Council on Linkages Between Academia and Public Health Practice Meeting

December 12, 2017
Housekeeping Items

- Council members and designees are unmuted; all other attendees are muted. If you are using your phone, please choose the “Phone call” option and enter your Audio PIN (found in the “Audio” panel). If you are using a mic, please choose the “Computer audio” option.
- Please use the “Raise Hand” feature to indicate that you’d like to be unmuted.
- Meeting materials and slides are available in the “Handouts” section.
- Feel free to use the “Questions” box to communicate with staff during the meeting.
Council on Linkages Between Academia and Public Health Practice

To improve the performance of individuals and organizations within public health by:

➤ Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities

➤ Promoting public health education and training for health professionals throughout their careers

➤ Developing and advancing innovative strategies to build and strengthen public health infrastructure

22 National Public Health Organizations:

➤ American Association of Colleges of Nursing
➤ American College of Preventive Medicine
➤ American Public Health Association
➤ Association for Community Health Improvement
➤ Association for Prevention Teaching and Research
➤ Association of Accredited Public Health Programs
➤ Association of Public Health Laboratories
➤ Association of Schools and Programs of Public Health
➤ Association of State and Territorial Health Officials
➤ Association of University Programs in Health Administration
➤ Centers for Disease Control and Prevention
➤ Community-Campus Partnerships for Health
➤ Council on Education for Public Health
➤ Health Resources and Services Administration
➤ National Association of County and City Health Officials
➤ National Association of Local Boards of Health
➤ National Environmental Health Association
➤ National Library of Medicine
➤ National Network of Public Health Institutes
➤ National Public Health Leadership Development Network
➤ Quad Council of Public Health Nursing Organizations
➤ Society for Public Health Education

Funded by Centers for Disease Control and Prevention

Staffed by Public Health Foundation
Agenda

- Approval of Minutes from October 2, 2017 Meeting
  - **Action Item**: Vote on Approval of Minutes
- Request for Council Membership – Veterans Health Administration
  - **Action Item**: Vote on Membership Request
- CDC: Public Health Associate Program
- The Kresge Foundation: Emerging Leaders in Public Health Initiative
- Advocating for the Public Health Workforce: The Role of the Council
- Demonstrating Council Impact
- Council Member Request: New Approaches to Practice-based Research
- Performance Improvement and Population Health Competencies
- Core Competencies for Public Health Professionals
- Academic Health Department Learning Community
- Other Business and Next Steps
Approval of Minutes from October 2, 2017 Meeting

Action Item: Vote on Approval of Minutes
Request for Council Membership – Veterans Health Administration

Action Item: Vote on Membership Request
CDC: Public Health Associate Program

Speaker: J.T. Theofilos, MBA, Team Lead, Partnerships and Stakeholder Engagement, Public Health Associate Program (PHAP)
The Kresge Foundation: Emerging Leaders in Public Health Initiative

Speaker: Phyllis Meadows, PhD, Senior Fellow – Health, The Kresge Foundation
About the initiative

December 2017
$5M Invested

Cohort I: 2015 - 2016
Cohort II: 2017 - 2019
Cohort III: Recruiting Soon!

The initiative equips local public health officers with knowledge and skills to transform the role of public health in their community through an 18-month action-based learning program.
The ELPH Initiative

Components
- Leadership Development, Tailored Coaching
- Peer support and action learning “virtual” meetings
- Technical assistance
- Resource connections

Applied Learning Resource grants
18 months experience
Goals

• 100 leaders developed across the US

• Transformational blueprints for new roles in public health

Model

• Leader and co-leader from each location

• Leadership development, support and resources
How it works

• The public health officer and an emerging leader develop a concept to transform the role of their local public health agency.

• Leaders gain skills and knowledge through shared learning with their cohort.

• Teams receive a $125,000 grant to accelerate their growth through applied learning and develop new models of service for local public health agencies.
At the Calvert County Health Department in Maryland, Laurence Polsky and Kirsten Forseth used their grant funds to establish the health department as a principal safety-net provider for adolescent behavioral health services in the school system.
• Public health leaders gain business, finance and entrepreneurial skills to lead in today’s dynamic health care environment.

• ELPH leaders engage community members in transforming the role of public health.

