

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

## **Virtual Meeting**

~

**Thursday, November 29, 2018  
2:00-4:00 pm EST**

~

**Registration URL:**

**[https://register.gotowebinar.com/register/40103  
32713964471810](https://register.gotowebinar.com/register/4010332713964471810)**

~

**Funding provided by the Centers for Disease Control and Prevention**

~

**Staffed by the Public Health Foundation**

# Table of Contents

1. Meeting Agenda
2. Council Member List
3. Draft Meeting Minutes – July 16, 2018
4. Year in Review:
  - Core Competencies for Public Health Professionals Report
  - Academic Health Department Learning Community Report
5. Council Directions and Priorities:
  - Council Directions and Priorities
  - Council Strategic Directions, 2016-2020
6. Supplemental Materials:
  - Council Constitution and Bylaws
  - Council Participation Agreement
  - Council Strategic Directions, 2016-2020

# 1. Meeting Agenda



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

Date: Thursday, November 29, 2018

Time: 2:00-4:00pm EST

Register for Web Access: <https://attendee.gotowebinar.com/register/4010332713964471810>

**AGENDA**

2:00-2:05	Welcome and Overview of Agenda	<i>Bill Keck</i>
2:05-2:10	Approval of Minutes from July 16, 2018 Meeting ➤ <b>Action Item:</b> Vote on Approval of Minutes	<i>Bill Keck</i>
2:10-2:50	Year in Review ➤ Competencies Initiatives (Council Strategic Directions – A.2.a, B.1.b., B.1.e., C.3.) <ul style="list-style-type: none"><li>• Core Competencies for Public Health Professionals</li><li>• Competencies for Performance Improvement Professionals in Public Health</li><li>• Competencies for Population Health Professionals</li><li>• Quad Council Coalition Community/Public Health Nursing Competencies</li></ul> ➤ Academic Health Department Learning Community (Council Strategic Directions – A.1.a, A.1.b., D.3.a.)	<i>Bill Keck</i>  <i>Amy Lee, Janet Place</i> <i>Kathleen Amos</i> <i>Kathleen Amos</i> <i>Susan Little</i>
2:50-3:50	Council Directions and Priorities (Council Strategic Directions – A.1.b., A.1.c., C.1.e.)	<i>Bill Keck</i>
3:50-4:00	Other Business and Next Steps	<i>Bill Keck</i>
4:00	Adjourn	

## **2. Council Member List**



## Council on Linkages Members

### ***Council Chair:***

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

### ***Council Members:***

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

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

Beverly Taylor, MD  
American College of Preventive Medicine

Health Resources and Services Administration

Association for Community Health Improvement

Beth Ransopher, RS, MEP  
National Association of County and City Health  
Officials

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

Christina Dokter, MA, PhD  
National Association of Local Boards of Health

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

Carolyn Harvey, PhD  
National Environmental Health Association

Philip Amuso, PhD  
Association of Public Health Laboratories

Lisa Lang, MPP  
National Library of Medicine

Lynn Goldman, MD, MS, MPH  
Association of Schools and Programs of Public  
Health

Patrick Lenihan, PhD  
National Network of Public Health Institutes

Wendy Braund, MD, MPH, MEd, FACPM  
Association of State and Territorial Health  
Officials

Louis Rowitz, PhD  
National Public Health Leadership Development  
Network

Association of University Programs in Health  
Administration

Susan Little, DNP, RN, PHNA-BC, CPHQ  
Quad Council Coalition of Public Health Nursing  
Organizations

Rebecca Gold, JD  
Centers for Disease Control and Prevention

Michael Fagen, PhD, MPH  
Society for Public Health Education

Barbara Gottlieb, MD  
Community-Campus Partnerships for Health

Matthew Clark  
Veterans Health Administration

### **3. Draft Meeting Minutes – July 16, 2018**



# The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: July 16, 2018

## Meeting Minutes – Draft

**Members and Designees Present:** C. William Keck (Chair), Phil Amuso, Wendy Braund, Christina Dokter, Michael Fagen, Gary Gilmore, Barbara Gottlieb, Angela Hawkins, Amy Lee, Patrick Lenihan, Susan Little, Beth Ransopher, Lisa Sedlar, Susan Swider, Beverly Taylor, Kristen Varol, Sarah Weiner

**Other Participants Present:** Ronnesha Addison, Clora Aikens, Magali Angeloni, Mike Anguilano, Anita Balan, Mary Beverly, Keree Brannen, Lori Caloia, Vera Cardinale, Candy Cates, Ashley Edmiston, Olugbemiga Ekundayo, Jennifer Ferraro, Julia Flannery, Robert Foley, Dom Francis, Carlos Alberto Garay, Steve Godin, Heidi Gortakowski, Nadim Haddad, Suzanne Hawley, Adam Hoverman, David Hudson, Barbara Ann Hughes, Jonathan James, Jennifer Kowalkowski, Kirk Koyama, Joe Kyle, Vanessa Lamers, Jessie Legros, Bryn Manzella, Nola Martz, Kelly Matson, Kate McFadyen, Jennifer McKeever, Lloyd Michener, Paulani Mui, Candace Nelson, Valeria Newton-Lamb, Veronica Nkie, Lauren Orkis, Eva Perlman, Lynelle Phillips, Erica Piedade, Janet Place, Hillary Presecan, Ariane Reeves, Hope Rollins, Karen Roubik, Linda Royer, Teejay Sethi, Silvia Shin, Lenée Simon, Indu Spugnardi, Kelli Stephens, Douglas Taren, J.T. Theofilos, Frank Thompson, Julie Trocchio, Eric Van Rite, Dan Ward, Angela Williams

