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

Council on Linkages Between Academia
and Public Health Practice
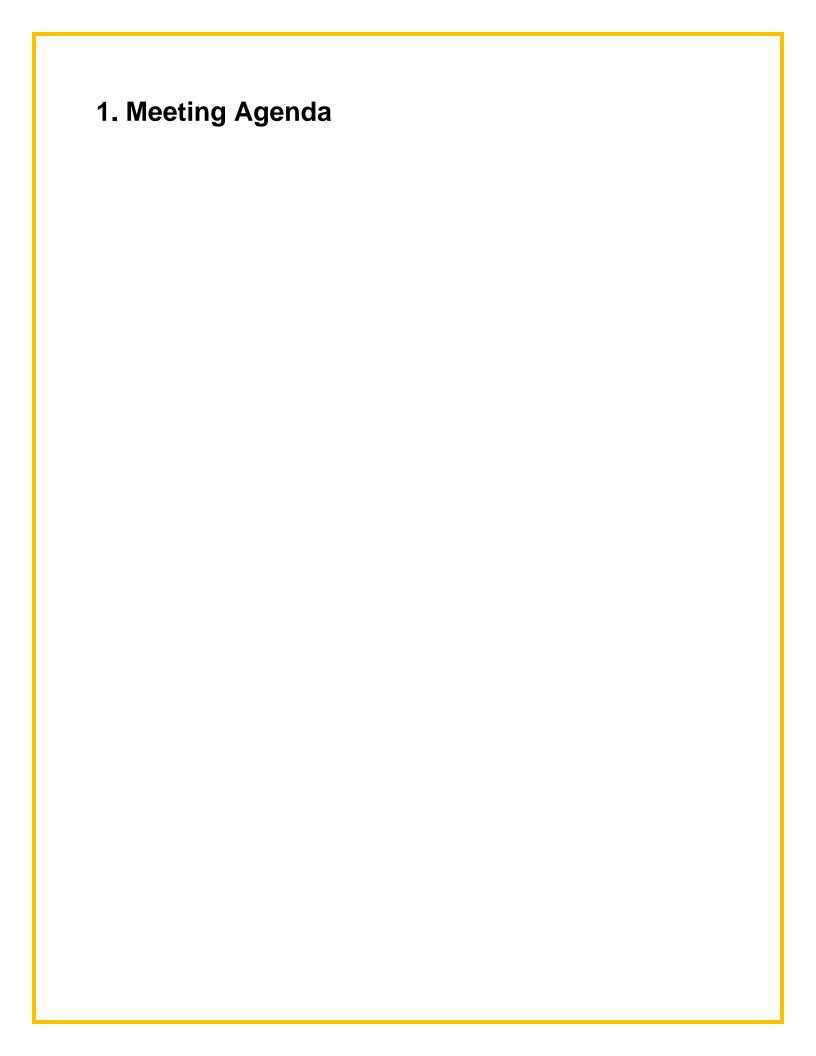
In-Person Meeting

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September 17-18, 2013

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Choate Room
Carnegie Endowment for International Peace
Washington, DC

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1. Meeting Agenda

The Council on Linkages
Between Academia and
Public Health Practice

Council on Linkages Between Academia and Public Health Practice
In-Person Meeting
Date: **Tuesday, September 17, 2013**
Time: **8 am – 5 pm EDT**
Venue: **Carnegie Endowment Conference Center, Choate Room**
1779 Massachusetts Avenue, NW, Washington, DC

AGENDA

8:00-8:30	Continental Breakfast, Welcome, and Overview of Agenda	*Bill Keck*
8:30-8:55	Introductions	*Bill Keck*
8:55-9:00	Approval of Minutes from March 27, 2013 Meeting	*Bill Keck*
9:00-10:30	Public Health Workforce Development Inventory Initiative (Council Strategic Directions – C.1.d.)	*Ron Bialek* *Kathleen Amos*
10:30-10:45	Break	
10:45-12:30	Core Competencies Workgroup Report (Council Strategic Directions – B.1.a., B.1.b., C.3.a.) ➢ Status of tools to assist with Core Competencies use ➢ Review process ➢ Next steps ➢ **Action Item:** Vote to authorize development of revisions	*Diane Downing* *Bill Keck*
12:30-1:15	Review of Strategic Directions, 2011-2015 and Lunch	
1:15-1:30	Council Membership Votes (Council Administrative Priorities – Membership) ➢ APHL ➢ NLN ➢ **Action Item:** Vote on membership status	*Bill Keck*
1:30-2:15	CDC and HRSA Updates (Council Administrative Priorities – Funding)	*John Lisco* *Janet Heinrich*
2:15-2:35	de Beaumont Foundation (Council Strategic Directions – C.2.)	*Brian Castrucci*
2:35-3:00	Preparation for Invited Speaker and Break	
3:00-4:00	The Public Health Workforce of the Future (Council Strategic Directions – A.2.)	*Jeff Levi*
4:00-4:45	Celebrating 20 Years	*Bill Keck*
4:45-5:00	Wrap-up and Review of Tomorrow's Agenda	*Bill Keck*
5:00	Adjourn	

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

**Council on Linkages Between Academia and Public Health Practice
In-Person Meeting**
Date: **Wednesday, September 18, 2013**
Time: **8 am – 12 pm EDT**
Venue: **Carnegie Endowment Conference Center, Choate Room
1779 Massachusetts Avenue, NW, Washington, DC**

AGENDA

8:00-9:00	Continental Breakfast, Overview of Agenda, and Follow-up from Day 1	*Bill Keck*
9:00-10:30	Revisiting Strategic Directions, 2011-2015	*Bill Keck*
10:30-10:45	Break	
10:45-11:15	Academic Health Department Learning Community Report (Council Strategic Directions – A.1.a.) ➤ Status of initiative ➤ Next steps	*Bill Keck*
11:15-11:30	Public Health Training Impact Initiative (Council Strategic Directions – B.2.a.) ➤ Status of online resource ➤ Next steps	*Ron Bialek*
11:30-11:45	Other Business	
11:45-12:00	Next Steps	*Bill Keck*
12:00	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:

Mary Paterson, PhD, MSN
American Association of Colleges of Nursing

Beverly Taylor, MD
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

Philip Amuso, PhD
Association of Public Health Laboratories

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

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

Christopher Atchison, MPA
Association of University Programs in Health
Administration

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

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

Janet Heinrich, DrPH, RN
Health Resources and Services Administration

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

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

Carolyn Harvey, PhD
National Environmental Health Association

Lisa Lang, MPP
National Library of Medicine

Patrick Lenihan, PhD
National Network of Public Health Institutes

Louis Rowitz, PhD
National Public Health Leadership Development
Network

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

Vincent Francisco, PhD
Society for Public Health Education

3. Draft Meeting Minutes – March 27, 2013

The Council on Linkages Between Academia and Public Health Practice

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

Date: March 27, 2013

Time: 1:00-3:00 pm EDT

Meeting Minutes – DRAFT

Members Present: C. William Keck (Chair), Chris Atchison, Jack DeBoy, Diane Downing, Vince Francisco, Gary Gilmore, Carolyn Harvey, Janet Heinrich, Larry Jones, Denise Koo, Lisa Lang, Patrick Lenihan, Hugh Tilson, Marlene Wilken

Other Participants Present: Karlene Baddy, Charnette Barrett, Paul Bonta, Mary Ann Booss, Tanja Brady, Debra Bragdon, Vera Cardinale, Candy Cates, Patty Chan, Huey Chen, Kristi Donovan, Anne Drabczyk, Pam Duffy, Rachel Eisenstein, Kimberly Facer, Patricia Gallagher, Bev Hansen, Dan Jordan, Janna West Kowalski, Allison Lewis, Laura Lloyd, Quita Mullan, An Nguyen, Mary Paterson, Kyle Peplinski, Eva Perlman, Linda Pitts, Janet Place, Julia Sheen, Brenda Stevenson-Marshall, Vivian Treelant, Sarah Weiner, Liz Weist, Kate Wright

Staff Present: Ron Bialek, Kathleen Amos, Liz Arriaza

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Roll call was conducted. Dr. Keck reviewed the agenda for the meeting.	
Introduction of New Representatives ➤ Marlene Wilken (NALBOH) ➤ Patrick Lenihan (NNPHI)	Dr. Keck welcomed and introduced two new Council representatives: Marlene Wilken, PhD, RN, for the National Association of Local Boards of Health, and Patrick Lenihan, PhD, for the National Network of Public Health Institutes.	
Approval of Minutes from July 26, 2012 Meeting	Dr. Keck asked for any changes to the minutes of the July 26, 2012 Council meeting. Gary Gilmore, MPH, PhD, MCHES moved to approve the minutes as written. Larry Jones, MA, MPH seconded the motion.	Minutes of the July 26, 2012 Council meeting were approved as written.
Request for Council Membership – American Association of Colleges of Nursing	Mary Paterson, PhD, MSN requested preliminary Council membership on behalf of the American Association of Colleges of Nursing (AACN). AACN is a national organization representing over 700 schools of nursing.	Council staff will coordinate an email vote on preliminary Council membership for AACN.
Core Competencies for Public Health Professionals ➤ **Action Item:** Vote on Beginning the Process of Revising the Core	Dr. Keck led a discussion about the idea of revising the Core Competencies for Public Health Professionals (Core Competencies). When developing the Core Competencies, the Council committed to revisiting them every three years to determine if revisions were necessary to ensure these competencies continued to meet	

Competencies ➤ Discussion of Next Steps	the needs of the public health workforce. The Council adopted the current set of Core Competencies in May 2010, and significant changes have occurred in the field since that time. Initial feedback on whether to revise the Core Competencies has been shared on the PHF Pulse blog post, *Shape the Future of the Public Health Workforce with Your Comments on the Core Competencies*. Following the discussion, a vote was held on whether to initiate the process of revising the Core Competencies. Council Director Ron Bialek, MPP informed Council members about next steps in the Core Competencies review process. The review process will begin shortly, and information will be shared and input gathered from the field in a variety of ways, including through the PHF Pulse blog, Council website, electronic newsletters, and national meetings. The Core Competencies Workgroup will guide this process and will consider the information collected and make a recommendation to the Council on whether to revise the Core Competencies. The entire process is expected to take about a year, with a final draft of the Core Competencies, if revised, presented to the Council in the summer of 2014. The process will be transparent, and the Council will be updated throughout.	The Council voted to initiate the process of reviewing the Core Competencies. Based on the information gathered, the Council will determine whether revision is necessary.
Update on CDC's Public Health Workforce Summit	Denise Koo, MD, MPH provided an update on the Public Health Workforce Summit held by the Centers for Disease Control and Prevention (CDC) in December 2012. A variety of organizations and professionals were involved in the summit, including some Council members. A National Public Health Workforce Strategy Roadmap has been created, and a draft version of the summary report of the summit is available for comment. CDC aims to develop a national public health workforce strategy and welcomes feedback from Council members and others.	Feedback on CDC's strategic workforce activities can be sent to Denise Koo at dkoo@cdc.gov.
Public Health Workforce Development Inventory ➤ Discussion of Summary Document and Preliminary Themes ➤ Feedback on Questions Asked and Information Collected ➤ Input on Future Updating and Access	Mr. Bialek provided an update on the Public Health Workforce Development Inventory initiative. This initiative aims to provide information about public health workforce development activities to help increase awareness in this area and support the identification of needs and gaps in workforce development. This information can also serve as an environmental scan for workforce strategic planning activities. Information on workforce development activities has been collected from 16 Council member organizations and covers the topics of training, learning management	

	systems, data collection, recruitment and retention, tools and systems, research, and advocacy. The draft document provided in the meeting materials contains raw data that will be analyzed and synthesized for a report to the Health Resources and Services Administration by the end of April 2013. Preliminary themes are summarized on page 2 of the draft document. A discussion of the usefulness of the information collected through this inventory indicated a need to further summarize the information, perhaps providing one page overviews of topics, refining categories, developing charts, and including information about the scope of each organization. A suggestion was made to connect this information with CDC's National Public Health Workforce Strategy Roadmap, potentially sharing the map through the Council website and linking the pieces of the map to relevant inventory information. Much information has been collected through the Workforce Development Inventory, and there is a need to think about how to make it as accessible as possible.	
Academic Health Department Learning Community Report	Academic Health Department (AHD) Learning Community Chair Dr. Keck reported on activities of the Learning Community. The Learning Community has grown rapidly over the past eight months to nearly 250 members and is considering how to best meet the needs of this membership and use the experience and expertise contained within the group. Introductory webinar meetings are being planned to provide an overview of the AHD concept, and subgroups on specific topics are likely to be developed within the Learning Community. Other ideas being explored include conducting a needs assessment of Learning Community members, enhancing member profiles, and hosting in-person meetings at multiple national events. The American Public Health Association's Health Administration Section is interested in opportunities for supporting the AHD idea, and there may be opportunities to coordinate and share information with the Public Health Practice-Based Research Networks.	Suggestions and feedback on AHD Learning Community activities can be sent to Kathleen Amos at kamos@phf.org.
Other Business	Dr. Keck reminded the Council that PHF is recruiting for a Project Analyst. The position announcement was distributed in the February and March issues of the *Council on Linkages Update* and is available on the PHF website. Council members were encouraged to share the announcement and refer candidates to PHF.	

	Dr. Keck informed Council members of an opportunity to provide input on the development of the FY2013-18 strategic plan of the National Institutes of Health's Office of Disease Prevention. Comments are being accepted on a set of draft strategic priorities through April 14, 2013. Council members were encouraged to submit comments.	
Next Steps	Dr. Keck informed Council members that the Council is still planning to hold an in-person meeting this year, perhaps in the summer. Council staff will be in contact to schedule that meeting, as well as about the vote on Council membership for AACN.	Council staff will schedule the next Council meeting.

4. Public Health Workforce Development Inventory Initiative

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

The Council on Linkages Between Academia and Public Health Practice

Public Health Workforce Development Inventory Initiative Report
September 17, 2013

Overview

In the fall of 2012, the Council on Linkages Between Academia and Public Health Practice (Council), under contract from the Health Resources and Services Administration (HRSA; Contract No. HHSH250201100031C), launched the Public Health Workforce Development Inventory initiative to collect information from its member organizations on workforce development plans and activities. This inventory aimed to facilitate the sharing of information regarding workforce development within public health and encourage coordination and leveraging of activities across organizations.

Status of Initiative

As of July 2013, the Council had completed the Workforce Development Inventory and drafted a written report summarizing the information. Key concepts used to guide the collection of information on workforce development activities were developed in July and August 2012, and information was gathered from Council member organizations through phone discussions and written exchanges between September 2012 and June 2013. Eighteen Council member organizations and the Public Health Foundation participated in the inventory and shared information about their activities in the areas of:

- Strategic planning
- Defining the public health workforce
- Training
- Learning management systems
- Research and data collection
- Recruitment and retention
- Tools and systems
- Advocacy
- Partnerships and information sharing

Information provided was summarized, reviewed by the organizations, and analyzed to identify key findings. A report containing these findings, *Public Health Workforce Development Activities of Organizations Associated with the Council on Linkages Between Academia and Public Health Practice*, was drafted and submitted to HRSA in July 2013. This draft report is currently undergoing HRSA clearances.

Preliminary Findings

Council member organizations are actively engaged in a wide variety of public health workforce development activities. As summarized in the draft report, *Public Health Workforce Development Activities of Organizations Associated with the Council on Linkages Between Academia and Public Health Practice*, preliminary findings of the Workforce Development Inventory include:

- **Sharing information with other Council member organizations on workforce development activities is a high priority.** Organizations specifically highlighted the importance of sharing workforce development information to help them better support their members and constituents, including information collected through this inventory of workforce development activities. Organizations indicated a desire to know "how to tap into Council partners' activities"; "what is having success and working well for others";

and "areas of overlap and opportunities to collaborate"; as well as to not "reinvent the wheel."

- **Organizations have strategic plans, but not workforce plans.** Strategic plans often address issues of workforce.
- **No consistent definition of the public health workforce is used across organizations.** Organizations frequently view the public health workforce within the context of their own organizational missions, target audiences, and activities.
- **All organizations provide training**, both in person and through distance learning.
- **The provision of training through distance learning will likely increase.** Organizations are planning to expand their distance learning activities, such as webinars, online training, and videoconferences.
- **No single learning management system supports public health workforce development.** Organizations use a variety of systems for managing learning.
- **Organizations conduct public health workforce research and collect workforce data.** Workforce data tend to be gathered on a fairly regular basis, often through member surveys.
- **Organizations actively support the recruitment and retention of public health professionals.** Engaging in direct outreach to students; providing internships, scholarships, fellowships, and career development opportunities; and promoting employment opportunities are all ways organizations help build and maintain a strong workforce.
- **Organizations provide a variety of online resources, tools, and systems**, but these tend not to be specific to workforce development.
- **Organizations advocate for the public health workforce**, focusing on issues that directly impact their members or constituents.
- **Organizations collaborate on workforce development activities.** A large number of partnerships exist, both between individual organizations and through coordinated activities, such as the Council and Partners in Information Access for the Public Health Workforce.

Next Steps
Information collected through the Workforce Development Inventory can help to identify needs and gaps in public health workforce development and contribute to efforts of Council member organizations to help strengthen the public health workforce. It is hoped this information will be useful to Council member organizations and others as workforce development initiatives are planned and implemented. The draft *Public Health Workforce Development Activities of Organizations Associated with the Council on Linkages Between Academia and Public Health Practice* report is included in these meeting materials.

Public Health Workforce Development Activities of Organizations Associated with the Council on Linkages Between Academia and Public Health Practice

July 2013

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Introduction

A strong public health workforce is critical to ensuring the health of the American population. A variety of national organizations engage in workforce development activities for the public health workforce, including organizations involved in the Council on Linkages Between Academia and Public Health Practice (Council on Linkages). The Council on Linkages furthers academic/practice collaboration to support workforce development within public health and has 19 national organizations as its members. The Public Health Foundation (PHF) provides staff support for the Council on Linkages. These organizations strive to strengthen the public health workforce by providing training opportunities, conducting and sponsoring workforce research, collecting data on the workforce, supporting workforce recruitment and retention, providing tools and systems to enhance the work of the workforce, advocating for the workforce, collaborating with other organizations to engage in workforce development activities, and sharing information related to the workforce. These activities are crucial for building an effective public health system, and increasing knowledge among organizations about workforce development activities currently occurring or planned for the future will help organizations more effectively support the public health workforce.

Approach

To facilitate the sharing of information regarding public health workforce development activities and encourage coordination and leveraging of activities across organizations, the Health Resources and Services Administration (HRSA) funded PHF (Contract HHSH250201100031C) to inventory such activities of Council on Linkages organizations. In July and August 2012, questions were developed with input from HRSA and the Centers for Disease Control and Prevention (CDC) to guide collection of information on workforce development activities (Appendix B). Between September 2012 and June 2013, information was gathered from organizations through phone discussions and written exchanges. Information provided by the organizations was summarized, reviewed by the relevant organizations, and analyzed to identify key findings. These key findings, along with more detailed information about activities, are contained within this report.

Organizations

This report offers information on the variety of workforce development activities in which organizations associated with the Council on Linkages engage. Findings are based on information about the activities of the following organizations:

- 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 State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
  - Scientific Education and Professional Development Program Office (SEPDPO)
- Community-Campus Partnerships for Health (CCPH)
- Health Resources and Services Administration (HRSA)
  - Bureau of Health Professions (BHPr)
  - Bureau of Primary Health Care (BPHC)
  - HIV/AIDS Bureau (HAB)
  - Maternal and Child Health Bureau (MCHB)

- 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)
- Public Health Foundation (PHF)
- Quad Council of Public Health Nursing Organizations (Quad Council)
  - American Nurses Association (ANA)
  - Association of Community Health Nursing Educators (ACHNE)
  - Association of Public Health Nursing (APHN)
  - Public Health Nursing Section of the American Public Health Association (PHN-APHA)
- Society for Public Health Education (SOPHE)

Report Structure

Information on public health workforce development activities in this report is organized within the following sections:

- Strategic Planning
- Definition of the Public Health Workforce
- Training
- Learning Management Systems
- Research and Data Collection
- Recruitment and Retention
- Tools and Systems
- Advocacy
- Partnerships and Information Sharing

Each of the sections begins with an overview of the questions asked on the topic followed by a summary of findings based on the information gathered. Where appropriate, detailed information provided by each organization on the topic concludes the section.

Four appendices provide supplemental information related to workforce development activities. Complete summary information on the workforce development activities of each organization is found in Appendix A. Appendix B contains the questions that guided information collection. Abbreviations used in summarizing the information are available in Appendix C, and individuals who participated in the collection, review, analysis, and summarization of this information are listed in Appendix D.

Key Findings

- **Sharing information on workforce development activities is a high priority.** Organizations specifically highlighted the importance of sharing workforce development information to help them better support their members and constituents, including information collected through this inventory of workforce development activities. Organizations indicated a desire to know "how to tap into Council on Linkages partners' activities"; "what is having success and working well for others"; and "areas of overlap and opportunities to collaborate"; as well as to not "reinvent the wheel."
- **Organizations have strategic plans, but not workforce plans.** Strategic plans often address issues of workforce.

- **No consistent definition of the public health workforce is used across organizations.** Organizations frequently view the public health workforce within the context of their own organizational missions, target audiences, and activities.
- **All organizations provide training**, both in person and through distance learning.
- **The provision of training through distance learning will likely increase.** Organizations are planning to expand their distance learning activities, such as webinars, online training, and videoconferences.
- **No single learning management system (LMS) supports public health workforce development.** Organizations use a variety of systems for managing learning.
- **Organizations conduct public health workforce research and collect workforce data.** Workforce data tend to be gathered on a fairly regular basis, often through member surveys.
- **Organizations actively support the recruitment and retention of public health professionals.** Engaging in direct outreach to students; providing internships, scholarships, fellowships, and career development opportunities; and promoting employment opportunities are all ways organizations help build and maintain a strong workforce.
- **Organizations provide a variety of online resources, tools, and systems**, but these tend not to be specific to workforce development.
- **Organizations advocate for the public health workforce**, focusing on issues that directly impact their members or constituents.
- **Organizations collaborate on workforce development activities.** A large number of partnerships exist, both between individual organizations and through coordinated activities, such as the Council on Linkages and Partners in Information Access for the Public Health Workforce (PHPartners).

Strategic Planning

Strategic planning can lay the foundation for an organization's activities. Organizations were asked about their current strategic plans and how these plans are made available, plans for revising strategic plans, and any plans specific to the public health workforce.

Summary of Findings

- **Nearly all organizations have strategic plans**, most of which are available online.
- **Most strategic plans are updated regularly.** Approximately one-third of the organizations review or revise their strategic plans on an annual basis, and another third update their plans every 2-5 years. Other organizations update their plans as needed or periodically.
- **Most strategic plans address the public health workforce.** Only one organization—NACCHO—has a separate workforce plan, but most organizations' strategic plans address the workforce in some way. CDC's Scientific Education and Professional Development Program Office (SEPDPO) is collaborating with partners to prepare a National Public Health Workforce Strategy.

Definition of the Public Health Workforce

Defining the public health workforce has proven a difficult task. A wide range of professions are involved in keeping the public healthy, as are professionals working in areas not exclusively associated with health. Organizations were asked how they define the public health workforce.

Summary of Findings

- **Of the organizations, CDC alone has developed a formal definition of the public health workforce.** Organizations tend to view the public health workforce within the scope of their own missions and activities and typically focus on the portion of the workforce they serve.

Training

Training is a well-recognized workforce development activity. Providing opportunities for training should help to increase skills and competence within the public health workforce. Organizations were asked for details of their training activities, including topics covered, target audiences and numbers of people trained each year, competencies used, availability of training, advertising, cost, delivery and evaluation methods, and future plans for training.

Summary of Findings

- **All organizations provide training.** Training may be delivered in person or through distance learning.
- **Topics addressed by training vary** depending on the mission, members or constituents, and funding sources of the organization. For example, APHA covers the full spectrum of public health topics, while ACPM focuses on training in preventive medicine. NNPHI trainings showcase public health institutes and evidence-based practices, and cover a wide range of topics from accreditation and quality improvement to specific programs such as the National Public Health Performance Standards Program. APHL centers its training primarily on laboratory science, but also provides leadership training focused on operational issues.
- **In general, each organization's target audience for training is its membership**, constituents, or the specific group that is the focus of its mission.
- **Numbers of people trained each year can be difficult to calculate**, at least partially due to the range of training activities in which organizations engage. Estimates range across organizations from the low hundreds to the many thousands.
- **Competencies used in training activities vary** depending on the mission of the organization and target audience of the training. For example, APHA, which has a broad focus, uses a wide range of competencies, including the Association of Schools of Public Health's (ASPH) MPH Core Competency Model, the Council on Linkages' Core Competencies for Public Health Professionals, and others that meet requirements for certification programs. Organizations with more defined target audiences often rely on more discipline-specific competencies, such as SOPHE's use of the Health Education Competencies for Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES).
- **Several organizations provide continuing education (CE) credits for training activities.** CE credits offered include those for continuing medical education (CME), continuing nursing education (CNE), CHES, MCHES, and Certified in Public Health (CPH).
- **Most training is open.** All organizations make some training available to the general public health community. Some organizations, such as ASTHO and NACCHO, also have targeted trainings for individuals with specific functions or positions, and others, such as NNPHI, provide trainings to grantee recipients that are not publicly available.
- **Marketing of training is primarily electronic and member-specific.** Frequently used methods of marketing include emails to members, newsletters, websites, social media, and listservs.
- **Fees are charged for most in person trainings**, primarily to cover expenses. Much of the distance training is provided to participants free of charge, depending on the funding sources for the training.
- **All organizations provide both in person and distance training opportunities.** Webinars and online courses are popular forms of distance learning.