• Participants apply leadership skills through real-time organizational transformation.
• Expect applications to open next year

• Sign up to receive updates at: kresge.org/ELPH
Goal: 100 leaders demonstrating new roles for local public health

- kresge.org/ELPH

- National Program Office: University of North Carolina at Chapel Hill
Advocating for the Public Health Workforce: The Role of the Council

Speaker: Hugh Tilson, MD, DrPH, MPH, Adjunct Professor, University of North Carolina Gillings School of Global Public Health
An Impressive History

- Convening diverse national organizations to improve public health training, research, and practice for 25 years
- Developed consensus around core skills and competencies desirable for the practice and teaching of public health
- Put public health systems research on the map
- Influenced academic and practice accreditation criteria
- Developed evidence-based practice guidelines leading to creation of the U.S. Community Preventive Services Task Force
- Providing tools, resources, and technical assistance to institutions trying to establish academic health departments
Core Competencies for Public Health Professionals

- Identified need to guide skill development of public health practitioners in all settings
- Advocated for and facilitated development of consensus involving practitioners, faculty, and researchers
- Widely used by health departments and academic institutions
- Moving beyond traditional public health agencies to hospitals and health systems
COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

...bringing together public health education, science, and practice

Core Competencies for Public Health Professionals

Adopted April 2001
Prologue Revised August 2005

A collaborative activity of:

PHF Public Health Foundation

HRSA Health Resources and Services Administration
Health Department Usage of the Core Competencies: Data from 2016 ASTHO and NACCHO Profiles

- Any Use^: LHD = 40%, SHD = 50%
- Assessing Staff Training Needs^: LHD = 30%, SHD = 40%
- Developing Training Plans: LHD = 80%, SHD = 70%
- Preparing Job Descriptions: LHD = 30%, SHD = 40%
- Conducting Performance Evaluations: LHD = 20%, SHD = 30%
- Other Use*: LHD = 10%, SHD = 10%
- Familiar With But Have Not Used*: LHD = 20%, SHD = 20%

* Data not included in NACCHO Profile
^ Data not included in ASTHO Profile
Healthy People 2010 and 2020: Advocated for Use of Core Competencies

- PHI-1: Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations

- PHI-2: Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals

- PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula
A Place to Publish Public Health Practice Research
But, Where’s the Research?!?!

Let’s create and advocate for public health systems research!!

What better way to leverage the expertise of practitioners and researchers?

What better way to guide the practice of public health and practice-based research?

What better way to produce evidence for the practice of public health?
Don’t We Need to Define What We’re Talking About and Have a Research Agenda?

COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

Developing a National Public Health Practice Research Agenda

Monday November 8, 1999
2:15-3:45 pm
Hyatt Chicago – San Francisco Room

GETTING ON WITH IT:

Developing a National Public Health Practice Research Agenda

Presented by Hugh Tilson, MD, DrPH
November 15, 2000
Identifying What Exists

The Council on Linkages is collecting and analyzing current public health practice research activities being conducted at the 23 Prevention Research Centers (PRCs) affiliated with Schools of Public Health.

Relevant research from the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) are being analyzed to ensure that the national public health practice research agenda builds on what exists and is under development.
End Products

• A coordinated and comprehensive national public health practice research agenda
• A “guide” to public health practice research priorities
• A framework for other public health practice research agenda-setting activities
Table 1

FRAMEWORK FOR PUBLIC HEALTH PRACTICE RESEARCH AGENDA

<table>
<thead>
<tr>
<th>Essential Public Health Services (Source: Public Health Functions Steering Committee)</th>
<th>Healthy People 2010 Objectives Categories</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Promote Health Behaviors</td>
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<tr>
<td></td>
<td>Promote Healthy and Safe Communities</td>
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<td></td>
<td>Improve Systems for Personal and Public Health</td>
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<td></td>
<td>Prevent and Reduce Disease and Disorders</td>
</tr>
<tr>
<td>Chapters</td>
<td>Objectives (singular or grouped)</td>
</tr>
</tbody>
</table>

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

In each box:
- What do we need to know to be effective — interventions, causes, methodological research?
- What do we know?
- Info being used?
- Need to better disseminate?
- Need to better translate?
- What do we not know?
- What specific questions need to be answered?
- What research is underway and when will it be completed?

Priority setting...
- Take key dimensions of columns and rows
- How important to know to deliver EPHS?
- How doable? How easy to answer question?
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<th>Essential Public Health Services (Source: Public Health Functions Steering Committee)</th>
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<td>7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable</td>
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<td>9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
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Currently, the Council on Linkages has collected and analyzed public health practice research activities being conducted at the 23 Prevention Research Centers affiliated with Schools of Public Health. In addition, research agendas and activities from various federal agencies such as the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Agency for Healthcare Quality and Research (AHQR) have been reviewed to ensure that the national public health practice research agenda builds on what exists and is under development.

