



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

Meeting Minutes

Tuesday, January 24, 2006
Via conference call
1:00 p.m. – 4:00 p.m. ET

Members Present: C. William Keck, Christopher Atchison, Shepard Cohen, Rose Conner, Robert Custard, Diane Downing, Vincent Francisco, Gary Gilmore, David Gregorio, Colleen Hughes, Ellen Rautenberg, Hugh Tilson

Other Participants Present: Ione Auston, Karlene Baddy, Vera Schomer Cardinale, Deborah Fleming, Sarah Gillen, Sharon Hall, Tiffany Hinton, Dennis Lenaway, Melissa Lewis, William Livingood, Doug Lloyd, Chris Rosheim, Lisa Sheppard, Rachel Shnekendorf, Beverly Smith, Harrison Spencer, Lynn Rothberg Wegman

Staff Present: Ron Bialek, Chris Day, Jessica Kronstadt

Agenda Item	Discussion	Next Steps
<p>Opening Business</p>	<ul style="list-style-type: none"> • Dr. C. William Keck opened the meeting and welcomed all participants. He introduced two recently appointed Council on Linkages Between Academia and Public Health Practice (Council) representatives: Council of Accredited Masters of Public Health Programs (CAMP) representative Dr. Gary Gilmore, President of CAMP and Professor and Director of Graduate Community Health Programs at the University of Wisconsin and the University of Wisconsin-Extension; and National Network of Public Health Institutes (NNPHI) representative Ellen Rautenberg, President and CEO of the Medical and Health Research Association of New York City. • Ron Bialek thanked the Centers for Disease Control and Prevention (CDC) for providing the conference call line for the meeting. In addition, he thanked the Health Resources and Services Administration (HRSA) for its continued funding of the Council through the HRSA/Association of Schools of Public Health (ASPH) cooperative agreement. • The draft minutes from the September 19, 2005 Council meeting were unanimously approved. <p><u>2006 awards</u></p> <ul style="list-style-type: none"> • Jessica Kronstadt asked for volunteers to serve as reviewers for the 2006 Linkages Awards. Christopher Atchison, Dr. Vincent Francisco, Dr. Colleen Hughes, and Ms. Rautenberg volunteered. Ms. Kronstadt said that Council staff would provide representatives with information about the award and request their assistance in helping to disseminate the call for abstracts. (The 2006 call for abstracts is available at: http://www.phf.org/Link/Call_for_abstracts2006.pdf.) • In addition, Council staff is seeking volunteers from the practice community to serve as reviewers for the ASPH Award for Student Excellence in Public Health Practice, co-sponsored by the Council. <p><u>Objective 11 and Constitution and Bylaws</u></p> <ul style="list-style-type: none"> • Dr. Keck reminded call participants that following the last Council meeting, representatives were given an opportunity to provide comments on the wording of Objective 11 and the Constitution and Bylaws. Based on those comments, the two documents were revised and Council representatives were asked to vote on approving the two documents via email. • Dr. Keck announced that 14 representatives had voted to approve each of the documents—a greater number than is required for a 2/3 super majority—and that no one voted against them. Consequently, both 	<ul style="list-style-type: none"> • Draft minutes from the September 19, 2005 Council meeting were unanimously approved. • Council staff will provide representatives with information about the Council's Linkages Awards and the ASPH Award for Student Excellence in Public Health Practice. Council organizations will be asked to help identify reviewers for those awards and to help disseminate the call for abstracts for the Linkages Awards. • The Council has approved Objective 11 and the Constitution and Bylaws. • The preliminary membership for NNPHI has been extended for one year and the vote on their formal membership has been postponed until the end of that

