



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

Virtual Meeting

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**Thursday, March 26, 2026
2:00-4:00pm ET**

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Zoom Registration URL:

**[https://phf-org.zoom.us/meeting/
register/hBHmMc-6Qrmc9uG6-dZfCA#/
registration](https://phf-org.zoom.us/meeting/register/hBHmMc-6Qrmc9uG6-dZfCA#/registration)**

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Funding provided by the Public Health Foundation

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Table of Contents

1. Meeting Agenda
2. Council Member List
3. Draft Meeting Minutes – September 12, 2025
4. Rebuilding the Public Health Workforce:
 - Rebuilding the Public Health Workforce: Insights from the Public Health Accreditation Board Report
5. Council Member Organization Workforce Development Updates:
 - Council Member Organization Workforce Development Updates Report
6. Council on Linkages Activities Updates
 - Council Activities Report
7. Open Discussion of Council on Linkages Priorities
 - Open Discussion of Council Priorities Report
 - Council Strategic Directions, 2023-2027
8. Supplemental Materials:
 - Council Constitution and Bylaws
 - Council Participation Agreement
 - Council Strategic Directions, 2023-2027

1. Meeting Agenda



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

Date: March 26, 2026

Time: 2-4pm EDT

Meeting Registration: <https://phf-org.zoom.us/meeting/register/hBHmMc-6Qrmc9uG6-dZfCA>

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

AGENDA

2:00-2:05	Welcome and Overview of Agenda	<i>Amy Lee</i>
2:05-2:10	Introduction of New Council Member ➤ Charity Menefee, MA, Representative for the Association of State and Territorial Health Officials	<i>Amy Lee</i>
2:10-2:15	Approval of Minutes from September 12, 2025 Meeting Action Item: Vote on Approval of Minutes	<i>Amy Lee</i>
2:15-2:45	Rebuilding the Public Health Workforce ➤ Insights from the Public Health Accreditation Board	<i>Ron Bialek, Joneigh S. Khaldun, & Marita Chilton</i>
2:45-3:15	Council Member Organization Workforce Development Updates ➤ National Board of Public Health Examiners ➤ National Association of County & City Health Officials	<i>Amy Lee, Allison Foster, & Ashley Edmiston</i>
3:15-3:25	Council on Linkages Activities Updates: ➤ Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.) ➤ Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a., C.3.b.) ➤ Retention and Recruitment Toolkit (Council Strategic Directions – C.1.a.)	<i>Amy Lee & Mayela Arana</i>
3:25-3:55	Open Discussion of Council on Linkages Priorities	<i>Amy Lee & Kathleen Amos</i>
3:55-4:00	Other Business and Next Steps	<i>Amy Lee</i>
4:00	➤ 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

Charity Menefee, MA
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 – September 12, 2025



Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: Friday, September 12, 2025 from 1-3pm ET

Meeting Minutes

Members and Designees Present: Amy Lee (Chair), Gabrielle Benenson, Terry Brandenburg, David Buys, Marita Chilton, Lori Edwards, Adrienne Gill, Gary Gilmore, Mark Humphrey, Dee Jordan, Bill Keck, Laura Rasar King, Erin Seedorf, Erica Smith, Susan Swider, John Wiesman

Other Participants Present: Liz Abrams, Nikole Allen, Peg Allen, Jessica Arrazola, Sato Ashida, Sarah Auer, Debbie Baker, Hannah Beckles, Deena Bell, Christine Beluk, Georges Benjamin, Angelica Bernal, Janice Blake, Bonnie Butler, Susan Cardenas, Candy Cates, Yaimi Cintra-Miranda, Jenna Constable, Mckelle Cox, Clydene Coy, Danielle Dazulma, Marjorie Derival, Megan Dickson, Fred Dillon, Ashley Edmiston, Joshua Egeland, Mike Escobar, Allison Foster, Julisa Gomez, Reginald Greene, Pamela Guthman, Marty Handly, Ellie Hansotte, Joy Harris, Desdemona Hartung, Nicole Heling, Nicole Ingold, Allison Jacobs, Tonya Johnson, Jori July, Joseph Kanter, Jodi Kelly, Geri Kemper Seeley, Tom Kollmer, Mary Kosobucki, Patricia Krause, Bianca Lawrence, Allison Lewis, Helen Linda, Ruth Little, Kyla Lurry, Vinea Magallanes, Nicole Magnuson, Morgan Major, Matthew Marmor, Ilise Marrasso, Sione Ma'u, Natasha McCoy, Bonnie Mencher, Stephanie Mullins, Lindsey Myers, Jessica Nunez de Ybarra, Claudia Pelaez, Danielle Pere, Kelly Potkay, Laura Power, Alicia Primus, Amirah Reaz, Hope Rollins, Jennifer Romaszewski, Kaela Schommer, Cynthia M. Scott, Ana Scuteri, Mandy Shaffer, Birgit Shanholtzer, Turquoise Sidibe, Wendy Sproul, Jane Sundmacher, Itress Tackett, JT Theofilos, Tracey Thomas, Grecia Tures, Greg Ullrich, Graciela Valdez, Donna Walsh, Caitlan Webster, Sophie Wenzel, Christina Wilson, Sarah Worthington, Alicia Wright-Lewis, Sheryl Wynn

