

Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

March 31, 2022

Welcome to Our Zoom Meeting!

- Audio:
 - Computer or phone
 - Please keep your audio on mute when you are not speaking
- Feel free to use the Chat box to share comments or questions
- We are recording this meeting

Council on Linkages

Mission:

- 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

Council on Linkages



Council on Education for Public Health



Agenda

- Welcome, Overview of Agenda, and Introduction of New Representative
 - Association of State and Territorial Health Officials: John Wiesman
- Approval of Minutes from October 12, 2021 Meeting
 - **Action Item:** Vote on Approval of Minutes
- Rebuilding the Public Health Workforce
- Academic Health Department Learning Community
- Core Competencies for Public Health Professionals
 - Dissemination
 - Resources and Tools for Implementation
 - Healthy People 2030
- Revising the Applied Epidemiology Competencies
- Public Health Accreditation Board Standards & Measures Version 2022
- Other Business and Next Steps

Introduction of New Representative

*Association of State and Territorial Health Officials:
John Wiesman, DrPH, MPH*

Approval of Minutes from October 12, 2021 Meeting

➤ **Action Item:** Vote on Approval of Minutes

Rebuilding the Public Health Workforce

Ron Bialek, MPP, Council Director

Liza Corso, MPA, CDC Council Representative

Michelle Carvalho, MPH, MCHES, CDC Council Representative


Rebuilding the Public Health Workforce

- CDC will be releasing a landmark Notice of Funding Opportunity (NOFO) to rebuild public health infrastructure
 - *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems*
 - April 14th estimated publication date; 60-day turnaround
- \$3 billion five-year initiative will support “critical infrastructure needs related to workforce, foundational capabilities, data modernization, and physical infrastructure”
- Component A grantees will be health departments
- Component B grantees will be organizations supporting the successful implementation of Component A grantees’ activities
- Estimated award date – Sept 1st; Estimated start date – Nov. 1st

Public Health Workforce Development

[CDC](#) > [Public Health Workforce Development](#) > [Workforce Resources for Organizations](#)



 [Public Health Workforce Development](#)

[Workforce Resources for Organizations](#)

[Public Health AmeriCorps](#)



[PH Infrastructure Grant](#)

[Frequently Asked Questions for OE22-2203](#)

[Training and Education Resources for the Workforce](#)

[Careers at CDC](#)

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

CDC's [OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems](#)  grant will provide funding to improve critical public health infrastructure needs. This investment, a key component of the [American Rescue Plan funding](#) , will help ensure that U.S. public health systems are ready to respond to public health emergencies like COVID-19 and to meet the evolving and complex needs of the communities and populations they serve.

Purpose

This program will help address the historic underinvestment in U.S. communities that have been economically or socially marginalized, located in rural geographic areas, are composed of people from racial and ethnic minority groups, are medically underserved, and those disproportionately affected by COVID-19 or other priority public health problems. OE22-2203 will provide cross-cutting support to public health agencies for critical infrastructure needs related to workforce, foundational capabilities, data modernization, and physical infrastructure. It will also provide funding to national public health partners to support this work. Investment in these areas will have lasting effects on public health capacity and systems across the country and will help public health agencies transform to meet the evolving and complex needs of the U.S. population.

<https://www.cdc.gov/workforce/resources/infrastructuregrant/index.html>

Academic Health Department Learning Community

Bill Keck, MD, MPH, Council Chair

Helping AHD Partnerships Grow



➤ >1,200 members

Variety of Activities:

- Examples and stories of AHD partnerships
- Webinars by and about AHD partnerships
- Partnership agreements
- Listserv
- Technical assistance