**Staff Present:** Ron Bialek, Kathleen Amos, Keiona Jones

Agenda Item	Discussion	Action
<b>Welcome and Overview of Agenda</b>	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH.  Dr. Keck reminded participants of the Council's mission and reviewed the agenda for the meeting.	
<b>Approval of Minutes from December 12, 2017 Meeting</b>  ➤ <b>Action Item: Vote on Approval of Minutes</b>	Dr. Keck asked for any changes to the minutes of the December 12, 2017 Council meeting. Kristen Varol, MPH, CHES, moved to approve the minutes as written. No additions or corrections.	Minutes from the December 12, 2017 Council meeting were approved as written.
<b>State of the Council: Where We've Been, Where We Are, Where We're Headed</b>	Dr. Keck led a discussion about the State of the Council. For more than 25 years, the Council has been supporting the US public health workforce and advancing workforce development efforts nationwide. Council Director Ron Bialek, MPP, spoke about the Council's history, current initiatives, and future opportunities. Over its history, the Council has grown from nine to 23 organizations and has engaged in laying the groundwork for The Community Guide (The Guide to Community Preventive Services) and the field of public health services and systems research (PHSSR), contributed to Council on Education for Public Health (CEPH) accreditation for schools and	Additional thoughts about the impact of the Council and its products, examples of how Council member organizations' or their members' or constituents' activities use the Council's work, or thoughts on future opportunities for the Council can be shared with Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a> .

	<p>programs of public health and Public Health Accreditation Board (PHAB) accreditation for health departments, developed foundational competencies for the practice and teaching of public health, and strengthened partnerships and collaboration between public health practice and academia. Current initiatives focus on supporting use of the Core Competencies for Public Health Professionals (Core Competencies) and academic health department (AHD) partnerships.</p> <p>Council members were asked to reflect on and discuss the impact Council member organizations are experiencing from the Council and its initiatives, contributions Council member organizations are making toward the Council's Strategic Directions, and opportunities to increase the Council's impact. The work of the Council and the aligned work of Council member organizations help contribute to the collective impact of the Council.</p> <p>Dr. Keck invited questions and discussion. The Association of State and Territorial Health Officials' Council representative Wendy Braund, MD, MPH, MEd, FACPM, spoke about state health departments' use of the Core Competencies. AHD Mentorship Program Chair Bryn Manzella, MPH, spoke about the value of AHD support and the Core Competencies for her local health department. Eva Perlman, MPH, and the Association of Public Health Laboratories' (APHL's) Council representative Phil Amuso, PhD, spoke about use of the Core Competencies for the Competency Guidelines for Public Health Laboratory Professionals. The National Association of County and City Health Officials' (NACCHO's) Council representative Beth Ransopher, RS, MEP, spoke about use of the Core Competencies within local health departments and by NACCHO in developing competencies for chief health strategists and an online training on how to create a workforce development program.</p>	
<p><b>Core Competencies for Public Health Professionals</b></p> <ul style="list-style-type: none"> <li>➤ <b>Core Competencies Use</b></li> <li>➤ <b>Healthy People 2030</b></li> <li>➤ <b>New Competencies</b></li> </ul>	<p>Core Competencies Workgroup Co-Chair Janet Place, MPH, gave an update on work related to the Core Competencies.</p> <p>The Core Competencies continue to be widely used for public health workforce development. The most popular resources and tools continue to include competency assessments, collections of job descriptions and workforce development plans that</p>	<p>Additional resources, stories, and examples to feature on the Council website are welcome and may be sent to Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a>.</p>