Staff Present: Ron Bialek, Kathleen Amos, Mayela Arana, Carol Moehrle

Agenda Item	Discussion	Action
<p>Welcome and Overview of Agenda</p>	<p>The meeting began with a welcome by Council Chair Amy Lee, MD, MPH, MBA.</p> <p>Dr. Lee thanked the Public Health Foundation's (PHF's) Board of Directors for providing the funding enabling the continuation of Council activities.</p> <p>Dr. Lee and Ron Bialek, MPP, PHF President and Council Director, acknowledged with deep respect the passing of Dr. Lloyd Novick, who served as Council Chair from 1993-1996. His leadership helped establish The Guide to Community Preventive Services and left a lasting impact on the Council and the broader public health community.</p>	

	Dr. Lee reminded participants of the Council’s mission and reviewed the agenda for the meeting.	
Approval of Minutes from February 20, 2025 Meeting	<p>Dr. Lee asked for any changes to the minutes of the February 20, 2025 Council meeting.</p> <p>Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. C. William Keck, MD, MPH, seconded the motion. No additions or corrections.</p>	Minutes of the February 20, 2025 Council meeting were approved as written.
Rebuilding the Public Health Workforce <ul style="list-style-type: none"> Insights from the Association of State and Territorial Health Officials 	<p>Mr. Bialek introduced a discussion on rebuilding the public health workforce featuring the Association of State and Territorial Health Officials (ASTHO).</p> <p>ASTHO, one of three national partners funded by the Centers for Disease Control and Prevention (CDC) under the Public Health Infrastructure Grant program, provided an update on its expanded technical assistance (TA) and leadership support for health departments. Joseph Kanter, MD, MPH, ASTHO CEO, offered perspectives on public health workforce development, emphasizing recruitment, retention, and sharing successes. Dr. Kanter highlighted ASTHO’s collaboration with PHF on academic health department (AHD) partnerships, efforts to translate the Public Health Workforce Interests and Needs Survey (PH WINS) data into actionable strategies, the value of ASTHO’s peer networks for professional support, and the importance of communicating public health achievements to sustain investment in public health infrastructure.</p> <p>Mr. Bialek invited questions for Dr. Kanter. Discussion focused on challenges and the future of public health leadership and fellowship programs, the need for stronger communication with congressional offices about federally funded work, and opportunities to expand resources such as job boards through continued collaboration.</p>	
Core Competencies for Public Health Professionals <ul style="list-style-type: none"> Open Discussion: Sharing Core Competencies Experiences 	<p>Kathleen Amos, MLIS, Director, Workforce Development, PHF, and Council Assistant Director, 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. They also appear in major national initiatives, such as Healthy People and health department accreditation; are integrated into the TRAIN Learning Network</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>(TRAIN); and are designed to reflect the knowledge and skills needed to deliver the 10 Essential Public Health Services.</p> <p>Council staff fill requests for assistance related to the Core Competencies and share the Core Competencies at events. Since the February 2025 Council meeting, Council staff have responded to 11 requests for assistance with the Core Competencies, serving 10 organizations in 8 states. The Core Competencies were also highlighted at the 2025 National Association of County and City Health Officials (NACCHO) 360 Conference.</p> <p>The Council offers resources and tools that support use of the Core Competencies. These resources and tools are now housed on PHF's redesigned, more user-friendly website to improve access and usability. Additionally, PHF has developed a free, self-paced online course that introduces the Core Competencies and demonstrates how they can be applied to real-world workforce development challenges. The course is available through TRAIN (Course ID 1131415).</p> <p>Ms. Amos invited questions about the Core Competencies.</p> <p>Dr. Lee led a discussion about use of the Core Competencies. Meeting participants discussed how their organizations are using the Core Competencies, sharing a range of uses from workforce development planning and training design to academic program alignment and competency revisions.</p>	
<p>Council Member Organization Workforce Development Updates</p> <ul style="list-style-type: none"> • Association of University Programs in Health Administration • American Public Health Association 	<p>Dr. Lee invited the Association of University Programs in Health Administration (AUPHA) and American Public Health Association (APHA) to share updates on their workforce development activities.</p> <p>Erin Seedorf, DrPH, Council representative for AUPHA, highlighted new AUPHA resources, including the 2024-2025 <i>Body of Knowledge</i>, 2024-2025 <i>Curriculum Guidance</i>, and 2023-2024 <i>Environmental Scan and Trends Report</i>, which support consistency and innovation in health administration education. Preparations are also underway for AUPHA's 2026 Annual Conference. Georges Benjamin, MD, APHA Executive Director, discussed APHA's advocacy efforts for the public health workforce, highlighting the Campaign for the Public's Health, which seeks to unify and mobilize advocacy across the field. Dr. Benjamin also</p>	

