The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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Thursday, March 31, 2022
2:00-4:00pm EDT

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Zoom Meeting URL:

https://phf-org.zoom.us/j/83365620432?pwd=VExMUmlreEoxWitZcDhRNEM2dUxJdz09

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Funding provided by the Centers for Disease Control and Prevention

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Activities of the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) are made possible through funding from the Centers for Disease Control and Prevention under Cooperative Agreement Number NU38OT000311. The content of Council on Linkages activities is solely the responsibility of the Council on Linkages and does not necessarily represent the official views of the sponsor.

1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Virtual Meeting
Date: March 31, 2022
Time: 2-4pm EDT
Meeting URL: https://phf-org.zoom.us/j/83365620432?pwd=VExMUmlreEoxWitZcDhRNEM2dUxJdz09
Meeting ID: 833 6562 0432
Passcode: 340613
Phone Number: (301) 715-8592

AGENDA

2:00-2:10	Welcome, Overview of Agenda, and Introduction of New Representative ➢ Association of State and Territorial Health Officials: John Wiesman	*Bill Keck*
2:10-2:15	Approval of Minutes from October 12, 2021 Meeting ➢ **Action Item**: Vote on Approval of Minutes	*Bill Keck*
2:15-2:35	Rebuilding the Public Health Workforce (Council Strategic Directions – C.1.e.)	*Ron Bialek, Liza Corso, and Michelle Carvalho*
2:35-2:50	Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.)	*Bill Keck*
2:50-3:20	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.a., B.1.b., C.3.a., C.3.b.) ➢ Dissemination ➢ Resources and Tools for Implementation ➢ Healthy People 2030	*Amy Lee, Janet Place, Kathleen Amos, and Liza Corso*
3:20-3:35	Revising the Applied Epidemiology Competencies	*Sarah Auer*
3:35-3:50	Public Health Accreditation Board Standards & Measures Version 2022	*Rex Archer and Marita Chilton*
3:50-4:00	Other Business and Next Steps	*Bill Keck*
4:00	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:

Susan Swider, PhD, APHN-BC
American Association of Colleges of Nursing

Olabisi Badmus, MD, MPH
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

Leah Gillis, PhD
Association of Public Health Laboratories

Paul K. Halverson, DrPH, FACHE
Association of Schools and Programs of Public Health

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

Ellen P. Averett, PhD, MHSA
Association of University Programs in Health Administration

Michelle Carvalho, MPH, MCHES
Liza Corso, MPA
Centers for Disease Control and Prevention

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Lori Edwards, DrPH, MPH, BSN, RN, CNS-PCH, BC
Council of Public Health Nursing Organizations

Council of State and Territorial Epidemiologists

Laura Rasar King, MPH, MCHES
Council on Education for Public Health

Captain Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Health Resources and Services Administration

Terry Brandenburg, MBA, MPH, CPH
National Association of County and City Health Officials

Andrew J. Quarnstrom
National Association of Local Boards of Health

Kaye Bender, PhD, RN, FAAN
National Board of Public Health Examiners

D. Gary Brown, DrPH, CIH, RS, DAAS
National Environmental Health Association

Doug Joubert, MLIS, MS
National Library of Medicine

Melissa (Moose) Alperin, EdD, MPH, MCHES
National Network of Public Health Institutes

Rex Archer, MD, MPH
Public Health Accreditation Board

Michael Fagen, PhD, MPH
Society for Public Health Education

Nancy Harada, PhD, PT
Veterans Health Administration

3. Draft Meeting Minutes – October 12, 2021

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: October 12, 2021, 2-4pm EDT

Meeting Minutes – Draft

Members and Designees Present: C. William Keck (Chair), Melissa Alperin, Rex Archer, Ellen Averett, Olabisi Badmus, Kaye Bender, Terry Brandenburg, D. Gary Brown, Michelle Carvalho, Liza Corso, Elizabeth Daly, Lori Edwards, Michael Fagen, Gary Gilmore, Barbara Gottlieb, Nancy Harada, Doug Joubert, Rita Kelliher, Laura Rasar King, Amy Lee, Megan Lincoln, Joanne Pearsol, Eva Perlman, Susan Swider, Amber Williams

