



Council on Linkages Between Academia and Public Health Practice

Conference Call Meeting

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**Wednesday, March 27, 2013
1:00-3:00 pm EDT**

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**Call Number: 1.888.387.8686
Passcode: 8164961**

**Funding provided by the Centers for Disease Control and Prevention
and the Health Resources and Services Administration**

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Staffed by the Public Health Foundation

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1. Meeting Agenda



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

Date: **Wednesday, March 27, 2013**

Time: **1 - 3 pm EDT**

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Passcode: **8164961#**

AGENDA

1:00-1:05	Welcome and Overview of Agenda	<i>Bill Keck</i>
1:05-1:10	Introduction of New Representative ➤ Marlene Wilken (NALBOH)	<i>Bill Keck</i>
1:10-1:15	Approval of Minutes from July 26, 2012 Meeting	<i>Bill Keck</i>
1:15-1:25	Request for Council Membership – American Association of Colleges of Nursing (Council Administrative Priorities – Membership)	<i>Mary Paterson</i>
1:25-1:55	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.a.) ➤ Action Item: Vote on Beginning the Process of Revising the Core Competencies ➤ Discussion of Next Steps	<i>Bill Keck</i>
1:55-2:05	Update on CDC's Public Health Workforce Summit (Council Strategic Directions – C.1.d.)	<i>Denise Koo</i>
2:05-2:35	Public Health Workforce Development Inventory (Council Strategic Directions – C.1.d.) ➤ Discussion of Summary Document and Preliminary Themes ➤ Feedback on Questions Asked and Information Collected ➤ Input on Future Updating and Access	<i>Ron Bialek/Bill Keck</i>
2:35-2:45	Academic Health Department Learning Community Report (Council Strategic Directions – A.1.a.)	<i>Bill Keck</i>
2:45-2:55	Other Business	
2:55-3:00	Next Steps	
3:00	Adjourn	

2. Council Member List



Council on Linkages Members

Council Chair:

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

Council Members:

Hugh Tilson, MD, DrPH
American College of Preventive Medicine

Janet Heinrich, DrPH, RN
Health Resources and Services Administration

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

Larry Jones, MA, MPH
National Association of County and City Health Officials

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

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

Jack DeBoy, DrPH
Association of Public Health Laboratories

Carolyn Harvey, PhD
National Environmental Health Association

Lillian Smith, DrPH, MPH, CHES
Association of Schools of Public Health

Lisa Lang, MPP
National Library of Medicine

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

Julia Heany, PhD
National Network of Public Health Institutes

Christopher Atchison, MPA
Association of University Programs in Health Administration

Louis Rowitz, PhD
National Public Health Leadership Development Network

Denise Koo, MD, MPH
Centers for Disease Control and Prevention

Jeanne Matthews, PhD, RN
Quad Council of Public Health Nursing Organizations

Diane Downing, PhD, RN
Community-Campus Partnerships for Health

Vincent Francisco, PhD
Society for Public Health Education

3. Draft Meeting Minutes – July 26, 2012



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

Date: July 26, 2012

Time: 1:00-3:00 pm EDT

Meeting Minutes – DRAFT

Members Present: C. William Keck (Chair), Chris Atchison, Jack DeBoy, Diane Downing, Vince Francisco, Gary Gilmore, Carolyn Harvey, Janet Heinrich, Larry Jones, Lisa Lang, Amy Lee, Hugh Tilson

Other Participants Present: Mary Amundson, Karlene Baddy, Ned Baker, Bob Blackburn, Wendy Braund, Emily Burke, Vera Cardinale, Yvette Diallo, Elinor Greene, Norma Hatot, Kathy Miner, Quita Mullan, An Nguyen, Robin Pendley, Eva Perlman, Cindy Phillips, Janet Place, Radley Remo, Irene Sandvold, Lisa Sedlar, Nancy Winterbauer

Staff Present: Ron Bialek, Kathleen Amos

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council on Linkages Chair C. William Keck, MD, MPH. Roll call was conducted. Dr. Keck reviewed the agenda for the meeting.	
Introduction of New Council Representative	Dr. Keck welcomed and introduced a new Council representative: Carolyn Harvey, PhD, for the National Environmental Health Association. Dr. Keck informed Council members that Aleta Hong has resigned as the Council's Project Assistant.	
NALBOH Recruiting for Chief Executive Officer	Ned Baker, Interim CEO for the National Association of Local Boards of Health (NALBOH), informed the Council of NALBOH's search for a new CEO. Bob Blackburn, NALBOH President-Elect, described the recruitment process, including application information and deadlines, and skills desired in the CEO.	
Approval of Minutes from January 27, 2012 Meeting	Dr. Keck asked for any changes to the minutes of the January 27, 2012 Council meeting. Gary Gilmore, MPH, PhD, MCHES moved to approve the minutes as written. Vince Francisco, PhD seconded the motion.	Minutes of the January 27, 2012 Council meeting were approved as written.
Status of Council Funding ➤ CDC ➤ HRSA	Council Director Ron Bialek, MPP reported on the status of Council funding on behalf of the Centers for Disease Control and Prevention (CDC). CDC has approved continued funding through May 31, 2013 for Council activities including the Core Competencies for Public Health Professionals (Core Competencies) and	

	<p>the Academic Health Department (AHD) Learning Community.</p> <p>Janet Heinrich, DrPH, RN reported on the status of Council funding on behalf of the Health Resources and Services Administration (HRSA). The base year of the contract that provides Council funding runs through the end of September 2012, and HRSA is planning for the next option year. HRSA funding is focused on the Public Health Training Impact (PHTI) initiative, the AHD Learning Community, and the Public Health Workforce Development Inventory. HRSA is also exploring becoming a TRAIN affiliate.</p>	
<p>Conference Calls with Council Member Organizations</p>	<p>Dr. Keck reported on the conference calls held over the spring/summer with Council member organizations to discuss the work of the Council and how it can best serve its members. Meeting individually with member organizations was identified during the Council's strategic planning as a way to increase member engagement. Council leadership and staff have met with all member organizations except the Association of Schools of Public Health, but are working to schedule that call.</p> <p>Calls have helped open communication channels and enhance connections. Member organizations are supportive of the Council and its direction. The Council was encouraged to continue its collaborative efforts and consider how changes in the public health field may impact the workforce. Council staff are preparing and distributing to member organizations lists of follow-up items from the calls, as well as draft content for the Council website related to member organizations' efforts to promote Council initiatives. The Council thanks all who participated for their engagement and feedback.</p>	<p>Council staff will distribute follow-up materials from the calls. Council member organizations will review content for accuracy and currency and address items identified.</p>
<p>Status of Council Activities</p> <ul style="list-style-type: none"> ➤ Academic Health Department Learning Community Report ➤ Core Competencies Workgroup Report ➤ Training Impact Task Force Report 	<p>AHD Learning Community Chair Dr. Keck reported on activities of the Learning Community. The Learning Community has over 160 members and is working to identify AHDs, collect AHD partnership agreements, and reach out to expand membership. The AHD Workgroup, which guided early development of the Learning Community, was dissolved in May 2012, and the Learning Community will guide its own development moving forward. The Learning Community will be considering its future direction as membership grows and will continue to hold meetings, including an in-person meeting on October 30th at the American Public Health Association (APHA) Annual Meeting.</p>	

	<p>Core Competencies Workgroup Co-Chair Janet Place, MPH reported on Workgroup activities. Tools are being developed to help practitioners use the Core Competencies. Tools include competency assessments, job descriptions that incorporate the Core Competencies, and resources for prioritizing competency needs. Comments are being accepted on drafts of two tools—"e.g.s" to clarify competencies and examples demonstrating attainment of competence—through July 31st. Tools, including the drafts, can be accessed on the Council website. Diane Downing, RN, PhD, Core Competencies Workgroup Co-Chair, encouraged Council members and others to consider sharing work related to the Core Competencies through the Council website.</p> <p>Training Impact Task Force Chair Wendy Braund, MD, MPH, MEd reported on the PHTI initiative. The Training Impact Task Force has held five meetings to draft a tool containing strategies and methods for improving and measuring the impact of training. Drafts of the tool have been available on the Council website throughout the development process, and the Council and the wider public health community have been invited to provide comments. A final draft of the tool will be available for Task Force review by the end of July. Once approved by the Task Force, the tool will be presented to the Council for approval. A collection of supporting literature will be available by the end of August. Products are expected to be finalized by the fall, and the Task Force will hold a wrap-up meeting.</p>	
<p>Public Health Workforce Development Inventory Initiative</p>	<p>Mr. Bialek informed Council members about planning for the Public Health Workforce Development Inventory initiative. The Workforce Development Inventory will provide information about public health workforce development plans and activities that can help identify needs and gaps and serve as an environmental scan for workforce strategic planning activities. This initiative was requested by HRSA and is not meant to duplicate other efforts, but to dig deeper into workforce development specifics.</p> <p>Council staff are currently collecting strategic plans from Council member organizations and will be asking for workforce-specific plans as well. Information for the inventory will primarily be collected through conference call discussions with Council member organizations, which are expected to begin in August. Information collected will be entered into a database for analysis and future updating and will be made available to Council member organizations for</p>	<p>By August 17th, Council members will provide Council staff with names and contact information for people within Council member organizations to interview about workforce development activities. Council staff will schedule calls with the contacts</p>

	use when planning workforce development efforts.	identified by member organizations.
Discussion on Enhancing Communication	Council Project Manager Kathleen Amos, MLIS provided an update on Council communication methods and how the impact of these methods is measured. Current communication methods include the Council website, online news articles, blog posts, the <i>Council on Linkages Update</i> newsletter, participation in conferences, and Twitter. Impact can be measured through website page views, comments, newsletter subscribers and Twitter followers, and tracking of links. Council members were asked for feedback on these strategies and input on communication methods they have found effective within their organizations, how they measure their communications impact, and how they can help the Council communicate.	
Council Sessions at APHA Annual Meeting	Ms. Amos informed Council members about Council sessions scheduled for the 2012 annual meetings of APHA and the Society for Public Health Education (SOPHE). Five sessions are planned for the APHA Annual Meeting, including presentations on Core Competencies tools and the PHTI initiative on October 29 th and an AHD Learning Community meeting on October 30 th . Two October 29 th workshops on workforce development plans will also feature Council products. The Core Competencies will be highlighted in a presentation on TRAIN during the SOPHE Annual Meeting on October 27 th . The Public Health Foundation (PHF) exhibit booths at both of these meetings will offer Council materials.	
Journal of Public Health Management and Practice Special Issue on Academic Health Departments	Dr. Keck informed Council members that the <i>Journal of Public Health Management and Practice (JPHMP)</i> is planning a special issue on AHDs for publication in November/December 2013. A call for abstracts has been issued; abstracts are due to Lloyd Novick, <i>JPHMP</i> editor, by September 30, 2012. <i>JPHMP</i> is seeking articles highlighting relationships between academic and public health practice organizations to help build knowledge about the nature of AHDs. Council members were encouraged to submit abstracts and to share the announcement with colleagues.	
Other Business	Hugh Tilson, MD, DrPH spoke about the August 2012 launch of Public Health Works, a training program focused around <i>The Community Guide</i> . The Council was involved in work that led to the creation of <i>The Community Guide</i> . Registration for Public Health Works will be through TRAIN,	Council staff will send information about Public Health Works to Council members.

	<p>and the August webcast will focus on immunizations. Council members were invited to provide suggestions for future topics.</p> <p>Dr. Keck announced that the Council will be recruiting for a new Project Assistant. The position announcement will be available on PHF's website shortly.</p> <p>Mr. Bialek noted the number of Workgroup/Task Force members and other interested parties on the call and thanked Workgroup/Task Force members for their ongoing work between Council meetings.</p>	
Next Steps	<p>Dr. Keck informed the Council that its next meeting has not yet been scheduled, but that Council staff will be in contact to do so.</p>	<p>Council staff will schedule the next Council meeting.</p>

4. Request for Council Membership – American Association of Colleges of Nursing:

- **AACN Membership Request**
- **AACN Bylaws**
- **AACN Strategic Plan**



Membership Request from the American Association of Colleges of Nursing

March 27, 2013

Overview

The [American Association of Colleges of Nursing](http://www.aacn.nche.edu/about-aacn) (AACN) is requesting preliminary membership in the Council on Linkages Between Academia and Public Health Practice (Council on Linkages). AACN has provided the following information in its membership request:

The American Association of Colleges of Nursing is a national organization that represents over 700 schools of nursing. There is no overlap between the Council on Linkages' current member organizations and AACN. AACN's mission to advance nursing education, research, and scholarship is consistent with the Council on Linkages' mission and objectives. Further, AACN is a recent recipient of a Centers for Disease Control and Prevention (CDC) cooperative agreement to support improvements in public health nursing education and linkage between academic programs in nursing and the public health community. AACN is entirely willing to participate as a preliminary member for the required one-year period and is willing to agree to the terms of the Council on Linkages' Participation Agreement.

AACN's Bylaws and Strategic Plan are also provided in these meeting materials. Additional information about AACN is available on its website at <http://www.aacn.nche.edu/about-aacn>.



American Association *of* Colleges *of* Nursing

Bylaws

ARTICLE I: NAME

The name of this Association shall be the American Association of Colleges of Nursing (AACN)

ARTICLE II: PURPOSES, FUNCTIONS

The American Association of Colleges of Nursing (AACN) exists to serve the nation by:

- a. a. Providing assistance to deans/directors and other members of the nursing community through education, research, governmental and public advocacy, and data collection;
- b. b. Establishing standards for baccalaureate and graduate nursing education and influencing deans/directors, institutions, organizations, and agencies to accept and adopt those standards;
- c. c. Influencing the nursing profession to improve health care; and
- d. d. Promoting public awareness and support of baccalaureate and graduate nursing education, research and practice.

ARTICLE III: MEMBERSHIP

Membership categories for the Association are:

- a. a. Institutional
- b. b. Provisional Institutional
- c. c. Emeritus
- d. d. Honorary
- e. e. Honorary Associate

Section 1. Institutional Membership

Institutional membership is open to any institution that has a baccalaureate or higher degree program in nursing that meets the following criteria:

- a. a. Legal authorization to grant the credential to which the program leads.
- b. b. Institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education.

- c. c. Approval by the state agency that has legal authority for educational programs in nursing (Not applicable to those programs in nursing over which the state board of nursing has no jurisdiction.)

Section 2. Provisional Institutional Membership

Provisional institutional membership may be held for a total of three (3) years and is open to any institution that is in the process of developing a baccalaureate or higher degree program in nursing that meets the following criteria:

- a. a. Legal authorization to grant the credential to which the program leads.
- b. b. Institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education.

Section 3. Emeritus Membership

- a. a. Emeritus membership may be conferred at the discretion of the Board of Directors on those institutional representatives who have retired from the deanship and upon whom the honorary title emerita/emertus has been conferred by their respective institution.
- b. b. Emeritus membership is conferred for the lifetime of the recipient.

Section 4. Honorary and Honorary Associate Membership

- a. a. Honorary membership may be extended at the discretion of the Board of Directors to individuals who have resigned the deanship. Criteria for selection include the following:
 - 1. 1. Individual has made a significant contribution to Association goals during the period served as an institutional representative, and
 - 2. 2. Individual is currently active in activities that impact on nursing and health care.
- b. b. Honorary associate membership may be extended at the discretion of the Board of Directors to any individual who has made an outstanding contribution to the goals of the Association.
- c. c. Honorary and honorary associate membership is conferred for the lifetime of the recipient.

Section 5. Rights and Responsibilities of Members

- a. a. The Institutional Member Representative:
 - 1. 1. Is the chief nurse administrator of the eligible academic unit.
 - 2. 2. May hold an elected position of the Association.
 - 3. 3. May be appointed as chairperson or to serve on ad hoc and standing committees, projects, and task forces.
 - 4. 4. Is entitled to vote.

- b. b. The Provisional Institutional Member Representative:
 - 1. 1. Is the chief nurse administrator of the eligible academic unit.
 - 2. 2. May serve as a member of a committee or task force.
 - 3. 3. Is entitled to attend all meetings of the Association as a non-voting member.
 - 4. 4. Is not eligible to hold an elected position or serve as the chairperson of a standing committee
 - 5. 5. Shall pay dues.
- c. c. Emeritus, Honorary, and Honorary Associate Members:
 - 1. 1. May be requested by the President to serve as members of committees; as chairperson or members of task forces, projects, and ad hoc committees as appropriate to their past achievements, contributions, and expertise.
 - 2. 2. Are entitled to attend all meetings of the Association as non-voting members.
 - 3. 3. Are not eligible to hold elected positions or serve as chairpersons of standing committees.
 - 4. 4. Emeritus members will not pay registration fees for attendance at Annual and Semiannual Meetings.
 - 5. 5. Honorary and honorary associate members will pay registration fees for attendance at Annual and Semiannual Meetings while employed.

Section 6. Appointment to Emeritus, Honorary, and Honorary Associate Membership

- a. a. Individuals to be considered for appointment to emeritus, honorary, and honorary associate membership will be nominated to the Board of Directors by at least three institutional members of the Association and must be approved by the majority of the Board.
- b. b. Notwithstanding paragraph a above, past presidents of AACN shall automatically be granted honorary membership upon resignation from the deanship.

ARTICLE IV: DUES

Section 1. Establishment of Dues

- a. a. Dues shall be established at the Annual Meeting and shall become effective July 1 of the following fiscal year.

ARTICLE V: MEETINGS OF THE ASSOCIATION

Section 1. Meetings

- a. a. The Association shall hold one annual meeting in the spring of each year and a semiannual meeting in the fall and at other times as the Board of Directors shall determine.
- b. b. The representative of each institutional member whose dues are paid is eligible to cast one vote.

Section 2. Quorum and Vote

Representatives of one-fourth of the institutional members shall constitute a quorum. The majority of votes cast shall decide any matter brought before such meeting unless otherwise specified in these bylaws.

ARTICLE VI: BOARD OF DIRECTORS

Section 1. Powers

All powers of the Association are vested in and shall be exercised by the Board of Directors during intervals between meetings of the Association unless otherwise prescribed in these bylaws.

Section 2. Membership

The Board of Directors shall consist of:

- a. a. The elected officers.
- b. b. Seven elected members-at-large who shall serve a two-year term and who may serve no more than two consecutive terms.

Section 3. General

- a. a. The Board shall meet at least twice annually and with such additional frequency as the business of the Board shall require.
- b. b. Notice

The President or Secretary shall provide Directors prior notice of meetings in accordance with established policies.

- c. c. Quorum

The majority of members shall constitute a quorum for the Board of Directors providing two elected officers are among those present or participating.

- d. d. Voting

Unless otherwise specified in these bylaws, action of the Board of Directors shall be by majority vote of those members present and voting at a meeting at which a quorum has been established.

- e. e. Minutes

The Secretary shall make or cause to be made true and complete minutes of all Board meetings and other Board actions. Where Board action is taken other than by meeting in person, the results of Board action shall be circulated in writing to all Board Members as soon thereafter as feasible, and appended to the minutes of the next meeting of the Board held in person.

Section 4. Executive Committee

During intervals between meetings of the Board of Directors, the Executive Committee, comprised of the President, the President-elect, the Secretary, and the Treasurer, is vested with the power to approve of or respond to conditions of grants and contracts or to represent the Board with Executive Committees or Boards of other organizations and other powers that the Board shall from time to time delegate. The Executive Director serves as staff to the Executive Committee. Minutes of the Executive Committee should be kept and reported at the next Board meeting.

Section 5. Vacancies

- a. a. If a vacancy occurs among the elected officers of the Association, the Board shall fill the vacancy until an election is held to fill the unexpired term.
- b. b. Board appointees to fill such a vacancy in the office of President, President-elect, Secretary, or Treasurer shall come from the existing members of the Board.
- c. c. If a vacancy occurs in both the offices of the President and President-elect, the Secretary shall serve as President until the vacancy is filled by a Board appointee.
- d. d. If a vacancy occurs among the elected members-at-large within six months before the member's term of office ends, the executive committee will determine whether the vacancy will be filled and if so, how to fill the vacancy.
- e. e. A special election will be held by mail ballot to fill any vacant member-at-large position if more than six months remains in the term.

ARTICLE VII: OFFICERS

Section 1. Officers

The Officers of the association shall be the President, President-elect, Treasurer and Secretary. The offices of President and Secretary may not be held by the same person.

Section 2. Term of Office

- a. a. The Officers shall be elected by ballot to serve a term of two years or until their successors are elected.
- b. b. The Secretary and Treasurer may not serve more than two consecutive terms in the same office. The President and President-elect may not serve more than one full, elected term in office. No one shall hold more than one office at a time.
- c. c. The term of office shall begin at the close of the Annual Meeting at which officers are declared elected.

Section 3. Duties of Office

- a. a. Officers of this Association shall perform the duties usually performed by such officers, together with such duties as shall be prescribed by the Association membership,

by the Board of Directors, and by Robert's Rules of Order, Newly Revised when not in conflict with the bylaws of this Association.

b. b. The President of the Association shall:

1. 1. Preside at all meetings of the Association and the Board of Directors.
2. 2. Appoint members to standing committees except for the Nominating Committee.
3. 3. Appoint chairpersons to standing committees except for the Nominating Committee from the elected members-at-large of the Board of Directors.
4. 4. Appoint chairpersons and members to special and ad hoc committees, task forces, and projects.
5. 5. Be an ex-officio member of all committees except the Nominating Committee.
6. 6. Delegate administrative functions to the Executive Director.
7. 7. Give approval on behalf of the organization to all grant or contract applications.
8. 8. Serve as a signatory officer for the Association.
9. 9. Serve as an official spokesperson for the Association.

c. c. The President-elect of the Association shall:

1. 1. Assume the duties of the President in the President's absence.
2. 2. Perform such other functions in the interest of the Association as may be assigned by the President.

d. d. The Treasurer of the Association shall:

1. 1. Make regular financial reports to the membership of the Association and to the Board of Directors.
2. 2. Serve as chairperson of the Finance Committee and report its recommendations to the Board of Directors.

e. e. The Secretary of the Association shall:

1. 1. Cause the minutes to be taken.
2. 2. Issue the call to meetings.

ARTICLE VIII: ELECTIONS

Section 1. Elected Positions

Elected positions in the Association shall be President, President-Elect, Secretary, Treasurer, seven Board members-at-large and four members of the Nominating Committee. All elected individuals must be from institutions whose annual dues are paid.

Section 2. Method of Election

- a. a. Elections shall take place by mail ballot prior to each Annual Meeting.
- b. b. Ballots setting forth the slate of candidates shall be mailed at least 45 but not more than 90 days prior to the opening date of the Annual Meeting.
- c. c. Unless otherwise called for in the bylaws, the slate of candidates for election will be as follows:

1. 1. In even-numbered years, the President-elect, Secretary, three Board members-at-large, and two Nominating Committee members will be elected for a 2-year term.
2. 2. In odd-numbered years, the Treasurer, four Board members-at-large and two Nominating Committee members will be elected for a 2-year term.
- d. d. The President-elect shall assume the office of President in even-numbered years.

Section 3. Report

Ballots shall be counted by tellers appointed by the President and results shall be announced by the President.

ARTICLE IX: NOMINATING COMMITTEE

Section 1. Nominating Committee Membership

In all years after 2004, the Nominating Committee shall consist of five members including four elected members and the immediate past-president. Elections will be via a mail ballot at the same time and under the same guidelines as other elected positions.

Section 2. Duties of the Nominating Committee

It shall be the duty of the Nominating Committee to:

- a. a. Prepare a slate of candidates for the offices and positions on the Board to be filled as described in Article VIII, 2c.
- b. b. Determine members' interest in serving on the Board of Directors or on the Nominating Committee.
- c. c. Accept nominations from the membership prior to developing the ballot.
- d. d. Obtain the consent of each candidate to serve.
- e. e. Report at the business session of the fall meeting and take nominations from the floor.
- f. f. Nominating Committee members cannot nominate themselves for Board positions.

Section 3. Vacancies

If a vacancy of one of the members occurs, that vacancy shall be filled from the unelected members on the ballot for the Nominating Committee on the basis of the highest number of votes.

ARTICLE X: COMMITTEES

Section 1. Standing Committees

In addition to the Nominating Committee, which is elected by the membership, there shall be four standing committees of the Association;

- a. a. Finance
- b. b. Governmental Affairs
- c. c. Membership
- d. d. Program

Section 2. Committee Membership

- a. a. The Finance Committee shall have at least two members appointed by the President in addition to the chairperson who is the Treasurer of the Association.
- b. b. The remaining standing committees except the elected Nominating Committee shall have a chairperson appointed by the President from the elected members-at-large of the Board of Directors, and at least two other members of the Association appointed by the President.
- c. c. All committee chairpersons are appointed for a two-year term. Not more than one-half the members of any committee may be reappointed.
- d. d. If a vacancy occurs in a committee chairpersonship, except the Nominating Committee, the President shall appoint as a replacement another Board member to serve the unexpired term.
- e. e. Terms of committee members shall be concurrent with the term of the President. Interim appointments shall terminate with the appointing President's term of office.

Section 3. Duties of Standing Committees

- a. a. The Finance Committee shall:
 - 1. 1. Develop annual multi-year financial plans to fund association programs.
 - 2. 2. Conduct quarterly reviews of progress against financial plan.
 - 3. 3. Oversee association investments.
 - 4. 4. Review annual audit of association operations.
 - 5. 5. Oversee presentation of financial plan to the Board of Directors and membership.
 - 6. 6. Develop guidelines for financial management.
 - 7. 7. Recommend to the Board changes in dues structure as indicated by budgetary needs.
 - 8. 8. Recommend criteria and costs for hardship consideration to the Board; implement criteria and policy.
- b. b. The Governmental Affairs Committee shall:
 - 1. 1. Facilitate interchange between the Association's members and legislative, regulatory, and policy-making bodies.
 - 2. 2. Advise the President, Board of Directors, and staff on legislative, regulatory, and policy matters relating to nursing education, nursing research, and related issues.
 - 3. 3. Recommend individuals to the President for nomination to federal agency committees, task forces, and advisory groups.
- c. c. The Membership Committee shall:

1. 1. Review institutional and provisional institutional membership applications.
 2. 2. Oversee the annual review of institutional eligibility and make recommendations to the Board for termination of membership when appropriate.
 3. 3. Plan, implement and evaluate recruitment and retention strategies.
- d. d. The Program Committee shall:
1. 1. Plan and make arrangements for program meetings of the Association.
 2. 2. Carry out other responsibilities delegated by the Board.

Section 4. Other Committees/Task Forces

The President shall appoint such other committees or task forces as deemed necessary to carry on the work of the Association.

Section 5. Duties of Committee Chairperson

- a. a. Develop rules of procedure for committee operation.
- b. b. Call meetings of the committee.
- c. c. Develop an annual budget to cover committee activities and submit to Finance Committee on request for inclusion in the fiscal year's budget.
- d. d. Present a report of committee activities at Board meetings and to the membership at the Annual Meeting.

Section 6. Committee Meetings

Each committee shall meet at least annually and at other times as deemed by the chairperson to be necessary for accomplishing committee business. Committee activities may be carried out by correspondence, conference phone call, or electronic mail.

ARTICLE XI: EXECUTIVE DIRECTOR

An Executive Director shall be employed by and be responsible to the Board of Directors. The Executive Director shall manage the business and activities of the association including managing and directing all operations, programs, activities and affairs of the Association.

ARTICLE XII: PUBLICATIONS

The Association shall have an official publication and an editor shall be appointed for a specified term by the Board of Directors.

ARTICLE XIII: PARLIAMENTARY AUTHORITY

The rules contained in Robert's Rules of Order, Newly Revised shall govern the Association in all cases to which they are applicable and in which they are consistent with these bylaws.

ARTICLE XIV: AMENDMENT OF BYLAWS

Section 1.

These bylaws may be amended at any meeting by a 2/3 majority vote of those present and voting, provided one month previous notice has been given to the membership and the proposed amendments have been approved by the Board of Directors.

Section 2.

If no previous notice has been given, and/or the proposed amendments have not been approved by the Board of Directors, these bylaws may be amended by a 99 percent vote of those present and voting at any meeting.

ARTICLE XV: INDEMNIFICATIONS

The Association shall indemnify the Executive Director and each officer and Board member-at-large of the Association against expenses incurred in connection with the defense of any action brought against the Executive Director or officer or Board member-at-large as a result of their duties on behalf of the Association unless it is determined that the individuals involved did not act in good faith in the performance of their duties.



American Association *of* Colleges *of* Nursing

Strategic Plan

FY 2012-2014 Strategic Plan Goals and Objectives

GOAL 1: Provide Strategic Leadership That Advances Professional Nursing Education, Research And Practice

Objective 1: Lead innovation in baccalaureate and graduate nursing education that promotes high quality health care and new knowledge generation.

Objective 2: Establish collaborative relationships and form strategic alliances to advance baccalaureate and graduate nursing education.

Objective 3: Increase the visibility and participation of nursing's academic leaders as advocates for innovation in nursing.

GOAL 2: Develop Faculty And Other Academic Leaders To Meet The Challenges Of Changing Healthcare And Higher Education Environments

Objective 1: Provide opportunities for academic leaders to strengthen leadership and administrative expertise.

Objective 2: Expand initiatives that recruit and develop a diverse community of nurse educators throughout their academic careers.

Objective 3: Increase opportunities for all members of the nursing academic unit to participate in AACN programs and initiatives.

GOAL 3: Leverage AACN'S Policy And Programmatic Leadership On Behalf Of The Profession And Discipline

Objective 1: Serve as the primary voice for baccalaureate and graduate nursing education through media outreach, advocacy, policy development, and data collection.

Objective 2: Respond to the needs of a diverse membership and external stakeholders.

Objective 3: Implement initiatives to increase diversity among nursing students, faculty, and the workforce.

5. Core Competencies for Public Health Professionals:

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



Core Competencies for Public Health Professionals Report

March 27, 2013

Overview

The Core Competencies for Public Health Professionals (Core Competencies) describe foundational skills for the broad practice of public health and are widely used within the field. The [current version](#) of the Core Competencies was adopted by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) in May 2010. Recognizing that the field of public health is not static, the Council on Linkages committed to reviewing the Core Competencies every three years to determine if changes are needed to keep pace with the realities of public health practice. A discussion around the need for revisions is being facilitated online through a post on the PHF Pulse Blog, [Shape the Future of the Public Health Workforce with Your Comments on the Core Competencies](#). All Council on Linkages members and members of the wider public health community are encouraged to visit the blog post and engage in a dialogue about the Core Competencies. This input will help to inform the decision of whether to initiate a revision process and guide the direction of such a process if initiated. Because there will be limited time for discussion during the Council on Linkages conference call meeting, it is important for discussion to occur through the blog post.