	<p>encouraged participation in the 2025 APHA Annual Meeting and the Campaign for the Public’s Health Rally in November.</p>	
<p>Academic Health Department Learning Community</p>	<p>Mayela Arana, MPH, CHES, CPH, Senior Program Manager, Workforce Development at PHF, provided an update on AHD Learning Community activities.</p> <p>The AHD Learning Community is a national community that connects and supports practitioners, educators, researchers, and others to explore AHD partnerships and engage in collaborative learning. The AHD Learning Community has more than 1,400 members and offers resources and activities to support AHD partnerships. Currently, funding to support activities related to AHD partnerships is provided by ASTHO.</p> <p>A new AHD Partnerships Toolkit has been developed, providing a central hub for partnership resources. A webinar series launched earlier this year, with two sessions held and two future sessions scheduled for October and November 2025. All webinar recordings are available on TRAIN and in the AHD Partnerships Toolkit. Members of the AHD Learning Community have also contributed success stories and blog posts highlighting effective partnership models, which can be accessed through the AHD Partnerships Toolkit.</p> <p>Council staff share AHD partnership expertise at events, recently presenting at the North Carolina Public Health Association Conference with speakers from the Tennessee Department of Health and Boone County Health Department (IL). Council staff also continue to provide TA to support AHD partnerships, responding to 10 requests from health departments in 5 states since the last Council meeting. More in-depth TA engagements have been undertaken as well, including environmental scans to support the development of AHD partnerships of the Vermont Department of Health, Iowa Department of Health and Human Services, and Connecticut Department of Public Health. This environmental scan service is now available for purchase from PHF. Lastly, the book, <i>Academic Health Department Partnerships: Bridging the Gap Between Town and Gown</i>, is available for purchase.</p> <p>Ms. Arana invited questions about the AHD Learning Community.</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>Retention and Recruitment Toolkit</p>	<p>Ms. Arana shared updates about the Retention and Recruitment (R&R) Toolkit.</p> <p>The Council and PHF continue to support workforce retention and recruitment through the R&R Toolkit, now available as an interactive webpage on the PHF website. The toolkit provides practical strategies to strengthen the public health workforce, improve retention, and reduce recruitment needs, and it will continue to expand as new resources are added. The Council thanks the R&R Workgroup for its guidance and welcomes suggestions for additional content or resources. As part of promotion efforts, Council staff highlighted the R&R Toolkit during the 2025 NACCHO360 Conference.</p> <p>Ms. Arana invited questions about the R&R Toolkit.</p>	<p>For more information about the Council's retention and recruitment efforts, contact Mayela Arana at marana@phf.org.</p>
<p>Upcoming Events:</p> <ul style="list-style-type: none"> • 2025 American Public Health Association Annual Meeting • 2025 Public Health Learning Forum 	<p>Ms. Arana shared updates about upcoming presentations of Council initiatives at conferences.</p> <p>The 2025 APHA Annual Meeting will feature Council initiatives during two sessions: <i>The Role of Academic Health Department Partnerships in Responding to Community Needs</i> (Session 2041) and <i>Public Health Core Competencies: What's Working, What's Not, and What Can Be Improved</i> (Session 2055). The Council appreciates APHA's continued support in highlighting this work.</p> <p>PHF will host the 2025 Public Health Learning Forum virtually from November 18-21. Sessions will focus on training, tools, and strategies to support public health workforce development, quality improvement, and performance management, with an emphasis on strengthening the governmental public health workforce. The Forum is open to all.</p> <p>Ms. Arana invited questions about upcoming events.</p>	
<p>Other Business and Next Steps</p>	<p>Dr. Lee asked if there was any other business to address.</p> <p>Council staff will be in touch with Council members about scheduling Council meetings for 2026.</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 Public Health
Accreditation Board**



