The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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Tuesday, May 25, 2021
1:30-3:00pm EDT

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Zoom Meeting URL:

https://phf-org.zoom.us/j/96580092557?pwd=SndUMnZ3TkJXVGpSelhJWXRHNWJpQT09

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Funding provided by the Centers for Disease Control and Prevention

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Staffed by the Public Health Foundation

Table of Contents

1. Meeting Agenda
2. Council Member List
3. Draft Meeting Minutes – October 20, 2020
4. Academic Health Department Learning Community
    - Academic Health Department Learning Community Report
5. Revising the Core Competencies for Public Health Professionals
    - Core Competencies for Public Health Professionals Report
6. Supplemental Materials:
    - Council Constitution and Bylaws
    - Council Participation Agreement
    - Council Strategic Directions, 2016-2020

Activities of the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) are made possible through funding from the Centers for Disease Control and Prevention under Cooperative Agreement Number NU38OT000311. The content of Council on Linkages activities is solely the responsibility of the Council on Linkages and does not necessarily represent the official views of the sponsor.

1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Virtual Meeting
Date: May 25, 2021
Time: 1:30-3:00pm EDT
Meeting URL: https://phf-org.zoom.us/j/96580092557?pwd=SndUMnZ3TkJXVGpSelhJWXRHNWJpQT09
Meeting ID: 965 8009 2557
Passcode: 372302
Phone Number: (301) 715-8592

AGENDA

1:30-1:40	Welcome, Overview of Agenda, and Introduction of New Organizations and Representatives ➢ Council of State and Territorial Epidemiologists: Beth Daly ➢ National Board of Public Health Examiners: Kaye Bender	*Bill Keck*
1:40-1:45	Approval of Minutes from October 20, 2020 Meeting ➢ **Action Item**: Vote on Approval of Minutes	*Bill Keck*
1:45-2:00	Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.)	*Bill Keck*
2:00-2:45	Revising the Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.a., B.1.b., C.3.a., C.3.b.) ➢ Feedback Received ➢ First Draft of Revised Core Competencies ➢ Next Steps	*Amy Lee, Janet Place, and Kathleen Amos*
2:45-2:55	Revitalizing the Public Health Workforce (Council Strategic Directions – C.1.e.)	*Ron Bialek*
2:55-3:00	Other Business and Next Steps	*Bill Keck*
3:00	Adjourn	

2. Council Member List

The Council on Linkages Between Academia and Public Health Practice

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

Olabisi Badmus, MD, MPH
American College of Preventive Medicine

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

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

Leah Gillis, PhD
Association of Public Health Laboratories

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

Joneigh S. Khaldun, MD, MPH, FACEP
Association of State and Territorial Health Officials

Ellen P. Averett, PhD, MHSA
Association of University Programs in Health Administration

Michelle Carvalho, MPH, MCHES
Liza Corso, MPA
Centers for Disease Control and Prevention

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Susan Little, DNP, RN, PHNA-BC, CPH, CPM
Council of Public Health Nursing Organizations

Elizabeth R. Daly, DrPH, MPH
Council of State and Territorial Epidemiologists

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

Captain Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Health Resources and Services Administration

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

Andrew J. Quarnstrom
National Association of Local Boards of Health

Kaye Bender, PhD, RN, FAAN
National Board of Public Health Examiners

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

Doug Joubert, MLIS, MS
National Library of Medicine

Melissa (Moose) Alperin, EdD, MPH, MCHES
National Network of Public Health Institutes

Michael Fagen, PhD, MPH
Society for Public Health Education

Paul B. Greenberg, MD, MPH
Veterans Health Administration

3. Draft Meeting Minutes – October 20, 2020

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: October 20, 2020, 1-3pm EDT

Meeting Minutes – Draft

Members and Designees Present: C. William Keck (Chair), Melissa Alperin, Ellen Averett, Olabisi Badmus, Terry Brandenburg, D. Gary Brown, Siobhan Champ-Blackwell, Liza Corso, Michael Fagen, Leah Gillis, Gary Gilmore, Barbara Gottlieb, Paul Halverson, Allison Jacobs, Joneigh Khaldun, Amy Lee, Megan Lincoln, Susan Little, Molly Mulvanity, Nancy Myers, Andrew Quarnstrom, Lisa Sedlar