<p><b>Released:</b></p> <ul style="list-style-type: none"> <li>○ <b>Competencies for Performance Improvement Professionals in Public Health</b></li> <li>○ <b>Quad Council Coalition's 2018 Community/ Public Health Nursing Competencies</b></li> </ul>	<p>incorporate the Core Competencies, examples of how organizations are using the Core Competencies, and descriptions of the Core Competencies domains. Work on resources and tools continues, with a competency assessment based on the modified version of the Core Competencies released last year and a redesign of the section of the Council website highlighting how organizations are using the Core Competencies under development. The Core Competencies Workgroup has grown to over 90 members and has also contributed to work on the Competencies for Performance Improvement Professionals in Public Health (PI Competencies) and Competencies for Population Health Professionals (Population Health Competencies).</p> <p>Core Competencies Workgroup Co-Chair Amy Lee, MD, MPH, MBA, provided an update on Healthy People 2030.</p> <p>The Core Competencies are integrated into three objectives within the Public Health Infrastructure (PHI) topic area of Healthy People 2020, which focus on the use of the Core Competencies in public health agency job descriptions and performance evaluations, continuing education, and academic curricula. Planning is underway for Healthy People 2030. The development of objectives is in process, and it is anticipated that Healthy People 2030 will include many fewer objectives than Healthy People 2020. Earlier this year, Council staff met with the PHI team and provided input on objectives for Healthy People 2030. The PHI team is hoping to include objectives related to the Core Competencies, and it is likely that the primary objective proposed for inclusion will focus on use of the Core Competencies in continuing education and training. A public comment period is expected to begin toward the end of this year and will offer an opportunity to provide additional input into the objectives and reinforce interest in workforce objectives.</p> <p>Dr. Keck invited questions or discussion about activities related to the Core Competencies.</p> <p>Council Assistant Director Kathleen Amos, MLIS, spoke about discipline-specific competencies and the PI Competencies.</p> <p>A variety of competency sets have drawn on the Core Competencies or the expertise of Council staff or Core Competencies</p>	<p>Council staff will inform Council members when the public comment period will be held and encourage providing feedback on the proposed objectives.</p> <p>More information about the Core Competencies and Core Competencies activities is available through the Core Competencies section of the Council website or by contacting Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a>.</p>
--	--	--

	<p>Workgroup members in their development and implementation. For example, within the past two years, Council staff or Core Competencies Workgroup members have engaged in efforts related to the development or implementation of the PI Competencies and Population Health Competencies, two competency sets developed by the Public Health Foundation (PHF); Competency Guidelines for Public Health Laboratory Professionals produced by APHL and the Centers for Disease Control and Prevention (CDC); Including People with Disabilities: Public Health Workforce Competencies from the Association of University Centers on Disabilities; and Legal Epidemiology Competency Model led by CDC's Public Health Law Program. Additional examples of competency sets that draw on the Core Competencies include the Community/Public Health Nursing (C/PHN) Competencies from the Quad Council Coalition of Public Health Nursing Organizations (QCC); Competencies for Applied Epidemiologists in Governmental Public Health Agencies from CDC and the Council of State and Territorial Epidemiologists; Competencies for Health Education Specialists from the National Commission for Health Education Credentialing, Inc.; and Competencies for Public Health Informaticians created by CDC, the Association of Schools of Public Health, and the University of Washington Center for Public Health Informatics.</p> <p>Two new competency sets that use the Core Competencies have recently been released: the PI Competencies and the 2018 C/PHN Competencies.</p> <p>The PI Competencies are a set of skills desirable for performance improvement (PI) professionals working in public health, which were developed to offer additional guidance in PI for public health professionals with responsibilities related to quality improvement, performance management, workforce development, accreditation readiness, or community health assessment and improvement planning. The development process for this competency set spanned several years and included numerous opportunities for input and feedback from PI professionals, as well as a comprehensive environmental scan, including a literature review. To guide work related to these competencies, a PI Competencies Subgroup was established</p>	
--	--	--

	<p>under the Core Competencies Workgroup and includes more than 80 members from across the country. Released in June 2018 by PHF, these competencies are based on and align with the Core Competencies, and can be used along with the Core Competencies to help guide workforce development for PI professionals. To support use of the PI Competencies, a supplemental resource that presents the PI Competencies along with a list of competencies from the Core Competencies that may be especially relevant for PI professionals was also developed. Both the PI Competencies and this supplemental resource are available from the PHF website.</p> <p>Dr. Keck invited questions for Ms. Amos.</p> <p>The QCC's Council representative Susan Haynes Little, DNP, RN, PHNA-BC, CPHQ, CPM, shared the 2018 C/PHN Competencies.</p> <p>The QCC's C/PHN Competencies were originally developed in 2004 and updated in 2011 to inform and improve the public health nursing workforce and support progression of nursing education. Changes in community and public health nursing practice necessitated a revised set of competencies to inform nursing curricula and guide research, policy, and practice, and a task force was created in March 2017 to again revise the competencies. A final draft of the competency set was shared with QCC members in November 2017, and the revised set of competencies and an example evaluation tool were approved in April 2018. The C/PHN Competencies are available from the QCC website, and a recorded webinar about the competencies is expected later this summer.</p> <p>Dr. Keck invited questions for Dr. Little.</p>	
<p><b>Academic Health Department Learning Community</b></p> <ul style="list-style-type: none"> <li>➤ <b>AHD Webinar Series and Ask the AHD Expert Column</b></li> <li>➤ <b>Staged Model of AHD Development</b></li> <li>➤ <b>AHD Mentorship Program</b></li> </ul>	<p>Dr. Keck provided an update on activities of the AHD Learning Community.</p> <p>Since its launch in 2011, the AHD Learning Community has grown to more than 900 members and has continued to expand the resources and activities offered to members and others in the public health community. Since 2011, the Learning Community has held conference calls and virtual meetings to share AHD stories and enable Learning Community members to discuss AHD topics. Earlier this year, the Learning Community transitioned its virtual meetings</p>	