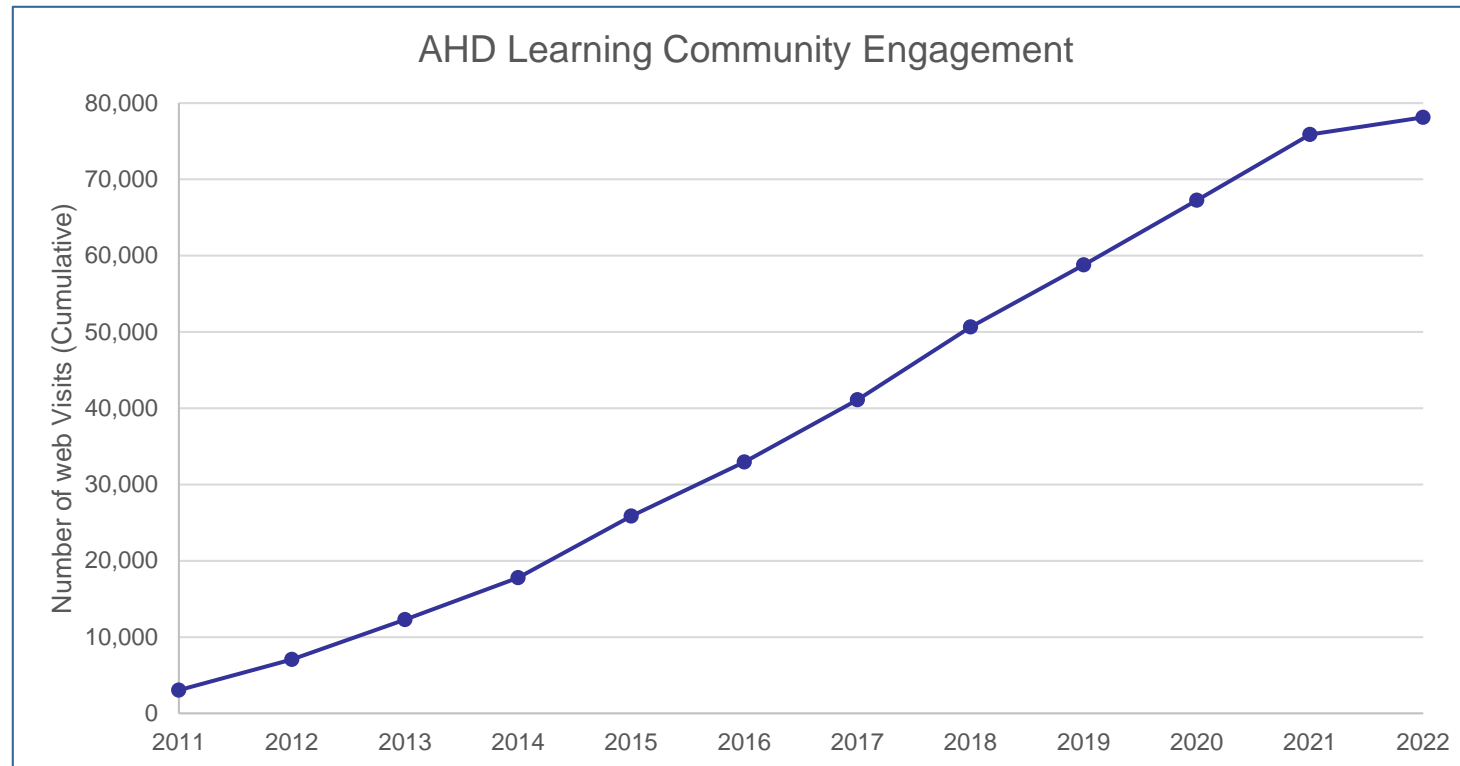
AHD Learning Community Engagement

➤ Since October 2021:

➤ ~4,000 online visits

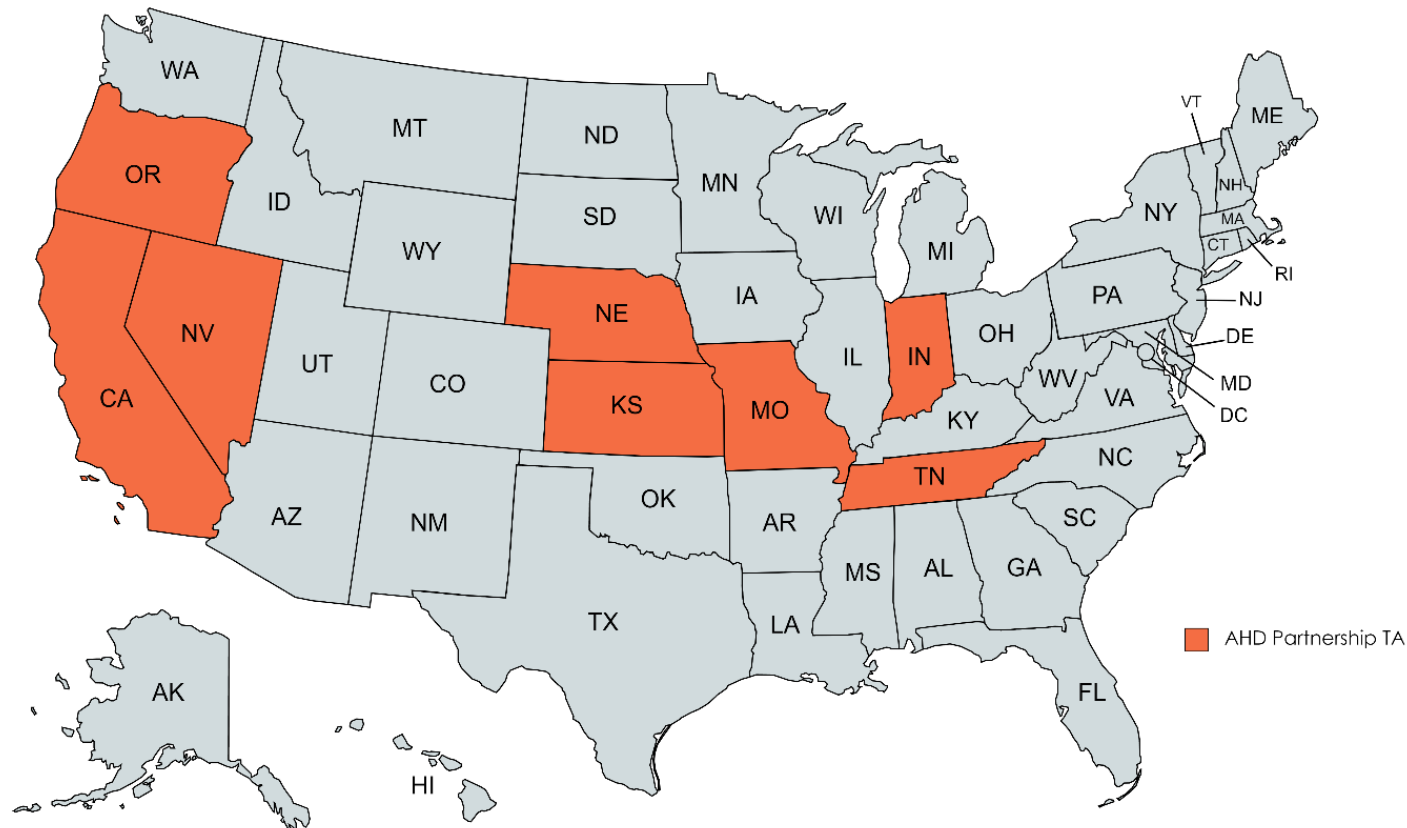
➤ Since 2011:

➤ >78,000 online visits



AHD Learning Community TA (October 2021 – March 2022)

➤ 10 technical assistance requests, serving organizations in 8 states



AHD Partnership Resources

➤ Annual meetings and conferences:

- [APHA Annual Meeting](#) (October 2021)
- [Region VII Academic Health Department Conference](#) (October 2021)

➤ Webinars:

- [*Envisioning and Building the Public Health Workforce of the Future: The Critical Role of Partnerships*](#) (February 2022)
- AACN: [*Partnerships Between Academic Health Departments and Schools of Nursing*](#) (April 27, 2022 from 2-3pm EDT)

