



COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

Meeting Minutes

Tuesday, January 25, 2005
American Institute of Architects
Washington, DC
8:30 a.m. – 4:00 p.m.

Members Present: C. William Keck, Susan Allan, Christopher G. Atchison, Joan P. Cioffi, Shepard Cohen, Diane Downing, Colleen Hughes, Rose L. Conner, David Rutstein, Ciro V. Sumaya, Hugh Tilson, William H. Wiese, Larry D. Yates

Other Participants Present: Karlene Baddy, Mike Barry, Tom Blanford, Vera Schomer Cardinale, Gary Gilmore, Grace Gorenflo, Tiffany Hinton, Doug Lloyd, Jean Moore, Kathleen Nolan, Kent Nordvig, Nichol Quiggins, Edward Salsberg, Mary Shafran, Harrison Spencer, Antigone Vickery, Kathy Vincent, Lynn Rothberg Wegman

Staff Present: Ron Bialek, Chris Day, Jessica Kronstadt

Agenda Item	Discussion	Next Steps
Opening Business	<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) members: Association of Schools of Public Health (ASPH) representative, Dr. Ciro V. Sumaya, Dean of the School of Rural Public Health, Texas A&M University System, and National Association of Local Boards of Health (NALBOH) representative, Mr. Shepard Cohen, NALBOH New England Regional Director. Dr. Gary Gilmore represented the Council of Accredited Masters in Public Health Programs this meeting. Dr. Keck also announced that this would be the last meeting that Dr. Susan Allan would serve as the National Association of County and City Health Officials' (NACCHO) representative, as she has accepted a position in the state health department in Oregon. The Council thanked Dr. Allan for her service.• The draft minutes from the September 28, 2004 Council meeting were unanimously approved with one minor correction. Dr. Hugh Tilson was present at the meeting and needs to be included in the list of attendees.• Dr. Keck explained that the Council is due to vote on whether to grant the National Network of Public Health Institutes (NNPHI) formal Council membership status. However, NNPHI requested that the Council postpone the vote, because the organization's representative was unable to attend the meeting. The motion to table the vote was unanimously approved.• Dr. Keck informed the Council that the Agency for Healthcare Research and Quality (AHRQ) is soliciting nominations for research topics to be studied by its Evidence-based Practice Centers. Given the Council's interest in public health systems research (PHSR), Mr. Ron Bialek suggested that the Council submit a topic nomination for consideration. Council staff drafted a proposal focused on conducting PHSR to address several high priority workforce questions, including issues that have arisen in previous Council meetings about credentialing public health workers; worker recruitment and retention; and the relationship between Core Competencies, improved performance, and health outcomes. Council staff shared the idea with Michael Fitzmaurice of AHRQ, who gave encouraging feedback and	<ul style="list-style-type: none">• Draft minutes from the September 28, 2004 Council meeting were unanimously approved with one minor correction.• Council will vote on extending NNPHI formal Council membership status at a future meeting.• Council staff will submit a topic nomination to AHRQ and will send copies of the final proposal to Council members.• Council staff will refine Objective 11 based on Council members' comments.

