**The Council on Linkages
Between Academia and
Public Health Practice**

Council on Linkages Between Academia and Public Health Practice

Conference Call Meeting

~

Monday, January 11, 2016
1:00-2:30 pm EST
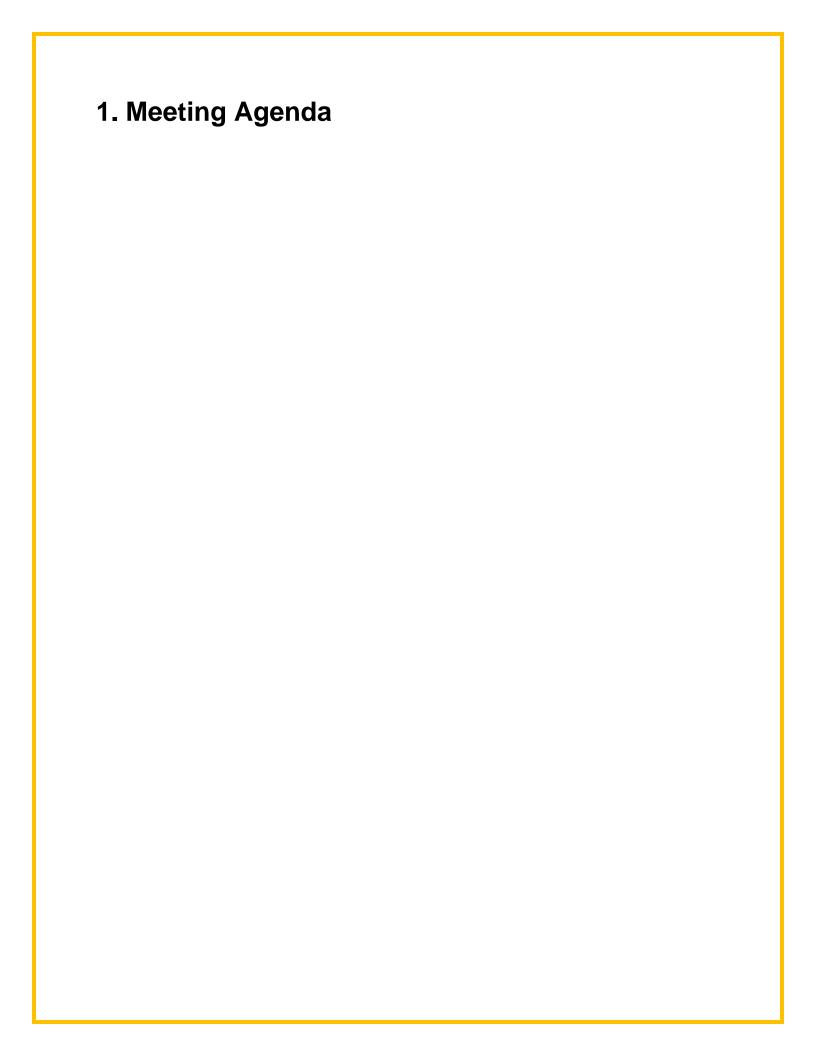
~

Call Number: 1.888.619.1583
Passcode: 479585

Table of Contents

1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Conference Call Meeting
Date: Monday, January 11, 2016
Time: 1:00-2:30pm EST
Call Number: 1.888.619.1583
Passcode: 479585#

AGENDA

1:00-1:05	Welcome, Overview of Agenda, and Introduction of New Representatives ➢ Lynn Goldman (ASPPH) ➢ Pat Drehobl (CDC)	*Bill Keck*
1:05-1:10	Approval of Minutes from August 10, 2015 Meeting ➢ **Action Item**: Vote on Approval of Minutes	*Bill Keck*
1:10-1:20	Request for Council Membership – Council on Education for Public Health (Council Administrative Priorities – Membership) ➢ **Action Item:** Vote on Membership Request	*Laura Rasar King*
1:20-1:35	Developing Council Strategic Directions, 2016-2020 ➢ Council Strategic Directions, 2011-2015 ➢ Process for Reviewing and Refreshing Strategic Directions	*Bill Keck*
1:35-1:50	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a.) ➢ Usage of the Core Competencies and Related Resources ➢ Healthy People 2020 Data Collection	*Janet Place, Amy Lee*
1:50-2:00	Discipline-specific Competencies (Council Strategic Directions – A.2.a., B.1.)	*Pat Drehobl, Eric Kasowski, Bobbie Erlwein*
2:00-2:15	Academic Health Department Learning Community (Council Strategic Directions – A.1.a.) ➢ Recent Activities ➢ AHD Research Agenda	*Bill Keck*
2:15-2:25	Update on Other Council Initiatives (Council Strategic Directions – C.1.a.) ➢ Recruitment and Retention Survey Report ➢ 2015 APHA Annual Meeting	*Bill Keck, Ron Bialek*
2:25-2:30	Other Business and Next Steps	*Bill Keck*
2:30	Adjourn	

2. Council Member List

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Members

Council Chair:

C. William Keck, MD, MPH
American Public Health Association

Council Members:

Mary Paterson, PhD, MSN
American Association of Colleges of Nursing

Beverly Taylor, MD
American College of Preventive Medicine

Amy Lee, MD, MPH, MBA
Association for Prevention Teaching and
Research

Gary Gilmore, MPH, PhD, MCHES
Association of Accredited Public Health
Programs

Philip Amuso, PhD
Association of Public Health Laboratories

Lynn Goldman, MD, MS, MPH
Association of Schools and Programs of Public
Health

Terry Dwelle, MD, MPH
Association of State and Territorial Health
Officials

Christopher Atchison, MPA
Association of University Programs in Health
Administration

Pat Drehobl, RN, MPH
Centers for Disease Control and Prevention

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Sarah Linde, MD
Health Resources and Services Administration

Beth Ransopher, RS, MEP
National Association of County and City Health
Officials

Marlene Wilken, PhD, RN
National Association of Local Boards of Health

Carolyn Harvey, PhD
National Environmental Health Association

Lisa Lang, MPP
National Library of Medicine

Patrick Lenihan, PhD
National Network of Public Health Institutes

Louis Rowitz, PhD
National Public Health Leadership Development
Network

Susan Little, MSN, RN, APHN-BC, CPHQ
Quad Council of Public Health Nursing
Organizations

Vincent Francisco, PhD
Society for Public Health Education

3. Draft Meeting Minutes – August 10, 2015

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Conference Call Meeting

Date: August 10, 2015

Meeting Minutes – Draft

Members Present: C. William Keck (Chair), Philip Amuso, Chris Atchison , Terry Dwelle, Vince Francisco, Gary Gilmore, Barbara Gottlieb, Carolyn Harvey, Lisa Lang, Amy Lee, Susan Little, Patrick Lenihan, John Lisco, Beth Ransopher, Lou Rowitz, Beverly Taylor

Other Participants Present: Ellen Alkon, Liz Amos, Karlene Baddy, Val Carlson, Martha Cuccia, Eileen Eisen-Cohen, Rachel Eisenstein, Alina Flores, Nidia Gaona, Elizabeth Harper, Julie Hults, Emmanuel Jadhav, Bryn Manzella, Josh Martinez, Jennifer McKeever, Mollie Mulvanity, Randall Nielson, Janet Place, Laura Rasar King, Tom Reizes, Lisa Sedlar, Patricia Simone, Douglas Taren, Craig Thomas, Jackie Tunis, Sarah Weiner

Staff Present: Ron Bialek, Kathleen Amos, Janelle Nichols

Agenda Item	Discussion	Action
Welcome, Overview of Agenda, and Introduction of New Representatives ➤ **Beth Ransopher (NACCHO)** ➤ **Susan Little (Quad Council)**	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Roll call was conducted. Dr. Keck reviewed the agenda for the meeting. Dr. Keck welcomed and introduced two new Council representatives: Beth Ransopher, RS, MEP, for the National Association of County and City Health Officials (NACCHO), and Susan Little, MSN, RN, APHN-BC, CPHQ, for the Quad Council of Public Health Nursing Organizations.	
Approval of Minutes from January 9, 2015 Meeting	Dr. Keck asked for any changes to the minutes of the January 9, 2015 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. Vince Francisco, PhD, seconded the motion. No additions or corrections.	Minutes of the January 9, 2015 Council meeting were approved as written.
Council Membership Vote – AACN	Dr. Keck informed the Council that the American Association of Colleges of Nursing (AACN) has completed the required period of preliminary Council membership and is eligible for formal membership. Dr. Keck asked for discussion on granting formal membership to AACN. Terry Dwelle, MD, MPH, moved to grant formal membership. Lisa Lang, MPP, seconded the motion.	AACN was granted formal Council membership.
Status of Council Funding	Guest speakers Craig Thomas, PhD, Office for State, Tribal, Local and Territorial Support (OSTLTS), and Patricia Simone, MD, Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC), provided an update on	