- **All organizations engage in evaluation related to training.** Organizations often rely on evaluation forms distributed after training activities to evaluate success. Some organizations use pre- and post-assessments.
- **Distance learning will likely increase.** Many organizations are planning to expand their distance learning activities, such as webinars, online training, and videoconferences. Declining resources for travel to attend training in person are one reason for the increasing emphasis on distance learning options.
- **Drivers of future training plans** include training needs, evaluation feedback, and the availability of funding.

Detailed Findings

Training Focus Areas, Activities, and Audiences

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year
ACPM	• Preventive medicine	• Annual meeting • Annual Board Review Course • CME for preventive medicine physicians • Host site for practicum training	• Preventive medicine physicians	• 1,000+
APHA	• Full spectrum of PH workforce development needs • Topics include, but are not limited to, aging, behavioral health, cancer, children's health, chronic disease, environmental health, epidemiology, food safety, health policy and advocacy, health services research, HIV/AIDS, mental health, minority health issues, nutrition and obesity, reproductive health, and women's health	• Annual meeting • Learning Institute courses at annual meeting • Midyear meeting in June • Trainings and CE credits at other organizations' events • Webinar series	• Entire PH community	• 26,000+

APTR	• Prevention and population health education for physicians, health professionals, and PH students
	• Annual meeting:
	  ▪ Integration of population health and clinical health sciences into teaching, training, and practice
	  ▪ Prevention in health reform implementation
	  ▪ Sharing innovations in curriculum and course design, new technologies, and academic scholarship
	• Paul Ambrose Scholars Program:
	  ▪ Introduction of PH and prevention to clinical health science students
	  ▪ Leadership training
	  ▪ Skills to design and implement community-based projects
	• Fellowships and residency rotations:
	  ▪ Post-graduate experiential learning in governmental PH policy, research, and practice
	  ▪ Leadership and professional skills development
	• Prevention and Population Health Teaching Modules:
	  ▪ Clinical and population-based prevention skills for all health professions students
	  ▪ Healthy People 2020 teaching resources
		• Teaching Prevention annual meeting (spring)
		• Paul Ambrose Scholars Program
		• Post-graduate fellowships and preventive medicine residency rotations
		• Health professions student internship and residency rotation host site
		• Prevention and Population Health Teaching Modules
		• Meetings in conjunction with APHA's annual meeting
		• Workshops
			• Members
			• University PH and health professions faculty and students
			• PH practitioners
			• PH and prevention researchers
				• 1,200+

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year
AAPHP	• CEPH accreditation process and collaboration with PH organizations for academic PH programs	• Events and workshops in conjunction with APHA's annual meeting • Freestanding training events on CEPH accreditation process • Special topics webinars	• Members • Academic PH programs	• 120+
APHL	• PH laboratory workforce development needs • National Lab Training Network: ▪ Range of lab science topics • National Center for Public Health Laboratory Leaders: ▪ Operational workforce issues for leadership and management, with activities including: o Emerging Leader Program – skill building in operational areas, such risk communication, management, finance/HR, etc. o Regional leadership forums and focus groups – topics include building a new lab facility, Lean/Six Sigma, PH research, procurement, story crafting, and communicating effectively o Emerging Infectious Disease Fellowship Program – projects with host laboratories o APHL fellowship programs – areas include newborn screening and environmental health • Global Health Department collaborative training program: ▪ Intense two-week training program emphasizing practical lab activities	• National Lab Training Network • National Center for Public Health Laboratory Leaders • Regional forums and focus groups • Fellowship programs • Department of APHL Training teleconferences • Global Health Department collaborative training program, with George Washington University	• Members • Laboratory/bench scientists • Clinical laboratories • PH laboratory managers • PH professionals	• 26,000+
ASTHO	• Wide range of topics for SHD staff and other PH professionals • Topics include management, leadership development for members, and programmatic topics such as preparedness and maternal and child health • State Health Leadership Initiative for SHOs: ▪ Week-long retreat, site visit from ASTHO's Executive Director, assignment of a SHO mentor, a strategic planning grant, and policy training at the ASTHO Policy Summit • Peer network trainings: ▪ Issues of interest to specific peer groups of professionals, including senior deputies, chief financial officers, PH informaticians, HR directors, state legislative liaisons, preparedness directors, environmental health officers, primary care officers, and accreditation coordinators • Internal trainings for ASTHO staff: ▪ Diverse topics, from health equity to specific software skills	• Annual meeting • State Health Leadership Initiative • Peer network trainings • Webinars and educational programs in programmatic areas	• SHD officials and staff • PH professionals	• Not available

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year

AUPHA	• Healthcare administration education, of which PH is often a component
	• AUPHA Leaders Conference:
	  ▪ Program leadership issues and developing linkages between academia and practice
	• AUPHA Annual Meeting:
	  ▪ Program management and curriculum development, including sessions on PH
	• Undergraduate faculty training:
	  ▪ Topics include program development, exams, management, and electronic records
	• Academic study tour:
	  ▪ Interaction with experts from other countries dealing with similar issues and exploration of innovative programs
	• Webinar series:
	  ▪ Healthcare management education issues, such as student assessment, curriculum development, performance improvement, and change management
		• AUPHA Leaders Conference in conjunction with the American College of Healthcare Executives Congress
		• AUPHA Annual Meeting
		• Training for undergraduate healthcare administration faculty
		• Academic study tour
		• Healthcare management education webinar series
		• Instructional webinars for new program directors
			• Members
			• Healthcare administration faculty and adjunct faculty
			• Healthcare administration practitioners
				• 500-700

CDC	• Wide range of PH topics, including epidemiology; surveillance; statistics; infectious disease; chronic disease; emergency management; environmental health; immunization and vaccine-preventable diseases; injury and violence prevention; maternal and child health; and nutrition, physical activity, and obesity	• Experiential fellowships in applied PH sciences, policy, leadership, and management
		• E-learning training activities accessible through CDC Learning Connection, including:
		  ▪ Instructor-led training and webinars
		  ▪ CDC and partner conferences, workshops, and self-study for CE and delivered through CDC TRAIN
		  ▪ Quick learn lessons for all platforms, including mobile
			• Entire PH community
			• Health workforce
			• General public
			• CDC staff
				• 82,000+

CCPH	• Community engagement, community-engaged research, CBPR, service-learning, and community-academic partnerships • Topics include developing and sustaining CBPR partnerships; establishing community-based research ethics review boards; developing and sustaining service-learning initiatives in health professions education; assessing, recognizing, and rewarding community-engaged scholarship; and promotion and tenure strategies for community-engaged faculty • CCPH consultancy network offers customized trainings for specific audiences	• Conferences, including national/international conferences every other year • Training institutes • Workshops • Educational conference calls • Webinars	• Administrators, faculty, staff, and students of academic institutions seeking to develop community-engaged teaching, research, and program initiatives • Administrators and staff of CBOs seeking to develop equitable partnerships with academic partners • Government and funding agency officials responsible for community-engaged teaching, research, and program initiatives	• 2,500-4,000

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year
HRSA	• HRSA-wide: 　▪ Technical staff training, such as being a grants project officer • BHPr: 　▪ Integration of population health into health professions education 　▪ Enhancement of interprofessional education and teams 　▪ Faculty development in primary care, dentistry, dental hygiene, and geriatrics 　▪ Workforce development at the undergraduate, graduate, and practitioner levels of the health professions, including nursing, medicine, dentistry, behavioral health, PH, geriatrics, diversity, and primary care, with a focus on underserved populations • HAB: 　▪ Topics include communication and technical skills; managing grant programs; fiscal oversight and monitoring; compliance and program expectations; and clinical case management, hands-on care, and service delivery • MCHB: 　▪ Wide range of MCH topics	• HRSA-wide: 　▪ Technical training for staff • BHPr: 　▪ Teaching Health Center Graduate Medical Education Program 　▪ Mental and Behavioral Health Education and Training 　▪ Interdisciplinary and Interprofessional Joint Graduate Degree Program 　▪ Preventive Medicine Residency Program 　▪ National Center for Interprofessional Practice and Education 　▪ AHEC Program 　▪ Geriatric Education Centers Program 　▪ PHTC Network 　▪ Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene 　▪ Physician Faculty Development in Primary Care 　▪ Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Providers 　▪ Residencies and fellowships 　▪ Training for disadvantaged and minority students 　▪ Grantees provide CE for health professionals • HAB: 　▪ AIDS Education and Training Centers Program 　▪ Staff training on legislative requirements for managing the Ryan White HIV/AIDS Program 　▪ Clinical training for staff and grantees 　▪ Administrative and fiscal training • MCHB: 　▪ Training for grantees	• Health professionals • Graduate and undergraduate health professions faculty and students • HRSA grantees, including SHDs, LHDs, and community organizations • State MCH/Title V programs • Healthy Start programs • HRSA staff	• Not available
NACCHO	• Wide range of topics for LHD staff and PH professionals • Major training areas include community health, environmental health, PH infrastructure, preparedness, research and evaluation, and Survive and Thrive (for new local health officials) • Trainings vary based on programs and projects • Program areas offering training include Health Impact, Planning, Accreditation, Health and Disabilities, Health Inequities, Public Health Preparedness, Executive Leadership Development, Internal Workforce Development at NACCHO, Publications Development, Office Applications, Employee Orientation, and Research Evaluation and Methods	• Annual meeting • Public Health Preparedness Summit • Program- and project-specific trainings • Survive and Thrive • Internal staff trainings	• LHD staff • PH professionals • Local PH directors	• Total: not available • Annual meeting: 1000+ • Public Health Preparedness Summit: 1,000+

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year
NALBOH	• Governance, leadership, BOH development, and other topics relevant to the PH workforce • BOH training topics include orienting board members to PH, good governance practices, and the essential public health services • Other topics include governance seminars, environmental health, tobacco, performance standards, and research on BOH	• NALBOH Annual Conference • Annual Ned E. Baker Lecture in Public Health • Presentations to BOH and at conferences • Webinars	• BOH • Health directors • PH workforce	• 1,000
NEHA	• Environmental health, including food safety and foodborne illnesses, radon resistant construction, indoor air quality, environmental PH and emergency response, and pest management	• Annual Educational Conference and Exhibition • Food Safety Training • Radon Resistant New Construction Training/Indoor Air Quality • Industry-Foodborne Illness Training • Epi-Ready Training • FDA-Rapid Response Training Foodborne Illness Outbreak • InFORM-Integrated Foodborne Outbreak Response Meeting (development of environmental health educational track) • Environmental Public Health Tracking • Environmental Health Training in Emergency Response • USDA Food-Safe Schools toolkit workshops • CDC Integrated Pest Management/Biology and Control of Vectors workshops	• Environmental and PH professionals • Food service and nutrition workforce • School personnel • Pest management personnel • Community planners and builders	• 1,500+
NLM	• Evidence-based PH, PH emergency and disaster preparedness resources, systematic reviews, PH information on the web, TOXNET, PubMed use, and health literacy tools • Resources supporting health services research and PHSSR available at http://www.nlm.nih.gov/hsrinfo/index.html	• Training of the workforce and others, at NLM via its web resources, such as http://phpartners.org, and through its NN/LM • Meetings of partner organizations including APHA; NACCHO; and MLA/librarians involved in PH, preparedness, and disaster response • Targeted web resource with collaborating organizations through Partners in Information Access for the Public Health Workforce (http://phpartners.org) • Online training opportunities, both live and archived (available on demand); brief webinars; and longer courses through DIMRC Disaster Information Specialist Program	• PH workforce • Librarians, especially medical librarians serving PH	• No precise estimate; number varies by resource

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year

NNPHI	• Wide range of topics, including accreditation, performance improvement, research and evaluation, evidence-based practice, health policy, leadership, and workforce development
	• Programs and trainings aligned with national programs, such as the National Public Health Performance Standards Program
	• Annual conference:
	  ▪ Showcasing PHIs, evidence-based practices, and promising practices
	• Grantee/project-specific trainings:
	  ▪ Topics such as health impact assessment, food policy, diabetes, PHSSR, and health equity
	• Conference presentations on best practices and models:
	  ▪ Topics such as accreditation, quality improvement, health impact assessment, community health assessment, and community health improvement planning
		• Annual conference
		• Communities of practice
		• General informational trainings
		• Grantee-specific trainings
		• Workshops and webinars in partnership with other organizations
		• Conference presentations
			• Members
			• Partners
			• Funder-specific target audiences
			• Governmental PH (tribal, local, state, federal)
				• Approx. 3,000

NLN	• Wide range of topics for PH leaders, including systems thinking, action learning, management, and communications • Member organizations have their own curricula and provide training on various topics, such as business planning, core functions/services, personnel development, program management, crisis communication, and emergency response	• Annual conference • Collaborative Leadership Training – Training of Trainers workshop • Action Learning Coach the Coach program • Webinar series	• PH leaders	• 300+
PHF	• Topics relevant to a wide range of professionals in various PH system organizations, including quality improvement, performance management, workforce development, strategic planning, and accreditation preparation and continuous improvement	• Workshops • Webinars • Communities of practice • Conference presentations • Provides PH LMS, TRAIN	• HD staff • PH professionals • Health professionals • Emergency responders • Students	• 2,000+ directly • 150,000+ through TRAIN LMS
Quad Council	• Topics relevant to PH nurses, including competencies and certification standards in PHN • Learning Institutes at APHA's annual meeting: ▪ Topics include academic/practice partnerships in PHN and the impact of the Affordable Care Act on PHN practice	• Workshops and webinars on the American Nurses Credentialing Center certification process for the Advanced PHN credential and the Quad Council Competencies for Public Health Nurses, which are based on the Council on Linkages Core Competencies for Public Health Professionals • Learning Institutes at APHA's annual meeting • Each Quad Council organization conducts its own annual conferences	• PH nurses • PHN students	• 300-400

Organization	Focus of Training	Training Activities	Target Audiences	Number Trained/Year
SOPHE	• Needs of health educators and PH workforce (generally)	• Annual meeting (fall; will not be held after 2012) • Annual conference (starting spring 2013) • Annual Health Education Advocacy Summit • Center for Online Resources & Education, an e-learning portal launched in fall 2012 • Self-study articles in SOPHE journals • Webinars • Knowledge Center (in beta testing 2013) • Courses delivered through CDC University • Other cosponsored meetings	• Members • CHES/MCHES • APHA Public Health Education & Health Promotion Section • Coalition of National Health Education Organizations • PH community	• 3,300-3,900

Abbreviations: CME = continuing medical education; PH = public health; CE = continuing education; CEPH = Council on Education for Public Health; HR = human resources; SHD = state health department; SHO = state health official; CBPR = community-based participatory research; CBO = community-based organization; MCH = maternal and child health; AHEC = Area Health Education Center; PHTC = Public Health Training Center; LHD = local health department; BOH = board of health; FDA = U.S. Food and Drug Administration; USDA = United States Department of Agriculture; PHSSR = public health services and systems research; NN/LM = National Network of Libraries of Medicine; MLA = Medical Library Association; DIMRC = Disaster Information Management Research Center; PHI = public health institute; LMS = learning management system; HD = health department; PHN = public health nursing; CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist.

Competencies and Accreditation or Certification Programs Addressed by Training

Organization	Competencies	Accreditation/Certification Programs
ACPM	• Accreditation Council for Graduate Medical Education Core Competencies for residency training	• Provides CME, Maintenance of Certification, and Maintenance of Licensure for preventive medicine physicians
APHA	• ASPH MPH Core Competency Model • Council on Linkages Core Competencies for Public Health Professionals • Other sets of competencies as required for certification programs	• Accredited provider of CME, CNE, CHES, MCHES, and CPH credits • Granted 16,000 CE credit hours to attendees at its 2011 annual meeting
APTR	• Council on Linkages Core Competencies for Public Health Professionals	
AAPHP	• Helps academic PH programs prepare for CEPH accreditation, which requires that competencies appropriate for each program be applied • Competencies for academic PH programs are typically practitioner-based skill sets • Some academic PH programs use the Council on Linkages Core Competencies for Public Health Professionals	• Helps academic PH programs prepare for CEPH accreditation
APHL	• No competencies are currently used, but progress is being made through the Laboratory Efficiencies Initiative • Developed PH lab leadership and management competencies • Working with CDC to develop a comprehensive set of PH laboratory core competencies • Contributing with CDC to the development of a core curriculum based on competencies for PH laboratory scientists	

Organization	Competencies	Accreditation/Certification Programs
ASTHO	• Planning to incorporate Council on Linkages Core Competencies for Public Health Professionals into some courses	• Offers CE credits for sessions at its annual meeting
AUPHA		
CDC	• Each fellowship has its own competencies	
CCPH	• Competencies from CCPH's CBPR curriculum, Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum (http://cbprcurriculum.info), and the Community-Engaged Scholarship Toolkit (http://communityengagedscholarship.info)	

HRSA	• BHPr:
	  ▪ Uses Council on Linkages Core Competencies for Public Health Professionals for some training activities, such as the PHTCs
	  ▪ Does not require specific competencies for many programs
	• MCHB:
	  ▪ Maternal and Child Health Leadership Competencies (Version 3.0)	

NACCHO	• No standard list of competencies currently used	
NALBOH		

NEHA		• Offers credential assessment training for Certified Professional-Food Safety (CP-FS) and Registered Environmental Health Specialist (REHS), Certified in Comprehensive Food Safety (CCFS), Professional Food Manager training, and Hazard Analysis & Critical Control Points (HACCP) certification
		• Credentials offered:
		  ▪ Certified in Comprehensive Food Safety (CCFS)
		  ▪ Certified Environmental Health Technician (CEHT)
		  ▪ Certified Installer of Onsite Wastewater Treatment Systems (CIOWTS)
		  ▪ New Jersey Requirement for CIOWTS – Advanced Level
		  ▪ Certified Professional – Food Safety (CP-FS)
		  ▪ Healthy Homes Specialist Credential (HHS)
		  ▪ Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
		  ▪ Registered Environmental Technician (RET)
		  ▪ Registered Hazardous Substances Professional (RHSP)
		  ▪ Registered Hazardous Substances Specialist (RHSS)
		  ▪ National Radon Proficiency Program

NLM	• Council on Linkages Core Competencies for Public Health Professionals
	  ▪ Analytic/Assessment Skills
	  ▪ Policy Development/Program Planning Skills
	  ▪ Cultural Competency Skills
	  ▪ Public Health Sciences Skills
		• Not directly, but in collaboration with other organizations, such as MLA and the MLA Disaster Information Specialization Program

NNPHI		• Offers CE credits for select trainings

Organization	Competencies	Accreditation/Certification Programs
NLN	• Developed the Public Health Leadership Competency Framework to provide guidance for member organizations	
PHF	• Council on Linkages Core Competencies for Public Health Professionals • Medical Reserve Corps Core Competencies Matrix • CDC Office of Public Health Preparedness and Response Public Health Preparedness Capabilities	• Numerous types of CE credits available through TRAIN LMS
Quad Council	• Quad Council Competencies for Public Health Nurses, based on the Council on Linkages Core Competencies for Public Health Professionals	• Delivered webinars and workshops on the American Nurses Credentialing Center certification process for Advanced PHN • PHN-APHA is an approved CNE provider
SOPHE	• Health Education Competencies for Certified Health Education Specialist and Master Certified Health Education Specialist • Health Education Competencies for CHES and MCHES overlap with the ASPH MPH Core Competency Model, which is used for CPH credentialing	• Provider of NCHEC CE contact hours • Provider of NBPHE CPH renewal credits • One of the largest providers of CE for CHES

Abbreviations: CME = continuing medical education; ASPH = Association of Schools of Public Health; MPH = Master of Public Health; CNE = continuing nursing education; CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist; CPH = Certified in Public Health; CE = continuing education; PH = public health; CEPH = Council on Education for Public Health; CBPR = community-based participatory research; PHTC = Public Health Training Center; MLA = Medical Library Association; LMS = learning management system; PHN = public health nursing; NCHEC = National Commission for Health Education Credentialing; NBPHE = National Board of Public Health Examiners.

Training and Evaluation Methods and Future Training Plans

Organization	Delivery Methods	Evaluation Methods	Future Plans
ACPM	• In person • Webinars • Online training	• Course evaluations • Follow-up surveys	• Expand course offerings • Identify new training areas • Assess member needs
APHA	• In person • Webinars	• Annual meeting and session evaluations • In-depth, pre- and post-evaluations for CE credit classes	• Expand access to annual meeting sessions online • Increase distance learning • Discontinue satellite broadcasts (due to lack of funding)
APTR	• In person • Conference calls • Webinars • Web-based self-study modules	• Course and session evaluations • Participant tracking • Website analytics	• Continue training programs, contingent on funding • Expand webinars
AAPHP	• In person • Webinars	• Post-training evaluations	• Increase distance learning activities • Provide educational opportunities for local and regional PH organizations • Expand to broader audience (PH practitioners)

Organization	Delivery Methods	Evaluation Methods	Future Plans
APHL	• In person • Teleconferences • Webinars • On-demand training	• Needs assessment surveys every 1-2 years • Focus groups	• Explore the possibility of expanding fellowships into areas such as informatics and leadership
ASTHO	• In person • Conference calls • Webinars • Video conferences	• Course evaluations • Conference evaluations	• Continue trainings, depending on member needs and funding • Improve videoconferencing capacity for training (increase access to training with limited travel)
AUPHA	• In person • Webinars	• Program evaluations	• Continue current efforts
CDC	• In person • Webinars • Conference calls • Online training • Podcasts	• Formative evaluations, such as pilot tests • Summative evaluations, including evaluation forms and knowledge checks	• Implement Kirkpatrick Level 3 evaluation through post-training follow-up questions of learners to measure the impact of training
CCPH	• In person • Conference calls • Webinars	• Pre- and post-training surveys of participants and, in some cases, their colleagues/supervisors	• Continue current efforts • Increase online training
HRSA	• In person • Webinars • Online training	• Training evaluations	• MCHB: ▪ Improve coordination of internal training and training provided to grantees
NACCHO	• In person • Webinars • Online courses	• Course/training evaluations	• Continue current trainings • Expand eLearning • Create more interactive distance learning opportunities with webcasts, conference calls, videos, quizzes, polling, and new technologies (to expand reach given budget constraints) • Link LHD workforce development planning required for voluntary national HD accreditation and NACCHO courses available
NALBOH	• In person • Webinars	• Conference and session evaluations • Logic model • Dashboards • Developmental evaluation • Kirkpatrick's Four Level Evaluation • World Café • Web training tracking • Follow-up surveys	• Continue and improve current offerings • Launch customized BOH consultation • Provide intensive training for BOH development • Counsel PHTCs on training needs of BOH

Organization	Delivery Methods	Evaluation Methods	Future Plans
NEHA	• In person • Online courses	• Training evaluations • Pre- and post-tests	• Continue, update, and improve current trainings, depending on funding • Try new approaches, including advanced distance learning and hybrid courses • Modify Industry-Foodborne Illness Training for the manufacturing/processing food industry • Distribute revised Food-Safe Schools toolkit • Enhance online training for Integrated Pest Management
NLM	• In person • Online courses • Webinars	• Training surveys/evaluations • Pre- and post-training questionnaires	• Continue training activities • Broaden resources available asynchronously
NNPHI	• In person • Webinars • Conference calls	• Course evaluations	• Continue current trainings, depending on funding • Offer new trainings as funding is available
NLN	• In person • Webinars • Online courses	• Course evaluations	• Continue to offer current trainings • Offer additional webinar series • Expand NLN Resource Bank
PHF	• In person • Webinars • Conference calls • Online courses	• Pre- and post-assessments • Course evaluations • Sponsor feedback • 6 month follow-up	• Expand workshop offerings • Increase number of LMS course providers and courses • Focus on and foster competency-based training
Quad Council	• In person • Webinars	• Course evaluations	• Continue current training activities, depending on funding • Each Quad Council organization determines its own training plans
SOPHE	• In person • Webinars • Online courses • Self-study journal articles	• Course evaluations • Training questions on annual member surveys	• Promote CORE – add more courses and market to expand awareness • Review/update the Health Education Competencies for CHES and MCHES in collaboration with NCHEC • Explore ways to create a stronger voice for the health education profession through unification with former members of the American Association for Health Education

Abbreviations: CE = continuing education; PH = public health; LHD = local health department; HD = health department; BOH = board of health; PHTC = Public Health Training Center; LMS = learning management system; CORE = Center for Online Resources & Education; CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist; NCHEC = National Commission for Health Education Credentialing.

Learning Management Systems

An LMS offers a means to coordinate training opportunities for the public health workforce and streamline the training process. Organizations were asked if they use an LMS and which system they use, purposes of and data generated by the LMS, and connectivity of the LMS with other systems.

Summary of Findings

- **Many organizations utilize an LMS.** More than half of the organizations use an LMS in some way, but many are new or limited users. Several organizations use TRAIN for various functions, such as posting and promoting training courses.
- **There is no leading LMS.** Organizations rely on a variety of systems for managing learning. Some organizations purchase an LMS, while others design their systems in-house. When an LMS is used, most organizations rely on a single system, although a small number employ multiple LMSs.
- **Common uses of LMSs** include delivering training, tracking training and CE credits, and conducting evaluations of training.
- **There is limited connectivity among systems.** Few organizations currently connect their LMSs to other organizational management systems.

