



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

Meeting Minutes

**Wednesday June 27, 2001
1 p.m. – 5 p.m.**

Members Present: J. Frederick Agel, Susan Allan, Suzanne Dandoy (via phone), Diane Downing, C. William Keck, Maureen Lichtveld, Janet Porter, Neil Sampson, Hugh Tilson, Martin Wasserman

Other Participants Present: Carter Blakey, Jeff Dunlap, Michael Gemmell, Amy Greene, Doug Lloyd, Tom Milne

Staff Present: Ron Bialek, Dianna Conrad, and Chris Day

Agenda Item	Discussion	Decisions and Next Steps
Opening Business	<ul style="list-style-type: none">• Dr. C. William Keck, Chair, opened the meeting, welcomed all participants, and led introductions.• Council members requested the following amendments to the April 11, 2001 meeting minutes: 1) in the Future Linkages Activities section on page 5, first paragraph, the last sentence regarding the Quad Council securing a HRSA/ASPH cooperative agreement to train field nurses in environmental health was to be removed; and 2) in the Future Linkage Activities section, the Council agreed that the words, “preparedness centers,” should be added on page 4, line 16, 2nd bullet after the acronym CDC. The Council also agreed that the words, “public health,” should be added on page 4, line 17, after the acronym HRSA.	<ul style="list-style-type: none">• Draft minutes from the April 11, 2001 Council meeting were accepted and unanimously approved as amended.
Core Public Health Competencies (Objectives 2, 4, 7, 8)	<ul style="list-style-type: none">• Mr. Ron Bialek thanked Council members for helping disseminate the finalized set of core competencies into the field. He reported that the Centers for Disease Control and Prevention (CDC) will be providing \$20,000 to assist with dissemination efforts and promote the use of the competencies. He also discussed the development of a proposal to assist the Connecticut Department of Health in conducting a demonstration analysis of health department workforce needs. Mr. Bialek gave a brief presentation on the competencies’ web site statistics, noting that 72% of the hits to the TrainingFinder site came through the core competencies web page.• Mr. Bialek reported that core competency book	<ul style="list-style-type: none">• CDC will contact Dianna Conrad at PHF about developing a grid of all sets of competencies available.

	<p>marks and pamphlets have been printed to help disseminate the competencies. He also discussed additional strategies for distribution of core competencies: 1) distribution of pamphlets and bookmarks through Council member organizations and at national meetings; 2) development of newsletter “ drop-ins” for Council member organizations; 3) distribution of PHF’s e-news to over 5,000 individuals announcing the final list of competencies and opportunities to provide examples and comments.</p> <ul style="list-style-type: none"> • Dr. Doug Lloyd suggested that it would be helpful to list the various competency documents on informatics, ethics, and leadership that currently exist and who the contact people/organizations for those competencies are in one place. Dr. Maureen Lichtveld commented that the CDC has a staff member currently developing such a grid, which will be posted on CDC’s web site. She also agreed to work with Council staff on the final list. • Dr. Lichtveld discussed two deliverables for the CDC competency project: 1) toolkit of competencies for public health law, informatics, and genomics; and 2) an updated grid of the sets of competencies that exist. • Dr. Hugh Tilson commended Dr. Lichtveld for recognizing and being supportive of the Council’s core competencies. • Mr. Bialek alerted the Council to a session at the American Public Health Association’s (APHA’s) annual meeting on Monday, October 22, 2001 at 4:30 PM. This session will review the final list of core competencies, discuss potential uses of the competencies, discuss ways to promote their use, and conduct a discussion about ways the audience has used the competencies. 	
<p>Public Health Services Research Meeting (Objectives 1, 5, 7)</p>	<ul style="list-style-type: none"> • Mr. Bialek presented a brief recap of the May 9-10 Public Health Services Research meeting in Atlanta. Participants concluded that there is an inadequate amount of public health services research being conducted on U.S. public health systems. The group recommended two short-term solutions: 1) development of funded doctoral-level health traineeships for public health services research; and 2) establishing three to four “centers of excellence” at schools of public health to initiate and foster research in this area. • Dr. Tilson expressed the need to determine how competencies improve performance and how performance improves outcomes. • Dr. Tilson reported that he will be moderating a session at APHA, “Convening a Public Health Practice Research Forum,” on October, 23 2001 at 8:30 a.m. to further discuss and explore issues around: 1) creating a national public health 	<ul style="list-style-type: none"> • Send a reminder email to Council members about the APHA session noting that it is open to all. • Staff will convene a sub-group conference call to discuss the agenda for the APHA session. • Staff will revise and recirculate the PowerPoint slide show describing public health services research and highlighting the definition of health services research. • Staff will revise the research forum abstract for APHA. • Put Research!America and