	CDC's public health workforce development and public health system priorities and the status of funding for the Council. The Council is currently supported by funding from OSTLTS. CSELS is exploring opportunities to provide Council funding.	
Academic Health Department Learning Community ➢ **New Resources and Tools** ➢ **New Initiative – Mentorship Program** ➢ **Need/Desire for AHD Research Agenda**	Academic Health Department (AHD) Learning Community Chair Dr. Keck provided an update on the Learning Community. The Learning Community has grown to approximately 500 members and is developing resources and tools to support this membership. The Learning Community continues to hold virtual meetings, with the most recent meeting being in February 2015. This meeting featured guest speaker Jessica Kronstadt, MPP, of the Public Health Accreditation Board, and focused on national health department accreditation. Additional webinar meetings are being planned to highlight successful AHDs. Learning Community meetings have transitioned from being held by conference call to webinar, and meeting archives are accessible through the Council website. To support discussion outside of meetings, an AHD Learning Community listserv has been created and is being used for communication with the Learning Community. AHD partnership agreements that can be shared through the Council website continue to be sought, and submissions are welcome. In addition, a new webpage has been created to highlight existing AHD partnerships and includes a preliminary list of AHD partnerships. This list will be updated as additional partnerships are discovered. All of these resources and others are available through the Learning Community section of the Council website, which was recently redesigned to enhance access to Learning Community activities and information. The Learning Community's newest initiative is the AHD Mentorship Program, which launched in June 2015. The mentorship program aims to foster AHDs by building ongoing relationships between individuals involved in AHD efforts, connecting individuals seeking guidance related to AHD development or operation with those who have experience or expertise in those areas. Bryn Manzella, MPH, of the Jefferson County Department of Health (AL), is chairing the program, and several Learning Community members have volunteered to be mentors. Requests for mentorship are also being received. Ms. Manzella is working with Council	Examples of AHD partnerships or partnership agreements can be sent to Kathleen Amos at kamos@phf.org. Expressions of interest in participating in the AHD Mentorship Program as a mentor or mentee can be sent to Kathleen Amos at kamos@phf.org.

	staff to provide mentors with orientation to the program and set up mentor/mentee matches. Updates on progress will be shared through the *Council on Linkages Update*.	
	The idea of developing a research agenda focused on AHD partnerships was discussed. This discussion stemmed from a question posed by Council member Dr. Francisco of whether there is an opportunity to create or reshape a research agenda to support the movement toward AHDs. Potential involvement of Council staff in such a project would be limited with current Council funding. The Council expressed interest in moving forward with exploring options for developing an AHD Research Agenda.	Dr. Keck and Council staff will determine next steps for developing an AHD Research Agenda.
Core Competencies for Public Health Professionals ➢ **Use of the Core Competencies** ➢ **New Resources and Tools** ➢ **Healthy People 2020 Data Collection**	Dr. Keck provided an update on use of the Core Competencies. The Core Competencies and related resources and tools remain among the most accessed items on the Public Health Foundation website. Since the release of the 2014 version, the Core Competencies have been accessed nearly 50,000 times and Core Competencies resources and tools have been accessed an additional 79,000 times. Council staff have received an increasing number of requests for assistance with using the Core Competencies, especially for guidance on incorporating the Core Competencies into workforce development activities. Council staff have also begun to receive more requests from outside the US, particularly from groups referring to the Core Competencies and seeking advice as they develop their own sets of competencies.	
	Core Competencies Workgroup Co-Chair Janet Place, MPH, gave an update on development of resources and tools related to the Core Competencies. Much effort has gone into promotion and dissemination of the Core Competencies since the revised version was released in June 2014. Four webinars introducing the 2014 Core Competencies were held in collaboration with the Association of State and Territorial Health Officials, NACCHO, Association of Schools and Programs of Public Health (ASPPH), and Association of Public Health Nurses in late 2014 and early 2015. More than 500 participants attended these webinars, and each webinar was archived for future viewing, with the archives accessible through the Council website and TRAIN. Two brief videos focused on the Core Competencies and the eight domains within the Core Competencies are also available. Developed by David Knapp of the Kentucky Department for Public Health, these videos feature Council Director Ron	Examples of job descriptions and workforce development plans that incorporate the Core Competencies and other examples of Core Competencies use can be sent to Janelle Nichols at jnichols@phf.org.

3

	Bialek, MPP, and Janet Place speaking about the Core Competencies. The newest resource related to the Core Competencies is a set of Frequently Asked Questions, which was created based on inquiries received from the public health community. The collections of Core Competencies-based job descriptions, workforce development plans that incorporate the Core Competencies, and examples of how public health organizations have used the Core Competencies continue to be enhanced with new resources, such as those developed by Columbus Public Health (OH). Ms. Ransopher, of Columbus Public Health, shared how her organization has used the Core Competencies to develop job descriptions and workforce development plans. Additional resources to add to these collections are welcome. New resources and tools will be featured in a presentation at the 2015 American Public Health Association (APHA) Annual Meeting. Dr. Keck thanked all for their assistance with and willingness to collaborate to produce and share these resources and tools. Core Competencies Workgroup Co-Chair Amy Lee, MD, MPH, MPA, provided an update on Healthy People 2020 data collection activities. Within *Healthy People 2020*, the Core Competencies are incorporated into three objectives in the Public Health Infrastructure topic area, one of which is to: "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." The Council serves as the data source for this objective and has been asked to provide data by the end of 2015. The Council previously collected data for an equivalent objective in *Healthy People 2010* by working with member organizations to reach out to academic institutions. To assess progress related to this objective, a data collection instrument similar to that used for Healthy People 2010 has been drafted, and plans have been made to use a similar data collection strategy and to ask for the assistance of the appropriate Council member organizations with engaging the relevant academic institutions. At this time, however, further work is on hold, as funding for this activity has not been received.	
Council on Education for Public Health Curriculum	Dr. Keck welcomed Laura Rasar King, MPH, MCHES, Executive Director, and Mollie	

4

Criteria Revisions	Mulvanity, MPH, Deputy Director, CEPH, to speak about CEPH's proposed curriculum criteria revisions. CEPH, the accrediting body for schools and programs of public health, produces accreditation criteria for schools of public health, programs of public health, and standalone baccalaureate programs. CEPH is currently in the process of revising the accreditation criteria for graduate-level programs and has released a draft of revised criteria related to curriculum for public review and comment. Ms. Mulvanity provided an overview of the revision process, which is drawing on a variety of initiatives in the public health field, including the Core Competencies, and invited comments on the proposed revisions. Council member organizations were strongly encouraged to submit comments that both agree and disagree with the proposed revisions. Comments are being accepted until September 18, 2015.	
National Consortium for Public Health Workforce Development	Mr. Bialek discussed the National Consortium for Public Health Workforce Development (Consortium) and potential implications for the Council. The Consortium is an initiative of the de Beaumont Foundation and was established to advance discussions and strategies for governmental public health workforce development issues and solutions. Many of the organizations participating in the Consortium are also Council member organizations. The Consortium has been working on identifying priority needs for workforce training and is developing a report, which will be shared with the Council when it becomes available.	Council staff will share the Consortium report with Council members when it is released.
Upcoming Activities and Events ➢ **Strategic Directions** ➢ **Recruitment and Retention Papers** ➢ **2015 APHA Annual Meeting** ➢ **NPBHE Job Task Analysis Webinar** ➢ **NBPHE Certified in Public Health Pilot**	Dr. Keck reminded Council members that the Council's Strategic Directions were designed to guide Council work through the end of 2015 and will need to be reviewed to determine whether adjustments need to be made to continue guiding Council work into the future. Mr. Bialek shared that data collected through the Council's survey of public health workers in 2010 continue to be disseminated, and work has been done with researchers at Tulane University to conduct additional analyses of these data. The first paper written as a result of this work has been accepted for publication in the *American Journal of Public Health* and is expected to be available in December 2015. Additional papers have been submitted to or are being prepared for submission to the *Journal of Public Health Management and Practice*. Mr. Bialek shared that, in addition to the	Council staff will initiate a review of the Strategic Directions.

	presentation on Core Competencies resources and tools, a 90 minute session on public health workforce development is being organized for the 2015 APHA Annual Meeting. This session (3011.0) will occur on November 2nd from 8:30-10am. Framed within the context of the Core Competencies, the session will feature national experts discussing initiatives that impact the public health workforce, including the work of CEPH, the National Consortium for Public Health Workforce Development, and ASPPH's Framing the Future Task Force. Dr. Keck will moderate the panel discussion.	
	Mr. Bialek shared that the National Board of Public Health Examiners (NBPHE) completed a job task analysis for public health professionals in 2014. The job task analysis aimed to determine critical tasks performed by those working in public health and used domains that were very similar to the Core Competencies. NBPHE has offered to provide a webinar for the Council on the job task analysis and would welcome the Council's feedback on the analysis. Council members expressed their interest in a webinar.	Council staff will follow-up with NBPHE about hosting a webinar.
	Mr. Bialek shared that NBPHE has announced a pilot program to assess whether the knowledge and skills assessed by the Certified in Public Health (CPH) exam are relevant to public health practice and can be acquired by individuals working as public health professionals. Through this pilot, individuals who have a bachelor's degree and at least 5 subsequent years' public health work experience will be eligible to take the CPH exam in October 2015. Those who pass the exam will be certified in public health.	
Other Business and Next Steps	Dr. Keck asked if there was any other business to address.	
	The next meeting of the Council has not been scheduled, but will likely be held by webinar or conference call. Council staff will be in contact to schedule that meeting.	Council staff will schedule the next Council meeting.

