



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

Meeting Minutes

**Tuesday, September 28, 2004**

**St. Paul, MN**

**9:00 a.m. – 3:00 p.m.**

**Members Present:** C. William Keck, Susan Allan, Chris Atchison, Marjorie A. Cahn, Diane Downing, Vincent Francisco, Colleen Hughes, William G. Livingood, Rose L. Conner, David Rutstein, Hugh Tilson, William H. Wiese

**Other Participants Present:** Geri Aglipay, Karlene Baddy, Chris Kinnebrew, Denise Koo, Laura Landrum, Pat Libbey, Nichol Quiggins, Tony Santarsiero, Lee Thielen

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

<b>Agenda Item</b>	<b>Discussion</b>	<b>Next Steps</b>
<b>Opening Business</b>	<ul style="list-style-type: none"><li>• Dr. C. William Keck opened the meeting and welcomed all participants. He introduced recently appointed Council on Linkages Between Academia and Public Health Practice (Council) member Mr. Christopher G. Atchison, Clinical Professor and Associate Dean of the College of Public Health, University of Iowa, and representative from the Association of University Programs in Health Administration (AUPHA). Mr. Atchison also represented the Association of Schools of Public Health (ASPH) at this meeting. Ms. Laura Landrum was representing the National Network of Public Health Institutes (NNPHI).</li><li>• The draft minutes from the April 22, 2004 Council meeting were unanimously approved with minor corrections. In “Other Business” the first two sentences of the last bullet should read: “Ms. Cahn reminded Council members that PubMed Central is making an increasing number of journals available electronically. Some members, such as the Society for Public Health Education, have agreed to make electronic copies available through NLM.”</li><li>• Dr. Denise Koo, Director, Division of Applied Public Health Training at the Centers for Disease Control and Prevention (CDC) provided a functional model of the newly formed Office of Workforce and Career Development (OWCD), which will be led by Dr. Steve Thacker. CDC has elevated the importance of workforce and formed an office that will work strategically to achieve a “prepared, diverse, and sustainable workforce.” Mr. Atchison praised CDC’s efforts and asked what opportunities and strategies may emerge regarding competencies. Dr. Koo emphasized that the word “competencies” came up repeatedly in their planning process: including competency validations, determining how competencies can be applied to the broader workforce, and incorporating competencies into CDC fellowships. Dr. Koo also explained that she anticipates workforce research issues will be managed by OWCD while other public health systems research (PHSR) would be carried out in conjunction with Dr. Ed Thompson’s Office of Public Health Practice and the Office of Public Health Research within the Office of Science. The Council and</li></ul>	<ul style="list-style-type: none"><li>• Draft minutes from the April 22, 2004 Council meeting were unanimously approved with minor corrections.</li><li>• Council staff will send members an electronic copy of the sample draft Constitution and Bylaws. Council members should review this document with member organizations and provide Council staff with recommendations for specific points that should or should not be included in the draft Constitution.</li></ul>

