



Academic Health Department Learning Community Meeting

June 30, 2011

SUMMARY

Overview of Academic Health Department (AHD) Learning Community Initiative

- The [AHD Learning Community](#) is an initiative of the [Council on Linkages Between Academia and Public Health Practice](#) (Council on Linkages). The Council on Linkages has long been interested in the AHD concept, and the Learning Community is an effort to bring together practitioners, educators, and researchers to support the development, maintenance, and expansion of AHDs. Funding for the Learning Community is provided by the Health Resources and Services Administration and the Centers for Disease Control and Prevention, and the Learning Community is guided by the [AHD Workgroup](#).
- Learning Community meetings will occur by conference call approximately quarterly and run for 90 minutes.
- Information about the Learning Community is online at <http://www.phf.org/programs/AHDLCL>. Materials for this meeting are located on the [meeting webpage](#).
- Questions or suggestions can be sent at any time to Kathleen at kamos@phf.org.

What are the roles and responsibilities of individuals who are developing, sustaining, and expanding AHDs?

- The questions for this meeting's discussion stemmed from [a request for information from John Gwinn and the Kent City Board of Health](#) in Ohio. The Board of Health was interested in information that might be useful in recruiting a health officer who could lead the development of AHD partnerships. Input from Learning Community members revealed much diversity in how AHDs are developed, the connections that are formed, and the responsibilities involved. The personalities of individuals in both the health department and the academic institution can significantly influence AHD development, and it is difficult to pinpoint individual qualities that consistently equate with success. Individuals with strong academic qualifications may lack significant practice experience and vice versa, but this may be balanced by the expertise of others within an organization.
- The question of roles and responsibilities of individuals who are developing, sustaining, or expanding AHDs was discussed. These individuals take on a variety of roles and responsibilities, reflective of the variety of AHD partnerships that exist. Examples include serving as teachers, mentors, research partners, knowledge brokers, and communicators.
- Rather than a single individual filling all roles and responsibilities, an AHD partnership may have multiple champions and directly involve many people within the partner organizations.
- Staff will compile a list of roles and responsibilities based on the discussion and distribute to Learning Community members for feedback and additional suggestions.

What competencies help individuals develop, sustain, and expand AHDs?

- The question of competencies for individuals who are developing, sustaining, or expanding AHDs was discussed, with emphasis on whether relevant competencies could be extracted from the [Core Competencies for Public Health Professionals](#) (Core Competencies).
- All of the competencies listed in the Core Competencies may be necessary at some point in the lifecycle of an AHD. The competencies that are most valuable for individuals developing, sustaining, or expanding AHDs may depend on the person's role and the stage of AHD development. Different competencies may be needed when an AHD is first developing than when it has moved into a maintenance state. Different values may be placed on specific

competencies by practice and academic organizations; the key is for these organizations to have clear communication.

- Competency 6C10 in Tier 3 of the Core Competencies, “Establishes partnerships with academic and other organizations to expand the public health science base and disseminate research findings,” is an example of one that directly addresses AHDs.
- A focus on competencies may present an incentive for AHD participation; participation in AHD activities may offer a professional development opportunity for individuals to increase their competence in a particular area.
- Measurement of competence is also important. Tools related to the Core Competencies that are currently under development may be helpful.
- Staff will compile the competencies identified during the discussion and distribute to Learning Community members for feedback and additional suggestions.

Are there particular positions within health departments and academic institutions that are well-suited for the roles and responsibilities related to developing, sustaining, and expanding AHDs?

- The question of whether there are positions in health departments and academic institutions well-suited for the roles and responsibilities of developing, sustaining, or expanding AHDs was discussed.
- A variety of positions may be suitable for these roles and responsibilities, and the positions may differ between practice and academic organizations. Within health departments, suggestions included directors of quality improvement, performance improvement managers, or other managerial positions. Leadership experience, a desire to help people succeed, an MPH degree, and a love of teaching were named as important elements of the position. Within academic institutions, tenured faculty positions or non-tenure track positions may be the best fit, as it can be more difficult to achieve tenure while maintaining a high level of involvement in practice-oriented activities. Other suggestions included practicum coordinators or faculty/staff in offices of public health practice.
- Staff will include the suggestions from this discussion in the draft document on roles and responsibilities mentioned above for distribution to Learning Community members.

Introduction to Topic for Next AHD Learning Community Meeting

- The next Learning Community conference call meeting will focus on AHD sustainability, addressing questions such as:
 - How do you start an AHD, especially in the current economic and political climate?
 - How do you keep an AHD operating successfully over the years?
- The meeting is planned to feature speakers as well as discussion time. Learning Community members are invited to begin thinking about experiences they might share or questions they might like to ask the group.

Next Steps

- Currently Learning Community communication is primarily through email, conference calls, and the website. In addition to the [Learning Community webpages](#), the website contains [news articles](#); [blog posts](#); meeting information; and resources, such as the [AHD concept paper](#), [bibliography](#), and a new one page summary, “[Academic Health Departments: Improving Health in Your Community](#).”
- Two-way communication is key to Learning Community success. Information can be pushed out, but for Learning Community members to learn from each other, discussion is important.
- Feedback was requested on useful communication methods or tools to explore as the Learning Community continues to grow. Suggestions included hosting a networking or social activity at APHA and setting aside “consultation” time during meetings when Learning

Community members could ask questions of the group. Staff will explore these ideas. In the meantime, the [Learning Community Profiles](#) were envisioned as a way for community members to learn about the experience of others and all Learning Community members should feel free to send questions or requests for information to Kathleen.

- The Learning Community will hold its first in-person meeting at the American Public Health Association Annual Meeting on November 1, 2011 from 8:30-10 am. This meeting is open to all Learning Community members and others interested in learning more about AHDs and the Learning Community.
- The next Learning Community conference call meeting will likely occur in fall 2011.
- Any questions or suggestions may be sent to Kathleen at kamos@phf.org.