Other Participants Present: Jasmine Abston, Katherine Andrinopoulos, Mayela Arana, Christine Arcari, James Bechtel, Vera Cardinale, Carmen Carrillo, Siobhan Champ-Blackwell, Rebekah Chance-Revels, Marita Chilton, Raeven Clockson, Alex Coleman, Megan Comlossy, Carrie Conia, Martha Cuccia, Vanessa Deleon, Cynthia Dunn, Ashley Edmiston, Kaitlin Emrich, Traci Fowler, Craig Gilden, Adrienne Gill, Edgar Gutierrez, Katrina Harwood, Ana Magdalena Hurtado, Renee Huth, Allison Jacobs, Catherine Johnson, Lloyd Jordison, Jen Keagy, Ismene Larios, Ellen Leahy, Laura Lloyd, Doha Medani, Lisa Miller, Leslie Mitchell, Lisa Montgomery, Amy Origel-Jenkins, Lynelle Phillips, Janet Place, Leah Potter, Maura Proser, Jen Ricci, Jen Robinson, Jennifer Romaszewski, RoseAnn Scheck, Geri Kemper Seeley, Alexandra Shabelski, Meher Singh, Valerie Usher, Tina Wells

Staff Present: Ron Bialek, Kathleen Amos, Abdullah Tauqeer

Agenda Item	Discussion	Action
Welcome, Overview of Agenda, and Introduction of New Organization and Representatives ➢ **Council of Public Health Nursing Organizations: Lori Edwards** ➢ **Veterans Health Administration: Nancy Harada** ➢ **Public Health Accreditation Board: Rex Archer**	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Dr. Keck thanked the Centers for Disease Control and Prevention (CDC) for the funding support that has enabled current Council activities, reminded participants of the Council's mission, and reviewed the agenda for the meeting. Dr. Keck welcomed two new representatives to the Council: Lori Edwards, DrPH, MPH, BSN, RN, CNS-PCH, BC, representing the Council of Public Health Nursing Organizations, and Nancy Harada, PhD, PT, representing the Veterans Health Administration (VHA). Dr. Keck also welcomed a new preliminary member organization, the Public Health Accreditation Board (PHAB). PHAB will be represented by Rex Archer, MD, MPH. Dr. Edwards, Dr. Harada, and Dr. Archer introduced themselves.	
Approval of Minutes from May 25, 2021 Meeting	Dr. Keck asked for any changes to the minutes of the May 25, 2021 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. Melissa Alperin, EdD, MPH,	Minutes of the May 25, 2021 Council meeting were approved as written.

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	MCHES, seconded the motion. No additions or corrections.	
Council Membership Vote – Veterans Health Administration	Dr. Keck called for a vote on granting VHA formal Council membership following completion of its preliminary membership period.	VHA was granted formal Council membership.
Academic Health Department Learning Community	Dr. Keck provided an update on Academic Health Department (AHD) Learning Community activities. The AHD Learning Community is a national community that brings together and supports practitioners, educators, researchers, and others to explore AHD partnerships, share their experiences, and engage in collaborative learning. Since its launch in January 2011, the AHD Learning Community has grown to more than 1,100 members from health departments, academic institutions, and other organizations across the country. The Learning Community offers resources and activities to support AHD partnerships, including a venue for sharing examples and stories of AHD partnerships, webinars featuring AHD partnerships, examples of partnership agreements, a listserv for communication, and technical assistance. To date in 2021, the Learning Community and its resources and tools have been accessed online more than 6,500 times. This brings online usage since launch of the Learning Community to nearly 74,000 visits. In 2021, staff have responded to more than 20 requests for assistance related to AHD partnerships, serving 16 organizations in 10 states and DC. The *AHD Webinar Series* highlights successful AHD partnerships and other topics related to AHD partnerships. In December 2020, this series featured the partnership between the Pima County Health Department (PCHD) in Arizona and the University of Arizona's Mel & Enid Zuckerman College of Public Health (MEZCOPH). This event led to CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) developing a Field Notes story about the partnership: *Partners in Arizona Help Prepare Future Workforce Through Model Internship Program*. The story was released in July 2021 and highlights the PCHD/MEZCOPH internship program, as well as MEZCOPH's AHD internship program. Additional details about these programs can be found in the	

