



Academic Health Department Learning Community Profile Single/No Organizational Affiliation

The [Academic Health Department \(AHD\) Learning Community](#) serves as a venue for shared exploration of the [AHD concept](#) and collaborative learning around the AHD model. Creation of a Learning Community profile will allow you to introduce yourself to other Learning Community members and to share your AHD-related experiences. An example of a profile can be viewed [here](#).

This form was developed for public health professionals who are affiliated with a single organization, either an academic health professions institution* or a public health practice organization, or professionals who are not affiliated with such an organization. If you are affiliated with both an academic and a practice organization, please use the [Multiple Organizational Affiliations form](#).

Your answers to the following questions will form the basis for your profile. Please save your answers and email the completed form to Kathleen Amos at kamos@phf.org.

Personal Information

1. Name and Affiliation (please provide this information as you would like it to appear in your profile):

Name:

Academic Degree(s)/Professional Certification(s):

Organization:

Title(s):

2. Contact Information:

Street Address:

City:

State:

Zip:

Phone:

Email:

Please attach a photograph of yourself if you would like one to be included in your profile.

* Academic health professions institutions are those housing schools or programs in public health, medicine, nursing, dentistry, environmental health, health education, or any of a variety of other health fields.

Institutional Experience

3. Do you currently work in a(n):

Academic health professions institution*

Public health practice organization

Neither

4. If you work in a public health practice organization, how large is that practice organization?

1-25 people

25-99 people

100-499 people

500-999 people

1,000-9,999 people

10,000 or more people

Unsure

Does not apply

5. If you work in a public health practice organization, what type of geographic area is served by that practice organization (please select all that apply)?

Urban

Rural

Suburban

Frontier

Does not apply

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We are interested in learning more about relationships between academic institutions and practice organizations.

6. If you work in an academic health professions institution*, does your organization have relationships with public health practice organizations characterized by (please select all that apply):

- Formal written partnership agreements
- Shared personnel
- Shared resources
- Compensation for services provided
- Collaborative public health education/training
- Joint research projects
- Shared provision of public health services
- None of the above
- Does not apply
- Other relationships (please specify):

7. If you work in a public health practice organization, does your organization have relationships with academic health professions institutions* characterized by (please select all that apply):

- Formal written partnership agreements
- Shared personnel
- Shared resources
- Compensation for services provided
- Collaborative public health education/training
- Joint research projects
- Shared provision of public health services
- None of the above
- Does not apply
- Other relationships (please specify):

8. If you indicated in questions 6 or 7 that your organization has such relationships, what are the main purposes of these relationships (please select all that apply)?

- Public health education/training
- Public health research
- Public health service provision
- Does not apply
- Other (please specify):

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9. Does your organization participate in any academic health department (AHD) partnerships?

Yes

No

Has in the past, but not currently

Unsure

10. If you answered YES to question 9, please list the names of the organizations involved and the years the partnership(s) were formed.

11. Is your organization currently working to form an AHD partnership?

Yes

No

Unsure

12. Has your organization produced written materials (e.g., partnership agreements, memoranda of understanding, reports) or other resources that may help others develop, sustain, or expand AHDs that you are willing and able to share with the Learning Community?

Yes (please attach these materials)

No

Unsure

13. Is there anything else you would like to share with the Learning Community about your organization's AHD-related activities?

Personal Experience

14. How many years have you worked in the public health field?

15. What is your current work setting (please select all that apply)?

Academic institution

Governmental public health

Community/migrant health center

Healthcare services

Hospital

Nonprofit organization

Private industry

Other (please specify):

16. Are you or have you been involved in building relationships between academic health professions institutions* and public health practice organizations?

Yes

No

Unsure

17. Are you or have you been involved in the development of an AHD?

Yes

No

Unsure

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18. Please tell the Learning Community a little bit about yourself and your interest in AHDs. This might include relevant previous professional positions and organizations, professional association involvement, education/training, specialty areas, research interests, job responsibilities, or other pertinent experiences.

19. Is there anything else you would like to share with the Learning Community about your experience with or interest in AHDs?

20. Is there anything else you would like to share with us about your interest in the Learning Community?

Closing

21. Are you willing to have this profile information made publicly available through the Council on Linkages Between Academia and Public Health Practice website?

Yes

No

Please save this profile form and email it along with any additional materials, such as photographs, documents (e.g., partnership agreements, memoranda of understanding, reports), or other AHD-related resources, to Kathleen Amos at kamos@phf.org.