Detailed Findings

Organization	LMS Used	Purpose	Additional Information
ACPM	• YourMembership	• Allow members to track training taken • Allow networking among members	
APHA	• E-ssential Learning (used by APHA's Continuing Education Program)	• Store information on CE credits • Manage CE credits, transcripts, etc.	
APTR	• YourMembership	• Store and manage member information on CE credits • Deliver and archive training sessions and teaching modules • Process event registrations • Conduct training evaluations	
AAPHP	• None		• Some member programs use LMSs or connect with TRAIN
APHL	• SumTotal	• Deliver and archive trainings • Provide access to transcripts and certificates • Store information on PACE CE units	• Connected to APHL's association management system (Net Forum)
ASTHO	• None		
AUPHA	• None		
CDC	• HHS Learning Portal • CDC TRAIN	• HHS Learning Portal: Support training needs of HHS employees • CDC TRAIN: Support training needs of the entire PH workforce	
CCPH	• Catalyst, a system developed by the University of Washington	• Process event registrations • Conduct pre- and post-training evaluations • Generate training participant statistics, such as demographics, self-assessments of knowledge and skills, satisfaction, suggestions for trainings, etc.	• Data are used for evaluation and planning and occasionally incorporated into published papers and reports
HRSA	• HHS Learning Portal		
NACCHO	• BlueSky Broadcasting		• Trainings are currently on the NACCHO website, TRAIN, and other sites • Would like to have a main hub for members to access all training, link it to membership database, and track utilization • Lead Analyst for eLearning was hired to lead NACCHO's eLearning efforts

Organization	LMS Used	Purpose	Additional Information
NALBOH	• In development with NLN/Saint Louis University College for Public Health & Social Justice – the Heartland Centers		
NEHA	• Moodle • Absorb • SkillSoft • In-house proprietary software	• Deliver courses • Store student records and pass scores	• Can establish links to other organizations' LMSs so students can use NEHA's courses
NLM	• None		• Courses from NLM and NN/LM are listed in the MLA Educational Clearinghouse and TRAIN
NNPHI	• None		
NLN	• Meridian Global System, the LMS of Saint Louis University's Heartland Centers (a PHTC)	• Manage professional development and training information, track credits, and fulfill learning plans • Allow access to and deliver courses • Generate data, such as number of people trained, training status, courses taken, etc.	• Refers its users to other non-NLN courses on the Heartland Center's LMS • Heartland Center's LMS links to LMSs of other PHTCs and to TRAIN
PHF	• TRAIN	• Deliver courses worldwide • Track and monitor training • Evaluate training • Store data on trainers, learners, and training • Produce statistics on training nationwide	• Provides data to PH workforce researchers
Quad Council	• None		
SOPHE	• Peach New Media	• Deliver content of training • Track courses and credentials • Serve as a one stop hub for CE for CHES/MCHES and CPH • Generate training statistics, such as number of people trained and CHES/CPH credits provided	• Connected to SOPHE's association management system

Abbreviations: LMS = learning management system; CE = continuing education; PACE = Professional Achievement in Continuing Education; HHS = Department of Health and Human Services; PH = public health; NN/LM = National Network of Libraries of Medicine; MLA = Medical Library Association; PHTC = Public Health Training Center; CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist; CPH = Certified in Public Health.

Research and Data Collection

Engaging in public health workforce research and data collection can help to describe the workforce and inform decisions and activities related to the workforce. Organizations were asked whether they conduct or sponsor workforce research, what data they collect on the workforce, the frequency of research and data collection activities, how workforce data are used, whether workforce data are shared, and what other sources they rely on for workforce data.

Summary of Findings

- **Many organizations conduct research on the public health workforce or collect workforce data.** Approximately half of the organizations engage in workforce research or data collection on a fairly regular basis, often annually.
- **Most organizations collect data from their members or constituents.** More than half of the organizations collect data from their members or constituents, usually through member surveys.
- **Data are used to assess needs** and support advocacy, policy, and planning activities.
- **Most organizations would be willing to share their collected data** with others as appropriate.
- **Most organizations rely on other organizations as additional sources of workforce data.** Sources of public health workforce data include HRSA, CDC, NACCHO, ASTHO, and the Department of Labor.

Detailed Findings

Organization	Research/Data Collection Activities (Frequency)	Data Use	Other Data Sources
ACPM	• Workforce study for baseline enumeration of the preventive medicine workforce, with the University of Michigan (proposed)	• Inform policy and advocacy	• American Board of Preventive Medicine • Accreditation Council for Continuing Medical Education • NACCHO • AAMC
APHA	• Survey on educational needs to identify needs and gaps (annual) • Demographic information from a sample of its membership	• Assess educational needs and compliance with accrediting organizations	• HRSA • CDC • Other PH organizations
APTR	• Data about MPH programs and their graduates (annual) • Tracking of past APTR Fellows and Paul Ambrose Scholars • Data to support 7 Healthy People 2020 educational objectives on clinical prevention and interprofessional education (ECBP12-19) – collected by the APTR Healthy People Curriculum Task Force (baseline, mid-decade, and end-of-decade)	• Information sharing • Inform policy and advocacy • Measure outcomes of training projects • Required data for Healthy People 2020 tracking	• HRSA BHPr • CDC • CEPH • APTR Healthy People Curriculum Task Force member organizations • IOM
AAPHP	• Occasional member surveys • Limited data on member program needs and capacities • Secondary data from member programs, such as CEPH annual reports • No systematic data collection currently, but exploring more systematic approaches • Scholarships that support research • Member programs conduct research	• Inform CE and training activities	• CEPH • PHTCs • Research and literature on the PH workforce

APHL	• Research agenda approved by its Board every year includes annual and periodic surveys:
	  ▪ Survey of Laboratories (annual)
	  ▪ All Hazards Laboratory Survey
	  ▪ Workforce Compensation and Salary Survey
	  ▪ Facility Characterization Survey, a survey of laboratory directors about facility characteristics (periodic, subject to funding)
	  ▪ Individual Laboratorian Survey, a survey of individual characteristics (periodic, subject to funding)
	• Training needs assessments
	• Survey questions on hot topics
		• Create state profiles of PH laboratories
		• Support advocacy
		• Inform funding decision-makers
		• Support development of PR materials
			• American Society for Clinical Laboratory Science
			• Department of Labor
			• HRSA
			• ASPH

ASTHO	• Member survey (annual) • Profile of State Public Health survey (every 2 years) • Budget cuts survey (quarterly) • Planning a study on KSAs for the PH workforce, with the de Beaumont Foundation • Other data collected from SHOs and SHDs as needed	• Information sharing • Support advocacy • Provide comparable information about state PH • Inform policy and priority building • Orient and support health officials	• Interviews with program and HR directors at SHDs and territorial HDs

Organization	Research/Data Collection Activities (Frequency)	Data Use	Other Data Sources
AUPHA	• Survey of academic programs, which includes enrollment information and demographics (annual) • Membership assessment survey of what its constituents need		
CDC	• Characterization of the CDC and HHS workforce • Development of strategies for enumerating the PH workforce • Enumeration of the governmental PH workforce • Development and implementation of a system to characterize the governmental PH workforce on an ongoing basis	• Characterize the CDC workforce	• HHS HR database
CCPH	• Program evaluations and member surveys on needs and gaps (annual) • Key stakeholder telephone interviews (annual)	• Evaluation and planning • Support published papers and reports	

HRSA	• HRSA-wide:
	  ▪ Performance measures data on trainees
	  ▪ Universal Data System tracks performance measures for grant programs
	• BHPr:
	  ▪ National Center for Health Workforce Analysis
	    o Area Resource File
	    o University of Michigan nursing survey
	  ▪ Nurse Practitioner Survey (2012)
	  ▪ Enumeration of the PH workforce, with CDC
	  ▪ National Health Professionals Report
	  ▪ Minimum Data Set, national data set on the health workforce
	  ▪ PHTCs conduct needs assessments, but BHPr does not aggregate these data
	• HAB:
	  ▪ Workforce data on AIDS Education and Training Centers participants, such as needs and site trends (annual)
	  ▪ Ryan White Data Report (every 2 years)
	  ▪ HIV Clinical Workforce Initiative studies
	  ▪ Study of the HIV Workforce (data collected in 2010)
	  ▪ HIV workforce surveys through Health HIV (annual)
	• MCHB:
	  ▪ Title V State Block Grant applications, which may describe workforce needs (annual)
	  ▪ Title V Information System, a searchable public database on block grants
		• Program planning
		• Determine workforce needs
		• Project demands
			• ASTHO
			• NACCHO

NACCHO	• National Profile of Local Health Departments survey (every 2-3 years) • Job loss survey (twice/year) • Staffing benchmarks study with Barnie Turnock (2010) • Workforce and Leadership Development workgroup gathers informal assessment information	• Inform reports and papers • Inform advocacy • Data publicly available via Profile-IQ	• Enumeration study (CDC/HRSA) • Department of Labor
NALBOH	• National Public Health Governance Scan of governance structure and function (every 3-5 years)	• Identify programming needs and gaps	• County Health Rankings

Organization	Research/Data Collection Activities (Frequency)	Data Use	Other Data Sources
NEHA	• Profile information on members • Environmental Public Health Tracking Program, with CDC • Epi-Ready Team Training Program, with CDC • Food-Safe Schools Program, with CDC • Government and External Affairs Program • Land Use Planning and Design Program, with CDC • National Conversation on Public Health and Chemical Exposures, with CDC • Onsite Wastewater System Program, with EPA • Radon/Indoor Air Quality Training Program, with EPA • Workforce Development Program, with CDC • Biology and Control of Vectors/Public Health Pests Program, with CDC • Environmental Health Regulatory Capacity Assessments for the Council to Improve Foodborne Illness Response, with the Association of Food and Drug Officials	• Inform programs	• None
NLM	• Research activities vary in frequency and scope • Multi-year project to explore and identify least cost/most resilient and effective strategies for providing information to PH to support evidence-based PH practice in 15 SHDs and LHDs through shared resource licensing, HD-specific access to resources, training for PH staff, and working relationships between senior HD officials and local resource library leaders and staff, with the New England RML • Awards small disaster health information outreach and collaboration projects between organizations with disaster-related responsibilities, such as HDs, PH coalitions, and universities, and libraries – 7 awards in 2011 and 7 in 2012 • Evaluating and developing a broad implementation plan regarding use of MedlinePlus Connect, a service to link patient portals and electronic health records with consumer health information, by the Institute for Family Health community health center/safety net provider • No explicit agenda on PH workforce research, but has provided, and would provide in the future, search and retrieval services in support of Council on Linkages and other workforce research efforts	• Does not track workforce data directly, but provides easier access to such data through web resources, including http://phpartners.org, Health Services Research Information Central, and DIMRC	
NNPHI	• Member survey on workforce composition and training needs (annual)	• Inform planning • PR and marketing materials	• ASTHO • NACCHO • CDC • HRSA • County Health Rankings
NLN	• None		

Organization	Research/Data Collection Activities (Frequency)	Data Use	Other Data Sources
PHF	• PH recruitment and retention research • Research on use of the Council on Linkages Core Competencies for Public Health Professionals • Data from PH workers on issues related to recruitment and retention • Data about training from over 700,000 learners • Data from approximately 4,000 providers of training • Data on over 29,000 training courses	• Inform and improve policies and programs • Guide workforce development initiatives • Identify training gaps	• ASTHO • NACCHO • NIHB • NALBOH • APTR • Quad Council • AAPHP
Quad Council	• Each Quad Council organization collects limited data on its members, including some demographic data, but the Quad Council does not aggregate these data • Quad Council organizations conduct research on PHN interventions and the PHN workforce	• Developing research priorities • Evaluating educational strategies for educating the PHN workforce	• HRSA • University of Michigan/RWJF PHN enumeration study • Focus groups
SOPHE	• Survey of members, non-members, and chapters (annual) • Periodic surveys of undergraduate and graduate programs in health education • Health Education Job Analysis, a study that forms the basis of the Health Education Competencies for CHES and MCHES (every 5 years; in process in 2013 with goal of publishing by 2015) • Market research on employers and attitudes about health education (2006) • SOPHE's National Task Force on Accreditation in Health Education conducts periodic research • Development of emergency preparedness competencies for health educators (due to be released in 2013)	• Strategic planning	• Department of Labor

Abbreviations: AAMC = Association of American Medical Colleges; PH = public health; MPH = Master of Public Health; ECBP = Educational and Community-Based Programs; CEPH = Council on Education for Public Health; IOM = Institute of Medicine; CE = continuing education; PHTC = Public Health Training Center; ASPH = Association of Schools of Public Health; KSAs = knowledge, skills, and abilities; SHO = state health official; SHD = state health department; HR = human resources; HD = health department; HHS = Department of Health and Human Services; EPA = United States Environmental Protection Agency; LHD = local health department; RML = regional medical library; DIMRC = Disaster Information Management Research Center; PR = public relations; NIHB = National Indian Health Board; PHN = public health nursing; RWJF = Robert Wood Johnson Foundation; CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist.

Recruitment and Retention

Maintaining an adequate public health workforce depends on the effective recruitment of professionals into the workforce and retention of existing members within the workforce. Organizations were asked to describe their recruitment and retention efforts, including any activities that help to build the workforce pipeline and to improve the working environment for current public health professionals.

Summary of Findings

- **Most organizations engage in recruitment and retention activities.** Such activities include posting jobs online and offering career development activities and information at annual meetings and conferences.
- **Most organizations support the development of the public health workforce pipeline.** More than half of the organizations support the development of the workforce through internships, scholarships, or fellowships oriented to their focus areas. Organizations also engage in direct outreach to schools and students.
- **Most organizations support improving the working environment.** Approximately two-thirds of the organizations provide support to improve the working environment, primarily through conference sessions, information, or other resources.
- **Recruitment and retention may be influenced indirectly.** Organizations may indirectly contribute to recruitment and retention through their other activities, such as conferences and trainings, and by supporting members who engage in recruitment and retention efforts.

Detailed Findings

Organization	Recruitment and Retention Activities
ACPM	• Hosts job placement site on its website • Has a Medical Student Section, which is rapidly growing and supports Medical Student Interest Groups in medical schools • Offers sessions for medical students, residents, and new physicians at its annual meeting on opportunities and careers in preventive medicine • Participates in a medical student showcase at the American Medical Association annual meeting
APHA	• Hosts job site on its website, Public Health CareerMart • Offers coaches at its annual meeting to assist job seekers • Has an APHA Student Assembly • Founding member of CEPH • Participates in NBPHE
APTR	• Sponsors the annual Paul Ambrose Scholars Program, which seeks to bring clinical health professions students into PH • Manages various fellowships and residency rotations for federal partners • Provides support, networking, and curricula for PH teachers • Promotes and collects data for Healthy People 2020 educational objectives, which seek to deliver PH and prevention content at all academic levels • Reaches out to clinical health professions students to engage them in PH leadership activities
AAPHP	• Recently started a scholarship program for students in member programs conducting research • Supports member programs in forming partnerships with HDs, such as AHDs and internship sites, so that students can connect, communicate, and work with PH professionals • Supports member programs in preparing practitioners for the PH workforce and other health-related worksites
APHL	• Hosts job board on its website, APHL Job Center • Developed *A Practical Guide to Public Health Laboratories for State Health Officials* • Tracks all PH lab directors and provides support for recruitment, including model job descriptions, interview questions, and resource guides • Engages in PR activities regarding roles within the PH lab system to create career awareness and help with recruitment • Provides information on lab science careers for high school and college students • Supported development of a website that features the PH lab workforce (www.labsciencecareers.com) • Supports development of teacher resources • Participates and exhibits at national meetings, conferences, STEM festivals, and university events • Participated in and administered Career Pathways grants program to support innovative programs to build the workforce pipeline • Planning to explore a national model for an internship program • Encourages members to attend career fairs at high schools and colleges and distributes a presentation template on jobs in PH labs
ASTHO	• Posts job openings and internships from SHDs on its website • Hoping to use the Council on Linkages Core Competencies for Public Health Professionals for internal job descriptions • Worked with schools and facilitated state PH information sessions • Provided practicum experiences and internships for MPH students
AUPHA	• Provides materials to schools to interest students in health administration careers

Organization	Recruitment and Retention Activities

CDC	• Operates PH fellowship programs
	• Offers internship and fellowship programs for medical and veterinary students
	• Worked with the Department of Labor to establish the Public Health Informatics Fellowship as a Department of Labor Registered Apprenticeship
	• Provides Career Paths to Public Health Program to expose students and teachers to PH with activities including:
	  ▪ Disease Detectives event at the National Science Olympiad
	  ▪ Science Ambassadors program
	  ▪ Sharing of PH lesson plans for middle and high school students (http://www.cdc.gov/excite)
	• Developing PH informatics position descriptions for use by SHDs and LHDs
	• In collaboration with partners, developed applied epidemiology and PH informatics competencies

CCPH	• Works to recruit and retain community-engaged faculty in academic institutions and CBOs in community-academic partnerships • Provides mentoring and training for graduate students and post-docs interested in pursuing community-engaged careers in academia • Increases community engagement at its conferences by soliciting for community authored and co-authored presentations and offering scholarships for community presenters • Increased youth engagement at its conferences by soliciting for youth-focused presentations, placing a priority on youth presenters, and offering scholarships for youth participants • Offers training institutes, workshops, mentoring, and other tools for faculty, post-docs, and graduate students to support successful community-engaged careers in academia • Offers training institutes, workshops, mentoring, and other tools for community partners to support successful academic partnerships

HRSA	• BHPr:
	  ▪ Provides workforce pipeline programs, especially focused on underserved minorities and diversity
	  ▪ Supports workforce recruitment in underserved communities
	  ▪ Supports CE for workforce retention
	  ▪ Offers traineeships, fellowships, and stipends
	  ▪ Provides faculty development programs
	  ▪ Operates loan repayment program, which supports retention
	  ▪ Operates the Health Careers Opportunity Program, which focuses on recruiting individuals from educationally or economically disadvantaged backgrounds into health and allied health professions programs
	  ▪ AHECs provide career awareness and exposure, structured programming, summer camps, and mentoring
	  ▪ Encourages PHTCs and AHECs to work together to increase career awareness
	• BPHC:
	  ▪ Houses the National Health Service Corps, a key program for recruiting primary care providers, which offers scholarships and loan repayment
	• HAB:
	  ▪ Provides information on opportunities in HIV care through the AIDS Training and Education Centers, residency programs, peer-to-peer mentoring, workforce studies, and community-based partnerships
	  ▪ Provides adjunct staff to organizations to help mitigate clinician burnout
	  ▪ Studying recruitment and retention trends in the HIV care field
	• MCHB:
	  ▪ Works with HBCUs to engage students in PH careers
	  ▪ Operates the MCH Public Health Learning Institute for MCH practitioners
	  ▪ Working to increase MCH career skills in graduate training
	  ▪ Working with grantees on diversity programs
	  ▪ Exploring how to align funding with population MCH needs

NACCHO	• Provides internships in collaboration with universities and MPH programs
NALBOH	• Engages with the appointment process for BOH and has developed a guide for appointing members
NEHA	• Does not address recruitment and retention directly, but its activities indirectly support workforce recruitment and retention

Organization	Recruitment and Retention Activities

NLM	• Supports graduate and post-graduate training in biomedical informatics at 14 US universities, 9 of which offer specific programs for PH informatics
	• Provides traveling exhibits from its Exhibition Program on PH topics for display at HDs, libraries, and tribal locations
	  ▪ The exhibit, *Against the Odds: Making a Difference in Global Public Health*, traveled nationally to schools of PH in 2008-9 through an arrangement between NLM and ASPH, was recognized at the APHA annual meeting, continues to travel, and is currently booked through 2014
	  ▪ Additional traveling exhibits are planned

NNPHI	• Has a job posting section on its website and in its newsletter • Has close ties with universities, which are used to fill internal internship positions • Frequently shares and connects with PHIs regarding internships • Creating a new undergraduate internship program, with one position per year • Exploring summer internships with a wider range of schools of PH and other schools related to PH, such as public administration, health communications, etc. • Offers practicum experiences for MPH students and MHA students • Member PHIs also engage with universities and schools of PH to offer internships and practicum experiences
NLN	• Does not engage in recruitment and retention activities directly • Member organizations focus on management strategies that impact recruitment and retention
PHF	• Provides internships • Collaborates with HOSA-Future Health Professionals to interest health professions students in PH careers • Tracks career choices of individuals involved in its minority outreach program • Surveyed PH workers on recruitment and retention • Assists organizations in creating workforce development plans • Develops tools to help PH organizations use the Council on Linkages Core Competencies for Public Health Professionals, such as job descriptions and competency assessments • Promotes student internships in HDs through its AHD Learning Community
Quad Council	• The Quad Council does not directly engage in recruitment and retention • Quad Council organizations engage in a variety of recruitment and retention activities, such as enhancing PHN curricula, supporting PHN faculty, encouraging students to consider PHN careers, and providing students with scholarships and mentors for APHA's annual meeting
SOPHE	• Previously participated in mentoring program through the Public Health Leadership Institute, but this program is no longer funded • Developing new leadership pipeline courses • Provides student outreach targeted at helping students find jobs, develop resumes, etc. • Participates in Health Education Week and National Public Health Week • Interested in engaging in more activities to develop the PH workforce pipeline, but has been limited by funding • Provides 6 paid internships/year • Offers 12-15 scholarships and fellowships to graduate and undergraduate students • Funds 12 people/year to attend its annual meeting or Health Education Advocacy Summit through the 21st Century Campaign endowment

Abbreviations: CEPH = Council on Education for Public Health; NBPHE = National Board of Public Health Examiners; PH = public health; HD = health department; AHD = academic health department; PR = public relations; STEM = science, technology, engineering, and mathematics; SHD = state health department; MPH = Master of Public Health; LHD = local health department; CBO = community-based organization; CE = continuing education; AHEC = Area Health Education Center; PHTC = Public Health Training Center; HBCUs = historically black colleges and universities; MCH = maternal and child health; BOH = board of health; ASPH = Association of Schools of Public Health; PHI = public health institute; MHA = Master of Health Administration; PHN = public health nursing.

Tools and Systems

A variety of tools and systems can support the public health workforce in its activities and enhance its effectiveness. Organizations were asked whether they develop, sponsor, use, or recommend tools or systems to improve workforce performance or employee satisfaction.

Summary of Findings

- **Most organizations provide resources, tools, or systems for the workforce**, but these tend not to be specific to workforce development. Few organizations develop or sponsor tools or systems specifically to improve workforce performance or employee satisfaction.
- **Most workforce development resources and tools are available online.** Of the tools developed or recommended by organizations for workforce development, most can be accessed online. Examples of such tools include NACCHO's Toolbox, CCPH's self-assessment tools, and NLN's Resource Bank.
- **Organizations want to learn about resources and tools.** Several organizations have an interest in learning more about what resources and tools exist so they can share that information with their members.

Advocacy

Membership organizations often advocate on behalf of their members or constituents. Organizations were asked about their advocacy efforts for the public health workforce with respect to jobs, research, training, or workforce development funding and whether they have developed policy statements related to the workforce.

Summary of Findings

- **Nearly all non-governmental organizations engage in some kind of advocacy.** Advocacy activities for the public health workforce typically relate to an organization's mission, members, or constituents.
- **Organizations may advocate for the public health workforce indirectly.** Several of the smaller organizations engage in advocacy through coalitions, such as the Coalition for Health Funding or the Health Professions and Nursing Education Coalition, or through their member organizations or programs.
- **Most non-governmental organizations issue policy or position statements related to the public health workforce.** Policy or position statements are typically available on organization websites.

Detailed Findings

Organization	Advocacy Activities	Policy Statements
ACPM	• Advocates for preventive medicine residency programs and population-based medicine, including federal funding for preventive medicine residency training programs, loan forgiveness for PH physicians, and expansion of the National Health Service Corps to include preventive medicine • Advocates through national coalitions, such as Partnerships to Fight Chronic Disease, Health Professions and Nursing Education Coalition, Coalition for Health Funding, Workplace Wellness Alliance, and National Violence Prevention Network	• On website
APHA	• Advocates for PH jobs, research, training, and workforce development funding • Developed a brief, *The Affordable Care Act's Public Health Workforce Provisions: Opportunities and Challenges*, which addresses workforce development issues	• On website
APTR	• Advocates through coalition activities with TFAH, Coalition for Health Funding, and Health Professions and Nursing Education Coalition; as a member of Research!America; and through its Healthy People Curriculum Task Force • Advocates for MPH programs through the APTR Council of Graduate Programs in Public Health	• None
AAPHP	• Advocates for academic PH programs and the PH workforce • Degree and direction of advocacy role has been a topic of discussion • Advocates for the PH workforce through its member programs • Co-sponsors the Advocacy Summit to help prepare students in its member programs for advocacy (has been involved for about 7 years, both as AAPHP and CAMP)	• None, but may consider developing in the future
APHL	• Advocates through a variety of mechanisms, including building currency with legislative representatives, collaborating with organizations such as ASTHO, NACCHO, and CSTE	• Policy statement on importance of addressing workforce issues through APHL activities • Policy statement on development of a standardized personnel nomenclature
ASTHO	• Hosts Annual Hill Day in Washington, DC to help members meet with their Members of Congress • Helps members arrange agency site visits with their Members of Congress • Continually works with policymakers to ensure that state PH's voice is heard, including on workforce issues • Supports and advocates for PH loan repayment	• Position statement on the PH workforce (being updated) • Other policy and position statements address workforce issues indirectly
AUPHA	• None	• None
CDC	• None	• None
CCPH	• Advocates for policies and funding that support CBPR, including providing funding directly to community organizations, and for service-learning as a required component of health professions education • Incorporates advocacy into trainings • Advocates by participating in advocacy coalitions, submitting comments in response to government requests for public input, etc.	• Statements on community engagement in the Clinical and Translational Science Awards program; the NIH peer review process and criteria; and community action agenda on authentic, equitable, and transformative community-academic research partnerships
HRSA	• None	

Organization	Advocacy Activities	Policy Statements
NACCHO	• Advocates for PH workforce development funding through its Government Affairs Office • Has worked with job loss report data in advocating for PH workforce funding	• On website
NALBOH	• Is interested in ensuring resources are in place for the workforce • Has signed various letters of support to keep PH funding that supports a strong workforce	• Effective Board Training Ensures Quality Public Health Services Position Statement (November 2012)
NEHA	• Advocates for environmental health jobs, research, training, workforce development funding, and building environmental health capacity in a variety of ways	• On website
NLM	• None	• None
NNPHI	• Advocates primarily for funding for leadership development programs and support for PHIs • Is a founding member of the National Alliance for Leadership Development for the Public's Health	• White papers on leadership and the Public Health Leadership Society, Alliance for Leadership (10 PHIs), and advocating for leadership
NLN	• Advocates for training and workforce development funding • Is a convener of the National Alliance for Leadership Development for the Public's Health	
PHF	• None	• None
Quad Council	• Advocates through its member organizations on relevant topics, i.e., PH funding, nursing education funding, new models of care, PH issues	• Strategic briefs on website • Each Quad Council organization has policy statements on its website
SOPHE	• 2011 Advocacy Priorities: ▪ Patient Protection and Affordable Care Act ▪ Appropriations for CDC's National Center for Chronic Disease Prevention and Health Promotion ▪ Reauthorization of the Elementary and Secondary Education Act to include health education and physical education as core subjects ▪ Promote the Health Education Profession as a critical component to addressing the health crisis in our society ▪ Health literacy ▪ Health equity across all populations ▪ Tobacco prevention and control ▪ Environmental health/emergency preparedness • Lists Advocacy Resolutions on its website	• On website

Abbreviations: PH = public health; TFAH = Trust for America's Health; MPH = Master of Public Health; CAMP = Council of Accredited MPH Programs; CSTE = Council of State and Territorial Epidemiologists; CBPR = community-based participatory research; NIH = National Institutes of Health; PHI = public health institute.