	<p>to an <i>AHD Webinar Series</i>. The first two webinars focused on how AHD partnerships can support PHAB and CEPH accreditation and building AHD partnerships in rural areas. AHD webinars are open to all who are interested and are archived and made available through the Council website, TRAIN Learning Network, and YouTube.</p> <p>The AHD Learning Community continues its quarterly <i>Ask the AHD Expert</i> column on the PHF Pulse blog, which provides guidance on AHD development or operation in response to questions from Learning Community members. Now up to six columns, the latest focus on communicating the value of AHD partnerships and how AHDs are engaging a variety of partners to impact community health.</p> <p>Building on the working AHD concept paper developed by the Council in 2010 to provide a definition for AHD partnership and on experiences shared by AHD Learning Community members, in 2017, a staged model of AHD development was drafted to illustrate how such partnerships may develop. This draft model was made available for public comment from November 2017 through April 2018, and revisions are being made based on feedback received. Discussion occurred on whether to keep the “Bonus” section included in the draft model or to integrate that content into a stage. It is anticipated that final revisions will be made and version 1 of the model will be available later this year. An effort is also beginning to capture stories of AHD partnerships that highlight different stages in the model</p> <p>Demand for the AHD Mentorship Program, which aims to build ongoing mentoring relationships between individuals involved in AHD efforts to foster the development, maintenance, and expansion of AHDs, has in some ways outgrown supply, and additional mentees are waiting for mentors with experience that matches their needs. Additional mentors with AHD experience or expertise are needed.</p> <p>The American Public Health Association (APHA) is planning to include an article about AHD partnerships and the AHD Learning Community in the August issue of <i>The Nation's Health</i> newspaper. This will be a cover story freely available online.</p> <p>Dr. Keck invited questions about activities related to the AHD Learning Community.</p>	<p>AHD partnership stories and examples that highlight different stages in the staged model of AHD development can be shared with Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a>.</p> <p>To volunteer as an AHD mentor or to learn more about the AHD Mentorship Program, contact Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a>.</p> <p>More information about the AHD Learning Community and its activities is available through the AHD Learning Community section of the Council website or by contacting Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a>.</p>
--	---	--

<p><b>Other Business and Next Steps</b></p>	<p>Dr. Keck invited Lisa Sedlar, MLIS, MT (ASCP), from the National Library of Medicine (NLM), to speak about usability testing for the redesigned Partners in Information Access for the Public Health Workforce (PHPartners) website.</p> <p>NLM is currently assessing the newly redesigned PHPartners.org website. The new website is currently available in a staging area before it is made available to the public. Feedback on the redesign before it is live is important to the redesign process, and NLM invites participation in a brief online usability test and survey. The testing can be completed remotely online and should take about 20 minutes.</p> <p>Dr. Keck asked if there was any other business to address.</p> <p>The next Council meeting will be on November 29, 2018 from 2-4pm EST and will be held virtually.</p>	<p>To participate in the PHPartners usability testing visit <a href="https://www.userhappy-accounts.com/ParticipantRegistration.aspx">https://www.userhappy-accounts.com/ParticipantRegistration.aspx</a> to sign-up with the usability testing platform UserHappy. To only be contacted for this test, use “PHPartners” for the “Name of the specific project” on the form. Questions can be sent to Aline Lin at <a href="mailto:aline@userhappy.com">aline@userhappy.com</a> or Lisa Sedlar at <a href="mailto:lisa.sedlar@nih.gov">lisa.sedlar@nih.gov</a>.</p> <p>Questions about Council meetings can be sent to Kathleen Amos at <a href="mailto:kamos@phf.org">kamos@phf.org</a>.</p>
---	---	---

#### **4. Year in Review:**

- **Core Competencies for Public Health Professionals Report**
- **Academic Health Department Learning Community Report**



## Core Competencies for Public Health Professionals Report

November 29, 2018

### **Overview**

The [Core Competencies for Public Health Professionals](#) (Core Competencies) reflect foundational skills desirable for professionals engaged in the practice, education, and research of public health and are used in education, training, and other workforce development activities across the country. The [current version of the Core Competencies](#) was released by the [Council on Linkages Between Academia and Public Health Practice](#) (Council) in June 2014. Council efforts related to the Core Competencies are guided by the [Core Competencies Workgroup](#), which has more than 90 members representing a variety of practice and academic organizations and interests within the public health field.

### **Core Competencies Activities and Accomplishments for 2018**

Activities related to supporting use of the Core Competencies continued in 2018, with sustained usage of the Core Competencies and tools, training, and technical assistance being provided. The following summary details activities and accomplishments for 2018.