You are here: Professional Development / Webinars / Partnerships Between Academic Health Departments and Schools of Nursing



Partnerships Between Academic Health Departments and Schools of Nursing

2:00-3:00 pm (ET)

**Start Date - End Date**

April 27, 2022

**Start Time - End Time**

2:00 pm - 3:00 pm (ET)

**Calendar Reminder**

Add to Calendar

**Tags**Health Policy; Public Health;
Baccalaureate Education;
Legislation; Nursing;
Advocacy; Graduate
Students; Essentials

Register

Details

Speakers

Pricing and CE Credit

Share:



Webinar Details & Objectives

This webinar will provide a brief overview of the concept of an Academic Health Department (ADH) and its roles and functions. This will be followed by presenters from AHDs and Schools of Nursing (SON) partnerships, describing how partnerships facilitate both nursing education and health department goals of improving the health of the public. Presenters will share examples of student experiences, challenges encountered and how to overcome them when working in partnership with an AHD, and possible ways to measure outcomes for student learning and health department goals. The AHD/SON partnership is an important mechanism for helping nursing students acquire public/population health knowledge and skills.

Register today:

https://www.aacnnursing.org/Professional-Development/Webinar-Info/sessionaltcd/WF22_04_27

Core Competencies for Public Health Professionals

Amy Lee, MD, MPH, MBA, Core Competencies Workgroup Co-Chair

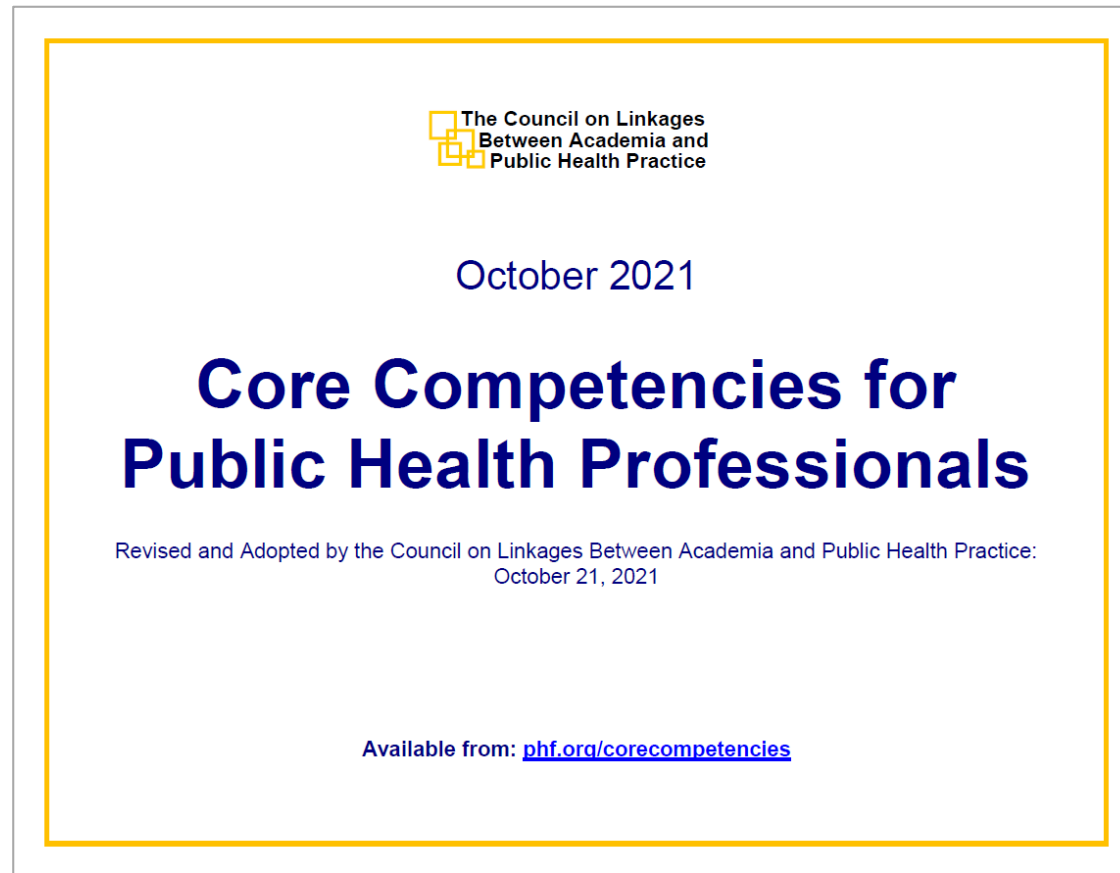
Janet Place, MPH, Core Competencies Workgroup Co-Chair

Kathleen Amos, MLIS, Council Assistant Director

Liza Corso, MPA, CDC Council Representative

Core Competencies for Public Health Professionals

- Consensus set of foundational or crosscutting knowledge and skills for public health professionals



Core Competencies Use

➤ Used by:

- ~80% of state health departments
- ~60% of tribal health organizations
- ~45% of local health departments
- ~25% of territorial health departments
- ~90% of academic public health-focused programs

➤ Used in developing:

- Job descriptions
- Performance objectives
- Workforce competency/needs assessments
- Education and training
- Workforce development plans
- Discipline-specific competency sets

National Initiatives

- Healthy People 2030
 - Public Health Infrastructure Objectives: Increase the proportion of state/local/tribal/territorial public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel

- Accreditation
 - PHAB Domain 8/Standard 8.2: Build a competent public health workforce and leadership that practices cultural humility
 - CEPH: Core Competencies were used in developing foundational competencies for accreditation criteria

- TRAIN Learning Network
 - Course providers can select competencies aligned with their courses and learners can search by competencies to build their knowledge and skills