Partnerships and Information Sharing

Collaboration and coordination of public health workforce development efforts can be facilitated by the establishment of partnerships between organizations and depend heavily on sharing information about such efforts. Organizations were asked to identify their major collaborators, the organizations to which they turn for assistance with workforce development, and their affiliates involved in workforce activities. As well, organizations were asked what information would be helpful in planning workforce development activities and for any additional information relevant to their workforce development efforts.

Summary of Findings

- **Few organizations conduct their public health workforce development activities entirely alone.** Organizations participate in formal partnerships, such as the Council on Linkages and PHPartners, and collaborate with a range of other organizations on workforce development efforts. Most organizations partner with at least one other Council on Linkages member organization. As well, most organizations turn to other organizations, such as CDC, HRSA, NACCHO, and PHF, for workforce development assistance.
- **Organizational affiliates also support the public health workforce.** Approximately two-thirds of the organizations have affiliates involved in public health workforce activities.
- **Sharing information on workforce development activities is important to the organizations.** Approximately half of the organizations specifically highlighted the value of sharing workforce development information to help them better support their members and constituents. Organizations would like to have information on workforce development activities in order to better understand the needs and resources available and plan workforce development activities to help build the most efficient and effective workforce with limited resources.

Detailed Findings

Organizational Relationships

Organization	Partners	Organizations Turned to for Assistance	Affiliates
ACPM	• PH stakeholders such as ASTHO, NACCHO, APHA, etc. • HHS • HRSA • CDC • Office of Management and Budget	• HHS • CDC • HRSA	• California and North Carolina affiliate societies • American College of Lifestyle Medicine
APHA	• CDC • HRSA • Council on Linkages • Friends of HRSA • CDC Coalition	• CDC workforce initiative	• 53 state and local affiliates • 29 sections • 4 special primary interest groups • 5 forums • 18 caucuses • APHA Student Assembly
APTR	• Cooperative Agreement with CDC – one of CDC SEPDPO's 4 "Academic Partners" with AAMC, ASPH, and AACN • Cooperative Agreement with HHS Office of Disease Prevention and Health Promotion • Works with 8 clinical health professional education organizations through its Healthy People Curriculum Task Force: Association of Schools of Allied Health Professions, AAMC, AACN, American Dental Education Association, National Organization of Nurse Practitioner Faculties, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, and Physician Assistant Education Association • *American Journal of Preventive Medicine* • ACPM • PHF • Council on Linkages	• CDC SEPDPO • HRSA • ASTHO • NACCHO • APHA • CEPH	• None
AAPHP	• Primary collaborators: PHF, Council on Linkages, and CEPH • Other collaborators include CDC, HRSA, and RWJF	• Council on Linkages • PHF and TRAIN	• None
APHL	• ASTHO • NACCHO • CDC • ASPH • APHA • Coordinating Council on the Clinical Laboratory Workforce	• CDC	• None

Organization	Partners	Organizations Turned to for Assistance	Affiliates
ASTHO	• CDC • HRSA • Council on Linkages • Other organizations for information on specific segments of the PH workforce, such as the Center for State and Local Government Excellence and TFAH	• ASTHO members • Council on Linkages member organizations	• 20 affiliates
AUPHA	• None		• Public Health Faculty Forum
CDC	• Internal partners, such as CDC centers, institutes, and offices • External PH partners, such as PHF, ASTHO, NACCHO, CSTE, and others • Academic partners, such as AACN, AAMC, APTR, ASPH, and others • Foundations, such as RWJF and de Beaumont Foundation • Other groups	• Internal partners, such as CDC centers, institutes, and offices • External PH partners, such as PHF, ASTHO, NACCHO, CSTE, and others • Academic partners, such as AACN, AAMC, APTR, ASPH, and others • Foundations, such as RWJF and de Beaumont Foundation • Other groups	• None
CCPH	• APHA Community-Based Public Health Caucus • National Association of Community Health Centers • Association of Asian and Pacific Islander Community Health Organizations • CDC Prevention Research Centers Program's National Community Committee	• ASPH • APHA • Health Professions and Nursing Education Coalition	• None
HRSA			
NACCHO	• ASTHO (align questions for HD profiles) • Council on Linkages • CDC • HRSA	• Council on Linkages	• State Associations of County and City Health Officials (SACCHOs)
NALBOH	• Member of the Partnership for Public Health Law with APHA, ASTHO, and NACCHO • CDC • RWJF • The Network for Public Health Law	• CDC • NACCHO	• State Associations of Local Boards of Health (SALBOHs)
NEHA	• Works with other organizations on a variety of environmental and PH workforce issues, concerns, and projects		• Affiliate organizations in nearly every state (see website)

Organization	Partners	Organizations Turned to for Assistance	Affiliates

NLM	• Many collaborations, including:
	  ▪ Organizations participating in PHPartners: AHRQ, APHA, ASPH, ASTHO, CDC, HRSA, MLA, National Agricultural Library, NACCHO, NALBOH, NN/LM, PHF, and SOPHE
	  ▪ Council on Linkages
	  ▪ National Coordinating Center for PHSSR
	  ▪ Is a member of the IOM's Forum on Medical and Public Health Preparedness for Catastrophic Events, which includes the HHS Assistant Secretary for Preparedness and Response, CDC, FDA, Department of Homeland Security (Federal Emergency Management Agency and Office of Health Affairs), NIAID, NACCHO, ASTHO, APHA, and other organizations
	• NN/LM routinely works with regional partners, including HDs
		• PHPartners organizations
		• NN/LM members
		• Partners in the preparedness area (http://sis.nlm.nih.gov/dimrc/partnersdimrc_ppp.html)
			• Approx. 6,000 members of NN/LM, anchored by 8 primarily academic medical libraries

NNPHI	• RWJF • CDC • HRSA • ASTHO • NACCHO • NLN • PHF • APHA • PHAB • University of North Carolina Gillings School of Global Public Health • North Carolina Institute of Public Health • Public Health Institute of California • Other member PHIs	• Member PHIs • NLN • Schools of PH	• PHIs
NLN	• National Alliance for Leadership Development for the Public's Health • NACCHO • CDC • ASTHO	• NLN Executive Committee • Member organizations • Affiliates	• Approx. 15 affiliate member organizations • Approx. 40 affiliate member individuals

Organization	Partners	Organizations Turned to for Assistance	Affiliates
PHF	• ACPM • APHA • APTR • AAPHP • APHL • ASPH • ASTHO • AUPHA • CDC • CCPH • HRSA • NACCHO • NALBOH • NEHA • NLM • NNPHI • NLN • Quad Council • SOPHE • PHAB • University of Kentucky • University of Michigan	• CDC • HRSA • PH PBRNs • PHTCs	• 28 state and national TRAIN affiliates
Quad Council	• Is a collaboration of 4 organizations: Association of Public Health Nurses (APHN), Association of Community Health Nursing Educators (ACHNE), APHA Public Health Nursing Section (PHN-APHA), and American Nurses Association Council on Nursing Practice and Economics (ANA) • Participates in the Nursing Community, a coalition of nursing organizations that takes policy positions and advocates for nursing education funding	• Funders such as RWJF • Quad Council member organizations • HRSA • CDC • AACN • Nursing Community	• ASTHO (through APHN) • APHA (through PHN-APHA)

Organization	Partners	Organizations Turned to for Assistance	Affiliates
SOPHE	• CDC • HHS • Office of Minority Health • NLM • ATSDR • National Cancer Institute • NIH Office of Behavioral and Social Sciences Research • Department of Education • APHA • ASPH • APTR • AAPHP • NACDD • PHPartners • PHF • TFAH • NACCHO • ASTHO • YMCA of USA • American Lung Association • National Recreation and Park Association • American Cancer Society • Directors of Health Promotion and Education • IUHPE • Research!America	• PHF • PHTCs • Prevention Research Centers • RWJF • Kellogg Foundation	• 20 chapters

Abbreviations: PH = public health; HHS = Department of Health and Human Services; AAMC = Association of American Medical Colleges; ASPH = Association of Schools of Public Health; AACN = American Association of Colleges of Nursing; CEPH = Council on Education for Public Health; RWJF = Robert Wood Johnson Foundation; TFAH = Trust for America's Health; CSTE = Council of State and Territorial Epidemiologists; HD = health department; PHPartners = Partners in Information Access for the Public Health Workforce; AHRQ = Agency for Healthcare Research and Quality; MLA = Medical Library Association; NN/LM = National Network of Libraries of Medicine; PHSSR = public health services and systems research; IOM = Institute of Medicine; FDA = U.S. Food and Drug Administration; NIAID = National Institute of Allergy and Infectious Diseases; PHAB = Public Health Accreditation Board; PHI = public health institute; PBRNs = Practice-Based Research Networks; PHTC = Public Health Training Center; ATSDR = Agency for Toxic Substances and Disease Registry; NIH = National Institutes of Health; NACDD = National Association of Chronic Disease Directors; IUHPE = International Union for Health Promotion and Education.

Planning Needs and Additional Information on Workforce Development Activities

Organization	Planning Needs	Additional Information on Activities
ACPM	• What other organizations are doing • Common understanding of the PH workforce	
APHA	• Where to get resources for supporting the workforce • How to tap into Council on Linkages partners' activities	• Continuing to advocate for PH workforce funding • Wants to ensure members acquire skills they need to do their work • Staying current on workforce research

Organization	Planning Needs	Additional Information on Activities
APTR	• Understanding of practice needs/expectations for PH and health professions students, as there seems to be a disconnect between what students are learning and what governmental PH needs • How to employ PH students in clinical settings, especially to assist with health reform implementation, Accountable Care Organizations, etc.	
AAPHP	• What innovations in workforce development are on the horizon • What is working well in PH workforce development • What are available and accurate national/regional data sources reflecting professional development needs and capacity (e.g., available online technology) for the PH workforce that can be easily accessed	• Interested in activities that would be of value to its member programs and the PH workforce • Open to ideas and recommendations from the Council on Linkages and other sources
APHL	• None	
ASTHO	• What other organizations are doing for workforce development • Data on the PH workforce, including demographics • What workforce development tools are being used	
AUPHA	• None	• Willing to disseminate any resources that become available as a result of this effort
CDC	• Latest data from partner organizations, helps to inform efforts	
CCPH	• None	• Increased recognition of social determinants of health and PH points to members of the PH workforce that may not be well represented on the Council on Linkages, such as community health workers and those working at the intersection of health and the built environment, environmental justice, etc.

HRSA	• HAB:
	  ▪ Core data on comprehensive workforce numbers and programs
	  ▪ Data compiled across programs
		• BHPr:
		  ▪ Charged with integrating PH and primary care and is exploring PH workforce competencies within PH and other disciplines, especially primary care
		  ▪ Working with CDC on joint initiatives and starting to implement IOM recommendations on primary care and PH
		• MCHB:
		  ▪ Establishing 4 new Maternal and Child Health Workforce Development Centers, located within academic institutions and focused on academic/practice partnerships

NACCHO	• Interested in aligning work with core competencies	• Workforce development efforts are often program-specific, but there are many crosscutting issues • Very much appreciate the Council on Linkages' role with workforce development • Exploring new directions with workforce development, including expansion of eLearning, centralized trainings, an LMS, and establishing linkages with partners • Encouraging LHDs to work with PHTCs

Organization	Planning Needs	Additional Information on Activities
NALBOH	• Development of good leadership teams (BOH and health directors) and understanding of how BOH can help make PH more effective and efficient • Defined governance functions to be used as a baseline of standards for developing training and education to strengthen PH governance	• NALBOH Annual Conference is a great opportunity for training and networking • Health director and BOH member networking is very important
NEHA	• Existing and planned workforce development activities and the type of information sharing available on such activities	
NLM	• Anticipated changes in how the PH workforce will access and utilize primary and secondary sources of information and data in the future • How to better leverage our collective resources to address the anticipated range of skills and information needs • Would like to hear from Council on Linkages colleagues about how NLM, the RMLs, and the NN/LM could better assist the PH workforce in both the near- and long-term	• Committed to supporting and strengthening access to information and knowledge tools for PH and to encouraging evidence-based PH practice, preparedness, and disaster response
NNPHI	• More information on enumeration of the PH workforce beyond governmental PH • Help with outreach to connect with other trainings	• Will be interviewing/surveying PHIs on workforce development activities through funding from CDC's SEPDPO
NLN	• Who is doing what in PH workforce development, in order to make the best use of limited resources and not reinvent the wheel	• Wants to remain as a hub for PH leadership and to support these activities • Working to redefine membership structure in response to the changing face of PH leadership development
PHF	• What has the greatest impact on improving workforce performance • What strategies and activities are organizations engaged in to build and improve the workforce	• Continuing to develop programs and resources to improve the skills, competence, and performance of the workforce
Quad Council	• What has the greatest impact on improving PHN workforce performance • What PHN models are most effective in improving the health of the public	
SOPHE	• Results of this study shared, so can be more strategic in decisions and identify relative priorities, areas of overlap, and opportunities to collaborate	• Has collaborated with the IUHPE to develop Domains of Practice in Health Promotion and strengthen accreditation and workforce training processes globally

Abbreviations: PH = public health; IOM = Institute of Medicine; LMS = learning management system; LHD = local health department; PHTC = Public Health Training Center; BOH = board of health; RML = regional medical library; NN/LM = National Network of Libraries of Medicine; PHI = public health institute; PHN = public health nursing; IUHPE = International Union for Health Promotion and Education.

Appendices

Supplemental information about public health workforce development activities is organized into the following four appendices:

- *Appendix A. Organizational Summaries.* This appendix summarizes workforce development activities for each of the organizations from which information was collected. The information in this appendix is identical to the information provided earlier in the report, but is presented by organization rather than topic.
- *Appendix B. Discussion Questions.* This appendix includes the questions used to guide the discussions with organizations through which the information on workforce development activities included in the report was collected.
- *Appendix C. Abbreviations.* This appendix provides a list of abbreviations used in the report.
- *Appendix D. Participants.* This appendix lists individuals involved in the development of the report, including those who provided, reviewed, analyzed, or summarized information on workforce development activities.

Appendix A. Organizational Summaries

A summary of workforce development activities was prepared for each organization that provided this information. These summaries are based on information collected between September 2012 and June 2013. This appendix contains summaries for the following organizations:

- 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 State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
  - Scientific Education and Professional Development Program Office (SEPDPO)
- Community-Campus Partnerships for Health (CCPH)
- Health Resources and Services Administration (HRSA)
  - Bureau of Health Professions (BHPr)
  - Bureau of Primary Health Care (BPHC)
  - HIV/AIDS Bureau (HAB)
  - Maternal and Child Health Bureau (MCHB)
- 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)
- Public Health Foundation (PHF)
- Quad Council of Public Health Nursing Organizations (Quad Council)
  - American Nurses Association (ANA)
  - Association of Community Health Nursing Educators (ACHNE)
  - Association of Public Health Nursing (APHN)
  - Public Health Nursing Section of the American Public Health Association (PHN-APHA)
- Society for Public Health Education (SOPHE)

American College of Preventive Medicine (ACPM)

Website: http://www.acpm.org

Training			LMS
Focus of Training • Preventive medicine **Activities** • Annual meeting • Annual Board Review Course • CME for preventive medicine physicians • Host site for practicum training **Target Audiences** • Preventive medicine physicians **Number Trained/Year** • 1,000+	**Competencies** • Accreditation Council for Graduate Medical Education Core Competencies for residency training **Accreditation/Certification Programs** • Provides CME, Maintenance of Certification, and Maintenance of Licensure for preventive medicine physicians **Delivery Methods** • In person • Webinars • Online training	**Evaluation Methods** • Course evaluations • Follow-up surveys **Future Plans** • Expand course offerings • Identify new training areas • Assess member needs	**LMS Used** • YourMembership **Purpose** • Allow members to track training taken • Allow networking among members

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Workforce study for baseline enumeration of the preventive medicine workforce, with the University of Michigan (proposed) **Data Use** • Inform policy and advocacy **Other Data Sources** • American Board of Preventive Medicine • Accreditation Council for Continuing Medical Education • NACCHO • AAMC	**Activities** • Hosts job placement site on its website • Has a Medical Student Section, which is rapidly growing and supports Medical Student Interest Groups in medical schools • Offers sessions for medical students, residents, and new physicians at its annual meeting on opportunities and careers in preventive medicine • Participates in a medical student showcase at the American Medical Association annual meeting	**Activities** • Advocates for preventive medicine residency programs and population-based medicine, including federal funding for preventive medicine residency training programs, loan forgiveness for PH physicians, and expansion of the National Health Service Corps to include preventive medicine • Advocates through national coalitions, such as Partnerships to Fight Chronic Disease, Health Professions and Nursing Education Coalition, Coalition for Health Funding, Workplace Wellness Alliance, and National Violence Prevention Network **Policy Statements** • On website	**Partners** • PH stakeholders such as ASTHO, NACCHO, APHA, etc. • HHS • HRSA • CDC • Office of Management and Budget **Organizations Turned to for Assistance** • HHS • CDC • HRSA **Affiliates** • California and North Carolina affiliate societies • American College of Lifestyle Medicine **Planning Needs** • What other organizations are doing • Common understanding of the PH workforce

American Public Health Association (APHA)

Website: http://www.apha.org

Training			LMS
Focus of Training • Full spectrum of PH workforce development needs • Topics include, but are not limited to, aging, behavioral health, cancer, children's health, chronic disease, environmental health, epidemiology, food safety, health policy and advocacy, health services research, HIV/AIDS, mental health, minority health issues, nutrition and obesity, reproductive health, and women's health ***Activities*** • Annual meeting • Learning Institute courses at annual meeting • Midyear meeting in June • Trainings and CE credits at other organizations' events • Webinar series	***Target Audiences*** • Entire PH community ***Number Trained/Year*** • 26,000+ ***Competencies*** • ASPH MPH Core Competency Model • Council on Linkages Core Competencies for Public Health Professionals • Other sets of competencies as required for certification programs ***Accreditation/Certification Programs*** • Accredited provider of CME, CNE, CHES, MCHES, and CPH credits • Granted 16,000 CE credit hours to attendees at its 2011 annual meeting	***Delivery Methods*** • In person • Webinars ***Evaluation Methods*** • Annual meeting and session evaluations • In-depth, pre- and post-evaluations for CE credit classes ***Future Plans*** • Expand access to annual meeting sessions online • Increase distance learning • Discontinue satellite broadcasts (due to lack of funding)	***LMS Used*** • E-ssential Learning (used by APHA's Continuing Education Program) ***Purpose*** • Store information on CE credits • Manage CE credits, transcripts, etc.

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Survey on educational needs to identify needs and gaps (annual) • Demographic information from a sample of its membership ***Data Use*** • Assess educational needs and compliance with accrediting organizations ***Other Data Sources*** • HRSA • CDC • Other PH organizations	***Activities*** • Hosts job site on its website, Public Health CareerMart • Offers coaches at its annual meeting to assist job seekers • Has an APHA Student Assembly • Founding member of CEPH • Participates in NBPHE	***Activities*** • Advocates for PH jobs, research, training, and workforce development funding • Developed a brief, *The Affordable Care Act's Public Health Workforce Provisions: Opportunities and Challenges*, which addresses workforce development issues ***Policy Statements*** • On website	***Partners*** • CDC • HRSA • Council on Linkages • Friends of HRSA • CDC Coalition ***Organizations Turned to for Assistance*** • CDC workforce initiative ***Affiliates*** • 53 state and local affiliates • 29 sections • 4 special primary interest groups • 5 forums • 18 caucuses • APHA Student Assembly ***Planning Needs*** • Where to get resources for supporting the workforce • How to tap into Council on Linkages partners' activities ***Additional Information on Activities*** • Continuing to advocate for PH workforce funding • Wants to ensure members acquire skills they need to do their work • Staying current on workforce research

Association for Prevention Teaching and Research (APTR)

Website: http://www.aptrweb.org

Training			LMS
Focus of Training • Prevention and population health education for physicians, health professionals, and PH students • Annual meeting: ▪ Integration of population health and clinical health sciences into teaching, training, and practice ▪ Prevention in health reform implementation ▪ Sharing innovations in curriculum and course design, new technologies, and academic scholarship • Paul Ambrose Scholars Program: ▪ Introduction of PH and prevention to clinical health science students ▪ Leadership training ▪ Skills to design and implement community-based projects • Fellowships and residency rotations: ▪ Post-graduate experiential learning in governmental PH policy, research, and practice ▪ Leadership and professional skills development • Prevention and Population Health Teaching Modules: ▪ Clinical and population-based prevention skills for all health professions students ▪ Healthy People 2020 teaching resources	*Activities* • Teaching Prevention annual meeting (spring) • Paul Ambrose Scholars Program • Post-graduate fellowships and preventive medicine residency rotations • Health professions student internship and residency rotation host site • Prevention and Population Health Teaching Modules • Meetings in conjunction with APHA's annual meeting • Workshops *Target Audiences* • Members • University PH and health professions faculty and students • PH practitioners • PH and prevention researchers *Number Trained/Year* • 1,200+ *Competencies* • Council on Linkages Core Competencies for Public Health Professionals *Accreditation/Certification Programs* •	*Delivery Methods* • In person • Conference calls • Webinars • Web-based self-study modules *Evaluation Methods* • Course and session evaluations • Participant tracking • Website analytics *Future Plans* • Continue training programs, contingent on funding • Expand webinars	*LMS Used* • YourMembership *Purpose* • Store and manage member information on CE credits • Deliver and archive training sessions and teaching modules • Process event registrations • Conduct training evaluations

Research and Data Collection	**Recruitment and Retention**	**Advocacy**	**Partnerships and Information Sharing**
Activities (Frequency) • Data about MPH programs and their graduates (annual) • Tracking of past APTR Fellows and Paul Ambrose Scholars • Data to support 7 Healthy People 2020 educational objectives on clinical prevention and interprofessional education (ECBP12-19) – collected by the APTR Healthy People Curriculum Task Force (baseline, mid-decade, and end-of-decade) ***Data Use*** • Information sharing • Inform policy and advocacy • Measure outcomes of training projects • Required data for Healthy People 2020 tracking ***Other Data Sources*** • HRSA BHPr • CDC • CEPH • APTR Healthy People Curriculum Task Force member organizations • IOM	***Activities*** • Sponsors the annual Paul Ambrose Scholars Program, which seeks to bring clinical health professions students into PH • Manages various fellowships and residency rotations for federal partners • Provides support, networking, and curricula for PH teachers • Promotes and collects data for Healthy People 2020 educational objectives, which seek to deliver PH and prevention content at all academic levels • Reaches out to clinical health professions students to engage them in PH leadership activities	***Activities*** • Advocates through coalition activities with TFAH, Coalition for Health Funding, and Health Professions and Nursing Education Coalition; as a member of Research!America; and through its Healthy People Curriculum Task Force • Advocates for MPH programs through the APTR Council of Graduate Programs in Public Health ***Policy Statements*** • None	***Partners*** • Cooperative Agreement with CDC – one of CDC SEPDPO's 4 "Academic Partners" with AAMC, ASPH, and AACN • Cooperative Agreement with HHS Office of Disease Prevention and Health Promotion • Works with 8 clinical health professional education organizations through its Healthy People Curriculum Task Force: Association of Schools of Allied Health Professions, AAMC, AACN, American Dental Education Association, National Organization of Nurse Practitioner Faculties, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, and Physician Assistant Education Association • *American Journal of Preventive Medicine* • ACPM • PHF • Council on Linkages ***Organizations Turned to for Assistance*** • CDC SEPDPO • HRSA • ASTHO • NACCHO • APHA • CEPH ***Affiliates*** • None ***Planning Needs*** • Understanding of practice needs/expectations for PH and health professions students, as there seems to be a disconnect between what students are learning and what governmental PH needs • How to employ PH students in clinical settings, especially to assist with health reform implementation, Accountable Care Organizations, etc.