	<p>member organizations will probably need to continue to encourage Dr. Dixie Snider and the Office of Science, as well as OWCD, to allocate resources for extramural workforce-related research. OWCD has also shifted its focus from strictly public health to look more broadly at health careers. Although public health will remain the primary target of recruiting and related work, under the Futures Initiative, CDC is looking to integrate public health perspectives throughout the health field. Additionally, Dr. Koo explained that the Department of Health and Human Services has decided to adopt GeoLearning as its internal learning management system. CDC is still thinking through how to best use this system, how to make connections to systems used by state health departments, and how to include competencies.</p> <ul style="list-style-type: none"> <li>• Dr. Keck explained that as the issues being addressed by the Council become more complex, clarity around how the Council makes its decisions may be beneficial both internally and externally. To address this, Council staff has created a draft of what a Constitution and set of Bylaws might look like. The draft, which was designed to reflect practices already used by the Council, was meant to serve as a starting point in considering whether it is worth pursuing the adoption of such a document. Dr. Hugh Tilson supported the idea of a constitution, but said the current draft missed a central question that needs to be resolved—Do Council members speak for themselves or for the organizations they represent? Dr. Tilson said that lack of clarity on this issue nearly lead to a “constitutional crisis” during the last Council meeting. Dr. Vincent T. Francisco said that spelling out boundaries for discussion might help facilitate better conversations. Dr. William C. Livingood praised the Constitution and Bylaws as a good first start but suggested including more detail on the purpose of the Council. Dr. Keck asked if any members objected to moving forward with further developing a Constitution and Bylaws for the Council. No one objected and Council staff were asked to provide an electronic copy to members so that they could share the draft with their sponsoring institutions. Council members were encouraged to share feedback about specific items in the Constitution to help Council staff prepare a proposed draft for the next Council meeting.</li> </ul>	
<p><b>Comments on Council on Education for Public Health’s (CEPH) Proposed Criteria</b></p>	<ul style="list-style-type: none"> <li>• <u>Discussion of appropriateness of Council comments</u> Dr. Keck explained that since the last Council meeting he and Mr. Ron Bialek had several conversations with members of ASPH related to their concern about the appropriateness of the Council submitting comments to CEPH on the proposed accreditation criteria. ASPH remains uncomfortable about the Council commenting on the criteria, but will no longer oppose Council action. ASPH requested that the Council make it clear in its transmittal of comments that ASPH does not endorse them. <ul style="list-style-type: none"> <li>➤ Dr. Livingood stated that the Council should not be defensive about submitting comments. It is the responsibility of CEPH and schools of public health and graduate public health programs to be responsive to the practice community. Part of the reason the Council exists is to bridge the gaps between the academic and practice communities in public health.</li> <li>➤ Dr. Tilson supported the Council making comments, but suggested that making formal recommendations to CEPH is not the only way that the Council could fulfill its Objective No. 3 – “Enhance the quality of public health education by encouraging the incorporation of nationally agreed upon public health competencies into curricula, and CEPH accreditation guidelines for schools of public health and graduate public health</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Council staff will draft comments for CEPH regarding the revised proposed criteria. These comments will be based on the Council’s previous comments and will focus on the parts of the CEPH criteria that relate to the Council’s mission, goals, and objectives.</li> <li>• Council staff will circulate the draft comments to Council members for review and sharing with member</li> </ul>