- 10 Essential Public Health Services

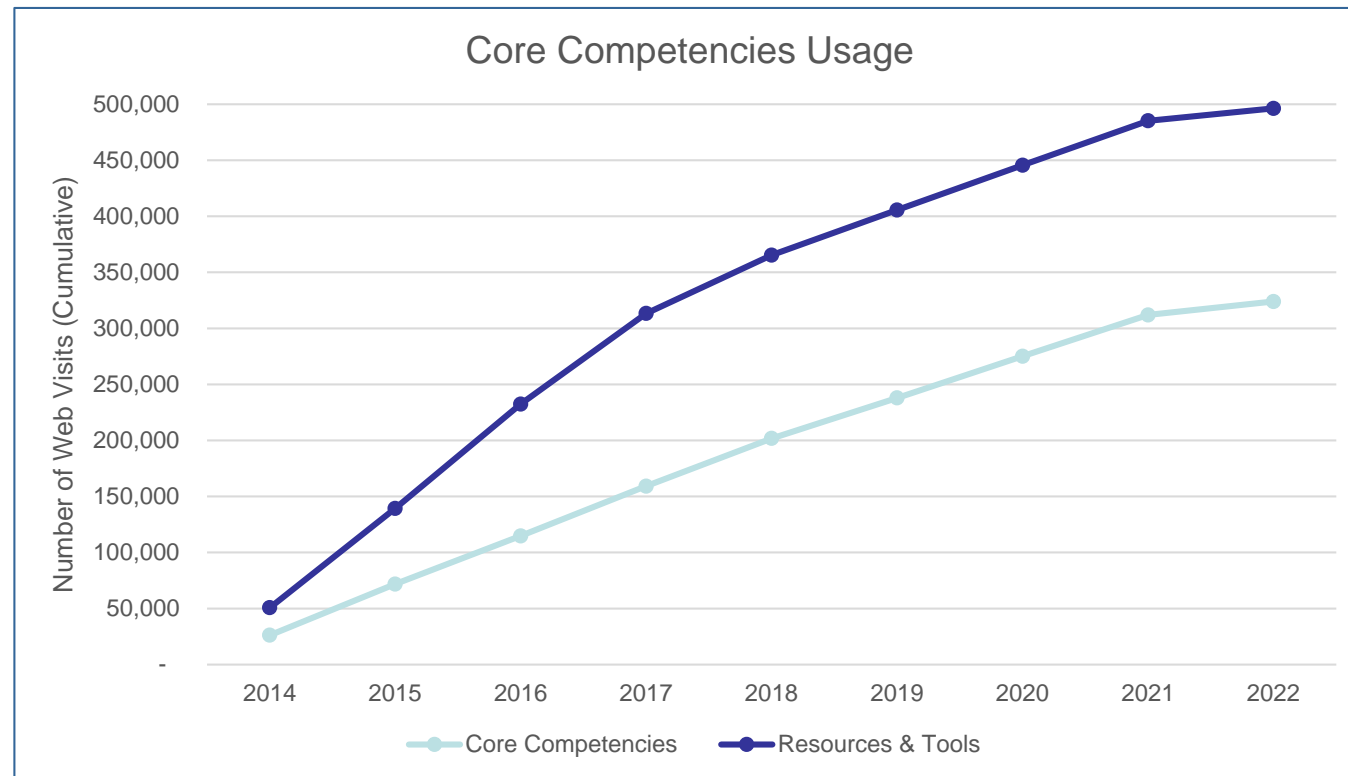
Core Competencies Usage

➤ Since October 2021:

- >21,000 online visits
- >20,000 online visits to resources and tools

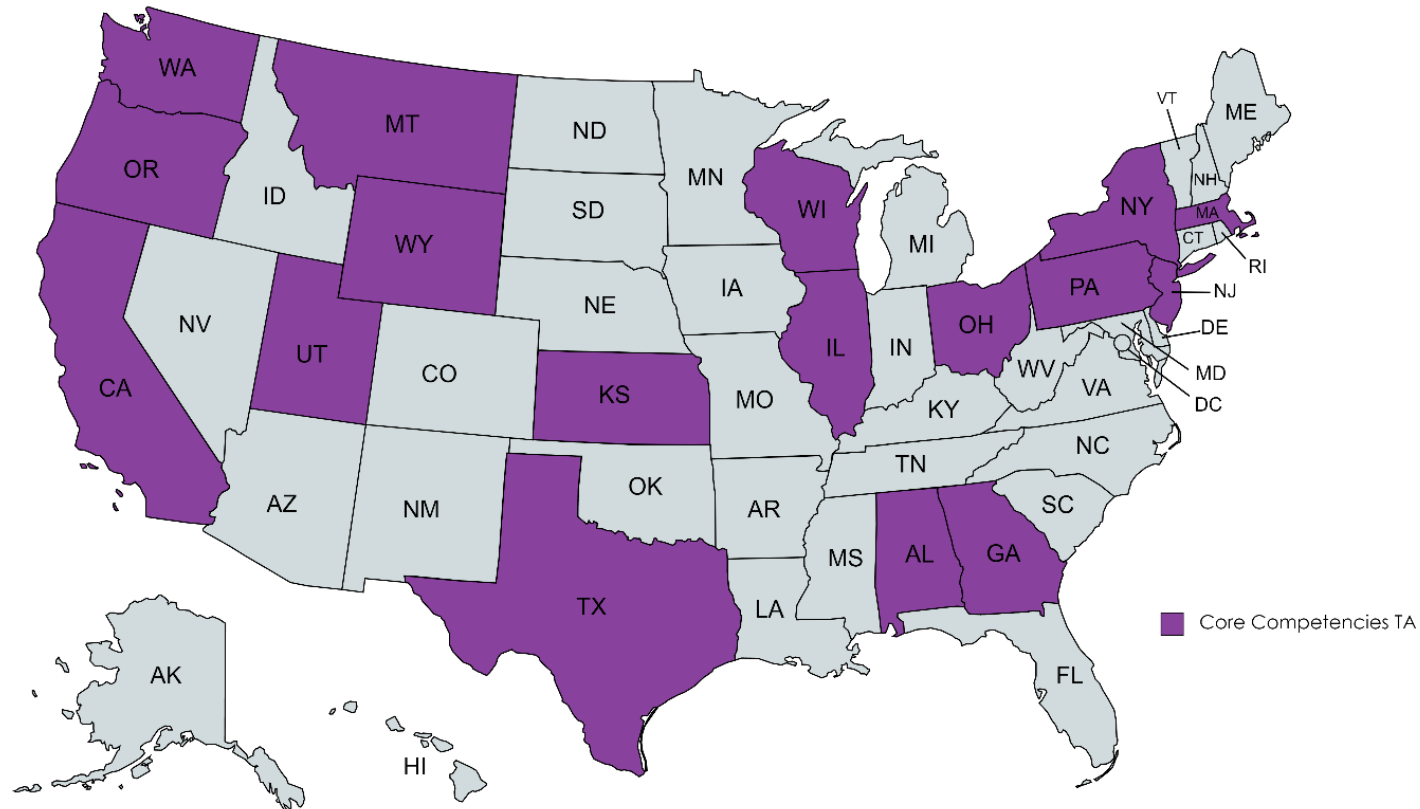
➤ Since 2021 release:

- >18,000 online visits



Core Competencies TA (October 2021 – March 2022)

- 31 technical assistance requests, serving organizations in 17 states and China



Core Competencies Dissemination

- Council website: www.phf.org/corecompetencies
- Emails
- Websites
- Newsletters
- Social media
- Meetings and webinars

Core Competencies Dissemination

- Sessions previewing the 2021 Core Competencies:
 - [Public Health Learning Forum](#) (October 2021)
 - [APHA Annual Meeting](#) (October 2021)
- Sessions introducing the 2021 Core Competencies:
 - PHF/Council webinars in [December 2021](#) and [March 2022](#)
 - [Open Forum: Next Generation](#) (January 2022)
 - [Region 2 PHTC Log-in2Learn webinar](#) (February 2022)
 - NNLM's Public Health Collaborative meeting (March 2022)
 - [NIHB's Tribal Accreditation Learning Community webinar](#) (March 2022)

Core Competencies Dissemination

- Council website: www.phf.org/corecompetencies
- Emails
- Websites
- Newsletters
- Social media
- Meetings and webinars

Other suggestions?

Core Competencies Resources and Tools

- Developing resources and tools to help with the transition to the 2021 Core Competencies
 - Crosswalk of the 2014 and 2021 Core Competencies
 - Short video/slides introducing the 2021 Core Competencies
- Updating existing resources and tools to reflect changes in the 2021 Core Competencies
 - [Competency assessments](#)
 - Prioritization tool
 - FAQs
- Develop new resources and tools to support use of the Core Competencies

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Suggestions?

Public Health Infrastructure

Overview and Objectives

Evidence-Based Resources

Healthy People in Action

Goal: Make sure public health agencies at all levels have the necessary infrastructure for key public health services.



Public health infrastructure provides the necessary foundation for all public health services—from vaccinations to chronic disease prevention programs to emergency preparedness efforts. Healthy People 2030 focuses on creating a strong public health infrastructure. The Public Health Infrastructure objectives address high-performing health departments, workforce development and training, data and information systems, planning, and partnerships.

A strong public health infrastructure includes a capable and qualified

Objective Status

- 0 Target met or exceeded
- 5 Improving
- 2 Little or no detectable change
- 0 Getting worse
- 4 Baseline only

Revising the Applied Epidemiology Competencies

Sarah Auer, MPH

Council of State and Territorial Epidemiologists

Applied Epidemiology Competencies (AECs) Revisions

Thursday, March 31, 2022



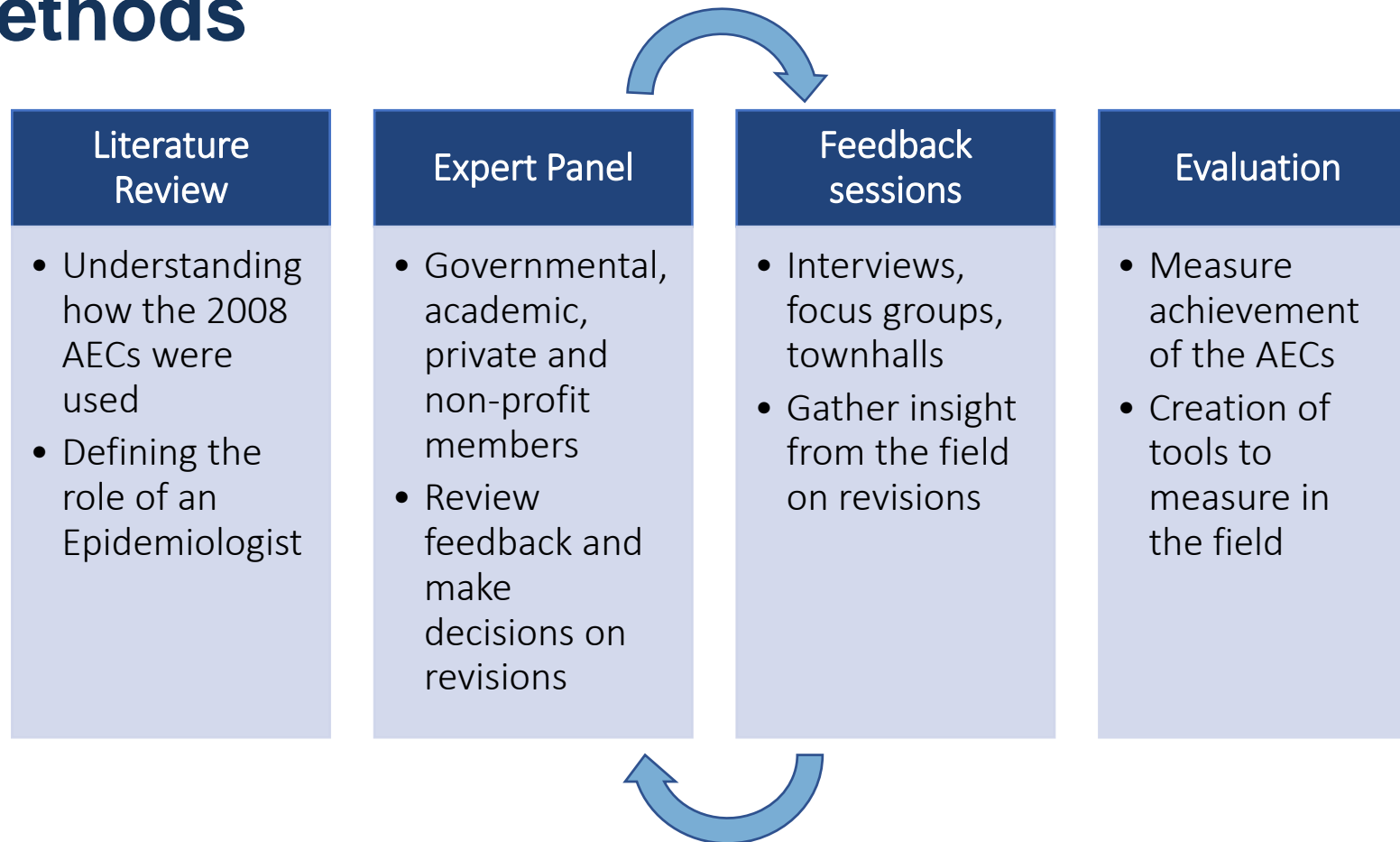
Council of State and Territorial Epidemiologists