#### *Usage of the Core Competencies*

- To date in 2018, the Core Competencies have been accessed more than 38,000 times, and resources and tools that support use of the Core Competencies have been accessed more than 48,000 times. This brings online usage of the Core Competencies and related resources and tools since the current version of the Core Competencies was released to more than 557,000 visits, including nearly 197,000 for the Core Competencies and more than 360,000 for related resources and tools.
- The most popular Core Competencies resources and tools continue to be [competency assessments](#) and collections of [job descriptions](#), [examples of how organizations use the Core Competencies](#), and [workforce development plans](#).

#### *Tools and Resources Related to the Core Competencies*

- To supplement the existing [competency assessments](#), which are among the most accessed Core Competencies resources, an assessment is being developed based on the [modified version of the Core Competencies](#) released in 2017. The modified version of the Core Competencies is based on Tier 2 of the Core Competencies and groups competencies that share a common theme together to reduce the number of individual items to focus on in workforce development efforts.
- A second popular resource, the [collection of examples of how organizations use the Core Competencies](#), is being redesigned and expanded. The single existing webpage will be replaced with a microsite with these stories and examples to better highlight workforce development efforts and share knowledge from those initiatives. Stories and examples for this resource are welcome by email to Kathleen Amos at [kamos@phf.org](mailto:kamos@phf.org).
- Core Competencies resources and tools were featured in a [presentation](#) at the [2018 American Public Health Association \(APHA\) Annual Meeting](#) attended by approximately 30 participants, and a workshop based on the [Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process](#) tool released in 2017 will be conducted at the [2019 Open Forum for Quality Improvement and Innovation](#).

### *Additional Highlights*

- Council staff responded to more than 40 technical assistance requests, serving approximately 30 organizations in 20 states, DC, Australia, and Ethiopia.
- Seven blog posts highlighting work with connections to the Core Competencies were published on the PHF Pulse blog and viewed more than 3,300 times.
- Council staff met with the team working on the Public Health Infrastructure (PHI) topic area of Healthy People 2030 to provide input into PHI objectives. Planning is currently underway for Healthy People 2030, and it is anticipated that proposed objectives will include at least one related to use of the Core Competencies in continuing education.

### ***Discipline-Specific Competency Sets***

In addition to supporting development of foundational skills for professionals working in public health, the Core Competencies support the development of discipline-specific competency sets. A variety of competency sets have drawn on the Core Competencies or the expertise of Council staff or Core Competencies Workgroup members in their development and implementation, including the [Competencies for Performance Improvement Professionals in Public Health](#), [Competencies for Population Health Professionals](#), and [Community/Public Health Nursing Competencies](#). Progress related to these three competency sets in 2018 is summarized below.

#### *Competencies for Performance Improvement Professionals in Public Health*

- The [Competencies for Performance Improvement Professionals in Public Health](#) (PI Competencies), a set of skills desirable for performance improvement (PI) professionals working in public health, were released in June by the [Public Health Foundation](#) (PHF). Designed to be used along with the Core Competencies, these competencies offer additional guidance in PI for public health professionals with responsibilities related to quality improvement, performance management, workforce development, accreditation readiness, or community health assessment and improvement planning.
- To support public health professionals and organizations in using the PI Competencies, a [supplemental resource](#) that presents the PI Competencies along with a list of competencies from the Core Competencies that may be especially relevant for PI professionals was developed.
- Since release in June, the PI Competencies have been accessed online more than 2,200 times and the supplemental resource nearly 800 times.
- A [webinar](#) introducing the PI Competencies was held in November and attended by more than 320 participants. The PI Competencies were also featured in a [session](#) at the [National Association of County and City Health Officials Annual 2018](#) attended by more than 80 participants and a [presentation](#) at the 2018 APHA Annual Meeting attended by approximately 40 participants.
- Work on the PI Competencies is guided by the [Performance Improvement Competencies Subgroup](#) of the Core Competencies Workgroup, which has grown to more than 85 members.

#### *Competencies for Population Health Professionals*

- A final draft of the [Competencies for Population Health Professionals](#) (Population Health Competencies), a set of skills desirable for population health professionals, was completed by PHF in October. Based on the Core Competencies, these competencies are primarily designed for hospital, health system, public health, and healthcare professionals engaged in assessment of population health needs and development, delivery, and improvement of population health programs, services, and practices.

- The Population Health Competencies are expected to be released in the near future, and a training plan focused on social determinants of health is currently under development for the [TRAIN Learning Network](#).
- The Population Health Competencies were featured in a [presentation](#) at the 2018 APHA Annual Meeting attended by approximately 35 participants.

#### *Community/Public Health Nursing Competencies*

- In June, the [Quad Council Coalition of Public Health Nursing Organizations](#) (Quad Council Coalition) released the [2018 Community/Public Health Nursing \(C/PHN\) Competencies](#), which were updated to align with the current version of the Core Competencies, as well as a variety of other related nursing competencies. The C/PHN Competencies reflect the unique competencies required for the practice of public health nursing and can be used by public health nurses from entry-level to senior management/leadership in a variety of practice settings.
- To accompany the C/PHN Competencies, in November, the Quad Council Coalition released a [recorded educational webinar](#) describing the development of the competencies and strategies for disseminating and adopting these revised competencies. Council staff participated in this recorded webinar.