Other Participants Present: Nirmal Ahuja, Mayela Arana, Brittany Argotsinger, Jessica Arrazola, Jan Babb, James Bechtel, Kelly Beckwith, Charlene Bell, Alan Bergen, Nessia Berner Wong, Claudia Blackburn, Dawn Bleyenburg, Kyle Bogaert, Debra Bragdon, Danielle Brown, Miriam Butler, Vera Cardinale, Julie Carroll, Marita Chilton, Samantha Cinnick, Ken Coelho, Alex Coleman, Vickie Collie-Akers, Mary Ellen Cunningham, Emily Dunbar, Mark Edgar, Ashley Edmiston, Ashley Evenson, Dena Fife, Mighty Fine, Julia Flannery, Dan Gentry, Brandon Grimm, Joseph Hale, Deborah Heim, Tanya Honderick, Michel Issel, Ayanna Johnson, Ta-Kisha Jones, Kelly Keenan, Rita Kelliher, Geri Kemper-Seeley, Michael Kennedy, Alyssa Kennett, Gary Kesling, Kirk Koyama, Heather Krasna, Robin Leaf, Jessie Legros, Bryn Manzella, Nola Martz, Doha Medani, Dave Miller, Jeneane Moody, Marita Murrman, Susan Nappi, Linette Ngaba, Yvonne Oliver, Linda Omer, Eva Perlman, Yasenka Peterson, Janet Place, Kristty Polanco, Maura Proser, Alexander Purcell, Beth Ransopher, Kris Risley, Patrick Robinson, Kim Sarver, Victoria Scott, Josette Shipley, Tony Sinay, Sandy Slater, Melanie Sutton, J.T. Theofilos, Amy Belflower Thomas, Michelle Tissue, Jennifer Tyson, Laura Valentino, Lora Wade, Laurie Walkner, Elizabeth Weist, Rachel Wilfert, Kristin Wilson, Betsy Wood

Staff Present: Ron Bialek, Kathleen Amos, Abdullah Tauqeer

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Dr. Keck thanked the Centers for Disease Control and Prevention (CDC) for the funding support that has enabled the Council to reconvene, reminded participants of the Council's mission, and reviewed the agenda for the meeting.	
Introductions	Council members and designees introduced themselves.	
Updates on Council Initiatives: What Has Happened Over the Past Two Years? ➢ **Academic Health Department Learning Community** ➢ **Competencies Initiatives** • **Core**	Council Assistant Director, Kathleen Amos, MLIS, provided updates on progress related to Council initiatives since the Council last met in November 2018. Council initiatives are grounded in the Council's Strategic Directions, the current version of which was adopted in 2016 and runs through 2020. The Strategic Directions include four objectives, which in turn include a variety of strategies and tactics. For the past two years, Council activities have prioritized and focused on two initiatives: the Academic Health Department (AHD)	

Competencies for Public Health Professionals • **Competencies for Performance Improvement Professionals in Public Health** • **Competencies for Population Health Professionals**	Learning Community and the Core Competencies for Public Health Professionals (Core Competencies). The AHD Learning Community is a national community that connects and supports practitioners, educators, researchers, and others to explore AHD partnerships, share experiences, and engage in collaborative learning. Since its launch in January 2011, the Learning Community has defined the AHD partnership concept, developed a working concept paper, created a model for how AHD partnerships may develop, highlighted examples of AHD partnerships, and provided assistance to organizations interested in growing these partnerships. The Learning Community is open to anyone interested and has over 1,100 members from health departments, academic institutions, and other organizations across the country. The Learning Community has documented more than 70 AHD partnerships across the US, although there are likely many more. In 2019-2020, the Learning Community and its resources and tools were accessed online approximately 15,000 times, and online usage since Learning Community launch is at more than 65,000 visits. Over the past two years, Learning Community activities occurred at a reduced rate. The *AHD Webinar Series* continued to highlight successful AHD partnerships and other AHD partnership topics. Two webinars were held in 2019 focused on AHD partnerships with health departments in smaller and more rural areas, with more than 300 participants, and the next webinar will be in December 2020. All webinars in this series are open to anyone who is interested and are archived and made openly available through the Council website, TRAIN Learning Network, and YouTube. The Learning Community also published one additional column in its *Ask the AHD Expert* series on the PHF Pulse blog, which focused on increasing engagement within AHD partnerships. Council staff remained actively engaged in sharing content to support AHD partnerships and participated in conference sessions and other events to speak about AHD partnerships and the Learning Community, including the annual meetings of the American Public Health Association (APHA) and National Association of County and City Health Officials (NACCHO), a	