**Rebuilding the Public Health Workforce:
Insights from the Public Health Accreditation Board**

March 26, 2026

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, Joneigh S. Khaldun, MD, MPH, FACEP, President and CEO of the [Public Health Accreditation Board](#) (PHAB), and Marita Chilton, MPH, Senior Director of Accreditation and Recognition, PHAB, will provide updates on PHAB's current priorities and workforce-related activities. PHAB's presentation will highlight the development of the [Standards & Measures, Version 2026](#) and offer Council members an opportunity to learn about PHAB's ongoing engagement strategies and the evolving direction of accreditation and the organization as it supports the public health workforce.

5. Council Member Organization Workforce Development Updates

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



Council Member Organization Workforce Development Updates

March 26, 2025

Overview

[Council on Linkages Between Academia and Public Health Practice](#) (Council) member organizations are continuing to provide updates on their workforce development activities during Council meetings. For the March meeting, updates will be shared by Allison J. Foster, MBA, CAE, CPH, President of the [National Board of Public Health Examiners](#) (NBPHE), and Ashley Edmiston, MPH, Director, Workforce and Leadership Development, [National Association of County and City Health Officials](#) (NACCHO).

National Board of Public Health Examiners

NBPHE is developing new certification programs, including a recently launched [Certified in Disease Intervention](#) certification for disease intervention specialists, a Public Health Nurse certification planned for late 2026, and a potential early career public health certification targeted for 2027. Ms. Foster will outline opportunities for partner organizations to engage in the development of these initiatives and describe the tools NBPHE will make available to support outreach to the public health workforce.

In addition, she will highlight research projects of potential interest, including a project involving mapping multiple public health competency frameworks and one analyzing more than 500,000 recertification credits reported by CPH professionals, offering valuable insight into the professional development and continuing education activities undertaken across the public health field.

National Association of County and City Health Officials

Addressing workplace morale is essential to retention, improving performance, and sustaining healthy teams—especially in times of change and pressure. To help support public health practitioners in this area, NACCHO developed a new [Joy in Work Practice Guide](#) to accompany its [Joy in Work Toolkit](#). This resource provides guidance on how to make the case for Joy in Work as a priority focus for local health departments and includes practical tips and strategies for senior leaders, team leaders, and the workforce to foster engagement, reduce burnout, and build a more energized and sustainable workplace. During this Council meeting, Ms. Edmiston will share the new guide.

Read the blog post, [Finding Passion and Purpose in Our Public Health Work with NACCHO's Joy in Work Resources](#), to learn more.

6. Council on Linkages Activities Updates

- Council Activities Report**



The Council on Linkages Between Academia and Public Health Practice

Council Activities Report

March 26, 2026

Overview

The [Council on Linkages Between Academia and Public Health Practice](#) (Council) engages in activities that support workforce development for the public health workforce. Since the last Council meeting in September 2025, the Council has focused its efforts on supporting the [Academic Health Department \(AHD\) Learning Community](#), [Core Competencies for Public Health Professionals](#) (Core Competencies), and [Retention and Recruitment \(R&R\) Toolkit](#).

Academic Health Department Learning Community

The AHD Learning Community supports the development of [AHD partnerships](#) between public health practice organizations and academic institutions. As a national community of more than 1,400 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.

Highlighting successful AHD partnerships is a significant focus of the support currently provided in conjunction with the AHD Learning Community, much of which is funded by the [Association of State and Territorial Health Officials](#) (ASTHO) through the [Public Health Infrastructure Grant](#) (PHIG) program. In fall 2025, the [Public Health Foundation](#) (PHF) and ASTHO collaborated on two webinars, [Strengthening Academic Health Department Partnerships for Student Success in Vermont](#) in October and [Ask Me Anything: Academic Health Department Partnerships](#) in November. Planning is underway for an additional two webinars in the series that are anticipated to occur in May and June 2026. AHD partnerships were also highlighted with a presentation at the [2025 American Public Health Association \(APHA\) Annual Meeting](#).

Technical assistance (TA) continues to be available to public health professionals and organizations interested in developing and sustaining AHD partnerships. Since the last Council meeting, Council staff have responded to eight focused requests from eight organizations across five states and have continued to work with [Washington University in St. Louis](#) on a National Institutes of Health-funded study focused on improving cancer prevention and control through AHD partnerships. In addition, more in-depth TA engagements related to environmental scanning and fact-finding have been completed with the Iowa Department of Health and Human Services, the Connecticut Department of Public Health, and the Salt Lake County Department of Health and Utah Department of Health and Human Services. These services have been funded through PHIG and are also [available from PHF on a fee-for-service basis](#). In 2026, PHIG funding from ASTHO will support an environmental scan to better understand the current and desired future state of AHD partnerships for an additional state or local health department. Organizations interested in learning more about the AHD Partnership Environmental Scan service may reach out to Mayela Arana at marana@phf.org.

