



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

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Meeting Minutes

**Tuesday, January 23, 2001  
9 a.m. – 3 p.m.**

**Members Present:** J. Frederick Agel, Susan Allan, Ronald Brown, Diane Downing, C. William Keck, Gretchen Kinder (by phone), Maureen Lichtveld (by phone), Charles Mahan, Neil Sampson, Hugh Tilson, Martin Wasserman

**Other Participants Present:** Stacy Baker, Ann Cary, Joan Cioffi, Mary Davis, Jeff Dunlap, Annette Ferebee, Michael Gemmell, Doug Lloyd, Rose Martinez, Tom Milne, Jane Nelson, Carol O'Neill, Ted Pratt, Antigone Recachinas, Mary Ryan, Sam Shekar, Harrison Spencer, Elizabeth Weist

**Staff Present:** Nashida Beckett, Ron Bialek, Dianna Conrad

<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, Chair, opened the meeting, welcomed all participants, and led introductions.</li></ul>	<ul style="list-style-type: none"><li>• Draft minutes from the October 25, 2000 Council meeting were accepted and unanimously approved with no revisions.</li></ul>
<b>Council Objectives and Strategies</b>	<ul style="list-style-type: none"><li>• Dr. Keck referred to the Council objectives and the draft Deliverables for the Year 2001. He then opened the floor to suggestions and input.</li><li>• Mr. Tom Milne stated that he would like to see better linkage of the Council and National Association of County and City Health Officials (NACCHO). He is willing to work on involving NACCHO more and believes that NACCHO could possibly assist in the State Association of County Health Officials (SACHO) project.</li><li>• Dr. Hugh Tilson pointed out that the public health practice research agenda should involve other players in addition to the Centers for Disease Control and Prevention (CDC).</li><li>• Dr. Harrison Spencer stated that he would be interested in working on consensus around a research agenda. He does not want to see a one agency driven research agenda. He stated that the CDC Workforce Development Expert Panel Meetings at Callaway Gardens were insufficient for building consensus, and suggested that the Council support the development of cross-cutting, interagency consensus.</li><li>• Dr. Joan Cioffi acknowledged that CDC does not claim to have reached consensus from Callaway</li></ul>	

	<p>Gardens. The language they are using is “convergence.”</p> <ul style="list-style-type: none"> <li>• Dr. Tilson recommended amending the Deliverables for the Year 2001 by changing the language of bullet 3, under Public Health Practice Research Agenda to read “Collaborate with many interested partners to convene at least one meeting of the public health practice research forum.”</li> </ul>	<ul style="list-style-type: none"> <li>• The amended list of Deliverables for the Year 2001 were accepted and unanimously approved.</li> </ul>
<b>SACHO Demonstration Project Update (Objective 7)</b>	<ul style="list-style-type: none"> <li>• Dr. Keck updated the Council on the SACHO demonstration project. Staff has sent letters to academic institutions in Ohio requesting names of the proper persons to receive the survey. Post cards with contact names are being returned and surveys should be mailed to academic institutions within 2 to 3 weeks. Preliminary survey results should be completed by the April Council meeting.</li> <li>• Dr. Martin Wasserman inquired about the types of institutions that we are contacting.</li> <li>• Dr. Keck replied that we are contacting all institutions that may have a link to public health practice.</li> </ul>	
<b>ATPM Survey on Graduate Public Health Programs (Objective 7)</b>	<ul style="list-style-type: none"> <li>• Dr. Mary Davis stated that the Association of Teachers of Preventive Medicine (ATPM) has been collaborating with the Council on Education for Public Health (CEPH) on a Survey of Graduate Programs in Public Health and Preventive Medicine and Graduate Programs in Community Health. She introduced Antigone Recachinas from CEPH who has been working with her on the project. She acknowledged the Health Resources and Services Administration (HRSA) as the funder of the project</li> <li>• Dr. Davis stated that they surveyed degree granting programs outside of accredited Schools of Public Health and presented an overview of the survey. ATPM and CEPH are currently following up aggressively with those contacted in an attempt to increase the response rate. They have also received input from ASTHO regarding the types of institutions that should be included in the study. They will use that information to get a better sense on public health and preventive medicine degree and non-degree training/education programs.</li> <li>• Dr. Wasserman asked about the kinds of people that would be enrolled in a non-CEPH accredited program and the quality assurance of those programs.</li> <li>• Dr. Susan Allan commented that it is difficult to know the quality of non-accredited programs.</li> <li>• Dr. Davis commented that many programs are looking into CEPH accreditation.</li> <li>• Dr. Spencer stated that accreditation is important because it establishes minimum criteria so that</li> </ul>	