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	archives of the December 2020 and May 2021 *AHD Webinars* available through the Council website, TRAIN Learning Network, and YouTube. AHD partnerships are included in the draft of Version 2022 of the PHAB Standards & Measures, specifically within Standard 8.1, which focuses on the development and recruitment of a sufficient number of qualified public health workers. Feedback on the draft Standards & Measures is being accepted through November 5, 2021. AHD partnerships were highlighted at annual meetings and conferences, with sessions at the Public Health Improvement Training and National Association of County and City Health Officials (NACCHO) 360 Conference in June 2021. Additional conference sessions are slated to occur in October 2021 at the Region VII AHD Conference and the American Public Health Association (APHA) Annual Meeting. Dr. Keck invited questions about the AHD Learning Community.	More information about the AHD Learning Community and its activities is available through the AHD Learning Community section of the Council website or by contacting Kathleen Amos at kamos@phf.org.
Revising the Core Competencies for Public Health Professionals ➢ **Proposed Revisions to the Core Competencies** ➢ **Dissemination Plans** ➢ **Resources and Tools for Implementation**	Dr. Keck; Council Assistant Director Kathleen Amos, MLIS; and Core Competencies Workgroup Co-Chairs Amy Lee, MD, MPH, MBA, and Janet Place, MPH, shared updates about the use and revision of the Core Competencies for Public Health Professionals (Core Competencies). Dr. Keck reinforced the importance of the revision of the Core Competencies and of these competencies for the public health community. Dr. Keck thanked the Council for its engagement and patience throughout the revision process; CDC's CSTLTS for their funding and guidance; CDC's Center for Surveillance, Epidemiology, and Laboratory Services and National Center for Environmental Health for their input; the Core Competencies Workgroup for their invaluable guidance; Dr. Lee and Ms. Place for their leadership and guidance; and Council representatives, staff, and members of the public health and population health community who helped spread the word about the revision and provided input throughout the process. Ms. Amos provided an update on use of the Core Competencies. The Core Competencies, a set of foundational or crosscutting skills for professionals engaged in public health practice, education, and	

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	research, are used in workforce development activities across the US. The most current data show that approximately 80% of state health departments, 60% of tribal health organizations, 45% of local health departments, 25% of territorial health departments, and 90% of academic programs with a public health focus use the Core Competencies. These competencies also appear in major national initiatives, such as Healthy People and accreditation, are integrated into the TRAIN Learning Network, and are designed to reflect the knowledge and skills needed to deliver the 10 Essential Public Health Services. So far in 2021, the Core Competencies and resources and tools that support implementation have been accessed online more than 55,000 times. This brings online usage since the release of the 2014 version of the Core Competencies to more than 775,000 times. In 2021, Council staff have responded to 30 requests for assistance related to the Core Competencies, serving 27 organizations in 17 states, DC, Guam, Japan, and Saudi Arabia. Council staff work with the Core Competencies Workgroup to support Council efforts related to the Core Competencies. This group has been instrumental in the ongoing development and refinement of the Core Competencies and creation of resources and tools to support implementation. The group is open to all who are interested, has approximately 119 members, and has been supporting revision of the Core Competencies. Ms. Amos provided an update on the Core Competencies revisions. The Core Competencies are regularly reviewed and revised to keep pace with changes in the field of public health and ensure they continue to meet the needs of the public health workforce. The Core Competencies are on a three-year review cycle, and the current version dates from 2014. The current revision of the Core Competencies was initiated in October 2020, with a process mirroring that used to successfully revise the Core Competencies in 2014. With the initiation of the revision process, an open comment period was launched to hear feedback from the public health and population health community to inform draft revisions. Feedback was organized and shared with the Core Competencies Workgroup, and major areas were identified to be addressed. Four Subgroups within the	

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	Workgroup provided input as to how to incorporate or adjust content in the Core Competencies related to several of these areas. Feedback was used to develop a preliminary draft of revisions, which consisted of two pieces – one addressing changes to the concepts in the competency set and one addressing changes to the structure – and was released publicly in June 2021. With this release, a second open comment period began to hear feedback on the draft. This feedback was used, along with guidance from the Workgroup and workforce development resources, in further refining the revisions, leading to the development of proposed revisions to the Core Competencies, which were sent to Council members for consideration and adoption. Revision of the Core Competencies is heavily informed by the public health community. Feedback is welcomed and received on an ongoing basis, and open comment periods from October 2020-March 2021 and June-August 2021 enabled additional feedback. During both open comment periods, feedback was welcomed by email, online, through social media, and during virtual meetings, including 22 virtual town hall and other meetings. This led to more than 1,500 engagements with the revision process and significant feedback. In addition, more than 120 resources were gathered to inform the revision. Among other points, feedback highlighted a need to create better harmonization between efforts that impact the workforce and workforce development, add content in a number of topic areas, and make it easier to use the Core Competencies. These points were addressed in several ways. To address the desire for increased harmonization with other workforce development resources, numerous resources used in public health workforce development were consulted, and efforts were made to align concepts and wording. In addition, the Core Competencies Workgroup has been identifying resources related to concepts within the Core Competencies, which can be connected with the Core Competencies to supplement the content in the Core Competencies. Feedback received about content that was missing or not well addressed led to the addition of new content and adjustment of existing content. The most significant	