	<p>services research agenda; and 2) developing support for public health services research. The forum will unite funders, researchers, and the users of this research.</p> <ul style="list-style-type: none"> • Dr. Tilson also mentioned that the new Institute of Medicine (IOM) report would be addressing some of these research issues as well, including the creation of a clinical research roundtable and recommendations about shifting funds from the National Institutes of Health (NIH) budget to conduct more, “people” research that is population-based and fundamentally rooted in epidemiological principles. • Dr. Lichtveld emphasized that there are two issues that need attention: 1) there is a tremendous gap in the translation of applied research; 2) we need to become cognizant of other ways to describe research such as, “building the science base for improving public health practice.” Dr. Lichtveld recommended resurfacing the definition of public health services research and asked to have the PowerPoint slide show describing public health practice research to be revised and recirculated to Council members. • Mr. Tom Milne discussed the difficulty of selling population-level prevention research to Congress. He recommended that the Council take steps towards strategically planning how to best collaborate with Mary Woolley from Research!America. He stressed the importance of assuring that NIH appropriates adequate funding to prevention research. • Dr. Lloyd reported that the National Library of Medicine’s (NLM’s) meeting on informatics focused on health services research. He expressed that there is a lack of understanding in the field of health services research as to what public health is. He suggested beginning a discussion with the health services research folks including Bob Brooks and others. • Dr. Suzanne Dandoy stated that when the definition of public health practice changed to public health services, the topic of discussion was mostly about personal services. She said the definition must be inclusive of environmental health and health department activities, e.g. restaurant inspections. Dr. Tilson added that public health systems research is now the preferred term. • Mr. Bialek inquired about inviting Research!America and the National Health Council to the next Council meeting. Council members expressed that this would be useful. 	<p>National Health Council on the agenda for the next Council meeting.</p>
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<p>National Environmental Health Association</p>	<ul style="list-style-type: none"> • Dr. Keck explained that attendance by the National Environmental Health Association (NEHA) at Council meetings and involvement in Council activities has been problematic. The Council alerted NEHA to these problems and that NEHA's continued membership would be an item on the next meeting agenda. NEHA's Executive Director, Nelson Fabian, provided a written response to the Council. • Council members expressed that NEHA seems genuinely interested in keeping its seat, but raised some concern that even with this interest NEHA was not present at the meeting. • Dr. Keck asked for a motion to retain NEHA as a Council member. Dr. Tilson moved to retain as a Council member. His motion was seconded and passed unanimously. 	<ul style="list-style-type: none"> • Council members voted to keep NEHA as a Council member and will take no administrative action at this time.
<p>Community-Campus Partnerships for Health</p>	<ul style="list-style-type: none"> • Dr. Keck opened the floor for a motion to accept the Community-Campus Partnerships for Health (CCPH) as a full Council member. • Council members spoke in favor of adding CCPH. It was noted that CCPH is instrumental in bridging the gap between the academy and the community. • Dr. Keck pointed out that the budget may not allow CCPH to be added as a full Council member. Mr. Bialek added that expenses per organization total approximately \$10,000 annually and that more funding would need to be requested. • Dr. Tilson made a motion to accept CCPH as a full Council member, which was seconded by Mr. Gemmell. • Some caution was expressed based on funding issues. Mr. Neil Sampson recommended that the Council submit a request for additional funds to HRSA. • Dr. Wasserman asked for a friendly amendment to the original motion. The amended motion stated that CCPH be added to the Council as a member provided that funds are available to do so. The motion passed, with one abstention. 	<ul style="list-style-type: none"> • Add CCPH to the Council as an official member, provided adequate funding exists. • The Council will submit a request to HRSA for additional funding to support CCPH being added to the Council as a member.
<p>Linkage Awards (Objective 1)</p>	<ul style="list-style-type: none"> • Ms. Conrad extended thanks to all the reviewers: Dr. Dandoy, Dr. Janet Porter, Dr. Martin Wasserman, Ms. Elaine Auld, Ms. Marcia Britt, Mr. Henry Montes and Ms. Lisa Blosser. She also expressed her thanks to the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) for announcing the winners during the awards luncheon and displaying the posters. Ms. Conrad stated that the 1st and 2nd place posters would be on display at the this year's annual NACCHO conference and the 2nd and 3rd place posters would be displayed at the annual ASTHO 	