4. Request for Council Membership – Council on Education for Public Health:

- **Membership Request from the Council on Education for Public Health**
- **Council Membership Request – Council on Education for Public Health Information**

The Council on Linkages Between Academia and Public Health Practice

Membership Request from the Council on Education for Public Health

January 11, 2016

Overview

The Council on Education for Public Health (CEPH) is requesting preliminary membership in the Council on Linkages Between Academia and Public Health Practice (Council on Linkages). CEPH's membership request is included in the meeting materials, and additional information about CEPH is available on its website at http://ceph.org/.

Action Item: Vote on Membership Request

During this meeting, a vote will be held to determine whether to grant CEPH preliminary membership in the Council on Linkages. As a reminder, an organization granted preliminary membership will serve as a preliminary member of the Council on Linkages for a period of one year, at which time a vote will be held to determine whether to grant the organization full membership status. Each Council on Linkages member organization has one vote, and this vote must be cast by the organization's official Council on Linkages representative or designee.

Membership Request – Council on Linkages

Council on Education for Public Health (CEPH)

December 1, 2015

The Council on Education for Public Health (CEPH) is an independent agency recognized by the US Department of Education to accredit schools and programs in public health at the baccalaureate, master's and doctoral levels. These schools and programs prepare students for entry into careers in public health.

National Scope

CEPH currently accredits 167 schools and programs in 46 states, Puerto Rico and the District of Columbia in addition to accrediting schools and programs in Canada, Mexico, Lebanon and Grenada. The organization is growing rapidly, with 56 additional schools and programs in the application process.

Unique Function

CEPH is the only accrediting agency in the United States for public health degree programs in universities, and thus, is not currently represented on the Council on Linkages Between Academia and Public Health Practice (Council on Linkages). CEPH establishes the criteria by which education in public health is evaluated and we do this by ensuring that views from both academic partners and practitioner and employer partners are represented in discussions. On-site evaluations of public health schools and programs are conducted by both faculty and public health practitioners and our Board of Directors is also populated by both academicians and practitioners. While we have relationships with many of the Council on Linkages member organizations (in particular, the Association of Schools and Programs of Public Health and American Public Health Association), our function is unique.

Consistent Mission

CEPH's mission, vision, goals and objectives and values are as follow and are consistent with the mission of the Council on Linkages.

CEPH assures quality in public health education and training to achieve excellence in practice, research and service, through collaboration with organizational and community partners.

Vision

Leading and fostering innovation in quality improvement.

Goals and Objectives

The goal of CEPH is "to enhance health in human populations through organized community effort." CEPH's focus is the improvement of health through the assurance of professional personnel who are able to identify, prevent and solve community health problems. CEPH's objectives are:

1. to promote quality in public health education through a continuing process of self-evaluation by the schools and programs that seek accreditation;
2. to assure the public that institutions offering graduate instruction in public health have been evaluated and judged to meet standards essential for the conduct of such educational programs; and
3. to encourage – through periodic review, consultation, research, publications, and other means – improvements in the quality of education for public health.

Values

CEPH protects the interests of students and the public by supporting the development of successful public health schools and programs. We value the following:

- Quality and innovation in process and outcomes;
- Consistency, fairness and transparency; and
- Collaboration and inclusion to support positive environments in our own organization and in those we accredit.

Prepared by: Laura Rasar King, Executive Director

5. Developing Council Strategic Directions, 2016-2020:

- **Developing Council Strategic Directions, 2016-2020**
- **Council Strategic Directions, 2011-2015**
- **Suggested Revisions to Strategic Directions for 2016-2020**

The Council on Linkages Between Academia and Public Health Practice

Developing Council Strategic Directions, 2016-2020

January 11, 2016

Overview

Activities of the Council on Linkages Between Academia and Public Health Practice (Council) are guided by the Council's *Strategic Directions*. Over the past five years, the Council has made progress related to activities within each of the objective areas and administrative priorities outlined in its *Strategic Directions, 2011-2015* and is now planning for 2016-2020.

Council Strategic Directions, 2011-2015

The *Strategic Directions, 2011-2015* updated a previous set of objectives and strategies dating from 2006 and were developed through a strategic planning process in early 2011 to focus the Council's work in areas identified as high priorities for Council involvement. The *Strategic Directions, 2011-2015* were adopted in June 2011, revised in April 2014 following a mid-point review, and were in effect through December 2015. A copy of the *Strategic Directions, 2011-2015* is included in the meeting materials.

Process for Reviewing and Refreshing Strategic Directions

To ensure that the Council's work continues to meet ongoing and emerging needs within the public health community, the *Strategic Directions* are being reviewed and refreshed for 2016-2020. An initial review has been completed by the Council Chair and staff based on the current public health environment and activities of the Council, and suggested revisions are included in the meeting materials to help start the discussion about the development of the *Strategic Directions, 2016-2020*. Following this meeting, Council staff will be contacting all Council member organizations to hear their thoughts about the *Strategic Directions* and will use that input to draft the *Strategic Directions, 2016-2020*. The draft will be shared with Council members for review, revisions will be made as needed, and a final draft will be produced for Council approval and adoption by June 2016. Questions about this process at any time may be directed to Kathleen Amos at kamos@phf.org.

**The Council on Linkages
Between Academia and
Public Health Practice**

Council on Linkages Between Academia and Public Health Practice:
Strategic Directions, 2011-2015

Mission

To improve public health practice, education, and research by:
➢ Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
➢ Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
➢ Creating a process for continuing public health education throughout one's career.

Values

➢ Teamwork and Collaboration
➢ Focus on the Future
➢ People and Partners
➢ Creativity and Innovation
➢ Results and Creating Value
➢ Public Responsibility and Citizenship

Objectives

➢ Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
➢ Enhance public health practice-oriented education and training.
➢ Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.
➢ Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Objectives, Strategies, & Tactics

Objective A. Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.

> **Strategy 1:** Promote development of collaborations between academic institutions and practice organizations.
> *Tactics:*
>> a. Increase membership and activities of the Academic Health Department Learning Community.
>> b. Document and highlight collaboration and its impact through a Linkages Awards program.

> **Strategy 2:** Promote development of collaborations between public health and healthcare professionals and organizations.
> *Tactics:*
>> a. Identify cross-cutting competencies for public health and primary care.

Adopted: June 9, 2011
Revised: April 28, 2014

b. Expand the Academic Health Department Learning Community to include primary care professionals and organizations.
c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.
Tactics:
a. Serve as a clearinghouse for evidence regarding successful linkages.
b. Conduct a periodic review of practice-based content in public health education.

Objective B. Enhance public health practice-oriented education and training.

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.
Tactics:
a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.
Tactics:
a. Explore methods for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.
Tactics:
a. Develop an online competency-based training module/plan using existing courses.

Objective C. Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.
Tactics:
a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
b. Use existing data to better understand the composition and competencies of the public health workforce.
c. Use survey methods to gather additional data about public health workers.

> d. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
> e. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

Strategy 2: Define training and life-long learning needs of the public health workforce, identify gaps in training, and explore mechanisms to address these gaps.

Strategy 3: Provide access to and assistance with using tools to enhance competence.
> *Tactics:*
> a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.
> *Tactics:*
> a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.
> *Tactics:*
> a. Identify gaps in the development of research that is relevant to practice.
> b. Vet the Robert Wood Johnson Foundation workforce research agenda.
> c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

Strategy 2: Support the translation of research into public health practice.
> *Tactics:*
> a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.

Strategy 4: Explore approaches to enhance capacity for public health research.

Council on Linkages Administrative Priorities

- **Communication**: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.
- **Funding**: Secure funding to support Council activities.
- **Governance**: Review governance structure of the Council.
- **Membership**: Explore desirability of and opportunities for Council membership expansion and diversification.
- **Staffing**: Maintain Council staffing and convening role of the Public Health Foundation.
- **Technology**: Explore uses of technology to facilitate Council activities.

**The Council on Linkages
Between Academia and
Public Health Practice**

Suggested Revisions to Strategic Directions for 2016-2020
December 21, 2015

Mission

To improve public health practice, education, and research by:
- ➤ Fostering, coordinating, and monitoring links among academia, ~~and the~~ public health practice, and healthcare ~~community~~;
- ➤ Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
- ➤ Creating a process for continuing public health education throughout one's career.

