



**COUNCIL ON LINKAGES BETWEEN  
ACADEMIA AND PUBLIC HEALTH PRACTICE**

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Meeting Minutes

**Tuesday, September 9, 2003  
Phoenix, AZ  
8:00 a.m. – 12:00 noon**

**Members Present:** C. William Keck, J. Frederick Agel, Susan Allan, Diane Downing, Vincent Francisco, Colleen Hughes, William C. Livingood, J. Michael Moser, Janet Porter, Hugh Tilson, Patricia W. Wahl, William H. Wiese

**Other Participants Present:** Geri Aglipay, Karlene Baddy, R. Palmer Beasley, Kristen Benn, Steven F. Boedigheimer, Librada Estrada, Christopher Kinabrew, Rice C. Leach, Patrick Lenihan, Dennis Lenaway, Doug Lloyd, Charles Mahan, Dennis McDowell, Kent Nordvig, Christine Rosheim, Anthony J. Santarsiero, Vera Shomer, Suzanne Smith, Harrison Spencer, Tim Stephens

**Staff Present:** Ron Bialek, Chris Day

<b>Agenda Item</b>	<b>Discussion</b>	<b>Decisions and Next Steps</b>
<b>Opening Business</b>	<ul style="list-style-type: none"><li>• Dr. C. William Keck opened the meeting and welcomed all participants.</li></ul>	<ul style="list-style-type: none"><li>• Draft minutes from the July 23, 2003 COL meeting were unanimously approved with minor revisions.</li></ul>
<b>Integrating Emerging CDC Priorities into Council on Linkages Between Academia and Public Health Practice (COL) Activities</b>	<ul style="list-style-type: none"><li>• Dr. Suzanne Smith, Acting Director of the Centers for Disease Control and Prevention (CDC), Public Health Practice Program Office (PHPPO), thanked the COL for granting her the opportunity to attend and speak at this meeting. Dr. Smith provided COL members with a brief history of the progress made by Dr. Ed Baker, former Director of PHPPO, and Debbie Jones, former Deputy Director of PHPPO, in gaining recognition for the important infrastructure issues affecting public health today. She also acknowledged the integral roles played by Steven Boedigheimer, Acting Deputy Director of PHPPO, Dennis Lenaway, Branch Chief, Division of Public Health Systems Development and Research (DPHSDR) and Paul Halverson, Director, DPHSDR in approaching new challenges at PHPPO and CDC. She applauded the COL for its ability to act as a “safe space” for discussion of the broad challenges and crosscutting factors that will help public health move from silos to systems in the future.<ul style="list-style-type: none"><li>➤ Dr. Smith reported to COL members that Dr. Julie Gerberding, Director of the CDC and Administrator of the Agency for Toxic Substances and Disease Registry, recently</li></ul></li></ul>	