Association of Accredited Public Health Programs (AAPHP)

Website: http://www.aaphps.org

Training			LMS
Focus of Training • CEPH accreditation process and collaboration with PH organizations for academic PH programs **Activities** • Events and workshops in conjunction with APHA's annual meeting • Freestanding training events on CEPH accreditation process • Special topics webinars **Target Audiences** • Members • Academic PH programs **Number Trained/Year** • 120+	**Competencies** • Helps academic PH programs prepare for CEPH accreditation, which requires that competencies appropriate for each program be applied • Competencies for academic PH programs are typically practitioner-based skill sets • Some academic PH programs use the Council on Linkages Core Competencies for Public Health Professionals **Accreditation/Certification Programs** • Helps academic PH programs prepare for CEPH accreditation **Delivery Methods** • In person • Webinars	**Evaluation Methods** • Post-training evaluations **Future Plans** • Increase distance learning activities • Provide educational opportunities for local and regional PH organizations • Expand to broader audience (PH practitioners)	**LMS Used** • None **Additional Information** • Some member programs use LMSs or connect with TRAIN

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Occasional member surveys • Limited data on member program needs and capacities • Secondary data from member programs, such as CEPH annual reports • No systematic data collection currently, but exploring more systematic approaches • Scholarships that support research • Member programs conduct research **Data Use** • Inform CE and training activities **Other Data Sources** • CEPH • PHTCs • Research and literature on the PH workforce	**Activities** • Recently started a scholarship program for students in member programs conducting research • Supports member programs in forming partnerships with HDs, such as AHDs and internship sites, so that students can connect, communicate, and work with PH professionals • Supports member programs in preparing practitioners for the PH workforce and other health-related worksites	**Activities** • Advocates for academic PH programs and the PH workforce • Degree and direction of advocacy role has been a topic of discussion • Advocates for the PH workforce through its member programs • Co-sponsors the Advocacy Summit to help prepare students in its member programs for advocacy (has been involved for about 7 years, both as AAPHP and CAMP) **Policy Statements** • None, but may consider developing in the future	**Partners** • Primary collaborators: PHF, Council on Linkages, and CEPH • Other collaborators include CDC, HRSA, and RWJF **Organizations Turned to for Assistance** • Council on Linkages • PHF and TRAIN **Affiliates** • None **Planning Needs** • What innovations in workforce development are on the horizon • What is working well in PH workforce development • What are available and accurate national/regional data sources reflecting professional development needs and capacity (e.g., available online technology) for the PH workforce that can be easily accessed **Additional Information on Activities** • Interested in activities that would be of value to its member programs and the PH workforce • Open to ideas and recommendations from the Council on Linkages and other sources

Association of Public Health Laboratories (APHL)

Website: http://www.aphl.org

Training			LMS

Focus of Training
• PH laboratory workforce development needs
• National Lab Training Network:
  ▪ Range of lab science topics
• National Center for Public Health Laboratory Leaders:
  ▪ Operational workforce issues for leadership and management, with activities including:
    ○ Emerging Leader Program – skill building in operational areas, such risk communication, management, finance/HR, etc.
    ○ Regional leadership forums and focus groups – topics include building a new lab facility, Lean/Six Sigma, PH research, procurement, story crafting, and communicating effectively
    ○ Emerging Infectious Disease Fellowship Program – projects with host laboratories
    ○ APHL fellowship programs – areas include newborn screening and environmental health
• Global Health Department collaborative training program:
  ▪ Intense two-week training program emphasizing practical lab activities
 	
Activities
• National Lab Training Network
• National Center for Public Health Laboratory Leaders
• Regional forums and focus groups
• Fellowship programs
• Department of APHL Training teleconferences
• Global Health Department collaborative training program, with George Washington University
	Target Audiences
	• Members
	• Laboratory/bench scientists
	• Clinical laboratories
	• PH laboratory managers
	• PH professionals
	
	Number Trained/Year
	• 26,000+
	
	Competencies
	• No competencies are currently used, but progress is being made through the Laboratory Efficiencies Initiative
	• Developed PH lab leadership and management competencies
	• Working with CDC to develop a comprehensive set of PH laboratory core competencies
	• Contributing with CDC to the development of a core curriculum based on competencies for PH laboratory scientists
	
	Accreditation/Certification Programs
	•
	
	Delivery Methods
	• In person
	• Teleconferences
	• Webinars
	• On-demand training
		Evaluation Methods
		• Needs assessment surveys every 1-2 years
		• Focus groups
		
		Future Plans
		• Explore the possibility of expanding fellowships into areas such as informatics and leadership
			LMS Used
			• SumTotal
			
			Purpose
			• Deliver and archive trainings
			• Provide access to transcripts and certificates
			• Store information on PACE CE units
			
			Additional Information
			• Connected to APHL's association management system (Net Forum)

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Research agenda approved by its Board every year includes annual and periodic surveys: ▪ Survey of Laboratories (annual) ▪ All Hazards Laboratory Survey ▪ Workforce Compensation and Salary Survey ▪ Facility Characterization Survey, a survey of laboratory directors about facility characteristics (periodic, subject to funding) ▪ Individual Laboratorian Survey, a survey of individual characteristics (periodic, subject to funding) • Training needs assessments • Survey questions on hot topics ***Data Use*** • Create state profiles of PH laboratories • Support advocacy • Inform funding decision-makers • Support development of PR materials ***Other Data Sources*** • American Society for Clinical Laboratory Science • Department of Labor • HRSA • ASPH	***Activities*** • Hosts job board on its website, APHL Job Center • Developed *A Practical Guide to Public Health Laboratories for State Health Officials* • Tracks all PH lab directors and provides support for recruitment, including model job descriptions, interview questions, and resource guides • Engages in PR activities regarding roles within the PH lab system to create career awareness and help with recruitment • Provides information on lab science careers for high school and college students • Supported development of a website that features the PH lab workforce (www.labsciencecareers.com) • Supports development of teacher resources • Participates and exhibits at national meetings, conferences, STEM festivals, and university events • Participated in and administered Career Pathways grants program to support innovative programs to build the workforce pipeline • Planning to explore a national model for an internship program • Encourages members to attend career fairs at high schools and colleges and distributes a presentation template on jobs in PH labs	***Activities*** • Advocates through a variety of mechanisms, including building currency with legislative representatives, collaborating with organizations such as ASTHO, NACCHO, and CSTE ***Policy Statements*** • Policy statement on importance of addressing workforce issues through APHL activities • Policy statement on development of a standardized personnel nomenclature	***Partners*** • ASTHO • NACCHO • CDC • ASPH • APHA • Coordinating Council on the Clinical Laboratory Workforce ***Organizations Turned to for Assistance*** • CDC ***Affiliates*** • None ***Planning Needs*** • None

Association of State and Territorial Health Officials (ASTHO)

Website: http://www.astho.org

Training			LMS
Focus of Training • Wide range of topics for SHD staff and other PH professionals • Topics include management, leadership development for members, and programmatic topics such as preparedness and maternal and child health • State Health Leadership Initiative for SHOs: ▪ Week-long retreat, site visit from ASTHO's Executive Director, assignment of a SHO mentor, a strategic planning grant, and policy training at the ASTHO Policy Summit • Peer network trainings: ▪ Issues of interest to specific peer groups of professionals, including senior deputies, chief financial officers, PH informaticians, HR directors, state legislative liaisons, preparedness directors, environmental health officers, primary care officers, and accreditation coordinators • Internal trainings for ASTHO staff: ▪ Diverse topics, from health equity to specific software skills	***Activities*** • Annual meeting • State Health Leadership Initiative • Peer network trainings • Webinars and educational programs in programmatic areas ***Target Audiences*** • SHD officials and staff • PH professionals ***Number Trained/Year*** • Not available ***Competencies*** • Planning to incorporate Council on Linkages Core Competencies for Public Health Professionals into some courses ***Accreditation/Certification Programs*** • Offers CE credits for sessions at its annual meeting	***Delivery Methods*** • In person • Conference calls • Webinars • Video conferences ***Evaluation Methods*** • Course evaluations • Conference evaluations ***Future Plans*** • Continue trainings, depending on member needs and funding • Improve videoconferencing capacity for training (increase access to training with limited travel)	***LMS Used*** • None

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Member survey (annual) • Profile of State Public Health survey (every 2 years) • Budget cuts survey (quarterly) • Planning a study on KSAs for the PH workforce, with the de Beaumont Foundation • Other data collected from SHOs and SHDs as needed ***Data Use*** • Information sharing • Support advocacy • Provide comparable information about state PH • Inform policy and priority building • Orient and support health officials ***Other Data Sources*** • Interviews with program and HR directors at SHDs and territorial HDs	***Activities*** • Posts job openings and internships from SHDs on its website • Hoping to use the Council on Linkages Core Competencies for Public Health Professionals for internal job descriptions • Worked with schools and facilitated state PH information sessions • Provided practicum experiences and internships for MPH students	***Activities*** • Hosts Annual Hill Day in Washington, DC to help members meet with their Members of Congress • Helps members arrange agency site visits with their Members of Congress • Continually works with policymakers to ensure that state PH's voice is heard, including on workforce issues • Supports and advocates for PH loan repayment ***Policy Statements*** • Position statement on the PH workforce (being updated) • Other policy and position statements address workforce issues indirectly	***Partners*** • CDC • HRSA • Council on Linkages • Other organizations for information on specific segments of the PH workforce, such as the Center for State and Local Government Excellence and TFAH ***Organizations Turned to for Assistance*** • ASTHO members • Council on Linkages member organizations ***Affiliates*** • 20 affiliates ***Planning Needs*** • What other organizations are doing for workforce development • Data on the PH workforce, including demographics • What workforce development tools are being used

Association of University Programs in Health Administration (AUPHA)

Website: http://www.aupha.org

Training			LMS
Focus of Training • Healthcare administration education, of which PH is often a component • AUPHA Leaders Conference: 　▪ Program leadership issues and developing linkages between academia and practice • AUPHA Annual Meeting: 　▪ Program management and curriculum development, including sessions on PH • Undergraduate faculty training: 　▪ Topics include program development, exams, management, and electronic records • Academic study tour: 　▪ Interaction with experts from other countries dealing with similar issues and exploration of innovative programs • Webinar series: 　▪ Healthcare management education issues, such as student assessment, curriculum development, performance improvement, and change management	**Activities** • AUPHA Leaders Conference in conjunction with the American College of Healthcare Executives Congress • AUPHA Annual Meeting • Training for undergraduate healthcare administration faculty • Academic study tour • Healthcare management education webinar series • Instructional webinars for new program directors **Target Audiences** • Members • Healthcare administration faculty and adjunct faculty • Healthcare administration practitioners **Number Trained/Year** • 500-700	**Competencies** • **Accreditation/Certification Programs** • **Delivery Methods** • In person • Webinars **Evaluation Methods** • Program evaluations **Future Plans** • Continue current efforts	**LMS Used** • None

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Survey of academic programs, which includes enrollment information and demographics (annual) • Membership assessment survey of what its constituents need **Data Use** • **Other Data Sources** •	**Activities** • Provides materials to schools to interest students in health administration careers	**Activities** • None **Policy Statements** • None	**Partners** • None **Organizations Turned to for Assistance** • **Affiliates** • Public Health Faculty Forum **Planning Needs** • None **Additional Information on Activities** • Willing to disseminate any resources that become available as a result of this effort

Centers for Disease Control and Prevention (CDC) – Scientific Education and Professional Development Program Office

Website: http://www.cdc.gov/osels/sepdpo

Training			LMS

Focus of Training
Wide range of PH topics, including epidemiology; surveillance; statistics; infectious disease; chronic disease; emergency management; environmental health; immunization and vaccine-preventable diseases; injury and violence prevention; maternal and child health; and nutrition, physical activity, and obesity
 	
Activities
• Experiential fellowships in applied PH sciences, policy, leadership, and management
• E-learning training activities accessible through CDC Learning Connection, including:
  ▪ Instructor-led training and webinars
  ▪ CDC and partner conferences, workshops, and self-study for CE and delivered through CDC TRAIN
  ▪ Quick learn lessons for all platforms, including mobile
	Target Audiences
	• Entire PH community
	• Health workforce
	• General public
	• CDC staff
	
	Number Trained/Year
	• 82,000+
	
	Competencies
	• Each fellowship has its own competencies
	
	Accreditation/Certification Programs
	•
	
	Delivery Methods
	• In person
	• Webinars
	• Conference calls
	• Online training
	• Podcasts
		Evaluation Methods
		• Formative evaluations, such as pilot tests
		• Summative evaluations, including evaluation forms and knowledge checks
		
		Future Plans
		• Implement Kirkpatrick Level 3 evaluation through post-training follow-up questions of learners to measure the impact of training
			LMS Used
			• HHS Learning Portal
			• CDC TRAIN
			
			Purpose
			• HHS Learning Portal: Support training needs of HHS employees
			• CDC TRAIN: Support training needs of the entire PH workforce

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing

Activities (Frequency)
• Characterization of the CDC and HHS workforce
• Development of strategies for enumerating the PH workforce
• Enumeration of the governmental PH workforce
• Development and implementation of a system to characterize the governmental PH workforce on an ongoing basis
 	
Data Use
• Characterize the CDC workforce
 	
Other Data Sources
• HHS HR database
	Activities
	• Operates PH fellowship programs
	• Offers internship and fellowship programs for medical and veterinary students
	• Worked with the Department of Labor to establish the Public Health Informatics Fellowship as a Department of Labor Registered Apprenticeship
	• Provides Career Paths to Public Health Program to expose students and teachers to PH with activities including:
	  ▪ Disease Detectives event at the National Science Olympiad
	  ▪ Science Ambassadors program
	  ▪ Sharing of PH lesson plans for middle and high school students (http://www.cdc.gov/excite/)
	• Developing PH informatics position descriptions for use by SHDs and LHDs
	• In collaboration with partners, developed applied epidemiology and PH informatics competencies
		Activities
		• None
		
		Policy Statements
		• None
			Partners
			• Internal partners, such as CDC centers, institutes, and offices
			• External PH partners, such as PHF, ASTHO, NACCHO, CSTE, and others
			• Academic partners, such as AACN, AAMC, APTR, ASPH, and others
			• Foundations, such as RWJF and de Beaumont Foundation
			• Other groups
			
			Organizations Turned to for Assistance
			• Internal partners, such as CDC centers, institutes, and offices
			• External PH partners, such as PHF, ASTHO, NACCHO, CSTE, and others
			• Academic partners, such as AACN, AAMC, APTR, ASPH, and others
			• Foundations, such as RWJF and de Beaumont Foundation
			• Other groups
			
			Affiliates
			• None
			
			Planning Needs
			• Latest data from partner organizations, helps to inform efforts

Community-Campus Partnerships for Health (CCPH)

Website: http://www.ccph.info

Training			LMS
Focus of Training • Community engagement, community-engaged research, CBPR, service-learning, and community-academic partnerships • Topics include developing and sustaining CBPR partnerships; establishing community-based research ethics review boards; developing and sustaining service-learning initiatives in health professions education; assessing, recognizing, and rewarding community-engaged scholarship; and promotion and tenure strategies for community-engaged faculty • CCPH consultancy network offers customized trainings for specific audiences ***Activities*** • Conferences, including national/international conferences every other year • Training institutes • Workshops • Educational conference calls • Webinars	***Target Audiences*** • Administrators, faculty, staff, and students of academic institutions seeking to develop community-engaged teaching, research, and program initiatives • Administrators and staff of CBOs seeking to develop equitable partnerships with academic partners • Government and funding agency officials responsible for community-engaged teaching, research, and program initiatives ***Number Trained/Year*** • 2,500-4,000 ***Competencies*** • Competencies from CCPH's CBPR curriculum, Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum (http://cbprcurriculum.info), and the Community-Engaged Scholarship Toolkit (http://communityengagedscholarship.info)	***Accreditation/Certification Programs*** • ***Delivery Methods*** • In person • Conference calls • Webinars ***Evaluation Methods*** • Pre- and post-training surveys of participants and, in some cases, their colleagues/supervisors ***Future Plans*** • Continue current efforts • Increase online training	***LMS Used*** • Catalyst, a system developed by the University of Washington ***Purpose*** • Process event registrations • Conduct pre- and post-training evaluations • Generate training participant statistics, such as demographics, self-assessments of knowledge and skills, satisfaction, suggestions for trainings, etc. ***Additional Information*** • Data are used for evaluation and planning and occasionally incorporated into published papers and reports

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Program evaluations and member surveys on needs and gaps (annual) • Key stakeholder telephone interviews (annual) ***Data Use*** • Evaluation and planning • Support published papers and reports ***Other Data Sources*** •	***Activities*** • Works to recruit and retain community-engaged faculty in academic institutions and CBOs in community-academic partnerships • Provides mentoring and training for graduate students and post-docs interested in pursuing community-engaged careers in academia • Increases community engagement at its conferences by soliciting for community authored and co-authored presentations and offering scholarships for community presenters • Increased youth engagement at its conferences by soliciting for youth-focused presentations, placing a priority on youth presenters, and offering scholarships for youth participants • Offers training institutes, workshops, mentoring, and other tools for faculty, post-docs, and graduate students to support successful community-engaged careers in academia • Offers training institutes, workshops, mentoring, and other tools for community partners to support successful academic partnerships	***Activities*** • Advocates for policies and funding that support CBPR, including providing funding directly to community organizations, and for service-learning as a required component of health professions education • Incorporates advocacy into trainings • Advocates by participating in advocacy coalitions, submitting comments in response to government requests for public input, etc. ***Policy Statements*** • Statements on community engagement in the Clinical and Translational Science Awards program; the NIH peer review process and criteria; and community action agenda on authentic, equitable, and transformative community-academic research partnerships	***Partners*** • APHA Community-Based Public Health Caucus • National Association of Community Health Centers • Association of Asian and Pacific Islander Community Health Organizations • CDC Prevention Research Centers Program's National Community Committee ***Organizations Turned to for Assistance*** • ASPH • APHA • Health Professions and Nursing Education Coalition ***Affiliates*** • None ***Planning Needs*** • None ***Additional Information on Activities*** • Increased recognition of social determinants of health and PH points to members of the PH workforce that may not be well represented on the Council on Linkages, such as community health workers and those working at the intersection of health and the built environment, environmental justice, etc.

Health Resources and Services Administration (HRSA)

Website: http://www.hrsa.gov

Training			LMS

Focus of Training
• HRSA-wide:
  ▪ Technical staff training, such as being a grants project officer
• BHPr:
  ▪ Integration of population health into health professions education
  ▪ Enhancement of interprofessional education and teams
  ▪ Faculty development in primary care, dentistry, dental hygiene, and geriatrics
  ▪ Workforce development at the undergraduate, graduate, and practitioner levels of the health professions, including nursing, medicine, dentistry, behavioral health, PH, geriatrics, diversity, and primary care, with a focus on underserved populations
• HAB:
  ▪ Topics include communication and technical skills; managing grant programs; fiscal oversight and monitoring; compliance and program expectations; and clinical case management, hands-on care, and service delivery
• MCHB:
  ▪ Wide range of MCH topics
	Activities
	• HRSA-wide:
	  ▪ Technical training for staff
	• BHPr:
	  ▪ Teaching Health Center Graduate Medical Education Program
	  ▪ Mental and Behavioral Health Education and Training
	  ▪ Interdisciplinary and Interprofessional Joint Graduate Degree Program
	  ▪ Preventive Medicine Residency Program
	  ▪ National Center for Interprofessional Practice and Education
	  ▪ AHEC Program
	  ▪ Geriatric Education Centers Program
	  ▪ PHTC Network
	  ▪ Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene
	  ▪ Physician Faculty Development in Primary Care
	  ▪ Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Providers
	  ▪ Residencies and fellowships
	  ▪ Training for disadvantaged and minority students
	  ▪ Grantees provide CE for health professionals
	• HAB:
	  ▪ AIDS Education and Training Centers Program
	  ▪ Staff training on legislative requirements for managing the Ryan White HIV/AIDS Program
	  ▪ Clinical training for staff and grantees
	  ▪ Administrative and fiscal training
	• MCHB:
	  ▪ Training for grantees
		Target Audiences
		• Health professionals
		• Graduate and undergraduate health professions faculty and students
		• HRSA grantees, including SHDs, LHDs, and community organizations
		• State MCH/Title V programs
		• Healthy Start programs
		• HRSA staff
		
		Number Trained/Year
		• Not available
		
		Competencies
		• BHPr:
		  ▪ Uses Council on Linkages Core Competencies for Public Health Professionals for some training activities, such as the PHTCs
		  ▪ Does not require specific competencies for many programs
		• MCHB:
		  ▪ Maternal and Child Health Leadership Competencies (Version 3.0)
		
		Accreditation/Certification Programs
		•
		
		Delivery Methods
		• In person
		• Webinars
		• Online training
		
		Evaluation Methods
		• Training evaluations
		
		Future Plans
		• MCHB:
		  ▪ Improve coordination of internal training and training provided to grantees
			LMS Used
			• HHS Learning Portal
			
			Purpose
			•

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • HRSA-wide: ▪ Performance measures data on trainees ▪ Universal Data System tracks performance measures for grant programs • BHPr: ▪ National Center for Health Workforce Analysis ○ Area Resource File ○ University of Michigan nursing survey ▪ Nurse Practitioner Survey (2012) ▪ Enumeration of the PH workforce, with CDC ▪ National Health Professionals Report ▪ Minimum Data Set, national data set on the health workforce ▪ PHTCs conduct needs assessments, but BHPr does not aggregate these data • HAB: ▪ Workforce data on AIDS Education and Training Centers participants, such as needs and site trends (annual) ▪ Ryan White Data Report (every 2 years) ▪ HIV Clinical Workforce Initiative studies ▪ Study of the HIV Workforce (data collected in 2010) ▪ HIV workforce surveys through Health HIV (annual) • MCHB: ▪ Title V State Block Grant applications, which may describe workforce needs (annual) ▪ Title V Information System, a searchable public database on block grants ***Data Use*** • Program planning • Determine workforce needs • Project demands ***Other Data Sources*** • ASTHO • NACCHO	***Activities*** • BHPr: ▪ Provides workforce pipeline programs, especially focused on underserved minorities and diversity ▪ Supports workforce recruitment in underserved communities ▪ Supports CE for workforce retention ▪ Offers traineeships, fellowships, and stipends ▪ Provides faculty development programs ▪ Operates loan repayment program, which supports retention ▪ Operates the Health Careers Opportunity Program, which focuses on recruiting individuals from educationally or economically disadvantaged backgrounds into health and allied health professions programs ▪ AHECs provide career awareness and exposure, structured programming, summer camps, and mentoring ▪ Encourages PHTCs and AHECs to work together to increase career awareness • BPHC: ▪ Houses the National Health Service Corps, a key program for recruiting primary care providers, which offers scholarships and loan repayment • HAB: ▪ Provides information on opportunities in HIV care through the AIDS Training and Education Centers, residency programs, peer-to-peer mentoring, workforce studies, and community-based partnerships ▪ Provides adjunct staff to organizations to help mitigate clinician burnout ▪ Studying recruitment and retention trends in the HIV care field • MCHB: ▪ Works with HBCUs to engage students in PH careers ▪ Operates the MCH Public Health Learning Institute for MCH practitioners ▪ Working to increase MCH career skills in graduate training ▪ Working with grantees on diversity programs ▪ Exploring how to align funding with population MCH needs	***Activities*** • None ***Policy Statements*** •	***Partners*** • ***Organizations Turned to for Assistance*** • ***Affiliates*** • ***Planning Needs*** • HAB: ▪ Core data on comprehensive workforce numbers and programs ▪ Data compiled across programs ***Additional Information on Activities*** • BHPr: ▪ Charged with integrating PH and primary care and is exploring PH workforce competencies within PH and other disciplines, especially primary care ▪ Working with CDC on joint initiatives and starting to implement IOM recommendations on primary care and PH • MCHB: ▪ Establishing 4 new Maternal and Child Health Workforce Development Centers, located within academic institutions and focused on academic/practice partnerships

National Association of County and City Health Officials (NACCHO)

Website: http://www.naccho.org

Training			LMS
Focus of Training • Wide range of topics for LHD staff and PH professionals • Major training areas include community health, environmental health, PH infrastructure, preparedness, research and evaluation, and Survive and Thrive (for new local health officials) • Trainings vary based on programs and projects • Program areas offering training include Health Impact, Planning, Accreditation, Health and Disabilities, Health Inequities, Public Health Preparedness, Executive Leadership Development, Internal Workforce Development at NACCHO, Publications Development, Office Applications, Employee Orientation, and Research Evaluation and Methods ***Activities*** • Annual meeting • Public Health Preparedness Summit • Program- and project-specific trainings • Survive and Thrive • Internal staff trainings	***Target Audiences*** • LHD staff • PH professionals • Local PH directors ***Number Trained/Year*** • Total: not available • Annual meeting: 1000+ • Public Health Preparedness Summit: 1,000+ ***Competencies*** • No standard list of competencies currently used ***Accreditation/Certification Programs*** • ***Delivery Methods*** • In person • Webinars • Online courses	***Evaluation Methods*** • Course/training evaluations ***Future Plans*** • Continue current trainings • Expand eLearning • Create more interactive distance learning opportunities with webcasts, conference calls, videos, quizzes, polling, and new technologies (to expand reach given budget constraints) • Link LHD workforce development planning required for voluntary national HD accreditation and NACCHO courses available	***LMS Used*** • BlueSky Broadcasting ***Purpose*** • ***Additional Information*** • Trainings are currently on the NACCHO website, TRAIN, and other sites • Would like to have a main hub for members to access all training, link it to membership database, and track utilization • Lead Analyst for eLearning was hired to lead NACCHO's eLearning efforts

Draft document for review and comment only. Not for distribution.