Values

- ➤ Teamwork and Collaboration
- ➤ Focus on the Future
- ➤ People and Partners
- ➤ Creativity and Innovation
- ➤ Results and Creating Value
- ➤ Public Responsibility and Citizenship

Objectives

- ➤ Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
- ➤ Enhance public health practice-oriented education and training.
- ➤ Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.
- ➤ Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Objectives, Strategies, & Tactics

Objective A. Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.
> *Tactics:*
>> a. Increase membership and activities of the Academic Health Department Learning Community.
>> b. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 2: Promote development of collaborations between public health and healthcare professionals and organizations.
> *Tactics:*

a. Identify ~~cross-cutting~~population health competencies ~~for public health and primary care~~aligned with the Core Competencies for Public Health Professionals.
b. Expand the Academic Health Department Learning Community to include ~~primary~~ healthcare professionals and organizations.

c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.
Tactics:
a. Serve as a clearinghouse for evidence regarding successful linkages.
b. Conduct a periodic review of practice-based content in public health education.

Objective B. Enhance public health practice-oriented education and training.

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.
Tactics:
a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
~~b.~~ Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into education and training~~practice~~.

~~c.~~b. ~~Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.~~

~~d.~~c. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.
Tactics:
a. ~~Explore methods~~Provide resources and tools for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.
Tactics:
a. Develop an online competency-based training module/plan using existing courses.

Objective C. Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.
Tactics:
a. Develop evidence-supported recruitment and retention strategies for the public health workforce.

b. Use existing data to better understand the composition and competencies of the public health workforce.
c. Use survey methods to gather additional data about public health workers.
d. ~~Join~~ Participate in the Public Health Accreditation Board's ~~Public Health w~~Workforce ~~Think Tank~~development activities to encourage the integration of competencies into accreditation processes.
e. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

Comment [PG6]: Broadened to include PHAB activities beyond the Think Tank.

Strategy 2: Define training and life-long learning needs of the public health workforce, identify gaps in training, and explore mechanisms to address these gaps.

Strategy 3: Provide access to and assistance with using tools to enhance competence.
Tactics:
a. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
b. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Assist with developing, refining, and implementing discipline-specific competencies aligned with the Core Competencies for Public Health Professionals.
~~a.~~d. Assist the international community with developing and using public health competencies.

Comment [PG7]: Moved from Objective B.

Comment [PG8]: Added to reflect increasing requests to assist with discipline-specific competencies.

Comment [PG9]: Added to reflect increasing requests to assist with international public health competencies efforts.

Strategy 4: Facilitate learning around effective public health practices.
~~Tactics:~~
~~a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.~~

Comment [PG10]: Public Health Works initiative has ended.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to ~~refine the~~further ~~p~~Public ~~h~~Health ~~s~~Systems and ~~s~~Services ~~r~~Research ~~agenda~~.
Tactics:
a. Identify gaps in the development of research that is relevant to practice.
~~b. Vet the Robert Wood Johnson Foundation workforce research agenda.~~
~~c.~~b. ~~Conduct an annual scan to determine~~Assess progress ~~related to on implementation of the~~public health workforce development research ~~agenda~~.

Comment [PG11]: Broadened to address PHSSR rather than a single PHSSR activity.

Comment [PG12]: Research agenda has been finalized.

Comment [PG13]: Broadened to include overall public health workforce development research.

Strategy 2: Support the translation of research into public health practice.
Tactics:
a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.
Tactics:
a. Develop and support implementation of an academic health department research agenda.

Comment [PG14]: Add to reflect current activity.

Strategy 4: Explore approaches to enhance capacity for public health research.

Council on Linkages Administrative Priorities

➢ **Communication**: Use communication tools effectively to increase access for diverse audiences to Council on Linkages initiatives and products.
➢ **Funding**: Secure funding to support Council on Linkages activities.
➢ **Governance**: ~~Review~~ Maintain governance structure of the Council on Linkages.
➢ **Membership**: Explore desirability of and opportunities for Council on Linkages membership expansion and diversification.
➢ **Staffing**: Maintain Council on Linkages staffing and convening role of the Public Health Foundation.
➢ **Technology**: Explore uses of technology to facilitate Council on Linkages activities.

Comment [PG15]: Maintaining governance structure discussed with Council on Linkages following strategic planning in 2011.

6. Core Competencies for Public Health Professionals:

- **Core Competencies Workgroup Report**
- **Core Competencies for Public Health Professionals (2014)**
- **Healthy People 2020 Data Collection Instrument**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies Workgroup Report

January 11, 2016

Overview
The Core Competencies for Public Health Professionals (Core Competencies) reflect foundational skills desirable for professionals engaged in the practice, education, and research of public health and are used in education, training, and other workforce development activities across the country. The most recent version of the Core Competencies was released on the Council on Linkages Between Academia and Public Health Practice (Council) website in June 2014.

Usage of the Core Competencies and Related Resources
Since the release of the 2014 version of the Core Competencies, the Core Competencies Workgroup has focused on developing resources and tools to support public health professionals and organizations in using the Core Competencies. The most recent resource completed, a crosswalk of the 2014 Core Competencies and the Essential Public Health Services, updated an existing crosswalk based on the 2010 Core Competencies and was made available in October 2015. Work also continues to enhance collections of job descriptions, workforce development plans, and other examples of how public health organizations have used the Core Competencies. Additional resources and tools currently available include webinars introducing the 2014 Core Competencies, videos highlighting the Core Competencies and the eight Core Competencies domains, a set of Frequently Asked Questions about the Core Competencies, and a crosswalk of the 2014 and 2010 versions of the Core Competencies. Many of these resources and tools were featured in a presentation at the American Public Health Association 2015 Annual Meeting last fall.

The Core Competencies and related resources and tools are widely used within health departments, academic institutions, and other public health organizations across the country, and this usage is highlighted by the frequency with which these resources are accessed through the Council website. Since the June 2014 release of the most recent version of the Core Competencies, the Core Competencies have been accessed nearly 71,000 times, and resources and tools have been accessed more than 130,000 times. Ongoing promotion by Council members and others of the Core Competencies and related resources and tools will help to ensure that these resources continue to reach the widest audience possible. Council staff will keep Council members informed about new tools and resources through the monthly *Council on Linkages Update*, and members are encouraged to share these new developments through their organizations' newsletters and other communications channels.

Healthy People 2020 Data Collection
Within *Healthy People 2020*, the Core Competencies are incorporated into three objectives in the Public Health Infrastructure (PHI) topic area. The Council serves as the data source for the third of these objectives, 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*, and has been asked to provide data related to this objective. Data were previously collected for an equivalent objective in *Healthy People 2010*. The data collection instrument that will be used for this effort has been

finalized and is included in the meeting materials. Activities to request assistance from several Council member organizations with engaging the relevant academic institutions are underway.

Core Competencies Workgroup Members

Co-Chairs:
➢ Amy Lee, Northeast Ohio Medical University
➢ Janet Place, Arnold School of Public Health, University of South Carolina

Members:
➢ Nor Hashidah Abd Hamid
➢ Susan Amador, Los Angeles County Department of Public Health (CA)
➢ Liz Amos, National Library of Medicine
➢ Sophia Anyatonwu
➢ Sonja Armbruster, College of Health Professions, Wichita State University (KS)
➢ Noel Bazini-Barakat, Los Angeles County Department of Public Health (CA)
➢ Dawn Beck, Olmsted County Public Health Services (MN)
➢ Roxanne Beharie, Ashford University
➢ Linda Beuter, Livingston County Department of Health (NY)
➢ Michael S. Bisesi, College of Public Health, The Ohio State University
➢ Jeanne Bowman, Champaign Health District (OH)
➢ Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
➢ Belinda Caballero, David Jurkovich MD PLLC; BC Billing LLC (FL)
➢ Candy Cates, Oregon Health Authority
➢ Marita Chilton, Public Health Accreditation Board
➢ Michelle Chino, School of Community Health Sciences, University of Nevada, Las Vegas
➢ Judith Compton, University of Michigan
➢ Michelle Cravetz, School of Public Health, University at Albany
➢ Oriyomi Dawodu, School of Medicine, University of Maryland
➢ Marilyn Deling, Olmsted County Public Health Services (MN)
➢ Diane Downing
➢ Mark Edgar, School of Medicine and Public Health, University of Wisconsin
➢ Dena Fife
➢ Rachel Flores, University of California - Los Angeles
➢ Linda Rose Frank, Graduate School of Public Health, University of Pittsburgh
➢ Kristine Gebbie
➢ Kari Guida, Minnesota Department of Health
➢ John Gwinn, University of Akron
➢ Elizabeth Harper, Association of State and Territorial Health Officials
➢ Emmanuel Jadhav, Ferris State University
➢ Larry Jones
➢ Vinitsa Karatsu, County of Los Angeles Department of Public Health (CA)
➢ Bryant T. Karras, Washington State Department of Health
➢ Louise Kent, Northern Kentucky Health Department
➢ David Knapp, Kentucky Department for Public Health
➢ Kirk Koyama, Health Resources and Services Administration
➢ Rajesh Krishnan, The Preventiv
➢ Cynthia Lamberth, College of Public Health, University of Kentucky
➢ Lisa Lang, National Library of Medicine
➢ Jessie Legros, Centers for Disease Control and Prevention
➢ John Lisco, Centers for Disease Control and Prevention
➢ Erin Louis, College of Public Health, University of Kentucky