Throughout our research into each respective agency conducting public health research, several poignant facts have come to light. Some include:

♦ Most research activities and agendas lack connection to HP2010 objectives and the ten EPHS.
♦ Some agencies conduct little, if any, public health practice research. Biomedical research is a priority in those agencies.
♦ Allocation of federal research dollars are not consistent with the Healthy People 2010 objectives, making these goals more difficult to attain.
♦ The decentralized nature of public health research activities within and among federal agencies have made planning future research initiatives more difficult and tasking.
Definition of Public Health Systems Research (PHSR)
A field of inquiry using quantitative and qualitative methodology to examine the impact of the organization, staffing, financing, and management of public health systems on the access to, delivery, cost, quality, and outcomes of population-based services and interventions.

- Developed by the Council on Linkages Between Academia and Public Health Practice (Council)

Meeting objectives
- Form a vision for transforming PHSR in the United States;
- Develop a strategy for improving coordination among funding agencies and organizations, which could include:
  - Articulating the specific roles, responsibilities, and commitments of each meeting participant to advancing PHSR, or
  - Establishing a coalition of funders that convenes several times a year;
- Craft unified messages to help PHSR enthusiasts sell the need for PHSR activities and infrastructure; and
- List next steps for advocating increased investment in PHSR among organizations in attendance and other institutions identified as potential partners.
COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

Public Health Systems Research
September 29, 2005 - Meeting Participants

AcademyHealth
W. David Helms, PhD
President and CEO

Agency for Healthcare Research and Quality
Ronda G. Hughes, PhD, MHS, RN
Senior Health Scientist Administrator
Center for Primary Care, Prevention, and Clinical Partnerships

Centers for Disease Control and Prevention
Robin Ikeda, MD, MPH
Associate Director for Science
Office of Workforce and Career Development

Dennis Lenaway, MPH, PhD
Director
Office of Standards and Emerging Issues in Practice
Office of the Chief of Public Health Practice

Grantmakers In Health
Katherine M. Treanor, MSW
Program Associate

Health Resources and Services Administration
Kerry Paige Nesseler, RN, MS
Associate Administrator
Bureau of Health Professions

The Robert Wood Johnson Foundation
Debra Joy Pérez, MA, MPA, PhD
Program Officer

Mississippi Department of Health
Peggy A. Honoré, DHA, MHA
Chief Science Officer
Co-Director of the Public Health Finance: Advancing a Field of Study Through Public Health Systems Research project

National Institutes of Health
Jon F. Kerner, PhD
Deputy Director for Research Dissemination & Diffusion
Division of Cancer Control & Population Sciences
National Cancer Institute
What About Accreditation Criteria for Schools and Programs of Public Health?

COMING TOGETHER: ACADEMIC/PRACTICE LINKAGES

Presented by:
Ron Bialek
Public Health Foundation
November 12, 1997

Revised Accreditation Criteria

- Offer Practice Experiences
- Engage in Applied Research
- Promote Service Activities
- Provide Continuing Education
- Integrate Practice into Teaching
- Involve Constituents in Evaluating School
...And Health Departments

Standard 8.2:
Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>PURPOSE</th>
<th>SIGNIFICANCE</th>
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<tbody>
<tr>
<td>Measure 8.2.1 A</td>
<td>The purpose of this measure is to assess the health department’s planning for employee training, implementation of those plans, and the development of core competencies.</td>
<td>Health departments must have a competent workforce with the skills and experience needed to perform their duties and carry out the health department’s mission. Workforce development strategies support the health department, individual staff members, staff development, and the overall workplace environment. Employee training and core staff competencies ensure a competent workforce.</td>
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GUIDANCE

1. The health department must provide a health department-specific workforce development plan. The workforce development plan must:
   - Address the collective capacity and capability of the department workforce and its units.
   - Address gaps in capacity and capabilities and include strategies to address them.
   - Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science.
   - Be responsive to the changing environment and include considerations of areas where the field is advancing, for example, emergency preparedness training, health equity, and cultural competence.
   - The plan must include:
     - An assessment of current staff competencies against the adopted core competencies. An example of nationally adopted core competencies is the "Core Competencies for Public Health Professionals" from the Council on Linkages Between Academia and Public Health Practice. The plan may also use state-developed or externally issued core competencies, for example, nursing, public health preparedness, informatics, and health equity competencies.