	<p>said that even if the topic were not selected it would help sensitize individuals who primarily conduct healthcare research about the role of PHSR. After reviewing the draft topic nomination, Council members voted to pursue this opportunity. Members were invited to give feedback on the document. Council staff will submit a topic nomination to AHRQ and will send copies of the final proposal to Council members.</p> <ul style="list-style-type: none"> • Council members discussed the proposed eleventh Council objective—Support Workforce Recruitment and Retention Efforts. Dr. Tilson suggested that the name of the objective be changed to “Support Public Health Workforce Recruitment and Retention Efforts.” Dr. Colleen Hughes and Dr. Gilmore suggested that more emphasis be placed on best practices particularly in strategies Nos. 2 and 4. However, Dr. Tilson argued that focusing on best practices could eliminate opportunities to learn from mistakes. Dr. Keck suggested rewording the second sentence of strategy No. 4 to “Compile and synthesize these examples of best practices in a toolkit to help public health practice organizations and academic institutions better address this issue.” Mr. Christopher Atchison and Ms. Nichol Quiggins said it is important to make clear that these strategies apply to all public health workers, rather than exclusively to government employees. Dr. Tilson suggested adding a fifth strategy related to the AHRQ proposal. Council staff will refine the new objective based on Council members’ comments and will present the revised objective at a future Council meeting. 	
<p>Introduction to Evidence-Based Forum on Effective Recruitment and Retention Efforts</p>	<ul style="list-style-type: none"> • Dr. Keck reminded Council members that several recent Council meetings have focused on advancing strategies to assure adequate numbers of skilled and competent public health workers for the future. To help inform Council members on this topic, Council staff has compiled relevant research and invited several experts to speak about effective recruitment and retention efforts in public health and other fields. • In order to improve coordination on workforce development efforts, Ms. Kathy Vincent, chair of the Public Health Workforce Development Collaborative (PHWDC), provided an overview of PHWDC and its efforts to address worker shortages. PHWDC offers a forum for discussion and the development of consensus among 14 national organizations in order to maximize workforce development efforts. Ms. Vincent praised the Council for focusing on evidence around recruitment and retention. Based on a 2002 study by the Association of State and Territorial Health Officials (ASTHO) and anecdotal information, PHWDC views the aging workforce and potential worker shortages as a key problem on which to focus. ASTHO and PHWDC are advocating the Public Health Workforce Development Act, which would provide scholarships and loan repayment for individuals pursuing careers in public health. In addition, they are convening conference calls with state personnel officers. Ms. Vincent asked Council members to consider the following fundamental workforce questions, which would require the development of a greater evidence base: <ol style="list-style-type: none"> 1. How do we adequately address education and training gaps and other issues affecting the majority of workers who do not receive a Master’s of Public Health (MPH)? 2. What type of training can we provide today’s workers to ensure that they have the appropriate skills and competencies? 3. How can we assure today’s workers remain in the field? Ms. Vincent also urged the Council and its member organizations to encourage the Centers for Disease Control and Prevention (CDC) and 	

	<p>the Health Resources and Services Administration (HRSA) to convene a national meeting to determine where the public health field stands on workforce development issues and to develop strategies for the future.</p>	
<p>Recruitment & Retention – Perspectives from Government</p>	<p><u>Presentation by Ms. Kathleen Nolan, Director of the Health Division at the Center for Best Practices, National Governors Association</u> (This presentation is available at: www.phf.org/infrastructure/resources/RR-Nolan.pdf.)</p> <ul style="list-style-type: none"> Ms. Nolan shared examples of successful recruitment and retention efforts of government employees, drawing on the experiences of the long-term care workforce. She described several state programs that helped workers get home loans; used Medicare dollars for a job recruitment advertising campaign; and developed a registry of workers to reduce duplicative screenings. Ms. Nolan also discussed strategies to make the education system more responsive to state needs, such as targeting curricula and programs to part-time, working students; eliminating grade point average requirements and entrance exams; and tailoring content into modules that better correspond with workers’ responsibilities. States are also investing in evidence-based training to help emerging leaders develop the leadership skills they need to be effective. Government can help address worker shortages by providing targeted wage and benefit packages for sectors facing critical shortages, developing tuition packages, creating retirement incentives and disincentives, and working with public universities and community colleges to develop training courses. Ms. Nolan advised the field to consider how government can adapt to today’s reality of individuals who frequently change jobs and careers and move between the private and public sectors. She also remarked that having fewer employees should lead public health organizations to develop more efficient ways of operating. <p><u>Questions and Discussion</u></p> <ul style="list-style-type: none"> Ms. Vincent pointed out that years of cutbacks on the state and local levels have “strangled the pipeline.” Because they have had to lay off new workers or freeze hiring, many health departments have a high proportion of older workers. Ms. Nolan stressed the value of partnerships and offered to help the Council contact other national organizations representing mayors, state legislators, etc. She also agreed to help Council members gain access to research related to the long-term care workforce. Dr. Harrison Spencer asked if the problem is a lack of people interested in public health or a lack of training. For example, ASPH’s work with the National Association of Advisors for the Health Professions revealed that many health career advisors are not aware of—and therefore do not publicize—public health work opportunities. Ms. Vincent asserted that both are problems that must be addressed. Mr. Cohen said the field should view worker shortages as part of a complex system and take into account demographics and economics. He suggested the field rely on academic/practice linkages to learn from schools’ economic and labor departments. Dr. Sumaya agreed that there are many interrelated questions about geographic distribution of workers and the competence of the workforce. He advocated an enumeration of the workforce by discipline and the development of supply/demand models for public health. Dr. Hughes said it is important to be attentive to the diversity of the workforce and wondered if the field should partner with organizations representing various cultural backgrounds. Ms. Nolan mentioned that some recruitment and retention programs have worked with minority fraternities and sororities. 	