	Public Health Foundation (PHF) webinar on cross-sector collaboration, and the first annual Western Regional AHD Summit. Council staff continued to provide distance-based technical assistance (TA) related to AHD partnerships. In 2019-2020, staff responded to nearly 70 requests, serving organizations in 28 states and DC. Ms. Amos invited questions about the AHD Learning Community. Ms. Amos shared an overview of competency-related initiatives. The Core Competencies, which reflect foundational skills desirable for professionals engaged in the practice, education, and research of public health, were first released in 2001 and are used in workforce development activities across the country. The Core Competencies Workgroup provides guidance for Council efforts related to the Core Competencies and includes members representing a variety of practice and academic organizations and interests within the public health field. Over the past two years, usage of the Core Competencies continued at a high level. In 2019-2020, the Core Competencies and resources and tools that support use of the Core Competencies were accessed online more than 135,000 times. This brings online usage since the release of the current version of the Core Competencies in 2014 to more than 700,000 times. Since the last Council meeting in 2018, two resources were released: a competency assessment based on the modified version of the Core Competencies and a redesign of the collection of examples of how organizations use the Core Competencies. The most popular resources and tools have remained relatively consistent over the past few years and include descriptions of the Core Competencies domains, competency assessments, the collection of examples of how organizations are using the Core Competencies, and collections of job descriptions and workforce development plans that incorporate the Core Competencies. Council staff continued to engage in events at both the national and regional level to highlight the Core Competencies, including the 2019 Open Forum for Quality Improvement and Innovation (Open Forum), Georgia Public Health Association Annual	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 kamos@phf.org.

	Meeting, Public Health Improvement Training (PHIT), and NACCHO Annual. In 2020, Council staff will participate in Open Forum and the APHA Annual Meeting. Council staff also provided distance-based TA related to the Core Competencies. In 2019-2020, staff responded to 35 requests, serving organizations in 18 states and four other countries. Over the past two years, work continued on two additional competency sets with close ties to the Core Competencies as well. The Competencies for Performance Improvement Professionals in Public Health (PI Competencies) describe a set of skills desirable for performance improvement (PI) professionals working in public health and 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. Work related to the PI Competencies is guided by the PI Competencies Subgroup of the Core Competencies Workgroup, a group of practitioners, academics, and others from across the country. The PI Competencies were released by PHF in June 2018, are based on and align with the Core Competencies, and are meant to be used along with the Core Competencies to help guide workforce development for PI professionals. Support similar to that for the Core Competencies has been provided, including promotional communications, conference sessions at the 2019 PHIT and NACCHO Annual, and distance-based TA. A set of live searches based on a selection of PI Competencies that retrieve training from the TRAIN Learning Network were also released. Since their release, the PI Competencies have been accessed nearly 6,000 times and the supplemental resources more than 3,200 times. The Competencies for Population Health Professionals (Population Health Competencies) are designed to capture skills desirable for population health professionals, including primarily hospital, health system, public health, healthcare, and other professionals engaged in assessment of population health needs and development, delivery, and improvement of	

	population health programs, services, and practices. These competencies are also based on the Core Competencies and were finalized and released by PHF in March 2019. This competency set contains 57 competencies organized into six domains and was accompanied by a training plan containing a collection of courses focused on the social determinants of health available through the TRAIN Learning Network. Since their release, the Population Health Competencies have been accessed more than 3,500 times. Ms. Amos invited questions about these competency-related initiatives.	More information about the Core Competencies and other competencies initiatives is available through the Core Competencies section of the Council website or by contacting Kathleen Amos at kamos@phf.org.
Updating and Revising the Core Competencies for Public Health Professionals	Dr. Keck led a discussion about updating and revising the Core Competencies. The Core Competencies have long been a priority of the Council, and in taking on this important resource for the public health workforce, the Council committed to regularly reviewing and revising the Core Competencies to ensure they keep pace with the reality of working in public health. The Council is thankful to CDC for new funding that will enable the Council to fulfill this commitment. Dr. Keck invited CDC Council representative Liza Corso, MPA, to speak about CDC's support for the Core Competencies and the importance of this initiative. Ms. Corso shared how this work is of great interest to CDC and highlighted the timely nature of the revision process, particularly given the recent launch of Healthy People 2030 and revision of the Essential Public Health Services (EPHS). Dr. Keck shared information about and described the timeline for the upcoming Core Competencies revision process. When the Core Competencies were first released in 2001, the Council committed to a three-year review and revision cycle. The Core Competencies have been revised twice previously, in 2007-2010 and 2013-2014. Although the decision was made not to revise in 2017, a modified version of the Core Competencies that shortens the competency set was developed in response to feedback about the length of the Core Competencies. 2020 is again the 3-year mark in the review and revision cycle, and the Core Competencies continue to be widely used for public health workforce	