	<p>programs.” The Council could discuss the proposed criteria and Council members could then encourage their organizations to consider the Council’s comments and submit their own.</p> <ul style="list-style-type: none"> <li>➤ Dr. Susan Allan explained that she had recently been appointed by the American Public Health Association (APHA) to serve on the CEPH board, and will abstain personally from voting. However, she said that the National Association of County and City Health Officials (NACCHO) is interested in learning about Council deliberations on the criteria to help NACCHO define and articulate its position.</li> <li>➤ Dr. William H. Wiese stated that the Association of Teachers of Preventive Medicine (ATPM) believes in the Council’s mission and goals and supports a Council response to CEPH’s proposed criteria; however the Council should avoid “fine-tuning” on matters beyond the Council’s mission.</li> <li>➤ Dr. Keck asked if anyone objected to proceeding with a discussion about CEPH criteria under the restrictions mentioned by Council members. There were no objections.</li> </ul> <ul style="list-style-type: none"> <li>• <u>Discussion of CEPH criteria</u> <ul style="list-style-type: none"> <li>➤ Dr. Keck reminded the Council that slightly over two years ago the Council submitted comments to CEPH on the proposed criteria. Many of these suggestions were incorporated into the latest version of the CEPH criteria. He indicated that this current version of the proposed criteria reflects the most revision and reorganization CEPH criteria have undergone in several decades. Dr. Keck reviewed some of the most important changes. He also explained the process for drafting the Council’s comments to CEPH: After the Council discusses the criteria, Council staff will draft a response and circulate it to members to ensure that it adequately captures Council discussion; once comments are received and incorporated, Council staff will submit the comments to CEPH.</li> <li>➤ Dr. Allan said that among the areas about which CEPH had received the most feedback and is most interested in public response are the sections on community partnerships, continuing education, and practica—all areas that are appropriate for Council comment. NACCHO is on the record as promoting continuing education and other training for practitioners. It would like active participation of practitioners in school policies, teaching, and other activities, to better give public health school graduates practical experience to prepare them for employment in health agencies.</li> <li>➤ Mr. Bialek suggested that the Council’s 2002 comments seem still to be relevant. He asked if the Council would like to use those prior comments as a framework for developing new comments.</li> <li>➤ Dr. Livingood commented that some changes—for example, the number of PhD programs schools must have—are not as relevant to the Council as topics like the amount of field experience required. Newer programs tend to require fewer fieldwork credits. Setting a minimum of 45 hours seems appropriate.</li> <li>➤ Ms. Landrum asked if the Council’s Core Competencies should be explicitly incorporated into CEPH’s criteria. Mr. Bialek responded that the Core Competencies were designed as a framework or starting point, but were not intended to be used verbatim to develop an MPH curriculum. Dr. Allan said that CEPH does not intend to recommend a particular competency set but to promote the use of competencies in curriculum development.</li> </ul> </li> </ul>	<p>organizations.</p>
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	<ul style="list-style-type: none"> <li>➤ Mr. Atchison expressed that specific competencies should not be dictated to faculty by an outside body.</li> <li>➤ Mr. Bialek noted that in one of its publications, ASPH described how the Public Health Training Centers have used the Core Competencies to assess the training needs of workers and to provide competency-based education programs.</li> <li>➤ Dr. Keck said he felt that the Council should be pleased with the criteria as a whole. Dr. Tilson noted that the new criteria increase practice experience requirements (Section 4.2). Additionally, the criteria spell out what counts as faculty service (Section 3.2).</li> <li>➤ Dr. Tilson commended CEPH for encouraging schools of public health to engage in workforce development efforts. He wondered if the time has come for the Council and its member organizations to engage in discussions about certificate programs (Section 3.3). However, until we know more about certificate programs it is inappropriate to set specific standards. In the meantime, it might be valuable to ask CEPH to request information about contact hours and criteria currently used in certificate programs to gather more information on such programs.</li> <li>➤ Drs. Livingood and Keck commended CEPH for adding clarity and specificity to the revised criteria. Dr. Keck noted that the criterion requiring schools and programs to promote a diverse student body is one area still requiring clarification.</li> <li>➤ Dr. Colleen Hughes expressed a concern of the QUAD Council of Public Health Nursing Organizations that faculty members are not always adequately prepared to teach, counsel students, and conduct research. She was not certain that Section 4.1 adequately addressed these concerns.</li> <li>➤ Dr. Keck observed that the Council seemed reasonably pleased with the criteria. Council staff will draft comments based on the discussion. The Council's comments will only focus on the parts of the proposed CEPH criteria that are relevant to the Council's mission, goals, and objectives. Staff will circulate the draft comments for review by members and their organizations. Members are asked to give feedback to Council staff in time for staff to refine the letter and submit it by November 30, 2004.</li> <li>➤ Dr. Livingood reminded Council members that CEPH will hold an open forum during the APHA annual meeting to solicit additional public comments on the criteria. The meeting will be held in Room 142 of the Washington Convention Center on Saturday, November 6 from 2:30 p.m. to 5:30 p.m.</li> </ul>	
<p><b>Developing Strategies to Assure an Adequate Number of Skilled and Competent Public Health Workers for the Future</b></p>	<ul style="list-style-type: none"> <li>• <u>Summaries of conversations between Council members and executive directors of member organizations</u> Dr. Keck reminded Council members that they had been instructed to talk with their representative organizations' leadership about efforts those organizations are currently engaged in to assure an adequate number of skilled and competent public health workers, and what role they envision the Council playing in this area. <ul style="list-style-type: none"> <li>➤ ATPM seeks to make available or guide constituent members and students on training opportunities, and to widen training opportunities related to population-based health and prevention. ATPM is also interested in identifying positions that could be filled by public health physicians and determining why physicians are not filling them, and in advocating more funding for preventive medicine residencies.</li> <li>➤ The Association of State and Territorial Health Officials (ASTHO) views assuring an adequate number of skilled and</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The Council moved to add another objective to advance strategies to identify workforce recruitment and retention gaps to assure the public's health. Council staff will circulate a draft of the objective and its strategies.</li> <li>• During a future meeting the Council will discuss how best to help the</li> </ul>