	<p>launched the Futures Initiative, a strategic planning effort that aims to ensure that the CDC's practices and priorities remain effective and proactive. The Futures Initiative is being led by Kathy Cahill, Senior Advisor for Strategy and Innovation, and was orchestrated with the help of Jim Downs, former Chief Executive Officer of the United Parcel Service, Inc., as well as the private sector and the public health community. The Futures Initiative consists of three core workgroups that will review the CDC's operational processes: 1) research; 2) systems; and 3) consumers. An additional group has been formed to address global health issues, and a fifth group is set to be developed in the near future to address communications. PHPPO has dedicated upwards of five staff members for the Futures Initiative, with much involvement and input to be sought from external sources. A report or overarching plan will not be generated following the activities of the Futures Initiative workgroups; rather all ideas will be submitted to Dr. Gerberding for approval and implemented as directed. Initial activities are set to begin January 2004. PHPPO is currently refining its activities to correspond to the Futures Initiative. Dr. Smith is certain that the COL will be involved in implementation activities as they develop and evolve.</p> <ul style="list-style-type: none"> <li>➤ Dr. Smith issued a challenge to the COL to not be content with the pace at which the COL is currently operating. She explained that in the past, public health was not highly acknowledged and did not receive substantial funding. Over the past two years, public health has received additional funding and attention, making this the ideal time to translate public health theories into action. Dr. Smith specifically addressed the issue of professional credentialing. She recommended the COL as an ideal forum for conducting the credentialing debate. She acknowledged the highly political nature of the credentialing topic, but urged the COL to take on this challenge as part of its mission. Dr. Hugh Tilson agreed that the COL is the ideal place to advance professional credentialing, but added that the COL's capacity extends beyond that of serving as a discussion forum.</li> <li>➤ Dr. Smith stated that the right message, sound bites and catch phrases about credentialing have yet to be developed. Public health professionals need to be as recognizable as teachers, fire fighters and other professionals in the community. For example, the public has a general understanding of what a "nurse" does, but not what a "public health professional" is or does. The public wants to know what it can expect from its public health professionals and agencies. Mr. Ron Bialek suggested that the</li> </ul>	
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	<p>COL build on National Association of County and City Health Officials (NACCHO) effort to develop an operational definition of a local public health agency (LPHA). Using this definition, a next step might be to develop an “operational definition” of the skills and competencies needed by a LPHA director to run that agency. Dr. Susan Allan added that it is important to ensure that discussions about credentialing address agency needs, salary realities and the desire of policymakers to know the return on investment of dollars being spent by the government. There has not been much research to determine the effect credentialing has on the practice of public health. Dr. Michael Moser stated that in state and local circles there seems to be little demand for credentialing. State and local agencies are primarily concerned with establishing a competent workforce. He cautioned the COL that the Core Competencies for Public Health Professionals may be too comprehensive to address some of the operational issues affecting the practice of public health. Credentialing would have to ensure a competent workforce before it could garnish support from state and local agencies.</p> <ul style="list-style-type: none"> <li>➤ Dr. Doug Lloyd commented that CDC and the Health Resources and Services Administration (HRSA) would soon be meeting to discuss the credentialing of Tier Two professionals (professionals presently credentialed in another discipline).</li> <li>➤ Dr. Smith concluded by reminding the COL that Congress is asking questions about what they got for the 2 billion dollars added to state and local public health funding. There are new accountability requirements for public health. The credentialing issues should be discussed in this light and how credentialing might be used with Congress to gain continued support for funding public health workforce development.</li> </ul>	
<p><b>Discussion of COL Objectives &amp; Strategies, Priorities and Yearly Deliverables (Continued from the July 23, 2003 COL Meeting)</b></p>	<p><u>Discussion of the COL Objectives and Strategies</u></p> <ul style="list-style-type: none"> <li>• Dr. Keck briefly summarized the main points derived from the August 15, 2003 subcommittee discussion to revise and refine the COL Objectives and Strategies. <ul style="list-style-type: none"> <li>➤ Dr. Moser motioned to amend the language in Objective One, Strategy Four to include mention of educational initiatives undertaken by state health agencies and other state associations of public health practitioners.</li> <li>➤ Dr. Patricia Wahl suggested that the Objectives and Strategies document include language about encouraging academic institutions to engage in practice activities, as recommended by the recent Institute of Medicine (IOM) Reports, <i>The Future of Public Health in the 21<sup>st</sup> Century</i> and <i>Who will Keep the Public Healthy? Educating Public</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion to amend the language in Objective One, Strategy Four to include mention of educational initiatives undertaken by state health agencies and other state associations of public health practitioners was approved.</li> <li>• Motion to add transitional language between the Background description and list of COL member organizations, and move the Mission so that it appears first in the Objectives and Strategies document was</li> </ul>