Action Item: Vote on Beginning the Process of Revising the Core Competencies

During this meeting, a vote of the Council on Linkages will be held to determine whether to proceed with revising the Core Competencies. There will be an opportunity to discuss next steps regarding the Core Competencies following the vote. Topics for this discussion may include feedback on use of the Core Competencies, suggestions related to content, or initial planning for the revision process, as appropriate. Further comments and suggestions are also welcome following the meeting by email to Kathleen Amos at kamos@phf.org.

Core Competencies for Public Health Professionals

Revisions Adopted: May 2010

Available from: <http://www.phf.org/programs/corecompetencies>

*A collaborative activity of the Centers for Disease Control and Prevention, the Health Resources and Services Administration,
and the Public Health Foundation.*

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages; <http://www.phf.org/programs/council>) is a collaborative of 19 national public health organizations with a focus on improving public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum (http://www.phf.org/programs/council/Pages/PublicHealthFaculty_AgencyForum.aspx) centered on improving the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to assure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission

The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

Membership

Nineteen national organizations are members of the Council on Linkages:

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

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

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of competencies for the broad practice of public health in any setting. Developed by the Council on Linkages, the Core Competencies reflect skills that may be desirable for professionals who deliver the Essential Public Health Services. The Core Competencies exist as a foundation for public health practice and offer a starting point for public health professionals and organizations working to better understand and meet workforce development needs.

Development of the Core Competencies

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

Building on the Public Health Faculty/Agency Forum and the Universal Competencies, in 1998 the Council on Linkages began an extensive development process to produce a set of foundational or “core” competencies, describing eight skill areas or “domains” of public health. This process involved not only member organizations of the Council on Linkages, but also public health professionals and organizations nationwide through engagement in the Council on Linkages’ Core Competencies Workgroup, charged with drafting the competencies and the release of the draft competencies for public comment. Over 1,000 comments received from public health professionals were considered in an effort to design a set of competencies that truly reflected the practice of public health. The development process culminated in the adoption of the first version of the Core Competencies for Public Health Professionals on April 11, 2001.

Recognizing that the one-time development of a static set of competencies was insufficient in a field as ever-changing as that of public health, the Council on Linkages committed to revisiting the Core Competencies every three years to determine their continued relevance to public health and revise the competencies as necessary. At the first review in 2004, the Council on Linkages concluded there was inadequate evidence about the use of the Core Competencies to support a significant revision. By the second review in 2007, data had become available demonstrating that nearly 50% of local health departments¹ and over 90% of academic public health institutions² were using the Core Competencies. In addition, the practice of public health had changed considerably since 2001 and the Council on Linkages had received requests from both the practice and academic communities to make the Core Competencies more measurable. Based on these three factors, the Council on Linkages decided to revise the Core Competencies.

¹ National Association of County and City Health Officials. (2007). The Local Health Department Workforce: Findings from the 2005 National Profile of Local Health Departments Study. Retrieved April 13, 2011 from http://www.naccho.org/topics/infrastructure/profile/upload/LHD_Workforce-Final.pdf

² Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

As with the development of the original version of the Core Competencies, the revision process begun in 2007 involved member organizations of the Council on Linkages, as well as public health organizations and professionals not directly represented on the Council on Linkages. Professionals were again engaged in the drafting of competencies through the Core Competencies Workgroup, and the revisions drafted were made available for public comment. More than 800 comments were received and considered during the revising of the Core Competencies.

In addition to updating the content of competencies, the 2007 revision of the Core Competencies brought structural changes. While the eight domains used in the original version of the Core Competencies were retained to help organizations integrate the revised Core Competencies into their existing frameworks, the Core Competencies were altered to reflect “tiers” or stages of career development for public health professionals. The original Core Competencies were a single set of competencies meant to apply to all public health professionals, regardless of the stages of their careers, and professionals were expected to possess these competencies at the skill levels of aware, knowledgeable, and advanced depending on their positions. Feedback from the public health community indicated that it was difficult to measure whether an individual had attained a desired level of competence using this approach.

To improve measurability, the Council on Linkages developed three tiers of Core Competencies, with each tier using more precise verbs to describe the desired level of competence. Tier 1 includes skills relevant for entry-level public health professionals; Tier 2, skills for those in program management or supervisory roles; and Tier 3, skills for senior management or executives. Tier 2 was completed first and adopted on June 11, 2009. The development of Tiers 1 and 3 followed and necessitated minor revisions to Tier 2 to ensure the logical progression of competencies from one tier to the next. The Council on Linkages unanimously adopted the current version of the Core Competencies for Public Health Professionals on May 3, 2010.

Organization of the Core Competencies

The Core Competencies are organized into domains reflecting skill areas within public health, as well as tiers representing career stages of public health professionals.

Domains

The Core Competencies are divided into eight domains, or topical areas of knowledge and skill:

1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

These eight domains are the same as those used in the original version of the Core Competencies.

Tiers

The Core Competencies are presented in three tiers, which reflect stages of public health career development:

- *Tier 1 – Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization's culture.

The organization of the Core Competencies into three tiers provides guidance in identifying appropriate competencies for public health professionals. The individual competencies within the tiers build upon each other, describing desired skills for professionals at progressive stages of their careers. Similar competencies within Tiers 1, 2, and 3 are arranged next to each other to show differences across tiers. In the Core Competencies document, a gray background is used to indicate that the same competency appears in more than one tier. However, even when a competency applies in multiple tiers, the way competence is demonstrated may vary from one tier to another. Public health organizations are encouraged to interpret the tiers and adapt the competencies in ways that meet their individual organizational needs.

Mapping the Core Competencies and the Essential Public Health Services

To illustrate changes introduced by the revision of the Core Competencies and assist public health organizations with making the transition from the original to the current Core Competencies, the revised set of competencies was crosswalked with the original set. This crosswalk is available online at www.phf.org/resourcestools/pages/crosswalk_publichealth_competencies_new_and_old.aspx.

In addition, the Core Competencies have been crosswalked with the Essential Public Health Services to help ensure that they build skills needed to deliver these services. This crosswalk was originally released with the first set of Core Competencies and has been updated to reflect the current Core Competencies. The crosswalk of the current Core Competencies and the Essential Public Health Services is available at http://www.phf.org/resourcestools/pages/publichealth_competencies_and_essential_services.aspx.

Use of the Core Competencies

The Core Competencies support workforce development within public health and can serve as a starting point for public health organizations as they work to improve performance, prepare for accreditation, and support the health needs of the communities they serve. Integrated into public health practice, competencies can be used to enhance workforce development planning, workforce training, and workforce performance, among other activities. The Core Competencies are widely used by public health organizations across the country in workforce development efforts:

- Over 60% of state health departments use the Core Competencies and close to 100% are familiar with them.³
- Slightly less than one-third (28%) of local health departments have used the Core Competencies, with health departments serving larger populations more likely to use the Core Competencies than those serving smaller populations.⁴
- Over 90% of academic public health programs have used the Core Competencies.⁵

More specifically, the Core Competencies are used by public health organizations in assessing workforce knowledge and skills, identifying training needs, developing training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a foundation for sets of discipline-specific competencies.

The Core Competencies are included in three Healthy People 2020 objectives within the Public Health Infrastructure topic area, as they were for one objective in Healthy People 2010. They are also referenced in the Public Health Accreditation Board *Standards and Measures* (Version 1.0; May 2011) and appear in two Institute of Medicine reports, *The Future of the Public's Health in the 21st Century* (2002) and *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century* (2003).

Additional examples of how public health organizations and professionals are using the Core Competencies are available at www.phf.org/programs/council/Pages/Core_PublicHealthCompetencies_Examples_of_use.aspx.

Core Competencies Tools

A variety of tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. Such tools include examples to clarify competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies tools can be found online at <http://www.phf.org/CoreCompetenciesTools>. Additional tools will be added to this collection as they are developed.

³ Association of State and Territorial Health Officials. (2011). ASTHO Profile of State Public Health: Volume Two. Retrieved January 9, 2012 from http://www.astho.org/uploadedFiles/Publications/Files/Survey_Research/ASTHO_State_Profiles_Single%5B1%5D%20lo%20res.pdf

⁴ National Association of County and City Health Officials. (2011). 2010 National Profile of Local Health Departments. Retrieved January 9, 2012 from http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web.pdf

⁵ Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

Feedback on the Core Competencies

The Council on Linkages welcomes feedback about the Core Competencies, including input regarding the utility, value, and limitations of the Core Competencies, as well as suggestions to improve usability. Stories illustrating how public health professionals and organizations are using the Core Competencies or tools that facilitate Core Competencies use are also appreciated. Feedback, questions, or requests for additional information may be sent to competencies@phf.org.

Important Dates

The Council on Linkages adopted the current set of Core Competencies for Public Health Professionals on May 3, 2010, updating the original version of the Core Competencies from April 11, 2001. The Core Competencies will next be revisited for possible revision in 2013.

Please Note

The tables below present the Core Competencies organized in eight domains. All three tiers of the Core Competencies are included in this version, and a gray background is used to denote that the same competency appears in more than one tier. Examples or “e.g.s” are embedded within individual competencies.

Analytical/Assessment Skills		
Tier 1 ¹	Tier 2 (Mid Tier) ²	Tier 3 ³
1A1. Identifies the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, the quality, availability and use of health services)	1B1. Assesses the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, availability and use of health services)	1C1. Reviews the health status of populations and their related determinants of health and illness conducted by the organization (e.g., factors contributing to health promotion and disease prevention, availability and use of health services)
1A2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)	1B2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)	1C2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)
1A3. Uses variables that measure public health conditions	1B3. Generates variables that measure public health conditions	1C3. Evaluates variables that measure public health conditions
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1B4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1C4. Critiques methods and instruments for collecting valid and reliable quantitative and qualitative data
1A5. Identifies sources of public health data and information	1B5. References sources of public health data and information	1C5. Expands access to public health data and information
1A6. Recognizes the integrity and comparability of data	1B6. Examines the integrity and comparability of data	1C6. Evaluates the integrity and comparability of data
1A7. Identifies gaps in data sources	1B7. Identifies gaps in data sources	1C7. Rectifies gaps in data sources
1A8. Adheres to ethical principles in the collection, maintenance, use, and dissemination of data and information	1B8. Employs ethical principles in the collection, maintenance, use, and dissemination of data and information	1C8. Ensures the application of ethical principles in the collection, maintenance, use, and dissemination of data and information

Analytical/Assessment Skills		
Tier 1	Tier 2 (Mid Tier)	Tier 3
1A9. Describes the public health applications of quantitative and qualitative data	1B9. Interprets quantitative and qualitative data	1C9. Integrates the findings from quantitative and qualitative data into organizational operations
1A10. Collects quantitative and qualitative community data (e.g., risks and benefits to the community, health and resource needs)	1B10. Makes community-specific inferences from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs)	1C10. Determines community specific trends from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs)
1A11. Uses information technology to collect, store, and retrieve data	1B11. Uses information technology to collect, store, and retrieve data	1C11. Uses information technology to collect, store, and retrieve data
1A12. Describes how data are used to address scientific, political, ethical, and social public health issues	1B12. Uses data to address scientific, political, ethical, and social public health issues	1C12. Incorporates data into the resolution of scientific, political, ethical, and social public health concerns
		1C13. Identifies the resources to meet community health needs

Policy Development/Program Planning Skills		
Tier 1	Tier 2	Tier 3
2A1. Gathers information relevant to specific public health policy issues	2B1. Analyzes information relevant to specific public health policy issues	2C1. Evaluates information relevant to specific public health policy issues
2A2. Describes how policy options can influence public health programs	2B2. Analyzes policy options for public health programs	2C2. Decides policy options for public health organization
2A3. Explains the expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2B3. Determines the feasibility and expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2C3. Critiques the feasibility and expected outcomes of various policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)
2A4. Gathers information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political)	2B4. Describes the implications of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2C4. Critiques selected policy options using data and information (e.g., health, fiscal, administrative, legal, ethical, social, political)
		2C5. Determines policy for the public health organization with guidance from the organization's governing body
	2B5. Uses decision analysis for policy development and program planning	2C6. Critiques decision analyses that result in policy development and program planning
2A5. Describes the public health laws and regulations governing public health programs	2B6. Manages public health programs consistent with public health laws and regulations	2C7. Ensures public health programs are consistent with public health laws and regulations
2A6. Participates in program planning processes	2B7. Develops plans to implement policies and programs	2C8. Implements plans and programs consistent with policies

Policy Development/Program Planning Skills		
Tier 1	Tier 2	Tier 3
2A7. Incorporates policies and procedures into program plans and structures	2B8. Develops policies for organizational plans, structures, and programs	2C9. Ensures the consistency of policy integration into organizational plans, procedures, structures, and programs
2A8. Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality	2B9. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	2C10. Critiques mechanisms to evaluate programs for their effectiveness and quality
2A9. Demonstrates the use of public health informatics practices and procedures (e.g., use of information systems infrastructure to improve health outcomes)	2B10. Incorporates public health informatics practices (e.g., use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)	2C11. Oversees public health informatics practices and procedures (e.g., use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)
2A10. Applies strategies for continuous quality improvement	2B11. Develops strategies for continuous quality improvement	2C12. Implements organizational and system-wide strategies for continuous quality improvement
		2C13. Integrates emerging trends of the fiscal, social and political environment into public health strategic planning

Communication Skills		
Tier 1	Tier 2	Tier 3
3A1. Identifies the health literacy of populations served	3B1. Assesses the health literacy of populations served	3C1. Ensures that the health literacy of populations served is considered throughout all communication strategies
3A2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3B2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3C2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3A3. Solicits community-based input from individuals and organizations	3B3. Solicits input from individuals and organizations	3C3. Ensures that the public health organization seeks input from other organizations and individuals
3A4. Conveys public health information using a variety of approaches (e.g., social networks, media, blogs)	3B4. Uses a variety of approaches to disseminate public health information (e.g., social networks, media, blogs)	3C4. Ensures a variety of approaches are considered and used to disseminate public health information (e.g., social networks, media, blogs)
3A5. Participates in the development of demographic, statistical, programmatic, and scientific presentations	3B5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	3C5. Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
3A6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3B6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3C6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
		3C7. Communicates the role of public health within the overall health system (e.g., federal, state, county, local government)

Cultural Competency Skills		
Tier 1	Tier 2	Tier 3
4A1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4B1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4C1. Ensures that there are strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)
4A2. Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4B2. Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4C2. Ensures the consideration of the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
4A3. Responds to diverse needs that are the result of cultural differences	4B3. Responds to diverse needs that are the result of cultural differences	4C3. Responds to diverse needs that are the result of cultural differences
4A4. Describes the dynamic forces that contribute to cultural diversity	4B4. Explains the dynamic forces that contribute to cultural diversity	4C4. Assesses the dynamic forces that contribute to cultural diversity
4A5. Describes the need for a diverse public health workforce	4B5. Describes the need for a diverse public health workforce	4C5. Assesses the need for a diverse public health workforce
4A6. Participates in the assessment of the cultural competence of the public health organization	4B6. Assesses public health programs for their cultural competence	4C6. Assesses the public health organization for its cultural competence
		4C7. Ensures the public health organization's cultural competence

Community Dimensions of Practice Skills		
Tier 1	Tier 2	Tier 3
5A1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health (e.g., The Socio-Ecological Model)	5B1. Assesses community linkages and relationships among multiple factors (or determinants) affecting health	5C1. Evaluates the community linkages and relationships among multiple factors (or determinants) affecting health
5A2. Demonstrates the capacity to work in community-based participatory research efforts	5B2. Collaborates in community-based participatory research efforts	5C2. Encourages community-based participatory research efforts within the public health organization
5A3. Identifies stakeholders	5B3. Establishes linkages with key stakeholders	5C3. Establishes linkages with key stakeholders
5A4. Collaborates with community partners to promote the health of the population	5B4. Facilitates collaboration and partnerships to ensure participation of key stakeholders	5C4. Ensures the collaboration and partnerships of key stakeholders through the development of formal and informal agreements (e.g., MOUs, contracts, letters of endorsement)
5A5. Maintains partnerships with key stakeholders	5B5. Maintains partnerships with key stakeholders	5C5. Maintains partnerships with key stakeholders
5A6. Uses group processes to advance community involvement	5B6. Uses group processes to advance community involvement	5C6. Uses group processes to advance community involvement
5A7. Describes the role of governmental and non-governmental organizations in the delivery of community health services	5B7. Distinguishes the role of governmental and non-governmental organizations in the delivery of community health services	5C7. Integrates the role of governmental and non-governmental organizations in the delivery of community health services
5A8. Identifies community assets and resources	5B8. Negotiates for the use of community assets and resources	5C8. Negotiates for the use of community assets and resources through MOUs and other formal and informal agreements

Community Dimensions of Practice Skills		
Tier 1	Tier 2	Tier 3
5A9. Gathers input from the community to inform the development of public health policy and programs	5B9. Uses community input when developing public health policies and programs	5C9. Ensures community input when developing public health policies and programs
5A10. Informs the public about policies, programs, and resources	5B10. Promotes public health policies, programs, and resources	5C10. Defends public health policies, programs, and resources
		5C11. Evaluates the effectiveness of community engagement strategies on public health policies, programs, and resources

Public Health Sciences Skills		
Tier 1	Tier 2	Tier 3
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of the public health profession	6B2. Distinguishes prominent events in the history of the public health profession	6C2. Explains lessons to be learned from prominent events in the history in comparison to the current events of the public health profession
6A3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6B3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6C3. Incorporates the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences
6A4. Identifies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)	6B4. Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	6C4. Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs
6A5. Describes the scientific evidence related to a public health issue, concern, or intervention	6B5. Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention	6C5. Integrates a review of the scientific evidence related to a public health issue, concern, or intervention into the practice of public health
6A6. Retrieves scientific evidence from a variety of text and electronic sources	6B6. Retrieves scientific evidence from a variety of text and electronic sources	6C6. Synthesizes scientific evidence from a variety of text and electronic sources
6A7. Discusses the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)	6B7. Determines the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)	6C7. Critiques the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)

Public Health Sciences Skills		
Tier 1	Tier 2	Tier 3
6A8. Describes the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)	6B8. Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)	6C8. Advises on the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)
6A9. Partners with other public health professionals in building the scientific base of public health	6B9. Contributes to building the scientific base of public health	6C9. Contributes to building the scientific base of public health
		6C10. Establishes partnerships with academic and other organizations to expand the public health science base and disseminate research findings

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
7A1. Describes the local, state, and federal public health and health care systems	7B1. Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	7C1. Leverages the interrelationships of local, state, and federal public health and health care systems for public health program management
7A2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies	7B2. Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	7C2. Leverages the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management
7A3. Adheres to the organization's policies and procedures	7B3. Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	7C3. Manages partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events
	7B4. Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	7C4. Manages the implementation of the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization
7A4. Participates in the development of a programmatic budget	7B5. Develops a programmatic budget	7C5. Defends a programmatic and organizational budget
7A5. Operates programs within current and forecasted budget constraints	7B6. Manages programs within current and forecasted budget constraints	7C6. Ensures that programs are managed within current and forecasted budget constraints
7A6. Identifies strategies for determining budget priorities based on federal, state, and local financial contributions	7B7. Develops strategies for determining budget priorities based on federal, state, and local financial contributions	7C7. Critiques strategies for determining budget priorities

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
		7C8. Determines budgetary priorities for the organization
7A7. Reports program performance	7B8. Evaluates program performance	7C9. Evaluates program performance
7A8. Translates evaluation report information into program performance improvement action steps	7B9. Uses evaluation results to improve performance	7C10. Uses evaluation results to improve performance
7A9. Contributes to the preparation of proposals for funding from external sources	7B10. Prepares proposals for funding from external sources	7C11. Approves proposals for funding from external sources
7A10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	7B11. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	7C12. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts
7A11. Demonstrates public health informatics skills to improve program and business operations (e.g., performance management and improvement)	7B12. Applies public health informatics skills to improve program and business operations (e.g., business process analysis, enterprise-wide information planning)	7C13. Integrates public health informatics skills into program and business operations (e.g., business process analysis, enterprise-wide information planning)
7A12. Participates in the development of contracts and other agreements for the provision of services	7B13. Negotiates contracts and other agreements for the provision of services	7C14. Approves contracts and other agreements for the provision of services
7A13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making	7B14. Uses cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	7C15. Includes the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
		7C16. Incorporates data and information to improve organizational processes and performance
		7C17. Establishes a performance management system

Leadership and Systems Thinking Skills		
Tier 1	Tier 2	Tier 3
8A1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8B1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8C1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
8A2. Describes how public health operates within a larger system	8B2. Incorporates systems thinking into public health practice	8C2. Integrates systems thinking into public health practice
8A3. Participates with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	8B3. Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	8C3. Partners with stakeholders to determine key values and a shared vision as guiding principles for community action
8A4. Identifies internal and external problems that may affect the delivery of Essential Public Health Services	8B4. Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	8C4. Resolves internal and external problems that may affect the delivery of Essential Public Health Services (e.g., through the identification of root causes and other QI processes)
8A5. Uses individual, team and organizational learning opportunities for personal and professional development	8B5. Promotes individual, team and organizational learning opportunities	8C5. Advocates for individual, team and organizational learning opportunities within the organization
8A6. Participates in mentoring and peer review or coaching opportunities	8B6. Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	8C6. Promotes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce, including him or herself
8A7. Participates in the measuring, reporting and continuous improvement of organizational performance	8B7. Contributes to the measuring, reporting and continuous improvement of organizational performance	8C7. Ensures the measuring, reporting and continuous improvement of organizational performance

Leadership and Systems Thinking Skills		
Tier 1	Tier 2	Tier 3
8A8. Describes the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	8B8. Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	8C8. Ensures organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment
		8C9. Ensures the management of organizational change

¹ *Tier 1 – Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

² *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.

³ *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization's culture.

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

6. Update on CDC's Public Health Workforce Summit:

- **Draft Summary Report**
- **Summary Slides**
- **CDC's Strategic Workforce Activities**

The Public Health Workforce Summit

MODERNIZING THE WORKFORCE FOR THE PUBLIC'S HEALTH

DRAFT

Summary Report

SHIFTING* the *BALANCE

December 13-14, 2012

Office of Surveillance, Epidemiology, and Laboratory Services
Scientific Education and Professional Development Program Office



CS233876-C

Introduction

On December 13 - 14, 2012, the Scientific Education and Professional Development Program Office (SEPDPO), Office of Surveillance, Epidemiology, and Laboratory Services (OSELs), Centers for Disease Control and Prevention (CDC) convened the Public Health Workforce Summit, *Modernizing the Workforce for the Public's Health: Shifting the Balance*. Over 90 Summit participants represented over 40 organizations, including CDC Centers, Institutes, and Offices (CIOs), the Health Resources and Services Administration (HRSA), public health practice organizations, academic associations, healthcare disciplines, nonprofit associations, and foundations.

SEPDPO held the Summit as part of our Public Health Workforce Development Initiative (<http://www.cdc.gov/osels/sepdpo/strategic-workforce-activities.html>), established in spring 2011, to engage partners about changes in public health and the related effects on the workforce. Through a series of conversations with multiple stakeholders—many of whom participated in the Summit—the following common themes emerged.

- The ongoing transformation of or “new” public health includes:
 - ✓ a community focus, as well as a state-based focus
 - ✓ dealing with voluminous information from multiple sources
 - ✓ engaging more stakeholders
 - ✓ navigating new territory given the impact (short- and long-term) of health reform
 - ✓ developing stronger linkages to health care and health care delivery
 - ✓ more monitoring and measuring
- The need to modernize the public health workforce, which includes (but is not limited to):
 - ✓ Training for contemporary skills such as informatics and use of technology, leadership, business processes, community organizing and mobilization, and marketing
 - ✓ Cross-training and mentorship, which are critical because of high turn-over and increasing mobility
 - ✓ Increasing population health content in health professional curricula
 - ✓ Expanding career pathways to attract new talent and varying skill sets
- CDC’s role during these changing times should be to:
 - ✓ act as leader and convener, not necessarily to do all the work but to ensure that it gets done, through partnerships and collaborations across multiple constituencies
 - ✓ engage all stakeholders, including those not traditionally regarded as being involved in public health, to bolster the reach and impact of our combined efforts

SEPDPO used these themes as our starting point to develop the Summit agenda and to focus both the presentations and the highly interactive break-out sessions. We also created a visual roadmap, the National Public Health Workforce Strategy Roadmap (on page 4), with four high-level goals and corresponding strategies, as well as cross-cutting strategies to support the four goals. The Roadmap served as the framework for the Summit breakout discussions. Prior to the Summit, participants had the opportunity to provide comments on the Roadmap and to rank the importance of the strategies for each goal.

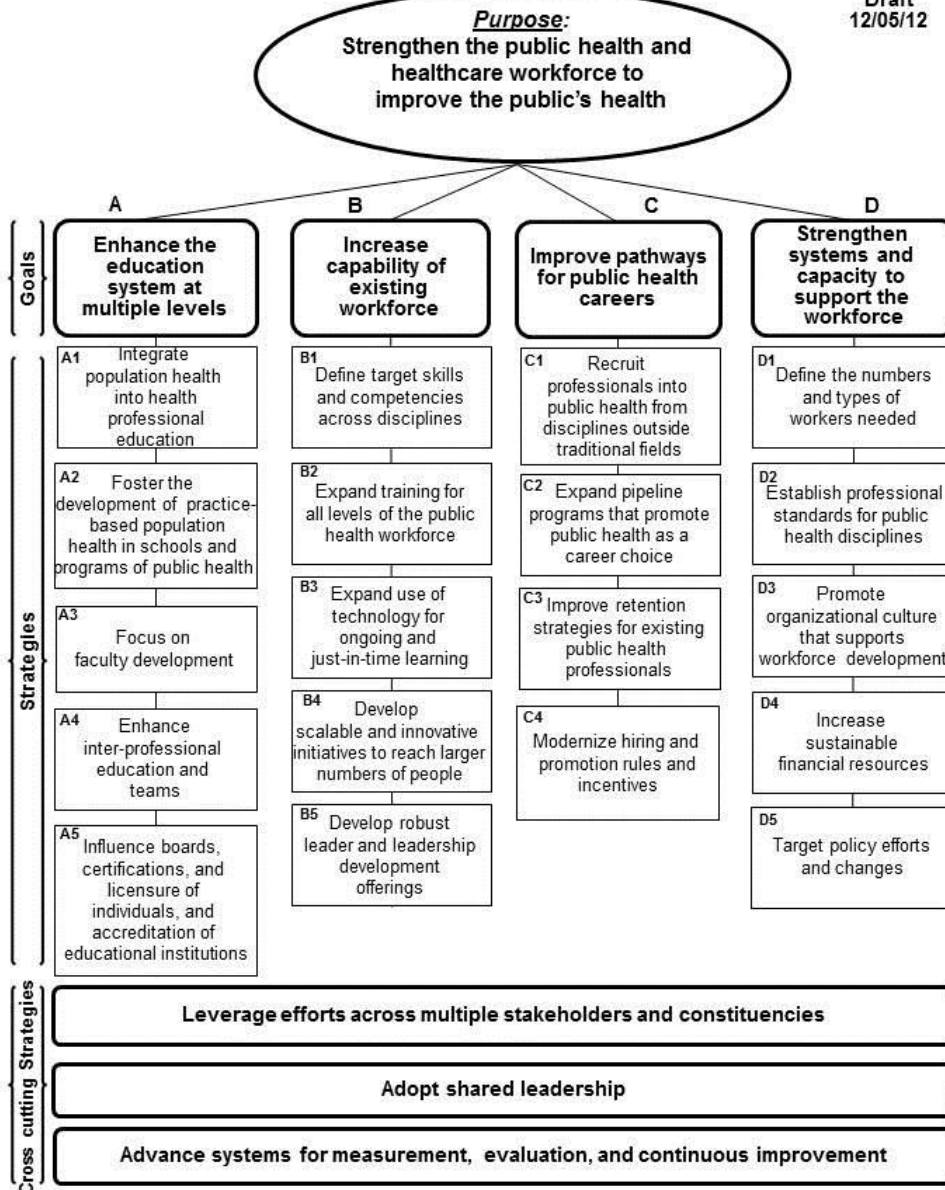
SEPDPO will use the Summit recommendations and the Roadmap as the foundation for continuing to engage stakeholders to develop a National Public Health Workforce Strategy during 2013 that will:

- Include a coordinated plan of action to leverage contributions of, and synergies among, multiple partners
- Focus on identifying national priorities that can enhance state and local approaches
- Support integration of the public health and health care systems
- Shift the balance of workforce development from a focus primarily on individual workers to one that also targets systems-based approaches affecting the educational and employment systems

This summary report presents key discussion points and priorities identified during the Summit. We invite Summit participants, as well as those who were unable to attend, to review this report and continue to provide input that will further shape the Strategy.

The National Public Health Workforce Strategy Roadmap 2012

Draft
12/05/12



Summary of the Summit

The two-day Summit was highly interactive, with a combination of keynote plenary sessions and smaller breakout sessions each day (for more information and agenda see, <http://www.cdc.gov/osels/sepdpdpo/ph-workforce-summit.html>). Dr. Denise Koo, SEPDPDPO Director, opened the Summit, calling attention to the workforce crisis with issues that include an aging workforce, shrinking numbers, and gaps between skills, capacity, and evolving practice. She acknowledged the tremendous changes in public health that affect the workforce and the need for immediate action. She then charged the participants to take the first steps in creating a plan that would engage all organizations represented, with activities specific enough to leverage various investments for impact that is greater than the individual parts.

Also in the opening session, federal partners from the Health Resources and Services Administration (HRSA) emphasized the importance of working together. Dr. Sarah Linde, HRSA's Chief Public Health Officer, underscored the importance of CDC-HRSA collaboration and public health and health care integration. Dr. Janet Heinrich, Associate Administrator of the Bureau of Health Professions, provided a high-level description of some of HRSA's key workforce programs.

Keynote addresses were delivered by Dr. Harvey Fineberg, President of the Institute of Medicine (IOM), and Dr. David Fleming, Director and Health Officer for Public Health – Seattle and King County. Dr. Fineberg provided an overview of IOM reports that are relevant to workforce endeavors, including:

- *The Future of the Public's Health in the 21st Century*
- *Who Will Keep the Public Healthy?: Educating Public Health Professionals for the 21st Century*
- *Training Physicians for Public Health Careers*
- *For the Public's Health: The Role of Measurement in Action and Accountability*
- *For the Public's Health: Revitalizing Law and Policy to Meet New Challenges*
- *For the Public's Health: Investing in a Healthier Future*
- *Primary Care and Public Health*

Dr. Fleming reflected on the reality from the local public health perspective. He discussed how public health practice is changing and the competencies that are needed to position the public health workforce for the future.