	<p>competent workers as extremely important to its entire membership. It has been documenting examples of what states have been doing in this area. ASTHO is committed to establishing a National Public Health Service Corps, and is advocating a loan forgiveness program. The association also proposes that the field focus on career development opportunities for those working in public health. ASTHO recommends that the Council embed competencies efforts in future workforce activities.</p> <ul style="list-style-type: none"> <li>➤ NACCHO has been primarily engaged in upgrading and supporting current workers, in part by using the Core Competencies. NACCHO is working on legislation on scholarships and loan repayment. It is also developing an operational definition of a functional local public health agency (LPHA), which, once developed, ought to drive training needs. NACCHO is looking for more ways to engage with academic institutions to set the stage for research. There needs to be an enumeration of the current workforce. Dr. Allan also suggested that more work be done to strengthen public health training and visibility in undergraduate programs. She recommended a greater emphasis on environmental health and promoting collaborative efforts like Leadership Institutes. She also reminded the Council that research on whether the Core Competencies achieve desired outcomes is still needed.</li> <li>➤ The Council of Accredited Masters of Public Health Programs supports integrating competencies into public health education programs and developing competencies-based tracks in undergraduate programs.</li> <li>➤ Society for Public Health Education (SOPHE) chapters have expressed interest in greater involvement with undergraduate education and the need to help consumers be a driving force in effective research.</li> <li>➤ The National Library of Medicine (NLM) has been taking action to help public health workers access important information to assist them in performing their jobs. NLM is reviewing several project proposals related to distance learning opportunities and workforce enumeration.</li> <li>➤ ASPH is undergoing some reorganization in its governance structure. As part of this reorganization, the Deans will become more involved in practice activities.</li> <li>➤ The National Association of Local Boards of Health supports NACCHO's work on developing a functional definition of an LPHA and the association is moving forward with a certification program for local boards of health.</li> <li>➤ APHA is focusing on two areas: It is working on systems/agency development through the National Public Health Performance Standards Project, for example, and working with NACCHO on Mobilizing for Action through Planning and Partnerships, an effort to involve communities in public health assessment and improvement. APHA is also working to develop individual skills through the Continuing Education Institutes, which help prepare non-MPH workers for public health work, and working with CDC's OWCD to strengthen the training capacity of Public Health Leadership Institutes. APHA recommends that the Council: 1) work to get grade school students interested in science and public health; 2) continue to define and measure competency needs of non-MPH workers; 3) develop a catalog of workforce development activities nationwide related to workforce shortages, if no one else is already doing this; and 4) review the final report of the Sullivan Commission on Diversity in the</li> </ul>	<p>practice community become aware of HRSA programs related to worker recruitment.</p> <ul style="list-style-type: none"> <li>• In order to avoid duplication, Council members are encouraged to inform staff if other organizations are undertaking similar efforts to strengthen the recruitment and retention of public health workers.</li> <li>• To the extent possible, the Council will pursue the following, as long as these efforts are not already being done by other organizations:       <ol style="list-style-type: none"> <li>1. Work with member organizations to convene a national forum to discuss evidence on effective efforts to address worker shortages and to learn what other fields have done to combat this problem.</li> <li>2. Focus the 2005 Linkages Award on recognizing how academic institutions and practice communities have worked together to more effectively recruit and retain public health workers.</li> <li>3. Use the Core Competencies to determine what makes an effective Public Health 101 course to prepare workers coming from other fields. (Council Staff will refine the scope of this</li> </ol> </li> </ul>
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	<p>Healthcare Workforce, “Missing Persons: Minorities in the Health Professions.”</p> <ul style="list-style-type: none"> <li>➤ NNPHI is developing a report on the workforce development efforts of each of its institutes. NNPHI suggests that the Council could serve as a forum on issues related to the credentialing of the public health workforce.</li> <li>➤ The Health Resources and Services Administration (HRSA) has several activities including Kids into Health Careers and Health Careers Opportunities Program, which although not tailored specifically to public health, might be of value. Mr. Bialek said that people in the practice community do not always know that HRSA programs, including Area Health Education Centers, are available for their use. He recommended that we add to the Council agenda an opportunity to help the public health community gain awareness about how they can benefit from HRSA programs.</li> </ul> <ul style="list-style-type: none"> <li>• <u>Summary of other efforts underway</u> <ul style="list-style-type: none"> <li>➤ Dr. Tilson mentioned that Pfizer is producing a second book that profiles unsung heroes among public health workers. The goal of the book is to help young professionals, students, and prospective students appreciate and better understand opportunities available in the public health field.</li> <li>➤ Dr. Koo described CDC’s Excite (Excellence in Curriculum Integration Through Teaching Epidemiology) program, which seeks to help grade school students become familiar with and interested in epidemiology.</li> </ul> </li> <li>• <u>General discussion</u> <ul style="list-style-type: none"> <li>➤ Mr. Atchison pointed out that the Public Health Training Centers funded through HRSA are primarily funded by Title VII of the U.S. Public Health Service Act. Title VII money has been cut from the President’s budget and must be reintroduced by Congress. Mr. Bialek suggested that other organizations may wish to help ASPH in its efforts to secure adequate funding for training practicing public health professionals.</li> <li>➤ Dr. Tilson pointed out that while we test and evaluate competencies, the field should continue to use them in their workforce development efforts. He further commented that individuals with graduate public health training should be able to demonstrate competence in many of the domains addressed by the Core Competencies if they are to be effective in public health practice and academia. Dr. Tilson also noted that with NACCHO’s support, a workforce research agenda was established. However, without a champion at CDC and adequate funding, that research will not happen.</li> <li>➤ Several members said that the Council should ensure that it does not duplicate what others are doing to help assure an adequate number of skilled and competent public health workers.</li> <li>➤ Dr. Wiese emphasized the need for a quantitative gaps analysis to complement the qualitative statement about the perceived public health workforce shortage. The Council could help figure out if we are doing the most we can with limited resources to fill the gap.</li> <li>➤ Dr. Hughes asked if a survey has been conducted to determine why approximately 20% of graduates of masters programs in public health chose to go into public health practice and what exposure—such as practica—leads to this decision. Council members responded that some research has been done but it is not very systematic. Dr. Tilson said that this question is part of the CDC’s workforce research agenda. Unfortunately, no one has yet</li> </ul> </li> </ul>	<p>recommendation to take a more comprehensive approach to adequately preparing new and existing public health workers for the practice of public health.)</p> <p>4. Develop a toolkit highlighting worker recruitment and retention efforts that have documented evidence about their level of success.</p>
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agreed to fund such research. Mr. Atchison noted that the fact that people do not go to public health departments does not mean they are not working in public health. He suggested creating better ways of introducing students (through internships, etc.) to health departments and also advocated rotations in academic health departments as a means to help students decide if they would like to work in this area.