Project Goals



Assess and revise the 2008 Applied Epidemiology Competencies (AECs) to be in alignment with the revised Core Competencies for Public Health and with particular emphasis on data science; communication science; pandemic prep and DEI.

Methods



Deliverables

- Literature Review
- Revised set of Applied Epidemiology Competencies (AECs)
- Crosswalk with the Epidemic Intelligence Service (EIS)
Core Activities of Learning (CALs)
- Evaluation plan for measuring achievement of the AECs in the field

Data Collection



CSTE hosted 5 townhalls from February 25 – March 16th. A townhall for tribal epidemiologists is scheduled for March and a meeting with the CSTE Disaster Epidemiology Subcommittee is scheduled for April.

198
unique
participants

43
states represented

60%
of participants
were from state
health
departments

Other data collection



- CSTE received 6 unique responses via the Qualtrics survey
- No line-level edits were submitted
- These data collection methods will remain open through the end of March

Structure Feedback



- Tiers are useful but many departments start hiring at Tier 2 (mid-level)
- Tiers 3a and 3b need more flexibility for senior-level epidemiologists who do not become managers
- **Proposed changes:** Making the tiers more skills-based (basic, proficient, advanced, etc.) and create flexible paths for managerial and non-managerial roles

Tier 1: Entry-Level or Basic Epidemiologist	Tier 2: Mid-Level Epidemiologist	Tier 3a: Senior-Level Epidemiologist: Supervisor and/or Manager	Tier 3b: Senior Scientist/ Subject Area Expert
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Overall Domain Changes



Domain	Name	Feedback
Domain I	Assessment and Analysis Update: Data Analytics and Assessment Skills	Incorporate data visualization, equity, and supporting communities
Domain II	Basic Public Health Sciences Update: Public Health Sciences Skills	Incorporate 10 essential services; PH policy and law; biostats; include competencies covering other PH essential skills
Domain III	Communication Update: Communication Skills	Need to collaborate/communicate across agencies and organizations; deal with misinformation and populations with low literacy; accessibility
Domain IV	Community Dimensions of Practice Update: Community Partnership Skills	Listen to the community and collaborate; health equity missing; change title

Overall Domain Changes



Domain	Name	Feedback
Domain V	Cultural Competency Update: Health Equity Skills	Outdated title and domain overall; include JEDI, cultural humility, SDOH, CLAS standards
Domain VI	Financial and Operational Planning and Management Update: Management and Finance Skills	Much does not apply to Tier 2 as currently written; lots of desire for change- not many specific ways
Domain VII	Leadership and Systems Thinking Update: Leadership and Systems Thinking Skills	Group leadership, policy, strategic planning, and collaboration into one competency; change management; this cross-cuts
Domain VIII	Policy Development Update: Policy Development and Program Planning Skills	Existing competencies do not reflect a Tier 2 role

Alignment with Core Competencies



- Updating Domain names
- Coding the competencies for easy mapping
- Adding structural inequities for Health Equity domain
- Adding 10 Essential Public Health Services
- Avoiding exhaustive lists, utilizing examples

Questions



- How have you used the Applied Epidemiology Competencies?
- What tools would be helpful for adoption of the revised AECs in the future?

Next Steps



- Writing the revised set of Applied Epidemiology Competencies
 - Reviewed by expert panel in May and then distributed to larger epidemiology community for feedback
 - Roundtable at the 2022 CSTE Annual Conference
 - Finalization of revised AECs in July 2022
 - Updates are posted to the CSTE AECs webpage
- Additional input is always welcome. Please send comments to WFResources@cste.org.

Public Health Accreditation Board Standards & Measures Version 2022

Rex Archer, MD, MPH, PHAB Council Representative

Marita Chilton, MPH

Public Health Accreditation Board

PHAB Accreditation Version 2022

Rex Archer, MD, MPH | PHAB Board Chair

Marita Chilton, MPH | Director of Accreditation

March 31, 2022

Importance of v2022

- Operationalizes and creates alignment across the EPHS and FPHS frameworks.