Panel presenters Dr. Lloyd Michener (professor and chair of the Department of Community and Family Medicine, Duke University, and Director of the Duke Center for Community Research), Ms. Louise Cohen (Vice President for Public Health Programs at Public Health Solutions), and Ms. Sonia Sarkar (Chief of Staff to the CEO of Health Leads, a national nonprofit that connects patients to the basic resources they need to be healthy), shared success stories from the field. They spoke about innovative workforce initiatives to improve the public's health and engaged in dialog with the audience.

Another session highlighted health system changes and their impact on the workforce. Mr. Anthony Rogers, from the national consulting firm Health Management Associates and formerly a Deputy Administrator with the Centers for Medicare & Medicaid Services (CMS) discussed changes coming from CMS, as the major governmental health care payor, along with their rationale. Dr. Eduardo Sanchez, Vice President and Chief Medical Officer for Blue Cross and Blue Shield of Texas, represented the perspective of a private health insurance plan and described transformation in the health care system related to accountability and the implications for public health. Ms. Paula Staley, acting director of CDC's Office of Prevention through

Healthcare, concluded the session with a brief discussion of the CDC perspective on these issues.

Panel presenters, Dr. Guthrie Birkhead, deputy commissioner and director of the Office of Public Health at the New York State Department of Health, and Kevin Barnett, co-director of the California Health Workforce Alliance (CHWA), wrapped up the presentations with reflections on the reality of health system changes in their locales.

During the Summit, partners offered diverse perspectives on priorities and critical actions needed to improve the public's health by strengthening the workforce. On the first day, Summit participants rotated to brief brainstorming sessions focused on the different Roadmap strategies and identified potential activities to support those strategies. At the end of the first day, David Altman, Executive Vice President, Research, Innovation, and Product Development at the Center for Creative Leadership and the Summit moderator, presented high-level results from the various brainstorming groups so that participants could begin to make connections across the Roadmap.

On the second day, participants recommended short-term (achievable in 1-2 years) and long-term (achievable in 3-4 years) priorities in each of four major categories:

- 1) Integrating population health into health professional education
- 2) Fostering the application of practice-based population health in schools and programs of public health
- 3) Increase capability of the existing workforce
- 4) Public health career pathways and systems capacity

Reviewing the Discussion Results and Identified Priorities

Summit participants and other interested persons are invited to review the results of the Summit discussion and identified priorities to ensure that this summary accurately captures the groups' recommendations and offer comments on priorities that may have been missed. It is important to note that there is overlap among the identified priorities since different groups worked separately and time constraints precluded the opportunity for the group as a whole to discuss results and reach consensus.

There are also inconsistencies in how the different groups identified *current* and *potential* partners to engage in stated activities. In your review, please clarify which partners are currently involved and which might be potential new partners.

We have noted unclear points and request that reviewers clarify them. Please see the glossary (page 13) for a complete list of acronyms.

1. Integrating population health into health professional education

The priority activities proposed under this topic most closely align with Roadmap Goal A: *Enhance the education system at multiple levels*, with a focus on the strategy to *Integrate population health into health professional education*.

Priorities

- 1) Build public health competencies for clinical professionals by leveraging multiple resources; the group stated the goal is to develop a common set of competencies across multiple disciplines that are linked to the desired **population outcomes**.
 - a) Identify **public health outcomes** that will influence competencies, possibly working with the Interprofessional Education Consortium (IPEC)
 - b) Create an inventory of competencies across different health professionals (nursing, pharmacy, dentistry, medicine, and others)
 - c) Cross-walk existing competencies; align for all health professions; link to Healthy People 2020
 - d) Create ongoing clearing house, similar to Council on Linkages for public health competencies

Potential partners: Council on Linkages, IPEC, Academic Health Departments

- 2) Expand available resources (technical and financial)
 - a) Design online courses to meet competencies (IPEC, Federation of Associations of Schools of the Health Professions [FASHP])
 - b) Aggregate examples of successful approaches (AAMC)
 - c) Increase funding for interprofessional education or increase access to existing funding
 - d) Engage in dialog concerning **cooperative agreements** (HRSA, CDC, CMS, HHS)
 - e) Identify effective practices across all professions (HRSA, CDC, CMS, HHS, FASHP, HRSA-funded Interprofessional Center of Minnesota)
 - f) Use the media to publicize efforts
 - g) Use social networking to support sharing of interprofessional experiences (AAMC)

Comment [PD1]: Did group intend to use "population outcomes" here and "public health outcomes" as noted in the following point 1a?

Comment [PD2]: See previous comment.

Comment [KD3]: What discussion endpoint for such dialogue?

Potential partners: IPEC, FASHP, AAMC through cooperative agreements, Academic Health Departments, Council on Linkages, HRSA, CDC, CMS, HHS, professional organizations, philanthropic institutions, and Interprofessional Center of Minnesota

- 3) Improve faculty development
- a) Opportunities for faculty to work in public health (sabbaticals)
 - b) **Institutes**
 - c) Leadership programs

Comment [PD4]: Please provide more information.

Potential partners: HRSA, Public Health Training Centers, IPEC, National Public Health Leadership Institutes (PHLI)

- 4) Increase the diversity of public health learners and teachers
- a) Link to existing groups that are working to increase diversity

Potential partners: Sullivan Alliance Urban Universities for Health, FASHP, CDC, and associations funded through the CDC academic partners cooperative agreements, Association of Land Grant Universities

- 5) Modify approaches to learning (theory)
- a) Health professional schools should partner with public health agencies
 - b) Interprofessional education enhancement

Potential partners: ASPH through leveraging CDC's Cooperative **Agreement**, NNPHI, IPEC

Comment [PD5]: Please tell us why ASPH is named as a partner (especially given emphasis here on population health in health professional education), rather than the other academic associations. Is it assumed the others will be involved?

- 6) Improve applied experiences in public health
- a. Experiences for faculty (sabbaticals, Academic Health Departments)
 - b. Experiences for students
 - c. Social networking (media)

Potential partners: Academic Partners, ASTHO, NACCHO, **FASHPA (Tribal)**, Sullivan Alliance (possible), AAMC, Academic Health Departments, CoL

Comment [PD6]: We are not familiar with this group. Please clarify.

- 7) **Examine accreditation within public health education and all other professions**

Potential partners: CEPH, PHAB (possible)

Comment [PD7]: Since accreditation is already occurring, we need more information about this point.

Comment [KD8]: Is this referring to accreditation of schools or agencies or both? What is the action being recommended?

Other Observations and Insights

Almost every activity has current synergies that can be built upon; none is truly low hanging fruit but all are doable and need to be accelerated and sustained.

2. Fostering the application of practice-based population health in schools and programs of public health

The activities proposed under this topic most closely align with Roadmap Goal A – *Enhance the education system at multiple levels*, with a focus on the strategy to *Foster the development of practice-based population health in schools and programs of public health*.

- 68 **Priorities**
69
- 70 1) Continue the discussion to collaboratively reframe the skills and knowledge needed by the
71 future public health workforce
72 a) Leverage existing resource, ASPH's Framing the Future Task Force, as mechanism to
73 convene and discuss
74 b) Focus discussions around educational requirements to address the integration of the
75 public health and health care delivery system
- 76 Potential partners: ASPH, APTR, payers (CMS), customers, ACOs, AHIP, providers,
77 representatives from health professions schools
- 78 2) Define and develop institutionalized collaborative models of teaching and practice
79 a) Convene a group to identify existing exemplar practices for educating public health
80 students via practical experiences
81 b) Leverage CDC's cooperative agreements with academic partners
- 82 Potential partners: NACCHO; ASTHO; PHAB; AACN; AAMC; APTR; ASPH; CDC possibly
83 as convener; NACHC; payers; providers
84
- 85 3) Promote and develop academic health departments and educational units within health
86 departments
87 a) Leverage resources through the Council on Linkages, and schools and programs of
88 public health
89 b) Train preceptors and mentors
90
- 91 Potential partners: CoL; NACCHO; ASTHO; PHTCs
92
- 93 4) Redirect Public Health Training Centers to ensure they are effectively addressing the needs
94 of the future public health workforce and faculty development
95 a) Create an advisory group for the PHTCs that includes individuals who can address the
96 integration skills that are needed
97 b) Reform the PHTCs to get the education into the health departments
- 98 Potential partners: HRSA; ASTHO; NACCHO
- 99 5) Develop fellowship or residency opportunities for public health students and graduates to be
100 placed within the new health system
101 a) Promote continuing education for public health
102 b) Model the continuing education program after the nursing education model
103 c) Leverage existing resources such as HRSA's Bureau of Health Professions;
104 CMS/CMMI, payers, ACOs, existing CDC fellowships
- 105 Potential partners: CDC; CIHs; placement sites; payers; ACOs
- 106 6) Develop faculty for new practice and educational models
107 a) Develop adjunct faculty from the public health practice community
108 b) Use other types of faculty (e.g., nursing) in SPH and vice versa or co-teach
109 c) Develop reward systems for real world experience
- 110 Potential partners: all academic organizations, NNPHI

Comment [PD9]: We need more information to describe the nursing model.

111 **3. Increase capability of existing workforce**

112 The activities proposed under this topic most closely align with Roadmap Goal B: *Increase*
113 *capability of existing workforce.*

114 **Priorities**

- 115 1) Enhance personnel workforce (civil service) policies – engage national organizations and
116 state personnel directors
117 *Potential partners:* CDC, ASTHO, NACCHO, DOL, States, HR (States), NAC, NGA, unions
118 2) Leverage and strengthen the national system of public health leadership around workforce
119 enhancement and training; mobilize existing leaders
120 a) Create mentoring or coaching programs in all public health organizations
121 b) Evaluate the impact of workforce development; establish metrics
122 |
123 *Potential partners:* ASTHO, CDC; Leadership institutes, NLN, NACCHO, NNPHI, NPHLD,
124 PHLS, and public health organizations' leadership
125
126 3) Create/assemble Universal Public Health “Toolkit” of workforce development resources for
127 life-cycle of public health worker
128 a) Build upon existing trainings in CDC TRAIN and by other organizations
129 b) Identify gaps
130 c) Develop training/course offerings by track (e.g. public health , environmental health,
131 informatics) that is more in-depth than a “101” level
132
133 *Potential partners:* PHF, HRSA, CDC, ASPH, NACCHO, CoL, APHL, ASTHO affiliates
134
135 4) Leverage EHRs for training and surveillance needs. Train public health in the use and
136 potential of EHRs. Train health care side to use public health data. Provide training in
137 informatics.
138
139 *Potential partners:* ONC, CDC, PHII, NACCHO, ASTHO, academia, other existing groups,
140 JPHIT, provider organizations, vendors, AMIA
141
142 5) Provide continuing education and on-the-job training within and across public health, health,
143 and non-health sectors
144 a) Explore demand for training of public health workforce (needs assessment)
145 b) Allow governmental public health workers to spend time with health plans and ACOs and
146 have practice rotations in public health organizations in order to cross-train
147 c) Offer incentives for public health competence and training (e.g. CE credit)
148 d) Identify funding to support training
149
150 *Potential partners:* HHS/CDC, NEHA, credentialing organizations, ASTHO affiliates, NNPHI,
151 PHF, academia, Human Resources Departments, ASPH
152
153 6) Refine and prioritize public health (and public health-related) competencies, integrate
154 existing (include emerging capabilities), identify commonalities, consolidate where
155 appropriate
156 a) Include new **core competencies** as part of the Healthy People 2020
157 b) Enhance accreditation of health **departments**
158
159 *Potential partners:* PHF, CoL, ASPH, HRSA, CDC, NACCHO, ASTHO, CSTE, APHA

Comment [KD10]: For whom in what areas?

Comment [PD11]: We need more explanation about what was intended.

153 **4. Public health career pathways and systems capacity**

154 The activities proposed under this topic most closely align with Roadmap Goal C: *Improve*
155 *pathways for public health careers* and Goal D: *Strengthen systems and capacity to support the*
156 *workforce.*

157 This group developed their own overarching goal, *Refine a career and education lattice that*
158 *offers continuous progression for careers informed by public health knowledge (cradle to*
159 *career).* They recommended rewording this topic to “career lattice” instead of “career pathway”
160 due to the interconnectedness of career opportunities in multiple sectors which are informed by
161 public health but not solely public health.

162 **Priorities**

163 1) Build on and fund the expansion of existing successful programmatic efforts to support
164 diversity, recruitment, and retention efforts. Existing efforts mentioned include AAMC’s
165 SMDEP, Health Career Opportunity Programs (HCOP), ASPH’s Framing the Future,
166 Summer Health Programs, Science Olympiad Disease Detective event, and National Health
167 Service Corps.

- 168 a) Expand summer health college student programs (medical/dental) and focus on health
169 professions and public health (RWJF, AAMC, CDC, and other funders)
170 b) Increase interagency collaboration between CDC and HRSA on pipeline programs from
171 high school to professional school
172 c) Revisit the core public health curriculum to tailor to audience and keep it fresh (ASPH
173 Framing the Future, ASTHO, NACCHO, APTR, AACU, CDC, National Government
174 Workgroup integrating the health economy
175 d) Integrate public health content and mentoring and support, K-16

Comment [PD12]: We don’t know this group.
Please clarify.

176 Potential partners: RWJ, AAMC, CDC, HRSA, ASPH, ASTHO, NACCHO, APTR, AACU,
177 National Governmental workgroup integrating the health economy

178 2) Expand AACU’s Educated Citizen and Public Health Initiative, including population health
179 concepts

- 180 a) Create a campaign for public health in order to build more political support for public
181 health programs as there are an increasing number of people going into public health
182 programs.

183 Potential partners: CDC, HRSA

184 3) Increase interprofessional and cross-sector engagement (e.g., economists, architects) to
185 leverage resources and infuse public health across many professions, and to prepare for the
186 future workforce needs

- 187 a) Use novel technology (e.g., online training); use massive open online courses (MOOCs)
188 for course exchange with other disciplines
189 b) Co-present at professional meetings for other disciplines
190 c) School of Public Health deans should be connected to other schools
191 d) Public health certification for other disciplines, rotations, and internships

192 Potential partners: CDC, ASPH, other schools and professions from other fields such as
193 economists, architecture, engineering, journalism, communications, and law, AACU, APTR,
194 ASPH, ODPHP, community colleges

195

196

- 197 4) Focus on educational progression of learning
198 a) Emphasize support of institutions that serve communities
199 b) Develop core curriculum for undergraduate public health degrees
200 c) Assess and evaluate existing and proposed pipeline programs to identify and track those
201 with public health undergraduate degrees to their next career step
202 d) Create linkages between community health workers and community programs (for credit
203 in educational programs)
204 e) Develop interprofessional, team-based learning and practices

205 Potential partners: Allied Health, AACU, AACN, AAMC, AACOM, AHEC, APTR, ASPH, CA
206 Health Workforce Alliance, Colleges of Pharmacy, community colleges, community health
207 workers, Dental Education Association, HRSA PHTCs, IPEC, ODPHP

The Public Health Workforce Summit Summary Report
Glossary

AACC	American Association of Community Colleges
AACN	American Association of Colleges of Nursing
AACOM	American Association of Colleges of Osteopathic Medicine
AACU	Association of American Colleges and Universities
AAMC	Association of American Medical Colleges
ACOs	Accountable Care Organizations
AHEC	Area Health Education Centers
AHIP	America's Health Insurance Plans
ALGU	Association of Land Grant Universities
AMIA	American Medical Informatics Association
APHL	Association of Public Health Laboratories
APTR	Association for Prevention Teaching and Research
ASPH	Association of Schools of Public Health
ASTHO	Association of State and Territorial Health Officials
CBOs	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
CEPH	Council on Education for Public Health
CIIH	Centers for Innovation for Improving Health (a new concept that is part of CDC's cooperative agreements with academic partner organizations)
CIOs	Centers, Institutes, and Offices (at CDC)
CMS	Centers for Medicare & Medicaid Services
CoL	Council on Linkages Between Academia and Public Health Practice
CSTE	Council of State and Territorial Epidemiologists
DOL	Department of Labor
EHRs	Electronic Health Records
FASHP	Federation of Associations of Schools of the Health Professions
HCOP	Health Career Opportunity Program (A HRSA program that funds health professions training institutions to develop an educational pipeline to enhance the academic performance of economically and educationally disadvantaged students, and prepare them for careers in the health professions.)
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
IPEC	Interprofessional Education Collaborative
JPHIT	Joint Public Health Informatics Task Force
MOOC	Massive Open Online Course
NAC	National Accreditation Commission
NACCHO	National Association of County and City Health Officials
NACHC	National Association of Community Health Centers
NEHA	National Environmental Health Association
NGA	National Governors' Association
NNPHI	National Network of Public Health Institutes
NONPF	National Organization of Nurse Practitioner Faculties

NPHLD	National Public Health Leadership Development Network
ODPHP	Office of Disease Prevention and Health Promotion
ONC	Office of the National Coordinator for Health Information Technology
PHAB	Public Health Accreditation Board
PHF	Public Health Foundation
PHLI	National Public Health Leadership Institute
PHLS	Public Health Leadership Society
PHTC	Public Health Training Centers
RWJ	Robert Wood Johnson Foundation
SEPDPO	Scientific Education and Professional Development Program Office (at CDC)
SMDEP	Summer Medical and Dental Education Program (SMDEP) is a national program funded by The Robert Wood Johnson Foundation with direction provided by AAMC and the American Dental Education Association.
SPH	School of Public Health
The Sullivan Alliance	The Sullivan Alliance to Transform the Health Professions was organized to act on the reports and recommendations of the Sullivan Commission (Missing Persons: Minorities in the Health Professions), and the Institute of Medicine Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce.



SHIFTING *the* **BALANCE**



MODERNIZING THE WORKFORCE
FOR THE PUBLIC'S HEALTH

DAY 2: SUMMARY OF PRIORITIES

Integrating Population Health into
Health Professions Education

PRIORITIES AND WHY

- Public Health Competencies for Clinical Professionals
- Resources
- Faculty Development
- Increase Diversity of Public Health Learners and Teachers
- Approaches to Learning
- Applied Experiences
- Examination of Accreditation

OTHER OBSERVATIONS AND INSIGHTS

- Almost every activity has current synergies that can be built upon
- None are truly low hanging fruit
- But all are doable and need to be accelerated and sustained



SHIFTING *the* **BALANCE**



MODERNIZING THE WORKFORCE
FOR THE PUBLIC'S HEALTH

DAY 2: SUMMARY OF PRIORITIES

Topic: Fostering the application of
practice-based population health in
schools and programs of public health

PRIORITIES AND WHY

- Priority 1: Continue the discussion to collaboratively reframe the skills and knowledge needed by the future public health workforce
- Priority 2: Define and develop institutionalized collaborative models of teaching and practice
 - Sub Activity: Convene a group to identify exemplar practices

PRIORITIES AND WHY

- Priority 3: Promote and develop academic health departments and educational units within health departments
 - Sub Activity: Train preceptors/mentors
- Priority 4: Redirect Public Health Training Centers to ensure they are effectively addressing the needs of the future public health workforce and faculty development

PRIORITIES AND WHY

- Priority 5: Develop fellowship or residency opportunities for students and graduates focused on public health to be placed within the new health system
- Priority 6: Develop faculty for new practice and educational models

DAY 2: SUMMARY OF PRIORITIES

Overarching: Refine a career/education lattice that offers continuous progression for careers informed by public health knowledge (Cradle-Career)

PRIORITIES AND WHY

- Priority 1: Build on and fund the expansion of existing successful programmatic efforts such as SMDEP, HCOP, Framing the Future, Summer Health Programs, Science Olympiad, National Health Service Corps
 - Why: Support diversity; Recruitment & Retention

PRIORITIES AND WHY

- Priority 2: Educated Citizen in Public Health initiative- include population health concept
 - Create a campaign for public health (CDC/HRSA)
 - Why: Build more political support for public health programs
 - Why: More people going into public health programs

PRIORITIES AND WHY

- Priority 3: Increase inter-professional and cross-sector engagement (i.e. Economists, Architects, etc.)
 - Why: Leveraging resources and group effort to impact public health
 - Why: Infusing public health across many professions
 - Why: Will prepare for the future workforce needs

OTHER OBSERVATIONS AND INSIGHTS

- There is a lot of rich discussion that is not reflected in this brief presentation
- Need to create opportunities for further discussion
- Ensure that emphasis on diversity is included in this discussion



SHIFTING the *BALANCE*

MODERNIZING THE WORKFORCE
FOR THE PUBLIC'S HEALTH

DAY 2: SUMMARY OF PRIORITIES

Topic:

Enhancing Existing Public Health
Workforce

PRIORITIES AND WHY

- Enhance personnel workforce (civil service) policies – engage national organizations and state personnel directors
 - Why:
- Leverage and strengthen the national system of PH leadership around workforce enhancement (?) / training (mobilize existing leaders)
 - Why:
- Create/assemble Universal Public Health “Toolkit” of workforce development resources for life-cycle of public health worker
 - Why:

PRIORITIES AND WHY

- Leverage EHRs for training, surveillance, needs, etc. Train PH in the use/potential of EHRs. Train HC side to use PH data. Provide training in informatics
 - Why:
- Provide continuing education / on the job training within and across PH and health and non-health sectors – incentives, rotations, CE, mentoring
 - Why:
- Refine and prioritize PH (and PH-related) competencies, integrate existing, include emerging capabilities, identify commonalities, consolidate where appropriate
 - Why:



SHIFTING the *BALANCE*

MODERNIZING THE WORKFORCE
FOR THE PUBLIC'S HEALTH

OTHER OBSERVATIONS AND INSIGHTS



Centers for Disease Control and Prevention's Strategic Workforce Activities

March 27, 2013

Additional information about the Centers for Disease Control and Prevention's strategic workforce activities, including the December 2012 Public Health Workforce Summit, can be found on the Scientific Education and Professional Development Program Office webpage at <http://www.cdc.gov/osels/sepdpo/>.

7. Public Health Workforce Development Inventory:

- **Public Health Workforce Development
Inventory Report**
- **Public Health Workforce Development
Activities of Council on Linkages Between
Academia and Public Health Practice
Member Organizations (Draft)**



Public Health Workforce Development Inventory Report

March 27, 2013

Overview

In the fall of 2012, the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), under contract from the Health Resources and Services Administration (HRSA; Contract No. HSH250201100031C), launched the Public Health Workforce Development Inventory initiative to collect information from its member organizations on public health workforce development plans and activities. Collecting this information can help identify needs and gaps in public health workforce development and contribute to ongoing workforce development planning activities. This information is also intended for use by Council on Linkages member organizations and others as future workforce development initiatives are developed and can serve as an environmental scan for public health workforce strategic planning. To date, information has been gathered from 16 Council on Linkages member organizations and preliminary themes have been identified.

Feedback on the Inventory

Information collected as of November 30, 2012 is summarized in the document, *Public Health Workforce Development Activities of Council on Linkages Between Academia and Public Health Practice Member Organizations*, also provided in these meeting materials, and feedback on this information is encouraged. Preliminary themes can be found on page 2 of the summary document. Do these findings adequately reflect the information collected? Are there other important themes? Were any of these findings unexpected? How might your organization use this information? Questions used to guide information collection are found on pages 89-90 of the summary document. Are there other questions it would have been useful to ask?

Next Steps

Following discussion by the Council on Linkages of the information on public health workforce development activities, further analysis and synthesis will be conducted and a summary report will be produced for HRSA. HRSA may distribute the information contained in the summary report on its website and/or through the Council on Linkages.

Council on Linkages Between Academia and Public Health Practice

Public Health Workforce Development Activities of Council on Linkages Between Academia and Public Health Practice Member Organizations

Draft: November 30, 2012

The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) has funded the collection of this information and any resulting product(s) under Contract No. HHS250201100031C with the Public Health Foundation. This draft document is being provided only for review and comment. Do not distribute. The information contained in this draft document does NOT represent the final opinions or final policies of HHS or HRSA.



Public Health Workforce Development Activities of Council on Linkages Between Academia and Public Health Practice Member Organizations

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) furthers academic/practice collaboration to support workforce development within public health. Nineteen national organizations are represented on the Council on Linkages and are engaged in public health workforce development activities. Information on current and planned workforce development activities has been collected from Council on Linkages member organizations through discussions and written responses structured using the *Interview Guide: Public Health Workforce Development Inventory* dated August 13, 2012 (Attachment A).

Summaries of discussions conducted with the following Council on Linkages member organizations are included in this document:

- American College of Preventive Medicine
- American Public Health Association
 - Note: This summary has not yet been approved by the organization. The summary provided in this document will remain in draft form until approved.
- Association for Prevention Teaching and Research
 - Note: This summary has not yet been approved by the organization. The summary provided in this document will remain in draft form until approved.
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of State and Territorial Health Officials
 - Note: This summary has not yet been approved by the organization. The summary provided in this document will remain in draft form until approved.
- Association of University Programs in Health Administration
- Community-Campus Partnerships for Health
 - Note: This summary has not yet been approved by the organization. The summary provided in this document will remain in draft form until approved.
- National Association of County and City Health Officials
 - Note: This summary has not yet been approved by the organization. The summary provided in this document will remain in draft form until approved.
- National Association of Local Boards of Health
- National Environmental Health Association
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
 - Note: This summary has not yet been approved by the organization. The summary provided in this document will remain in draft form until approved.
- Society for Public Health Education

Discussions remain to be held with the three federal government member organizations of the Council on Linkages:

- Centers for Disease Control and Prevention
- Health Resources and Services Administration

- National Library of Medicine

As approved by the COR on November 14, 2012, this collection of summaries will be supplemented with information from these organizations when it is provided to the Public Health Foundation.

The Association of Schools of Public Health has declined to provide information on its workforce development activities due to a lack of staff time to devote to this initiative.

In collecting this information on Council on Linkages member organizations' workforce development activities, the following preliminary findings have been observed:

- **Sharing information on workforce development activities was noted as a high priority.** Organizations specifically mentioned the importance of sharing information collected through this workforce development inventory initiative, as well as general information on what others are doing in workforce development. Organizations indicated a desire to know "how to tap into Council on Linkages partners' activities"; "what is having success and working well for others"; and "areas of overlap and opportunities to collaborate"; as well as to not "reinvent the wheel."
- **Organizations tend to have strategic plans, but not workforce plans.** Strategic plans often address issues of workforce.
- **No consistent definition of the public health workforce is used across organizations.** Organizations frequently view the public health workforce in the context of their own organizational missions, target audiences, and activities.
- **All organizations provide training,** whether in-person or through distance learning.
- **The provision of training through distance learning will likely increase.** Organizations are planning to expand their distance learning activities, such as webinars, online training, or videoconferencing access to training.
- **Workforce data are collected by organizations.** Workforce data tend to be gathered on a fairly regular basis, often through member surveys.

Further analysis and synthesis of this information will be performed and a written summary provided to HRSA in 2013.

American College of Preventive Medicine (ACPM)

Contact: Paul Bonta, Associate Executive Director, Policy, Advocacy and External Affairs

Discussion Held: September 18, 2012

Approved: October 18, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes, and it is current.
- Does the organization have a workforce plan? Is it current?
 - No, but the strategic plan does address workforce.
- Is the strategic plan accessed through the organization's website current?
 - No, the strategic plan is currently being updated. ACPM's Board will review the final draft on Friday, 9/21.
- Does the organization have plans to revise its strategic or workforce plans?
 - The ACPM strategic plan is generally revised every five years.
- How does the organization define the public health workforce?
 - ACPM does not have a definition of the public health workforce, but focuses on expanding the pipeline of preventive medicine physicians, many of whom work in public health. The Institute of Medicine (IOM) noted the challenge of not having a definition of the public health workforce in its 2007 public health workforce report.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Continuing Medical Education (CME) for preventive medicine physicians.
 - Annual Board Review Course for residents preparing for the Boards.
 - Maintenance of certification credits.
 - ACPM hosts a site for practicum training for preventive medicine residents.
- What topics, objectives, and/or competencies does training address?
 - ACPM trainings build on the Accreditation Council for Graduate Medical Education (ACGME) competencies for residency training programs.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - ACPM trainings are open to anyone, including members and non-members.
- Who is the target audience of the training?
 - Target audience is preventive medicine physicians.
- How many people receive training annually?
 - Estimate over 1,000 people per year.
- How is training delivered?
 - In-person
 - ACPM annual meeting.
 - From a distance
 - National webinars, online training.
- Does the organization charge fees for its training?
 - Webinars are free.
 - Fees are charged for the annual meeting, CME, and Board Reviews.
- How does the organization determine if training is successful?
 - Through follow up surveys and course evaluations.

- What are the organization's future training plans? Will it continue its current efforts?
Does it have plans to try any new approaches?
 - ACPM is looking to expand course offerings. Trying to identify new training areas. Internally, ACPM staff are brainstorming and looking at assessments of member needs based on sources such as data collected through 2012 meeting evaluations.

3) Learning Management Systems

- Does the organization have a learning management system?
 - Yes, just purchased new association management software.
- Does the organization use a learning management system and, if so, which system?
 - YourMembership.com.
- For what purposes does the organization use a learning management system?
 - Members will be able to track which training they have taken.
- What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - Not sure, just getting started with using this software.
- Is the learning management system connected with other systems?
 - No, not at this time.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - ACPM just completed an agreement with a University of Michigan researcher to conduct a workforce study for preventive medicine. Will involve a survey, literature review, and baseline enumeration of the current preventive medicine workforce.
- How are the data collected?
 - This will be a survey and literature review.
- How does the organization use these data?
 - To inform policy and advocacy work of ACPM.
- Does/Can the organization share these data?
 - Yes.
- How often are data collected?
 - This is the first time ACPM has led collection of this data. HRSA had done a previous study in late 1990s using the contractor, Batelle.
- Does the organization collect other types of workforce data?
 - No.
- Are there other sources that the organization uses to obtain workforce data?
 - American Board of Preventive Medicine, ACME, NACCHO also has some data on physicians in public health.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - ACPM has a job placement site on its website.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?