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	changes in this area relate to health equity and management and finance. The Cultural Competency Skills domain was transformed to focus on health equity, and additional health equity content was woven throughout the other domains. The domain focused on management and finance has been reorganized and expanded. Other major areas of focus in this part of the revisions included environmental health and justice, emergency preparedness and response, policy and advocacy, and communication. The request to make the Core Competencies easier to use led to the Core Competencies being reorganized into a new structure and simplified. The new structure includes competency statements that apply to all public health professionals and have been simplified by reducing jargon and eliminating unnecessary wording, enabling a decrease in the number of competency statements from 92 in the 2014 Core Competencies to 56 in the 2021 version. The new structure retains the eight domains and three tiers. Subcompetencies have been added that articulate more detailed knowledge and skills for individuals with responsibilities related to each of the tiers. Resources will be linked to the Core Competencies to supplement the content, and examples, or e.g.s, have been updated. Council staff are exploring putting the Core Competencies online in a format that will provide different options for viewing the Core Competencies. In terms of changes to the domains and tiers in the proposed revisions, five of the domain names have changed in some way, although this often does not reflect significant changes to the focus of the domain. The biggest change is the transition from Cultural Competency Skills to Health Equity Skills. The proposed revisions also contain some minor changes to how the tiers are defined. Principally, these changes reflect a desire to shift from a focus on categorizing an individual as being at a certain level to focusing on different types of responsibilities that people have within an organization. In addition, the emphasis on entry level has been removed from Tier 1 and program support responsibilities have been highlighted. Two views of the Core Competencies are presented within the proposed revisions document. The first shows the competency statements organized into the eight	

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	domains. The second shows the competency statements along with the subcompetencies and examples organized into the eight domains and three tiers. The Core Competencies are meant to provide guidance for workforce development, and organizations are encouraged to adapt, prioritize, and otherwise adjust them to tailor to the needs of their workforce. Dr. Lee and Ms. Place reflected on the revision process, the high level of engagement and input from the field that informed revisions, and how the proposed changes help bring the Core Competencies more up to date and make them easier to use. Ms. Amos invited discussion about the Core Competencies and reminded Council members about the vote on adoption of the proposed revisions. Ms. Amos described next steps following adoption of the Core Competencies. Initial work will focus on dissemination of the revised competency set so that the public health community is aware of and has access to the new version for workforce development efforts. The new version will be made available through the Council website, and at a minimum, dissemination will occur through direct emails, newsletters, social media, webinars, and meetings and conferences. Attention will also turn to resources and tools that support implementation of the Core Competencies. Resources and tools will be developed to help with the transition from the 2014 to 2021 version of the competency set, existing resources and tools that support use of the Core Competencies will be updated to reflect the new version, and the development of additional resources and tools to support use based on feedback and other needs identified will be considered. Ms. Amos highlighted two upcoming events in October 2021 featuring sessions on the Core Competencies: the Public Health Learning Forum and APHA Annual Meeting.	Council members are asked to consider the proposed revisions to the Core Competencies and vote on adoption by email to Kathleen Amos at kamos@phf.org by October 20, 2021. More information about the Core Competencies can be found through the Core Competencies section of the Council website or by contacting Kathleen Amos at kamos@phf.org.
Rebuilding the Public Health Workforce	Council Director Ron Bialek, MPP, led a discussion on efforts to rebuild the public health workforce and connections to Council initiatives. In response to COVID-19, considerable new federal funding is available to support state, tribal, local, and territorial health	