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • National Profile of Local Health Departments survey (every 2-3 years) • Job loss survey (twice/year) • Staffing benchmarks study with Barnie Turnock (2010) • Workforce and Leadership Development workgroup gathers informal assessment information **_Data Use_** • Inform reports and papers • Inform advocacy • Data publicly available via Profile-IQ **_Other Data Sources_** • Enumeration study (CDC/HRSA) • Department of Labor	**_Activities_** • Provides internships in collaboration with universities and MPH programs	**_Activities_** • Advocates for PH workforce development funding through its Government Affairs Office • Has worked with job loss report data in advocating for PH workforce funding **_Policy Statements_** • On website	**_Partners_** • ASTHO (align questions for HD profiles) • Council on Linkages • CDC • HRSA **_Organizations Turned to for Assistance_** • Council on Linkages **_Affiliates_** • State Associations of County and City Health Officials (SACCHOs) **_Planning Needs_** • Interested in aligning work with core competencies **_Additional Information on Activities_** • Workforce development efforts are often program-specific, but there are many crosscutting issues • Very much appreciate the Council on Linkages' role with workforce development • Exploring new directions with workforce development, including expansion of eLearning, centralized trainings, an LMS, and establishing linkages with partners • Encouraging LHDs to work with PHTCs

National Association of Local Boards of Health (NALBOH)

Website: http://www.nalboh.org

Training			LMS
Focus of Training • Governance, leadership, BOH development, and other topics relevant to the PH workforce • BOH training topics include orienting board members to PH, good governance practices, and the essential public health services • Other topics include governance seminars, environmental health, tobacco, performance standards, and research on BOH ***Activities*** • NALBOH Annual Conference • Annual Ned E. Baker Lecture in Public Health • Presentations to BOH and at conferences • Webinars ***Target Audiences*** • BOH • Health directors • PH workforce	***Number Trained/Year*** • 1,000 ***Competencies*** • ***Accreditation/Certification Programs*** • ***Delivery Methods*** • In person • Webinars	***Evaluation Methods*** • Conference and session evaluations • Logic model • Dashboards • Developmental evaluation • Kirkpatrick's Four Level Evaluation • World Café • Web training tracking • Follow-up surveys ***Future Plans*** • Continue and improve current offerings • Launch customized BOH consultation • Provide intensive training for BOH development • Counsel PHTCs on training needs of BOH	***LMS Used*** • In development with NLN/Saint Louis University College for Public Health & Social Justice – the Heartland Centers ***Purpose*** •

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • National Public Health Governance Scan of governance structure and function (every 3-5 years) *Data Use* • Identify programming needs and gaps *Other Data Sources* • County Health Rankings	*Activities* • Engages with the appointment process for BOH and has developed a guide for appointing members	*Activities* • Is interested in ensuring resources are in place for the workforce • Has signed various letters of support to keep PH funding that supports a strong workforce *Policy Statements* • Effective Board Training Ensures Quality Public Health Services Position Statement (November 2012)	*Partners* • Member of the Partnership for Public Health Law with APHA, ASTHO, and NACCHO • CDC • RWJF • The Network for Public Health Law *Organizations Turned to for Assistance* • CDC • NACCHO *Affiliates* • State Associations of Local Boards of Health (SALBOHs) *Planning Needs* • Development of good leadership teams (BOH and health directors) and understanding of how BOH can help make PH more effective and efficient • Defined governance functions to be used as a baseline of standards for developing training and education to strengthen PH governance *Additional Information on Activities* • NALBOH Annual Conference is a great opportunity for training and networking • Health director and BOH member networking is very important

National Environmental Health Association (NEHA)

Website: http://www.neha.org

Training			LMS
Focus of Training • Environmental health, including food safety and foodborne illnesses, radon resistant construction, indoor air quality, environmental PH and emergency response, and pest management ***Activities*** • Annual Educational Conference and Exhibition • Food Safety Training • Radon Resistant New Construction Training/Indoor Air Quality • Industry-Foodborne Illness Training • Epi-Ready Training • FDA-Rapid Response Training Foodborne Illness Outbreak • InFORM-Integrated Foodborne Outbreak Response Meeting (development of environmental health educational track) • Environmental Public Health Tracking • Environmental Health Training in Emergency Response • USDA Food-Safe Schools toolkit workshops • CDC Integrated Pest Management/Biology and Control of Vectors workshops ***Target Audiences*** • Environmental and PH professionals • Food service and nutrition workforce • School personnel • Pest management personnel • Community planners and builders	***Number Trained/Year*** • 1500+ ***Competencies*** • ***Accreditation/Certification Programs*** • Offers credential assessment training for Certified Professional-Food Safety (CP-FS) and Registered Environmental Health Specialist (REHS), Certified in Comprehensive Food Safety (CCFS), Professional Food Manager training, and Hazard Analysis & Critical Control Points (HACCP) certification • Credentials offered: ▪ Certified in Comprehensive Food Safety (CCFS) ▪ Certified Environmental Health Technician (CEHT) ▪ Certified Installer of Onsite Wastewater Treatment Systems (CIOWTS) ▪ New Jersey Requirement for CIOWTS – Advanced Level ▪ Certified Professional – Food Safety (CP-FS) ▪ Healthy Homes Specialist Credential (HHS) ▪ Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) ▪ Registered Environmental Technician (RET) ▪ Registered Hazardous Substances Professional (RHSP) ▪ Registered Hazardous Substances Specialist (RHSS) ▪ National Radon Proficiency Program	***Delivery Methods*** • In person • Online courses ***Evaluation Methods*** • Training evaluations • Pre- and post-tests ***Future Plans*** • Continue, update, and improve current trainings, depending on funding • Try new approaches, including advanced distance learning and hybrid courses • Modify Industry-Foodborne Illness Training for the manufacturing/processing food industry • Distribute revised Food-Safe Schools toolkit • Enhance online training for Integrated Pest Management	***LMS Used*** • Moodle • Absorb • SkillSoft • In-house proprietary software ***Purpose*** • Deliver courses • Store student records and pass scores ***Additional Information*** • Can establish links to other organizations' LMSs so students can use NEHA's courses

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Profile information on members • Environmental Public Health Tracking Program, with CDC • Epi-Ready Team Training Program, with CDC • Food-Safe Schools Program, with CDC • Government and External Affairs Program • Land Use Planning and Design Program, with CDC • National Conversation on Public Health and Chemical Exposures, with CDC • Onsite Wastewater System Program, with EPA • Radon/Indoor Air Quality Training Program, with EPA • Workforce Development Program, with CDC • Biology and Control of Vectors/Public Health Pests Program, with CDC • Environmental Health Regulatory Capacity Assessments for the Council to Improve Foodborne Illness Response, with the Association of Food and Drug Officials ***Data Use*** • Inform programs ***Other Data Sources*** • None	***Activities*** • Does not address recruitment and retention directly, but its activities indirectly support workforce recruitment and retention	***Activities*** • Advocates for environmental health jobs, research, training, workforce development funding, and building environmental health capacity in a variety of ways ***Policy Statements*** • On website	***Partners*** • Works with other organizations on a variety of environmental and PH workforce issues, concerns, and projects ***Organizations Turned to for Assistance*** • ***Affiliates*** • Affiliate organizations in nearly every state (see website) ***Planning Needs*** • Existing and planned workforce development activities and the type of information sharing available on such activities

National Library of Medicine (NLM)

Website: http://www.nlm.nih.gov

Training			LMS

Focus of Training
 • Evidence-based PH, PH emergency and disaster preparedness resources, systematic reviews, PH information on the web, TOXNET, PubMed use, and health literacy tools
 • Resources supporting health services research and PHSSR available at http://www.nlm.nih.gov/hsrinfo/index.html
 	
 Activities
 • Training of the workforce and others, at NLM via its web resources, such as http://phpartners.org, and through its NN/LM
 • Meetings of partner organizations including APHA; NACCHO; and MLA/librarians involved in PH, preparedness, and disaster response
 • Targeted web resource with collaborating organizations through Partners in Information Access for the Public Health Workforce (http://phpartners.org)
 • Online training opportunities, both live and archived (available on demand); brief webinars; and longer courses through DIMRC Disaster Information Specialist Program
	Target Audiences
	 • PH workforce
	 • Librarians, especially medical librarians serving PH
	
	 Number Trained/Year
	 • No precise estimate; number varies by resource
	
	 Competencies
	 • Council on Linkages Core Competencies for Public Health Professionals:
	   ▪ Analytic/Assessment Skills
	   ▪ Policy Development/Program Planning Skills
	   ▪ Cultural Competency Skills
	   ▪ Public Health Sciences Skills
	
	 Accreditation/Certification Programs
	 • Not directly, but in collaboration with other organizations, such as MLA and the MLA Disaster Information Specialization Program
		Delivery Methods
		 • In person
		 • Online courses
		 • Webinars
		
		 Evaluation Methods
		 • Training surveys/evaluations
		 • Pre- and post-training questionnaires
		
		 Future Plans
		 • Continue training activities
		 • Broaden resources available asynchronously
			LMS Used
			 • None
			
			 Additional Information
			 • Courses from NLM and NN/LM are listed in the MLA Educational Clearinghouse and TRAIN

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Research activities vary in frequency and scope • Multi-year project to explore and identify least cost/most resilient and effective strategies for providing information to PH to support evidence-based PH practice in 15 SHDs and LHDs through shared resource licensing, HD-specific access to resources, training for PH staff, and working relationships between senior HD officials and local resource library leaders and staff, with the New England RML • Awards small disaster health information outreach and collaboration projects between organizations with disaster-related responsibilities, such as HDs, PH coalitions, and universities, and libraries – 7 awards in 2011 and 7 in 2012 • Evaluating and developing a broad implementation plan regarding use of MedlinePlus Connect, a service to link patient portals and electronic health records with consumer health information, by the Institute for Family Health community health center/safety net provider • No explicit agenda on PH workforce research, but has provided, and would provide in the future, search and retrieval services in support of Council on Linkages and other workforce research efforts ***Data Use*** • Does not track workforce data directly, but provides easier access to such data through web resources, including http://phpartners.org, Health Services Research Information Central, and DIMRC ***Other Data Sources*** •	***Activities*** • Supports graduate and post-graduate training in biomedical informatics at 14 US universities, 9 of which offer specific programs for PH informatics • Provides traveling exhibits from its Exhibition Program on PH topics for display at HDs, libraries, and tribal locations ▪ The exhibit, *Against the Odds: Making a Difference in Global Public Health*, traveled nationally to schools of PH in 2008-9 through an arrangement between NLM and ASPH, was recognized at the APHA annual meeting, continues to travel, and is currently booked through 2014 ▪ Additional traveling exhibits are planned	***Activities*** • None ***Policy Statements*** • None	***Partners*** • Many collaborations, including: ▪ Organizations participating in PHPartners: AHRQ, APHA, ASPH, ASTHO, CDC, HRSA, MLA, National Agricultural Library, NACCHO, NALBOH, NN/LM, PHF, and SOPHE ▪ Council on Linkages ▪ National Coordinating Center for PHSSR ▪ Is a member of the IOM's Forum on Medical and Public Health Preparedness for Catastrophic Events, which includes the HHS Assistant Secretary for Preparedness and Response, CDC, FDA, Department of Homeland Security (Federal Emergency Management Agency and Office of Health Affairs), NIAID, NACCHO, ASTHO, APHA, and other organizations • NN/LM routinely works with regional partners, including HDs ***Organizations Turned to for Assistance*** • PHPartners organizations • NN/LM members • Partners in the preparedness area (http://sis.nlm.nih.gov/dimrc/partnersdimrc_ppp.html) ***Affiliates*** • Approx. 6,000 members of NN/LM, anchored by 8 primarily academic medical libraries ***Planning Needs*** • Anticipated changes in how the PH workforce will access and utilize primary and secondary sources of information and data in the future • How to better leverage our collective resources to address the anticipated range of skills and information needs • Would like to hear from Council on Linkages colleagues about how NLM, the RMLs, and the NN/LM could better assist the PH workforce in both the near- and long-term ***Additional Information on Activities*** • Committed to supporting and strengthening access to information and knowledge tools for PH and to encouraging evidence-based PH practice, preparedness, and disaster response

National Network of Public Health Institutes (NNPHI)

Website: http://www.nnphi.org

Training			LMS
Focus of Training • Wide range of topics, including accreditation, performance improvement, research and evaluation, evidence-based practice, health policy, leadership, and workforce development • Programs and trainings aligned with national programs, such as the National Public Health Performance Standards Program • Annual conference: 　▪ Showcasing PHIs, evidence-based practices, and promising practices • Grantee/project-specific trainings: 　▪ Topics such as health impact assessment, food policy, diabetes, PHSSR, and health equity • Conference presentations on best practices and models: 　▪ Topics such as accreditation, quality improvement, health impact assessment, community health assessment, and community health improvement planning	***Activities*** • Annual conference • Communities of practice • General informational trainings • Grantee-specific trainings • Workshops and webinars in partnership with other organizations • Conference presentations ***Target Audiences*** • Members • Partners • Funder-specific target audiences • Governmental PH (tribal, local, state, federal) ***Number Trained/Year*** • Approx. 3,000 ***Competencies*** •	***Accreditation/Certification Programs*** • Offers CE credits for select trainings ***Delivery Methods*** • In person • Webinars • Conference calls ***Evaluation Methods*** • Course evaluations ***Future Plans*** • Continue current trainings, depending on funding • Offer new trainings as funding is available	***LMS Used*** • None

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Member survey on workforce composition and training needs (annual) ***Data Use*** • Inform planning • PR and marketing materials ***Other Data Sources*** • ASTHO • NACCHO • CDC • HRSA • County Health Rankings	***Activities*** • Has a job posting section on its website and in its newsletter • Has close ties with universities, which are used to fill internal internship positions • Frequently shares and connects with PHIs regarding internships • Creating a new undergraduate internship program, with one position per year • Exploring summer internships with a wider range of schools of PH and other schools related to PH, such as public administration, health communications, etc. • Offers practicum experiences for MPH students and MHA students • Member PHIs also engage with universities and schools of PH to offer internships and practicum experiences	***Activities*** • Advocates primarily for funding for leadership development programs and support for PHIs • Is a founding member of the National Alliance for Leadership Development for the Public's Health ***Policy Statements*** • White papers on leadership and the Public Health Leadership Society, Alliance for Leadership (10 PHIs), and advocating for leadership	***Partners*** • RWJF • CDC • HRSA • ASTHO • NACCHO • NLN • PHF • APHA • PHAB • University of North Carolina Gillings School of Global Public Health • North Carolina Institute of Public Health • Public Health Institute of California • Other member PHIs ***Organizations Turned to for Assistance*** • Member PHIs • NLN • Schools of PH ***Affiliates*** • PHIs ***Planning Needs*** • More information on enumeration of the PH workforce beyond governmental PH • Help with outreach to connect with other trainings ***Additional Information on Activities*** • Will be interviewing/surveying PHIs on workforce development activities through funding from CDC's SEPDPO

National Public Health Leadership Development Network (NLN)

Website: http://www.heartlandcenters.slu.edu/nln

Training			LMS
Focus of Training • Wide range of topics for PH leaders, including systems thinking, action learning, management, and communications • Member organizations have their own curricula and provide training on various topics, such as business planning, core functions/services, personnel development, program management, crisis communication, and emergency response ***Activities*** • Annual conference • Collaborative Leadership Training – Training of Trainers workshop • Action Learning Coach the Coach program • Webinar series	***Target Audiences*** • PH leaders ***Number Trained/Year*** • 300+ ***Competencies*** • Developed the Public Health Leadership Competency Framework to provide guidance for member organizations ***Accreditation/Certification Programs*** •	***Delivery Methods*** • In person • Webinars • Online courses ***Evaluation Methods*** • Course evaluations ***Future Plans*** • Continue to offer current trainings • Offer additional webinar series • Expand NLN Resource Bank	***LMS Used*** • Meridian Global System, the LMS of Saint Louis University's Heartland Centers (a PHTC) ***Purpose*** • Manage professional development and training information, track credits, and fulfill learning plans • Allow access to and deliver courses • Generate data, such as number of people trained, training status, courses taken, etc. ***Additional Information*** • Refers its users to other non-NLN courses on the Heartland Center's LMS • Heartland Center's LMS links to LMSs of other PHTCs and to TRAIN

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • None ***Data Use*** • ***Other Data Sources*** •	***Activities*** • Does not engage in recruitment and retention activities directly • Member organizations focus on management strategies that impact recruitment and retention	***Activities*** • Advocates for training and workforce development funding • Is a convener of the National Alliance for Leadership Development for the Public's Health ***Policy Statements*** •	***Partners*** • National Alliance for Leadership Development for the Public's Health • NACCHO • CDC • ASTHO ***Organizations Turned to for Assistance*** • NLN Executive Committee • Member organizations • Affiliates ***Affiliates*** • Approx. 15 affiliate member organizations • Approx. 40 affiliate member individuals ***Planning Needs*** • Who is doing what in PH workforce development, in order to make the best use of limited resources and not reinvent the wheel ***Additional Information on Activities*** • Wants to remain as a hub for PH leadership and to support these activities • Working to redefine membership structure in response to the changing face of PH leadership development

Public Health Foundation (PHF)

Website: http://www.phf.org

Training			LMS
Focus of Training • Topics relevant to a wide range of professionals in various PH system organizations, including quality improvement, performance management, workforce development, strategic planning, and accreditation preparation and continuous improvement **Activities** • Workshops • Webinars • Communities of practice • Conference presentations • Provides PH LMS, TRAIN **Target Audiences** • HD staff • PH professionals • Health professionals • Emergency responders • Students	**Number Trained/Year** • 2,000+ directly • 150,000+ through TRAIN LMS **Competencies** • Council on Linkages Core Competencies for Public Health Professionals • Medical Reserve Corps Core Competencies Matrix • CDC Office of Public Health Preparedness and Response Public Health Preparedness Capabilities **Accreditation/Certification Programs** • Numerous types of CE credits available through TRAIN LMS **Delivery Methods** • In person • Webinars • Conference calls • Online courses	**Evaluation Methods** • Pre- and post-assessments • Course evaluations • Sponsor feedback • 6 month follow-up **Future Plans** • Expand workshop offerings • Increase number of LMS course providers and courses • Focus on and foster competency-based training	**LMS Used** • TRAIN **Purpose** • Deliver courses worldwide • Track and monitor training • Evaluate training • Store data on trainers, learners, and training • Produce statistics on training nationwide **Additional Information** • Provides data to PH workforce researchers

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • PH recruitment and retention research • Research on use of the Council on Linkages Core Competencies for Public Health Professionals • Data from PH workers on issues related to recruitment and retention • Data about training from over 700,000 learners • Data from approximately 4,000 providers of training • Data on over 29,000 training courses **Data Use** • Inform and improve policies and programs • Guide workforce development initiatives • Identify training gaps **Other Data Sources** • ASTHO • NACCHO • NIHB • NALBOH • APTR • Quad Council • AAPHP	**Activities** • Provides internships • Collaborates with HOSA-Future Health Professionals to interest health professions students in PH careers • Tracks career choices of individuals involved in its minority outreach program • Surveyed PH workers on recruitment and retention • Assists organizations in creating workforce development plans • Develops tools to help PH organizations use the Council on Linkages Core Competencies for Public Health Professionals, such as job descriptions and competency assessments • Promotes student internships in HDs through its AHD Learning Community	**Activities** • None **Policy Statements** • None	**Partners** • ACPM • APHA • APTR • AAPHP • APHL • ASPH • ASTHO • AUPHA • CDC • CCPH • HRSA • NACCHO • NALBOH • NEHA • NLM • NNPHI • NLN • QUAD • SOPHE • PHAB • University of Kentucky • University of Michigan **Organizations Turned to for Assistance** • CDC • HRSA • PH PBRNs • PHTCs **Affiliates** • 28 state and national TRAIN affiliates **Planning Needs** • What has the greatest impact on improving workforce performance • What strategies and activities are organizations engaged in to build and improve the workforce **Additional Information on Activities** • Continuing to develop programs and resources to improve the skills, competence, and performance of the workforce

Quad Council of Public Health Nursing Organizations (Quad Council)

Website: http://quadcouncilphn.org

Training			LMS
Focus of Training • Topics relevant to PH nurses, including competencies and certification standards in PHN • Learning Institutes at APHA's annual meeting: ▪ Topics include academic/practice partnerships in PHN and the impact of the Affordable Care Act on PHN practice ***Activities*** • Workshops and webinars on the American Nurses Credentialing Center certification process for the Advanced PHN credential and the Quad Council Competencies for Public Health Nurses, which are based on the Council on Linkages Core Competencies for Public Health Professionals • Learning Institutes at APHA's annual meeting • Each Quad Council organization conducts its own annual conferences	***Target Audiences*** • PH nurses • PHN students ***Number Trained/Year*** • 300-400 ***Competencies*** • Quad Council Competencies for Public Health Nurses, based on the Council on Linkages Core Competencies for Public Health Professionals ***Accreditation/Certification Programs*** • Delivered webinars and workshops on the American Nurses Credentialing Center certification process for Advanced PHN • PHN-APHA is an approved CNE provider	***Delivery Methods*** • In person • Webinars ***Evaluation Methods*** • Course evaluations ***Future Plans*** • Continue current training activities, depending on funding • Each Quad Council organization determines its own training plans	***LMS Used*** • None

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing
Activities (Frequency) • Each Quad Council organization collects limited data on its members, including some demographic data, but the Quad Council does not aggregate these data • Quad Council organizations conduct research on PHN interventions and the PHN workforce ***Data Use*** • Developing research priorities • Evaluating educational strategies for educating the PHN workforce ***Other Data Sources*** • HRSA • University of Michigan/RWJF PHN enumeration study • Focus groups	***Activities*** • The Quad Council does not directly engage in recruitment and retention • Quad Council organizations engage in a variety of recruitment and retention activities, such as enhancing PHN curricula, supporting PHN faculty, encouraging students to consider PHN careers, and providing students with scholarships and mentors for APHA's annual meeting	***Activities*** • Advocates through its member organizations on relevant topics, i.e., PH funding, nursing education funding, new models of care, PH issues ***Policy Statements*** • Strategic briefs on website • Each Quad Council organization has policy statements on its website	***Partners*** • Is a collaboration of 4 organizations: Association of Public Health Nurses (APHN), Association of Community Health Nursing Educators (ACHNE), APHA Public Health Nursing Section (PHN-APHA), and American Nurses Association Council on Nursing Practice and Economics (ANA) • Participates in the Nursing Community, a coalition of nursing organizations that takes policy positions and advocates for nursing education funding ***Organizations Turned to for Assistance*** • Funders such as RWJF • Quad Council member organizations • HRSA • CDC • AACN • Nursing Community ***Affiliates*** • ASTHO (through APHN) • APHA (through PHN-APHA) ***Planning Needs*** • What has the greatest impact on improving PHN workforce performance • What PHN models are most effective in improving the health of the public

Society for Public Health Education (SOPHE)

Website: http://www.sophe.org

Training			LMS
Focus of Training • Needs of health educators and PH workforce (generally) *Activities* • Annual meeting (fall; will not be held after 2012) • Annual conference (starting spring 2013) • Annual Health Education Advocacy Summit • Center for Online Resources & Education, an e-learning portal launched in fall 2012 • Self-study articles in SOPHE journals • Webinars • Knowledge Center (in beta testing 2013) • Courses delivered through CDC University • Other cosponsored meetings *Target Audiences* • Members • CHES/MCHES • APHA Public Health Education & Health Promotion Section • Coalition of National Health Education Organizations • PH community	*Number Trained/Year* • 3,300-3,900 *Competencies* • Health Education Competencies for Certified Health Education Specialist and Master Certified Health Education Specialist • Health Education Competencies for CHES and MCHES overlap with the ASPH MPH Core Competency Model, which is used for CPH credentialing *Accreditation/Certification Programs* • Provider of NCHEC CE contact hours • Provider of NBPHE CPH renewal credits • One of the largest providers of CE for CHES *Delivery Methods* • In person • Webinars • Online courses • Self-study journal articles	*Evaluation Methods* • Course evaluations • Training questions on annual member surveys *Future Plans* • Promote CORE – add more courses and market to expand awareness • Review/update the Health Education Competencies for CHES and MCHES in collaboration with NCHEC • Explore ways to create a stronger voice for the health education profession through unification with former members of the American Association for Health Education	*LMS Used* • Peach New Media *Purpose* • Deliver content of training • Track courses and credentials • Serve as a one stop hub for CE for CHES/MCHES and CPH • Generate training statistics, such as number of people trained and CHES/CPH credits provided *Additional Information* • Connected to SOPHE's association management system

Research and Data Collection	Recruitment and Retention	Advocacy	Partnerships and Information Sharing

Activities (Frequency)
• Survey of members, non-members, and chapters (annual)
• Periodic surveys of undergraduate and graduate programs in health education
• Health Education Job Analysis, a study that helps forms the basis of the Health Education Competencies for CHES and MCHES (every 5 years; in process in 2013 with goal of publishing by 2015)
• Market research on employers and attitudes about health education (2006)
• SOPHE's National Task Force on Accreditation in Health Education conducts periodic research
• Development of emergency preparedness competencies for health educators (due to be released in 2013)
 	
Data Use
• Strategic planning
 	
Other Data Sources
• Department of Labor
	Activities
	• Previously participated in mentoring program through the Public Health Leadership Institute, but this program is no longer funded
	• Developing new leadership pipeline courses
	• Provides student outreach targeted at helping students find jobs, develop resumes, etc.
	• Participates in Health Education Week and National Public Health Week
	• Interested in engaging in more activities to develop the PH workforce pipeline, but has been limited by funding
	• Provides 6 paid internships/year
	• Offers 12-15 scholarships and fellowships to graduate and undergraduate students
	• Funds 12 people/year to attend its annual meeting or Health Education Advocacy Summit through the 21st Century Campaign endowment
		Activities
		• 2011 Advocacy Priorities:
		  ▪ Patient Protection and Affordable Care Act
		  ▪ Appropriations for CDC's National Center for Chronic Disease Prevention and Health Promotion
		  ▪ Reauthorization of the Elementary and Secondary Education Act to include health education and physical education as core subjects
		  ▪ Promote the Health Education Profession as a critical component to addressing the health crisis in our society
		  ▪ Health literacy
		  ▪ Health equity across all populations
		  ▪ Tobacco prevention and control
		  ▪ Environmental health/emergency preparedness
		• Lists Advocacy Resolutions on its website
		
		Policy Statements
		• On website
			Partners
			• CDC
			• HHS
			• Office of Minority Health
			• NLM
			• ATSDR
			• National Cancer Institute
			• NIH Office of Behavioral and Social Sciences Research
			• Department of Education
			• APHA
			• ASPH
			• APTR
			• AAPHP
			• NACDD
			• PHPartners
			• PHF
			• TFAH
			• NACCHO
			• ASTHO
			• YMCA of USA
			• American Lung Association
			• National Recreation and Park Association
			• American Cancer Society
			• Directors of Health Promotion and Education
			• IUHPE
			• Research!America
			
			Organizations Turned to for Assistance
			• PHF
			• PHTCs
			• Prevention Research Centers
			• RWJF
			• Kellogg Foundation
			
			Affiliates
			• 20 chapters
			
			Planning Needs
			• Results of this study shared, so can be more strategic in decisions and identify relative priorities, areas of overlap, and opportunities to collaborate
			
			Additional Information on Activities
			• Has collaborated with the IUHPE to develop Domains of Practice in Health Promotion and strengthen accreditation and workforce training processes globally

Appendix B. Discussion Questions

Questions were used to guide discussions with organizations about their public health workforce development activities. These discussion questions were developed in July and August 2012. The following questions were used when appropriate:

- Initial Questions
  - Does the organization have a strategic plan? Is it current?
  - Does the organization have a workforce plan? Is it current?
  - Is the strategic plan accessed through the organization's website current?
  - Does the organization have plans to revise its strategic or workforce plans?
  - How does the organization define the public health workforce?