More information about activities and accomplishments related to the Core Competencies is available through the [Core Competencies](#) section of the Council website or by contacting Kathleen Amos at [kamos@phf.org](mailto:kamos@phf.org).

## **Core Competencies Workgroup Members**

### **Co-Chairs:**

- Amy Lee, Northeast Ohio Medical University
- Janet Place, Arnold School of Public Health, University of South Carolina

### **Members:**

- Nor Hashidah Abd Hamid
- Angela Aidala, Region 2 Public Health Training Center, Columbia University
- Liz Amos, National Library of Medicine
- Sandra Anyanwu-nzeribe
- Sophia Anyatonwu, Texas Department of State Health Services, Region 7
- Sonja Armbruster, College of Health Professions, Wichita State University
- Bobbie Bagley, Nashua Division of Public Health & Community Services (NH)
- Cynthia Baker, Prince George's County Health Department (MD)
- Caroline Bartha, Florida Department of Health-Broward County
- Noel Bazini-Barakat, Los Angeles County Department of Public Health (CA)
- Dawn Beck, Olmsted County Public Health Services (MN)
- Roxanne Beharie, Ashford University
- Alan Bergen, Pima County Health Department (AZ)
- Linda Beuter, Livingston County Department of Health (NY)
- Michael S. Bisesi, College of Public Health, The Ohio State University
- Jeanne Bowman, Champaign Health District (OH)
- Keree Brannen, Austin Public Health (TX)
- Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
- Belinda Caballero, David Jurkovich MD PLLC; BC Billing LLC (FL)
- Candy Cates, Oregon Health Authority
- Marita Chilton, Public Health Accreditation Board
- Michelle Chino, School of Community Health Sciences, University of Nevada, Las Vegas
- Samantha Cinnick, Region 2 Public Health Training Center, Columbia University
- Michelle Cravetz, School of Public Health, University at Albany
- Oriyomi Dawodu, School of Medicine, University of Maryland
- Marilyn Deling, Olmsted County Public Health Services (MN)
- Anjali Deshpande, College of Public Health, University of Iowa
- Diane Downing
- Mark Edgar, School of Medicine and Public Health, University of Wisconsin
- Dena Fife
- Colleen Fitzgibbons, The Ohio State University
- Linda Rose Frank, Graduate School of Public Health, University of Pittsburgh
- Jen Freiheit, Bay View Advanced Management, LLC
- Kristine Gebbie
- Brandon Grimm, College of Public Health, University of Nebraska Medical Center
- John Gwinn, University of Akron
- Viviana Horigian, University of Miami
- Emmanuel Jadhav, Ferris State University
- Larry Jones
- Vinita Karatsu, County of Los Angeles Department of Public Health (CA)
- Bryant T. Karras, Washington State Department of Health
- Laura Rasar King, Council on Education for Public Health
- David Knapp, Kentucky Department for Public Health
- Kathy Koblick, Marin County Department of Health and Human Services (CA)

- Kirk Koyama, Health Resources and Services Administration
- Rajesh Krishnan, The Preventiv
- Cynthia Lamberth
- Angela Landeen, University of South Dakota
- Lisa Lang, National Library of Medicine
- Caitlin Langhorne, Association of State and Territorial Health Officials
- Jessie Legros, Centers for Disease Control and Prevention
- Jami Lewis, Clay County Public Health Center (MO)
- Jen Lewis, Sonoma County Department of Health Services (CA)
- Linda Lewis, Butte County Public Health Department (CA)
- Karina Lifschitz, Centers for Disease Control and Prevention
- John Lisco, Council of State and Territorial Epidemiologists
- Ruth Little, Brody School of Medicine, East Carolina University
- Susan Little, North Carolina Division of Public Health
- Kathleen MacVarish, School of Public Health, Boston University, New England Public Health Training Center
- Lynn Maitlen, Dubois County Health Department (IN)
- Bryn Manzella, Jefferson County Department of Health (AL)
- Jeanne Matthews, Malek School of Health Professions, Marymount University
- Eyob Mazengia, Public Health – Seattle & King County (WA)
- Mia McCray, East Orange Fire Prevention (NJ)
- Tracy Swift Merrick, Agora Cyber Charter School
- Nadine Mescia, University of Tampa
- Kathy Miner, Rollins School of Public Health, Emory University
- Casey Monroe, Allegheny County Health Department (PA)
- Sophie Naji, University of Illinois at Chicago, Great Lakes Public Health Training Collaborative
- Ifeoma Ozodiegwu
- Christina Ramsey, Health Resources and Services Administration
- Penney Reese, Centers for Disease Control and Prevention
- Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- Victoria Rivkina, DePaul University
- Mitchel Rosen, Rutgers School of Public Health
- Elizabeth Rumbel, Denver Public Health (CO)
- Y. Silvia Shin, County of Los Angeles Department of Health (CA)
- Mark Siemon, Idaho Public Health
- Lillian Upton Smith, Boise State University
- Rochelle Spielman, Minnesota Department of Health
- Chris Stan, Connecticut Department of Public Health
- Douglas Taren, The University of Arizona
- Shari Tedford, Johnson County Department of Health and Environment (KS)
- Graciela Tena de Lara, Wyoming Department of Health
- Valencia Terrell, Centers for Disease Control and Prevention
- Allison Thrash
- Michelle Tissue, Health Resources and Services Administration
- Karen A. Tombs, The Dartmouth Institute for Health Policy and Clinical Practice
- Griselle Torres, University of Illinois at Chicago
- Kathi Traugh, Yale School of Public Health, Yale University
- Andrew Wapner, College of Public Health, Ohio State University
- Sharonda Willis, California Department of Health
- Laura Zeigen, Oregon Health & Science University