- Kathleen MacVarish, School of Public Health, Boston University, New England Public Health Training Center
- Lynn Maitlen, Dubois County Health Department (IN)
- Bryn Manzella, Jefferson County Department of Health (AL)
- Jeanne Matthews, Malek School of Health Professions, Marymount University
- Eyob Mazengia, Public Health – Seattle & King County (WA)
- Tracy Swift Merrick, Agora Cyber Charter School
- Nadine Mescia, University of Tampa
- Kathy Miner, Rollins School of Public Health, Emory University
- Sophie Naji, University of Illinois at Chicago, Great Lakes Public Health Training Collaborative
- Scott Pegues, Denver Public Health; Denver Prevention Training Center
- Penney Reese, Centers for Disease Control and Prevention
- Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- Y. Silvia Shin, County of Los Angeles Department of Health (CA)
- Lillian Upton Smith, School of Public Health, West Virginia University
- Chris Stan, Connecticut Department of Public Health
- Douglas Taren, The University of Arizona
- Allison Thrash, Santa Clara County Public Health Department (CA)
- Karen A. Tombs, The Dartmouth Institute for Health Policy and Clinical Practice
- Kathi Traugh, Yale School of Public Health, Yale University

**The Council on Linkages
Between Academia and
Public Health Practice**

June 2014

Core Competencies for
Public Health Professionals

Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice:
June 26, 2014

Available from: phf.org/corecompetencies

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations that aims to improve public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum regarding increasing the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission
The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

Membership
Twenty national organizations are members of the Council on Linkages:

- American Association of Colleges of Nursing
- American College of Preventive Medicine
- American Public Health Association
- 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
- 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

The Council on Linkages is funded by the Centers for Disease Control and Prevention. Staff support is provided by the Public Health Foundation.

For More Information
Additional information about the Council on Linkages can be found at phf.org/councilonlinkages. Questions or requests for information may be sent to councilonlinkages@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health.

The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies.

The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs.

Development of the Core Competencies

The Core Competencies grew from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of more than two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Transitioning from a general set of Universal Competencies to a more specific set of Core Competencies began in 1998 and involved public health professionals from across the country through Council on Linkages member organizations, the Council on Linkages' Core Competencies Workgroup, and a public comment period that resulted in over 1,000 comments. This extensive development process was designed to produce a set of foundational competencies that truly reflected the practice of public health. These competencies were organized into eight skill areas or "domains" that cut across public health disciplines. The first version of the Core Competencies was adopted by the Council on Linkages in April 2001, and the Council on Linkages committed to revisiting the Core Competencies every three years to determine if revisions were needed to ensure the continued relevance of the competency set.

The Core Competencies were reviewed in 2004, with the Council on Linkages concluding that there was inadequate evidence about use of the Core Competencies to support a significant revision. At the second review in 2007, the Council on Linkages decided that revision was warranted based on usage data, changes in the practice of public health, and requests to make the Core Competencies more measurable.

Similar to the development process, the revision process begun in 2007 was led by the Core Competencies Workgroup and involved the consideration of more than 800 comments from public health professionals. A major focus of the revision process was on improving measurability of the competencies, and the revisions both updated the content of the competencies within the eight domains and added three "tiers" representing stages of career development for public health professionals. The Council on Linkages adopted a revised version of the Core Competencies in May 2010.

Review of the May 2010 Core Competencies began in early 2013, and the Council on Linkages again decided to undertake revisions. In addition to updating the content of the competencies, this revision process was aimed at simplifying and clarifying the wording of competencies and improving the order and grouping of competencies to make the competency set easier to use. This revision process was guided by the Core Competencies Workgroup and over 1,000 comments from the public health community, and culminated in the adoption by the Council on Linkages of the current set of Core Competencies in June 2014.

Key Dates
Since development began in 1998, the Core Competencies have gone through three versions:
- 2001 version – Adopted April 11, 2001 *(original version)*
- 2010 version – Adopted May 3, 2010
- 2014 version – Adopted June 26, 2014 *(current version)*

Currently, the Core Competencies are on a three year review cycle and will next be considered for revision in 2017. This timing may change as a result of feedback that this can be too frequent for disciplines that base competency sets on the Core Competencies.

Organization of the Core Competencies
The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains
- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

These eight domains have remained consistent in all versions of the Core Competencies.

Tiers

- *Tier 1 – Front Line Staff/Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

During the 2014 revision of the Core Competencies, minor changes were made to clarify these tier definitions. In general, competencies progress from lower to higher levels of skill complexity both within each domain in a given tier and across the tiers. Similar competencies within Tiers 1, 2, and 3 are presented next to each other to show connections between tiers. In some cases, a single competency appears in multiple tiers; however, the way competence in that area is demonstrated may vary from one tier to another.

Core Competencies Resources and Tools
A variety of resources and tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. These include crosswalks of different versions of the Core Competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies resources and tools can be found online at phf.org/corecompetenciestools. Examples of how organizations have used the Core Competencies are available at phf.org/corecompetenciesexamples.

Feedback on the Core Competencies
The Council on Linkages thanks the public health community for its tremendous contributions to the Core Competencies and welcomes feedback about the Core Competencies. Examples illustrating how public health professionals and organizations are using the Core Competencies and tools that facilitate Core Competencies use are also appreciated. Feedback, suggestions, and resources can be shared by emailing competencies@phf.org.

For More Information
Additional information about the Core Competencies, including background on development and revisions, resources and tools to facilitate use, and current activities and events, can be found at phf.org/aboutcorecompetencies. Questions or requests for information may be sent to competencies@phf.org.

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A8. Collects valid and reliable quantitative and qualitative data	1B8. Collects valid and reliable quantitative and qualitative data	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1A9. Describes public health applications of quantitative and qualitative data	1B9. Analyzes quantitative and qualitative data	1C9. Determines trends from quantitative and qualitative data
1A10. Uses quantitative and qualitative data	1B10. Interprets quantitative and qualitative data	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Core Competencies for Public Health Professionals
Revisions Adopted June 2014

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)
	1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)	1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals
Revisions Adopted June 2014

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)	2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)	2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)
2A2. Contributes to development of program goals and objectives	2B2. Develops program goals and objectives	2C2. Develops organizational goals and objectives
2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization
2A4. Contributes to implementation of organizational strategic plan	2B4. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

Policy Development/Program Planning Skills

Tier 1	Tier 2	Tier 3
2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
2A7. Describes implications of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2B8. Recommends policies, programs, and services for implementation	2C8. Selects policies, programs, and services for implementation
2A8. Implements policies, programs, and services	2B9. Implements policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
2A9. Explains the importance of evaluations for improving policies, programs, and services	2B10. Explains the importance of evaluations for improving policies, programs, and services	2C11. Explains the importance of evaluations for improving policies, programs, and services
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A11. Applies strategies for continuous quality improvement	2B12. Implements strategies for continuous quality improvement	2C13. Develops strategies for continuous quality improvement
2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)

Communication Skills

Tier 1	Tier 2	Tier 3
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services
3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals
Revisions Adopted June 2014

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)	3B5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)	3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
3A7. Facilitates communication among individuals, groups, and organizations	3B7. Facilitates communication among individuals, groups, and organizations	3C7. Facilitates communication among individuals, groups, and organizations
3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community	3B8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4B1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
4A2. Describes the diversity of individuals and populations in a community	4B2. Describes the diversity of individuals and populations in a community	4C2. Describes the diversity of individuals and populations in a community
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A6. Describes the effects of policies, programs, and services on different populations in a community	4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
4A7. Describes the value of a diverse public health workforce	4B7. Describes the value of a diverse public health workforce	4C7. Demonstrates the value of a diverse public health workforce
	4B8. Advocates for a diverse public health workforce	4C8. Takes measures to support a diverse public health workforce

Community Dimensions of Practice Skills

Tier 1	Tier 2	Tier 3
5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community	5B1. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
5A3. Suggests relationships that may be needed to improve health in a community	5B3. Suggests relationships that may be needed to improve health in a community	5C3. Suggests relationships that may be needed to improve health in a community
	5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5A4. Supports relationships that improve health in a community	5B5. Maintains relationships that improve health in a community	5C5. Maintains relationships that improve health in a community
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services	5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services
5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	5B9. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
5A9. Informs the public about policies, programs, and resources that improve health in a community	5B10. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
5A10. Describes the importance of community-based participatory research	5B11. Collaborates in community-based participatory research	5C11. Engages the organization in community-based participatory research

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6B2. Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services	6B3. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services	6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services
	6B4. Applies public health sciences in the administration and management of programs	6C4. Applies public health sciences in the administration and management of the organization
6A4. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making	6B5. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making	6C5. Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services	6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6B8. Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6B9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
7A2. Describes government agencies with authority to impact the health of a community	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
7A3. Adheres to organizational policies and procedures	7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)	7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services
	7B5. Justifies programs for inclusion in organizational budgets	7C5. Determines priorities for organizational budgets
7A5. Contributes to development of program budgets	7B6. Develops program budgets	7C6. Develops organizational budgets
	7B7. Defends program budgets	7C7. Defends organizational budgets

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
7A7. Provides information for development of contracts and other agreements for programs and services	7B9. Negotiates contracts and other agreements for programs and services	7C9. Approves contracts and other agreements for programs and services
7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
7A9. Operates programs within budget	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)	7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)	7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A12. Uses evaluation results to improve program and organizational performance	7B14. Uses evaluation results to improve program and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
7A13. Describes program performance standards and measures	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
8A2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)	8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)
8A7. Participates in professional development opportunities	8B7. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices	8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)	8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)
8A9. Describes ways to improve individual and program performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	8B10. Advocates for the role of public health in providing population health services	8C10. Advocates for the role of public health in providing population health services

Tier Definitions

Tier 1 – Front Line Staff/Entry Level
Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2 – Program Management/Supervisory Level
Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Tier 3 – Senior Management/Executive Level
Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

For more information about the Core Competencies, please contact Kathleen Amos at kamos@phf.org or 202.218.4418.