- Medical Student Interest Group is a rapidly growing section of ACPM.
- Special sessions for residents, medical students and young physicians at the ACPM annual meeting, including sessions on opportunities and careers in preventive medicine.
- ACPM has a medical student showcase at the American Medical Association Annual Meeting.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - ACPM reaches out to Congress for preventive medicine training program support. Residency programs need federal funding.
 - ACPM advocates loan forgiveness for public health physicians and expanding the National Health Service Corps.
- Does the organization do anything to help its constituents improve the working environment?
 - Much of the content presented at the ACPM annual meeting is workforce related.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - No.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - No.

7) Research

- Does the organization conduct and/or fund workforce research?
 - See the study mentioned under *Section 4) Data*.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - ACPM shares data with the IOM (workforce study, 2007), Association of American Medical Colleges (where residents go after graduation, training program information), and HRSA (current breakout of membership, where members are employed). Most of this information is based on membership data.
 - ACPM collects information, such as where residents gain employment and funding streams to support them, through the following methods and sources: surveys, Preventive Medicine Residency Directors Council, annual meeting, list service, and connecting with program directors.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - See information under *Section 2) Training* – review evaluations of trainings and annual meetings.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes, below are the ACPM policy statements from ACPM's website at www.acpm.org/?Policy_Statements:
 - [Atherosclerotic Cardiovascular Disease Screening in Adults](#)
 - [Screening Adults for Depression in Primary Care](#)
 - [Screening for Osteoporosis in the Adult U.S. Population](#)

- [Screening for Prostate Cancer in U.S. Men](#)
- [Physician Counseling to Prevent Overweight in Children and Adolescents](#)
- [Optimizing Vaccine Availability and Utilization](#)
- [Type 2 Diabetes Overview.](#)
- [Preventing Type 2 Diabetes and Its Complications.](#)
- [The Scope of Reproductive Health Care Benefits for Adolescents under the State Children's Health Insurance Program](#)
- [Childhood Immunizations](#)
- [Screening for Chlamydia trachomatis](#)
- [Diet in the Prevention and Control of Obesity, Insulin Resistance, and Type II Diabetes](#)
- [Preventing Handgun Injury](#)
- [Routine Adult Immunization](#)
- [Understanding Prostate Cancer Screening.](#)
- [Weight Management Counseling of Overweight Adults](#)
- [Screening for Elevated Blood Lead Levels in Children](#)
- [Needle Exchange Programs to Reduce Drug-Associated Morbidity and Mortality.](#)
- [Counseling on Hormone Replacement for Peri and Postmenopausal Women](#), *ATTENTION: EXPIRED. ACPM is exploring the possibility of updating this statement. For the latest evidence review and recommendations, visit [U.S. Preventive Services Task Force](#)*
- [Tobacco Cessation Counseling](#). *ATTENTION: Although the research on which this statement was based is out of date, the position/recommendations contained in this policy were reaffirmed by the ACPM Board of Regents on 1/31/2005 until the evidence can be reevaluated. For the latest evidence review and recommendations, visit [U.S. Preventive Services Task Force](#)*
- [Screening for Prostate Cancer in American Men](#) *ATTENTION: Although the research on which this statement was based is out of date, the position/recommendations contained in this policy were reaffirmed by the ACPM Board of Regents on 1/31/2005 until the evidence can be reevaluated. For the latest evidence review and recommendations, visit [U.S. Preventive Services Task Force](#)*
- [Screening for Skin Cancer](#) *ATTENTION: This policy is currently under review by the ACPM Board of Regents.*
- [Physician Recommendation of Protection from UV Light Exposure](#) *ATTENTION: This policy is currently under review by the ACPM Board of Regents.*
- [Childhood Immunizations](#)
- [Screening Asymptomatic Women for Ovarian Cancer](#). *ATTENTION: This Policy was reaffirmed by the ACPM Board of Regents on 1/31/2005 and is effective through 1/31/2010*
- [Cervical Cancer Screening](#). *ATTENTION: Although the research on which this statement was based is out of date, the position/recommendations contained in this policy were reaffirmed by the ACPM Board of Regents on 1/31/2005 until the evidence can be reevaluated. For the latest evidence review and recommendations, visit [U.S. Preventive Services Task Force](#)*
- [Screening Mammography for Asymptomatic Women](#). *ATTENTION: This policy is currently under review by the ACPM Board of Regents.*

- [Folic Acid Fortification of Grain Products in the U.S. to Prevent Neural Tube Defects](#). *ATTENTION: Additional research has been conducted since this statement was adopted. The ACPM Board of Regents voted to reaffirm this policy as of 1/31/2005 pending a reevaluation of the evidence. Evidence and recommendations of the U.S. Preventive Services Task Force can be accessed by clicking on the link. [U.S. Preventive Services Task Force](#)*
- [Strengthening Motor Vehicle Occupant Protection Laws](#).
- ACPM advocates for preventive medicine residency programs and population based medicine.
- ACPM's approach to advocacy is to work with national coalitions, such as Partnerships to Fight Chronic Disease; the Health Professions, Nursing, and Education Coalition; Coalition for Health Funding; Workplace Wellness Alliance; and National Violence Prevention Network.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - Public health stakeholders, such as ASTHO, NACCHO, APHA, etc.
 - Department of Health and Human Services (HHS), HRSA, CDC, Office of Management and Budget (OMB).
- What organization(s) does the organization turn to for public health workforce development assistance?
 - HHS, CDC, HRSA.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - No.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - No.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - What other organizations are doing. Trying to reach a common understanding of defining the public health workforce.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - Nothing else to add.

American Public Health Association (APHA)

Note: This summary has not yet been approved by the organization. The summary will remain in draft form until approved.

Contacts: Karlene Baddy, MED, Program Director, Public Health Systems & Partnership;
Regina Davis, PhD, MPH, MCHES, Associate Executive Director, Health Policy and Practice;
Annette Ferebee, MPH, Director, Center for Professional Development, Public Health Systems & Partnership

Discussion Held: September 25, 2012

Written Responses Received: November 7 and 19, 2012

Approved:

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes. Yes.
- Does the organization have a workforce plan? Is it current?
 - APHA does not have a separate workforce plan, but the strategic plan addresses workforce under the section, *Provide Service to Members and the Profession to Build Capacity*.
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - Every year, each APHA unit director identifies activities for the year. Internal workforce development activities would focus on APHA staff development. External activities would focus on core competencies and developing the public health workforce.
- How does the organization define the public health workforce?
 - APHA's target audience is the public health workforce in general, which includes APHA's membership, public health professionals, and practitioners.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Annual Meeting – Offers approximately 1,000 scientific sessions on a wide range of topics. The 2012 APHA Annual Meeting had 916 scientific sessions, 279 poster sessions, 71 related organization events, and over 700 exhibitors. APHA Midyear Meeting, a much smaller meeting, is held in June. The 2012 meeting was titled, *The New Public Health – Rewiring for the Future*.
 - Learning Institute Courses – Hands-on skills development opportunities offered at the APHA Annual Meeting. Courses consist of a limited number of concentrated continuing education (CE) opportunities. These half-day (3 contact hour) or full day (6 contact hour) courses provide learners the chance to participate in a more intense and interactive educational experience.
 - Webinars – Wide range of topics.
 - Toolkits – Wide range of topics.
 - APHA also collaborates with other organizations to provide trainings and continuing education credits for trainings at other events, such as the National Assembly on School Based Health Care and the Agency for Healthcare

Research and Quality's National Resource Center for Health Information Technology Conference.

- What topics, objectives, and/or competencies does training address?
 - APHA addresses a wide range of topics, objectives, and competencies in its training. Topics include, but are not limited to: aging, behavioral health, cancer, children's health, chronic disease, environmental health, epidemiology, food safety, health policy and advocacy, health services research, HIV/AIDS, mental health, minority health issues, nutrition and obesity, reproductive health, and women's health.
 - Fifteen Learning Institute Courses were offered at the 2012 Annual Meeting, which covered topics such as mathematical modeling, nutrition and physical activity, cultural competence, epidemiology, management and leadership, biostatistics, health equity, scientific writing, and accreditation.
 - Competencies addressed include ASPH competencies, Council on Linkages Between Academia and Public Health Practice Core Competencies for Public Health Professionals, and others as required for various accreditation/certification programs.
 - Learning Institutes focus on the five core and/or crosscutting issues as outlined in the ASPH Core Competencies document. APHA's Epi for Non-Epidemiologists and Biostats for Non-Biostatisticians courses are most aligned with the ASPH Epidemiology and Biostatistics Competencies. Other trainings might focus on how to use data, communication strategies, or program development and policy and/or advocacy.
 - APHA is an accredited provider of continuing medical education (CME); continuing nursing education (CNE); and continuing education for those who hold the Certified Health Education Specialist (CHES), Master Certified Health Education Specialist (MCHES), and Certified in Public Health (CPH) credentials. Each discipline requires those who hold the license or certification to earn continuing education credits to keep their license or certification. Each discipline has its own national accrediting body that approves organizations that are then able to provide these activities for continuing education credit. APHA is able to provide physicians, nurses, health educators, and public health professionals with approved continuing education activities that can be used to fulfill their requirements. Last year, APHA granted nearly 16,000 hours of continuing education credit to attendees of the 2011 APHA Annual Meeting.
 - APHA also has a public health quality booth from which material developed on public health quality and quality improvement activities as done in some public health organizations is shared. This offers a great teaching opportunity for public health professionals, students, and other interested parties.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Yes. APHA conducts extensive outreach and marketing for its events, including through email, Twitter, LinkedIn, other social media channels, and listservs.
- Who is the target audience of the training?
 - Internal
 - APHA staff have professional development opportunities.
 - External (members/constituents of the organization and/or others?)
 - Target audience is the entire public health workforce.
- How many people receive training annually?

- The Annual Meeting has between 10,000 and 14,000 participants each year. The 2012 Annual Meeting had 12,500 participants.
 - The Midyear Meeting had 400 participants.
 - APHA webinars had 9,613 participants.
- How is training delivered?
 - In-person
 - Meetings, workshops, institutes – to teach particular skills.
 - From a distance (modalities?)
 - Webinars, provide technical assistance upon request.
- Does the organization charge fees for its training?
 - Yes. Fees vary depending on the training. Webinars are free.
- How does the organization determine if training is successful?
 - Annual Meeting – Evaluations are done for the overall meeting and for each session. APHA is rolling out an application for iPhone and Android to provide feedback on sessions at the Annual Meeting.
 - Continuing education credit classes have more in-depth evaluation to assess whether training met learning needs, whether information learned is used, etc.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - E-ssential Learning provides expanded access to Annual Meeting sessions. APHA is now recording sessions from the Annual Meeting and other events to make them available online.
 - Looking into more distance learning opportunities.
 - Satellite broadcasts will be discontinued due to lack of funding. They were very popular, but expensive to conduct.

3) Learning Management Systems

- Does the organization have a learning management system?
 - Yes. APHA's Continuing Education Program uses a learning management system (LMS).
- Does the organization use a learning management system and, if so, which system?
 - E-ssential Learning, which is a third party system.
- For what purposes does the organization use a learning management system?
 - To manage continuing education credits, transcripts, etc.
- What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - The LMS stores information on continuing education credits.
- Is the learning management system connected with other systems?
 - Not at the present time. APHA has only had the LMS for two years.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - Survey on educational needs to identify needs and gaps.
- How are the data collected?
 - Survey sample of membership.
- How does the organization use these data?
 - In assessing educational needs and for compliance with accrediting organizations (American Nurses Credentialing Center's Commission on

Accreditation, National Board of Public Health Examiners, Accreditation Council for Continuing Medical Education, etc.).

- Does/Can the organization share these data?
 - No.
- How often are data collected?
 - Annually.
- Does the organization collect other types of workforce data?
 - Demographic information from sample of membership.
- Are there other sources that the organization uses to obtain workforce data?
 - Uses HRSA and CDC data, as well as data from other public health organizations.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Public Health CareerMart at the APHA Annual Meeting.
 - Jobsite on the APHA website.
 - Offers coaches at the Annual Meeting to provide individual assistance for job seekers.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - APHA Student Assembly (APHA-SA).
 - Founding member of the Council on Education for Public Health.
 - Participates in the National Board of Public Health Examiners.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - APHA has a brief entitled, [The Affordable Care Act's Public Health Workforce Provisions: Opportunities and Challenges](#), which addresses many of these issues.
- Does the organization do anything to help its constituents improve the working environment?
 - Much of APHA's work supports the workforce. For example, specific sessions at the APHA Annual Meeting may focus on the working environment or conditions.
 - APHA has internal programs for enhancing its own working environment. Has a current program on inclusion and diversity.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - Yes. For example, APHA recently released "What Healthy Communities Need from their Transportation Networks," an online toolkit on linkages between transportation and health, and with CDC released "Climate Change: Mastering the Public Health Role," a practical guidebook to help public health practitioners address the serious health threats linked to climate change.
 - Webinars cover a wide range of best practices, including tools.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?

- APHA provides information, resources, and training to improve performance of the public health workforce.
- APHA special interest groups address specific issues.

7) Research

- Does the organization conduct and/or fund workforce research?
 - No.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - No.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - APHA annual survey (See *Section 4) Data*).

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes, on APHA's website (<http://www.apha.org/advocacy/policy/>).
- Does the organization advocate for public health workforce jobs?
 - Yes.
- Does the organization advocate for public health workforce research?
 - Yes.
- Does the organization advocate for public health workforce training?
 - Yes.
- Does the organization advocate for public health workforce development funding?
 - Yes.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - CDC, HRSA, Council on Linkages, Friends of HRSA, CDC Coalition.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - CDC workforce initiative.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - APHA has 53 state and local affiliates that operate independently. The affiliates conduct their own annual meetings, town halls, and issue-specific activities.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - No.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - Where to get resources for supporting the public health workforce and how to tap into Council on Linkages partners' activities.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - Critical issues for APHA include continuing to advocate for public health workforce funding, making sure members acquire skills they need to do their work, and staying current on workforce research.

Association for Prevention Teaching and Research (APTR)

Note: This summary has not yet been approved by the organization. The summary will remain in draft form until approved.

Contact: Vera S. Cardinale, MPH, Associate Director, Training and Education

Written Responses Received: November 16, 2012

Approved:

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes, approved in early 2012.
- Does the organization have a workforce plan? Is it current?
 - No.
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes, the strategic plan will be revisited within 3-5 years.
- How does the organization define the public health workforce?
 - APTR does not have a formal definition, but its general sense is that the public health workforce includes anyone who practices public health or population health, including clinicians and "non-traditional partners," not just those with formal public health training.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Teaching Prevention Annual Meeting.
 - Paul Ambrose Scholars Program.
 - CDC and other Federal Post-graduate Fellowships and Preventive Medicine Residency Rotations.
 - Prevention and Population Health Teaching Modules.
 - Immunization Training Modules.
- What topics, objectives, and/or competencies does training address?
 - Teaching Prevention Annual Meeting:
 - Integration of public health and clinical health sciences in teaching, training, and practice.
 - Prevention in health reform implementation.
 - Sharing innovations in curriculum design, new technologies, and academic scholarship.
 - Designing online and blended courses.
 - Paul Ambrose Scholars Program (PASP; <http://www.aptrweb.org/?page=pasp>):
 - Introduces public health and prevention to clinical health science students.
 - Leadership training.
 - Skills to design and implement a small community-based project that addresses one of the Healthy People 2020 Leading Health Indicators.
 - Fellowships and Residency Rotations:

- Post-graduate experiential learning in governmental public health policy, research, and practice.
 - Leadership and professional skills development.
 - Opportunities to present and publish work.
 - Population Health Modules:
 - Clinical and population-based prevention skills for all health professions students.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Nearly all APTR training projects are open to the general public. Facilitator versions/answer keys are reserved for educators. APTR training and education projects are announced through APTR e-newsletters, through its members and partners, through its federal agency sponsors, through specific interest group lists maintained by the association, and on the APTR website.
- Who is the target audience of the training?
 - Internal
 - APTR members, mostly university public health and health professions faculty, and public health practitioners.
 - External (members/constituents of the organization and/or others?)
 - University public health and health professions faculty non-members, public health and health professions students, public health practitioners, and researchers.
- How many people receive training annually?
 - More than 200 people are trained in person per year. Thousands of people are trained each year through web-based training materials.
- How is training delivered?
 - In-person
 - Most trainings are in person.
 - From a distance (modalities?)
 - Conference calls.
 - Moving towards more webinars.
 - Web-based self-study modules.
- Does the organization charge fees for its training?
 - APTR charges fees for its annual meeting.
- How does the organization determine if training is successful?
 - Participant evaluations; tracking of trainee experiences and career paths.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - Current APTR efforts will continue, contingent on funding. Webinars will be expanded.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No.
- Does the organization use a learning management system and, if so, which system?
 - No.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - No. APTR primarily collects data about the graduate programs in public health. APTR's Healthy People Curriculum Task Force members collect data to support six Healthy People educational objectives around clinical prevention education and interprofessional education.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Yes, APTR sponsors the annual Paul Ambrose Scholars Program, which seeks to bring clinical health professions students into the field of public health. APTR also manages various fellowships and residency rotations for its federal agency partners.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - Yes, APTR provides support, networking, and curricula for public health teachers. It also promotes and collects data for the Healthy People 2020 educational objectives, which seek to deliver public health and prevention content at all academic levels. APTR also reaches out to clinical health professions students to engage them in public health leadership activities through its Paul Ambrose Scholars Program.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - APTR does not advocate specific strategies to recruit and retain public health professionals. It is primarily an academic organization.
- Does the organization do anything to help its constituents improve the working environment?
 - APTR supports academicians and public health practitioners by giving them multiple avenues for professional recognition through presentations, publishing in APTR's journal, award nominations and annual APTR awards, representation opportunities on various national boards and committees, and leadership opportunities within the organization. APTR provides training and career development through its meetings and sponsored projects.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - No.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - No.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Yes, APTR collects data about graduates of MPH programs and tracks past APTR trainees.

- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Yes, APTR shares data with organization members and CDC about the graduate programs in public health (granting MPH degrees).
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - No, APTR's constituents are largely university faculty.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - No.
- Does the organization advocate for public health workforce jobs?
 - Yes, through coalition activities such as Trust for America's Health, the Coalition for Health Funding, and the Health Professions and Nursing Education Coalition (HPNEC).
- Does the organization advocate for public health workforce research?
 - Same as above, through coalition activities, and as a member of Research!America.
- Does the organization advocate for public health workforce training?
 - Yes, through APTR's Healthy People Curriculum Task Force and through the coalition memberships mentioned above.
- Does the organization advocate for public health workforce development funding?
 - Only through coalition activities, mentioned above.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - Yes, APTR is one of CDC's four "Academic Partners." APTR partners with the Association of American Medical Colleges (AAMC), the Association of Schools of Public Health (ASPH) and the American Association of Colleges of Nursing (AACN) in its work with CDC's Scientific Education and Professional Development Program Office (SEPDPO). APTR also partners with the HHS Office of Disease Prevention and Health Promotion.
 - Through its Healthy People Curriculum Task Force, APTR partners with eight clinical health professional education organizations. These organizations are:
 - Association of Schools of Allied Health Professions
 - Association of American Medical Colleges
 - American Dental Education Association
 - American Association of Colleges of Nursing
 - National Organization of Nurse Practitioner Faculties
 - American Association of Colleges of Osteopathic Medicine
 - American Association of Colleges of Pharmacy
 - Physician Assistant Education Association
 - APTR also works closely with the American College of Preventive Medicine, as co-publishers of the *American Journal of Preventive Medicine* and on the National Coordinating Center for Integrative Medicine.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - HRSA's Bureau of Health Professions; CDC's Office of Surveillance, Epidemiology, and Laboratory Services (OSEL)/SEPDPO; NACCHO; ASTHO.

- Does the organization have affiliates that are very involved in public health workforce activities?
 - APTR has no official affiliates.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - The National Association of Community Health Centers (NACHC), the National AHEC Organization (NAO), and the American Dental Education Association (ADEA).
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - APTR needs to understand what practice needs/expectations are of public health and health professions students to help make them more employable. There seems to be a major disconnect between what students are learning and what governmental public health wishes they could do. APTR would also like to know how to employ public health students in clinical settings – how can they be useful for health reform implementation, Accountable Care Organizations (ACOs), etc.?
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - APTR hopes to have workforce improvement projects funded through the CDC Cooperative Agreement in the near future.

Association of Accredited Public Health Programs (AAPHP)

Contact: Gary D. Gilmore, MPH, PhD, MCHES, Director Member at Large, Executive Board (Former President of AAPHP's predecessor organization, the Council of Accredited MPH Programs – CAMP)

Discussions Held: September 21, October 3, and November 1, 2012

Written Responses Received: November 19, 2012

Approved: November 19, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes.
- Does the organization have a workforce plan? Is it current?
 - No. Workforce development is part of the strategic plan, but not as amplified as it could be.
- Is the strategic plan accessed through the organization's website current?
 - Yes. Reference can be made to the AAPHP website:
<http://www.mphprograms.org/aaphmissionstatement.html>.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes. In 2011, AAPHP transformed from the Council of Accredited MPH Programs (CAMP). CAMP was established in 1999 and represented MPH programs. AAPHP's focus has been expanded to include undergraduate programs, as well as MPH and other graduate programs in public health. This recent expansion will be addressed in its new strategic plan. AAPHP's emphasis is on public health programs vs. schools of public health. AAPHP's current strategic plan was developed two years ago, in 2010, when the organization was known CAMP. AAPHP's current President is located at the University of Utah. The AAPHP executive board is currently reviewing its strategic plan and updating it, including the organization's bylaws.
 - All 32 AAPHP Member Programs are accredited by the Council on Education for Public Health (CEPH) or have applied for accreditation.
 - An annual executive board retreat is scheduled for spring 2013 (as was held in March 2012). A primary purpose of this meeting will be to further assess organizational strengths, weaknesses, opportunities, and challenges and chart a direction for subsequent years.
- How does the organization define the public health workforce?
 - AAPHP defines the public health workforce broadly within the context of public health entities that it relates to on a regular basis.
 - AAPHP member institutions are preparatory, with a focus on professional preparation and credentialing. Members also emphasize accreditation and certification. AAPHP tries not to look at credentialing as being necessarily aligned with professional preparation.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - AAPHP conducts a number of events and workshops and helps programs prepare for the CEPH accreditation process. AAPHP plans some events in

conjunction with the APHA Annual Meeting and also conducts freestanding events.

- Webinars have been occasionally conducted for member organizations on special topics of interest, such as the SOPHE and American Association for Health Education (AAHE) merger, but there is no set schedule at this point in time.
- What topics, objectives, and/or competencies does training address?
 - Most AAPHP training activities focus on the CEPH accreditation process and collaboration with public health entities.
 - AAPHP focuses on accreditation for public health programs, not schools of public health. Schools may have a variety of units or programs within them; each program has its own latitude in competencies. There is not one overarching set of competencies that apply to all programs. For example, community health education programs would align with the Health Education Competencies, and its seven areas of responsibility (Assess, Plan, Implement, Evaluate, Administer and Manage, Serve as a Resource Person, and Communicate).
 - There was an AAPHP workshop in San Francisco this October on Strategies for a Successful CEPH Accreditation Review. AAPHP sponsored this event, which was intended to be of value for institutions training public health professionals. AAPHP is moving into more activities to encourage practitioners to participate, as well as the programs, to the extent that there is interest.
 - Competencies:
 - AAPHP helps programs prepare for CEPH accreditation. CEPH requires competencies appropriate for each program be applied. Some programs use the Council on Linkages competencies for public health practitioners. As an example, the Bachelor of Science and MPH programs at the University of Wisconsin-La Crosse have the following competency alignments respectively at the entry and advanced levels:
 - ◆ 58 competencies that guide and drive professional preparation.
 - ◆ The 34 Health Education Competencies, with 162 entry-level sub-competencies (BS-CHE) plus 42 advanced-level sub-competencies (MPH). These are also used for health education credentialing.
 - CEPH requires practitioner competencies in five core areas of public health (Epidemiology, Biostatistics, Environmental Health, Public Health Administration, Behavioral/Social Sciences). To address these, the BS-CHE and MPH programs at the University of Wisconsin-La Crosse use three competencies from each of the eight competency areas from the Council on Linkages (these 24 added to the previous 34 comprise the 58 competencies). Other member programs address specialty focus areas and the five core public health areas based on competencies that are deemed appropriate for their programs.
 - ◆ Competencies for programs typically are practitioner-based skill sets.
 - AAPHP/CEPH Relationship:
 - AAPHP and member programs tend to maintain very good communications with CEPH. In addition to there being discussions related to credentialing, there also are communications regarding professional preparation and professional development, among others.
 - The CEPH accreditation process is a model for maintaining standards in public health programs, while allowing latitude based on the unique

- circumstances of the programs. There are required accreditation criteria, and unique approaches to meeting those criteria are recognized by CEPH if a clear and appropriate rationale is provided.
- For update purposes, AAPHP invites CEPH representatives to its annual member meeting (held in conjunction with the APHA Annual Meeting). In addition, workshops have been held by AAPHP to assist member and non-member programs in reviewing the CEPH requirements and approaches that are taken by exemplary programs to address those requirements.
 - AAPHP also encourages certification among degree candidates where appropriate (e.g., CHES certification for health educators).
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Yes. AAPHP trainings are open to everyone. All members get emails about upcoming trainings. At this time, AAPHP does not advertise or have a comprehensive approach to promotion, and thus relies on electronic communications with its members, exhibit-related dissemination (e.g., through the AAPHP exhibit at the APHA Annual Meetings), and continuing communication from member programs to others. AAPHP does link into TRAIN and has some of its trainings promoted there.
 - Who is the target audience of the training?
 - Right now, the primary audience is represented by the professional preparation programs, but AAPHP is looking into expanding to a broader audience including public health practitioners. Members are the primary target audience and represent most of the participants. CEPH has its own events that are encouraged by AAPHP, including CEPH workshops held in conjunction with APHA.
 - How many people receive training annually?
 - Approximately 35-40 people/per workshop. When AAPHP was known as CAMP, it would conduct 2-3 of its own events per year.
 - How is training delivered?
 - Primarily in-person through a workshop format.
 - A webinar format has been tried with the membership during member update meetings (online).
 - The AAPHP Board is discussing increasing opportunities for distance learning, including more webinars.
 - Does the organization charge fees for its training?
 - Yes. Primarily, the aim is to cover expenses of the trainings. Cost is lower for members than non-members.
 - How does the organization determine if training is successful?
 - A process evaluation is conducted after each AAPHP workshop to assess to what degree the training was useful (using a Likert scale rating format with opportunities for comments). Evaluations also include questions about plans to incorporate program ideas into member programs and ask for specific examples. This information is included in planning activities for future training opportunities.
 - What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - AAPHP will offer more distance learning activities for member programs and those interested in membership. Additionally, the organization realizes that it is possible to offer educational opportunities for local and regional public health

entities (there may be some assistance here from member programs that already have established Academic Health Department Learning Community linkages).

3) Learning Management Systems

- Does the organization have a learning management system?
 - No. AAPHP does not have its own learning management system. However, some of AAPHP's member programs use learning management systems or connect with TRAIN. AAPHP doesn't know the number of member programs that use learning management systems or TRAIN, but acknowledges that it is in alignment with the mission of AAPHP. This issue has come up at AAPHP membership meetings.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - AAPHP does not consistently or systematically collect these data. This issue came up at the recent AAPHP meeting held in conjunction with the APHA Annual Meeting. AAPHP is beginning to collect some data and is looking into more systematic approaches.
- What types of data?
 - AAPHP collects some secondary data from member organizations. Last year, AAPHP began collecting CEPH Annual Reports from its member organizations, which contain continuing education and outreach activity information.
 - AAPHP (and its predecessor organization, CAMP) has occasionally surveyed its members, but has had capacity limitations in doing this more systematically. See *Section 7) Research* below.
- ♦ How are the data collected?
 - Data requests are sent to member organizations.
- ♦ How does the organization use these data?
 - AAPHP has used these data in very limited ways at this time. For example, AAPHP has attempted to get information on continuing education needs. Along with Board input and guidance, the CEPH reports were used to inform a Workshop on Development of Self Studies in Preparation for CEPH Accreditation, which included a review of three exemplary self study processes.
- ♦ Does/Can the organization share these data?
 - The CEPH data do not belong to AAPHP. AAPHP taps into these data and it also can connect with data from sources such as the Public Health Education and Training Centers.
 - AAPHP would consider sharing survey data. In doing so, AAPHP would always consider the original purpose of collecting the data, and would want to consider protection of the data sources from inappropriate use of the data. As appropriate, AAPHP would consider sharing data for the good of professional preparation and the profession.
- ♦ How often are data collected?
 - No systematic data collection is conducted at this time.
- ♦ Does the organization collect other types of workforce data?
 - AAPHP conducts process evaluations from its workshops, which are applied to development of future workshops. For example, identifying topics of value and interest to attendees.
- Are there other sources that the organization uses to obtain workforce data?
 - CEPH.

- Public Health Education and Training Centers.
- AAPHP may also occasionally survey members, which would include workforce data. Currently, this does not happen on a regular basis.
- Some AAPHP staff and members follow the literature and research data on the public health workforce.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Not directly at this time.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - Indirectly. AAPHP has recently started a scholarship program for students at member organizations conducting research. The intention is to facilitate student investigations, which contributes to connectivity with the profession. This provides a stimulus to be further engaged in and learn more about the public health profession.
 - AAPHP is involved with an array of options for building the workforce pipeline. As one example, several academic health departments and learning centers provide internship sites so that program candidates can connect, communicate, and work with public health professionals.
 - Overall, member programs are preparing practitioners for the public health workforce and other health-related worksites (as distinguished from schools of public health where there is a greater emphasis on training researchers, academicians, and the like).
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - Currently, AAPHP does not address these considerations directly.
- Does the organization do anything to help its constituents improve the working environment?
 - One of the benefits of being an AAPHP member is to be better prepared for accreditation and re-accreditation, which impacts the work environment.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - Not directly. Member institutions may do so, but AAPHP does not track this information at this point in time.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - Not directly. AAPHP is not doing so at this time, but may possibly do so in the future.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Not directly.
 - AAPHP scholarships (two \$500 scholarships per year) support research, which may (or may not) include workforce development research.