	<ul style="list-style-type: none"> Ms. Rose L. Conner noted that even if individuals decide to pursue public health education, there are limited numbers of faculty. Additionally, part of training should include providing middle managers with business and leadership skills. She also suggested involving retired practitioners in training the next generation of public health leaders. 	
Recruitment & Retention – Perspectives from Education	<p><u>Presentation by Tom Blanford, Associate Director for Teacher Quality at the National Education Association</u> (This presentation is available at: www.phf.org/infrastructure/resources/RR-Blanford.pdf.)</p> <ul style="list-style-type: none"> Mr. Blanford gave an overview of the ways in which individuals enter the teaching profession and explained that at each stage many drop out of the pipeline. He stressed that several factors make it difficult to obtain good data on the workforce and on the effectiveness of programs to improve recruitment and retention. He said hundreds of programs claim to be successful; yet the problem continues to grow. Mr. Blanford proposed two approaches to the problem: 1) Repair the leak—reduce the percentage of individuals who drop out of the system; and 2) Adjust the flow—distribute teachers more equitably across subject matters and geographic locations. Mr. Blanford discussed various efforts to increase the numbers of teachers and described the resources they require and their returns. The following programs have impacts in line with or exceeding their costs: <ul style="list-style-type: none"> ➤ Increasing teachers' salaries ➤ High-quality induction programs for new teachers ➤ Program to recruit and support male, African-American teachers, with a strong social justice agenda ➤ Annual survey of, and related efforts to improve, the working conditions of various schools ➤ Centralized coordination of recruitment efforts ➤ Improving the hiring process, including making job offers earlier in the year ➤ Training paraprofessionals to be teachers <p>Other programs do not necessarily produce results in proportion with their costs. For example, scholarship assistance does not always pay off because teachers often change fields after a short period of time. Programs to encourage middle school and high school students to become teachers tend to have little effect. Alternative licensing programs only produce desired results if they are rigorous and standards based. Mr. Blanford offered several lessons from experiences with teacher shortages, including taking into account where the “leaks” in the pipeline are and the costs and benefits of various programs when allocating resources; carefully tracking results; and ensuring that quality is not sacrificed for quantity.</p> <p><u>Questions and Discussion</u></p> <ul style="list-style-type: none"> In response to Dr. Gilmore’s question about the teaching field’s experience with national credentialing, Mr. Blanford explained that the National Board of Teaching Standards developed standards for certifying highly qualified teachers. It is not clear what the impact of the program has been. Although undergoing the certification process is a good professional development activity for teachers, those who are credentialed do not necessarily have the opportunity to take on greater leadership roles. In answer to a question by Dr. Tilson about research on teacher recruitment and retention, Mr. Blanford explained there is no coherent national education research agenda, though the field would benefit from one. Critics are concerned that some education research is designed more to justify policy than to discover new answers. 	

