staff continue to provide direct TA to public health professionals and organizations to support developing and sustaining AHD partnerships. Council staff regularly receive requests for such assistance, responding to 4 requests from state and local health departments in Wisconsin, Minnesota, Vermont, and Connecticut since the last Council meeting.</p> <p>AHD expertise is now being applied in more in-depth TA engagements as well. The first such engagement involves Council staff conducting an environmental scan to lay the groundwork for building AHD partnerships in Alameda County, CA, as was described earlier in this meeting.</p> <p>Lastly, the book, <i>Academic Health Department Partnerships: Bridging the Gap Between Town and Gown</i>, is available for purchase via Amazon.</p> <p>Ms. Arana invited questions about the AHD Learning Community.</p>	
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<p>Retention and Recruitment Learning Community</p>	<p>Ms. Arana and Terry Brandenburg, MBA, MPH, CPH, Chair of the Retention & Recruitment (R&R) Workgroup, shared updates about the R&R Learning Community.</p> <p>The R&R Learning Community is a relatively new initiative of the Council and its development has been guided by a Workgroup of more than 70 members from health departments, academic institutions, and national organizations. To date, the Workgroup has met to articulate the purpose of the Learning Community and identified focus areas for the group’s activities.</p> <p>Due to a lack of funding for the R&R Learning Community, launching the community is on hold. However, significant progress has been made in developing and sharing resources with the public health community.</p> <p>Building on previous work by PHF and in collaboration with the R&R Workgroup, a Retention and Recruitment Toolkit was developed. This initial version of the toolkit is a PDF document that includes the organizing framework developed with support of the R&R Workgroup, along with retention and recruitment links, examples, and strategies gathered over the past year. PHF will continue gathering resources and content to enhance the toolkit and later transition it into a more user-friendly web-based format.</p> <p>Council staff regularly share expertise at national, regional, and local events. Council staff highlighted retention and recruitment strategies in a session at the 2024 Public Health Learning Forum: Workforce Development in Action titled <i>Laying the Groundwork: Essentials of Public Health Workforce Development</i>. The session recording is available on TRAIN. The Council also held a session during the 2024 APHA Annual Meeting focused on supporting retention and recruitment of the public health workforce.</p> <p>Ms. Arana asked for questions about the R&R Learning Community.</p>	<p>For more information about the Council’s retention and recruitment efforts, contact Mayela Arana at marana@phf.org.</p>
<p>Other Business and Next Steps</p>	<p>Dr. Lee asked if there was any other business to address. Council staff will be in touch soon about scheduling the next Council meeting. More information will be shared when it is available.</p>	<p>Questions can be sent to Mayela Arana at marana@phf.org.</p>

4. Rebuilding the Public Health Workforce

- **Rebuilding the Public Health Workforce: Insights from the Association of State and Territorial Health Officials Report**



**Rebuilding the Public Health Workforce:
Insights from the Association of State and Territorial Health Officials**

September 12, 2025

Overview

As part of the ongoing efforts to strengthen the public health workforce, the [Council on Linkages Between Academia and Public Health Practice](#) (Council) over the last few years has dedicated time during meetings for Council member organizations, state and local health departments, and other partners to provide insights on how their organizations are working to strengthen and rebuild the public health workforce. During this Council meeting, Joseph Kanter, MD, MPH, CEO of the [Association of State and Territorial Health Officials](#) (ASTHO), will provide updates on ASTHO's current priorities and workforce-related activities.

Notably, ASTHO continues to support the workforce through the [Public Health Infrastructure Grant](#) (PHIG) program, under which the [Public Health Foundation](#) has received funding from ASTHO to support [academic health department partnership](#) activities. For more information about these efforts, please refer to the Academic Health Department Learning Community Report.

5. Core Competencies for Public Health Professionals

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



Core Competencies for Public Health Professionals Report

September 12, 2025

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 most recent version of the Core Competencies was approved by the Council 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](#), [43% of Tribal health organizations](#), [55% of local health departments](#), and 25% of territorial health departments use the Core Competencies. Since the February 2025 Council meeting, Council staff have responded to 11 requests for assistance with the Core Competencies, serving 10 organizations in 10 states. Tools and resources to raise awareness about the Core Competencies and assist public health professionals and organizations in using the Core Competencies for workforce development remain available on the newly redesigned [PHF.org](#). Input on resources and tools to support use of the Core Competencies is welcome and may be shared by emailing Mayela Arana at marana@phf.org.

During this meeting, participants will be encouraged to share how their organizations are using the Core Competencies and may provide suggestions related to content, as appropriate. Further comments and suggestions are also welcome following the meeting by email to Mayela Arana at marana@phf.org.