- New Council Objective

Dr. Tilson suggested that we separate the issue of having an adequate number of workers from how well prepared those workers are—both important issues that are worthy of Council attention. He also moved that the Council adopt another objective related to the matter. Mr. Atchison expressed concerns about raising, discussing, and approving a new objective in the course of one meeting. Dr. Keck explained that Council staff usually craft the language and send it around to Council members to give them a chance to review the wording and the accompanying strategies and provide feedback. Several Council members said they wanted there to be a clear focus on recruitment and retention and that efforts should extend to working with elementary and secondary students. The Council voted unanimously to adopt a new objective: Advance strategies to identify workforce recruitment and retention gaps to assure the public's health.

- Council Staff Recommendations

Mr. Christopher Day stressed that as the public health workforce ages, there is some urgency in addressing the impending governmental public health workforce shortages. He reviewed several suggestions that Council staff developed based on previous Council member input and discussions with Executive Directors. These suggestions focus on actions the Council can take to help assure an adequate number of skilled and competent public health workers for the future. The Council could:

1. Work with member organizations to convene a national forum to discuss effective efforts to address worker shortages and to learn what other fields have done to combat this problem.
  2. Focus the 2005 Linkages Award on recognizing how academic institutions and practice communities have worked together to assure an adequate number of skilled and competent public health workers.
  3. Use the Core Competencies to determine what makes an effective Public Health 101 course to prepare workers coming from other fields.
  4. Develop a toolkit highlighting successful efforts for assuring an adequate number of skilled and competent public health workers.
- Council members emphasized the importance of not duplicating other efforts already underway. Council staff asked if any members or any other meeting participant were aware of another organization planning to convene a forum (Staff Recommendation No. 1). It was suggested that Dr. Joan P. Cioffi, Director, Strategic Workforce Division, OWCD, CDC, might be working on such an event; therefore the Council could offer to work with Dr. Cioffi. No other potential duplicative efforts were noted. Council staff encouraged Council members to let them know if they learn of any other similar efforts underway or being planned.
  - Dr. Tilson suggested that some recommendations (Staff Recommendation No. 1) more explicitly focus on recruitment and retention instead of on training.
  - Dr. Tilson said that the Council is a good vehicle to hold fora. He also stressed that a research agenda is a natural spin-off of any