- An AAPHP member institution, the University of Wisconsin-La Crosse, conducted a statewide survey regarding the professional development needs of frontline public health professionals and their capacity for distance learning. Other member programs have conducted similar studies (e.g., Brigham Young University).
- As another example, some faculty from member programs of the AAPHP predecessor organization, CAMP, were included as survey respondents for the health education competencies update project. See “Overview of National Health Educator Competencies Update Project, 1998-2004” in *Health Education & Behavior*, Dec. 2005, vol. 32 (<http://heb.sagepub.com/content/32/6/725.abstract>). This national research led to the updating of the areas of responsibility, competencies, and sub-competencies of health educators.
- Does the organization share data about the organization’s constituents for the purpose of workforce research?
 - AAPHP would consider sharing data. It would always consider the purpose of the data sharing and the protection of the sources from inappropriate use. AAPHP would strongly consider sharing data for the good of the programs and profession.
- Does the organization conduct assessments to determine the workforce needs of the organization’s constituents?
 - To the extent that each member organization engages with AAPHP, AAPHP collects some information on program needs and capacities. This is not done consistently or systematically at this time. It is an important direction for further exploration.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - AAPHP has not developed any specific policy statements at this time, but may consider doing so in the future.
 - Advocacy for the programs and public health workforce is at the core of what AAPHP does. The degree and direction of AAPHP’s role in advocacy has been a topic of discussion at recent AAPHP meetings.
- Does the organization advocate for public health workforce jobs?
 - Through its member programs.
- Does the organization advocate for public health workforce research?
 - Through its member programs.
- Does the organization advocate for public health workforce training?
 - Through its member programs.
 - The previous organization, CAMP, and AAPHP have served for about six years as co-sponsors (with other national organizations like SOPHE and AAHE) of the Advocacy Summit in Washington, D.C. to enable undergraduate and graduate candidates in the member programs to become better prepared in advocacy skills and experiences.
- Does the organization advocate for public health workforce development funding?
 - Not directly at this time. However, when there are funding streams in place for public health workforce development, how the funding gets distributed (e.g., criteria, allocation of funds, etc.) is of particular interest to AAPHP. AAPHP may want to be in that mix of influencing distribution of resources, but this is still part of AAPHP’s Board deliberations.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - Primary collaborators are the Public Health Foundation (PHF) and the Council on Linkages Between Academia and Public Health Practice, particularly regarding the public health competencies and program and workforce development efforts, and the Council on Education for Public Health.
 - Other organizations that AAPHP communicates with include CDC, HRSA, and the Robert Wood Johnson Foundation.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - Council on Linkages, PHF and TRAIN, to help get the word out about trainings.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - No.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Not aware of any others at this time.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - AAPHP would like to know about innovations in workforce development that are on the horizon. What is having success and working well for others? AAPHP's "ear is to the rail," and it is open to learning more about effective and appropriate innovations.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - AAPHP is interested in those activities that would be of value to the member programs, and eventually to the public health workforce itself. AAPHP is open to ideas and recommendations that might emanate from the Council on Linkages deliberations (of which it is a member) and from other sources.

Association of Public Health Laboratories (APHL)

Contact: Eva Perlman, MPH, Senior Director of Professional Development

Discussions Held: September 5 and 14, 2012

Written Responses Received: October 10, 2012

Approved: October 10, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes, and it is current.
- Does the organization have a workforce plan? Is it current?
 - No, but the strategic plan has a workforce section.
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes, the strategic plan is updated every three years. In addition, every year APHL develops a business plan for activities, including timelines, scope, and activities for the coming year.
- How does the organization define the public health workforce?
 - APHL defines the public health workforce broadly as including all those who provide essential public health services, and specifically refers to the public health laboratory workforce as all people who support the public health laboratory system, including member labs, lab scientists, administrators, support staff, and others.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Major types of training include:
 - National Lab Training Network (NLTN)
 - ♦ Has been in existence for 23 years, supported by CDC.
 - ♦ Target audience is laboratory/bench scientists. APHL members primarily, but clinical labs also participate.
 - ♦ Training covers a range of lab science topics.
 - ♦ NLTN conducts a formal training needs assessment survey every 1-2 years to identify training needs and gaps to be addressed. APHL may focus on a particular topic identified in the NLTN survey, i.e., a new methodology or technique may trigger a training need.
 - ♦ Many trainings are subsidized and offered free to APHL members. Non-APHL members would pay a fee to participate.
 - ♦ 100 events/year. Events include teleconferences, workshops, and on-demand training.
 - ♦ 5,000-6,000 trainees/year.
 - ♦ NLTN has close ties to state training coordinators and will coordinate calls, showcase best practices, check in with training coordinators, and discuss trends and needs. Provides another pulse point on training needs.
 - National Center for Public Health Laboratory Leaders (NCPHLL or "The Center")

- ♦ Supports leadership and management and focuses on operational workforce issues rather than science workforce issues. Recognition of workforce shortage, particularly at senior and director level. Emphasis is on leadership and management development and skill building for middle and upper leadership.
- ♦ Center activities include:
 - Emerging Leader Program is in its fifth year. 12-15 people/year participate. Provides skill building in more operational areas, such risk communication, management, finance/human resources, etc. Each cohort in the program develops a thesis and project that would be useful for public health laboratories. One example of a thesis is www.labsciencecareers.com, a project with information on careers in public health laboratories and a public health laboratory awareness toolkit. The participants in the Emerging Leader Program (referred to by APHL as a “cohort”) meet three times in person, including a meeting that takes place during APHL’s Annual Meeting. Participants also participate in monthly teleconferences to discuss issues in their facilities, a shared workspace (SharePoint), team building work, self-assessments and work preferences, and mentoring.
 - Regional Leadership Forums and focus groups. Topics include building a new lab facility, Lean/Six Sigma, public health research, procurement, etc. Workshops include topics such as story crafting and creating a human interest story to communicate more effectively. Information gathered at these focus groups informs plans for training.
 - Emerging Infectious Disease (EID) Fellowship Program. The EID Fellowship program was established in 1995. Has trained 500 fellows since inception. Is training 19 fellows this year (selected from 306 applicants). Program length is 1 year for trainees with a BA and 2 years for post doc trainees. The Fellows conduct projects with host laboratories (half of hosts are CDC labs, half are state/local labs).
 - APHL Fellowship Programs. APHL recently began adding new Fellowship Programs associated with other APHL programs or departments, which are built upon the model of the EID Fellowship Program (recruiting processes, systems, etc.), including: Newborn Screening (started 2 years ago) and Environmental Health. APHL is also looking at the possibility of having fellows other areas, such as informatics or leadership, in the future.
- Department of APHL Training
 - ♦ APHL created an internal training department to broaden the scope of the target audience for training.
 - ♦ Conducts teleconferences.
 - ♦ Approximately 150 events/year.
 - ♦ Approximately 20,000 participants/year.
 - ♦ Charges fees for training.
 - ♦ APHL uses the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model for developing its training.

- Global Health Department collaborative effort with George Washington University (GW)
 - ♦ Intense two-week training program open to APHL members. This year APHL moved the training to Africa (20 participants). Emphasis is on very practical activities. For example, this year participants developed a staffing plan for a robust lab system. APHL and GW participate in each other's events. For example, GW may provide faculty for APHL events or APHL may share subject matter experts for GW activities or participate in career day at GW.
- What topics, objectives, and/or competencies does training address?
 - No competencies are currently in place, but APHL is working on it now with the Lab Efficiencies Initiative (LEI) – Dr. Freedman (CDC). Looking into what processes and management practices can be instituted in public health laboratories to ensure sustainability (e.g., succession planning). LEI strategic plan has been drafted and has a section on workforce, including competencies. APHL's Workforce Development Committee, APHL staff, and members have been supporting the LEI work with CDC. APHL has developed public health lab leadership and management competencies and is working collaboratively with CDC on an initiative to develop a comprehensive set of public health laboratory core competencies. This will include general core competencies such as management, communication, etc.; cross-cutting competencies such as informatics, bioinformatics, safety, QMS; and technical competencies, which may be discipline or methodology specific (molecular biology, microbiology, chemistry, etc.).
 - NLTN (with CDC) is contributing to the development of a core curriculum based on competencies for public health laboratory scientists.

3) Learning Management Systems

- Does the organization have a learning management system?
 - Yes.
- Does the organization use a learning management system and, if so, which system?
 - SumTotal.
- For what purposes does the organization use a learning management system?
 - To deliver and archive APHL trainings. Provides participants access to personalized training transcripts and the ability to print certificates. Serves as a database for PACE Continuing Education Units information.
- What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - No information to share.
- Is the learning management system connected with other systems?
 - The learning management system is connected to APHL's association management system (Net Forum).

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - APHL has a research agenda approved by its Board every year and conducts a number of surveys, including:
 - Annual Survey of Laboratories.

- All Hazards Laboratory Survey.
- Workforce Compensation and Salary Survey (new baseline established 2 years ago).
- Facility Characterization Survey. Survey of laboratory directors about facility characteristics, types of testing, budget, size, and staff composition. Timing: periodic subject to funding.
- Individual Laboratorian Survey. Survey of individual characteristics, what training they have had, what kinds of professional development they have access to, etc. Timing: periodic subject to funding.
- How are the data collected?
 - Through the surveys referenced above.
- How does the organization use these data?
 - APHL data team uses data to create state profiles of public health laboratories. Data is used to support advocacy work, inform decision makers responsible for public health lab funding, and support public relations materials and fact sheets.
- Does/Can the organization share these data?
 - Yes, when possible. Aggregate data can be shared, but lab or identifiable data would need to receive permission for release.
- How often are data collected?
 - Varies depending on the survey and available funding.
- Does the organization collect other types of workforce data?
 - NLTN conducts training needs assessments to collect information on skill needs and gaps.
 - APHL or its members may send out questions through SurveyMonkey in response to a hot topic, e.g., West Nile, H1N1, etc.
- Are there other sources that the organization uses to obtain workforce data?
 - American Society for Clinical Laboratory Science (ASCLS), Department of Labor (DOL), Health Resources and Services Administration (HRSA), and Association of Schools of Public Health (ASPH).

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - APHL formally tracks all public health laboratory directors and knows when anyone resigns or there is an empty slot. Provides support for recruiting, including model job descriptions, 100 interview questions, and resource guides.
 - Practice Guide to Public Health Laboratories for State Health Officers.
 - APHL Job Board (on website).
 - Public relations activities regarding roles within the public health laboratory system. Creating career awareness as well as recruitment. Information on lab science careers appropriate for high school and college students, e.g., information on a typical day, salaries, etc.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - Yes, see above, overlaps with pipeline.
 - APHL has engaged in a number of activities to help build the pipeline, including exhibiting at national meetings, including the National Association of Advisors for the Health Professions, Inc. and the National Association of Science Teachers; exhibiting at George Washington University to network with students graduating from the MPH program; participants of the APHL Workforce Development

Committee participate in STEM festivals, most recently in Iowa and Maryland; regularly participate as a co-sponsor with the University of Texas at Austin and ASPH in the Disease Detectives conference held every other year in Austin; exhibit regularly at the American Public Health Association (APHA) and American Society of Microbiology (ASM) annual conferences; participated and administered Career Pathways grants program to support innovative programs to build the workforce pipeline.

- With support from a corporate member, APHL supported the development of a website that features the public health laboratory workforce (www.labsciencecareers.com), as well as supported three science teachers to participate in Science Ambassador program at CDC, which generated a CareerPac, literally a duffel bag filled with resources for teachers, including the Pfizer guides for public health careers, milestones in public health, etc.; a notebook filled with classroom plans for science highlighting public health laboratory science scenarios, activities, etc.; and information about APHL's Emerging Infectious Disease program.
- APHL will explore a national model for an internship program in the near future.
- APHL distributes information at national conferences, which may have students, science teachers, principals, and others likely to share information with students. APHL encourages members to attend career fairs at high schools and colleges and distributes a slide show template on jobs in public health labs, which can be adapted for presentations at career fairs.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - Survey of laboratorians (see *Section 4) Data*) contains useful information on what the workforce wants. For example, salary is not necessarily the top, or only, priority for staff. Other areas such as professional development, networking, opportunities to mentor interns, and other enrichments are very important.
 - NLTN exhibits at the Society of Armed Forces Laboratory Scientists meeting, as trained laboratory staff leaving the armed services may be interested in joining the public health laboratory workforce.
 - APHL's New Lab Director Orientation Program. Opportunity to meet with peers, bond as a cohort, orient to APHL resources and support, engage in mentoring, and make CDC connections. Skill building session on risk communication and team building. Participants do a TMS profile to assess work preferences, create a self-assessment, and develop an individual professional development plan.
- Does the organization do anything to help its constituents improve the working environment?
 - Emerging Leaders Group (see *Section 2) Training*) has formed an Alumni group. Are now pulling together a strong community of practice. Also trying to connect with the EID fellows, which will help build and promote career awareness as well.
 - APHL members may contribute to a Member Resource Center, which houses resources that include practices to improve the working environment.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - L-SIP project – process designed to strengthen state laboratory systems.
 - TMS Profile Workshops (similar to Myers Briggs, with emphasis on work preferences).

- Various self-assessment tools.
- Training:
 - Public Health Laboratory Leadership and Management curriculum.
 - APHL-GW Institute – 2-week intense laboratory leadership and management.
 - Emerging Leader Program (previously described).
 - Skill building workshops for leaders, with topics including risk communication, story crafting, advocacy, public health 101 and 102, ethics, etc.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - APHL has developed a series of regional laboratory forums on topics of critical importance to the public health laboratory community. Two of these forums were on the LEAN processes and these yielded a summary document that captured the highlights from these sessions. In addition, APHL is developing a series of online courses on LEAN principles.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Of the APHL member laboratories: 63% of state public health laboratories have applied for grant funding to support any type of research and 69% of the public health laboratories have partnered with other agencies to conduct applied or practice based research.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - It depends on the state public health laboratory, since APHL has the policy that it can share aggregate data with its state and local public health laboratories and CDC. If the identified data is requested, then it has to be board approved and permission from the data owner is needed.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - APHL has conducted the workforce organizational and individual survey to assess the current workforce status.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - APHL's governance structure includes the Board of Directors; 13 committees; and a number of subcommittees, task forces, and work groups. Policy statements are generated through the work of the committees. The policies are then vetted through the membership to solicit feedback and input. As appropriate, input and edits are considered, integrated or not, and policies are re-vetted. After the final vetting, policies are distributed for vote by the voting members.
 - The Workforce Development Committee has generated two policy statements related to workforce issues. One is on the critical importance of addressing relevant workforce issues through APHL activities in support of the APHL workforce objective in the current APHL strategic plan; the second is on the development of a standardized personnel nomenclature to allow for comparability across the country related to positions and establishment of career tracks.
- Does the organization advocate for public health workforce jobs?

- Yes, through a variety of mechanisms, including building currency with legislative representatives, collaborating with organizations like ASTHO, NACCHO, and the Council of State and Territorial Epidemiologists (CSTE) on these efforts.
- Does the organization advocate for public health workforce research?
 - Yes.
- Does the organization advocate for public health workforce training?
 - Yes.
- Does the organization advocate for public health workforce development funding?
 - Yes.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - ASTHO, NACCHO, CDC, ASPH, APHA, and Coordinating Council on the Clinical Laboratory Workforce (CCCLW).
- What organization(s) does the organization turn to for public health workforce development assistance?
 - CDC.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - Not affiliates per se, but member laboratories do engage in activities to promote public health workforce development (IA, MA, NY, FL, CA, etc.).
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - No suggestions at this time.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - Nothing at this time.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - Highlights of activities have been included previously in the interview questions.

Association of State and Territorial Health Officials (ASTHO)

Note: This summary has not yet been approved by the organization. The summary will remain in draft form until approved.

Contact: Melissa Lewis, MPH, Senior Analyst, Workforce Development

Discussion Held: November 19, 2012

Written Responses Received: November 7, 2012

Approved:

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan?
 - Yes.
- Is it current?
 - Yes – 2013-2015. It won't be approved until ASTHO has its December Board Meeting.
- Does the organization have a workforce plan? Is it current?
 - No.
- Is the strategic plan accessed through the organization's website current?
 - The current strategic plan will be posted to the website once approved by the ASTHO Board.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes, in two years.
- How does the organization define the public health workforce?
 - ASTHO does not have a formal definition of the public health workforce, but in its 2010 ASTHO Profile of State Public Health, defines staff as any individual employed by a state health agency, which can include full-time employees, part-time workers, contractual workers, and hourly/temporary workers.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - ASTHO sponsors, develops and delivers a wide range of training to state health department staff and other public health professionals in-person, at conferences and meetings, and by distance learning, such as conference calls, webinars, and video conferencing.
 - Much of ASTHO's training activities address workforce needs at many levels of state health agencies.
 - ASTHO's Annual Meeting includes opportunities for sharing information and networking, as well as sessions that offer continuing education units for participants.
 - Most of ASTHO's programmatic areas provide webinars and/or educational programs specific to their target audiences.
 - The Member Services Team provides specific leadership training, including the State Health Leadership Initiative (SHLI), designed for new and experienced state health officials. The SHLI includes a week-long retreat, site visit from the ASTHO Executive Director, assignment of a state health officer (SHO) mentor, a strategic planning grant, and policy training at the ASTHO Policy Summit.

- Peer network trainings focus on issues of interest to specific peer groups of professionals, including senior deputies, chief financial officers, public health informaticians, human resources directors, state legislative liaisons, preparedness directors, environmental health officers, primary care officers, and accreditation coordinators.
 - ASTHO also provides trainings internally on diverse topics such as health equity to specific software skills.
- What topics, objectives, and/or competencies does training address?
 - Managerial, leadership development for members, as well as programmatic topics such as preparedness and maternal and child health.
 - ASTHO is planning to incorporate Council on Linkages competencies in some of its courses – see *Section 5) Recruitment and Retention*.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Some of ASTHO's training activities are designed for a specific set of positions or functions within a state health agency. For some trainings, invitations are sent to specific people, whose expenses will be paid, and others may attend at their own expense upon request. Some trainings are open to the public. In order to learn about the trainings, the public must visit ASTHO's website or receive ASTHO's organizational newsletter.
- Who is the target audience of the training?
 - Internal
 - ASTHO staff at all levels.
 - External (members/constituents of the organization and/or others?)
 - State health officials and directors of programs at state health agencies.
- How many people receive training annually?
 - Unknown.
 - State Health Leadership Initiative participants depend on the number of new state health officials each year. In 2012, ASTHO's SHLI trained nine new state health officials at the week-long Harvard program.
- How is training delivered?
 - In-person
 - Approximately eight in-person meetings per year provide training.
 - State Health Leadership Initiative.
 - From a distance (modalities?)
 - Approximately 25 webinars per year.
- Does the organization charge fees for its training?
 - Some in-person meetings are of cost to participants. Most trainings are provided at no charge to participants, because their expenses are covered by ASTHO or a grant (including travel).
- How does the organization determine if training is successful?
 - Course and conference evaluations are conducted. Feedback is incorporated into future activities. For example, evaluations received from participants in the Senior Deputies Annual Meeting indicated that they would like more "how to" trainings, particularly on administrative topics.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - ASTHO will continue to provide its current training activities to meet members' needs, provided funding is available. For example, much of ASTHO's programmatic training is funded by grants. ASTHO continues to improve its

capacity to do videoconferencing and has been experimenting with it in some of its training activities. This may be an increasingly important mode of access to trainings if travel funding is not available.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No.
- Does the organization use a learning management system and, if so, which system?
 - No.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes, ASTHO collects a large amount of workforce data.
 - ASTHO conducts a member survey every year, which includes some workforce information.
 - With the support of the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention, ASTHO is building its survey research capacity to meet the growing information needs of its members, public health researchers, and public health practitioners. Key research projects and findings are described below.
- What types of data?
 - ASTHO's Profile of State Public Health (Profile; <http://www.astho.org/profiles/>):
 - The ASTHO 2010 Profile Survey, which was launched in April, was completed by 50 states, DC and 2 territories, generating a 100% response rate among states and DC and a 90% response rate among all potential respondents.
 - The 2010 survey is the second survey in a longitudinal series about state/territorial health agency responsibilities, structure, planning and quality improvement activities, workforce, and more that provides core data for ongoing public health systems research and a source for tracking state public health performance and best practices.
 - ASTHO's coordinated approach to survey design and data harmonization with the National Association of County and City Health Officials (NACCHO) and the National Association of Local Boards of Health (NALBOH) will ensure that the three organizations will not field their respective surveys at the same time, will allow for more comparable data, and will produce a more complete view of the public health system as a whole.
 - Budget Cuts Survey:
 - A series of budget cuts surveys were administered to state health officials in light of the economic turmoil confronting state health agencies. These data, along with the data compiled from the 2007 State Public Health Baseline Survey, have been used to calculate job losses. This work was used to support the inclusion of the prevention and wellness funding in the economic stimulus package. The most recent update was released as a research brief in August 2012 – [*Budget Cuts Continue to Affect the Health of Americans: Update August 2012*](#). Survey information is available on ASTHO's website at <http://www.astho.org/t/pb/pub.aspx?pageid=5829>.
- How are the data collected?

- See Profile of State Public Health. The Profile survey is sent to all 50 states, DC, and 2 territories (the Commonwealth of the Northern Mariana Islands and the U.S. Virgin Islands).
- How does the organization use these data?
 - Data are used for information sharing, advocacy, and priority building.
 - Information gathered from the Profile survey will allow ASTHO to continue to:
 - Provide comparable information about the nature and scope of state public health.
 - Orient new health officials and support them throughout their tenure.
 - Respond to lawmakers' questions in the context of health reform.
 - Advocate for a stronger public health system.
- Does/Can the organization share these data?
 - Yes, data are available upon request. The Profile Report and Budget Cuts Report are available to the public.
- How often are data collected?
 - The Profile is currently conducted every two years. The 2012 Profile Survey is currently in the field.
 - The Budget Cuts Survey is conducted quarterly.
- Does the organization collect other types of workforce data?
 - ASTHO collects data from state health officials and agencies on an as needed basis. For example, if a technical assistance request is received, ASTHO may respond with a survey to collect additional information about the request, and also survey other states to see what they are doing about the particular issue of concern.
- Are there other sources that the organization uses to obtain workforce data?
 - Interviews with human resources directors and other program directors at state and territorial health agencies.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - ASTHO posts job openings and internships from state public health agencies on the ASTHO website. Internally, ASTHO is hoping to use Council on Linkages competencies for ASTHO job descriptions.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - ASTHO has worked with schools and facilitated state public health information sessions and provided practicum experiences and internships for MPH students.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - ASTHO supports and advocates for the Public Health Loan Repayment Program.
- Does the organization do anything to help its constituents improve the working environment?
 - Training
 - Yes. ASTHO's SHLI, Hill Day, conferences, customized technical assistance, and many of its trainings contribute to a better working environment.
 - Systems to help improve worker efficiency, effectiveness, and/or morale

- ASTHO would share information on its own systems with state health officials and agencies, including examples of employee development plans; goal action sheets; processes for professional development, tuition reimbursement, and professional memberships; peer groups for various professional areas (ex., coordinators, analysts/senior staff, directors, etc.). Would also share lessons learned/strategies and serve as an informal support.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - Internally, ASTHO has a number of approaches, including an annual employee satisfaction survey, performance evaluation tools, and individual development plans.
 - Externally, ASTHO shares information that it collects and generates but does not develop tools or systems for its members.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - ASTHO would like to learn about tools and systems that other organizations are using that would be useful to its members.

7) Research

- Does the organization conduct and/or fund workforce research?
 - See Profile and Budget Cuts Survey information above in *Section 4) Data*.
 - ASTHO will be starting a new project to study KSAs for the public health workforce in the future. A survey of individuals within state health agencies will be part of this study, funded by the de Beaumont Foundation. Preparatory work for this study will involve collecting workforce assessments from affiliates. Several affiliates have collected workforce data, and there may be others as well.
 - ASTHO does not fund research.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Yes. ASTHO shares the Profile data and requires a data request form be filled out. ASTHO does not share data from its member survey.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - Yes.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes. ASTHO has a position statement on the public health workforce, (<http://www.astho.org/Advocacy/Policy-and-Position-Statements/Workforce-Development/>). This position statement has expired and is in the process of being updated by the Performance and Policy Committee. ASTHO also has other policy and position statements that address workforce issues indirectly.
 - ASTHO hosts an annual Hill Day in Washington to help members meet with their Members of Congress. ASTHO also helps members arrange agency site visits with their respective Members of Congress and continually works with policymakers to ensure that state public health's voice is heard. Workforce issues are likely to be involved in some of these conversations.

- Does the organization advocate for public health workforce jobs?
 - Yes.
- Does the organization advocate for public health workforce research?
 - Yes.
- Does the organization advocate for public health workforce training?
 - Yes.
- Does the organization advocate for public health workforce development funding?
 - Yes.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - Yes. Partners include CDC, HRSA, and the Council on Linkages. Sometimes ASTHO reaches out to specific organizations to get information on workforce needs for specific segments of the public health workforce. Examples include the Center for State and Local Government Excellence and Trust for America's Health.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - ASTHO relies on its membership and the other partner organizations that are part of the Council on Linkages.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - Yes, ASTHO supports 20 affiliates that represent a diverse number of professions that work at state health departments. Many are involved with workforce development and research activities. Please visit [ASTHO's affiliate site](#) to see a list of the affiliates. Visit the affiliates' websites or contact the affiliates for more information.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Partners in Information Access for the Public Health Workforce (<http://phpartners.org/>).
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - What other organizations are doing with workforce development; data on the public health workforce, including demographics; what workforce development tools are being used.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - N/A.

Association of University Programs in Health Administration (AUPHA)

Contact: Kristi Donovan, CAE, Senior Director of Professional Affairs

Discussion Held: September 7, 2012

Approved: September 27, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes.
- Does the organization have a workforce plan? Is it current?
 - No.
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes, AUPHA is planning to revise its strategic plan in 2014.
- How does the organization define the public health workforce?
 - AUPHA does not define the public health workforce, but defines its target audience as the workforce of university programs in health administration, with a focus on faculty.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Educational programming for healthcare administration faculty. Examples of training include:
 - Training for undergraduate faculty. Topics include program development, exams, management, and electronic records. 75 participants/every other year.
 - AUPHA collaborates with the American College of Healthcare Executives (ACHE) to add a half-day Leaders Conference onto the Annual ACHE Congress. The AUPHA Leaders Conference takes place in conjunction with the ACHE Congress. Focus is on program leadership issues and developing linkages between academia and practice. 100 participants/year.
 - Academic study tour. Focus is on interacting with experts from other countries dealing with similar issues and exploring innovative programs. This year was in the Netherlands. 20 participants/year.
 - Webinar series. Focus is on healthcare management education issues, such as student assessment, curriculum development, performance improvement, and change management. Additional information is available at: <http://www.aupha.org/i4a/pages/index.cfm?pageid=4185>.
 - In depth instructional webinars for new (or aspiring) Program Directors. Additional information is available at: <http://www.aupha.org/i4a/pages/index.cfm?pageid=4181>.
- What topics, objectives, and/or competencies does training address?
 - AUPHA's goal is to advance excellence in healthcare administration education. Public health is often a component of education, but AUPHA does not define competencies for its members.

- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Yes, training is provided for a fee. The fee list can be found at www.aupha.org. Reduced fees are available for members.
- Who is the target audience of the training?
 - Members of AUPHA, practitioners in healthcare administration in the field, and adjunct faculty.
- How many people receive training annually?
 - 550-700 people/year, primarily at meetings.
- How is training delivered?
 - In-person?
 - Yes, training is generally provided through AUPHA meetings.
 - From a distance? (modalities?)
 - Yes, through webinars. Approximately 150-200 participants/year.
- Does the organization charge fees for its training?
 - Yes, fees vary. The fee list can be found at www.aupha.org. Members pay lower rates. The AUPHA Annual Meeting costs approximately \$700.
- How does the organization determine if training is successful?
 - Using program evaluations.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - AUPHA will continue its current efforts. It does not have plans to try new approaches.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - No.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - No.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - AUPHA provides materials to schools to interest students in health administration as a career. Examples of documents will be provided to PHF if possible.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - None.
- Does the organization do anything to help its constituents improve the working environment?
 - AUPHA provides resources to faculty for managing programs, as well as salary surveys. Results of annual salary surveys are sold by AUPHA.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - AUPHA has worked with Studer Group to develop curriculum, which could be used to achieve these goals. Studer Group has worked with AUPHA members on quality improvement (QI) needs. Quint Studer, of Studer Group, has written books on QI/customer service and leadership. Sample link to a Studer Group presentation for AUPHA, *Hardwiring Excellence*:
<http://www.aupha.org/files/public/Studer.pdf>.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - No.

7) Research

- Does the organization conduct and/or fund workforce research?
 - No.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Possibly. AUPHA conducts an annual survey of academic programs, which includes enrollment information and demographics. The 2008-2009 AUPHA Academic Program Survey is available at:
<http://network.aupha.org/aupha/Go.aspx?c=ViewDocument&DocumentKey=da272340-cf09-4727-8fdf-2510e90177d2>. Note: This is not the most recent survey, as the current ones are sold by AUPHA through its website.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - Yes. AUPHA conducts a membership assessment survey of what its constituents need in order to do their jobs. This helps to determine what resources they need from AUPHA, such as more case studies for their classes.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - No.
- Does the organization advocate for public health workforce jobs?
 - No.
- Does the organization advocate for public health workforce research?
 - No.
- Does the organization advocate for public health workforce training?
 - No.
- Does the organization advocate for public health workforce development funding?
 - No.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - No.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - Yes, AUPHA has a special interest group of faculty who teach public health within health administration programs. This special interest group, the Public

Health Faculty Forum, has 62 members specializing in teaching public health. This is an online community that also meets annually.

- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - No.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - No needs at this time.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - AUPHA would be happy to disseminate any resources that become available as a result of this research.

Additional Resources:

- AUPHA provides links to brochures for students interested in healthcare administration at: <http://www.aupha.org/i4a/pages/index.cfm?pageid=4224>.
- The 2010 AUPHA Faculty Salary Survey is available at: <http://network.aupha.org/aupha/Go.aspx?c=ViewDocument&DocumentKey=281b5b31-6a5f-4309-b6b8-e7b49105be04>. Note: This is not the most recent survey, as the current ones are sold by AUPHA through its website.
- The 2008-2009 AUPHA Academic Program Survey is available at: <http://network.aupha.org/aupha/Go.aspx?c=ViewDocument&DocumentKey=da272340-cf09-4727-8fdf-2510e90177d2>. Note: This is not the most recent survey, as the current ones are sold by AUPHA through its website.
- AUPHA offers an “on-the-go” webinar series on topics such as student assessment, change management, and performance improvement. Information can be found at: <http://www.aupha.org/i4a/pages/index.cfm?pageid=4185>.
- AUPHA offers in-depth instructional webinars for new (or aspiring) Program Directors. Information can be found at: <http://www.aupha.org/i4a/pages/index.cfm?pageid=4181>.
- AUPHA has provided PHF with PDF files of the most recent programs for its Undergraduate Workshop, Leaders Conference, and Annual Meeting.