Resources and tools to support AHD partnerships can be found in the [AHD Partnerships Toolkit](#). This 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 and is updated regularly to reflect new resources and tools. In spring 2026, PHF expects to add a new AHD partnership success story as well as archives of the two webinars with ASTHO, among other resources. Suggestions of AHD partnership success stories to share or other resources to add to the toolkit can be sent to Mayela Arana at marana@phf.org.

More information about the AHD Learning Community is available through the [AHD Learning Community](#) section of the Council website or by contacting Mayela Arana at marana@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies reflect foundational or crosscutting knowledge and skills for professionals engaged in the practice, education, and research of public health. The current version of the Core Competencies was released in 2021.

The Core Competencies are widely used across the US, including by approximately [80% of state health departments](#), [43% of Tribal health organizations](#), and [55% of local health departments](#). Since the last Council meeting, seven requests for assistance with the Core Competencies have been filled by Council staff, serving five organizations in five states and the Philippines. PHF also provides additional Core Competencies TA through funding arrangements with other organizations and is currently assisting the [Indian Health Service](#) with its work on environmental health competencies.

Tools and resources to assist public health professionals and organizations in using the Core Competencies for workforce development are available [online](#) and are among the most popular on the PHF website. During this time period, the [Core Competencies page](#) was the most visited page on the PHF website, and the [Core Competencies Tools page](#) and the [Competency Assessments for Public Health Professionals page](#) also appeared in the top 10. Feedback on resources and tools or ideas for new ones are always welcome and may be shared by email to Mayela Arana at marana@phf.org.

Dissemination of the Core Competencies also continues, with a presentation at the [APHA Annual Meeting](#) and content in multiple sessions at the [Public Health Learning Forum](#) in November 2025. Public Health Learning Forum sessions were recorded and are available via the [TRAIN Learning Network](#) (TRAIN). Additionally, ASTHO hosted a webinar in February 2026 on [Workforce Planning: Incorporating Core Competencies for Public Health Professionals](#), which focused on using the Core Competencies in workforce planning and training. The archive of that webinar is also available through TRAIN.

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

Retention and Recruitment Toolkit

The Council and PHF continue to support workforce retention and recruitment by equipping public health agencies with valuable tools and resources through the R&R Toolkit. This toolkit offers practical strategies to strengthen your workforce; improve retention; reduce recruitment needs; and build a diverse, skilled team. The toolkit is updated as resources are developed or shared; the most recent update occurred in February 2026 with the addition of the [Student Careers Pathways Toolkit](#) from the [New England Public Health Training Center](#) and [Joy in Work](#) resources from the [National Association of County and City Health Officials](#).

With funding from the [Association of Schools and Programs of Public Health](#), work is also underway on a recruitment and retention tool that brings together training and resources aligned with the job domains from the [2024 Governmental Public Health Job Task Analysis](#).

For more information about the [R&R Toolkit](#), please contact Mayela Arana at marana@phf.org.

7. Open Discussion of Council on Linkages Priorities

- **Open Discussion of Council Priorities
Report**
- **Council Strategic Directions,
2023-2027**



**Open Discussion of Council Priorities
March 26, 2026**

Overview

The [Council on Linkages Between Academia and Public Health Practice](#) (Council) is guided by its [Strategic Directions, 2023–2027](#). In recent years, the Council has primarily focused on strengthening the [Academic Health Department Learning Community](#), developing and supporting the [Core Competencies for Public Health Professionals](#) (Core Competencies) and engaging in initial work on public health workforce retention and recruitment. A copy of the *Strategic Directions, 2023–2027* is included in the meeting materials, with areas of recent Council work highlighted.

This meeting presents an opportunity to reflect on the current *Strategic Directions* and the path forward. Within the scope of the *Strategic Directions*, the Council will discuss technical assistance that might be needed by organizations or professionals in public health practice or academia and opportunities for funding, among other topics.

In addition, the Council will discuss the Core Competencies and ways the competency set may be updated to reflect changes in the public health field. This may be accomplished through adding examples, developing guidance documents, or other means.

For more information, please contact Mayela Arana at marana@phf.org.

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.

8. 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

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.

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