	<p>Objective 11 and the Constitution and Bylaws have been approved.</p> <ul style="list-style-type: none"> • Dr. Keck noted that a few Council representatives expressed concerns about specific sections of the documents, although they did vote to approve them. Several individuals questioned the reference to labor unions in Objective 11. (See http://www.phf.org/Link/meetings/Objective11Dec2005.pdf.) Additionally, there is some lingering concern about the portion of the Constitution and Bylaws that refers to Council funding. (See http://www.phf.org/Link/meetings/DraftConstitutionDec2005.pdf, Article IX.) <p><u>Membership status of NNPHI</u></p> <ul style="list-style-type: none"> • Dr. Keck informed the Council that NNPHI has requested that their preliminary membership be extended for one year and that the vote on their formal membership be postponed until the end of that year. The Council voted unanimously to approve that request. 	<p>year.</p>
<p>Recent and Ongoing Council Activities</p>	<ul style="list-style-type: none"> • Dr. Keck presented a brief overview of the Council's priorities for the 2005-2006 fiscal year. He explained that the Council will continue its core activities, which include: a) administering the annual Linkages Awards; b) maintaining the Council website and communications, as well as posting and disseminating tools and examples related to public health systems research (PHSR), the Core Competencies for Public Health Professionals, and recruitment and retention; and c) presenting and/or exhibiting at national meetings. This year, the Council is committed to two additional activities: convening the competencies working group, and providing baseline data for a Healthy People 2010 objective related to increasing Core Competencies use by schools of public health, public health graduate programs, and nursing programs with a public health focus. Also, the Council will seek funding for new projects related to PHSR and recruitment and retention. Council staff and representatives highlighted some recent Council activities: <p><u>PHSR funders meeting</u></p> <ul style="list-style-type: none"> • On September 29, 2005, the Council convened a closed-door meeting of funders and sponsors of PHSR, which, according to Dr. Hugh Tilson, exceeded all expectations. Representatives from AcademyHealth, the Agency for Healthcare Research and Quality, CDC, the National Institutes of Health (NIH), and the Robert Wood Johnson Foundation (RWJF) participated in the meeting. (HRSA had been involved in this effort, but at the last minute their representative was unable to attend.) Dr. Tilson stated that all participants recognized the need for PHSR funding. He also said that the Council should include follow up from this meeting in its action plan for the 2005-2006 fiscal year. In particular, he mentioned that the Council may want to conduct an inventory of Centers of Excellence in PHSR. <p><u>Sessions at the American Public Health Association (APHA) annual meeting</u></p> <ul style="list-style-type: none"> • Dr. Francisco described the Fifth Annual National PHSR Leadership Forum. Representatives from the California Endowment, CDC, NIH, and RWJF engaged in a discussion with session participants about how successful proposals for PHSR funding can be framed. Dr. Francisco noted that many people who attended the session commented on its usefulness. Mr. Bialek said the session had the unanticipated benefit of presenting an opportunity for two funders—Dr. George Flores from the California Endowment and Dr. Debra Perez from RWJF—to meet and discuss ways to advance the field. (A list of tips about seeking PHSR funding, which arose from the session, is available at: http://www.phf.org/Link/phsr/5thPHSRForum.pdf.) • The Council also convened a session about recruitment and retention. Chris Day and Ms. Kronstadt were joined by Jean Moore of the SUNY Albany Center for Health Workforce Studies in a presentation about 	<ul style="list-style-type: none"> • Council staff will provide representatives with information about the competencies working group call.