	departments in enhancing and rebuilding the public health workforce. Efforts such as the de Beaumont Foundation's National Consortium for Public Health Workforce Development, APHA's Alliance for Disease Prevention and Response, and the Bipartisan Health Policy Task Force are underway to assist with challenges such as rapidly recruiting and hiring staff, providing training, and navigating funding streams. Council member organizations have much to contribute to efforts to rebuild and enhance the public health workforce. Council member organizations shared updates on work in this area, including Liza Corso, MPA, and Michelle Carvalho, MPH, MCHES, for CDC; Alexandra Shabelski, MA, for the Health Resources and Services Administration; Amber Williams, MS, for the Association of State and Territorial Health Officials; and Terry Brandenburg, MBA, MPH, CPH, for NACCHO. Mr. Bialek invited questions and discussion.	
Other Business and Next Steps	Dr. Keck asked if there was any other business to address and reminded Council members to vote on adoption of the proposed revisions to the Core Competencies. The next Council meeting has not yet been scheduled.	Council staff will be in contact to schedule Council meetings for 2022. Questions can be sent to Kathleen Amos at kamos@phf.org.

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4. Rebuilding the Public Health Workforce:

- **Rebuilding the Public Health Workforce**

The Council on Linkages Between Academia and Public Health Practice

Rebuilding the Public Health Workforce

March 31, 2022

Overview

In mid-April, the Centers for Disease Control and Prevention (CDC) will be releasing a landmark Notice of Funding Opportunity (NOFO) to help reinvigorate and rebuild public health infrastructure, *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems*. This $3 billion five-year initiative will support "critical infrastructure needs related to workforce, foundational capabilities, data modernization, and physical infrastructure." Component A grantees will be health departments; Component B grantees will be organizations supporting the successful implementation of Component A grantees' activities. To read more and stay informed about this NOFO, CDC has established a website with basic information and FAQs at https://www.cdc.gov/workforce/resources/infrastructuregrant/index.html.

During the meeting, there will be further discussion of this initiative and sharing of ideas among meeting participants.

5. **Academic Health Department Learning Community:**
    - **Academic Health Department Learning Community Report**

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

March 31, 2022

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 AHD partnerships.

AHD Learning Community Engagement

The Learning Community continues to see sustained interest and engagement from the public health community. The Learning Community has more than 1,200 members, and the Learning Community and its resources and tools have been accessed nearly 4,000 times since the last Council on Linkages Between Academia and Public Health Practice (Council) meeting. Council staff also continue to regularly receive requests for assistance related to AHD partnerships, responding to 10 requests from 9 organizations in 8 states during that same time period.

Annual Meetings and Conferences

In October 2021, AHD partnerships were featured during sessions at both the American Public Health Association (APHA) Annual Meeting and Region VII AHD Conference. The APHA Annual Meeting session focused on how AHD partnerships have enhanced the COVID-19 response in communities across the country and can strengthen health departments as we envision and build the public health workforce of the future. Council staff also participated in a closing panel discussion on sustainability and funding for partnerships during the Region VII AHD Conference, which offered three days of content on AHD partnerships.

AHD Webinars

The *AHD Webinar Series* continues to highlight AHD partnerships and other topics of interest for developing, sustaining, and expanding AHD partnerships. The latest webinar in this series was held in February 2022 and focused on *Envisioning and Building the Public Health Workforce of the Future: The Critical Role of Partnerships*, building on the successful APHA Annual Meeting session. With guest speakers Judy Monroe, President and CEO, CDC Foundation; Paul C. Erwin, Dean, The University of Alabama at Birmingham School of Public Health; Antonia Blinn, Director, Performance Management & Quality Improvement, Massachusetts Department of Public Health; and Tali Schiller, Program Manager, Academic Public Health Corps, Massachusetts Health Officers Association, this webinar attracted 375 participants, making it the best-attended AHD webinar to date. The archive of the webinar is available on the Council website.

AHD partnerships will also take center stage at an upcoming webinar hosted by the American Association of Colleges of Nursing: *Partnerships Between Academic Health Departments and Schools of Nursing*. This webinar will be held on April 27, 2022 and will feature AHD partnerships that involve schools of nursing.

More information about the AHD Learning Community and its activities is available through the AHD Learning Community section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

6. **Core Competencies for Public Health Professionals:**
    - **Core Competencies for Public Health Professionals Report**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals Report

March 31, 2022

Overview

The Core Competencies for Public Health Professionals (Core Competencies) reflect foundational or crosscutting knowledge and skills for professionals engaged in the practice, education, and research of public health. Guidance for Council on Linkages Between Academia and Public Health Practice (Council) efforts related to the Core Competencies is provided by the Core Competencies Workgroup, which includes members representing a variety of practice and academic organizations and interests within the public health field. The Core Competencies were recently revised, with the current version completed in October 2021.