- Training
  - What training activities does the organization sponsor, develop, and/or deliver?
  - What topics, objectives, and/or competencies does training address?
  - Is the training open to the general public health community and, if so, how do people find out about/access it?
  - Who is the target audience of the training?
    - Internal
    - External (members/constituents of the organization and/or others?)
  - How many people receive training annually?
  - How is training delivered?
    - In-person
    - From a distance (modalities?)
  - Does the organization charge fees for its training?
  - How does the organization determine if training is successful?
  - What are the organization's future training plans? Will it continue its current efforts? Does it have plans to try any new approaches?

- Learning Management Systems
  - Does the organization have a learning management system?
  - Does the organization use a learning management system and, if so, which system?
  - For what purposes does the organization use a learning management system?
  - What types of data can the learning management system generate and is the organization willing to share these data with researchers/and or others?
  - Is the learning management system connected with other systems?

- Data
  - Does the organization collect data on workforce composition, needs, and gaps?
    - What types of data?
    - How are the data collected?
    - How does the organization use these data?
    - Does/Can the organization share these data?
    - How often are data collected?
    - Does the organization collect other types of workforce data?
  - Are there other sources that the organization uses to obtain workforce data?

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

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

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

- Advocacy
  - Has the organization developed policy statements related to the public health workforce?
  - Does the organization advocate for public health workforce jobs?
  - Does the organization advocate for public health workforce research?
  - Does the organization advocate for public health workforce training?
  - Does the organization advocate for public health workforce development funding?

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

Appendix C. Abbreviations

AACN	American Association of Colleges of Nursing
AAMC	Association of American Medical Colleges
AAPHP	Association of Accredited Public Health Programs
ACHNE	Association of Community Health Nursing Educators
ACPM	American College of Preventive Medicine
AHD	academic health department
AHEC	Area Health Education Center
AHRQ	Agency for Healthcare Research and Quality
ANA	American Nurses Association
APHA	American Public Health Association
APHL	Association of Public Health Laboratories
APHN	Association of Public Health Nursing
APTR	Association for Prevention Teaching and Research
ASPH	Association of Schools of Public Health
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry
AUPHA	Association of University Programs in Health Administration
BHPr	HRSA Bureau of Health Professions
BOH	board of health
BPHC	HRSA Bureau of Primary Health Care
CAMP	Council of Accredited MPH Programs
CBO	community-based organization
CBPR	community-based participatory research
CCPH	Community-Campus Partnerships for Health
CDC	Centers for Disease Control and Prevention
CE	continuing education
CEPH	Council on Education for Public Health
CHES	Certified Health Education Specialist
CME	continuing medical education
CNE	continuing nursing education
CORE	Center for Online Resources & Education
Council on Linkages	Council on Linkages Between Academia and Public Health Practice
CPH	Certified in Public Health
CSTE	Council of State and Territorial Epidemiologists
DIMRC	Disaster Information Management Research Center
ECBP	Educational and Community-Based Programs
EPA	United States Environmental Protection Agency
FDA	U.S. Food and Drug Administration
HAB	HRSA HIV/AIDS Bureau
HBCUs	historically black colleges and universities
HD	health department
HHS	Department of Health and Human Services
HR	human resources
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
IUHPE	International Union for Health Promotion and Education
KSAs	knowledge, skills, and abilities
LHD	local health department

LMS	learning management system
MCH	maternal and child health
MCHB	HRSA Maternal and Child Health Bureau
MCHES	Master Certified Health Education Specialist
MHA	Master of Health Administration
MLA	Medical Library Association
MPH	Master of Public Health
NACCHO	National Association of County and City Health Officials
NACDD	National Association of Chronic Disease Directors
NALBOH	National Association of Local Boards of Health
NBPHE	National Board of Public Health Examiners
NCHEC	National Commission for Health Education Credentialing
NEHA	National Environmental Health Association
NIAID	National Institute of Allergy and Infectious Diseases
NIH	National Institutes of Health
NIHB	National Indian Health Board
NLM	National Library of Medicine
NLN	National Public Health Leadership Development Network
NN/LM	National Network of Libraries of Medicine
NNPHI	National Network of Public Health Institutes
PACE	Professional Achievement in Continuing Education
PBRNs	Practice-Based Research Networks
PH	public health
PHAB	Public Health Accreditation Board
PHF	Public Health Foundation
PHI	public health institute
PHN	public health nursing
PHN-APHA	Public Health Nursing Section of the American Public Health Association
PHPartners	Partners in Information Access for the Public Health Workforce
PHSSR	public health services and systems research
PHTC	Public Health Training Center
PR	public relations
Quad Council	Quad Council of Public Health Nursing Organizations
RML	Regional Medical Library
RWJF	Robert Wood Johnson Foundation
SEPDPO	CDC Scientific Education and Professional Development Program Office
SHD	state health department
SHO	state health official
SOPHE	Society for Public Health Education
STEM	science, technology, engineering, and mathematics
TFAH	Trust for America's Health
USDA	United States Department of Agriculture

Appendix D. Participants

Information on Public Health Workforce Development Activities Provided or Reviewed by:

- American College of Preventive Medicine – Paul Bonta, Associate Executive Director, Policy, Advocacy and External Affairs
- American Public Health Association – Karlene Baddy, Program Director, Public Health Systems & Partnership; Regina Davis, Associate Executive Director, Health Policy and Practice; Annette Ferebee, Director, Center for Professional Development, Public Health Systems & Partnership
- Association for Prevention Teaching and Research – Vera S. Cardinale, Associate Director, Training and Education; Allison Lewis, Executive Director
- Association of Accredited Public Health Programs – Gary D. Gilmore, Director Member at Large, Executive Board, Past President
- Association of Public Health Laboratories – Eva Perlman, Senior Director of Professional Development
- Association of State and Territorial Health Officials – Melissa Lewis, Director, Workforce Development; Ramon Bonzon, Senior Director, Member Services Engagement & Development
- Association of University Programs in Health Administration – Kristi Donovan, Senior Director of Professional Affairs
- Centers for Disease Control and Prevention – Pat Drehobl, Associate Director for Program/Communication, SEPDPO (Point of Contact for SEPDPO)
- Community-Campus Partnerships for Health – Sarena Seifer, Executive Director
- Health Resources and Services Administration – Kyle Peplinski, Public Health Analyst, BHPr; Shannon Bolon, Chief, Primary Care Medical Education Branch, Division of Medicine and Dentistry, BHPr; Laura Cheever, Associate Administrator (acting), HAB; Natasha Coulouris, Senior Public Health Advisor, Office of Planning, Analysis, and Evaluation; Marian Ladipo, Public Health Analyst, Division of Public Health and Interdisciplinary Education, BHPr; Sarah Linde-Feucht, Chief Public Health Officer; Mariquita Mullan, Director, Division of Public Health and Interdisciplinary Education, BHPr; Cindy Phillips, Deputy Director, Division of Public Health and Interdisciplinary Education, BHPr; Lauren Ramos, Deputy Director for Workforce Development, MCHB; Irene Sandvold, BHPr; Julia Sheen-Aaron, Division of Public Health and Interdisciplinary Education, BHPr; Sylvia Trent-Adams, Deputy Associate Administrator (acting), HAB; Nadra Tyus, Public Health Analyst, National Center for Health Workforce Analysis, BHPr
- National Association of County and City Health Officials – David Dyjack, Associate Executive Director; Alex Hart, Program Analyst, Public Health Infrastructure & Systems (former)
- National Association of Local Boards of Health – Stephanie Branco, Director of Program Planning and Evaluation; Anne Drabczyk, Chief Executive Officer
- National Environmental Health Association – Terry Osner, Senior Advisor; Rance Baker, Program Administrator; Larry Marcum, Managing Director; Kristen Ruby, *Journal of Environmental Health* Editor
- National Library of Medicine – Lisa A. Lang, Assistant Director for Health Services Research Information and Head, National Information Center on Health Services Research and Health Care Technology; Lisa A. Sedlar, Librarian, National Information Center on Health Services Research and Health Care Technology
- National Network of Public Health Institutes – An Nguyen, Program Manager

- National Public Health Leadership Development Network – Sarah Weiner, Program Coordinator; Eileen Legaspi, Heartland Centers LMS Coordinator
- Public Health Foundation – Ron Bialek, President; Kathleen Amos, Project Manager, Council on Linkages Between Academia and Public Health Practice
- Quad Council of Public Health Nursing Organizations – Jeanne Matthews, Quad Council Liaison to the Council on Linkages Between Academia and Public Health Practice
  - American Nurses Association
  - Association of Community Health Nursing Educators
  - Association of Public Health Nursing
  - Public Health Nursing Section of the American Public Health Association
- Society for Public Health Education – Elaine Auld, Chief Executive Officer

Public Health Foundation Staff:
- Ron Bialek, President, Public Health Foundation; Director, Council on Linkages Between Academia and Public Health Practice
- Kathleen Amos, Project Manager, Council on Linkages Between Academia and Public Health Practice
- Elizabeth Arriaza, Consultant
- Jonathan Munetz, Project Analyst, Council on Linkages Between Academia and Public Health Practice

5. Core Competencies Workgroup Report

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

The Council on Linkages Between Academia and Public Health Practice

Core Competencies Workgroup Report

September 17, 2013

Overview
The Core Competencies Workgroup was originally established to develop and update the Core Competencies for Public Health Professionals (Core Competencies). In addition to its role in the Core Competencies review process that is currently underway, the Workgroup is also developing tools to assist public health professionals and organizations in using the Core Competencies to better understand, assess, and meet workforce development and training needs.

Status of Tools to Assist with Core Competencies Use
Three sets of tools have recently been updated and posted on the website for the Council on Linkages Between Academia and Public Health Practice (Council): competency-based job descriptions; examples to clarify the meaning of individual competencies; and examples demonstrating attainment of competence. In addition, workforce development plans are being collected that demonstrate use of the Core Competencies by health departments in workforce development planning.

- Competency-based job descriptions are being collected from public health organizations to provide examples to others interested in incorporating the Core Competencies into their organizations' job descriptions. Seventeen new job descriptions were recently added.
- Additional examples to help clarify the meaning of individual competencies (or e.g.s) have been developed. Over the past year, Core Competencies Workgroup members have created and reviewed suggestions for new e.g.s. in all of the eight domains.
- The *Examples Demonstrating Attainment of the Core Competencies for Public Health Professionals* draft document has been updated based on suggestions from Core Competencies Workgroup members. A number of new examples have been provided in the "Financial Planning and Management" and "Leadership and Systems Thinking" domains.
- Five workforce development plans have been collected that used the Core Competencies for assessing staff competence, identifying workforce development needs, integrating Core Competencies into job descriptions, and addressing other areas of workforce development planning. These and other workforce development plans will be posted on the Council website in the near future.

Core Competencies Review Process
Timeline
The current version of the Core Competencies was adopted in 2010. The Council reviews the Core Competencies every three years to determine if there is a need for revisions and to ensure that the Core Competencies reflect evolving public health workforce roles, responsibilities, and functions. The Council voted on March 27, 2013 to begin reviewing the Core Competencies for potential revision, and that review process is now underway. Comments about the Core Competencies will be accepted from the public health community through December 2013. Should the Council decide to make changes to the Core Competencies, a revised version will be released in June 2014.

Feedback Strategies
A process to collect feedback on the Core Competencies from the public health community has been developed. Feedback is being gathered through an online feedback form, which is currently available on the Council website. Feedback is also being received via email, at meetings and conferences, and by Facebook and Twitter. An in-person town hall meeting on the Core Competencies at the American Public Health Association Annual Meeting is scheduled for Tuesday, November 5, 2013, from 8:30–10:00 am (Session 4013.0). Virtual town hall meetings are also being considered.

The Core Competencies Workgroup met on July 31, 2013 to discuss the review process. Workgroup members were encouraged to reach out to their networks to solicit feedback on the Core Competencies. Council members are similarly encouraged to engage with their colleagues and networks to encourage members of the public health community to provide feedback on the Core Competencies.

In addition to Council member organizations, groups that the Council has been engaging or plans to engage include:
- Public Health Training Centers (PHTCs)
- Public Health Practice Coordinators Council of the Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials' Human Resources Directors
- Robert Wood Johnson Foundation
- de Beaumont Foundation
- Public Health Foundation Board of Directors
- TRAIN community
- Public Health Accreditation Board
- National Indian Health Board
- Performance Improvement Managers Network, part of the Centers for Disease Control and Prevention's National Public Health Improvement Initiative
- Various communities of practice through phConnect

Initial Feedback on the Core Competencies
Initial feedback on the Core Competencies falls into three categories: the Core Competencies themselves; ways to promote use of the Core Competencies; and others to include in the feedback process. What follows is a brief summary of the feedback within each of the three categories.
- The Core Competencies themselves
  - Simplify some of the language of individual competencies
  - Keep the eight domains
  - Create an additional tier to come before the current Tier 1 as Tier 1 may not be well suited for administrative and clerical staff (if a new tier is developed, it will be released on a different timeline from other revisions)
  - Limit revisions because the Core Competencies already address changing roles of public health professionals that may be due to health reform, budget cuts, technology, and other factors
  - Crosswalk the Core Competencies with the Foundational Capabilities in the Institute of Medicine report*, For the Public's Health: Investing in a Healthier Future*, and the Trust for America's Health report, *A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years*

- Ensure that the Communication Skills domain addresses clear and culturally and linguistically appropriate communication
- Ways to promote use of the Core Competencies
    - Add more examples of what is meant by each competency
    - Develop more examples of how to measure competencies
- Others to include in the Core Competencies feedback process
    - The private sector (some PHTCs have agreed to reach out to the private sector using their existing relationships)
    - Emerging public health professional groups, such as community health workers

Next Steps
Feedback about the Core Competencies will be used by the Core Competencies Workgroup to develop and recommend potential revisions for consideration by the Council. The Workgroup will continue to expand Core Competencies examples of attainment and e.g.s. It also will collect more job descriptions that incorporate the Core Competencies and workforce development plans that use the Core Competencies to identify and meet workforce development and training needs. If you have additional feedback on the Core Competencies or examples of use, please submit them to Jonathan Munetz at jmunetz@phf.org.

Core Competencies Workgroup Members

Co-Chairs:
➢ Diane Downing, School of Nursing and Health Studies, Georgetown University
➢ Janet Place, Public Health Practice Consultant, Chapel Hill (NC)

Members:
➢ Nor Hashidah Abd Hamid, Upper Midwest Public Health Training Center
➢ Geri Aglipay, Mid-America Public Health Training Center
➢ Sonja Armbruster, College of Health Professions, Wichita State University
➢ Noel Barakat, County of Los Angeles (CA) Department of Public Health
➢ Dawn Beck, Olmsted County (MN) Public Health Services
➢ Linda Beuter, Livingston County (NY) Department of Health
➢ Michael S. Bisesi, Ohio Public Health Training Center
➢ Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
➢ Candy Cates, Oregon Health Authority
➢ Marita Chilton, Public Health Accreditation Board
➢ Joan Cioffi, Centers for Disease Control and Prevention
➢ Judith Compton, Michigan Public Health Training Center
➢ Michelle Cravetz, School of Public Health, University at Albany
➢ Marilyn Deling, Olmsted County (MN) Public Health Services
➢ Mark Edgar, Wisconsin Center for Public Health Education and Training
➢ Dena Fife, Upper Midwest Public Health Training Center
➢ Rachel Flores, University of California - Los Angeles
➢ Kristine Gebbie
➢ Kari Guida, Minnesota Department of Health
➢ John Gwinn, University of Akron
➢ Larry Jones, Independence (MO) City Health Department
➢ Vinitsa Karatsu, County of Los Angeles (CA) Department of Public Health
➢ Louise Kent, Northern Kentucky Health Department
➢ David Knapp, Kentucky Department for Public Health
➢ Denise Koo, Centers for Disease Control and Prevention
➢ Keri White Kozlowski, Metro Public Health Department (Nashville, TN)
➢ Rajesh Krishnan, The Preventiv
➢ Cynthia Lamberth, College of Public Health, University of Kentucky
➢ Lisa Lang, National Library of Medicine
➢ John Lisco, Centers for Disease Control and Prevention
➢ Erin Louis, Kentucky and Appalachia Public Health Training Center
➢ Kathleen MacVarish, New England Alliance for Public Health Workforce Development
➢ Lynn Maitlen, Indiana State Department of Health
➢ Bryn Manzella, Jefferson County (AL) Department of Health
➢ Jeanne Matthews, School of Nursing and Health Studies, Georgetown University
➢ Nancy McKenney, Wisconsin Department of Health Services
➢ Nadine Mescia, Florida Public Health Training Center
➢ Kathy Miner, Rollins School of Public Health, Emory University
➢ Sophi Naji, Mid-America Public Health Training Center
➢ Kate Nicholson, Indiana Public Health Training Center
➢ Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
➢ Chris Stan, Connecticut Department of Public Health
➢ Douglas Taren, Arizona Public Health Training Center
➢ Allison Thrash, Minnesota Department of Health

- Karen A. Tombs, New Hampshire Public Health Training Center
- Kathi Traugh, Connecticut-Rhode Island Public Health Training Center
- Lillian Upton-Smith, Arnold School of Public Health, University of South Carolina

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

Core Competencies for
Public Health Professionals

Revisions Adopted: May 2010

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

Council on Linkages Between Academia and Public Health Practice

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

Mission

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

Membership

Nineteen national organizations are members of the Council on Linkages:

- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention

- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

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Core Competencies for Public Health Professionals

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

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

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

Recognizing that the one-time development of a static set of competencies was insufficient in a field as ever-changing as that of public health, the Council on Linkages committed to revisiting the Core Competencies every three years to determine their continued relevance to public health and revise the competencies as necessary. At the first review in 2004, the Council on Linkages concluded there was inadequate evidence about the use of the Core Competencies to support a significant revision. By the second review in 2007, data had become available demonstrating that nearly 50% of local health departments[1] and over 90% of academic public health institutions[2] were using the Core Competencies. In addition, the practice of public health had changed considerably since 2001 and the Council on Linkages had received requests from both the practice and academic communities to make the Core Competencies more measurable. Based on these three factors, the Council on Linkages decided to revise the Core Competencies.

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[1] National Association of County and City Health Officials. (2007). The Local Health Department Workforce: Findings from the 2005 National Profile of Local Health Departments Study. Retrieved April 13, 2011 from http://www.naccho.org/topics/infrastructure/profile/upload/LHD_Workforce-Final.pdf
[2] Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

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

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

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

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

Domains
The Core Competencies are divided into eight domains, or topical areas of knowledge and skill:
1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

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

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

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

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

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

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

Use of the Core Competencies

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

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

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

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

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

Core Competencies Tools

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

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[3] Association of State and Territorial Health Officials. (2011). ASTHO Profile of State Public Health: Volume Two. Retrieved January 9, 2012 from http://www.astho.org/uploadedFiles/_Publications/Files/Survey_Research/ASTHO_State_Profiles_Single%5B1%5D%20lo%20res.pdf
[4] National Association of County and City Health Officials. (2011). 2010 National Profile of Local Health Departments. Retrieved January 9, 2012 from http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web.pdf
[5] Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

Feedback on the Core Competencies

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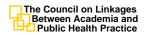
Important Dates

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

Please Note

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

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

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

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

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

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

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

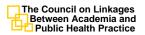| **Community Dimensions of Practice Skills**		
Tier 1	**Tier 2**	**Tier 3**
5A1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health (e.g., The Socio-Ecological Model)	5B1. Assesses community linkages and relationships among multiple factors (or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

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

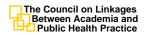| Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent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

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

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

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

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

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

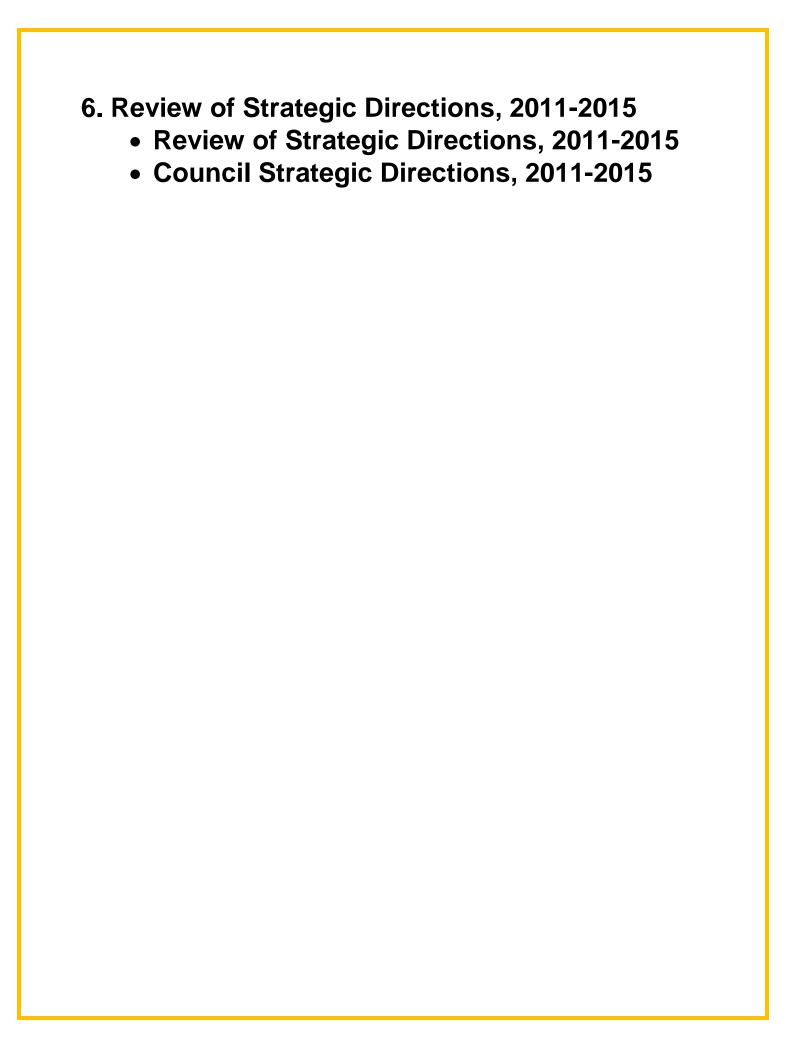| Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A8. Describes the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	8B8. Modifies organizational practices in consideration of changes in the public health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

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

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

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

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

6. Review of Strategic Directions, 2011-2015

- Review of Strategic Directions, 2011-2015
- Council Strategic Directions, 2011-2015

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

Review of Strategic Directions, 2011-2015

September 17, 2013

Overview

In June 2011, the Council on Linkages Between Academia and Public Health Practice (Council) adopted a set of *Strategic Directions* to guide its work through 2015. In preparation for the September 18th Council meeting agenda item, *Revisiting Strategic Directions, 2011-2015*, time will be provided for Council members to review the Council's *Strategic Directions, 2011-2015* and consider whether adjustments are desirable based on changes in the public health field over the past two years and actions taken by the Council to address the *Strategic Directions*. This review will help guide the September 18th discussion to ensure the Council continues to make valuable contributions within the public health community.