	<p>the factors contributing to emerging worker shortages and potential strategies for strengthening worker recruitment and retention. (The slides from the presentation are available at: http://www.phf.org/infrastructure/resources/RR-COLpresentation.pdf.)</p> <p><u>Competencies working group</u></p> <ul style="list-style-type: none"> • Diane Downing announced that on February 7 the Council will be reconvening the competencies working group. That group has been charged by the Council with developing a document to clarify the distinctions and similarities between the Core Competencies and the ASPH MPH competencies, and to describe how the two sets could be used together. • Mr. Atchison asked how the group will reconcile the fact that the two competencies sets have very different structures. Ms. Downing replied that that will be a task for the working group. • Dr. Livingood suggested that the group consider identifying the jobs of the practice community and validating a set of competencies related to those job functions. Mr. Bialek reminded the Council that during the September 19 Council call, the Council charged the working group with developing the explanatory document relating to the Core and MPH competencies. After the working group completes that task, it may consider activities to take on in the future. • The working group will include experts in the field and is open to all Council representatives. Council staff will provide representatives with information about the call, so that they may participate, if interested. 	
<p>Funding and Future Council Activities</p>	<p><u>Update on current Council funding</u></p> <ul style="list-style-type: none"> • Mr. Bialek said that the cooperative agreement between HRSA and ASPH, through which the Council receives its core funding, ends at the end of this fiscal year (September 30, 2006). Mr. Bialek said that HRSA is looking at ways to fund the Council, potentially through a request for proposals process. Because there are no guarantees that the Council will continue to receive core funding from HRSA, Council staff will need to devote time to pulling together proposals for HRSA and potentially other funders. • Mr. Bialek said the Council will also seek funding for projects related to PHSR or recruitment and retention. He noted that although the Council has been credited by RWJF for increasing its PHSR funding and by NIH for using the phrase "public health" in some of its solicitations for research proposals, the Council has not yet received any funds for work related to PHSR. When the Council does seek funding for additional activities, Mr. Bialek explained, it will try to integrate support for core activities into the budgets. • Lynn Rothberg Wegman added that HRSA's Bureau of Health Professions—the Bureau which funds the Council—received a 1/9 cut in its budget for this fiscal year. Ms. Wegman said that HRSA hopes to continue to work with the Council, but encourages it to move forward with looking for other funding sources. • Dr. Keck said this situation is an important reminder that Council representatives should think of ways their organizations can involve themselves in helping the Council. <p><u>PHSR opportunities</u></p> <ul style="list-style-type: none"> • In response to the September 2005 meeting with funders, the Council is pursuing several projects related to PHSR. Ms. Kronstadt explained that Council staff has already complied with a request from Dr. Perez of RWJF to compile and re-categorize existing research questions and needs. (See http://www.phf.org/Link/phsr/agendas.pdf.) • Ms. Kronstadt described two additional projects for which the Council would like to seek funding. The first would involve prioritizing research questions to develop a clearer picture of which research questions are most pressing for the academic and practice communities 	<ul style="list-style-type: none"> • Council staff will work with ASPH to coordinate its PHSR efforts with those of the ASPH Practice Council. • Council staff will ask Council representatives to confirm with their organizations that they are supportive of the Council taking on a leadership role in improving recruitment and retention of public health workers. In addition, Council organizations will be asked to suggest specific activities that might be the most beneficial. • Council representatives are encouraged to consider whether their organizations can support travel expenses for a Council meeting. • Council representatives