	<p>employers know that they are hiring qualified professionals.</p> <ul style="list-style-type: none"> <li>• Mr. Mike Gemmell suggested that the Council investigate this issue of accreditation and the state of the non-accredited MPH programs.</li> <li>• Ms. Recachinas stated that CEPH tracks new and emerging programs. They provide information to employers and students regarding the accreditation status of programs. She also stated that CEPH has modified its website to differentiate accredited programs from non-accredited programs.</li> <li>• Dr. Charles Mahan mentioned that the Association of Schools of Public Health (ASPH) is also looking at the following accreditation issues: 1) Should the same accreditation body accredit Schools of Public Health and programs? 2) Inconsistency exists about the interpretation of standards. 3) There are a growing number of sub-accreditation bodies. Should CEPH be the only accreditation body? He and Dr. Michel Ibrahim will be chairing a group that will investigate these issues.</li> <li>• Mr. Ted Pratt suggested that the Council may be able to play a role in learning about tuition reimbursement standards, as they pertain to accredited and non-accredited public health programs. He stated that it is crucial to strengthen the confidence in the education programs that we are providing to the workforce.</li> <li>• Dr. Tilson suggested that the Council focus on public health agency and community level issues around education and training. From where are public health practitioners receiving public health education? What do we know about non-accredited programs? How is the education valued by agencies and communities?</li> <li>• Dr. Keck inquired about the rate of growth of programs and schools.</li> <li>• Ms. Recachinas stated that programs grow much more quickly than schools. CEPH reviews 8-10 programs per year.</li> </ul>	
<p><b>Credentialing of Public Health Workers Update (Objectives 4, 7)</b></p>	<ul style="list-style-type: none"> <li>• Dr. Spencer updated the Council on the ASPH and American Public Health Association (APHA) joint task force on credentialing. There are three tiers of public health professionals for accreditation: public health leaders, specialists who are already credentialed, and entry level public health professionals. The task force met in September 2000 and in November 2000 during the APHA annual meeting, followed by a meeting of ASPH, APHA, and CDC in November 2000 at Callaway Gardens. ASPH and APHA are committed to moving this effort forward. They agree that the task force should be expanded to include the Association of State and Territorial</li> </ul>	