Webinars and Conferences

In July 2025 Council staff highlighted the Core Competencies as part of the 2025 [National Association of County and City Health Officials 360 Meeting](#) in Anaheim, California. The session *Using the Core Competencies to Support Tribal Public Health Staff Development* was attended by over 30 individuals.

Recently, Council staff began engaging with the [National Board of Public Health Examiners](#) to identify the Certified in Public Health credential skill areas that are addressed by the Core Competencies. Updates will be shared as the work progresses.

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

6. Council Member Organization Workforce Development Updates

- **Council Member Organization Workforce
Development Updates Report**



Council Member Organization Workforce Development Updates

September 12, 2025

Overview

[Council on Linkages Between Academia and Public Health Practice](#) (Council) member organizations are providing brief updates on their workforce development activities during Council meetings throughout 2025. For the September meeting, updates will be shared by Erin Seedorf, DrPH, MPH, Council Representative for the [Association of University Programs in Health Administration](#) (AUPHA), and Georges C. Benjamin, MD, Executive Director of the [American Public Health Association](#) (APHA). Dr. Seedorf will share information about AUPHA's strategic planning efforts related to workforce initiatives. Dr. Benjamin will highlight APHA's efforts to support the public health workforce and activities of the Council.

7. Academic Health Department Learning Community

- **Academic Health Department Learning
Community Report**



Academic Health Department Learning Community Report September 12, 2025

Overview

The [Academic Health Department \(AHD\) Learning Community](#) supports the 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.

Sharing AHD Partnership Expertise

Throughout its 14-year history, the AHD Learning Community has seen sustained interest from the public health community, with membership numbers rising from less than 100 to more than 1,400 and engagement continuing to grow. This active participation has led to a wealth of knowledge about AHD partnerships being shared among Learning Community members and with the broader public health community. Highlights of ways this information is shared are described below.

Webinars

Webinars play a significant role in the [Council on Linkages Between Academia and Public Health Practice's](#) (Council's) educational offerings. With funding from the [Association of State and Territorial Health Officials](#) (ASTHO), the Public Health Foundation (PHF) hosted two webinars since the last Council meeting: [Exploring Successful Academic Health Department Partnerships](#), which took place in April 2025, and [Pathways to Academic Health Department Partnerships: Successes and Best Practices](#), which occurred in May 2025. PHF and ASTHO are in the process of planning for two more webinars that are scheduled to take place in October 2025. More information about the upcoming webinar series will be shared via the *Council on Linkages Update*.

The Council's [series of AHD webinars](#) has been running for 10 years, and webinars are also presented in collaboration with other organizations upon request. Archived webinars from the [AHD Webinar Series are now accessible](#) as a training plan on the TRAIN Learning Network.

Technical Assistance

Direct technical assistance (TA) is provided to public health professionals and organizations to support developing and sustaining AHD partnerships. Council staff regularly receive requests for such assistance, responding to 10 requests from state and local health departments in Montana, Texas, Wisconsin, Massachusetts, and Florida since the last Council meeting in February 2025.

AHD partnership expertise is also now being applied in more in-depth TA engagements. Currently, through funding provided by ASTHO, PHF is providing TA to three health departments receiving Public Health Infrastructure Grant funds: the Vermont Department of Health, the Iowa Department of Health and Human Services, and the Connecticut Department of Public Health. Each of these TA projects involves conducting an environmental scan to better understand the current and desired future state for AHD partnerships among the health department and academic institutions in their areas. By engaging with health departments and academic institutions, the process helps uncover mutual goals, align resources, and foster sustainable collaboration. PHF staff conduct interviews or focus groups, and provide a summary

report with findings and actionable recommendations to strengthen joint AHD partnership efforts. Organizations interested in learning more about the [AHD Partnership Environmental Scan](#) service provided by PHF may reach out to Mayela Arana at marana@phf.org.

Resources

Since the start of the AHD Learning Community, various resources and tools have been developed based on ongoing learning and sharing. With funding from ASTHO, PHF has developed vignettes to help share success stories and provide examples for organizations looking to establish, expand, or formalize their AHD partnerships. The success stories include:

- [Academic Health Partnership Prioritizes Workforce Development in Florida](#) (May 2025)
- [Public Health and Academic Leaders Unite Through Texas Consortium](#) (June 2025)
- [San Diego Academic Health Partnership Strengthens Service During COVID-19 and Beyond](#) (June 2025)

Additionally, PHF has published two new blog posts related to AHD partnerships: [Implementing a Certified in Public Health Exam Review for Local Health Department Staff Through an Academic Health Department Partnership](#) (May 2025) from the New River Academic Health Department (VA), a partnership between Virginia Tech Population Health Sciences and the New River Health District located in South Central Appalachia, as well as [Charting New Paths: Alameda County's Academic Health Department Journey](#) (June 2025) from the Alameda County Public Health Department located in California.