	development, including by approximately 80% of state health departments, 60% of tribal health organizations, 45% of local health departments, 25% of territorial health departments, and 90% of academic programs with a public health focus. The Core Competencies also appear in major national initiatives, such as Healthy People and accreditation. In addition, the Core Competencies have long been designed to reflect the knowledge and skills needed to deliver the EPHS. The environment in which public health operates does not remain static, and regular revision of the Core Competencies is necessary to keep up with changes that occur within the field. As this revision cycle begins, there are a number of things already on the Council's radar in terms of revisions that may be needed based on changes that have occurred and feedback received from the field. Since the Core Competencies were last revised, the EPHS were revised; the concept of Public Health 3.0 was put forward; and the Council received feedback and noted opportunities to better address health equity, social justice, and management skills. This revision also presents an opportunity to begin reflecting on the implications of COVID-19 for the public health workforce and to think again about how the Core Competencies are presented, interpreted, and put into use. The process of revising the Core Competencies begins with this meeting. The Core Competencies Workgroup, which has been involved in previous revisions, is ready to guide this revision process over the next year to help produce a new set of Core Competencies. As always, the revision process will be informed by and responsive to input from the public health community. An open comment period to inform the revisions is being planned to occur from this meeting until the end of January 2021, and people will be invited to share input through multiple mechanisms, including by email, online, or through virtual town hall meetings. The first scheduled virtual town hall meeting will be during the APHA Annual Meeting. This will be followed by meetings hosted by PHF and at the 2020 Open Forum. Council staff are available to work with any Council member organization that would like to have a town hall meeting for its members. Once the initial open comment period has	Council member organizations that would like to have a virtual town hall meeting on the Core Competencies for their members can contact Kathleen Amos at kamos@phf.org.

	ended, drafting revisions is anticipated to begin in early 2021, with a first draft of the revised Core Competencies being completed and available for comment in late spring. A second open comment period will then be held to receive feedback on this draft through July. This feedback will be used to make additional revisions and finalize a set of competencies for a Council vote on adoption in October. The Core Competencies Workgroup will be engaged throughout the revision process, with regular meetings being planned over the next year, and at least two Council meetings are anticipated as well as regular updates to keep Council members informed of progress. Dr. Keck invited questions and discussion regarding the Core Competencies revision process. Council members were invited to object to revision of the Core Competencies before the Council proceeds. No objections were voiced.	
Other Business and Next Steps	Dr. Keck asked if there was any other business to address. The next Council meeting has not yet been scheduled.	Council staff will be in contact to schedule future Council meetings. Questions about Council meetings can be sent to Kathleen Amos at kamos@phf.org.

4. **Academic Health Department Learning Community**
    - **Academic Health Department Learning Community Report**

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

May 25, 2021

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 AHD partnerships.

AHD Learning Community Engagement

Despite the decrease in AHD Learning Community activities over the past couple of years, the Learning Community continues to see sustained interest and engagement from the public health community. The Learning Community has grown to more than 1,100 members, and the Learning Community and its resources and tools have been accessed more than 4,500 times since the last Council on Linkages Between Academia and Public Health Practice (Council) meeting in October 2020. Council staff also continue to regularly receive requests for assistance related to AHD partnerships, responding to more than 30 requests from 24 organizations in 14 states and DC during that same time period. More than 200 people participated in AHD partnership webinars and presentations.

AHD Webinar Series

The *AHD Webinar Series* highlights successful AHD partnerships and other topics of interest for developing, sustaining, and expanding AHD partnerships. Since the October 2020 Council meeting, two webinars have been held. In December 2020, the Pima County Health Department (PCHD) in Arizona and the University of Arizona Mel & Enid Zuckerman College of Public Health (MEZCOPH) shared their growing partnership. This was followed in May 2021 by a deeper look into MEZCOPH's AHD internship program with a presentation by five current student interns. All webinars in this series are archived and made available through the Council website and TRAIN Learning Network.

Annual Meetings and Conferences

The PCHD and MEZCOPH AHD partnership was also featured during a presentation at the 2020 American Public Health Association Annual Meeting in October 2020, along with the AHD partnerships of the Maricopa County Department of Public Health in Arizona and Southern Nevada Health District (SNHD) in Nevada. Upcoming annual meeting and conference sessions include a 2-hour deep dive workshop at the Public Health Improvement Training with speakers from PCHD, MEZCOPH, Pinal County Public Health Services District in Arizona, and SNHD and a pre-conference workshop with PCHD and MEZCOPH at the National Association of County and City Health Officials (NACCHO) 360 Conference in June.

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 kamos@phf.org.