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

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

Mission

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

Values

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

Objectives

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

Objectives, Strategies, & Tactics

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

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.
Tactics:
a. Increase membership and activities of the Academic Health Department Learning Community.
b. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 2: Promote development of collaborations between public health and healthcare professionals and organizations.
Tactics:
a. Identify cross-cutting competencies for public health and primary care.

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

Strategy 3: Document exemplary practices in collaboration.
Tactics:
a. Serve as a clearinghouse for evidence regarding successful linkages.
b. Conduct a periodic review of practice-based content in public health education.

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

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.
Tactics:
a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.
Tactics:
a. Explore methods for enhancing and measuring the impact of training.

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

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

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

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.
Tactics:
a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
b. Use survey methods to gather additional data about public health workers.
c. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
d. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

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

Strategy 3: Provide access to and assistance with using tools to enhance competence.
> *Tactics:*
>> a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.
> *Tactics:*
>> a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

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

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.
> *Tactics:*
>> a. Identify gaps in the development of research that is relevant to practice.
>> b. Vet the Robert Wood Johnson Foundation workforce research agenda.
>> c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

Strategy 2: Support the translation of research into public health practice.
> *Tactics:*
>> a. Identify means to solicit and disseminate evidence-based practices.

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

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

Council on Linkages Administrative Priorities

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

7. Council Membership Votes

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

Council Membership Votes

September 17, 2013

Overview

Organizations that join the Council on Linkages Between Academia and Public Health Practice (Council) are required to serve a period of preliminary membership. Two Council member organizations, the Association of Public Health Laboratories (APHL) and the National Public Health Leadership Development Network (NLN), have been participating as preliminary members and are eligible for formal membership status.

Association of Public Health Laboratories

APHL is a national non-profit organization representing public health laboratories. By promoting effective programs and public policy, APHL strives to strengthen public health laboratories and provide these laboratories with the resources to protect the health of United States residents and to prevent and control disease globally. APHL's core membership is comprised of public health, environmental, and agricultural laboratories, and representatives from federal agencies, non-profit organizations, corporations, and interested individuals also participate.

National Public Health Leadership Development Network

NLN is a consortium of organizations and individuals from academic institutions; national and international organizations; and local, state, and federal agencies dedicated to advancing the practice of public health leadership. NLN aims to build public health leadership capacity by sustaining a learning community of leadership programs to improve health outcomes. NLN plays a key role in facilitating inter-state, inter-regional, and international collaboration and in encouraging recognition and support of the leadership institutes to further enhance their efforts to increase access to systematic public health workforce education and training programs.

Action Item: Vote on Membership Status

During this meeting, a vote will be held to determine whether to grant APHL and NLN formal membership on the Council.

8. The Public Health Workforce of the Future

The Council on Linkages Between Academia and Public Health Practice

Jeff Levi: The Public Health Workforce of the Future

September 17, 2013

Overview

Jeff Levi, PhD is Executive Director of the Trust for America's Health (TFAH), a non-profit, non-partisan organization focused on making disease prevention a national priority, and Chair of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health created under the Affordable Care Act. Dr. Levi's presentation will address the evolving public health environment and help frame the September 18th meeting discussion on *Revisiting Strategic Directions, 2011-2015*.

Brief Biography

Jeff Levi, PhD, is Executive Director of the Trust for America's Health, where he leads the organization's advocacy efforts on behalf of a modernized public health system. He oversees TFAH's work on a range of public health policy issues, including implementation of the public health provisions of the Affordable Care Act and annual reports assessing the nation's public health preparedness, investment in public health infrastructure, and response to chronic diseases such as obesity. In January 2011, President Obama appointed Dr. Levi to serve as a member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. In April 2011, Surgeon General Benjamin appointed him chair of the Advisory Group. Dr. Levi is also Professor of Health Policy at The George Washington University's School of Public Health, where his research has focused on HIV/AIDS, Medicaid, and integrating public health with the healthcare delivery system. He has served as an associate editor of the *American Journal of Public Health* and Deputy Director of the White House Office of National AIDS Policy. Dr. Levi received a BA from Oberlin College, an MA from Cornell University, and a PhD from The George Washington University.

9. Celebrating 20 Years

**The Council on Linkages
Between Academia and
Public Health Practice**
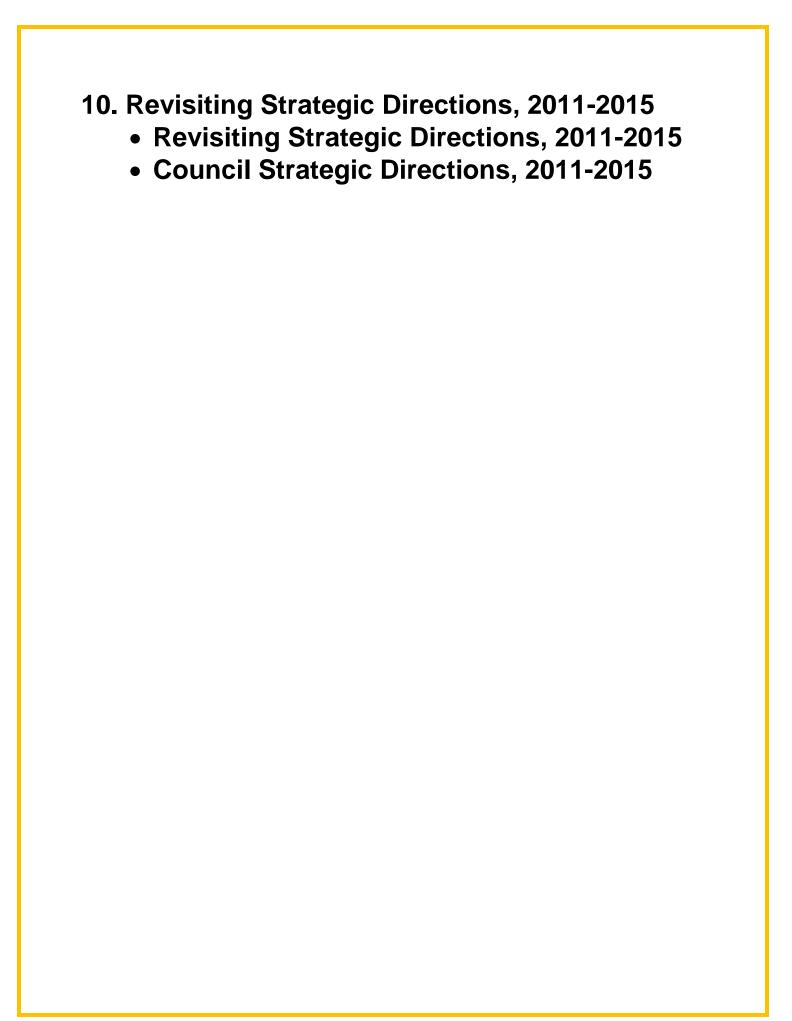
Celebrating 20 Years

September 17, 2013

Overview

For more than 20 years, the Council on Linkages Between Academia and Public Health Practice (Council) has been facilitating academic/practice collaboration to advance the field of public health. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum, the Council has led efforts in the areas of public health linkages, education and training, practice, and research. Highlights of Council activities include:

- *Academic/Practice Linkages Awards.* Between 1993 and 2006, the Council presented annual Linkages Awards to recognize exemplary community-based collaborative activities between public health practice organizations and academic institutions and highlight the impact of these linkages between academia and practice. More than 200 examples of academic/practice linkages were collected.

- *Academic Health Department (AHD) Learning Community.* Launched in 2011, the AHD Learning Community brings together public health practitioners, educators, and researchers to engage in collaborative learning, knowledge sharing, and resource development in support of AHD partnerships. The Learning Community currently has more than 300 members.

- *Core Competencies for Public Health Professionals (Core Competencies).* Originally developed in 2001 and revised in 2010, the Core Competencies provide a foundation for public health workforce development and are widely used by public health practice organizations, including state and local health departments, and academic institutions. The Core Competencies and tools that facilitate use of the Core Competencies are among the most accessed resources on the Public Health Foundation website.

- *Academic Accreditation Standards.* The Council influenced the revision of Council on Education for Public Health accreditation criteria for schools and programs of public health to incorporate practica and other linkage activities. Practica are now required of public health students being educated at the master's level.

- *Health Department Accreditation Standards.* The Core Competencies are referenced in the Public Health Accreditation Board's Standards and Measures for national public health department accreditation. In applying for accreditation, health departments are required to provide workforce development plans that include nationally adopted public health core competencies.

- *Healthy People 2010 and 2020.* The Council participated in the development of the Public Health Infrastructure topic area within Healthy People, aimed at ensuring public health organizations have the infrastructure to provide essential public health services effectively. The first three objectives within this topic area for Healthy People 2020 focus on the Core Competencies.

- *Public Health Training Impact.* From 2011-2012, the Council convened experts from both within and outside of the public health field to explore ways to improve and measure the impact of public health training. A set of strategies and methods aimed at enhancing and evaluating training was developed, and a collection of supporting literature, tools, and examples compiled, to form the foundation for an online resource. In draft form, these resources have already proven useful to professionals in Public Health Training Centers, health departments, and other organizations.

- *Recruitment and Retention Strategies.* In 2005, a Council forum brought together representatives from government, education, and the medical professions to share their

experiences with alleviating worker shortages. Based on this input and a review of evidence gathered through a literature search, the Council developed a set of possible strategies for improving the recruitment and retention of workers and students.

- *Public Health Workers Survey.* In 2010, the Council launched a survey to collect information about characteristics of public health workers and influences on their decisions to become and remain part of the public health workforce. Data were collected from nearly 12,000 public health professionals.
- *Public Health Practice Guidelines.* In 1994, the Council developed an initiative funded by the W.K. Kellogg Foundation to determine the desirability and feasibility of public health practice guidelines, creating a set of draft guidelines related to cardiovascular disease prevention and tuberculosis treatment completion. This effort led to the Centers for Disease Control and Prevention's development of the Task Force on Community Preventive Services and *The Guide to Community Preventive Services*.
- *National Public Health Practice Research Agenda.* In 1998, the Council began developing a plan, followed by a framework, which served as a foundation for a national public health practice research agenda. This framework identified, articulated, and prioritized public health research needs.
- *Public Health Services and Systems Research (PHSSR).* The Council has engaged in a variety of activities to promote PHSSR (formerly Public Health Systems Research, PHSR), including convening annual PHSR Leadership Forums at American Public Health Association annual meetings, helping to establish the PHSR Interest Group within AcademyHealth, disseminating research agendas, and creating a series of brief agendas to highlight high priority research questions. Council efforts have stimulated increased funding for and publication of PHSSR studies.
- *Public Health Workforce Development Inventory.* From 2012-2013, the Council collected and synthesized information from its member organizations about their public health workforce development activities. This inventory provides a strong foundation to help organizations communicate, plan, and implement workforce development activities.

These efforts have had a positive impact on the public health community and have positioned the Council well to continue making meaningful contributions into the future.

10. Revisiting Strategic Directions, 2011-2015

- Revisiting Strategic Directions, 2011-2015
- Council Strategic Directions, 2011-2015

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

Revisiting Strategic Directions, 2011-2015

September 18, 2013

Overview
In June 2011, the Council on Linkages Between Academia and Public Health Practice (Council) adopted its *Strategic Directions, 2011-2015* to guide its work through 2015. These directions were developed through a strategic planning process begun at the March 2011 Council meeting and updated a previous set of objectives and strategies dating from 2006. Review of the actions taken by the Council to address its *Strategic Directions* and consideration of whether adjustments are desirable based on changes in the public health field will help ensure the Council continues to have a meaningful impact within the public health community.

Status of Strategic Directions
Over the past two years, the Council has undertaken activities within each of the four objective areas outlined in its *Strategic Directions, 2011-2015*, as well as in relation to the administrative priorities identified during the strategic planning process.

Objective A: Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations
Strategies under this objective focus on developing collaboration between academia and practice within public health and between public health and healthcare. To support these efforts, the Academic Health Department (AHD) Learning Community has been sustained and expanded, growing from approximately 80 professionals in June 2011 to more than 300 members currently. The AHD Learning Community has held meetings and encouraged discussion around building partnerships, created resources to support the development of AHDs, offered assistance to professionals interested in learning more about and establishing AHD partnerships, and conducted initial outreach to engage the primary care community.

Objective B: Enhance public health practice-oriented education and training
Within this objective area, activities have aimed to develop and support the use of competencies relevant to public health practice, encourage ongoing training of public health professionals, and increase the impact of training. With respect to competencies, the Council recently began the process of reviewing the Core Competencies for Public Health Professionals (Core Competencies) to determine whether revisions are desirable to keep pace with changes in the field of public health. In addition, the Core Competencies Workgroup continued to collect and develop tools and resources to assist public health professionals and organizations in integrating the Core Competencies into workforce development activities.

To encourage ongoing training and increase impact, the Council launched the Public Health Training Impact initiative focused on improving and measuring the impact of training. The Council's Training Impact Task Force developed a set of strategies and methods related to training and evaluation, and compiled a collection of supporting literature, tools, and other resources. An online resource to share this information with the public health community will be developed and made available by early 2014.

Objective C: Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed
Strategies to support workforce development focus on developing a comprehensive plan for ensuring an effective workforce and providing access to and assistance with tools to enhance competence. The Council has contributed to efforts to develop a national strategic and operational plan for public health workforce development through its Public Health Workforce Development Inventory initiative. Information collected through this inventory can provide a foundation for planning workforce development activities. In addition, Council members and staff have participated in the Public Health Accreditation Board's Public Health Workforce Think Tank, noting the continued importance of integrating the Core Competencies into workforce development needs assessments and gap analyses, job descriptions, training programs, and other workforce development planning efforts. The continued development of tools to facilitate use of the Core Competencies and the provision of assistance in this area helps to enhance workforce competence.

Objective D: Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement
Activities focused on collaborative research have received the least Council attention over the past two years, with efforts in this area limited to supporting refinement of the public health services and systems research (PHSSR) agenda by providing input on the most recent agenda developed through the National Coordinating Center for PHSSR.

Administrative Priorities
During strategic planning, administrative priorities were identified in the areas of communication, technology, governance, funding, staffing, and membership. While not focus areas in terms of the direction of Council activities, addressing these administrative areas helps to ensure effective operations of the Council. Communication of Council information has been sustained through maintenance of the Council website, distribution of the *Council on Linkages Update*, development of news articles and blog posts for the Public Health Foundation (PHF) website, and participation in national conferences and meetings, and new audiences have been reached due to the growth of the *Council on Linkages Update* to nearly 600 subscribers and the addition of outreach through social media, specifically Twitter and Facebook. Redesign of pages on the Council website has been ongoing to ensure effective use of this key resource. Regular elections have been held for the Council leadership position of Chair, and funding has been obtained to continue Council activities and provide for staffing through PHF. Finally, to better support and engage membership, Council leadership and staff met with representatives of all Council member organizations to discuss the Council and its directions, and information about participating in Council activities has been incorporated into orientation for new Council members.

Next Steps
The Council's *Strategic Directions* have guided the Council's efforts since adoption in 2011 and will continue to do so for the next two years. Revisiting the *Strategic Directions* at this time provides an opportunity for the Council to make revisions and adjust priorities, if desirable, to meet ongoing and emerging needs that can be addressed through the Council's work. Council members also will have an opportunity to begin discussing ways to determine, measure, and document the impact of Council initiatives. Understanding and documenting the Council's impact can help guide future activities and contribute to continuous quality improvement.

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

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

Mission

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

Values

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

Objectives

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

Objectives, Strategies, & Tactics

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

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.
Tactics:
a. Increase membership and activities of the Academic Health Department Learning Community.
b. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 2: Promote development of collaborations between public health and healthcare professionals and organizations.
Tactics:
a. Identify cross-cutting competencies for public health and primary care.

Adopted: June 9, 2011

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

Strategy 3: Document exemplary practices in collaboration.
Tactics:
a. Serve as a clearinghouse for evidence regarding successful linkages.
b. Conduct a periodic review of practice-based content in public health education.

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

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.
Tactics:
a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.
Tactics:
a. Explore methods for enhancing and measuring the impact of training.

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

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

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

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.
Tactics:
a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
b. Use survey methods to gather additional data about public health workers.
c. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
d. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

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

Strategy 3: Provide access to and assistance with using tools to enhance competence.
    Tactics:
        a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.
    Tactics:
        a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

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

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.
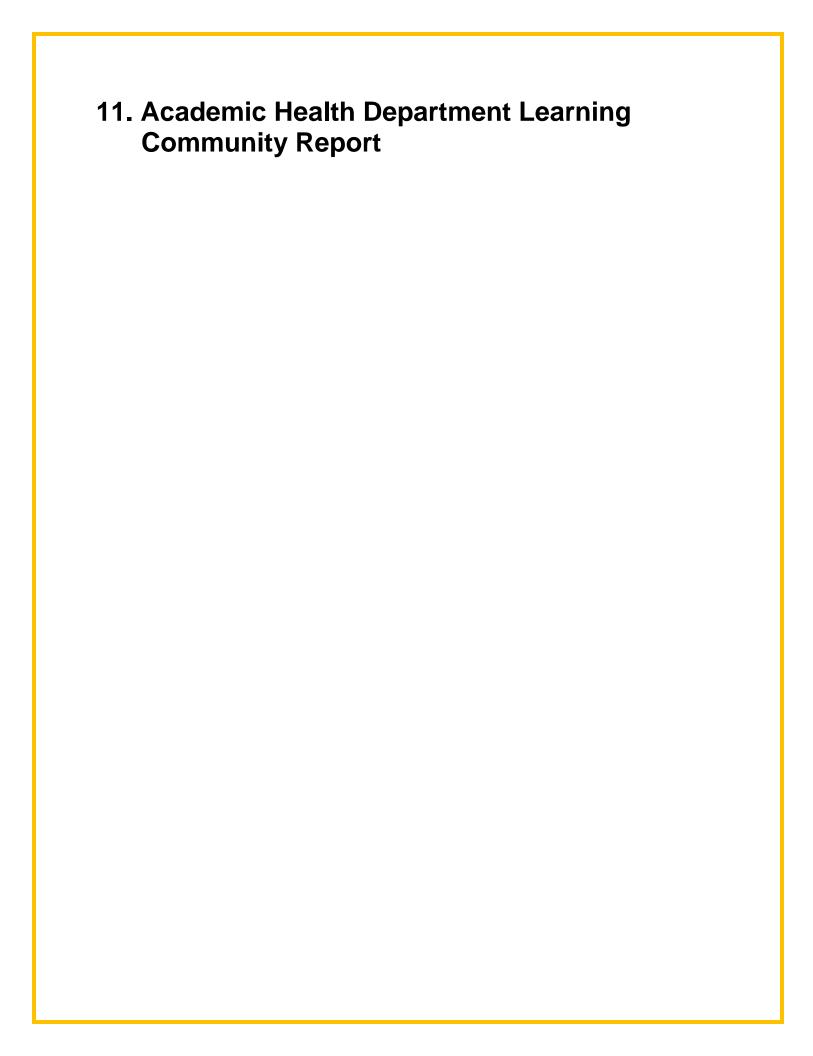   *Tactics:*
        a. Identify gaps in the development of research that is relevant to practice.
        b. Vet the Robert Wood Johnson Foundation workforce research agenda.
        c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

Strategy 2: Support the translation of research into public health practice.
    Tactics:
        a. Identify means to solicit and disseminate evidence-based practices.

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

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

Council on Linkages Administrative Priorities

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

11. Academic Health Department Learning Community Report

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

Academic Health Department Learning Community Report

September 18, 2013

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.

Status of Initiative

As noted during the last Council on Linkages Between Academia and Public Health Practice meeting in March 2013, the AHD Learning Community has grown rapidly since its launch in January 2011. Current membership is over 300, and members are located across the United States.

To help support this growth in membership, the AHD Learning Community held two webinar meetings this May. The webinar meetings were designed to introduce new members to the Learning Community and provide an overview of the elements of an AHD. An archived recording of the first of these webinars was created and is available, both on [TRAIN](#) or at this [direct archive link](#), to those interested in learning more about AHD partnerships. This archive is shared with new members when they join the Learning Community.

The AHD Learning Community will also be hosting two meetings this fall, one by conference call and one in-person. The conference call meeting will focus on potential roles for AHDs in the education, training, and practice of public health workers around health reform, and specifically health insurance marketplaces, and will be held on Wednesday, September 25th from 1-2:30 pm EDT. The in-person meeting will occur during the American Public Health Association (APHA) Annual Meeting in partnership with APHA's Health Administration Section. This third in-person meeting of the Learning Community is scheduled for Tuesday, November 5th from 4:30-6 pm in the Boston Convention and Exhibition Center, Room 256 ([Session 4397.0](#)).

In addition to meetings, the AHD Learning Community is preparing to conduct a needs assessment to identify activities, topics, and resources of interest and value to community members. Learning more about what members hope to gain from participation in the Learning Community will help guide future activities.

Next Steps

Exploration of the needs of AHD Learning Community members and the possible resources that could be developed to meet those needs will continue. To date, requests for AHD information have often centered on how AHD partnerships have been developed. The establishment of a mentorship program within the Learning Community is being considered as a way to support these information needs.

12. Public Health Training Impact Initiative

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

Public Health Training Impact Initiative Report

September 18, 2013

Overview
To support the ongoing training of public health professionals, the Public Health Training Impact initiative was launched in the fall of 2011 to identify methods and tools to improve and measure the impact of training. Guided by the Training Impact Task Force (Task Force), this initiative produced a set of strategies and methods intended to assist trainers, public health organizations, and sponsors of training through the training and evaluation process. In addition, a collection of literature about training and evaluation was developed, and tools and examples to support implementation of the approaches identified were gathered.

Plan for Online Resource
The materials developed and collected through the Public Health Training Impact initiative will be used to create an online resource for public health professionals and organizations engaged in training and evaluation. This resource will be structured around the strategies and methods detailed by the Task Force, linking supporting literature, definitions, tools, and examples to relevant strategies and methods. Public health professionals will be able to explore resources within five stages of the training process, from assessment and motivation through design and delivery to evaluation, and access supporting materials appropriate at each of these stages. The resource will be designed so that it can be updated as additional materials are discovered and will be freely available to the public health community through the Council on Linkages Between Academia and Public Health Practice website.

Next Steps
Initial work on the online Public Health Training Impact resource will continue through the fall and is anticipated to be completed by February 2014. The Task Force will be convened for a final meeting prior to the completion of the resource to discuss strategies for dissemination.

13. Supplemental Materials
- **Council Constitution and Bylaws**
- **Council Participation Agreement**

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

ARTICLE II. – BACKGROUND AND PURPOSE:

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

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

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

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

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

1. Can demonstrate that agency, organization, or association is national in scope.

2. Is unique and not currently represented by existing Council Member Organizations.

3. Has a mission consistent with the Council's mission and objectives.

4. Is willing to participate as a Preliminary Member Organization on the Council for one year prior to formal membership, at the participating organization's expense.

5. Upon being granted formal membership status, signs the Council's Participation Agreement.

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American Association of Colleges of Nursing (AACN) – Preliminary Member Organization
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL) – Preliminary Member Organization
- Association of Schools 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)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- National Public Health Leadership Development Network (NLN) – Preliminary Member Organization
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education (SOPHE)

Membership Categories:

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

I. Preliminary Member Organization Privileges

1. Preliminary Member Organizations may fully participate in all discussions and activities associated with Council meetings at which they are required to attend.

2. Preliminary Member Organizations retain the right to vote at Council meetings during their preliminary term.

3. Preliminary Member Organizations can participate in any and all Council subcommittee/taskforce discussions that they desire to join.

4. Preliminary Member Organizations' names and/or logos will be included in Council resources that depict Member Organizations during the preliminary term.

5. Preliminary Member Organizations will be responsible for all travel related expenses for attending meetings.

II. Formal Member Organization Privileges

1. In accordance with the Council's travel policy and as funding permits, Organizational Representatives (Representatives) from Formal Member Organizations are entitled to reimbursement up to a predetermined amount for airfare, transportation to and from meeting site, and hotel accommodations for Council meeting travel.

2. As funding permits, Representatives from Formal Member Organizations will be reimbursed at the federally-approved per diem rate for meals consumed during travel to and from Council meetings.

3. Substitutes for officially designated Representatives are not eligible for travel reimbursement.

4. Formal Member Organizations retain full participation privileges in all Council discussions, activities, votes, and subcommittee/taskforces.

5. Formal Member Organizations will be represented either via logo or text in all Council resources that depict membership.

6. Formal Member Organizations must comply with the signed Participation Agreement.

7. Representatives from federal government agencies will not receive funding from the Council for travel or related expenses.

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITES:

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

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

- The Member Organization (Organization) selects an appropriate Representative (Representative) to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.

- The Representative has access to and communicates regularly with the Organization's leadership about Council activities.

- The Representative is able to present the perspectives of the Organization during Council meetings.

- The Representative attends and actively participates in scheduled meetings and does not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.

- The Organization identifies a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.

- During at least one meeting each year, the Representative presents the progress his/her respective Organization and members have made toward implementing and sustaining productive academic/practice linkages.

- The Representative and Organization contribute to the Council's understanding of how Council initiatives and products are being used by the members/constituents of the Council Organization.

- The Representative (or staff contact) responds to requests for assistance with writing and compiling Council documents and resources.

- The Representative and Organization disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective membership of the Council Organization.

- Upon request of the Council Chair, the Representative officially represents the Council at meetings or presentations widely attended by members of the practice and academic public health communities.

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

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

_____   _____

Council Representative Designated by Organization   Date

_____   _____

Organizational Executive Director   Date

_____

Member Organization