	<p>Health Officials (ASTHO), NACCHO, National Association of Local Boards of Health (NALBOH), HRSA, and CDC. The next meeting will take place in February 2001. The committee will lay out a path for the following four steps: 1) formation of an American Board of Public Health, 2) search for funding, 3) administration of an exam within 3 years, 4) creation of the American College of Public Health. The task force is focusing on leadership groups only.</p> <ul style="list-style-type: none"> <li>• Ms. Diane Downing asked if the task force planned to include the workforce in the development of the exam.</li> <li>• Dr. Spencer replied that the task force is debating this issue and is certain that the creation of an exam will be driven by what the field sees as necessary. Accreditation may require an MPH or equivalent degree. Initially, there will need to be grandfathering.</li> <li>• Dr. Ann Cary asked if the task force would be including other stakeholders in the plan.</li> <li>• Dr. Spencer replied that the task force is only focusing on leaders and does not need to include others at this point.</li> <li>• Mr. Neil Sampson asked if there is a demand from employers for credentialing.</li> <li>• Mr. Milne believes that there is no demand. He also stated that an accreditation process for only leaders does not address the needs of the rest of the workforce. He questioned how we can assure that all three tiers for accreditation are addressed.</li> <li>• Dr. Spencer stated that credentialing should not be exclusive, and that APHA and ASPH see their role as focusing on just one tier, the public health leader. The Callaway Gardens meeting clarified this decision.</li> <li>• Dr. Keck pointed out that 11 years ago APHA looked at this credentialing issue, however, the effort never moved forward. What may be different now is that we have a list of competencies that can be used by the task force.</li> <li>• Ms. Downing expressed concern that the new Board will only credential those with advanced degrees. This may exclude those without advanced degrees, but who already have credentials.</li> <li>• Dr. Allan mentioned that we need to keep the doors open for those with all kinds of educational backgrounds. She cautioned that credentialing may reduce the options for diversity, which she values in the workforce.</li> <li>• Mr. Milne stated that there are many pathways that lead to practicing public health and acquiring the knowledge and skills that facilitate this practice. He believes that completing programs at Schools of Public Health is just one way and</li> </ul>	
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	<p>recognizing only this pathway is wrong.</p> <ul style="list-style-type: none"> <li>• Dr. Tilson suggested that the exam be competency based, not degree based. They should address equivalency to training, in addition to training. He also suggested that the Council amend objective 4 by adding the word “credentialing.”</li> <li>• Dr. Keck agreed that if the Council believes that the issue of credentialing is within its scope, then it should be added to our objectives and strategies.</li> <li>• Dr. Tilson said that he believes the Council and the credentialing project are linked.</li> <li>• Dr. Allan stated that a direct link exists to the competencies project.</li> <li>• Dr. Spencer stated that he believes that the Board would consider experience when accrediting. He also supports a Council role in this project.</li> <li>• Dr. Mahan pointed out that the history of developing exams proves that much accommodation must be made for those who are already practicing.</li> <li>• Mr. Pratt stated that an important role of the Council is to bridge the three tiers.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff will investigate ways to add credentialing to Council objectives and strategies.</li> </ul>
<p><b>Competencies Update (Objectives 2, 4, 7, 8)</b></p>	<ul style="list-style-type: none"> <li>• Mr. Bialek, Ms. Downing, and Ms. Nashida Beckett presented a summary of the Council’s efforts on the Competencies project. Mr. Bialek discussed the background and purpose of the project. Ms. Beckett discussed the public comment period and presented data on the types of reviewers. Ms. Downing discussed the Competencies Sub-Group recommendations and next steps for the project. The recommendations included: 1) eliminate none of the competencies, 2) eliminate the word “core”, and 3) when almost an equal number of responses occur for two consecutive skill levels, report either the lower level of skill or report that the skill level falls in between.</li> <li>• Dr. Mahan moved to accept the sub-group recommendations 1 and 2.</li> <li>• The motion was tabled, based on Dr. Wasserman’s suggestion that the Council discuss sub-group recommendation 3 first. Mr. Wasserman stated that it would be useful to discuss the way these competencies are displayed before deciding on recommendations 1 and 2.</li> <li>• Dr. Cioffi pointed out that a prologue must be developed in order to clarify and introduce the purpose of the competencies.</li> <li>• Ms. Downing agreed that the prologue is very important.</li> <li>• Dr. Tilson suggested that the Council not decide on whether to eliminate the word “core” until the prologue is developed and reviewed.</li> <li>• Dr. Mahan mentioned that ASPH and the deans</li> </ul>	