# The Council on Linkages Between Academia and Public Health Practice

## Academic Health Department Learning Community Report

November 29, 2018

### **Overview**

The [Academic Health Department \(AHD\) Learning Community](#) supports development of [AHD partnerships](#) between public health practice organizations and academic institutions. As a national community of practitioners, educators, and researchers, the AHD Learning Community stimulates discussion and sharing of knowledge; the development of resources; and collaborative learning around establishing, sustaining, and expanding AHDs.

### **Activities and Accomplishments for 2018**

Throughout the year, the AHD Learning Community was involved in a variety of activities, including the hosting of webinars, development and enhancement of resources and tools, and development and dissemination of related communications. The following summary details activities and accomplishments for 2018.

#### *Engagement with the AHD Learning Community*

- The AHD Learning Community grew to approximately 950 members, representing organizations in all 50 states, DC, and four US territories.
- To date in 2018, the Learning Community and its resources and tools have been accessed more than 8,000 times – an increase of nearly 2,000 visits over last year. This brings online usage of the Learning Community and its tools and resources to more than 50,000 visits since its launch in 2011.
- [Council on Linkages Between Academia and Public Health Practice](#) (Council) staff responded to more than 40 requests for distance technical assistance related to AHD partnerships, serving approximately 30 organizations in 23 states and DC.

#### *Resources and Tools Related to the AHD Learning Community*

- With the start of 2018, the AHD Learning Community transitioned its virtual meetings to an [AHD Webinar Series](#), which will continue to highlight successful AHD partnerships and other topics of interest to individuals developing, sustaining, and expanding AHD partnerships. Two webinars were held and were attended by more than 150 participants:
  - February – [How Academic Health Department Partnerships Can Support PHAB and CEPH Accreditation](#)
  - June – [Building Academic Health Department Partnerships in Rural Areas](#)A third webinar scheduled for October, [Utilizing Academic Partnerships to Enhance Capacity in Small Health Departments](#), needed to be postponed and is being rescheduled for January 2019. Webinars will be held twice a year beginning in 2019.
- AHD webinars were recorded and made available through the [Council website](#), [TRAIN Learning Network](#), and [YouTube](#) for continued access.
- The [Ask the AHD Expert](#) series that was launched in 2017 continued to be published quarterly on the [PHF Pulse blog](#), with columns in [March](#), [June](#), and [September](#), and a fourth planned for December. To date, this year's columns have been viewed nearly 550 times. Columns will be published twice a year beginning in 2019.
- In addition to the [Ask the AHD Expert](#) series, three blog posts highlighting work related to AHD partnerships were published on the PHF Pulse blog and viewed more than 500 times.

- In February, the [Wisconsin Public Health Research Network](#) (WPHRN) published a [paper](#) comparing the [AHD Research Agenda](#) and [WPHRN Priority Research Questions](#), proposing areas of overlapping research interest and potential opportunities for collaboration for AHD partnerships and public health practice-based research networks.
- In August, [The Nation's Health](#) from the [American Public Health Association](#) published a cover story, [Academic Health Department Partnerships Boost Training: Joining with Schools Benefits Students](#), highlighting the value of AHD partnerships and sharing examples from health departments and academic institutions that are meeting the needs of their communities through this collaborative approach.
- A [final draft of the staged model of AHD development](#) was developed in July. This model illustrates the potential development of AHD partnerships on a continuum with the aim of better articulating how these partnerships might develop. The model is expected to be available online in the near future, and stories of AHD partnerships are being developed to accompany the model.
- AHD partnerships continued to be added to the [list of AHD partnerships](#) on the Council website, as part of an ongoing effort to raise awareness of AHD initiatives nationwide, bringing the total number of documented partnerships to more than 60. Additional partnerships or [examples of partnership agreements](#) to be included in the online resources may be shared with Kathleen Amos at [kamos@phf.org](mailto:kamos@phf.org).
- AHD partnerships and the staged model of AHD development were featured during a [session](#) at the [2018 Public Health Improvement Training](#) attended by approximately 25 participants and a [session](#) at the [National Association of County and City Health Officials Annual 2018](#) attended by approximately 20 participants.