Aligns public health practice towards achieving common goals

- Emergency preparedness and infectious disease (COVID-19)
- Equity (racism as a public health emergency)
- Data modernization, informatics and technology (expanded use of digital communication, such as social media, as well as data visualization tools)

Supports rebuilding public health infrastructure and workforce

- Champions and commends public health during a time of great scrutiny
- Provides a roadmap with mechanisms to prioritize
- Articulates and defines to the public, stakeholders, and partners what public health is, and why it matters

Adapts requirements based on lessons learned from the field while public health practice is rapidly evolving

Accreditation has supported workforce development and training and employee pride and engagement.

One year after accreditation

- **89%** reported accreditation has improved our health department's ability to identify and address gaps in ***employee training*** and ***workforce development***.
- **69%** reported that as a result of being accredited, health department's ***staff competencies*** have improved.*
- **63%** of respondents reported that accreditation strengthened ***employee pride*** in the agency.^

Other internal benefits mentioned:

- Employment recruitment strategy to attract more highly qualified public health personnel
- Increased employee morale and engagement
- Increased staff confidence



“Accreditation is of high value to our department. It has improved our self image, enhanced the quality of our work, and proven valuable in developing staff.”

Source: Post-Accreditation Survey

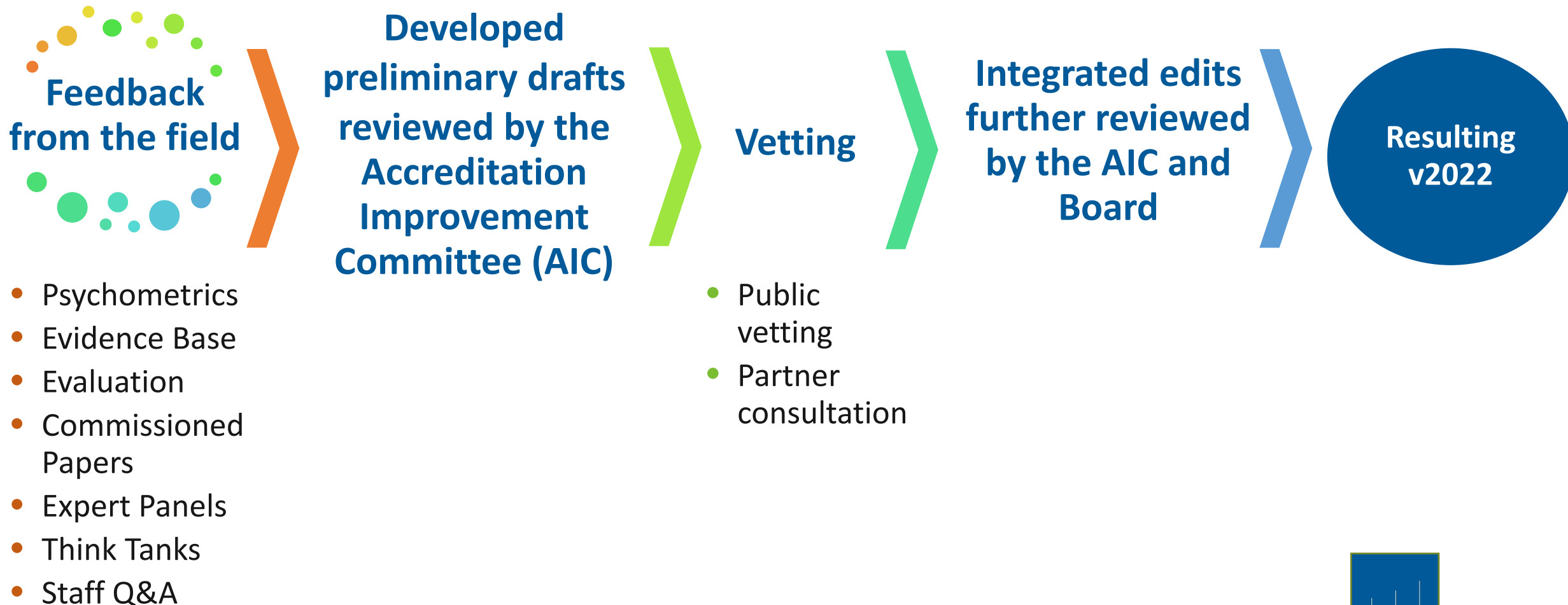
Source: Post-Accreditation Survey, 2014-2021, N=173; *N=167; ^N=46.
Reported = Strongly agreed or agreed with statement



Accreditation reinforces the need to focus on many of the basics (e.g., workforce, measurement, training, planning) that are often ignored when trying to prioritize or meet various deliverables from authorities, especially with limited resources.

Accreditation now serves as an internal accountability mechanism and an extra reason for other agencies to engage with public health to address identified gaps.

High Level Timeline & Process



What are the headlines for Version 2022?

I: Incorporate
key lessons
from practice

--Equity in every domain
--Alignment on preparedness &
response

II: Clarify &
simplify

--Removed redundancy
--Reduced required documents

III: Promote
accountability

Foundational Capability measures

Develop a workforce development plan that assesses workforce capacity and includes strategies for improvement.