	<p>of Schools of Public Health are developing universal competencies for the MPH degree. He believes the two efforts will be very complimentary.</p> <ul style="list-style-type: none"> <li>• Mr. Bialek described the issue of deciding whether to round up, round down, or report that the skill level falls in between, when two consecutive skill levels are very close for a competency.</li> <li>• Dr. Ron Brown suggested that a threshold of what is close be determined. He stated the we indicate that the skill level falls in between if the difference between the two skill levels is within a 10% threshold.</li> <li>• Dr. Allan inquired about the number of times the skill levels for a competency were close. She stated that we may not need to develop a single approach if this occurs in a small amount of cases. We may want to look at each case individually and investigate the reasons why this occurred.</li> <li>• Dr. Keck stated that he would rather indicate that the skill level falls in between. This approach would allow the user to decide whether to use the higher or lower skill level.</li> <li>• Mr. Pratt stated that these competencies will change over time; therefore, we should not assign an arbitrary skill level but show exactly where the level of skill is. This would allow us to more accurately measure the shift of thinking around these skill levels over time.</li> <li>• Ms. Annette Ferrebe asked about the definition of competency that the Council is using. She shared that the Environmental Health Competency Panel of APHA defines competencies as characteristics or traits that are changeable with training. They eliminated competencies that did not fit this definition. She will share their competencies with the Council.</li> <li>• Dr. Allan asked how statements that begin with language like “understands” can be considered a competency.</li> <li>• Dr. Davis mentioned that it is key to define the three skill levels and to consider how these competencies can be measurable. Some competencies are attitudes and philosophies.</li> <li>• Dr. Tilson stated that it may be possible to address this issue by using the words “Knowledge, Attitudes, and Skills” in the title of the document. The attitudes are necessary and should remain. If we drop them from the list, then we still need to place them in a companion document and indicate that the attributes may be difficult to measure, but are necessary.</li> <li>• Dr. Wasserman said that when distinguishing between two close skill levels, we should choose</li> </ul>	
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	<p>the higher level over the lower level. He also suggested that we split skills and attitudes apart within the domains.</p> <ul style="list-style-type: none"> <li>• Dr. Jane Nelson stated that these competency efforts are helping to establish the expectations of the public health performance. She said that we need to better define our public health culture.</li> <li>• Ms. Ferrebe shared that the Environmental Health Competency Panel decided to include attitudes in an appendix and not consider them core.</li> <li>• Ms. Downing pointed out that CDC will take these competencies in May and use them to begin developing curriculum and assessment tools.</li> <li>• Dr. Wasserman stated that different job categories may have different skill levels, but attitudes may be the same level for all job categories.</li> <li>• Dr. Allan stated that the web site should present the competencies in multiple ways.</li> <li>• Mr. Pratt stated that separating out the attitudes from the skills may make it convenient for users to ignore the attitudes. For that reason, we may want to consider leaving them intertwined.</li> <li>• Ms. Nelson reiterated that the goal of the document is to give users a starting point for developing a list for their specific needs.</li> <li>• Mr. Bialek summarized the discussion and next steps.</li> <li>• Dr. Tilson moved to keep all the competencies, separate skills and attitudes within domains, and develop a prologue explaining that some are more attitudinal. He also moved to keep the word “core”.</li> <li>• Dr. Brown requested that the edits be sent via e-mail to the Council prior to the next Council meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion accepted to: 1) eliminate none of the competencies; 2) reorder competencies within each domain so that skills are separate from attitudes; 3) develop a threshold for what is considered a small difference between two consecutive skill levels and indicate that the skill level falls in between when the difference is within this threshold; 4) draft a prologue; 5) develop strategies for a web site that allows the user to view the competencies list in many different formats; and 6) retain the word “core”.</li> <li>• Staff will send the prologue and revised list of competencies to the Council via e-mail.</li> </ul>
<p><b>CDC Workforce Development Expert Panels (Objectives 4, 7, 8)</b></p>	<ul style="list-style-type: none"> <li>• Dr. Maureen Lichtveld updated the Council on the outcomes of the CDC Workforce Development Expert Panel Meetings in Callaway Gardens. She discussed some accomplishments of the Expert Panel meetings, including initial convergence on several issues. (She pointed out that CDC is not claiming consensus, but is instead highlighting convergence.) The meeting resulted in convergence around issues such as: 1) using the Council on Linkages competencies, 2) developing three levels of certification and credentialing (basic, discipline-specific, and integrator/leader), 3) refining a national workforce research agenda, and 4) adopting a learner-oriented, technology-mediated delivery system.</li> <li>• The next set of meetings will occur in June and will examine overarching issues around core competencies and curriculum, and the first and second tiers of education and credentialing.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The CDC is proposing a governance structure that consists of a coordinating committee and an oversight committee. The coordinating committee will be made up of the chairs of the four expert panels.</li> <li>• Dr. Tilson thanked Dr. Lichtveld and commented that CDC has helped move an important issue forward. He also pointed out the prominent role that the Council has in this effort; the Council has taken an important lead in the competencies and research agenda plans. He asked about the monitoring piece that will hold partners accountable for their commitments.</li> <li>• Dr. Lichtveld responded that the oversight committee will hold partners accountable along with a comprehensive evaluation of what is occurring.</li> </ul>	
<p><b>HRSA Bureau of Health Professions – Agenda for the Future</b></p>	<ul style="list-style-type: none"> <li>• Dr. Sam Shekar discussed changes within HRSA for giving public health more prominence. The new Center for Public Health creates a one-stop shop for public health training and education. This Center is housed in the Bureau of Health Professions so that it has an umbrella function, because public health is being practiced in all health professions.</li> <li>• Dr. Shekar discussed some of HRSA’s public health activities. He stated that HRSA is committed to increasing the number of Public Health Training Centers by 50% this year. He also stated that Titles VII/VIII, which encompass workforce development programs, have gained 51 million dollars. This resulted from the efforts of health professionals across disciplines.</li> <li>• Dr. Shekar briefly described the Health Workforce 2000 Conference. He stated that the conference was attended by over 400 people from across the country and it facilitated the release of 50 state workforce profiles. The conference also resulted in the release of data enumerating the public health workforce.</li> <li>• Dr. Shekar described the Public Health Training Center partnership with CDC and its Preparedness Centers. He stated that he is pleased with the growing HRSA/CDC relationship. The two agencies are establishing a joint steering committee for HRSA and CDC training centers.</li> <li>• Mr. Gemmell commented that never before has public health been a running theme throughout the Bureaus. He commended Dr. Shekar for establishing the new Center.</li> <li>• When asked about the CDC workforce development plan, Dr. Shekar stated that he viewed the report as an internal document. He believes that both CDC and HRSA have strong workforce development interests and efforts that</li> </ul>	