	<p><i>Health Professionals for the 21<sup>st</sup> Century</i>. She also suggested that Objective Three, Strategy One be amended to encourage graduate public health programs that train public health professionals to work with the Council on Education for Public Health (CEPH). Dr. Spencer stated that CEPH should focus its accreditation efforts on graduate-level schools and public health programs, and that the COL's role should be to encourage all schools and graduate programs to obtain CEPH accreditation. Although the COL's primary focus is currently on encouraging graduate-level programs to become CEPH-accredited, that does not negate the importance of undergraduate programs participating in accreditation as well. Encouraging undergraduate public health programs to become CEPH-accredited might be worthwhile to add to the Objectives and Strategies as a future COL activity. Dr. Wahl motioned that Objective Three, Strategy One be amended to specify "graduate" programs. Dr. Tilson suggested the motion be amended to begin with "promote and encourage accreditation," rather than "work with CEPH to..." He explained that the use of the terminology "work with" was originally included in the Objectives and Strategies whenever the COL was asked to endorse an activity being performed by an outside agency. He recommended that "work with" be removed entirely from the document, as the COL is currently more actively involved in many of the Strategies in which this language is included. Dr. Tilson also recommended that the Objectives and Strategies make mention of schools of public health being more accountable for promoting and engaging in public health practice.</p> <ul style="list-style-type: none"> <li>➤ Dr. Janet Porter suggested that a timeframe be established for achieving the Objectives and Strategies so that the COL can more accurately measure its performance. However, it was explained that the original purpose for the Objectives and Strategies was to help the COL establish an annual plan, and to help members prioritize activities for the COL, for their respective organizations, and for themselves. The Objectives and Strategies provide a long-range view of COL goals, and these goals are fluid. If there is evidence that an objective or strategy was not achieved with 100% certainty that does not necessarily mean that it should be removed from the list.</li> <li>➤ Dr. William Livingood motioned to add transitional language between the Background description and the paragraph outlining the current COL member organizations. He also proposed that the Mission appear first in the</li> </ul>	<p>unanimously approved.</p> <ul style="list-style-type: none"> <li>• Motion to amend Objective Three, Strategy One to specify "graduate" programs and begin with "promote and encourage accreditation" was unanimously approved.</li> <li>• Motion to move Objective Four, Strategy Four to Objective Three was unanimously approved.</li> <li>• Drs. Wahl, Allan and Tilson will work with COL staff to examine the IOM Reports, <i>The Future of Public Health in the 21<sup>st</sup> Century and Who will Keep the Public Healthy, Educating Public Health Professionals for the 21<sup>st</sup> Century</i> for appropriate recommendations to be explicitly integrated into the COL Objectives and Strategies.</li> <li>• COL staff will work with NEHA and ECOS to incorporate language about the inclusion of environmental health professionals into Objectives One and Eight.</li> <li>• Motion to add a ninth strategy, "Explore opportunities to create linkages with other environmental health organizations," under Objective One was unanimously approved.</li> <li>• Motion to accept the Objectives and Strategies document was unanimously approved with minor revisions.</li> <li>• COL staff will rapidly disseminate the newly revised Objectives and Strategies document to COL members.</li> <li>• Between COL meetings, member representatives should recruit their Executive Directors and senior staff to look at potential factors affecting the implementation of the Objectives and Strategies.</li> </ul>
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	<p>Objectives and Strategies document.</p> <ul style="list-style-type: none"> <li>➤ Dr. Allan suggested that the language in Objective Eight be expanded to make clear the inclusion of environmental health professionals as part of “linking with health care professionals.” She added that there are significant gaps between environmental health and public health and that the issues affecting environmental health are distinct from those affecting the general public health field. It was proposed that a strategy also be added under Objective One addressing the exploration of further linkages with environmental health professionals. This discussion was deemed appropriate for future examination by the National Environmental Health Association (NEHA) with the recommended inclusion of the Environmental Council of the States (ECOS) in the dialogue. Dr. Allan also motioned to move Objective Four, Strategy Four to Objective Three, where she feels it is more relevant. She added that the COL should examine the IOM Reports for recommendations that would be appropriate to explicitly integrate into the COL Objectives and Strategies.</li> <li>➤ Dr. Spencer reported to COL members that the Association of Schools of Public Health (ASPH) and the CDC are currently requesting applications to fund up to ten academic health departments. He added that developing academic health departments relates to Strategy Ten, Objective Three, and if successful, would do much to advance academic-practice linkages. Dr. Spencer suggested that between COL meetings, member representatives recruit their Executive Directors and senior staff to look at potential factors affecting the implementation of the COL Objectives and Strategies. Dr. Porter stated that it is important for ASPH to also lend its support to the Association of American Medical College’s initiative to establish academic linkages between public health and medicine.</li> <li>➤ Dr. William Wiese commented that the language in the Objectives and Strategies might create the expectation that the COL will spearhead many of the initiatives described therein. He suggested that the COL review the language of the Objectives and Strategies and examine the image of itself that the COL is portraying. Dr. Tilson stated that the COL’s primary role is as a forum, with mutual accountability for all participants. In addition to serving as a forum, the COL also takes on projects, when appropriate.</li> </ul> <p><u>Discussion of COL Priorities and Yearly Deliverables</u></p> <ul style="list-style-type: none"> <li>• Dr. Keck informed COL members that during the subcommittee meeting, Dr. Vincent Francisco volunteered to craft a mechanism to assist the COL in determining which of its Objectives and Strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Motion to approve the COL Yearly Deliverables as a starting point for COL staff activity, with an amendment</li> </ul>