Community-Campus Partnerships for Health (CCPH)

Note: This summary has not yet been approved by the organization. The summary will remain in draft form until approved.

Contact: Sarena Seifer, Executive Director

Written Responses Received: November 19, 2012

Approved:

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - CCPH has strategic goals that drive its work. Below is CCPH's statement of strategic goals:

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health equity and social justice through partnerships between communities and academic institutions. We view health broadly as physical, mental, emotional, social and spiritual well-being and emphasize partnership approaches to health that focus on changing the conditions and environments in which people live, work and play. Our strategic goals are to:

- *Leverage the knowledge, wisdom and experience in communities and in academic institutions to solve pressing health, social, environmental and economic challenges*
- *Ensure that community-driven social change is central to the work of community-academic partnerships*
- *Build the capacity of communities and academic institutions to engage each other in partnerships that balance power, share resources, and work towards systems change*

Our members - a diverse group of over 2,000 individuals and organizations affiliated with colleges and universities, community-based organizations, health care delivery systems, student service organizations, foundations and government - are advancing these goals in their work on a daily basis through service-learning, community-based participatory research and other community-academic partnerships. What ties us together is our commitment to social justice and our passion for the power of partnerships to transform communities and institutions.

By mobilizing knowledge, providing training and technical assistance, conducting research, building coalitions and advocating for supportive policies, CCPH helps to ensure that the reality of community engagement and partnership matches the rhetoric.

- Does the organization have a workforce plan? Is it current?
 - CCPH does not have a workforce plan.
- Is the strategic plan accessed through the organization's website current?

The strategic goals above are posted on the CCPH homepage (<http://ccph.info>).
- Does the organization have plans to revise its strategic or workforce plans?

- CCPH revised its mission and strategic goals in spring 2012 and has no plans to revise them at this time.
- How does the organization define the public health workforce?
 - CCPH defines the public health workforce as people who work for public health, health equity, and/or social justice at community, state, regional, national, and/or international levels, regardless of their level of training, degree, position, organizational affiliation, or employment status. CCPH emphasizes that the public health workforce includes many people who do not have formal training in public health or the words “public health” in their position or organization.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - CCPH sponsors and delivers conferences, training institutes, workshops, educational conference calls, and webinars.
 - CCPH regularly sponsors a national/international conference, every other year, in even years. The CCPH conference typically offers over 100 skill-building workshops and other learning opportunities. The next CCPH conference is April 30 – May 3, 2014 in Chicago, IL.
- What topics, objectives, and/or competencies does training address?
 - Trainings address many topics pertaining to community engagement, community-engaged research, service-learning, and community-academic partnerships. Frequent topics include:
 - Developing and sustaining community-based participatory research (CBPR) partnerships.
 - Developing and sustaining service-learning initiatives in health professions education.
 - Assessing, recognizing, and rewarding community-engaged scholarship.
 - Strategies for community-engaged faculty to make the best case for promotion and tenure.
 - Trainings draw on competencies from the CCPH CBPR curriculum (<http://cbprcurriculum.info>) and community-engaged scholarship toolkit (<http://communityengagedscholarship.info>).
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Most CCPH trainings are open to anyone. CCPH primarily promotes its training opportunities through its monthly E-News, Facebook, Twitter, and listservs. Individuals can subscribe through the CCPH website at <http://ccph.info>.
 - The CCPH Consultancy Network offers customized trainings, and these are open to whomever the host specifies. For example, the Environmental Protection Agency (EPA) has contracted with the CCPH Consultancy Network to design community engagement workshops for EPA staff.
- Who is the target audience of the training?
 - The target audience depends on the specific training. CCPH's service-learning institutes are targeted at faculty who are incorporating service-learning into the curriculum. CCPH's CBPR institutes are targeted at community and academic partners who are collaborating on research.
- How many people receive training annually?
 - CCPH reaches between 2,500-4,000 people annually through its trainings (higher during years of the CCPH conference).
- How is training delivered?

- In-person
 - Conferences and training institutes.
- From a distance (modalities?)
 - Online curricula, educational conference calls, and webinars.
- Does the organization charge fees for its training?
 - It depends on the training.
 - All of CCPH's online training resources are free.
 - Educational conference calls and webinars are usually free.
 - Trainings offered through the CCPH Consultancy Network are usually free to participants (the host organization pays a fee for the trainers/consultants).
 - Fees are charged for in-person training institutes and conferences.
- How does the organization determine if training is successful?
 - CCPH conducts pre- and post-training surveys of participants and, in some cases, their colleagues/supervisors.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - CCPH will continue its current efforts and plans to offer more training opportunities online.

3) Learning Management Systems

- Does the organization have a learning management system?
 - CCPH doesn't have a learning management system per se; however, it does use Catalyst, an online system developed by the University of Washington, for event registrations and pre- and post-training evaluations. The system is easy to use and lets CCPH easily generate statistics about its training participants, including demographic information, self-assessments of their knowledge and skills, satisfaction, suggestions for future trainings, etc. CCPH uses these data for evaluation and planning purposes and has occasionally incorporated them into published papers and reports. These data are not shared with those outside of CCPH.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - CCPH collects data regularly on the needs and gaps of its members and program participants through program evaluations and member surveys.
- How are the data collected?
 - These data are primarily collected online and ask about such topics as interests, areas of expertise, gaps in knowledge and skills, priorities for training, etc. CCPH also conducts key stakeholders telephone interviews annually.
- How does the organization use these data?
 - CCPH uses all of these data for evaluation and planning purposes and has occasionally incorporated them into published papers and reports.
- Does/Can the organization share these data?
 - These data are not shared with those outside of CCPH.
- How often are data collected?
 - Telephone interviews of key stakeholders are conducted annually.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - If recruitment and retention is defined broadly, then the answer would be yes. CCPH works to recruit and retain community-engaged faculty in academic institutions and community-based organizations in community-academic partnerships.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - CCPH doesn't have a specific initiative to build the workforce pipeline. CCPH provides mentoring and trainings for graduate students and post-docs who are interested in pursuing community-engaged careers in the academy. CCPH has increased youth engagement at its conferences over the years by soliciting for youth-focused presentations, placing a priority on youth presenters, and offering scholarships for youth participants.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - For community-engaged faculty, post-docs, and graduate students, CCPH offers training institutes, workshops, mentoring, and other tools to support their ability to have fulfilling and successful community-engaged careers in the academy. For community partners, CCPH offers training institutes, workshops, mentoring, and other tools to support their ability to have authentic and impactful partnerships with academic partners.
- Does the organization do anything to help its constituents improve the working environment?
 - Yes, by providing free online tools and by incorporating advocacy and organizational change skills into trainings. CCPH also advocates directly for change by participating in advocacy coalitions, submitting comments in response to government requests for public input, etc.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - Yes. CCPH has a number of tools for universities to become more engaged in their communities and for students and faculty to be more engaged in their communities. For example: <http://communityengagedscholarship.info>, <http://facultydatabase.info>, and <http://CES4Health.info>.
 - CCPH's institutional self-assessment tool for community engagement and community-engaged scholarship is being used by universities in the US, Canada, and Australia: <http://bit.ly/pevN4Z>.
 - CCPH's CBPR curriculum is intended to support community and academic partners in developing and sustaining their CBPR partnerships: <http://cbprcurriculum.info>.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Yes. CCPH conducts assessments of its members and program participants as described above in *Section 4) Data*.

8) Advocacy

- Does the organization advocate for public health workforce jobs?
 - No.
- Does the organization advocate for public health workforce research?
 - Yes. CCPH advocates for policies and funding that support authentic community-based participatory research, including funding directly to community organizations.
- Does the organization advocate for public health workforce training?
 - Yes. CCPH advocates for service-learning as a required component of health professions education.
- Does the organization advocate for public health workforce development funding?
 - No.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - Yes. CCPH regularly collaborates with the Community-Based Public Health Caucus of the American Public Health Association, the National Association of Community Health Centers, and the Association of Asian and Pacific Islander Community Health Organizations. The National Community Committee of the CDC Prevention Research Centers is also an ally.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - CCPH turns to the Association of Schools of Public Health and the American Public Health Association for data and policy reports.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - No.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Community health workers, lay health advisors, and promotores are a growing segment of the public health workforce. An organization that represents them would be a worthwhile addition to the Council on Linkages. There are a number of organizations representing them – not sure which would be the most appropriate to invite to the Council on Linkages, but CCPH can help to find out.
 - The increased recognition of the social determinants of health and public health also points to members of the public health workforce that may not be well represented in the Council on Linkages, such as those working at the intersection of health and the built environment, in the environmental justice movement, etc. This could be an important conversation for the Council on Linkages to have in determining its future membership, directions, and priorities.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - No additional comments at this time.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - No additional comments at this time.

National Association of County and City Health Officials (NACCHO)

Note: This summary has not yet been approved by the organization. The summary will remain in draft form until approved.

Contact: Alex Hart, Program Analyst, Public Health Infrastructure & Systems

Discussion Held: September 20, 2012

Approved:

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes. It is in the process of being updated.
- Does the organization have a workforce plan? Is it current?
 - Yes, it is a logic model.
- Is the strategic plan accessed through the organization's website current?
 - No, the strategic plan is in the process of being updated now.
- Does the organization have plans to revise its strategic or workforce plans?
 - Strategic plan is updated as necessary.
 - No plans to update the workforce plan at the present time.
- How does the organization define the public health workforce?
 - Definition from [Describing the Local Public Health Workforce: Workers who Prevent, Promote, and Protect the Nation's Health](#), a white paper available on NACCHO's website: "The local public health workforce is a collection of individuals from various academic backgrounds, professional experiences, and credentials who unite around the common goal of improving and protecting the health of communities. The public health field focuses on doing the greatest good for the greatest number of people. As a result, the public health workforce seeks to improve and protect health through a whole community approach rather than an individual person approach. At the local level, LHDs connect with communities by recognizing and addressing the health needs that are unique to the populations they serve."

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - NACCHO provides a lot of project-specific trainings and internal trainings. Trainings are organized by programs/projects, and major categories are on the NACCHO website.
- What topics, objectives, and/or competencies does training address?
 - Trainings vary based on programs and projects. NACCHO does not use a standard competency list for trainings. Major training areas include:
 - Community Health
 - Environmental Health
 - Public Health Infrastructure
 - Preparedness
 - Research and Evaluation
 - Survive and Thrive – training for new local health officers
 - NACCHO program areas, which house training programs, include:
 - Health Impact

- Planning
 - Accreditation
 - Health and Disabilities
 - Health Inequities
 - Public Health Preparedness
 - Executive Leadership Development
 - Internal Workforce Development at NACCHO
 - Publications Development
 - Office Applications
 - Employee Orientation
 - Research Evaluation and Methods
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Depends on the training. Some are closed, because they are very specifically targeted, e.g., local health officers for the Survive and Thrive training. Strategic planning for communities is open to a broad range of participants.
- Who is the target audience of the training?
 - Internal
 - NACCHO staff.
 - External (members/constituents of the organization and/or others?)
 - Local health department (LHD) staff.
 - Public health professionals.
 - Local health officers.
 - NACCHO Advisory Group.
 - Health department staff.
- How many people receive training annually?
 - Not sure, but a large number.
 - NACCHO annual meeting has over 1,000 attendees.
 - Preparedness summit has over 1,000 attendees.
 - Other trainings may range from a few participants to over 200, depending on the mode of delivery. Webinars may have over 400 participants.
- How is training delivered?
 - In-person
 - Large group trainings.
 - Small group trainings.
 - From a distance (modalities?)
 - Webinars.
 - E-learning – looking into more interactive distance learning.
- Does the organization charge fees for its training?
 - Generally, there is no charge for training.
- How does the organization determine if training is successful?
 - Training session evaluations are conducted at the end of trainings. Programs use evaluation data for process improvement and planning future trainings.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - Plan to continue current trainings and expand e-learning.
 - NACCHO is currently planning to do more with e-learning and virtual trainings – creating more interactive distance learning opportunities with webcasts, conference calls, video, quizzes, polling, using new technology, etc. Given budget constraints, this is a way to expand reach.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No, but looking into it now. Trainings are currently on the NACCHO website, TRAIN, or third party sites.
- Does the organization use a learning management system and, if so, which system?
 - No.
- For what purposes does the organization use a learning management system?
 - Would like to have a main hub for members to access all training, link it to membership database, and track utilization.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - The NACCHO Local Health Department Profile is the most comprehensive dataset on local public health workforce composition. The LHD profile survey collects data on LHD leaders' education levels, years in public health, demographics, ages, workforce full-time employee equivalents (FTEE), average numbers of FTEE, retirements, etc.
 - Job loss survey, which provides summary data on job losses.
- How are the data collected?
 - The LHD Profile survey is conducted every 2-3 years. Last survey from 2010 is available on NACCHO's website.
- How does the organization use these data?
 - Workforce profile data are used to inform reports, papers, and advocacy. NACCHO encourages professors to use these data in their public health classes, via Profile IQ, a query system.
- Does/Can the organization share these data?
 - LHD Profile data is publicly available. Research briefs are available online. Raw data is available through an application process. Sometimes a fee is charged for the data.
- How often are data collected?
 - LHD Profile survey is conducted every 2-3 years.
 - Job loss survey is conducted twice per year.
- Does the organization collect other types of workforce data?
 - No.
- Are there other sources that the organization uses to obtain workforce data?
 - Enumeration study (CDC/HRSA).
 - Department of Labor data.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - NACCHO is supportive, but not directly engaged.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - NACCHO internships in collaboration with universities and MPH programs.

- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - NACCHO is supportive, but not directly engaged.
- Does the organization do anything to help its constituents improve the working environment?
 - NACCHO's focus is to support local health departments in general. Everything NACCHO does is towards the goal of supporting the workforce.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - NACCHO Toolbox is a centralized area on the NACCHO website for local health departments to find tools that support their work.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - NACCHO Toolbox includes tools developed by other organizations.
 - Model Practice Program Website. Every year, local health departments submit model practices, which are peer reviewed and ranked as promising, model, or neither.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Research on staffing benchmarks with Barnie Turnock in 2010. Blueprint for health departments, broken down by population size, trends, governance, etc.
 - NACCHO Local Health Department Profile – see *Section 4) Data*.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Yes. LHD Profile data is available to the public in aggregate. Raw data can be requested from the NACCHO Research Team.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - Yes, in a strategic way, by working through workgroups. The Workforce and Leadership Development group gathers informal assessment information.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes. All policy statements are on the NACCHO website, under the Advocacy section.
- Does the organization advocate for public health workforce jobs?
 - No.
- Does the organization advocate for public health workforce research?
 - No.
- Does the organization advocate for public health workforce training?
 - Yes.
- Does the organization advocate for public health workforce development funding?
 - Yes, through NACCHO's Government Affairs Office, which works with people on Capitol Hill. Have done some work with the job loss report data in advocating for public health workforce funding.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - ASTHO (align questionnaires for health department profiles).
 - Council on Linkages.
 - CDC.
 - HRSA.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - Council on Linkages.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - State Associations of County and City Health Officials (SACCHOs) offer workforce development training.
 - Encouraging local health departments to work with Public Health Training Centers.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Not sure.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - NACCHO is interested in aligning work with core competencies. For example, with TRAIN, who does evaluation to say that training incorporates core competencies?
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - Very much appreciate the Council on Linkages' role with workforce development.
 - NACCHO is looking into some new directions with workforce development, including expansion of e-learning, centralized trainings, a learning management system, and establishing linkages with partners.

National Association of Local Boards of Health (NALBOH)

Contact: Stephanie Branco, MSEPH, Director of Program Planning and Evaluation

Discussion Held: September 12, 2012

Approved: October 2, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes, and it is current.
- Does the organization have a workforce plan? Is it current?
 - No, but NALBOH has developed a workforce development document for environmental health. This document has been provided to PHF.
- Is the strategic plan accessed through the organization's website current?
 - NALBOH's strategic plan is not available on its website.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes, there is an annual process to review the strategic plan and revisions are made as necessary.
- How does the organization define the public health workforce?
 - Traditionally, NALBOH has defined the public health workforce as those who are employed staff of public health agencies. Because members of boards of health are primarily appointed volunteers or elected officials, they technically do not meet this definition. However, boards of health do provide leadership by advising about or performing several governance functions that directly impact the effectiveness of the public health workforce including hiring and evaluating the agency director, establishing strategic priorities, and allocating agency resources. Effective boards ensure the core functions of public health are carried out through public health agencies that are properly staffed to protect and promote the health of their communities. As board development is a strategic priority for NALBOH, it is currently reviewing its definition of public workforce to inform the future direction for education and training of its constituents.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Webinars. Target audience is boards of health, but some of the information is also useful for the public health workforce.
 - Annual Conference, which includes many workshops. NALBOH sent PHF the program for the Annual Conference.
 - Annual Ned E. Baker Lecture in Public Health. Offered as a live webcast. Anyone can participate.
 - Presentations at other conferences, e.g., annual meetings of NACCHO and APHA, on topics such as environmental health, tobacco, performance standards, and research on boards of health.
 - Presentations to boards of health on particular topics requested, e.g., public health 101, governance, and Essential Public Health Services.
 - Educational/training materials:
 - Fact sheets
 - Guide to Appointing Local Board of Health Members
 - Electronic newsletters

- NALBOH NEWSBRIEF. Contains articles of interest for NALBOH members and the public health workforce. 7,000 subscribers. NALBOH has one subscription list for members and another for non-members.
- What topics, objectives, and/or competencies does training address?
 - Most of NALBOH's focus is on governance, leadership, and board development, but it also offers other topics relevant to the public health workforce.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Yes, NALBOH sends out information to its subscribers and posts on its website.
- Who is the target audience of the training?
 - Primary target audience is the boards that govern local health departments and shape public health policy. Considers health directors an important focus to promote the leadership team concept. Secondary target is the public health workforce.
- How many people receive training annually?
 - About 1,000.
- How is training delivered?
 - In-person
 - NALBOH's Annual Conference. 350 people/year.
 - By state affiliate associations – State Associations of Local Boards of Health (SALBOHs).
 - Presentations during board of health meetings.
 - Presentations at national and state conferences. Number of people who participate varies.
 - From a distance (modalities?)
 - Webinars and educational materials.
- Does the organization charge fees for its training?
 - Yes, for its conference. Webinars and other information are generally free. Some printed publications may require purchase.
- How does the organization determine if training is successful?
 - Annual Conference: overall evaluation and session-specific evaluations. Evaluation results are used to plan future conferences.
 - Through the committee structure of the NALBOH Board of Directors, including the Education and Training Committee that examines key issues in the field, reviews documents and fact sheets, and makes recommendations for training programs.
 - Tracking and monitoring the number of clicks on its website and training materials. This is more process evaluation.
 - Follow-up surveys on trainings and materials. For example, for the Environmental Health Primer, NALBOH requested evaluations from recipients.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - Plans to continue, streamline, and improve what NALBOH currently offers. The Annual Conference is growing, and the selection process for sessions is getting more rigorous, with tougher criteria to raise the level of sessions. A modification to the board of health orientation workshop during this year's conference was very well received.
 - Launching a program of customized consultations to work more directly with boards of health and support them in their processes. There are a number of topics on which boards of health need training and assistance, especially in

terms of accreditation, such as community health assessments and strategic planning.

- In the area of board of health development, NALBOH is working with funders to identify funding to work with a small number of boards of health and provide intensive training to engage, empower, and excel. This program would start with intensive evaluation and data collection, and research on what works to improve outcomes.
- Working with Public Health Training Centers to counsel them on the training needs of boards of health.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No, but recently purchased a database to manage memberships.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - A Synopsis of Local Boards of Health provides a snapshot based on a representative sample of local boards of health across the county about their structure, functions, and needs.
- How are the data collected?
 - NALBOH conducts a profile survey. NALBOH sent a copy to PHF.
- How does the organization use these data?
 - To identify programming needs and gaps.
- Does/Can the organization share these data?
 - Yes.
- How often are data collected?
 - Every 3-5 years, most recently in 2011.
- Does the organization collect other types of workforce data?
 - No.
- Are there other sources that the organization uses to obtain workforce data?
 - NALBOH looks at the county health rankings.
 - NALBOH is also involved in the data harmonization project with ASTHO and NACCHO. This generates profile information on public health organizations.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Not directly, but is engaged with the appointing process for boards of health. Wants to ensure a good process and has developed a guide for appointing members.
 - The boards that govern local health departments have an important role in hiring and evaluating qualified health directors as well as ensuring the resources for appropriate health department staffing.
- Does the organization do anything to help its constituents improve the working environment?
 - NALBOH is looking at the connection between boards of health and the public health workforce, especially health directors. For example, the "Elephant in the

Room” session at the NALBOH Annual Conference received very high review scores. Focus of the session was on how to handle difficult situations.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - Working with CDC to re-engineer the National Performance Standards Program Governance Assessment tool that will assist boards of health in measuring their performance as it relates to ensuring the 10 Essential Public Health Services.
 - Annual Conference provides an opportunity to network and meet with other board of health members and discuss common challenges.

7) Research

- Does the organization conduct and/or fund workforce research?
 - NALBOH does not provide funding for research, but does promote research on board of health development. For example, Scott Hayes at the University of Illinois is researching board of health governance and NALBOH helps disseminate the findings.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes, NALBOH has developed a position statement. Statement was sent to PHF.
 - NALBOH's general interest is in making sure resources are in place. Has signed onto various letters of support to keep public health funding that supports a strong workforce.
 - No other advocacy activities.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - NALBOH is a member of the Partnership for Public Health Law: a collaborative effort of APHA, ASTHO, NACCHO, and NALBOH.
 - CDC.
 - Robert Wood Johnson Foundation.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - CDC and NACCHO.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - State Associations of Local Boards of Health (SALBOHs).
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Public Health Training Centers (PHTCs). NALBOH is discussing training needs of boards of health with the Georgia and Michigan PHTCs.
 - Kresge Foundation.
- What else would the organization like to tell us about its public health workforce development plans and activities?

- NALBOH is public health governance focused. Wants to develop good leadership teams (boards of health and health directors) and really understand how boards of health can help make public health more effective and efficient.
- Currently finalizing a document to define governance functions to be used as a baseline of standards for developing training and education to strengthen public health governance. Due out in November 2012.
- NALBOH Annual Conference is a great opportunity for training and networking. Health director and board of health member networking is very important. A preconference workshop was held for board of health members and health directors. Focus was on bringing leadership teams together.

National Environmental Health Association (NEHA)

Contact: Terry Osner, Senior Advisor

Discussions Held: September 14 and 26, 2012

Written Responses Received: September 14 and 26, 2012

Approved: October 16, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes. Yes and posted on NEHA's website.
- Does the organization have a workforce plan? Is it current?
 - Unclear what is meant by a "workforce plan."
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yearly at Board of Directors meeting.
- How does the organization define the public health workforce?
 - Definition under review/refinement:
 - An environmental health professional is a practitioner with appropriate training and credentials whose duties are to lead, administer, implement, or research environmental health activities. The scope of duties include many of the essential services of public health and may include the following:
 - ♦ General environmental health;
 - ♦ Food protection;
 - ♦ Wastewater;
 - ♦ Solid and hazardous wastes;
 - ♦ Potable water;
 - ♦ Institutions and licensed establishments;
 - ♦ Vectors, pests, and poisonous plants;
 - ♦ Swimming pools and recreational facilities;
 - ♦ Statutes, regulations, and standards;
 - ♦ Housing;
 - ♦ Hazardous materials;
 - ♦ Radiation protection;
 - ♦ Occupational safety and health;
 - ♦ Air quality and noise; and
 - ♦ Disaster sanitation and emergency planning.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Food Safety Training.
 - Radon Resistant New Construction Training (RRNC).
 - Industry-Foodborne Illness Training (I-FIIT).
 - Epi-Ready Training.
 - Environmental Public Health Tracking (Tracking) and Environmental Health Training in Emergency Response (EHTER).
 - These are either workshops/trainings that NEHA has developed (I-FIIT; Epi-Ready was developed in collaboration with CDC and CDC provides partial

- funding for these workshops) or delivers (I-FIIT, Epi-Ready, EPA workshops for RRNC/Indoor Air Quality (IAQ), USDA Food-Safe Schools toolkit workshops, CDC Integrated Pest Management (IPM)/Biology and Control of Vectors workshop, CDC EHTER workshop).
- NEHA has a number of courses in food safety and environmental health. Courses are available in a number of forms, including instructor-led, online, and textbooks. NEHA develops and delivers its own material.
 - What topics, objectives, and/or competencies does training address?
 - EHTER focuses on the role of environmental health professionals in emergency situations. Tracking has two courses, one on what Tracking is and one on how Tracking is used in the environmental and public health communities.
 - Food handler training, food manager training, credential assessment training for Certified Professional-Food Safety (CP-FS) & Registered Environmental Health Specialist (REHS), and Hazard Analysis and Critical Control Points (HACCP) courses.
 - Is the training open to the general public health community and, if so, how do people find out about/access it?
 - EHTER and Environmental Public Health Tracking – Courses are available free of charge on the NEHA website e-learning page.
 - Epi-Ready – NEHA holds scheduled workshops throughout the year. Most are CDC-funded and some are state-funded. Priority is given to participants within the host state, mostly from the disciplines of environmental health, epidemiology, laboratory, and public health nursing. People can find out about the workshops via the Epi-Ready webpage on NEHA's website or through announcements that the host state sends out.
 - I-FIIT – NEHA holds scheduled workshops throughout the year. Most are funded through a specific food service entity/establishment and some are hosted by an annual conference. For establishment-funded workshops, it is only open to staff from that company. For conference workshops, it is open to any food service manager or above. People can find out about the workshops via I-FIIT webpage on NEHA's website or through announcements that the host establishment or conference sends out.
 - Food Safe Schools (FSS) – With funding support from USDA/Food and Nutrition Service, the FSS workshops or educational sessions usually occur at NEHA's Annual Educational Conferences. Workshops and educational sessions also occur at other association conferences (e.g., School Nutrition Association, National Association of Local Boards of Health). The trainings that occur at the conferences are open to the public and are promoted as part of the conferences (e.g., through websites, e-mail, e-newsletters, social media, and mailings). On occasion, NEHA or other associations will host workshops based on requests and/or needs from a specific local or state government agency, and those trainings are specifically for and promoted to that locality.
 - IPM – NEHA, in cooperation with CDC, offers two or three Biology and Control of Vectors and Public Health Pests: Integrated Pest Management workshops a year. Host locations are selected by the CDC National Center for Environmental Health based on regional pest concerns and potential number of attendees. The host agency, department, or association invites staff and partners to the workshop. If space is available, staff from neighboring agencies are invited, but workshops are not open to the general public.
 - RRNC/IAQ – NEHA offers two Radon Resistant New Construction (RRNC) Workshops each year (one in the spring and one in the fall), both of which are

funded by the Environmental Protection Agency's (EPA) Indoor Environments Division. The application process is open to all (see selection criteria in the next question below). Promotions for this workshop are posted (via application announcement/flyer and application instructions) on NEHA's website, included in NEHA E-News, printed in the *Journal of Environmental Health (JEH)*, and distributed to NEHA Regional Vice Presidents (RVPs) and Affiliates, and the training opportunity is spread by word of mouth through previous attendees.

- Courses are available to anyone who wishes to purchase them. They are listed on NEHA's website and at <http://nehaHACCP.org/>.
- Who is the target audience of the training?
 - Environmental and public health professionals in all areas of expertise.
 - Courses are mainly for those working in the field of environmental and public health.
 - Epi-Ready – Members and non-members at local and state health departments in the areas of environmental health, epidemiology, laboratory, and public health nursing.
 - I-FIIT – Members and non-members from retail food stores/food service establishments at the mid-level manager and above level.
 - FSS – Participants for the FSS workshops/educational sessions are external and usually school food service employees/managers, school nutrition managers/directors, and local/state health department representatives. Other attendees include school administrators, school nurses, and cooperative extension employees.
 - IPM – Member and non-members from local and state environmental health departments or agencies. Partners in pest management (academic, pest control operators, or industry) may be invited on a limited basis if space is available.
 - RRNC/IAQ – NEHA selects approximately 25-30 appropriate individuals to attend all-expenses-paid under the following criteria: individuals or joint applications from the same community, teaming public/environmental health professionals with building code, zoning, or planning department officials, and/or interested builders or homebuilder association representatives.
 - NEHA's major area of training is professionals, whether regulatory or in industry, who need to advance their knowledge in some discipline of environmental health.
- How many people receive training annually?
 - That is a very difficult number to determine for all the activities NEHA conducts. Selected training information is listed below:
 - NEHA prints and sells over 60,000 food manager books each year. HACCP online courses reach under 1,000 people per year.
 - Epi-Ready – Approximately 120-250 people annually.
 - I-FIIT – Less than 50 people annually.
 - FSS – Approximately 30-60 people annually.
 - IPM – Approximately 100-200 people annually.
 - RRNC/IAQ – Approximately 50-60 individuals per year (25-30 people per workshop).
 - NEHA can send activity summary statistics for CDC-sponsored courses on the NEHA e-learning website.
- How is training delivered?
 - NEHA has a network of trainers who teach instructor-led food manager and food handler trainings.

- Environmental Public health Tracking and EHTER courses are available online. The EHTER course is also taught at the Anniston, AL Federal Emergency Management Agency (FEMA) campus.
- Epi-Ready – Primarily face-to-face training. NEHA does have the capability to provide an interactive webcast as part of its face-to-face workshop.
- I-FIIT – Face-to-face training.
- FSS – At this point only in-person training, but the materials, including PowerPoint presentations, are available online to download.
- IPM – This course is available face-to-face and online via the NEHA e-learning website free of charge.
- RRNC/IAQ – This workshop occurs in-person in Washington, DC twice a year. It is also available online via the NEHA e-learning website free of charge.
- Most courses are available as online, self-paced courses.
- Does the organization charge fees for its training?
 - I-FIIT – If funded through a conference, NEHA does charge a fee (approximately \$250).
 - FSS – Because funds are provided by a federal grant, a fee is usually not charged for the training. Although in the past when it was conducted as a conference workshop, a minimal fee was sometimes charged to cover refreshments.
 - RRNC/IAQ – This training has no cost to the attendees. The sponsorship selection process allows each person NEHA selects to attend all-expenses-paid (through direct payment of some costs and reimbursement of all other travel costs).
 - No charge for other trainings in Research & Development (R&D), EHTER, or Environmental Public Health Tracking.
- How does the organization determine if training is successful?
 - Course participants have the opportunity to complete an evaluation on the course.
 - FSS – Evaluations are always conducted at the end of each workshop/educational session. After a recent workshop, a local school district initiated a Food-Safe Schools Task Force in response to the training. Also, an extensive evaluation was done on the FSS resource toolkit, which prompted a complete revision/renewal of the resource.
 - Success is determined by the evaluations and results of pre-/post-tests following workshops.
 - Courses have an assessment attached to them to determine if knowledge was gained. NEHA has begun reviewing assessments and evaluations to determine the success of the program.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - Epi-Ready – This course has just undergone a huge revision and is fully updated. NEHA plans to continue its efforts.
 - I-FIIT – As long as companies or conferences will pay for this workshop, NEHA will continue to provide it. NEHA is trying to secure grant funding to be able to offer the course free of charge (or at a reduced rate). NEHA also plans to develop a modified version of the course that is for the manufacturing/processing food industry audience.
 - FSS – A new revised FSS toolkit has been drafted and will be ready for distribution in 2013. NEHA has received additional funding to help promote and

distribute this new resource and that includes presenting at NEHA's conference and other association conferences.