<table>
<thead>
<tr>
<th>NUMBER OF EXAMPLES</th>
<th>DATED WITHIN</th>
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<tr>
<td>1 plan</td>
<td>2 years</td>
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....And the Guide to Community Preventive Services to Help Guide Practice?
Now an Ongoing Effort Supported by CDC
A Newer Kid on the Block: Academic Health Department Learning Community

AHD Research Agenda

<table>
<thead>
<tr>
<th>Logic Model Parameters</th>
<th>Potential Research Questions</th>
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<tbody>
<tr>
<td>1. What models and theories of education and training are most effective in creating the conditions to establish AHDs?</td>
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<tr>
<td>2a. What styles of leadership are most effective in establishing and sustaining AHDs?</td>
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<tr>
<td>2b. What styles of management are most effective in establishing and sustaining AHDs?</td>
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<tr>
<td>3a. How do practitioners in settings with AHD partnerships differ from practitioners in settings without AHD partnerships in terms of background, training, and expertise?</td>
<td></td>
</tr>
<tr>
<td>3b. How do academics in settings with AHD partnerships differ from academics in settings without AHD partnerships in terms of background, training, and expertise?</td>
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<tr>
<td>4a. What are the critical resources for establishing AHDs?</td>
<td></td>
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<tr>
<td>4b. What are the critical organizational environments for establishing AHDs?</td>
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<tr>
<td>5. What is the variability across AHDs in resources, and how does such variability matter?</td>
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<tr>
<td>6. What is the value of shared personnel in AHDs?</td>
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<tr>
<td>7. Which types of personnel contribute most to AHDs?</td>
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<tr>
<td>8. What arrangements for sharing personnel in AHDs have been successful?</td>
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Helping Academic Health Departments Grow

- Mentorship program
- Partnership agreements
- Webinars by wide variety of Academic Health Departments
- Examples of Academic Health Departments
- “Ask the Expert” column
- Listserv
- Profiles

- Over 750 members!!!!!
Great Challenges and Opportunities Ahead for the Council on Linkages

- Public Health 3.0
  - Informatics
  - Leadership
  - Chief Health Strategist
- Work across sectors
- Increase awareness and use of the Core Competencies
- Continue to foster Academic Health Departments and go beyond health departments and academic institutions
- Achieve ongoing surveillance of the public health workforce
- Create and implement a national public health workforce action plan
- Sustain and grow the Council on Linkages

SIMPLY BUSINESS AS USUAL……
Demonstrating Council Impact

Speakers: Bill Keck, MD, MPH, Council Chair, and Kathleen Amos, MLIS, Council Assistant Director
How Has the Council Impacted Your Organization and Its Members or Constituents?
Examples of Impact of Council Initiatives

- State, territorial, and local health departments use the Core Competencies for developing training plans, creating job descriptions, conducting performance evaluations, and other workforce development activities, as described in the ASTHO and NACCHO Profiles studies.

- APHL used the Core Competencies and related resources in developing and implementing the Competency Guidelines for Public Health Laboratory Professionals.

- Assistance in building AHD partnerships is being provided to health departments and schools and programs of public health through the AHD Learning Community.

- CEPH used the Core Competencies in revising its accreditation criteria for schools and programs of public health.
How Has the Council Impacted Your Organization and Its Members/Constituents?

Today’s discussion:

- Impact Council member organizations are seeing/experiencing from Council initiatives, activities, and products
- Ways Council staff can best demonstrate impact
- Opportunities to increase the Council’s impact

Share your data and examples with Kathleen at kamos@phf.org
Council Member Request: New Approaches to Practice-based Research

Speaker: Patrick Lenihan, PhD, National Network of Public Health Institutes (NNPHI)
Performance Improvement and Population Health Competencies

Speaker: Kathleen Amos, MLIS, Council Assistant Director
Competencies for Performance Improvement Professionals in Public Health (Draft)

Define and describe skills and competencies desirable for PI professionals in public health

Expand upon the Core Competencies for PI professionals

Core Competency

Develops strategies for continuous quality improvement

Draft Performance Improvement Competency

Coordinates development, implementation, and evaluation of a continuous quality improvement plan
Competencies for Performance Improvement Professionals in Public Health (Draft)

- Describes how quality improvement and performance management methods and tools are used to improve individual, program, and organizational performance.
- Coordinates the use of teams from all levels of the organization to improve program and organizational performance.
- Aligns quality improvement and performance management with organization and community plans, such as the strategic plan, community health improvement plan, workforce development plan, communication plan, and all hazards emergency operations plan.
Priority Competencies for Population Health Professionals (Draft)

- Non-clinical hospital, health system, public health, and healthcare professionals engaged in assessment of population health needs and development, delivery, and improvement of population health programs, services, and practices