The Council on Linkages Between Academia and Public Health Practice

Healthy People 2020 Data Collection Instrument

January 11, 2016

Healthy People 2020: Use of the Core Competencies for Public Health Professionals in Curricula

The U.S. Department of Health and Human Services has requested that the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) inquire about use of the Core Competencies for Public Health Professionals (Core Competencies) by academic institutions. More information about the Core Competencies can be found on the Council on Linkages website.

1. Has your academic institution **used** the Core Competencies for any of its public health or community health degree programs in any of the following ways?
    a. Assessed gaps in curricula
    b. Developed curricula
    c. Assessed gaps in specific courses
    d. Developed courses
    e. Evaluated/assessed student skills and competencies for student or program planning purposes
    f. Developed objectives for field practica or capstone projects
    g. Based public health degree program competencies on the Core Competencies
    h. Trained faculty
    i. Other
        i. If you selected other, please specify:

2. Has your academic institution **integrated** competencies into its curriculum using the Core Competencies for any of its public health or community health degree programs in any of the following ways?
    a. Added specific content intended to build skills and/or competencies
    b. Designed field placements/internships to build skills and/or competencies
    c. Designed exercises or assignments to build skills and/or competencies
    d. Brought in external speakers/faculty to help teach or address the Core Competencies
    e. Tested students for attainment of skills and competencies during or after completion of a course
    f. Other
        i. If you selected other, please specify:

3. Before your academic institution grants a degree in any of its public health or community health degree programs, is there an assessment or evaluation of Core Competencies attained by a student?
    a. Yes
    b. No

4. Does your academic institution provide training for the current public health workforce using the Core Competencies?
    a. Yes
    b. No

5. Please provide the following contact information. All data collected will be presented in the aggregate and will not be associated with any individuals or specific academic institutions.
    a. Academic Institution
    b. School or Program
    c. Division, Department, or Office
    d. Name
    e. Title
    f. Email Address

6. Would you like to receive a summary of the data collected?
    a. Yes
    b. No

7. Would you like to receive the *Council on Linkages Update* newsletter?
    a. Yes
    b. No

7. Discipline-specific Competencies

**The Council on Linkages
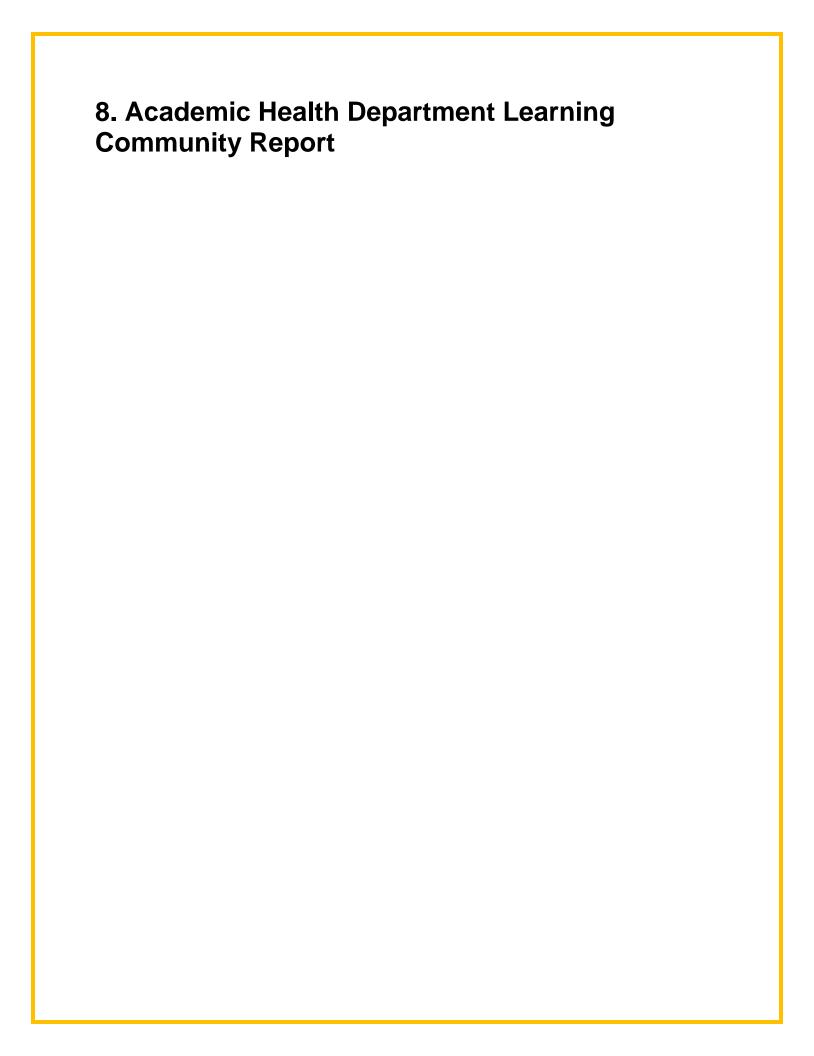Between Academia and
Public Health Practice**

Discipline-specific Competencies

January 11, 2016

Overview

The Core Competencies for Public Health Professionals (Core Competencies) has been a major initiative of the Council on Linkages Between Academia and Public Health Practice (Council) for over two decades. During this time, Council staff has developed expertise in this area and has assisted numerous organizations in developing and refining discipline-specific competencies that are aligned with the Core Competencies. These include discipline-specific competencies such as the Quad Council Competencies for Public Health Nurses. More recently, requests for assistance from Council staff have dramatically increased, as have requests for Council review of new sets of discipline-specific competencies.

Assistance in Developing, Refining, and Implementing Discipline-specific Competencies

Council staff currently is assisting organizations in developing, refining, and implementing competencies for public health laboratorians, public health professionals working with people with disabilities, and community health workers. In addition, the Centers for Disease Control and Prevention (CDC) has requested Council involvement in developing two new sets of competencies: 1) Competencies for Performance Improvement Professionals; and 2) Population Health Competencies for Hospitals and Health Systems. The Competencies for Performance Improvement Professionals will help articulate desired skills and competencies for individuals working primarily in state, tribal, local, and territorial health departments who have responsibility for quality improvement, performance management, accreditation, and related activities. The Population Health Competencies are being designed for individuals in healthcare settings who have responsibility for population health work in communities, such as developing Community Health Needs Assessments.

Representatives from CDC will talk with the Council about the two new competencies development activities. Some of the funding from CDC for the Council is being used for staff to work on these initiatives and to request feedback from Council members about these competency sets.

8. Academic Health Department Learning Community Report

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

January 11, 2016

Overview

The Academic Health Department (AHD) Learning Community supports development of AHD partnerships between public health practice organizations and academic institutions. As a national community of practitioners, educators, and researchers, the AHD Learning Community stimulates discussion and sharing of knowledge; the development of resources; and collaborative learning around establishing, sustaining, and expanding AHDs. The Learning Community currently has approximately 550 members.

Recent Activities

Activities of the AHD Learning Community provide opportunities for members to connect with one another and engage in communication and learning about AHD partnerships. The AHD Mentorship Program, which formally launched at the end of June 2015, helps to foster AHDs by building relationships between individuals involved in AHD efforts. Led by Learning Community member Bryn Manzella, MPH, of the Jefferson County Department of Health (AL), this program connects individuals seeking guidance in an area of AHD development or operation with those having experience in that area, with a focus on creating ongoing relationships that support mutual learning and professional development. A number of Learning Community members have volunteered to serve as mentors through this program, and mentor/mentee matches are being created. Expressions of interest in participating as either a mentor or mentee are welcome by email to Janelle Nichols at jnichols@phf.org. The Learning Community also continues to organize webinar meetings to engage members in discussion about AHD partnerships. A January 6, 2016 meeting featuring Learning Community members Vicki Collie-Akers, PhD, MPH, of the University of Kansas, and Louise Kent, MBA, ASQ CQIA, of the Northern Kentucky Health Department, highlighted two examples of successful AHDs. An archived version of this webinar will be available for those who were unable to participate in the live meeting. In addition, the AHD Learning Community listserv established in early 2015 provides a means for communication within the Learning Community, and work continues to enhance access to Learning Community activities and resources.