- IPM – This is an ongoing program. NEHA plans to continue offering several workshops a year. Enhancing online, web-based training has been discussed.
- RRNC/IAQ – NEHA plans to continue offering RRNC twice a year if possible; however, that depends on possible funding changes with EPA.
- NEHA is always trying new approaches, including advanced distance learning and hybrid courses.

3) Learning Management Systems

- Does the organization have a learning management system?
 - NEHA currently utilizes four systems.
- Does the organization use a learning management system and, if so, which system?
 - Moodle, Absorb, SkillSoft, and proprietary software that was developed in-house. NEHA has also developed courses utilizing the requirements of ANSI 2659.
- For what purposes does the organization use a learning management system?
 - To deliver courses and keep student records.
- What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - Full student records and pass scores.
- Is the learning management system connected with other systems?
 - Sometimes. When NEHA works with a government organization, such as USDA, that has its own learning management system. In this case, NEHA will establish a link so that the other organization's students can use NEHA's course. NEHA also has resellers of its courses. Someone might enter through another organization's campus, but be re-directed to a targeted landing page on NEHA's system.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Not directly. When a person becomes a member, NEHA does collect profile information, such as degrees, titles, skills, etc., but this is not to address needs or gaps.
- Are there other sources that the organization uses to obtain workforce data?
 - No.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - NEHA doesn't directly address recruitment and retention, but its activities indirectly support recruitment and retention of the workforce.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - NEHA has a partnership with Decade. Do surveys and provide feedback on publications and its website. Share information on credentialing and are currently developing a system to track credentialing.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - Indirectly.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Yes; these programs are:
 - Environmental Public Health Tracking Program in cooperation with CDC
 - Epi-Ready Team Training Program in cooperation with CDC
 - Food-Safe Schools Program in cooperation with CDC
 - Government & External Affairs Program
 - Land Use Planning and Design Program in cooperation with CDC
 - National Conversation on Public Health and Chemical Exposures in cooperation with CDC
 - Onsite Wastewater System Program in cooperation with EPA, Office of Wastewater Management
 - Radon/Indoor Air Quality Training Program in cooperation with the EPA, Indoor Environments Division
 - Workforce Development Program in cooperation with CDC
 - Biology & Control of Vectors and Public Health Pests Program in cooperation with CDC
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Not directly. The results of surveys completed by NEHA's constituents are often shared.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - From time to time.
 - Council to Improve Foodborne Illness Response (CIFOR) Environmental Health Regulatory Capacity Assessments – NEHA and the Association of Food and Drug Officials (AFDO) were asked to conduct an initial and more extensive environmental health regulatory food safety program capacity assessment by CIFOR. CIFOR members are interested in knowing what impacts budget cuts may be having on the capacity of local and state regulatory food safety programs—and specifically on those programs that conduct environmental investigations during foodborne disease outbreaks. Both the initial and extensive assessments were intended for environmental health and regulatory food safety managers and directors who oversee regulatory food safety programs within local, tribal, and state departments that conduct environmental investigations during foodborne disease outbreaks. The initial assessment report was disseminated to CIFOR members and project partners, and is available on the NEHA website. Focus groups were organized to review the initial assessment results report and propose further suggestions and detailed information for the more extensive assessment. The more extensive assessment was created to specifically address foodborne illness outbreak response and investigation capacity. The results from this extensive assessment are still being analyzed, and a final report will be ready for fall 2012. The results report will be disseminated to CIFOR members and project partners, and will be available on the NEHA website.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes. These are on the NEHA website at http://www.neha.org/position_papers/index.shtml.
- Does the organization advocate for public health workforce jobs?

- Yes.
- Does the organization advocate for public health workforce research?
 - Yes.
- Does the organization advocate for public health workforce training?
 - Yes.
- Does the organization advocate for public health workforce development funding?
 - Yes.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - NEHA works with other organizations, some through contracts, some through mutual agreements, on a variety of environmental and public health workforce issues, concerns, and projects.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - Not sure how to answer.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - NEHA has affiliate organizations in nearly every state, but it is impossible to say their level of involvement in such activities.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages between Academia and Public Health Practice?
 - Unknown.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - NEHA would like to know existing and planned workforce development activities and the type of information sharing available on such activities.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - Nothing at this point in time.

National Network of Public Health Institutes (NNPHI)

Contact: An Nguyen, MHA, Program Manager

Discussion Held: September 19, 2012

Approved: October 23, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes. Yes, it is current for now.
- Does the organization have a workforce plan? Is it current?
 - No, but workforce development is a strong value of NNPHI. In addition to public health workforce development efforts with its members, NNPHI encourages and provides resources for its own staff to pursue professional development.
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - NNPHI began a rebranding effort four years ago. This was also when the organization began revising the strategic plan and has continued revising it annually since then. NNPHI's current strategic plan was updated this year. NNPHI is currently going through a CEO transition and will likely revisit and update its strategic plan in 2013 after a new, full-time CEO is in place.
- How does the organization define the public health workforce?
 - NNPHI does not have a formal definition of the public health workforce. Generally, NNPHI sees the public health workforce as broader than just people with public health training. The public health workforce is anyone who works to improve population health. This can include people working in clinical settings, those in community health centers, communication specialists, policy development specialists, community health workers, etc.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - NNPHI is known for developing Communities of Practice. See attached *List of NNPHI Trainings, Webinars, and Calls* for a summary of training activities, including topic, event title, frequency, and number of attendees.
- What topics, objectives, and/or competencies does training address?
 - The NNPHI Annual Conference is a major training event that focuses on showcasing public health institutes and evidence-based practices. Focused primarily on members and partners.
 - Programs and trainings aligned with national programs, such as the National Public Health Performance Standards Program. NNPHI has served as communication arm and runs bimonthly calls on performance standards for about 10 years.
 - Focus on accreditation, performance improvement, research and evaluation, evidence-based practice, health policy, leadership, and workforce development.
 - National Health Impact Assessment Trainings for the general public health community, funded by the Pew Charitable Trust. In-person training for over 400 people. Additional health impact assessment trainings for public health institute members, including one in-person training and three webinars.

- In partnership with Dialogue 4 Health, conducted with the Public Health Institute in California, NNPHI hosted a webinar on the federal farm bill exploring the intersection of food policy, agriculture and health. (500 participants).
- Previously, NNPHI held a leadership and workforce development program annually with APHA at its annual meeting. This was a three-hour session on topics such as leadership, reform, and advocacy for workforce development. Funding is no longer available for this, so the 2011 session will be the last one.
- Together on Diabetes (ToD), funded by Bristol-Myers Squibb, is the largest corporate funding of its kind for diabetes. Annual Grantee Summit held for ToD grantees to share successes and lessons learned. Holds bimonthly webinars on various topics such as community engagement, policy and advocacy, and health economics. NNPHI helps to provide a public health lens to the initiative.
- Research and evaluation, national orientation, and webinars for Public Health Services and Systems Research (PHSSR) Grantees (Robert Wood Johnson Foundation). Partners with the University of Kentucky and Robert Wood Johnson Foundation (RWJF). NNPHI supports the PHSSR program by facilitating several PHSSR calls for proposals, providing technical assistance to applicants and grantees, and coordinating grants management.
- Evidence-based practices trainings, including Community Guide Strategy Workshops and webinars done in partnership with ASTHO.
- Health Equity – Tool for Health and Resilience in Vulnerable Environments (THRIVE) project training to build capacity of public health institutes in applying this community engagement tool. This is being done in collaboration with the Prevention Institute, which developed the original tool. NNPHI holds one in-person training for its members a year. NNPHI also hosts a monthly technical assistance teleconference for institutes piloting the THRIVE tool.
- National Association for Chronic Disease Directors webinars. Explain how public health institutes partner with chronic disease units.
- What Can a Public Health Institute Do for Your Health Department? Focused on how public health institutes can expand capacity of health departments. This was a webinar NNPHI presented for members of NACCHO.
- Community Health Assessment/Community Health Needs Assessment. Focused on members, sharing best practices.
- Technical assistance and education for emerging public health institutes, focusing on strategies and advice for building sustainability and strengthening infrastructure for public health institutes.
- Community Benefit Meeting, a one-time meeting, focused on public health institutes and other non-profits hospitals.
- Tribal Health 101, an internal training for staff at NNPHI on understanding needs of tribal groups and cultural competencies.
- HR Administrative Interest Group – trainings on developing human resources (HR) policies, job descriptions, and infrastructure issues. This interest group is led by NNPHI members to exchange best practices.
- Technical assistance calls conducted upon request for members and partners. Lot of requests for “What Can a Public Health Institute Do for Your Health Department?”
- NNPHI staff also present scientific sessions on best practices and models at conferences, including those of APHA, ASTHO, NACCHO, and the National Public Health Leadership Society (NPHLS) Network Coalition, on topics such as accreditation, quality improvement, health impact assessments, community health assessments, and community health improvement programs (CHIP).

- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Many of the programs are specifically focused on grantees or members. Other sessions are open forums for the larger public health community. The National Health Impact Assessment Conference, the Open Forum Meeting for Quality Improvement in Public Health, and the NNPHI Annual Conference are open to all. NNPHI hosts a few webinars, such as its Agencies and Systems Improvement series, that are also open to all. NNPHI advertises trainings through various mailing lists, newsletters, the website, and also through its partners.
- Who is the target audience of the training?
 - Internal
 - NNPHI staff professional development.
 - External (members/constituents of the organization and/or others?)
 - Member public health institutes and their staff, specific target audiences for funders (e.g., grant awardees from RWJF), and the broader public health community.
- How many people receive training annually?
 - See attached *List of NNPHI Trainings, Webinars, and Calls*.
- How is training delivered?
 - In-person
 - Yes, some trainings are in-person. See attached *List of NNPHI Trainings, Webinars, and Calls* for details.
 - From a distance (modalities?)
 - Yes, webinars and conference call trainings are provided. See attached *List of NNPHI Trainings, Webinars, and Calls* for details.
- Does the organization charge fees for its training?
 - Depends on the training. Webinars and calls do not have a fee. Fees and expenses are covered for in-person trainings for grantee-specific trainings. Other in-person trainings may have fees ranging from \$50-350. Travel scholarships are offered.
- How does the organization determine if training is successful?
 - Evaluation forms are distributed for each training session, usually about one page in length. A reward is offered for completion of the evaluations (e.g., a flash drive), so response rates are high. NNPHI reviews participant feedback, ensures courses run smoothly and have low attrition rates.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - Majority of trainings will continue as currently offered. Much of NNPHI's training is tied to the funding that it receives. Will offer new trainings when funding is available.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No, but NNPHI does use SharePoint internally to share information. NNPHI does refer some people to TRAIN, and many public health institutes have their own learning management systems. Public health institutes train at national, state, and local levels.
 - NNPHI has searchable resources available on its website, including its e-catalog of courses, informational documents, and tools.
- Does the organization use a learning management system and, if so, which system?

- No.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes, a little bit.
- What types of data?
 - Primarily data through NNPHI's member survey on the composition of the workforce, including number of FTEs at public health institutes, hiring with health departments, sharing with health departments, credentials, salary information, benefit packages, and job descriptions.
- How are the data collected?
 - Membership survey.
- How does the organization use these data?
 - Used to inform planning, and for public relations and marketing materials.
- Does/Can the organization share these data?
 - Yes, aggregate data on the typical public health institute are publicly available.
- How often are data collected?
 - Annually.
- Does the organization collect other types of workforce data?
 - No.
- Are there other sources that the organization uses to obtain workforce data?
 - NNPHI uses data on enumeration of the workforce from partners and national sources, such as ASTHO, NACCHO, CDC, HRSA, and County Health Rankings.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Yes, NNPHI has close ties to Tulane University, Louisiana State University, and Xavier University of Louisiana, which are used to fill internship positions at NNPHI. NNPHI is housed in the Louisiana Public Health Institute and frequently shares and connects with other public health institutes regarding internships.
 - NNPHI has a job posting section on its website and in its newsletter.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - NNPHI is creating a new undergraduate internship program, with one position per year. Also looking into summer internships with a wider range of schools of public health. A number of NNPHI members also engage with the universities and schools of public health to develop internship positions for their students.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - Not sure. NNPHI's Human Resources and Administration Initiative indicates that public health institutes do have competitive benefit packages.
- Does the organization do anything to help its constituents improve the working environment?
 - Training
 - NNPHI believes that professional development is very important and encourages learning, small interest groups, and trainings/meetings to help everyone develop capabilities.

- Systems to help improve worker efficiency, effectiveness, and/or morale
 - Public health institutes have wellness programs and an emphasis on collaboration to address efficiency, effectiveness, and morale.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - No.
 - NNPHI has a performance improvement forum and conducts annual reviews for its internal staff members.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - No.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Yes, as part of NNPHI's member survey.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Yes.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - Yes, through its member survey, NNPHI collects characteristics of the public health institute workforce and information on training needs.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes. White papers on leadership and the Public Health Leadership Society (PHLS) program, Alliance for Leadership (10 public health institutes), and advocating for leadership.
- Does the organization advocate for public health workforce jobs?
 - Yes, through promotion of public health institutes, and this is implied in support for public health.
- Does the organization advocate for public health workforce research?
 - Yes, through work done through the RWJF PHSSR program that NNPHI supports.
- Does the organization advocate for public health workforce training?
 - Yes, NNPHI has a strong belief in training, providing opportunities to build training for community-based organizations.
- Does the organization advocate for public health workforce development funding?
 - Yes, primarily funding for leadership development programs and support for public health institutes. NNPHI is a founding member of the National Alliance for Leadership Development for the Public's Health. NNPHI strongly believes in supporting programs that are dedicated to developing strong leadership in public health.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - RWJF, CDC, HRSA, ASTHO, NACCHO, NLN, PHF, APHA, Public Health Accreditation Board (PHAB), University of North Carolina Gillings School of Global Public Health, North Carolina Institute of Public Health, Public Health Institute of California.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - Member public health institutes, NLN, schools of public health.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - Public health institutes.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - PHAB, Public Health Training Centers.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - NNPHI would like to know more about enumeration of the public health workforce beyond governmental public health.
 - NNPHI would like help with outreach to connect with other trainings.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - Through additional funding from CDC's Scientific Education and Professional Development Program Office (SEPDPO), NNPHI will be doing more in-depth interviews/surveys of public health institutes on what they are doing with workforce development.

List of NNPHI Trainings, Webinars, and Calls

Event	How many times per year?	# Attendees	Notes
Accreditation/Performance Improvement			
Agency and Systems Improvement Webinar Series	6	Average: 73 participants, reaching 294 persons who attended at least one webinar within the last year	The ASI/ NPHPSP calls turned into the Agency and Systems Improvement Webinars. Open to the public
Agency, Systems and Community Health Improvement Training	1	2012: 192 2011: 100 2010: 100 (2013): probably around 200	We are also hosting the NPHII Grantee Meeting this year following the training. Open to the public
COPPHI Training for QI Awardees	2, no plans for another in 2013	30-40 per training	Only open to QI Awardees
COPPHI Open Forum Meeting for Quality Improvement in Public Health	2 this year	June 2012: 250 attendees	Open to the public
QI Award Program	2 cycles awarding 60 health departments with \$5000 and 15 hours of individualized QI coaching	30 sites awarded per cycle (2 cycles of QI Award Program)	Sites work with the same coach throughout the 8 month grant period
QI Award Program webinars	3-4 per cycle (2 cycles of QI Award Program)	20-? Also archived on our participants corner of our website	Hold training webinars based on what Awardees are finding challenges and are interested in
Public Health Performance Improvement Toolkit	www.nnphi.org/phpit		Practitioner's tools shared with peers

Event	How many times per year?	# Attendees	Notes
Research and Evaluation			
PHSSR CFP Applicant Webinars	1	200+	
PHSSR Grantee Orientation Webinars	1	7-11	Program Overview, reporting, etc.
PHSSR in person TA session	1	25	Held at Keeneland Conference
NPHII grantee: Evaluation Orientation	1	A total of 76 grantees in three years	
NPHII grantee Evaluation TA Calls (One on One)		76	Each Eval. Team member assigned to 12 or so grantees
Evidence-Based Practices			
Native Youth Project Grantee monthly webinars	12	7 Community grantee teams	Topics related to grantees' stage in project - using evidence-based programs to address disparities experience by Native American Youth re: teen pregnancy and STDs
ASTHO/NNPHI Community Guide Strategy Workshop	1 (Jan. 2012)	30	Members of four state teams met to establish strategies to implement and highlight case studies of implementation of Community Guide evidence-based practice recommendations
Community Guide webinar	1 (Apr. 2012)	30	2012 State Teams shared their successes and lessons learned

Event	How many times per year?	# Attendees	Notes
Health Equity			
THRIVE training	1	20-30	
THRIVE grantee TA Calls	12	10	Topics related to grantees' stage in project - incorporating the THRIVE tool into current community related projects/initiatives
Health in All Policies			
National Health Impact Assessment Training	1	400	
HIA training for PHIs meeting	1 plus 3 webinars	50	
Healthy Farms, Healthy People	1	500+	In Partnership with PHI's Dialogue 4 Health
Leadership and Workforce Development			
PHLS Annual program	1	50-75	No longer hold, but topic was on leadership aspects of cutting edge public health topics
Leadership Series (co-sponsored with NLN)	6-12	15-50	Various PH Leadership Topics
Together on Diabetes Grantee Learning Collaborative Webinars	6 webinars	50-75	6 webinars are held a year on various topics offered
Together on Diabetes Grantee Summit	1	75-100	Held for ToD Grantees to share successes and lessons learned. Also host at least 3 training workshops at 2 day summit

Event	How many times per year?	# Attendees	Notes
Other			
NACDD - Public Health institute webinar	1	50	Results from interview conducted on how public health institutes partner with State chronic disease units. Audience was NACDD members
CHA/CHNA- (interested group)	2	30	A webinar geared toward NNPHI members on CHA/CHNA
What can a PHI do for you HD?	1	1000+	Audience: Open. Focused on how PHIs have partnered with local HDs
Emerging Institute TA Calls	20	5-10	Providing strategies and advice building sustainability for emerging institutes.
Community Benefit meeting	1	50	One time meeting for public health institutes and other non-profits
Tribal Health 101	1	15	Held for our staff
Grant Writing: LOS	1	10	
HR Administrative Interest Group	1	10	PHI related HR/Administrative trainings on developing HR policies, job descriptions etc.
NNPHI Conference	1	150-200	
Various Requested TA Calls	10-20	One-on-one calls	

National Public Health Leadership Development Network (NLN)

Contacts: Sarah Weiner, MPH, Program Coordinator, and Eileen Legaspi, MPH, Heartland Center LMS Coordinator

Discussions Held: October 3 and November 16, 2012

Written Responses Received: November 14, 2012

Approved: November 19, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes. It is old and will be revamped this winter.
- Does the organization have a workforce plan? Is it current?
 - No.
- Is the strategic plan accessed through the organization's website current?
 - No, but when the new strategic plan is developed it will be posted on the website. The old workplan is posted at <http://www.heartlandcenters.slu.edu/nln/about/workplan.pdf>.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes, this winter the strategic plan will be redone, with the Principal Investigator, Kate Wright; members of the Executive Committee; and other NLN members.
- How does the organization define the public health workforce?
 - NLN doesn't have a specific definition per se, but generally considers anyone associated with public health in any capacity to be part of the workforce.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - NLN was created as an organization of organizations, so is somewhat different than other Council on Linkages organizations. NLN is a consortium of organizations and individuals from academic institutions; national and international organizations; and local, state, and federal agencies dedicated to advancing the practice of public health leadership. NLN currently has about 13 active member institutes. The mission of NLN is to build public health leadership capacity by sustaining a collaborative and vibrant learning community of leadership programs in order to improve health outcomes.
 - NLN has an annual conference, usually in April.
 - Collaborative Leadership Training – Training Of Trainers (TOT) workshop (8 people for this year's workshop). This information is also distributed through NLN's website and sent out in binders to about 50 people/year. Additional information can be found at <http://www.collaborativeleadership.org>.
 - Action Learning Coach the Coach program – Provided through distance learning (10-12 members/year). See flyer provided to PHF for additional information.
- What topics, objectives, and/or competencies does training address?
 - Key topics for NLN training include systems thinking, action learning, management, and communications.
 - NLN member institutes each have their own curriculum and provide training/education on various topics, such as business planning, core functions/services, personnel development, program management, crisis communication, and emergency response.

- The NLN website has a Resource Bank, which includes learning resources on topics such as leadership communication, community leadership teams, and policy issues.
 - NLN developed a public health leadership competency framework (updated 2005), which is available on its website at <http://www.heartlandcenters.slu.edu/nln/about/framework.pdf>. The competency framework will be updated in winter 2012. These competencies are intended to provide general guidance to member institutes.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Each member institute is different and has a different target audience. Information is distributed through public health departments, member institutes, and affiliates.
- Who is the target audience of the training?
 - Leaders in public health. All public health professionals can take the training, but trainings are oriented to leadership.
- How many people receive training annually?
 - A few hundred people per year are trained through NLN's member institutes. Additional people are trained through NLN webinars, but specific numbers are not available.
- How is training delivered?
 - In-person
 - Collaborative Leadership Training is delivered in-person at workshops.
 - From a distance (modalities?)
 - Action Learning Coach the Coach program is delivered via webinar.
- Does the organization charge fees for its training?
 - No fee is charged for members for workshops and webinars, and generally no fees are charged for other participants.
- How does the organization determine if training is successful?
 - Evaluations are conducted after trainings. Each member institute handles evaluation differently.
 - The NLN website has posted several instruments that have been used by the following leadership development programs to evaluate their impacts. They are provided as examples/resources for other institutes.
 - Caribbean Health Leadership Institute
 - National Public Health Leadership Institute
 - Southeast Public Health Leadership Institute
 - Management Academy for Public Health
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - NLN will continue to offer its general range of trainings, including:
 - NLN webinar series, currently one/month. NLN is planning to have a few different webinar series going by early next year.
 - Leadership WebEx series on NLN's website, which has included various topics.
 - Collecting additional resources for members – NLN will post additional resources, such as articles and publications, on the NLN website's Resource Bank by December 2012. This Resource Bank has been redefined as a leadership portal that will link to resources from a multitude

of national organizations. NLN hopes to have at least part of the portal active by the end of 2012.

3) Learning Management Systems

- Does the organization have a learning management system?
 - Yes, NLN uses the Heartland Center's learning management system (LMS).
- Does the organization use a learning management system and, if so, which system?
 - The Heartland Center is a Public Health Training Center, with an LMS (<http://www.heartlandcenters.slu.edu/hclm/education-training-catalog-online.htm>). The Heartland Center's LMS also delivers content for other institutes and allows access to users beyond NLN members. The Heartland Center uses the Meridian Global System.
- For what purposes does the organization use a learning management system?
 - NLN uses the Heartland Center's LMS to deliver courses, including:
 - Environmental Health – 3 courses
 - Collaborative Leadership – Training Of Trainers (TOT) courses
 - NLN also refers its users to take other courses on the Heartland Center's LMS.
 - Individual users can manage their professional development and training information, including tracking educational credits and fulfilling learning plans.
- What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - NLN does not directly manage the data, since the Heartland Center runs the LMS. The Heartland Center's LMS can generate information on the number of people trained, employee training status (e.g., registered or completed a course), who has taken a particular course, etc. The Heartland Center would be willing to share information, depending on parameters of the requests.
- Is the learning management system connected with other systems?
 - The Heartland Center's LMS links to other Public Health Training Center learning management systems and to PHF's TRAIN system. This makes it easier for users to manage records of courses they have taken, since credits will be recognized on their transcripts.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - No.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - NLN does not directly engage in recruitment and retention activities. Many member institutes focus on management strategies that impact workforce recruitment and retention, which would have an indirect influence.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - NLN develops tools for leadership training and developing skills related to workforce performance.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?

- NLN's website provides links and/or suggestions of articles, books, WebEx presentations, online modules, and other resources related to workforce performance.

7) Research

- Does the organization conduct and/or fund workforce research?
 - No.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - No.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - No.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - NLN is a convener of the National Alliance for Leadership Development for the Public's Health (Alliance).

Since June 2010, NLN, the Public Health Leadership Society (PHLS), and the National Public Health Leadership Institute (NPHLI), together with the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Network of Public Health Institutes (NNPHI), and the American Public Health Association (APHA) have worked together to advance a series of recommendations forged during the 2010 NLN meeting. The Alliance represents a wealth of innovation, experience and expertise in building programs and strategies that support and challenge leaders. In November 2010, Alliance membership expanded to include the Association for Public Health Laboratories (APHL), the Public Health Foundation (PHF), and the National Association of Local Boards of Health (NALBOH). The National Association of Community Health Centers (NACHC) is also being contacted to discuss mutual interests.

The Alliance has focused their efforts to develop and champion a shared vision and action plan for future public health leadership development. Speaking as one voice for the future development of competent and effective leaders for the public's health, they created a joint concept paper, "*Public Health Leadership – A Vital Component of Workforce Development*," in July 2010. They envision an innovative, well-functioning and resourced public health leadership development system that is aligned with CDC & HRSA's priorities to build the capacity of the health workforce to improve health equity through access to quality services, models best practices, maximizes technology, and fosters collaborative leadership between primary care and public health as a key prevention strategy for building healthy communities in a healthy nation.

- Does the organization advocate for public health workforce jobs?
 - No.
- Does the organization advocate for public health workforce research?
 - No.
- Does the organization advocate for public health workforce training?

- Yes.
- Does the organization advocate for public health workforce development funding?
 - Yes.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - The Alliance, NACCHO, CDC, and ASTHO.
 - NLN is broadening its collaborative activities, trying to find out what is needed, and how to work together.
 - NLN is currently working to expand/redefine its membership. NLN has recently worked with the YMCA and held discussions with other national organizations.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - Internally, NLN turns to the NLN Executive Committee, member institutes, and affiliates.
- Does the organization have affiliates that are very involved in public health workforce activities?
 - Yes. A list of NLN member organizations and affiliates was provided to PHF.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Not sure.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - Who this workforce development information will be shared with and who is doing what in public health workforce development. NLN doesn't want to reinvent the wheel and wants to make the best use of limited resources.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - NLN wants to remain as a hub for public health leadership and to support these activities.

Quad Council of Public Health Nursing Organizations (QUAD)

Note: This summary has not yet been approved by the organization. The summary will remain in draft form until approved.

Contact: Susan Swider, PhD, Chair, Quad Council

Written Responses Received: November 16, 2012

Approved:

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

Introductory Note: The Quad Council of Public Health Nursing Organizations (Quad Council; www.quadcouncilphn.org) provides voice and visibility for public health nurses, sets a national policy agenda on issues related to public health nursing, and advocates for excellence in public health nursing education, practice, leadership, and research. The Quad Council is comprised of 12 public health nurse leaders representing four organizations, with a total membership of 2,000 public health nursing educators, researchers, and practitioners. The four organizational members are the American Nurses Association (ANA), the American Public Health Association Public Health Nursing Section (APHA PHN Section), the Association of Community Health Nursing Educators (ACHNE), and the Association of Public Health Nurses (APHN). The responses below refer to activities of the Quad Council, as well as activities of its individual organizational members, as appropriate. Each member organization has a website where its strategic plans, position papers, etc. can be found. Those websites are:

ANA: <http://www.nursingworld.org/>

APHA PHN Section: <http://www.apha.org/membergroups/sections/aphasections/phn/>

ACHNE: <http://www.achne.org>

APHN: <http://www.phnurse.org/>

- Does the organization have a strategic plan? Is it current?
 - The Quad Council is developing five strategic briefs on public health nursing (PHN) practice and leadership, workforce needs, education, research, and infrastructure. Two of these are completed, with another two expected by the end of 2012. These briefs are intended to serve as the basis for a strategic plan for the organization. Each organizational member of the Quad Council has its own organizational strategic plan as well.
- Does the organization have a workforce plan? Is it current?
 - The Quad Council does not have a workforce plan. There is a PHN enumeration study currently being conducted by the University of Michigan and funded by the Robert Wood Johnson Foundation. Data analysis is in process, and results should be public in early 2013.
- Is the strategic plan accessed through the organization's website current?
 - See above; when approved, these strategic briefs are posted on the Quad Council website at www.quadcouncilphn.org.
- Does the organization have plans to revise its strategic or workforce plans?
 - Yes. See above.
- How does the organization define the public health workforce?
 - The PHN enumeration study, referenced above, has defined PHNs as nurses working in official agencies; future surveys are planned to use a more expansive

definition of nurses working in community settings. Current changes in public health are impacting the public health nursing workforce, and the Quad Council is working to differentiate between generalist PHN and specialist PHN practice. The Quad Council works with the definitions of PHN described by the APHA PHN Section in 1996 (currently under review), the Scope and Standards of PHN as articulated by the ANA, and the Quad Council competencies for PHN practice, which were derived from the Council on Linkages competencies for the public health workforce.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - The Quad Council has delivered webinars and workshops on the American Nurses Credentialing Center (ANCC) certification process for Advanced Public Health Nursing and the Quad Council competencies for PHN practice.
 - Each individual organization of the Quad Council conducts its own annual conferences, with peer-reviewed presentations at ACHNE and APHA annual meetings and invited speakers at all meetings. APHA PHN Section is an approved nursing continuing education provider.
- What topics, objectives, and/or competencies does training address?
 - At this point, Quad Council trainings have focused on the competencies and certification standards for the field of PHN overall.
 - The Quad Council also conducts yearly Learning Institutes at the APHA Annual Meeting. In past years, the Quad Council has focused on academic practice partnerships in PHN (2012) and the impact of the ACA on PHN practice (2011).
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Quad Council trainings have been focused on PHNs, although any interested party could participate.
 - Webinars are advertised on the Quad Council organizational listserv and the Learning Institute has been advertised both through APHA and on individual Quad Council member organization listservs.
- Who is the target audience of the training?
 - PHNs.
- How many people receive training annually?
 - 2012: Estimate approximately 300-400 including the Quad Council Learning Institute at the APHA Annual Meeting and the three annual conferences sponsored by organizational members.
- How is training delivered?
 - In-person
 - Quad Council Learning Institutes conducted at APHA Annual Meetings.
 - From a distance
 - Webinars on competencies and certification.
- Does the organization charge fees for its training?
 - Each Quad Council member organization charges fees for its annual conference, and the Learning Institute at the APHA Annual Meeting has charges to cover expenses.
- How does the organization determine if training is successful?
 - Post-session evaluations.
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?