	<ul style="list-style-type: none"> • Dr. Joan Cioffi asked about the role of national organizations in advancing strategies to address worker shortages. Mr. Blanford suggested serving as a resource to state and local agencies about what programs work. In addition, he said national organizations should help make the case for allocating funds to research and pilot programs. 	
Recruitment & Retention – Perspectives from Health & Public Health	<p><u>Presentation by Edward Salsberg, Director of the Center for Workforce Studies at the Association of American Medical Colleges</u> (This presentation is available at: www.phf.org/infrastructure/resources/RR-Salsberg.pdf.)</p> <ul style="list-style-type: none"> • Mr. Salsberg stressed the need to figure out what data could help the field better document the crisis and make the case for additional support. He spoke of factors that contribute to health professions shortages, including growing demand for and complexity of health services, physical and emotional demands of the work, noncompetitive wages and benefits for the job, poor work environments, poorly trained managers, and an aging workforce. Mr. Salsberg advised the field to identify and collaborate with constituents who have a stake in this issue, including unions and health professional associations. He suggested the field examine how education, scholarships, and faculty development are supported by the Nurse Reinvestment Act. He also mentioned the role of the National Health Service Corps in better distributing workers according to demand. Mr. Salsberg said national organizations can promote state-level efforts, which can serve as model programs. He stated that it is important to market health professions, but to do so, the field needs a marketable product. Without increased salaries, it may be difficult to market public health careers. <p><u>Presentation by Jean Moore, Director of the Center for Health Workforce Studies, School of Public Health, SUNY Albany</u> (This presentation is available at: www.phf.org/infrastructure/resources/RR-Moore.pdf.)</p> <ul style="list-style-type: none"> • Ms. Moore shared research findings from studies of the workforce needs of six states. She reported that budget constraints, including hiring freezes, posed a major barrier to recruiting public health nurses. Noncompetitive salaries, a lack of qualified candidates—particularly in rural areas—and lengthy hiring processes posed other difficulties in hiring. Ms. Moore spoke of several efforts to address shortages, including a program in New York to develop career ladders to help home health nurses transition to positions as public health nurses. In general, the study found such factors as flexible hours, autonomy, and good benefits programs make it easier to retain nurses than to recruit them. In terms of training needs, public health related training is the highest priority. Departments in rural areas often have difficulty accessing advanced training programs. Public health workers who have MPH degrees are more likely to work in state departments or large local ones. Individuals at small health departments who receive their degrees, often leave to work at larger departments. Among Ms. Moore’s suggestions are: making training and education programs more accessible to local health department employees, identifying and describing effective career ladders, and identifying best practices of collaboration between academia and public health practice. <p><u>Questions and Discussion</u></p> <ul style="list-style-type: none"> • Ms. Moore stated that it is important to make training available to public health workers on the core concepts of public health and to make basic public health training more accessible to workers, particularly those who work in areas far from schools of public health. • Ms. Moore and Mr. Salsberg noted that it would be useful to have a 	

	<p>better sense of consumers’ perspectives on the public health worker shortage and its impact on health. Mr. Salsberg said a public opinion poll might help make the case to allocate more funds to public health workforce development.</p> <ul style="list-style-type: none"> • Mr. Cohen asked Mr. Salsberg to discuss the lessons learned about physician recruitment. Mr. Salsberg said the field did not adequately forecast which specialties and locations require additional workers. Some specialties benefited from marketing to students early in their medical school path the career opportunities available in their areas. In addition to projecting future needs, Mr. Salsberg said the field needs to assure the availability of attractive, well-paid jobs in order to create worker demand for positions in the field. He suggested advocating connecting money for public health workforce to some automatically escalating expense—for example, having a fixed percentage of healthcare costs be allocated to public health workforce development. • Dr. Allan asked about the perception of the MPH degree. Ms. Moore responded that those in leadership positions who hold MPH degrees look highly on the credential; leaders who do not have the degree generally do not value it. 	
<p>Workgroups</p>	<ul style="list-style-type: none"> • Ms. Jessica Kronstadt informed the Council of some research materials gathered prior to the meeting. The National Library of Medicine compiled citations and abstracts of more than 200 research articles and projects related to recruitment and retention. Additionally, drawing from their own research and research provided by the Cadence Group, Council staff developed a table of articles and resources available online on the topic. Both the citations and the table are accessible from the Council’s website (http://www.phf.org/Link/tools.htm#Recruitment). • Ms. Kronstadt highlighted some research conducted by the Brookings Institution. Paul C. Light, a Senior Fellow at Brookings, argues that government should try to be more like nonprofits rather than looking to the business world as a model. The Institution conducted a survey to compare job satisfaction at nonprofit organizations, for-profit companies, and the federal government. The survey found that nonprofits were desirable to workers not because they offered better salaries, but because employees were focused on the value of their mission and felt their work was appreciated by the public and offered more flexibility and opportunity for advancement. In addition, the survey found that complicated and time-consuming hiring processes put government jobs at a competitive disadvantage. <p><u>Workgroups</u></p> <ul style="list-style-type: none"> • Mr. Christopher Day explained that Council members and meeting participants were going to join two workgroups led by Mr. Atchison and Ms. Grace Gorenflo. Each would be charged with the same tasks: 1) Compile a list of potential worker recruitment and retention strategies, drawing from the morning’s presentations and other research; 2) Determine whether other organizations/fields have experience with the strategies, their transferability to the public health field, and their likely impact; and 3) Develop a list of research questions related to the strategies. Due to time constraints, the conversations focused primarily on listing potential strategies and research questions; the workgroups did not have the opportunity to examine who already has experience with those strategies. • Mr. Atchison described the strategies his workgroup identified as important priorities: <ul style="list-style-type: none"> ➤ Salary as a necessary precursor for recruitment ➤ Incorporating recruitment and retention standards into agency 	<ul style="list-style-type: none"> • Council staff will circulate a list of the research questions developed by the workgroups. In addition, staff will develop a list of strategies that is, to the extent possible, categorized and linked to relevant resources. Council members should share these materials with their organizations and report back to the Council.