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	<p>are of the highest importance given the current public health climate and available opportunities.</p> <ul style="list-style-type: none"> <li>➤ Dr. Francisco requested that both the COL members themselves and the executive committees of each COL member organization complete and discuss the Prioritization Survey included in the COL meeting materials. The survey could assist the COL in directing requests for funding and also help the leadership of member organizations to understand precisely what the COL is engaged in at the moment. Results of the survey could be used to inform the COL's work plan. Dr. Francisco volunteered support from his staff at the University of Kansas to compile the survey results.</li> <li>➤ Dr. Tilson commended the subcommittee for developing the Prioritization Survey. The survey is an effective reminder that each COL member represents an entire organization. He suggested that prior to the individual COL members completing the survey, the COL must first solicit input from their respective organizations. In soliciting this input, COL members should be clear that the priorities are for the COL only, and are not priorities for the individual member organizations.</li> <li>➤ Dr. Moser commented that the Likert Scale format of the survey may not be the best approach for helping all COL members and staff prioritize the Objectives and Strategies. While it is essential for the COL to prioritize, an interactive discussion may be preferable for decisionmaking. It was suggested that COL members take the COL's Yearly Deliverables back to their executive committees for feedback instead of the Prioritization Survey. Dr. Allan expressed that the Prioritization Survey is an effective, standardized way of discussing what is important to the COL. Because each executive committee has a different operational approach, the survey can unify the manner by which priorities are determined. It was suggested that a simplified version of the Prioritization Survey might be easier for organizations to use. Dr. Porter added that the Prioritization Survey might be more effective in guiding COL staff than informing COL member executive committees.</li> <li>➤ Dr. Spencer reminded COL members that the COL is funded through an ASPH cooperative agreement with HRSA. He stated that while Dr. Doug Lloyd has been an enormous supporter of public health, HRSA has had difficulties in funding forums like the COL in the current political climate. Dr. Lloyd informed COL members that funding for the COL is assured for the current funding cycle. He advised that the COL be clear about future directions and strategies. The COL should articulate its concrete and useful work products and activities</li> </ul>	<p>including staff effort to connect the IOM Report recommendations to the COL Objectives and Strategies, was unanimously approved.</p> <ul style="list-style-type: none"> <li>• Each COL member will request that their organization's leadership review the list of COL Priorities and Yearly Deliverables along with the Objectives and Strategies document, and discuss how their organization can contribute to the implementation of strategies and the attainment of COL objectives.</li> </ul>
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	<p>in the context of HRSA's mission.</p> <ul style="list-style-type: none"> <li>➤ Dr. Smith remarked that from an outside perspective, labeling the COL as a forum for multi-organizational discussion puts the COL in a vulnerable position. She stated that the competition for funding will be more intense in the future and that demonstrating actions, products and priorities will be all the more important in securing financial support.</li> <li>➤ Dr. Moser motioned to approve the COL Yearly Deliverables as a starting point for COL staff activity. Dr. Porter proposed amending the Yearly Deliverables to include staff effort to connect the IOM Reports' recommendations to the COL Objectives and Strategies.</li> </ul>	
<p><b>Public Health Systems Research (PHSR)</b></p>	<ul style="list-style-type: none"> <li>• Dr. Tilson updated COL members on the progress of recent PHSR efforts. Specifically, he informed COL members that the CDC is currently in the process of creating research agendas in Public Health Research, Public Health Systems Research, and Public Health Workforce Research. Additionally, the 3<sup>rd</sup> Annual National Public Health Systems Research Leadership Forum will be taking place on November 17, 2003 at the upcoming American Public Health Association's 131<sup>st</sup> Annual Meeting and Exposition in San Francisco, CA. Dr. Tilson also referred meeting participants to the PHSR Organizational Commitment Progress Updates provided by COL member organizations (appearing in both the meeting notebook and on the COL website) as indicators of the COL's role in advancing PHSR. PHSR is intended to address all parts of the public health system (including managed care and other such sectors) as they pertain to implementing the ten Essential Public Health Services. Dr. Tilson added that PHSR is a key component in applied public health research.</li> <li>➤ Dr. Smith stated that although PHSR efforts are gaining momentum, PHSR is still not a high priority within the CDC and other organizations. Dr. Lawrence Green is currently developing a research document to be disseminated to COL members via email at a later date. Dr. Smith strongly recommended that each COL member make the COL's PHSR priorities clear to Dr. Green and remind him of the need to elevate PHSR's profile. Dr. Tilson requested that Dr. Smith thank Dr. Green on behalf of the COL for his involvement in the COL's PHSR efforts.</li> <li>• Dr. Allan informed COL members of NACCHO's current efforts to advance PHSR. NACCHO's interest in PHSR came about due to a convergence of influential activities: NACCHO's involvement in encouraging more collaboration between local health departments and academia, and the realization that PHSR can help to answer questions about key issues under discussion, such as credentialing. Regarding PHSR, NACCHO plans to: 1) request that each of its</li> </ul>	

