



COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

Meeting Minutes
Council on Linkages Between Academia and Public Health Practice
Pipeline Workgroup
Via Conference Call
Friday, November 16, 2007, 3:30 p.m. – 4:30 p.m. ET

Members Present: Vincent Francisco, Patrick Remington, Beth Lamanna, Susan Allan, Tanya Uden-Holman, Shephard Cohen, Judy Delany, Jean Moore, Henry Taylor, Gillian Silver, Rajeev Sabharwal, Lisa Lang

Staff Present: Ron Bialek, Ruth Gelles

Agenda Item	Discussion	Next Steps
Purpose of Call	<p>Vincent Francisco introduced himself and gave a general description of the Workgroup. He emphasized the importance of mapping the public health workforce pipeline and discussed the “huge task” that is ahead of us, briefly mentioning the National Education Association’s work in this area.</p> <p>Ron Bialek went into a little more detail about the May 31, 2008 deadline to complete a pipeline and outline additional questions for future research. He emphasized the benefits that could come from mapping the pipeline in providing other organizations with areas for research.</p>	
Introduction	<p>Dr. Francisco asked people to introduce themselves and each person gave a brief introduction of their background.</p>	
Discussion of methods for mapping the PH pipeline/setting boundaries and goals	<p>Ruth Gelles summarized what data has been compiled from Council on Linkages members so far, including:</p> <ul style="list-style-type: none">• CDC workforce and fellowship data• HRSA report on nursing• ASTHO workforce survey (in the process of obtaining raw data)• AUPHA numbers• 2006 ASPH numbers <p>Dr. Francisco emphasized the importance of answering <i>some</i> questions, but also getting new questions that can lead to future research.</p> <p>Mr. Bialek added that we have a call to Council on</p>	

	<p>Linkages member organizations to send us information on the workforce and academic programs they represent. Clearly, we believe that there is other information out there.</p> <p>Patrick Remington asked about sub-contracting in places such as public health institutes, regional consortia, hospitals, etc. and wanted further clarification of the term “agency worker?” Does this include only permanent workers or also temporary workers? A significant percentage of governmental public health workers in Wisconsin are not actually government employees.</p> <p>Dr. Francisco asked if this was systemic in Wisconsin.</p> <p>Dr. Remington replied that the variation is similar to other areas throughout the country. In Wisconsin it varies county by county. Wisconsin went through a process to try to privatize the public health system, however, the effort failed. The nature of the discussion was how to live up to the State government’s promise of 10,000 less government workers.</p> <p>Dr. Francisco said that there are similar issues in North Carolina.</p> <p>Dr. Allan noted that core public health agencies are institutionally challenged. The Institute of Medicine (IOM) committees had the same discussions and came up with the idea that starting with more concrete governmental positions, while acknowledging that there are other areas that should be investigated, is the most logical approach.</p> <p>Gillian Silver mentioned an idea that was brought up at the Public Health Training Centers (PHTCs) meeting recently. The idea was that of including as an appendix diagrams or representation of what the 50 or so state health departments consider to be within their public health realm.</p> <p>Mr. Bialek said that we believe we will have access to the Association of State and Terretorial Health Officers (ASTHO) survey data about the state governmental public health workforce. Their survey asks about full-</p>	
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	<p>time equivalent (FTE) and contractual employees. We will probably be able to get some of the information, but Mr. Bialek said that he is inclined to agree with Dr. Allan that we focus on the people who are directly accountable to state or local government. If it turns out that a huge percentage of employees are contractors, then we can ask what this means to public health.</p> <p>Judy Delany said that the Centers for Disease Control and Prevention (CDC) is close to 40% contractors. However, contracts are done for very specific job categories. Trying to hone in on FTEs and the roles that they play would give us the greatest amount of information.</p> <p>Shep Cohen said that he originally thought that we should stick with FTEs, but now thinks that we need to expand the definition beyond governmental employees.</p> <p>Ms. Delany said that mapping to roles might be a good idea.</p> <p>Dr. Remington said that if we map only FTEs, it would not provide a good picture of the workforce. Contractors often have the same skills and background as true government workers. We could also look at it based on roles or where funding comes from.</p> <p>Mr. Bialek talked briefly about the most recent Council on Linkages meeting in which the Council on Linkages agreed that there is only so much time, funding and resources and that members stated that we should focus on government, while acknowledging that this will be limited. He asked if there is a data source for the funding and roles information discussed. He mentioned that he is worried that by expanding the focus, we may not even be able to map the more limited workforce.</p> <p>Henry Taylor wanted to reinforce the idea that there will be more information on employees. In surveys that he did in West Virginia, he found that workers with one job description wear 5-7 different hats. He liked the idea of starting with head counts of people working in governmental public health agencies, then moving to a more systematic assessment.</p>	
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	<p>Ms. Silver asked for clarification as to what, exactly, our goal is regarding qualitative vs. quantitative data.</p> <p>Mr. Bialek clarified that data sources are limited. However, he is optimistic that we will have a few good secondary data sources, but not a complete picture. The governmental workforce is what will fit within our time and scope.</p> <p>Jean Moore said that from her work on the contract worker issue, they attempted to ask if people were contractors or employees and often got answers that they knew were wrong because of the way the question was worded. Her survey included some questions about background and education.</p> <p>Ms. Silver has Association of Schools of Public Health (ASPH) 2006 data that she can give us. Next year ASPH will start asking on a general level where the schools' graduates go to work. Her understanding is that there are a greater number of exit surveys from schools now than there have been in the past.</p> <p>Dr. Francisco said this was a great conversation. To ground this in the product that we are developing, it is not an enumeration, but a <i>map</i> of the pipeline. If we are mapping this out, we probably need to think about who it is that we need to talk to next? If we are doing qualitative research, then we can keep a good boundary for the approach. The map will clarify what we do not know and give us an indication of where to go next.</p> <p>Mr. Bialek clarified that what we are looking at is inflow and exit. If, along the way, we find some data on contractors, we can certainly note that.</p> <p>Dr. Remington mentioned that Wisconsin does not differentiate on surveys between contractors and state workers. For clarity, if this is about governmental public health agency employees, then everything we write should be very specific. He added that the background paper should be more specific – “governmental agency employees.”</p> <p>Beth Lammana mentioned a CDC and Association of</p>	
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	<p>State and Territorial Directors of Nursing partnership dealing with leadership in public health nursing. In their work, it was a very useful first step to document which states have public health nurses in leadership. States with public health nurse leadership positions have a much stronger pipeline.</p> <p>Dr. Francisco thanked everyone for clarifying boundaries, and asked if there are other things we need to talk about.</p> <p>Mr. Bialek asked Ms. Delany if she had any data on K-12.</p> <p>Ms. Delany said that CDC is trying to set up a framework to get this information.</p>	
Next Steps	<p>Dr. Francisco said that we need to get whatever information on the flow of workers into and out of the public health governmental agency workforce is available out there and get it into a digestible form.</p> <p>Mr. Bialek reiterated that if anyone has data on agencies that governmental public health agencies contract to, we would like that.</p> <p>Dr. Allan asked for clarification of mapping qualitative vs. quantitative. She worried that we will be led astray by looking for quantitative data.</p> <p>Dr. Remington said that quantitative mapping could focus on the map that we know. In a quantitative sense state-based institutes feed into the pipeline.</p> <p>Dr. Taylor asked about a logic model and asked if there is a clear taxonomy of this.</p> <p>Dr. Allan said that there is not a model. In the IOM report on the physician workforce, the information on most paths was anecdotal.</p> <p>Dr. Francisco thanked everyone.</p>	