	<p>accreditation</p> <ul style="list-style-type: none"> ➤ Focusing advocacy on the entire public health system; changing the question from “how do we pay for disease care?” to “how do we promote the healthiest communities?” ➤ Strengthening career ladders for current public health workers and career paths for individuals from other fields and the private sector ➤ Charting the public health pipeline, enabling the field to better understand the flow and leaks <p>The group also discussed making pension benefits portable, engaging retired public health workers in teaching and advising roles, better preparing public health leaders to be managers, and partnering with other government agencies to improve public perception of working in a government setting. Dr. Keck suggested that the Council could advance the field's efforts to address worker shortages by identifying research needs in this area. To that end, the workgroup identified several research questions, including:</p> <ul style="list-style-type: none"> ➤ How do salaries of public health workers influence performance and community health outcomes? ➤ Where do individuals work after graduating from schools of public health and what affects those decisions? ➤ What is the public perception of public health and how does that impact worker recruitment and retention? <ul style="list-style-type: none"> • Ms. Gorenflo explained that her workgroup looked at strategies in three different categories: recruitment, retention, and the continuing development of the existing workforce. She noted that this last category is valuable both to strengthen public health organizations that have fewer workers and to make careers in public health attractive to workers by having the best public health systems possible. Among the strategies her group mentioned: <ul style="list-style-type: none"> ➤ Integrating information from current public health crises into lessons for kindergarten through twelfth grade students ➤ Fostering internship programs, including ones with business and law schools, etc. ➤ Developing public health career guides ➤ Providing incentives for continuing education ➤ Improving working conditions, including lack of administrative support, poor facilities, etc. <p>The group also posed the following research questions:</p> <ul style="list-style-type: none"> ➤ What would be the costs, benefits, and unanticipated consequences of programs to accredit health departments and credential public health workers? ➤ What are the reasons for recruitment difficulties? ➤ Is turnover bad? ➤ What is a needs-base and demand-driven enumeration of the public health workforce? <p><u>General Discussion and Next Steps</u></p> <ul style="list-style-type: none"> • Several members expressed interest in receiving a list of the strategies enumerated by the workgroups. Council staff will compile such a list and, to the extent possible, categorize it and link it to related research. Dr. William H. Wiese said that due to the immediacy of the issue, it would be valuable for Council members to take the list to their organizations to see which strategies to consider pursuing. The results of this process should be reported back to the Council. Dr. Cioffi said a list of research questions would help CDC's Office of Workforce and Career Development. Council staff will compile and distribute such a list. Dr. Cioffi suggested that the Council serve as an ongoing repository for recruitment and retention "best practices" and information, including resources that are not published in the 	
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	literature.	
Other Business	<ul style="list-style-type: none"> • Dr. Keck asked if Council members would be willing to serve as reviewers for the Council's 2005 Linkages Award and the ASPH 2005 Award for Student Excellence in Public Health Practice. Mr. Atchison, Ms. Diane Downing, Dr. Hughes, and Ms. Quiggins volunteered. 	<ul style="list-style-type: none"> • Council staff will follow up with individuals who volunteered to serve as reviewers for the awards.