- The Quad Council plans to continue the Learning Institutes at the APHA Annual Meeting, and each organization is involved in webinars and conference development.

3) Learning Management Systems

- Does the organization have a learning management system?
 - No.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - No; each organizational member collects limited data on its members.
- Does the organization collect other types of workforce data?
 - Each organizational member has some limited demographics on its members, but the Quad Council doesn't currently aggregate this data.
- Are there other sources that the organization uses to obtain workforce data?
 - HRSA and the PHN enumeration study referenced under *Section 1) Initial Questions*, which is in process.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Not specifically.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - The Quad Council itself does not directly engage in these activities, but its member organizations engage in the following activities:
 - ACHNE is an association of PHN educators, and its work is focused on working with nursing schools to enhance PHN curricula, support PHN faculty, and encourage students to consider careers in PHN at generalist and specialist levels.
 - The APHA PHN Section includes PHNs from academia and practice and offers student scholarships to the APHA Annual Meeting and identifies mentors for each student at the conference.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - The Quad Council's strategic priority statements (see *Section 1) Initial Questions*) touch on some of these issues.
- Does the organization do anything to help its constituents improve the working environment?
 - APHN, one of the core members of the Quad Council, conducts periodic webinars, which focus on topics of public health nursing interest.
 - Additionally, each Quad Council member organization holds annual conferences for its membership.
 - There is significant crossover between several of the Quad Council member organizations. ACHNE and APHN have jointly written proposals for mentorship programs, yet to be funded.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - No.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - No.

7) Research

- Does the organization conduct and/or fund workforce research?
 - The Quad Council does not conduct research. However, Quad Council member organizations do conduct research on PHN interventions and PHN workforce research.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - No.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - The Quad Council has assisted in the PHN enumeration study discussed above under *Section 1) Initial Questions*.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - See information about strategic briefs presented in *Section 1) Initial Questions*; each Quad Council member organization has policy statements on its website.
 - ANA has the following position statements regarding workplace advocacy on its website at <http://www.nursingworld.org/positionstatements>:
 - ♦ Just Culture
 - ♦ Patient Safety Rights of Registered Nurses When Considering a Patient Assignment
 - ♦ Employers Guidelines for Work Release During a Disaster
 - ♦ Registered Nurses' Rights and Responsibilities Related to Work Release During a Disaster
 - ♦ Sexual Harassment
 - ACHNE has the following workforce position papers on its website:
 - ♦ Graduate Education for Advanced Practice Public Health Nursing: At the Crossroads (<http://www.achne.org/files/public/GraduateEducationDocument.pdf>).
 - ♦ Academic Faculty Qualifications for Community/Public Health Nursing Educators (<https://www.resourcenter.net/images/Achne/files/2009/FacultyQualificationsPositionPaper.pdf>)
 - APHN has on its website a "Statement on The Future of Nursing Report" dated March 2011 that includes workforce issues.
 - APHA PHN Section does not have position papers, but reference others, including its support of a consensus statement: "Commitment to Quality Healthcare Reform: A Consensus Statement from the Nursing Community."
- Does the organization advocate for public health workforce jobs?

- APHA PHN Section uses the APHA Policy Statements to advocate on relevant topics.
- Does the organization advocate for public health workforce research?
 - The Quad Council advocates through its individual member organizations.
 - APHA PHN Section uses the APHA Policy Statements to advocate on relevant topics.
- Does the organization advocate for public health workforce training?
 - Individual Quad Council member organizations do so.
 - ACHNE efforts to establish educational standards in conjunction with nursing.
 - APHA PHN Section uses the APHA Policy Statements to advocate on relevant topics.
- Does the organization advocate for public health workforce development funding?
 - APHA PHN Section uses the APHA Policy Statements to advocate on relevant topics.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - The Quad Council is a collaboration of four organizations.
 - The Quad Council also participates as a group in the Nursing Community, a coalition of nursing organizations that takes policy positions and advocates for nursing funding.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - Funders such as Robert Wood Johnson Foundation; other Quad Council members; HRSA; CDC; American Association of Colleges of Nursing (AACN).
- Does the organization have affiliates that are very involved in public health workforce activities?
 - APHN through its work with ASTHO. There are also ongoing discussions with RWJF and CDC regarding the public health workforce; APHA.
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - N/A.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - N/A.

Society for Public Health Education (SOPHE)

Contact: Elaine Auld, MPH, MCHES, Chief Executive Officer

Discussion Held: September 26, 2012

Written Responses Received: November 28, 2012

Approved: November 28, 2012

Summary of Responses to Questions on Workforce Development Activities:

1) Initial Questions

- Does the organization have a strategic plan? Is it current?
 - Yes. Yes.
- Does the organization have a workforce plan? Is it current?
 - No. SOPHE's strategic plan addresses workforce.
- Is the strategic plan accessed through the organization's website current?
 - Yes.
- Does the organization have plans to revise its strategic or workforce plans?
 - SOPHE's strategic plan is a dynamic document, which its Board reviews every year. There will probably be changes in the next year based on: 1) feedback from member (and non-member) survey and 2) other external influences such as sequestration and the election.
- How does the organization define the public health workforce?
 - There are many different views of public health and community health. SOPHE views the public health workforce broadly, as people who serve to improve the health of the public.

2) Training

- What training activities does the organization sponsor, develop, and/or deliver?
 - Annual Meeting, held before the APHA Annual Meeting in October – Will not be held after this year.
 - Annual Conference in the spring.
 - Annual Health Education Advocacy Summit – As a member of the Coalition of National Health Education Organizations (CNHEO), SOPHE has taken an active role in organizing and staffing the Annual Health Education Advocacy Summit.
 - SOPHE's new e-learning portal – Center for Online Resources & Education (CORE), launched in fall 2012. Includes taped sessions from SOPHE's Annual Meeting and other meetings; serves as a one stop hub for continuing education for CHES/MCHES and CPH.
 - Self study articles in SOPHE journals, *Health Education & Behavior* (6 issues per year) and *Health Promotion Practice* (6 issues per year), plus supplements.
 - Webinars.
 - Other cosponsored meetings (e.g., 2011 HHS Weight of the Nation, APHA's Midyear Meeting, training delivered for CDC employees at CDC University).
- What topics, objectives, and/or competencies does training address?
 - SOPHE trainings align with the Health Education Competencies for Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES):
 - Assess Needs, Assets and Capacity for Health Education
 - Plan Health Education
 - Implement Health Education

- Conduct Evaluation and Research Related to Health Education
 - Administer and Manage Health Education
 - Serve as a Health Education Resource Person
 - Communicate and Advocate for Health and Health Education
- SOPHE did a crosswalk between ASPH/Health Education Competencies and found a 60% overlap. Results were published in the *Journal of Public Health Management and Practice* in 2010.
- SOPHE trainings also overlap with many CPH competencies.
- Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Yes, a focus on the broader public community has been part of SOPHE's strategic direction, particularly since the expansion of the Internet and email to facilitate broader outreach. SOPHE primarily alerts others through email notices.
- Who is the target audience of the training?
 - Members, CHES/MCHES, APHA's Public Health Education & Health Promotion Section, Coalition of National Health Education Organizations, and the broader public health community.
- How many people receive training annually?
 - In 2012, SOPHE sponsored some 50 webinars, attended by approximately 2,700 professionals; Midyear and Annual Meetings each attracted 300-450 people.
- How is training delivered?
 - In-person
 - Annual Meeting and Convention.
 - From a distance (modalities?)
 - Webinars.
 - Self study journal articles.
 - CORE, SOPHE's e-learning portal.
- Does the organization charge fees for its training?
 - Yes, fees vary.
- How does the organization determine if training is successful?
 - Evaluations are conducted after every conference and webinar.
 - Annual member survey includes questions related to training (e.g., did you benefit from trainings?).
- What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
 - Promotion of CORE – adding more courses and marketing to expand awareness.
 - Reviewing/updating Health Education Competencies again; process to begin in 2013. Very intense research project around this effort in collaboration with the National Commission for Health Education Credentialing (NCHEC).
 - SOPHE is exploring ways to create a stronger voice for the health education profession with its current process of merging with the American Association for Health Education.

3) Learning Management Systems

- Does the organization have a learning management system?
 - Yes.
- Does the organization use a learning management system and, if so, which system?
 - CORE – See *Section 2) Training*. (PeachNewMedia is the provider.)
- For what purposes does the organization use a learning management system?
 - Delivering content of training, tracking courses and credentials.

- What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - Training statistics, such as how many people trained, CHES/CPH credits provided.
- Is the learning management system connected with other systems?
 - Yes – SOPHE's association management system.

4) Data

- Does the organization collect data on workforce composition, needs, and gaps?
 - Yes.
- What types of data?
 - Annual survey of members and non-members.
 - Periodic surveys of academic programs in health education at undergraduate/graduate levels.
- How are the data collected?
 - Web survey.
- How does the organization use these data?
 - Planning to link back to strategic plan. Creating a dashboard of indicators that link to strategic plan.
- Does/Can the organization share these data?
 - Data resides within SOPHE.
- How often are data collected?
 - Annually.
- Does the organization collect other types of workforce data?
 - No. Might do so in the future.
- Are there other sources that the organization uses to obtain workforce data?
 - Department of Labor – Standard Occupational Classification.

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
 - Previously participated in mentoring program through the Public Health Leadership Institute, but this program is no longer funded.
 - Student outreach – Targeted at helping students find jobs, develop resumes, etc.
 - Participates in Health Education Week (recognized by the Department of Health and Human Services). This year the topic was adolescent health, indirectly addresses the role of health education specialists.
 - Participates in National Public Health Week.
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
 - SOPHE would like to influence this more and has developed proposals to do this, but has not received funding.
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
 - SOPHE has paid internships – 6 per year.
 - SOPHE offers 12-15 scholarships and fellowships to graduate and undergraduate students.

- 21st Century Campaign endowment – 12 people per year funded to attend SOPHE's Annual Meeting or Health Education Advocacy Summit.
- Does the organization do anything to help its constituents improve the working environment?
 - Not directly.

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
 - No.
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?
 - Indirectly. If people have the knowledge and skills, it will improve performance.

7) Research

- Does the organization conduct and/or fund workforce research?
 - Health Education Job Analysis (HEJA) – Forms the basis of the Health Education Competencies. Link to HEJA 2010 study is on the SOPHE website. Conducted every 5 years. Will have data for new analysis by 2015.
 - Conducted market research on employers and attitudes about health education (2006).
 - SOPHE's National Task Force on Accreditation in Health Education also conducts periodic research.
- Does the organization share data about the organization's constituents for the purpose of workforce research?
 - Through publications, *Health Education & Behavior (HEB)* and *Health Promotion Practice*. Will be publishing article on developing competencies in December 2012 issue of *HEB*.
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?
 - See annual survey in *Section 4) Data*.

8) Advocacy

- Has the organization developed policy statements related to the public health workforce?
 - Yes. May be found on SOPHE's website.
 - SOPHE 2011 Advocacy Priorities are listed at www.sophe.org/advocacy.cfm:
 - Patient Protection and Affordable Care Act
 - ♦ Retain Prevention and Public Health
 - ♦ Seek opportunities for 3rd party reimbursement for professionally trained health educators
 - Appropriations for CDC's National Center for Chronic Disease Prevention and Health Promotion – overall and these subprograms:
 - ♦ Healthy Communities Program
 - ♦ Racial and Ethnic Approaches to Community Health Program
 - ♦ Division of Adolescent & School Health
 - Reauthorization of the Elementary and Secondary Education Act (ESEA):
 - ♦ Support Udall (D-NM) amendment to ESEA to include health and physical education as core subjects
 - Promote the Health Education Profession as a critical component to addressing the health crisis in our society

- Health literacy
- Health equity across all populations
- Tobacco prevention and control
- Environmental health/emergency preparedness
- SOPHE Resolutions are listed at www.sophe.org/resolutions.cfm.

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
 - Yes. CDC, Health and Human Services (HHS), APHA, and NLM Partners in Information Access for the Public Health Workforce.
- What organization(s) does the organization turn to for public health workforce development assistance?
 - PHF, Public Health Training Centers, Prevention Research Centers, Robert Wood Johnson Foundation, and Kellogg Foundation.
 - SOPHE is now working with Emory University to publish a supplement of *Health Promotion Practice* on the HRSA Public Health Training Centers (expected in 2014).
- Does the organization have affiliates that are very involved in public health workforce activities?
 - Yes. SOPHE has 19 chapters that do continuing education, mostly face-to-face, but also some online training.
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
 - Coalition of National Health Education Organizations (8 organizations).
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
 - Being able to share results of this study to be more strategic in decisions, relative priorities, knowing areas of overlap and opportunities to collaborate.
- What else would the organization like to tell us about its public health workforce development plans and activities?
 - SOPHE and the International Union for Health Promotion and Education (IUHPE) have developed Domains of Practice in Health Promotion and are collaborating on strengthening accreditation processes in Europe. This initiative, which identifies the core domains of practice for all health promotion professionals, is in part intended to facilitate greater international placement or exchange of health promotion professionals and students.

Attachment A

Interview Guide: Public Health Workforce Development Inventory

Revised: August 13, 2012 (Original: July 31, 2012)

- 1) Initial Questions (many plans will have been collected prior to the interviews)
 - Does the organization have a strategic plan? Is it current?
 - Does the organization have a workforce plan? Is it current?
 - Is the strategic plan accessed through the organization's website current?
 - Does the organization have plans to revise its strategic or workforce plans?
 - How does the organization define the public health workforce?
- 2) Training
 - What training activities does the organization sponsor, develop, and/or deliver?
 - What topics, objectives, and/or competencies does training address? (Note: For organizations with many training activities, focus on areas of expertise for training, major training activities/examples of training activities, courses offered most often, competency sets training is drawn from/domains covered.)
 - Is the training open to the general public health community and, if so, how do people find out about/access it?
 - Who is the target audience of the training?
 - Internal
 - External (members/constituents of the organization and/or others?)
 - How many people receive training annually?
 - How is training delivered?
 - In-person
 - From a distance (modalities?)
 - Does the organization charge fees for its training?
 - How does the organization determine if training is successful?
 - What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?
- 3) Learning Management Systems
 - Does the organization have a learning management system?
 - Does the organization use a learning management system and, if so, which system?
 - For what purposes does the organization use a learning management system?
 - What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
 - Is the learning management system connected with other systems?
- 4) Data
 - Does the organization collect data on workforce composition, needs, and gaps?
 - What types of data?
 - How are the data collected?
 - How does the organization use these data?
 - Does/Can the organization share these data?
 - How often are data collected?
 - Does the organization collect other types of workforce data?
 - Are there other sources that the organization uses to obtain workforce data?

5) Recruitment and Retention

- Does the organization engage in any public health workforce recruitment and retention efforts?
- Does the organization engage in any activities to build the workforce pipeline, such as reaching out to schools to interest students in public health or provide support for teachers?
- What types of programs, incentives, salary offerings/benefits, and other strategies does the organization advocate to recruit and retain public health professionals (related to the organization's constituents)?
- Does the organization do anything to help its constituents improve the working environment?
 - Training
 - Systems to help improve worker efficiency, effectiveness, and/or morale

6) Tools and Systems

- Does the organization develop or sponsor development of tools and/or systems to help improve workforce performance and/or employee satisfaction?
- Are there particular tools and/or systems the organization uses or recommends for use to help improve workforce performance and/or employee satisfaction?

7) Research

- Does the organization conduct and/or fund workforce research?
- Does the organization share data about the organization's constituents for the purpose of workforce research?
- Does the organization conduct assessments to determine the workforce needs of the organization's constituents?

8) Advocacy

- Has the organization developed policy statements related to the public health workforce? (Note: Ask organization to provide copies/examples of policy statements.)
- Does the organization advocate for public health workforce jobs?
- Does the organization advocate for public health workforce research?
- Does the organization advocate for public health workforce training?
- Does the organization advocate for public health workforce development funding?

9) General

- Does the organization work with other partners on public health workforce development activities? Who are the organization's major collaborators?
- What organization(s) does the organization turn to for public health workforce development assistance?
- Does the organization have affiliates that are very involved in public health workforce activities?
- Are there other organizations that are engaged in significant public health workforce activities that are not members of the Council on Linkages Between Academia and Public Health Practice?
- What else would the organization like to know about workforce development activities/needs when it is planning its own activities?
- What else would the organization like to tell us about its public health workforce development plans and activities?

8. Academic Health Department Learning Community Report



Academic Health Department Learning Community Report

March 27, 2013

Overview

Over the past year, interest in academic health departments (AHDs) and the [Academic Health Department \(AHD\) Learning Community](#), a national community of practitioners, educators, and researchers that supports AHD partnerships, has continued to increase. Membership in the Learning Community has grown to nearly 250 members, an addition of approximately 120 members since June 2012. In comparison, approximately 50 members joined the Learning Community from June 2011 to May 2012.

Planning for 2013

The AHD Learning Community has grown larger and quicker than anticipated when it was established by the Council on Linkages Between Academia and Public Health Practice in January 2011. To best serve the Learning Community, and best utilize the time and expertise of community members, a variety of next steps are being considered. These include:

- Holding several conference call/webinar meetings to introduce new members to the Learning Community and discuss basic elements of AHDs. Meetings would be open to all Learning Community members, but would be especially relevant to those professionals who have not yet attended a Learning Community meeting.
- Conducting a needs assessment to identify activities, topics, or resources of interest and value to Learning Community members. This would help provide direction for the group going forward.
- Developing subgroups to address specific topics, such as roles for AHDs in an evolving health system. These subgroups could meet independently of the full Learning Community meetings and periodically report back to the full group. Topics for subgroups would be based on interests of Learning Community members.
- Enhancing the [AHD Learning Community Profiles](#) to better facilitate connections between members. This may include increasing the number of profiles available online and making it easier to locate information about AHDs and member experience and expertise.
- Exploring hosting in-person Learning Community meetings at multiple national meetings. Holding Learning Community meetings during the American Public Health Association Annual Meeting has enabled interaction and relationship-building among Learning Community members; additional similar meetings would offer more opportunities for this interaction.

Feedback on these ideas and suggestions of additional ideas are welcome during this meeting or by email to Kathleen Amos at kamos@phf.org.

9. Council Project Analyst Job Description



Position Announcement

Position: Project Analyst, Council on Linkages Between Academia and Public Health Practice

The Public Health Foundation (PHF) is a national, non-profit organization dedicated to improving the public's health by strengthening the quality and performance of public health practice at the community, agency, and individual level. PHF is a dynamic and responsive organization with a budget of \$5 million and over 40 years of experience. With our highly motivated and professional staff, we quickly and effectively respond to current and emerging needs of the public health system. Every employee counts and contributes as a team member and individually to the success of our organization.

We are seeking a detail- and customer-oriented professional for this position to assist with conducting the day-to-day operations for the Council on Linkages Between Academia and Public Health Practice (Council). The Council is comprised of 19 national public health practice and academic organizations, and focuses on public health workforce issues. This is an ideal position for an individual interested in connecting with national organizations and building a career in public health. The individual in this position will also contribute to activities of PHF's Academic/Practice Linkages Unit.

Duties and Responsibilities:

The Project Analyst will work on project activities to include:

- Implementing projects
- Developing and following work plans
- Preparing reports, other project documents, and proposals
- Assisting with communication efforts, including corresponding directly with partners and the public, preparing and disseminating electronic newsletters, writing news articles, coordinating social media activities, and designing promotional materials
- Responding to internal and external requests for information
- Interpreting information and developing recommendations
- Developing content for and helping to maintain the website
- Organizing logistics and preparing materials for meetings and conferences
- Creating and maintaining project files and databases
- Assessing, understanding, and communicating project and task needs
- Providing general support to projects and the Academic/Practice Linkages Unit
- Contributing to achievement of the Council's and PHF's strategic directions

The individual in this position will be based in our Washington, D.C. office and must be able to begin work within three weeks of hiring.

Qualifications:

- Demonstrated experience in successfully implementing projects, following work plans, preparing reports and other written materials, and communicating and corresponding with stakeholders
- Bachelor's degree required; master's degree preferred. Degrees in the liberal arts, social sciences, or public health preferred.

- Excellent writing, editing, and proofreading skills
- Excellent organizational and communication skills
- Excellent customer service skills
- Experience with Microsoft Office
- Experience with developing content for the web
- Ability to work independently, but also function effectively as a member of a project team
- Interest in workforce development and some understanding of public health
- Experience with Adobe Acrobat, Microsoft SharePoint, and social media preferred

PHF Staff Values:

PHF staff has created an environment of strong organizational values of putting people first, excellence in the work we do, open and honest communication, and being supportive of one another. To learn more about our staff values, please visit our website at http://www.phf.org/AboutUs/Pages/Staff_Values.aspx.

Benefits:

Our employees are provided with the opportunity to grow with us. We strive to instill qualities necessary for a successful career in public health through challenging projects that will provide you the opportunity to enhance your skills and career, while furthering the great work of the Public Health Foundation. In addition we offer a comprehensive benefits package, including a competitive salary for that outstanding candidate!

To apply:

To respond to this opportunity, please submit your résumé to:
<http://ejob.bz/ATS/jb.do?reqGK=659616>

Qualified candidates will also be required to provide two work-related writing samples of no more than two pages each. Writing samples may be requested or can be uploaded as attachments when applying.

No phone calls or emails please.

The Public Health Foundation is an equal opportunity employer.

Visit our web site at www.phf.org.

EOE

**10. Request for Information on the FY 2013-2018
Strategic Plan for the Office of Disease
Prevention, National Institutes of Health**



**Request for Information on the FY 2013–2018 Strategic Plan for the
Office of Disease Prevention, National Institutes of Health**

March 27, 2013

The Request for Information on the FY 2013–2018 Strategic Plan for the Office of Disease Prevention, National Institutes of Health is available online at
http://prevention-nih.org/aboutus/strategic_plan/rfi.aspx.

11. Supplemental Materials:

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



Council on Linkages Between Academia and Public Health Practice

Constitution and Bylaws

ARTICLE I. – MISSION:

The mission of the Council on Linkages Between Academia and Public Health Practice (Council) is to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

ARTICLE II. – BACKGROUND AND PURPOSE:

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

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

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

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

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

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

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American 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) – Preliminary Member Organization
- Association of Schools of Public Health (ASPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- National Public Health Leadership Development Network (NLN) – Preliminary Member Organization
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education (SOPHE)

Membership Categories:

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

I. Preliminary Member Organization Privileges

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

II. Formal Member Organization Privileges

1. In accordance with the Council's travel policy and as funding permits, Organizational Representatives (Representatives) from Formal Member Organizations are entitled

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

ARTICLE IV. – MEMBER ORGANIZATION 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

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career. In order to fulfill this mission, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council involvement requires that:

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

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

Council Representative Designated by Organization

Date

Organizational Executive Director

Date

Member Organization



Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2011-2015

Mission

To improve public health practice, education, and research by:

- Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
- Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
- Creating a process for continuing public health education throughout one's career.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Public Responsibility and Citizenship

Objectives

- Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
- Enhance public health practice-oriented education and training.
- Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Objectives, Strategies, & Tactics

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

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.

Tactics:

- a. Increase membership and activities of the Academic Health Department Learning Community.
- b. Document and highlight collaboration and its impact through a Linkages Awards program.

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

Tactics:

- a. Identify cross-cutting competencies for public health and primary care.

- b. Expand the Academic Health Department Learning Community to include primary care professionals and organizations.
- c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.

Tactics:

- a. Serve as a clearinghouse for evidence regarding successful linkages.
- b. Conduct a periodic review of practice-based content in public health education.

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

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

Tactics:

- a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
- b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
- c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
- d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.

Tactics:

- a. Explore methods for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.

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

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

Tactics:

- a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
- b. Use survey methods to gather additional data about public health workers.
- c. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
- d. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

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

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

Tactics:

- a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.

Tactics:

- a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.

Tactics:

- a. Identify gaps in the development of research that is relevant to practice.
- b. Vet the Robert Wood Johnson Foundation workforce research agenda.
- c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

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

Tactics:

- a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.

Strategy 4: Explore approaches to enhance funding of public health research.

Council on Linkages Administrative Priorities

- **Communication:** Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.
- **Funding:** Secure funding to support Council activities.
- **Governance:** Review governance structure of the Council.
- **Membership:** Explore desirability of and opportunities for Council membership expansion and diversification.
- **Staffing:** Maintain Council staffing and convening role of the Public Health Foundation.
- **Technology:** Explore uses of technology to facilitate Council activities.



Council on Linkages: Strategic Directions, 2011-2015 Administrative Priorities

July 28, 2011

During the Council on Linkages Between Academia and Public Health Practice (Council) strategic planning, several priorities for effective administration of the Council were identified. The Council Chair and staff have begun planning to address these priorities. The following details our anticipated initial steps.

Communication: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.

The key priority identified in the area of communication was increasing awareness of and access to Council activities and products. Currently, several communication methods are used to disseminate information about the Council and its products. These include: maintaining the Council website, producing and distributing the Council on Linkages Update, publishing news articles on the PHF website, blogging on the PHF Pulse blog, and participating in national conferences and meetings through presentations and exhibits. We propose four initial steps toward enhancing Council communication activities:

- Maintain use of the communication methods listed above, while exploring opportunities to maximize the impact of these communication channels in reaching our broad public health audience.
- Pilot test the addition of Twitter to our current communication strategies as a way to push out information. The pilot test will involve establishing communication goals, a pilot time period, and ways to measure success. This pilot test will be initiated within the next three months.
- Request assistance from Council Representatives to explore how Council Representatives and Member Organizations can help us enhance Council communication strategies.
- Discuss ways to enhance Council communications during the fall/winter Council meeting.

Funding: Secure funding to support Council activities.

Funding is likely to remain a concern for the Council for the foreseeable future. Securing and maintaining adequate funding levels to advance the work of the Council remains a priority for us.

Governance: Review governance structure of the Council.

Two items were identified in the area of governance: holding regular elections for Council leadership and possible expansion of Council leadership to include an executive committee.

1. *Regular Elections.* According to the Council's *Constitution and Bylaws*, Article VI – Council Leadership, the leadership of the Council consists of an elected Chair. The term of the Chair is two years, and there is no limit to the number of terms a Council Representative can serve in this position. All Council Representatives who have served a minimum of two years and have worked in public health practice are eligible to stand for election. Each Council Member Organization, through its Representative, has one vote in the election, and the result is determined by a majority affirmative vote.¹ Preparation for an election for the Council Chair position has begun. A request for nominations has been distributed. Voting is expected to occur in mid-July, with the winner announced at the July meeting of the Council.
2. *Executive Committee.* The idea of establishing a formal executive committee to assist in governing the Council has been previously considered. Currently, the Chairs of the Council Workgroups and Task Force serve as an informal executive committee that conducts Council business in between Council meetings. The Council Chair monitors the work conducted and reports to the full Council. This arrangement has served the Council well over the years and has enabled flexibility in responding to changing circumstances.

Membership: Explore desirability of and opportunities for Council membership expansion and diversification.

Two priorities under the umbrella of membership have been identified: expansion and engagement.

1. *Council Membership Expansion.* The question of whether expansion of the Council's membership would be desirable has been raised. Some Council members have proposed expanding Council membership, while others have expressed concern over membership growth. We would like to be strategic about any decisions that are made and request that the Council revisit this topic at a future meeting.
2. *Council Member Engagement.* Prior to considering expanding Council membership, we propose to maximize engagement of existing Council members. Each Council Representative is responsible for serving as a communication liaison between the Council and his/her Member Organization and constituency, engaging in the business of the Council at meetings, and contributing to the development of Council resources. Council Representatives have the opportunity to participate more extensively in Council initiatives through involvement with Council workgroups. Building on this foundation, we propose the following initial steps to increase engagement:
 - More clearly communicate to new Council Representatives the activities of the Council and opportunities for involvement.

¹ Council on Linkages Between Academia and Public Health Practice. (2006). Council on Linkages Between Academia and Public Health Practice: Constitution and Bylaws.

- Periodically remind Council Representatives of ongoing activities and opportunities to become involved.
- Actively request Council Representative assistance in communicating Council activities to our broad public health audience through activities such as writing for the PHF Pulse blog.
- Contact all Council Member Organizations to discuss the Council and its future directions. The Council Chair and Director will speak via conference call with the Representative, director/CEO, and staff contact of each Council Member Organization within the next six to nine months.

To assist in accomplishing these initial steps, we will be asking all Council Representatives to provide current professional information, including an updated CV and brief biography, within the next three months.

Staffing: Maintain Council staffing and convening role of the Public Health Foundation.

Staffing of the Council is closely tied to Council funding and, as such, will likely continue to be an area of concern. Maintaining adequate staffing levels to support a productive Council remains a priority for us.

Technology: Explore uses of technology to facilitate Council activities.

Technology priorities center on the use of technology to efficiently conduct Council activities. A key Council activity is communication and the use of technological tools, such as the Council website, the PHF Pulse blog, and Twitter, within communication efforts was discussed above under the priorities for Communication. Many of the communication methods used to disseminate information to the public also serve as means to disseminate information to Council Representatives and Member Organizations. Additionally, we propose to:

- Redesign the Council workgroup pages within our website to become more of a “home” for workgroup activities where all relevant information, such as current activities, resources under development, and upcoming meetings, can be accessed. This redesign will begin within the next three months.
- Request assistance from Council Representatives to help us identify ways to maximize the value obtained from the technologies we currently use and investigate promising new technologies and their potential value for the Council.

We are committed to the continued success of the Council on Linkages Between Academia and Public Health Practice. Feedback and ideas related to administrative issues are welcome from Council members at any time.