AHD Research Agenda

Following a discussion during the August 2015 Council on Linkages Between Academia and Public Health Practice (Council) meeting, an effort was begun to develop a research agenda focused on AHD partnerships. This newest initiative of the AHD Learning Community is being led by Learning Community member Paul Campbell Erwin, MD, DrPH, of the University of Tennessee Department of Public Health, and an initial draft of an AHD Research Agenda is expected to be completed by the end of January 2016. This draft will be shared with the Learning Community for review, refined based on the feedback received, and a final draft will be produced for Council review and approval. Questions about this process at any time may be directed to Kathleen Amos at kamos@phf.org.

9. Update on Other Council Initiatives:
- **2015 APHA Annual Meeting**
    - **Navigating the Seas of Public Health Workforce Development – Session Description**
    - **How Do We Ensure an Effective Public Health Workforce into the Future?**

2015 American Public Health Association Annual Meeting – Navigating the Seas of Public Health Workforce Development: What Every Practitioner and Academic Needs to Know

Session Description

Confused about all of the public health workforce development studies and frameworks being discussed to help prioritize and guide public health workforce development activities? Been using the Core Competencies for Public Health Professionals (Core Competencies) as you prepare for health department accreditation or develop training for the public health workforce, and you don't understand how all of the new initiatives relate? Wondering how the *Framing the Future* critical content areas, the draft foundational skills and content proposed by the Council on Education for Public Health, the cross-cutting workforce development skills being suggested by the National Consortium for Public Health Workforce Development, and other initiatives all fit together? Not sure if these are complementary or competing initiatives? Learn how these multiple initiatives are indeed aligning and contributing to developing an even stronger public health workforce for the future. Hear from national experts about these initiatives. Explore with colleagues where there's clarity and confusion? Ask and get answers to what's been on your mind. This interactive session will provide ample opportunity for questions, answers, discussion, and suggestions.

Objectives:

1. Describe the Core Competencies for Public Health Professionals (Core Competencies).

2. Discuss three public health workforce development initiatives that build upon the Core Competencies.

3. Explain how the various public health workforce development initiatives build upon one another.

4. Discuss how the Core Competencies are being used by public health agencies and academic institutions for workforce development.

How Do We Ensure an Effective Public Health Workforce into the Future?

Kathleen Amos, MLIS, Assistant Director, Academic/Practice Linkages, Public Health Foundation

What is critical to building an even stronger public health workforce for the future? According to national experts speaking at the American Public Health Association (APHA) Annual Meeting earlier this month, one key element is better connections between academia and public health practice.

The importance of public health academia and practice working together was emphasized throughout the November 2nd APHA Annual Meeting session, *Navigating the Seas of Public Health Workforce Development: What Every Practitioner and Academic Needs to Know*, which focused on national workforce development efforts guiding the future of public health. Moderated by C. William Keck, MD, MPH, Chair of the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), and featuring as speakers Donna J. Petersen, ScD, MHS, CPH, Chair, Association of Schools and Programs of Public Health's (ASPPH's) Framing the Future Task Force; Laura Rasar King, MPH, MCHES, Executive Director, Council on Education for Public Health (CEPH); and Edward L. Hunter, MA, President and Chief Executive Officer, de Beaumont Foundation, this session explored new initiatives within public health workforce development and their connections to a long-standing workforce development initiative of the Council on Linkages, the Core Competencies for Public Health Professionals (Core Competencies).

Beginning with support for the Universal Competencies in the early 1990s and continuing with the development and revision of the Core Competencies in 2001, 2010, and 2014, the Council on Linkages has focused attention on the need for foundational skills that cut across the public health workforce, regardless of the specific disciplines in which professionals work and regardless of whether that work takes place in academic or practice settings. Today, as ASPPH's Framing the Future initiative is developing a vision for public health education in the 21st century, CEPH is revising the accreditation criteria for graduate-level education in public health, and the de Beaumont Foundation's National Consortium for Public Health Workforce Development is identifying cross-cutting workforce training priorities, the need for collaboration within the public health field continues to take center stage.

Strong connections between academia and practice are essential to ensuring the current and future public health workforce has the skills to be most effective in improving the health of the nation. With a transformation of public health education to emphasize foundational competencies needed in the workforce; a recognition that schools and programs of public health have a responsibility for providing training and support for public health workers, both those with and without formal education in public health; and an increasing awareness that public health education continues long after graduation and that the practice community also has a responsibility for building competencies and skills within the workforce, the field is well positioned to move forward in a more coordinated way.

Public health is fundamentally about people. Graduates of schools and programs of public health are the workforce of the future, but relatively few governmental public health workers have degrees in public health. Academia and practice must work together to ensure the workforce as a whole has the skills needed to be successful and is prepared for ongoing change as the field of public health continues to evolve.

<div align="center">***</div>

Interested in learning more?

- [Download the slides](#) from the *Navigating the Seas of Public Health Workforce Development: What Every Practitioner and Academic Needs to Know* session for additional information on how these workforce development initiatives connect and align
- [Explore the academic health department](#) concept – a model for developing formal partnerships between academic institutions and public health practice organizations
- [Access resources and tools for integrating the Core Competencies](#) into workforce development efforts
- [Subscribe](#) to the *Council on Linkages Update* for the latest news on Council on Linkages activities
- [Review the latest draft of CEPH's proposed accreditation criteria revisions](#) and submit comments by January 8, 2016

10. Supplemental Materials:
- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2011-2015**

The Council on Linkages Between Academia and Public Health Practice

**Council on Linkages Between Academia and
Public Health Practice**

Constitution and Bylaws

ARTICLE I. – MISSION:

The mission of the Council on Linkages Between Academia and Public Health Practice (Council) is to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

ARTICLE II. – BACKGROUND AND PURPOSE:

In order to bridge the perceived gap between the academic and practice communities that was documented in the 1988 Institute of Medicine report, *The Future of Public Health*, the Public Health Faculty/Agency Forum was established in 1990.

After nearly two years of deliberations and a public comment period, the Forum released its final report entitled, *The Public Health Faculty/Agency Forum: Linking Graduate Education and Practice*. The report offers recommendations for: 1) strengthening relationships between public health academicians and public health practitioners in public agencies; 2) improving the teaching, training, and practice of public health; 3) establishing firm practice links between schools of public health and public agencies; and 4) collaborating with others in achieving the nation's Year 2000 health objectives. In addition, the Public Health Faculty/Agency Forum issued a list of "Universal Competencies" to help guide the education and training of public health professionals.

The Council was formed initially to help implement these recommendations and competencies. Over time, the Council's mission and corollary objectives may be amended to best serve the needs of public health's academic and practice communities.

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

The Council is comprised of national public health academic and practice agencies, organizations, and associations that desire to work together to help build academic/practice linkages in public health. Membership on the Council is limited to any agency, organization, or association that:

1. Can demonstrate that agency, organization, or association is national in scope.
2. Is unique and not currently represented by existing Council Member Organizations.
3. Has a mission consistent with the Council's mission and objectives.
4. Is willing to participate as a Preliminary Member Organization on the Council for one year prior to formal membership, at the participating organization's expense.
5. Upon being granted formal membership status, signs the Council's Participation Agreement.

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American Association of Colleges of Nursing (AACN)
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- National Public Health Leadership Development Network (NLN)
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education (SOPHE)

Membership Categories:

An organization must petition the Council to become a member in accordance with the Council's membership policy. If membership is granted, the agency, organization, or association will become a Preliminary Member Organization for the period of one year. At the conclusion of one year as a Preliminary Member Organization, the Council will vote to approve or decline the agency, organization, or association as a Formal Member Organization. If granted formal membership status, the agency, organization, or association will be reimbursed for travel related expenses for future meetings, if funds permit.

   I. Preliminary Member Organization Privileges

   1. Preliminary Member Organizations may fully participate in all discussions and activities associated with Council meetings at which they are required to attend.

   2. Preliminary Member Organizations retain the right to vote at Council meetings during their preliminary term.

   3. Preliminary Member Organizations can participate in any and all Council subcommittee/taskforce discussions that they desire to join.

   4. Preliminary Member Organizations' names and/or logos will be included in Council resources that depict Member Organizations during the preliminary term.

   5. Preliminary Member Organizations will be responsible for all travel related expenses for attending meetings.

   II. Formal Member Organization Privileges

   1. In accordance with the Council's travel policy and as funding permits, Organizational Representatives (Representatives) from Formal Member Organizations are entitled

to reimbursement up to a predetermined amount for airfare, transportation to and from meeting site, and hotel accommodations for Council meeting travel.

2. As funding permits, Representatives from Formal Member Organizations will be reimbursed at the federally-approved per diem rate for meals consumed during travel to and from Council meetings.