5. **Revising the Core Competencies for Public Health Professionals**
    - **Core Competencies for Public Health Professionals Report**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals Report

May 25, 2021

Overview

The Core Competencies for Public Health Professionals (Core Competencies) reflect foundational or crosscutting skills 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, with a simplified Modified Version of the Core Competencies released in June 2017. The Core Competencies are currently undergoing revision, with an updated version anticipated to be available in October 2021.

Core Competencies Use

The Core Competencies continue to be widely used within public health workforce development. Recent data from the Association of State and Territorial Health Officials, National Indian Health Board, and National Association of County and City Health Officials show that approximately 80% of state health departments, 60% of Tribal health organizations, 45% of local health departments, and 25% of territorial health departments use the Core Competencies. Since the last Council meeting in October 2021, the Core Competencies and resources and tools designed to support implementation have been accessed online more than 40,000 times. Council staff have responded to nearly 40 requests for assistance with the Core Competencies, serving 26 organizations in 16 states, one territory, and Japan.

Core Competencies Workgroup

Council efforts related to the Core Competencies are guided by the Core Competencies Workgroup, which includes more than 100 members representing a variety of practice and academic organizations and interests within the public health field. Since the revision of the Core Competencies was initiated during the October 2020 Council meeting, more than 40 people have joined the Workgroup to help with that effort. The Workgroup has held three meetings focused on the revision, and four Subgroups have been created to focus on various aspects of the revision.

Core Competencies Revision

The Core Competencies are regularly reviewed and revised to keep pace with changes in the field of public health and ensure they continue to meet the needs of the public health workforce. The current revision of the Core Competencies was begun in October 2020 and is anticipated to be completed in October 2021.

Revision of the Core Competencies is heavily informed by the public health community, with the initial stages of the revision process involving an open comment period to hear feedback on the Core Competencies. This open comment period occurred from October 2020-March 2021 and led to 1,400 engagements. Feedback was welcomed by email, online through website comments or an anonymous comment box, through social media, and during virtual meetings. Council staff and Core Competencies Workgroup leadership participated in 17 virtual town hall and other meetings to request and hear feedback. Approximately 1,000 participants joined these meetings from at least 49 states, DC, and two territories. In addition to the feedback shared, more than 100 resources were gathered to inform the revision.

Feedback on the Core Competencies highlighted a need to create better harmonization between efforts that impact the workforce and workforce development, add content in a variety of topic areas, and make it easier to use the Core Competencies. Major topic areas suggested for strengthening in the Core Competencies included cultural competency, health equity, racism, and social justice; environmental health, climate change, and sustainability; emergency preparedness, management, and response; policy, advocacy, and lobbying; and administration and management. Subgroups of the Core Competencies Workgroup reviewed the feedback and provided recommendations related to each of these first four areas.

Council staff are working to incorporate the Subgroup and other Workgroup recommendations with additional edits based on the feedback received and resources identified to develop a first draft of the revisions to the Core Competencies. Potential changes to the Core Competencies being considered focus on improving clarity, making the competencies more current and inclusive of the areas suggested for enhancement, and adjusting how the Core Competencies are structured to better support the variety of audiences who use them and ways they are used.

A first draft of the revisions is planned to be publicly available at the beginning of June, and a second open comment period will occur over the summer to hear additional feedback, which will be used to further refine the Core Competencies. The same mechanisms to share feedback as during the first open comment period will be available to the public health community, including the invitation to participate in virtual town hall meetings. Two town hall meetings have already been confirmed for the Public Health Improvement Training on June 8th and the National Association of Local Boards of Health Conference in August.

More information about the Core Competencies revision process, including feedback notes from the town hall meetings, is available on the revision webpage. Additional information about activities related to the Core Competencies can be found through the Core Competencies section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

6. Supplemental Materials:

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

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Constitution and Bylaws

ARTICLE I. – MISSION:

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

ARTICLE II. – BACKGROUND AND PURPOSE:

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

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

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

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

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

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

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American Association of Colleges of Nursing (AACN)
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Council of Public Health Nursing Organizations (CPHNO)
- Council of State and Territorial Epidemiologists (CSTE) – Preliminary Member Organization
- Council on Education for Public Health (CEPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Board of Public Health Examiners (NBPHE) – Preliminary Member Organization
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- 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 RESPONSBILITIES:

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: October 7, 2016
Article III.B. Member Organizations Updated: September 6, 2013; March 31, 2014; August 19, 2015; January 20, 2016; August 18, 2016; May 1, 2017; October 18, 2017; December 20, 2017; May 11, 2021; May 19, 2021

The Council on Linkages Between Academia and Public Health Practice

Participation Agreement

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

The Council on Linkages Between Academia and Public Health Practice

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.

Adopted: August 15, 2016

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.