	conference.	
Award for Student Excellence in Public Health Practice (Objectives 1, 7)	<ul style="list-style-type: none"> Mr. Gemmell requested additional volunteers to review applications for the Award for Student Excellence in Public Health Practice. Ms. Amy Greene, Mr. Agel and Ms. Diane Downing volunteered to review this year's applications. 	
Non-Accredited Public Health Programs	<ul style="list-style-type: none"> Mr. Gemmell reported that the Association of Schools of Public Health (ASPH) wishes to withdraw the challenge to the Council to determine if a graduate degree from a non-accredited public health program provides assurances to employers that graduates have the necessary skills, competencies and knowledge to sufficiently carry-out their duties as public health professionals. Dr. Lloyd commented that ASPH and APHA are moving forward on a credentialing system project and that he believes in 10 years, program accreditation will be less important than the credentialing of the public health workforce. 	
SACHO Project Update (Objective 7)	<ul style="list-style-type: none"> Ms. Conrad presented a summary of data collected from the academic institution surveys. There were 31 respondents out of a possible 80. Dr. Keck expressed concern that the response rate needs to be improved. Dr. Tilson suggested recording more information about the respondents would be helpful in assessing the validity of the responses, specifically responses about the role of practice linkages in tenure decisions. Dr. Tilson recommended creating a toolkit to foster technical assistance and academic/practice linkages. He also suggested working with the Public Health Training Centers (PHTC) to keep up to date with current and future activities. Dr. Susan Allan expressed that the toolkits would be useful and that developing ways to integrate students into the work of the health department should also be a consideration. She suggested that models of objectives, operating principles, supervisory practices, and legal issues be included in the toolkit. Dr. Lloyd reported that the CDC and HRSA through an affiliation with ASPH have formed the Academic Public Health Centers Workforce Steering Committee to assure communication between CDC-funded and HRSA-funded training centers. The steering committee will have a web-site containing discussions of models, information sharing venues, etc. Dr. Keck reported receiving a letter from Maggie Potter and Jim Gale requesting participation by the Council on Linkages as an ex officio member of the Academic Public Health Centers Workforce Steering Committee. Several Council 	<ul style="list-style-type: none"> Staff will modify objectives 1 and 5 to reflect the Council's commitment to constant communication with the HRSA Public Health Training Centers and CDC Preparedness Centers. Council chairman will draft a letter to Mr. Gale and Dr. Potter noting the Council's preference of a liaison role. Dr. Janet Porter was selected to be the Council's official liaison.

	<p>members expressed concern that the steering committee already has a number of Council members on it. Dr. Lloyd recommended that the Council add Mr. Gale, Ms. Potter, or a representative to the fall Council agenda, enabling them to articulate the goals and future objectives of the steering committee.</p> <ul style="list-style-type: none"> • Dr. Tilson made a motion stating, “Because of many shared members with the steering committee, the Council prefers a liaison role.” The motion was seconded and unanimously approved. Dr. Porter was asked to assume the role of liaison to the committee. 	
<p>Future Linkage Activities</p>	<ul style="list-style-type: none"> • ASTHO Activities: <ul style="list-style-type: none"> ➤ In consultation with NLM, ASTHO has created a web-site, Statepublichealth.org. This site will build upon linkages that ASTHO has already formed with public health research databases and state public health policymakers and practitioners. ➤ ASTHO has been active in promoting awareness of the Brown University initiated HIV Education Prison Project (HEPP) through publications and other dissemination efforts. HEPP is a medical education program for correctional HIV providers in Massachusetts and Rhode Island. ➤ ASTHO is continuing its support of the Regional Institute for Health and Environmental Leadership. The institute, based in the Rocky Mountain region, is designed to train a new generation of environmental health leaders focusing on the Essential Public Health Services. ➤ Through the work of its Joint Council, ASTHO is engaged in workforce improvement. It was also noted that the July issue of the Journal of Public Health Management and Practice will focus on a number of important principles surrounding workforce development. • Dr. Allan reported that NACCHO recently completed a strategic plan for 2001-2004 and is going through a major reorganization in an effort to decrease dependence on grant funding. She also stated that many of NACCHO’s strategic objectives are consistent with those of the Council, including continuing education for the public health work force in local public health systems and using information technology for public health training. • Ms. Downing thanked the Council for inviting CCPH to become a member. She also discussed a few initiatives that CCPH is currently involved in including a grant from the W.K. Kellogg Foundation to conduct community-based 	

	<p>participatory research, an on-going effort to integrate Healthy People 2010 into academic curriculums, and the wish of CCPH to share its expertise in service learning with others around the country.</p> <ul style="list-style-type: none"> • Dr. Porter reported that Association of University Programs in Health Administration (AUPHA), working with the Health Research and Development Institute, received a Robert Wood Johnson Foundation planning grant to address graduate level curriculum and linkages. The grant will provide funding to focus on how senior-level public health professionals should be trained. 	
<p>Other Business</p>	<ul style="list-style-type: none"> • Mr. Sampson reported that HRSA would continue to support the Council’s activities and infrastructure. He remarked that he would like the Council to continue as an independent entity and as a provider of advice. He further noted that the HRSA PHTC concept and public health practice guidelines started with the Council and commends the effort the Council is putting forth to build a stronger infrastructure for public health practice research. HRSA would also like to see the Council continue its competency efforts. • Mr. Sampson recommended that for the future, the Council should focus in on establishing performance measures. The new administration will continue to use performance budgeting as the standard and it is critical that activities be linked to performance measures to fit in the new system. • Dr. Lichtveld suggested an area of future discussion should center around the Frist-Kennedy legislation. The legislation suggests, by November 2001 the Secretary of the U.S. Department of Health and Human services will: 1) define “reasonable capacities” for states; 2) establish assessment grants; and 3) establish public health improvement grants. • Mr. Bialek reported that the cost of travel for Council members this year was more expensive than the total cost of travel over the past three years. He recommended moving to a per diem reimbursement schedule and pre-approval for all airfare over \$500. • Proposed meeting dates for 2002 were discussed. Dr. Porter requested that 2002 meeting dates not be set on one certain day of the week. 	<ul style="list-style-type: none"> • Staff will draft and circulate a new travel policy. • Staff will finalize and circulate 2002 meeting dates.