	<p>and to help guide researchers and funders. The review process would seek input from a broad array of members of the public health community, similar to the review process the Council oversaw when crafting the Core Competencies. The second activity would be the development of a toolkit to provide researchers with practical and useful tips and tools to approach funding organizations. This would also serve as an opportunity to introduce new funders to the PHSR field. Ms. Kronstadt asked for feedback from Council representatives to help guide staff as it further develops these ideas and begins to seek funding for them.</p> <ul style="list-style-type: none"> • Dr. Keck suggested that when presenting the agendas, the emphasis be placed on the outcomes of PHSR—improving the public's health status. • Mr. Bialek clarified that the intent of any prioritization activity would not be to proscribe which question should be answered, and would still allow for innovative PHSR activities. • Mr. Atchison suggested that the research agendas be used as a framework for tracking what research has been conducted and what is in progress. Council staff and representatives agreed that would be a useful activity. • Mr. Atchison said he would like to share the research agendas with other faculty members in the hope of raising their awareness of what issues constitute PHSR. Dr. Keck encouraged other Council members to do the same. • Dr. Harrison Spencer stated that he felt the Council was the appropriate group to undertake the important task of raising PHSR's visibility and helping to generate better understanding of the need to fund it. Council representatives agreed that the Council should take a comprehensive approach to PHSR. Mr. Bialek said the Council plans to continue its efforts—such as the annual Leadership Forum and the funders meeting—that have successfully elevated PHSR in the national dialogue. • Dr. Spencer also suggested that the Council work with ASPH and its Council of Public Health Practice Coordinators on efforts to increase awareness about PHSR. Council staff will follow up with ASPH about that opportunity. <p><u>Recruitment and retention opportunities</u></p> <ul style="list-style-type: none"> • Mr. Day explained that Council staff has prepared a draft for consideration by representatives and funders of a plan to develop a web-based toolkit featuring evidence-based tools, strategies, and experiences to foster a workforce that has adequate numbers and is diverse—ethnically, geographically, and by discipline. The idea for this toolkit was shaped by discussion with Council representatives and by a telephone conversation with the W.K. Kellogg Foundation. • Dr. Gilmore suggested that it might be helpful to move beyond the public health field to work with business and voluntary organizations—such as the American Cancer Society—that might have relevant experience. Mr. Day agreed and said that perhaps one of the first tasks of the steering group that would oversee this effort, if it were to receive funding, would be to determine which other individuals and organizations to include in the process. • Dr. Spencer said this is an important effort. However, he challenged the Council to consider whether there might not be other activities that would have a greater impact in this area. • Mr. Bialek said that before the Council considers taking on a larger role in the recruitment and retention area, Council staff would like to verify that member organizations would be comfortable with such a move. Mr. Bialek reminded the Council that when it first began exploring this issue there was some concern raised by representatives 	<p>should share with Council staff any suggestions they have for approaching the Department of Labor or other potential funders.</p>
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	<p>and organizations' executive directors that the Council would be duplicating the work of other public health organizations. Consequently, the Council has focused its contribution in this area on pulling together evidence and helping people use it.</p> <ul style="list-style-type: none"> • Dr. Livingood pointed out that the environment may have changed since that time. For example, during its reorganization, CDC, which had been the leader in workforce development, reduced the funding that workforce development receives. This may make it more appropriate for the Council to step up its efforts in this area. Ms. Downing said she thought that Community-Campus Partnerships for Health would be supportive of the Council taking on a greater leadership role in this area. Dr. Tilson agreed, saying that the American College of Preventive Medicine approves of the Council's work in this realm as long as the focus is on academic-practice linkages. Council staff will ask Council representatives to check with their organizations to assure that they are supportive of the Council taking on a leadership role in improving recruitment and retention of public health workers. In addition, Council organizations will be asked to suggest specific activities that might be the most beneficial. • Dr. Tilson stated that recruitment and retention issues are also addressed through the Council's work related to PHSR. • Rose Conner said that Arizona has a new report on nursing shortages in that state, which might be of interest to the Council. She also stated that from her experience working on that project, she is not convinced that a national meeting is the most effective activity the Council could engage in. She recommended a focus on best practices. • Dr. Livingood said that the Council should consider bringing community colleges into the discussion about recruitment and retention, because so many public health workers receive their education from those institutions. <p><u>Improving outreach to funders</u></p> <ul style="list-style-type: none"> • Dr. Keck reminded Council representatives that funding is tight. He asked them to consider whether their organizations would be willing to cover travel costs to a Council meeting in order to increase the number of face-to-face meetings the Council holds. • Dr. Keck also asked if any representatives had contacts at the Department of Labor or advice on how to approach that agency about potential recruitment and retention efforts. No one had any ideas during the call. Council representatives should share with Council staff any suggestions they have for approaching the Department of Labor or other potential funders. 	
<p>Closing Business</p>	<ul style="list-style-type: none"> • Dr. Keck thanked Dr. Livingood for his service to the Council. He also thanked Dr. Tilson and Dr. Francisco for their work related to PHSR and Ms. Downing for volunteering to chair the competencies working group. • Dr. Gilmore asked if Dr. Livingood could serve as an alternate representative from CAMP. Dr. Keck referred him to the section in the Constitution and Bylaws that explains that Council representatives can contact Council staff in writing in advance of a meeting to designate a substitute for that particular meeting. (See http://www.phf.org/Link/meetings/DraftConstitutionDec2005.pdf, Article V.) • Ione Auston mentioned that the National Library of Medicine, with funding from RWJF, is supporting four public health informatics sites. These might be useful in the Council's PHSR efforts. 	