Lastly, an [AHD Partnerships Toolkit](#) has been developed to organize existing and new AHD partnership resources and tools. The toolkit includes information on developing and sustaining AHD partnerships; operationalizing partnerships; stories from the field; AHD partnership research; expert TA; and ways to join the AHD Learning Community. The toolkit will be updated periodically to reflect new resources and tools. If you have any examples to share or other resources that you would like to be included in the toolkit, please email Mayela Arana at marana@phf.org.

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 Mayela Arana at marana@phf.org.

8. Retention and Recruitment Toolkit

- **Retention and Recruitment Toolkit Report**



Retention and Recruitment Toolkit Report

September 12, 2025

Overview

The [Council on Linkages Between Academia and Public Health Practice](#) (Council) and the [Public Health Foundation](#) (PHF) continue to support workforce retention and recruitment by equipping public health agencies with valuable tools and resources. To make these resources and tools more accessible, the [Retention and Recruitment Toolkit](#) is now available as an interactive webpage on the new [PHF.org](#). This toolkit offers practical strategies to strengthen your workforce; improve retention; reduce recruitment needs; and build a diverse, skilled team. PHF will continue gathering resources and content to enhance and expand this toolkit.

Development of this resource was guided by the Retention and Recruitment Workgroup in collaboration with PHF. For more information about the [Retention and Recruitment Toolkit](#), please contact Mayela Arana at marana@phf.org.

9. Upcoming Events:

- **Upcoming Events Report**



Upcoming Events

September 12, 2025

Overview

The [Council on Linkages Between Academia and Public Health Practice](#) (Council) regularly presents at national conferences and meetings to share the workforce development resources the Council offers and support public health professionals and organizations in using them. This fall, Council initiatives will be highlighted at the [2025 Public Health Learning Forum](#) and the [American Public Health Association \(APHA\) Annual Meeting and Expo](#).

American Public Health Association Annual Meeting

[APHA](#) will host its [2025 Annual Meeting & Expo](#) November 2-5, 2025 in Washington, DC. This year's theme is "Building Trust in Public Health Science." Council initiatives will be featured on Sunday afternoon for back-to-back sessions including *2041.0 - The Role of Academic Health Department Partnerships in Responding to Community Needs* from 2:30-4pm and *2054.0 - Public Health Core Competencies: What's Working, What's Not, and What Can Be Improved* from 4-6:30pm.

Public Health Learning Forum

The [Public Health Foundation](#) (PHF) will host the [2025 Public Health Learning Forum](#) virtually from November 18-21, 2025. To help sustain performance improvement efforts when many organizations are facing funding and travel-related concerns, this event is being offered virtually and at no cost. Sessions will highlight training and tools to support public health workforce development, quality improvement, and performance management with a focus on strengthening the capacity of the governmental public health workforce. The Public Health Learning Forum is open to all interested participants. Registration for the 2025 Public Health Learning Forum is available through the [TRAIN Learning Network](#). For more information, please [visit the event page on the PHF website](#).

Information about upcoming conferences and related activities can be found through the [Events](#) section of the PHF website, in the *Council on Linkages Update*, or by contacting Mayela Arana at marana@phf.org.

10. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2023-2027**



**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)
- 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)
- Society for Public Health Education (SOPHE)

Membership Categories:

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

I. Preliminary Member Organization Privileges

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

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

II. Formal Member Organization Privileges

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

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITIES:

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

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

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

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

ARTICLE V. – Discussions, Decisions, and Voting:

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

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

B. Discussions & Decisions:

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

C. Voting:

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

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

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

ARTICLE VI. – COUNCIL LEADERSHIP:

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

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

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

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

ARTICLE VII. – MEETINGS:

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

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSIBILITIES:

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

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

ARTICLE IX. – FUNDING:

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

Adopted: January 24, 2006

Amended: January 27, 2012

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; June 23, 2023; January 16, 2025

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, 2023-2027

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
- Accountability
- Public Responsibility and Citizenship
- Community Engagement

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 the 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 disseminate progress in academic/practice collaboration and the impact of that collaboration in public health.

- 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 Public Health Infrastructure Grant program, to improve public health performance through the 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 the development of collaborations between public health and healthcare professionals and organizations.

Tactics:

- a. Review the Competencies for Population Health Professionals for potential modification.
- 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 the 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 the 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. Identify and 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 the 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 use and improve quality standards for public health training.

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. Identify additional data needed to support the development and implementation of a comprehensive plan for the public health workforce.
- d. Participate in the Public Health Accreditation Board's workforce development, quality improvement, and performance management activities to encourage the use of Core Competencies for Public Health Professionals and academic/practice partnerships by health departments.
- 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 the 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 deliver Foundational Public Health Services.

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 the 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 in 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.