MEASURE 8.2.1 A: Required Documentation 1	Guidance	Number of Examples 1 plan	Dated Within 5 years
<p>1. A health department-specific workforce development plan that includes:</p> <p>a. A description of the current capacity of the health department both as a whole and within its sub-units.</p> <p>b. An organization-wide assessment of current staff capabilities against an accepted set of core competencies.</p>	<p>The workforce development plan articulates specific objectives and strategies the health department plans to undertake to achieve its desired future workforce. The workforce development plan is based on considerations of the health department's current gaps in capacity and capabilities, particularly within areas in which the field is advancing.</p> <p>For required element a: The health department could use various tools or assessments to understand the current collective capacity of the department—in other words, does the health department have the number of staff needed in appropriate roles to meet the needs of the population it serves. Methods could include, for example, calculating health department current and projected needed staffing capacity; or using tools or resources such as, the Uniform Chart of Accounts, PH WINS (Public Health Workforce Interests and Needs Survey), or Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation. The workforce development plan could include benchmarking to other health departments that perform similar functions within similarly sized jurisdictions, but such comparisons are not required. Within the assessment, there will be at least some discussion of the capacity of different sub-units (e.g., divisions or program areas). However, it is not necessary that the capacity assessment be as in depth about each of those sub-units. It would be sufficient, for example, to identify which sub-units are experiencing the largest capacity gaps or to focus on one or two sub-units (e.g., to compare the health department's epidemiological capacity with current needs). The workforce development plan, or an appendix, will include a summary of the findings.</p> <p>For required element b: The intent of this required element is to understand whether staff have the skills needed to perform their job functions. A core competency assessment could include, for example, a nationally recognized model (e.g., the Core Competencies for Public Health Professionals from the Council on Linkages Between Academia and Public Health Practice or the skills outlined in the needs assessment of PH WINS), state-developed</p>		

Equity in Version 2022

- Woven across all 10 domains
 - Workforce Recruitment
 - Workforce Development Plan



In September 2020, PHAB adopted its [strategic plan](#) which includes a priority to “create and implement a comprehensive anti-racism, diversity, equity, inclusion (DEI) strategy to address structural racism and inequity within PHAB, public health departments, and the public health sector.” PHAB has also commissioned a paper, [Advancing Health Equity in Health Department’s Public Health Practice](#), and convened a dedicated health equity workgroup to inform the next iteration of its Standards and Measures – Version 2022.

Version 2022 places a greater emphasis on equity consistent with the [10 Essential Public Health Services](#) and the [Foundational Public Health Services](#).

PHAB has been intentional about infusing equity throughout all domains in the Standards & Measures and has conducted a comprehensive and inclusive vetting process to ensure equity is reflected.

The table below highlights the measures in which equity is emphasized as part of the requirements. Equity concepts are referenced in the guidance in many additional measures.

	Topic	Initial Accreditation Measure	Reaccreditation Measure
Domain 1	Community Health Assessment	1.1.1	1.1.1
	Data Analysis		1.1.2 1.3.2
Domain 2	Surveillance	2.1.1	2.1.1
	Containment/Mitigation Strategies	2.1.5	2.1.3
	Emergency Operations Plan	2.1.7	2.2.1
	Communication in an emergency	2.2.1	2.2.1
		2.2.5	2.2.5
Domain 3	Ongoing, Non-emergency Communications		
	Communication strategies to encourage healthy action	3.1.1	3.1.1 3.2.1
		3.2.2	3.2.2

Workforce Development

Standard 2.2

Prepare for and respond to emergencies.

Standard 8.1

Encourage the development and recruitment of qualified public health workers.

Standard 8.2

Build a competent public health workforce and leadership that practices cultural humility.

Standard 9.1

Establish a performance management system.

Standard 10.1

Employ strategic planning skills.

Standard 10.2

Manage financial, information management, and human resources effectively.

Academic/Practice Partnerships

Guidance

- Standard 1.1
- Standard 1.3
- Standard 3.1
- Standard 4.1
- Standard 5.2
- Standard 6.1
- Standard 7.1
- Standard 8.2

Standard 8.1

- Encourage the development and recruitment of qualified public health workers.

Standard 9.2

- Use and contribute to developing research, evidence, practice-based insights, and other forms of information for decision making.

Version 2022 Resources

Additional information can be found on PHAB's website (<https://phaboard.org/version-2022>):

- Standards & Measures
- Policy Document
- Crosswalk
- Version 2022 FAQ
- Governance & Equity One-Pagers
- Measure Crosswalk with Foundational Capabilities
- Webinar Recordings
- New fee schedule

Additional Resources coming soon

- Documentation Forms
- Readiness Assessment
- Updated Glossary
- Training and Education



Advancing
public health
performance

Standards & Measures Version 2022 will use the [10 Essential Public Health Services](#) as its framework, and will highlight which measures correspond to the crosscutting skills and capacities listed in the [Foundational Public Health Capabilities](#).

Questions?

Contact your assigned Accreditation Specialist or reach out to Marita Chilton at marita@phab.org.

Below are frequently asked questions as it relates to the Standards & Measures Version 2022, updated in September 2021.

Timing and roll-out of Version 2022

When will Version 2022 go into effect?

PHAB anticipates the earliest Version 2022 would go into effect is for health departments that apply for *initial accreditation* on or after July 1, 2022. The exact timeline will be announced to the field later in 2021.

Health departments who apply for *reaccreditation* any time in the year 2022 will have the option to select between the current reaccreditation Standards & Measures and Version 2022 of the Standards & Measures. Health departments going through the reaccreditation process in 2022 that plan to use Version 2022 and need a little more time to prepare after Version 2022 is released may apply for an extension. In early 2022, PHAB will hold a webinar for health departments applying for reaccreditation that year to help them understand the differences in the versions and considerations for making that decision. Additional details about the extension process for health departments using Version 2022 for reaccreditation will also be provided. In the meantime, health departments that are scheduled for reaccreditation in 2022, can review the draft Standards & Measures for [public vetting](#) to get a sense of the proposed changes.

For initial accreditation, will I have the option of choosing either Version 1.5 or Version 2022?

For initial accreditation, health departments will apply under Version 1.5 until PHAB's cut over date to Version 2022. That date will be on or after July 1, 2022. Later this year, we will announce the specific date. Health departments will submit their Application before that cut over date in order to use Version 1.5. Health departments that would like to use Version 2022, will submit their Application after the cut over date. Health departments interested in pursuing initial accreditation can review the draft Standards & Measures for [public vetting](#) to get a sense of the proposed changes if they are determining what version to use.

Other Business and Next Steps

Thank You!

Questions: Kathleen Amos at kamos@phf.org