	<p>forum, and that such research can help explore the quantitative gap in recruiting and strengthening the skills of current and future workforce.</p> <ul style="list-style-type: none"> <li>➤ Several Council members expressed concern about Staff Recommendation No. 3 – determining what constitutes an effective Public Health 101 course. It was suggested that only using the Core Competencies for this assessment might be too limiting. Dr Allan commented that the recommendation seemed to collapse too many of the training needs of public health workers into one course. Additionally, she said that such basic training is not enough to prepare workers to do their job. NACCHO has found that many nurses are competent in completing the tasks needed for their work but lack breadth of understanding about public health. Dr. Tilson suggested making recommendations in terms of the three levels of competencies and to try to identify “best practices” in jump starting new employees.</li> <li>➤ Council members were pleased with the recommendations and asked staff to: 1) pursue them to the extent funds are available and they do not duplicate what is already being done; 2) refine the scope of Staff Recommendation No. 3 to take a more comprehensive approach to adequately preparing new and existing public health workers for the practice of public health; and 3) narrow the focus of Staff Recommendation No. 1 to address recruitment and retention needs.</li> </ul>	
<p><b>NACCHO Resolution on Credentialing and Certification</b></p>	<ul style="list-style-type: none"> <li>• Dr. Allan informed the Council that NACCHO has endorsed the voluntary accreditation of LPHAs based on their definition of a functional LPHA. NACCHO also passed a resolution on workforce credentialing and certification. Both resolutions come with caveats and concern about avoiding unintended consequences. Before moving forward with credentialing and certification, certain steps must be taken—including an evaluation of pilot programs going on in various states. To that end, NACCHO is presenting a research agenda for the Council and others to act upon. These research questions focus on learning more about 1) impacts/outcomes; 2) intended and unintended consequences on organizations and individuals; 3) strengths and weaknesses of different processes; 4) gaps in knowledge; and 5) credentialing and certification programs in other sectors.</li> <li>• Dr. Tilson commended NACCHO and asked what the association intends for the Council to do with the questions. Should the Council help vet this at its session during APHA? Was it NACCHO’s notion that the Council might help seek funding to conduct this research by Council member organizations?</li> <li>• Dr. Allan explained that these questions are a request for this type of research to be conducted and an offer to be a partner in these efforts, but that there is no specific action item at this time. She commented that it is not a coincidence that the Council is the first organization that NACCHO prepared the questions for and the first organization to which NACCHO is bringing them. Mr. Pat Libbey agreed that the Council seemed a logical place to begin because of its intersection between academia and public health practice. However, NACCHO will also take these questions to Research!America and CDC. He stressed that these represent questions that arose frequently in forming NACCHO policy.</li> <li>• Dr. Tilson moved to thank NACCHO for bringing these questions to the Council and to incorporate them into the research agenda. The motion was passed unanimously. Dr. Livingood asked whether adding more questions to the inventory is necessarily the best way to move</li> </ul>	<ul style="list-style-type: none"> <li>• The Council will incorporate NACCHO’s proposed research agenda into the Council’s research agenda.</li> <li>• The Council will help others become aware of NACCHO’s research agenda through sessions at APHA as well as help seek funding for this research to be conducted.</li> <li>• Council staff will distribute NACCHO’s Resolutions on Workforce Credentialing and Certification and on Voluntary Accreditation of Local Public Health Agencies to Council member organizations for their feedback and input about the Council adopting, in</li> </ul>