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

## **5. Council Directions and Priorities:**

- **Council Directions and Priorities**
- **Council Strategic Directions, 2016-2020**



## Council Directions and Priorities

November 29, 2018

### Overview

For more than 25 years, the [Council on Linkages Between Academia and Public Health Practice](#) (Council) has been providing support for the US public health workforce and advancing workforce development efforts nationwide. This has included early work to lay the groundwork for [The Community Guide](#) (The Guide to Community Preventive Services) and the field of public health services and systems research (PHSSR), contributions to [Council on Education for Public Health](#) accreditation for schools and programs of public health and [Public Health Accreditation Board](#) accreditation for health departments, development of [foundational competencies](#) for the practice and teaching of public health, and strengthening [partnerships](#) and collaboration between public health practice and academia. Over this history, the Council has grown from nine member organizations to 23, expanding its breadth and bringing in a range of stakeholders whose efforts align in the goal of improving the public's health.

The Council aims to improve the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure. The Council is guided by a set of Strategic Directions, and all of its activities align with those directions. The [current Strategic Directions](#) run through 2020 and are included in the meeting materials.

Discussion during this Council meeting will focus on future directions and priorities for the Council moving into 2019. As the Council begins 2019 with reduced funding for activities, Council members are asked for guidance as to: 1) the direction for Council activities; 2) areas within the Council's Strategic Directions that are priorities for Council member organizations; and 3) activities aligned with the Strategic Directions in which Council member organizations are engaged. This discussion will also provide an opportunity for a mid-point review of the *Strategic Directions, 2016-2020* to ensure that the priorities in the Strategic Directions are those that the Council wishes to remain focused on.



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

### **Mission**

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

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

### **Values**

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

### **Objectives**

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

### **Objectives, Strategies, & Tactics**

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

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

*Tactics:*

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

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

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

*Tactics:*

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

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

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

*Tactics:*

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

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

*Tactics:*

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

**Strategy 3:** Promote public health practice-based learning.

*Tactics:*

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

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

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

*Tactics:*

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

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

*Tactics:*

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

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

*Tactics:*

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

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

*Tactics:*

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

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

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

*Tactics:*

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

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

*Tactics:*

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

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

*Tactics:*

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

## **6. Supplemental Materials:**

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



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

### **Constitution and Bylaws**

#### **ARTICLE I. – MISSION:**

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

#### **ARTICLE II. – BACKGROUND AND PURPOSE:**

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

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

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

#### **ARTICLE III. – MEMBERSHIP:**

##### **A. Member Composition:**

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

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

Individuals may not join the Council.

## **B. Member Organizations:**

Council Member Organizations include:

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

## **Membership Categories:**

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

### **I. Preliminary Member Organization Privileges**

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

## **II. Formal Member Organization Privileges**

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

## **ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITIES:**

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

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

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

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

## **ARTICLE V. – Discussions, Decisions, and Voting:**

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

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

### **B. Discussions & Decisions:**

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

### **C. Voting:**

1. Each Representative shall have one vote. If a Representative is unable to attend a meeting, the Organization may designate a substitute (or Designee) for the meeting. That Designee will have voting privileges for the meeting.
2. **Quorum** is required for a vote to be taken and shall consist of a majority of the Representatives or Designees of all participating groups composing the Council.
3. **Simple Majority** Vote will be required for internal Council administrative, operational, and membership matters (i.e.: Minutes approvals).
4. The Council will seek **Consensus** (Quaker style – No-one blocking consensus) when developing major new directions for the Council (i.e.: moving forward with studying leadership tier of credentialing). No more than one-quarter of Representatives or their Designees can abstain, or the motion will not pass. Representatives will be expected to confer with the leadership of their

organizations prior to the meeting to ensure that their votes reflect the Organization's views on the topic.

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

#### **ARTICLE VI. – COUNCIL LEADERSHIP:**

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

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

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

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

#### **ARTICLE VII. – MEETINGS:**

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

#### **ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSIBILITIES:**

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

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

#### **ARTICLE IX. – FUNDING:**

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

Adopted: January 24, 2006

Amended: January 27, 2012

*Article I. Mission Updated:*

*Article III.B. Member Organizations Updated:*

October 7, 2016

September 6, 2013; March 31,  
2014; August 19, 2015; January  
20, 2016; August 18, 2016; May  
1, 2017; October 18, 2017;  
December 20, 2017

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

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

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

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

---

Council Representative Designated by Organization

---

Date

---

Organizational Executive Director

---

Date

---

Member Organization



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

### **Mission**

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

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

### **Values**

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

### **Objectives**

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

### **Objectives, Strategies, & Tactics**

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

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

*Tactics:*

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

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

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

*Tactics:*

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

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

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

*Tactics:*

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

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

*Tactics:*

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

**Strategy 3:** Promote public health practice-based learning.

*Tactics:*

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

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

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

*Tactics:*

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

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

*Tactics:*

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

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

*Tactics:*

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

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

*Tactics:*

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

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

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

*Tactics:*

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

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

*Tactics:*

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

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

*Tactics:*

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