- Types of activities:
  - Community health needs assessments
  - Community health improvement plans
  - Implementation of community-based interventions
  - Coalition building
Priority Competencies for Population Health Professionals (Draft)

- Community Health Assessment
- Community Health Improvement Planning and Action
- Community Engagement and Cultural Awareness
- Systems Thinking
- Organizational Planning and Management
Feedback Process for Performance Improvement and Population Health Competencies
Core Competencies for Public Health Professionals

Speaker: Janet Place, MPH, Core Competencies Workgroup Co-Chair
Usage of the Core Competencies

- Website visits continued to grow
- Most popular resources and tools:
  - Competency assessments
  - Collection of job descriptions
  - Collection of examples of how organizations use the Core Competencies
  - Collection of workforce development plans

![Website Visits to Core Competencies and Related Tools and Resources](image-url)
Health Department Usage of the Core Competencies: Data from 2016 ASTHO and NACCHO Profiles

- Any Use
- Assessing Staff Training Needs
- Developing Training Plans
- Preparing Job Descriptions
- Conducting Performance Evaluations
- Other Use
- Familiar With But Have Not Used

LHD | SHD
---|---
Any Use: 40% | 60%
Assessing Staff Training Needs: 35% | 65%
Developing Training Plans: 30% | 70%
Preparing Job Descriptions: 35% | 65%
Conducting Performance Evaluations: 25% | 75%
Other Use: 15% | 85%
Familiar With But Have Not Used: 20% | 80%
Core Competencies Tools and Resources

- Modified version of the Core Competencies developed to support organizations in using the Core Competencies
- New tool, *Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process*, released in June and featured during the Public Health Improvement Training, a webinar, and an APHA Annual Meeting session
- 12 new job descriptions and a new workforce development plan that incorporate the Core Competencies added to the online collections
  - Additional examples welcome by email to Janelle at jnichols@phf.org
- Competency sets that draw on the Core Competencies continued to be developed, including the Priority Competencies for Population Health Professionals and Competencies for Performance Improvement Professionals in Public Health
Additional Highlights

- After considering requests from the public health community and usage of the Core Competencies, the Council decided not to open the Core Competencies for review this year.
- Council staff participated in a PH WINS (Public Health Workforce Interest and Needs Survey) workgroup to support incorporation of concepts from the Core Competencies into their assessment tool.
- **Core Competencies Workgroup** grew to nearly 100 members.
- **Performance Improvement Competencies Subgroup** formed to support refinement of the Performance Improvement Competencies and includes nearly 90 members.
- Core Competencies Workgroup began a discussion of Council involvement in recognition of discipline-specific competency sets based on the Core Competencies.
Additional Highlights

3 blog posts and 1 news article highlighting work related to the Core Competencies published on the PHF website and viewed more than 500 times.
Additional Highlights

Council staff responded to more than 40 technical assistance requests, serving nearly 40 organizations in 19 states, Guam, and Uganda.
Academic Health Department Learning Community

Speaker: Bill Keck, MD, MPH, AHD Learning Community Chair
Engagement with AHD Learning Community

- Membership grew to approximately 750 members, representing organizations in all 50 states, DC, and 4 US territories
- Website visits continued to grow

Website Visits to AHD Learning Community and Related Tools and Resources

- 2017: 6,305
- Total Since January 2011: 42,057
Engagement with AHD Learning Community

Council staff responded to more than 25 technical assistance requests, serving more than 20 organizations in 13 states.
AHD Learning Community Tools and Resources

**Webinar and Meeting Attendees for 2017**

- AHD Learning Community Meetings: 121
- Core Competencies Webinars and Meetings: 295

**Website Visits to Blog Posts and News Articles for 2017**

- Core Competencies: 531
- AHD Learning Community: 589
Staged Model of AHD Development

Stage 1: Informal Relationships
Stage 2: More Established, Longer Term Relationships
Stage 3: Formal Written Agreement
Stage 4: Expansion
Stage 5: Comprehensive Collaboration
Additional Highlights

- **Article** on development of the AHD Research Agenda published in September 2017 issue of the *American Journal of Public Health*

- 7 **AHD partnerships** and 3 **partnership agreements** added to the Council website
  - Additional partnerships or examples of agreements may be shared with Janelle at jnichols@phf.org

- **AHD Mentorship Program** created 7 additional mentor-mentee matches, bringing the current total to 15
  - Expressions of interest in participating in the program can be sent to Janelle at jnichols@phf.org
Other Business and Next Steps