3. Substitutes for officially designated Representatives are not eligible for travel reimbursement.

4. Formal Member Organizations retain full participation privileges in all Council discussions, activities, votes, and subcommittee/taskforces.

5. Formal Member Organizations will be represented either via logo or text in all Council resources that depict membership.

6. Formal Member Organizations must comply with the signed Participation Agreement.

7. Representatives from federal government agencies will not receive funding from the Council for travel or related expenses.

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITES:

In order for the Council to meet its goals and corollary objectives, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council membership requires that:

- Each Member Organization (Organization) select an appropriate Representative to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.

- The Representative have access to and communicate regularly with the Organization's leadership about Council activities.

- The Representative be able to present the perspectives of the Organization during Council meetings.

- The Representative attend and actively participate in scheduled meetings and shall not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.

- Each Organization identify a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.

- During at least one meeting each year, Representatives present the progress their respective Organizations and members have made toward implementing and sustaining productive academic/practice linkages.

- Each Representative (or staff contact) respond to requests for assistance with writing and compiling Council documents and resources.

- Representatives and Organizations disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective memberships of the Organizations.

- Upon request of the Council Chair, Representatives officially represent the Council at meetings or presentations widely attended by members of the practice and academic public health communities.

- Upon request of the Council Chair, Representatives assist Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

If a Representative or Organization does not fulfill the above responsibilities, Council staff will first contact the Representative and Organization in writing. If a Representative fails to address the concerns—for example, in the case of chronic absenteeism at Council meetings—the Council chair may request that a new Representative be selected. Then, if a Member Organization consistently fails to perform its responsibilities after a written warning, Council staff will inform that Organization in writing that the full Council will vote on revoking that Organization's membership. If a majority of all Representatives vote to revoke an Organization's membership, that Organization will no longer be considered a part of the Council.

ARTICLE V. – Discussions, Decisions, and Voting:

A. The following overlying principle shall govern decisions within the Council:

Each Member Organization shall have one vote. Only Representatives or officially designated substitutes can vote. To designate a substitute, Member Organizations must provide the name and contact information for that individual to Council staff in advance of the meeting.

B. Discussions & Decisions:

Council meetings will use a modified form of parliamentary procedure where discussions among the Representatives will be informal to assure that adequate consideration is given to a particular issue being discussed by the Council. However, decisions will be formal, using Robert's Rules of Order (recording the precise matters to be considered, the decisions made, and the responsibilities accepted or assigned).

C. Voting:

1. Each Representative shall have one vote. If a Representative is unable to attend a meeting, the Organization may designate a substitute (or Designee) for the meeting. That Designee will have voting privileges for the meeting.

2. **Quorum** is required for a vote to be taken and shall consist of a majority of the Representatives or Designees of all participating groups composing the Council.

3. **Simple Majority** Vote will be required for internal Council administrative, operational, and membership matters (i.e.: Minutes approvals).

4. The Council will seek **Consensus** (Quaker style – No-one blocking consensus) when developing major new directions for the Council (i.e.: moving forward with studying leadership tier of credentialing). No more than one-quarter of Representatives or their Designees can abstain, or the motion will not pass. Representatives will be expected to confer with the leadership of their organizations prior to the meeting to ensure that their votes reflect the Organization's views on the topic.

5. A two-thirds **Super Majority** of all Representatives will be required to vote on accepting or amending this Constitution and Bylaws.

ARTICLE VI. – COUNCIL LEADERSHIP:

One Representative will serve as the Council Chair. The Chair is charged with opening and closing meetings, calling all votes, and working with Council staff to set meeting agendas.

The term of the Chair is two years. There is no limit to the number of terms a Representative can serve as Chair. At the end of each two-year term, another Council Representative and/or the current Chair may nominate him/herself or be nominated for the position of Chair. To be elected Chair requires a majority affirmative vote of Council membership. In the event that there are several nominees and no nominee receives a clear majority of the vote, a runoff will be held among the individuals who received the highest number of votes.

To be eligible to serve as Chair, an individual must:

- have served as a Council Representative for at least two years; and
- have some experience working in public health practice.

ARTICLE VII. – MEETINGS:

The Council shall convene at least one in-person meeting a year. Funds permitting, the Council will convene additional meetings either in-person or via conference call. All meetings are open to the public.

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSBILITIES:

The Council is staffed by the Public Health Foundation. Council staff provide administrative support to the Council and its Organizations and Representatives. This includes, but is not limited to:

1. Planning and convening Council meetings;

2. General Council administration such as drafting meeting minutes, yearly deliverables, progress reports, action plans, etc.;

3. Working with Representatives and their Organizations to secure core and special project funding for Council activities and initiatives; and

4. Officially representing the Council at meetings related to education and practice.

ARTICLE IX. – FUNDING:

Council staff, with approval from the Council Chair, may seek core and special project funding on behalf of the Council in accordance with Council-approved objectives, strategies, and deliverables.

Adopted: January 24, 2006
Amended: January 27, 2012
Article III.B. Member Organizations Updated: September 6, 2013; March 31, 2014;
                                                                          August 19, 2015

The Council on Linkages Between Academia and Public Health Practice

Participation Agreement

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career. In order to fulfill this mission, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council involvement requires that:

- The Member Organization (Organization) selects an appropriate Representative (Representative) to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.

- The Representative has access to and communicates regularly with the Organization's leadership about Council activities.

- The Representative is able to present the perspectives of the Organization during Council meetings.

- The Representative attends and actively participates in scheduled meetings and does not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.

- The Organization identifies a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.

- During at least one meeting each year, the Representative presents the progress his/her respective Organization and members have made toward implementing and sustaining productive academic/practice linkages.

- The Representative and Organization contribute to the Council's understanding of how Council initiatives and products are being used by the members/constituents of the Council Organization.

- The Representative (or staff contact) responds to requests for assistance with writing and compiling Council documents and resources.

- The Representative and Organization disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective membership of the Council Organization.

- Upon request of the Council Chair, the Representative officially represents the Council at meetings or presentations widely attended by members of the practice and academic public health communities.

- Upon request of the Council Chair, the Representative assists Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

We have read and understand the Participation Agreement described above and agree to the obligations and conditions for membership on the Council on Linkages Between Academia and Public Health Practice. We understand that membership and representation is voluntary, and we may withdraw Representative and/or Organizational participation at any time if we are unable to meet the above outlined responsibilities.

_____   _____
Council Representative Designated by Organization   Date

_____   _____
Organizational Executive Director   Date

_____
Member Organization

**The Council on Linkages
Between Academia and
Public Health Practice**

Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2011-2015

Mission

To improve public health practice, education, and research by:
➢ Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
➢ Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
➢ Creating a process for continuing public health education throughout one's career.

Values

➢ Teamwork and Collaboration
➢ Focus on the Future
➢ People and Partners
➢ Creativity and Innovation
➢ Results and Creating Value
➢ Public Responsibility and Citizenship

Objectives

➢ Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
➢ Enhance public health practice-oriented education and training.
➢ Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.
➢ Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Objectives, Strategies, & Tactics

Objective A. Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.
   Tactics:
      a. Increase membership and activities of the Academic Health Department Learning Community.
      b. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 2: Promote development of collaborations between public health and healthcare professionals and organizations.
   Tactics:
      a. Identify cross-cutting competencies for public health and primary care.

Adopted: June 9, 2011
Revised: April 28, 2014

   b. Expand the Academic Health Department Learning Community to include primary care professionals and organizations.
   c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.
  Tactics:
   a. Serve as a clearinghouse for evidence regarding successful linkages.
   b. Conduct a periodic review of practice-based content in public health education.

Objective B. Enhance public health practice-oriented education and training.

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.
  Tactics:
   a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
   b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
   c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
   d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.
  Tactics:
   a. Explore methods for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.
  Tactics:
   a. Develop an online competency-based training module/plan using existing courses.

Objective C. Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.
  Tactics:
   a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
   b. Use existing data to better understand the composition and competencies of the public health workforce.
   c. Use survey methods to gather additional data about public health workers.

d. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.

e. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

Strategy 2: Define training and life-long learning needs of the public health workforce, identify gaps in training, and explore mechanisms to address these gaps.

Strategy 3: Provide access to and assistance with using tools to enhance competence.
Tactics:
a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.
Tactics:
a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.
Tactics:
a. Identify gaps in the development of research that is relevant to practice.
b. Vet the Robert Wood Johnson Foundation workforce research agenda.
c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

Strategy 2: Support the translation of research into public health practice.
Tactics:
a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.

Strategy 4: Explore approaches to enhance capacity for public health research.

Council on Linkages Administrative Priorities

➤ **Communication**: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.
➤ **Funding**: Secure funding to support Council activities.
➤ **Governance**: Review governance structure of the Council.
➤ **Membership**: Explore desirability of and opportunities for Council membership expansion and diversification.
➤ **Staffing**: Maintain Council staffing and convening role of the Public Health Foundation.
➤ **Technology**: Explore uses of technology to facilitate Council activities.