



COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

Healthy People 2010: Serving as a Data Source

In February 2003, the Council on Linkages Between Academia and Public Health Practice (Council) voted to serve as a data source for Healthy People 2010 objective 23-9. At that time, objective 23-9 read as follows:

(Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the Essential Public Health Services.

Healthy People 2010 objectives without an identifiable data source for measuring progression will be eliminated from the document during a mid-course inventory of developmental objectives. By serving as a data source for objective 23-9, the Council is assuring that this objective will be preserved when the mid-course review is conducted.

It was agreed that Council staff would work with the Public Health Infrastructure Focus Area Work Group to help refine objective language to make data collection possible solely from Council member organizations. Because serving as a data source is not a funded activity, limiting data collection to Council member organizations is part of a “low cost” approach to retaining objective 23-9.

The following revised language was approved by the Public Health Infrastructure Focus Area Work Group for objective 23-9:

Increase the percentage of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and Schools of Nursing (with a public health or community health component) that integrate core competencies in the Essential Public Health Services into curricula.

Now that the redrafted objective has been approved, Council staff plan to develop three to five questions in a survey format to be sent electronically to Council member organizations for dissemination to their members. Completed surveys will be returned directly to either the Council member organization or Council staff. Council staff will then be responsible for data entry and analysis.

Next steps for the Council are: 1) develop survey language by the end of 2003; 2) seek revisions and approval by the Council member organizations that will be distributing the survey in January, 2004; 3) finalize and disseminate the survey in February, 2004; 4) request that organizations re-send surveys to non-responders in March, 2004; 5) compile and analyze survey responses; and 6) submit survey findings to the Council and Public Health Infrastructure Focus Area Work Group.