	<p>committees identify five research questions that could potentially impact the work of their committee; and 2) survey all local health departments, asking them to identify three to five research questions that, if answered, would positively affect service delivery. Local health departments will also be encouraged to pose the same research questions to their local academic institutions. Dr. Wahl stated that the ASPH Public Health Practice Council might be an appropriate body to include in the discussion and presentation of the proposed NACCHO initiative to survey local health departments. Dr. Moser asserted that it is important for the practice community to foster trusting relationships with academia and acknowledge the importance of research to their work.</p>	
<p><b>Other Business</b></p>	<ul style="list-style-type: none"> <li>• Mr. Ron Bialek reported to COL members that the COL's proposal to ASPH to study the benefits, costs, and unanticipated consequences of credentialing public health workers in leadership positions was not funded. The proposal would have been funded by the COL, through ASPH. Dr. Smith stated that she was not comfortable funding such a study unless both the practice and academic communities expressed support for the study. <ul style="list-style-type: none"> <li>➢ Dr. Allan commented what needs to be funded is the process of developing a balanced proposal that addresses both the practice and academic perspectives. She added that COL and organizational staff should consider what needs to be done to gather balanced support for a study that accommodates these different perspectives.</li> <li>➢ Mr. Bialek requested volunteers to stay after the COL meeting to work on developing a balanced proposal that could be presented to the entire COL for consideration. In addition, he suggested that the same group discuss next steps.</li> </ul> </li> <li>• Dr. Spencer informed COL members that ASPH will be examining eight new public health content areas detailed in the IOM Report entitled, <i>Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21<sup>st</sup> Century</i>. Deans of the schools of public health are planning to compile data on how their schools are currently addressing the eight new content areas. This information will be presented at the APHA Annual Meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• It was agreed that a voluntary subgroup of COL members would meet at the conclusion of the COL meeting to further discuss the credentialing issue.</li> </ul>