	<p>will continue.</p> <ul style="list-style-type: none"> <li>• Dr. Cioffi stated that CDC is using a phased approach when developing its workforce development plan. The report is now an internal document, with the idea that it will grow and include additional partners.</li> </ul>	
<p><b>HRSA Health Workforce 2000 Conference (Objectives 4, 7, 8)</b></p>	<ul style="list-style-type: none"> <li>• Mr. Sampson updated the Council on the HRSA Health Workforce 2000 conference. He acknowledged the National Conference of State Legislatures as co-sponsor of the conference. He stated that the conference focused on discussions with policy makers and experts around workforce issues.</li> <li>• Fifteen states are investigating workforce development issues. The National Center for Workforce Information and Analysis, established four years ago, has four Centers of Excellence for data issues.</li> <li>• The next big push around this topic will be enumerating the public health workforce.</li> <li>• The next Health Workforce conference will focus on issues concerning minorities in the health professions.</li> </ul>	
<p><b>Community Campus Partnerships for Health “Health for All” Initiative (Objectives 1, 7)</b></p>	<ul style="list-style-type: none"> <li>• Ms. Gretchen Kinder introduced the Community Campus Partnerships for Health (CCPH) “Health for All” Initiative to the Council. She described two projects: 1) CCPH is developing curriculum to help faculty integrate Healthy People 2010 objectives into their teachings. 2) CCPH is teaching academic faculty how to integrate service learning into their programs.</li> <li>• CCPH would like to have a Council member serve on its curriculum development committee.</li> <li>• CCPH will hold its national conference on May 5 – 8 in San Antonio, Texas. The theme is “Health for All” and the conference will focus on the practical and policy implications of Healthy People 2010 Objectives. CCPH would like the Council to co-sponsor the conference and exhibit at the conference.</li> <li>• Ms. Dianna Conrad gave some background on CCPH’s “Health for All” initiative. She attended the “Health for All” meeting during the APHA annual meeting to describe what the Council has done around Healthy People related to the Research Agenda and the Competencies Project. Participants at this meeting noted that a major barrier to making academic/practice linkages is that academic institutions do not reward faculty for service activities.</li> <li>• Ms. Conrad and Ms. Kinder presented the action items to the Council: 1) CCPH would like co-sponsorship of their conference. Co-sponsorship includes a complimentary exhibit booth and complimentary registration of a representative. The Council in turn agrees to advertise the</li> </ul>	<ul style="list-style-type: none"> <li>• The Council will co-sponsor the CCPH conference.</li> <li>• Mr. Gemmel nominated Dr. Mahan to serve on the Healthy People 2010</li> </ul>