	<p>forward, particularly if the research questions are not prioritized. Dr. Tilson explained that the Council did publicly vet the research agenda at last year’s APHA annual meeting and that it is on the agenda at the fourth annual PHSR Leadership Forum, which will be convened at the next APHA meeting on Tuesday, November 21 from 10:30 a.m.-noon. Mr. Bialek noted that now that these research questions have been backed by NACCHO, it may be easier to receive funding. Dr. Tilson acknowledged that PHF might be a potential grantee for this type of research and that the Council would, as it has in the past, need to ensure there is no conflict of interest.</p> <ul style="list-style-type: none"> <li>• Dr. Allan requested that ASPH bring this information back to schools of public health and graduate public health programs to see if PhD students are interested in taking on some segment of this research. Mr. Atchison recommended that Council members discuss these research questions with their representative organizations and provide feedback at a future Council meeting.</li> <li>• Mr. Santasiero stated that with the Council’s interest in these research questions CDC may be interested in providing funding to conduct some of this research.</li> <li>• Dr. Tilson proposed a motion that 1) the Council commend NACCHO on the two resolutions; 2) Council members discuss the resolutions with their representative organizations to determine if the Council itself would like to adopt similar resolutions; and 3) determine whether the Council should act as a convenor on these issues, and if not, who should. Mr. Libbey emphasized that he welcomes Council members sharing these resolutions with other organizations, but he cautioned that as the Council considers whether it endorses the views presented in the content of the resolutions, their identity as being created by NACCHO should be lost. Dr. Allan requested that the motion be split into two separate motions—one addressing the resolution about credentialing and the other the resolution about accreditation. Several Council members expressed concern that the Council should not begin to discuss whether it is an appropriate convenor until NACCHO is ready. In particular, Dr. Allan said that there is an important sequencing of events—research should be conducted before beginning convening. The first motion was passed, but later reconsidered. In the end, the following two motions were unanimously passed:       <ol style="list-style-type: none"> <li>1. We thank NACCHO for bringing the Resolution on Workforce Credentialing and Certification to the Council. Council staff will distribute the resolution to Council member organizations for their feedback and input about the Council adopting, in principle, NACCHO’s resolution on credentialing.</li> <li>2. We thank NACCHO for bringing the Resolution on Voluntary Accreditation of Local Public Health Agencies to the Council. Council staff will distribute the resolution to Council member organizations for their feedback and input about the Council adopting, in principle, NACCHO’s resolution on accreditation.</li> </ol> </li> </ul>	<p>principle, NACCHO’s resolution on credentialing and certification.</p>
<p><b>Council Objectives and Deliverables</b></p>	<ul style="list-style-type: none"> <li>• In light of the Council’s earlier discussion of adding an additional objective related to advancing strategies to improve public health worker recruitment and retention, Dr. Keck suggested that the Council did not need to further discuss Council Objectives at this meeting.</li> <li>• Mr. Day briefly summarized how the Council had done in working towards its 2004 deliverables. He reported that the Council had met most of its deliverables.</li> <li>• Dr. Keck asked if the Council should continue to pursue the same deliverables as it had this year. He noted that after today’s discussion,</li> </ul>	<ul style="list-style-type: none"> <li>• Council members should consider and come prepared to discuss at our next meeting what activities the Council can cut back on and/or how the Council can secure additional</li> </ul>

	<p>it is likely that the Council will become more actively involved in work related to public health worker recruitment and retention. Council members were asked to consider what activities the Council could cut back on, given limited financial resources and time. Dr. Keck recommended that Council members come prepared to discuss at our next meeting what the Council can cut back on and/or how the Council can pursue new resources.</p>	<p>funding.</p>
<p><b>Other Business</b></p>	<ul style="list-style-type: none"> <li>• Mr. Bialek informed the Council that funding was received from HRSA through ASPH for the fiscal year beginning October 1, 2004. However, although the Council has received \$160,000 for several years, this year HRSA cutbacks led to reducing the Council's funding to \$140,000. In response to this change in funding, the Council might only be able to have one face-to-face meeting a year and should explore conducting other meetings using web- or teleconferencing.</li> <li>• Mr. Day reported that the Council had received \$51,000 from CDC for work related to the Core Competencies.</li> <li>• Members decided to hold the next Council meeting on January 25, 2005 in Washington, D.C.</li> <li>• Ms. Jessica Kronstadt reminded Council members to submit their annual organizational updates. Council staff will send an electronic version of the organizational update template for Council members to complete by January 3, 2005. The updates will be posted on the Council's website once complete.</li> </ul>	<ul style="list-style-type: none"> <li>• Council staff will send members an organizational update template. Members are asked to complete the forms by January 3, 2005.</li> </ul>