	<p>conference. 2) CCPH requested that the Council identify a member to serve on the Healthy People 2010 Curriculum Project Advisory Committee. The time commitment was uncertain but Ms. Kinder speculated that it would include participation in conference calls. 3) CCPH requested that the Council identify a member and staff person to serve as a liaison to the initiative.</p>	<p>Curriculum Project Advisory Committee. He and Ms. Weist will also assist in this project.</p> <ul style="list-style-type: none"> <li>Ms. Beckett and Ms. Conrad will serve as staff liaisons to the initiative.</li> </ul>
<p><b>Award for Student Excellence in Public Health Practice (Objectives 1, 7)</b></p>	<ul style="list-style-type: none"> <li>Ms. Liz Weist distributed Calls for Abstracts of the Academic Public Health Caucus of APHA.</li> <li>She also updated the Council on the ASPH Award for Student Excellence in Public Health Practice. She stated that the award is still being developed and is co-sponsored by the Council on Linkages. ASPH is planning to award at least one student in the fall during the APHA annual meeting.</li> <li>Dr. Tilson suggested that the award be included in Council Objective 7.</li> </ul>	<ul style="list-style-type: none"> <li>Staff will amend strategies under Council Objective 7 to include the Award for Student Excellence.</li> </ul>
<p><b>Healthy People 2010 Workforce Development Companion Document (Objectives 4, 7, 8)</b></p>	<ul style="list-style-type: none"> <li>Ms. Stacy Baker of the Public Health Foundation introduced the purpose of the Healthy People 2010 Workforce Development Companion Document, which is to help the nation achieve certain Healthy People 2010 objectives related to workforce development. The document will assist states and communities to put these workforce objectives into their Healthy People plans, by showcasing examples of how states and communities can use these objectives.</li> <li>Ms. Baker discussed how the document is related to the Council objectives. She stated that Council members can help promote their objectives by promoting this resource.</li> <li>Dr. Brown pointed out that legislation is being passed against affirmative action in many states, but programs that encourage minorities to enter the health professions are still being implemented.</li> <li>Ms. Baker stated that we can implement these programs but must be sensitive about the language we use around these programs and avoid labeling them as affirmative action. She also pointed out that programs that encourage minorities to enter the health professions are not necessarily affirmative action programs.</li> </ul>	
<p><b>Other Business</b></p>	<ul style="list-style-type: none"> <li>Rose Martinez briefly described a new initiative by the Institute of Medicine, "Assuring the Health of the Public in the 21<sup>st</sup> Century." She stated that the first meetings around this initiative will be held on February 8 and 9, 2001. The meeting on February 8 is open. She gave names of the committee members and mentioned that all information about the initiative can be found on the web site &lt;www.iom.edu&gt;. To view project details on the web, users must click on current projects. The project is sponsored by the Institute</li> </ul>	

	<p>of Medicine, Division of Health Promotion and Disease Prevention.</p> <ul style="list-style-type: none"> <li>• Mr. Bialek asked for Council comments on the Public Health Workforce Development Collaborative matrix. He would like input on any items that may be missing.</li> <li>• Mr. Gemmell suggested exploring the issue of public health professionals who graduated from non-accredited programs during a future meeting. He stated that he will send Dr. Keck a letter addressing this issue and the Council's role in it. Dr. Davis mentioned that in the data she presented, there are only three programs that are not CEPH accredited. She suggested that ATPM could profile the differences between CEPH accredited and non-accredited programs responding to the survey.</li> <li>• The meeting was adjourned at 3:00 p.m.</li> </ul>	
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