Core Competencies Use

The Core Competencies are widely used within public health workforce development efforts across the US. Data from the Association of State and Territorial Health Officials, National Indian Health Board, and National Association of County and City Health Officials show that approximately 80% of state health departments, 60% of Tribal health organizations, 45% of local health departments, and 25% of territorial health departments use the Core Competencies. Since the last Council meeting, the Core Competencies and resources and tools designed to support implementation have been accessed online more than 40,000 times, with more than 18,000 visits to the Core Competencies webpage since the 2021 version was released. Council staff have responded to more than 30 requests for assistance with the Core Competencies, serving 23 organizations in 17 states and China.

Dissemination of the 2021 Core Competencies

The 2021 Core Competencies have been available through the Council website since November 2021, and dissemination activities have begun to ensure the public health community is aware of and has access to this latest version for workforce development efforts. Sessions previewing the revised Core Competencies were held at the 2021 Public Health Learning Forum and American Public Health Association Annual Meeting in October 2021. Council staff have hosted webinars introducing the Core Competencies in December 2021 and March 2022, as well as participated in Open Forum: Next Generation in January 2022, the Region 2 Public Health Training Center's Log-in2Learn webinar series in February 2022, and a meeting of the Network of the National Library of Medicine's Public Health Collaborative and the National Indian Health Board's Tribal Accreditation Learning Community webinar series in March 2022 to share the revised Core Competencies. More than 1,600 participants engaged in these events. In addition to these events, information has been shared through the Council and Public Health Foundation websites, newsletters, and social media, as well as those of partner organizations.

Dissemination activities will continue over the coming months, and suggestions of activities or potential audiences for outreach are welcome. During the meeting, there will be an opportunity to discuss dissemination ideas, and ideas may be shared at any time by email to Kathleen Amos at kamos@phf.org.

Resources and Tools for Implementing the Core Competencies

Since the release of the 2021 Core Competencies, attention has also turned to updating and developing resources and tools that support individuals and organizations in implementing the Core Competencies.

Work has begun with a focus on developing resources and tools that will help with the transition from the 2014 to 2021 version of the Core Competencies, as well as updating existing resources and tools that support use of the Core Competencies to reflect the changes that have been made in the new version of the competency set. A crosswalk showing how the specific statements within the 2014 and 2021 versions relate to each other is under development, and updated versions of the existing competency assessments have been created based on the 2021 Core Competencies. Work has also begun on developing a short video or slide set that introduces the Core Competencies and updating a competency prioritization tool and a set of FAQs related to the Core Competencies.

Development of additional resources and tools based on feedback from the public health community and other needs identified is also being explored, and input on resources and tools that would help support use of the Core Competencies is appreciated. During the meeting, there will be an opportunity to discuss resources and tools that might be useful, and suggestions may be shared at any time by emailing Kathleen Amos at kamos@phf.org.

Healthy People 2030

Healthy People has long included objectives related to the Core Competencies. For Healthy People 2030, these objectives can be found within the Public Health Infrastructure topic and focus on increasing the proportion of local, state, Tribal, and territorial public health agencies that use the Core Competencies in continuing education for their personnel. During the meeting, updates related to these objectives will be shared.

Additional information about activities related to the Core Competencies can be found through the Core Competencies section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

7. Revising the Applied Epidemiology Competencies:

- **Revising the Applied Epidemiology Competencies**

The Council on Linkages Between Academia and Public Health Practice

Revising the Applied Epidemiology Competencies

March 31, 2022

Overview

The Competencies for Applied Epidemiologists in Governmental Public Health Agencies (Applied Epidemiology Competencies) were developed in 2008 by the Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists (CSTE) to improve the practice of epidemiology within the public health system. These competencies describe skills for practicing epidemiologists working in government public health agencies and were developed within the framework of the Core Competencies for Public Health Professionals (Core Competencies).

CSTE is currently updating the Applied Epidemiology Competencies to be in alignment with the revised Core Competencies and with particular emphasis on data science; communication science; pandemic preparedness; and diversity, equity, and inclusion, among other goals. Feedback is being gathered and a revised draft is anticipated by August 2022. During the meeting, CSTE will share an update on this revision.

8. Public Health Accreditation Board Standards & Measures Version 2022:

- **Public Health Accreditation Board Standards & Measures Version 2022**

The Council on Linkages Between Academia and Public Health Practice

Public Health Accreditation Board Standards & Measures Version 2022

March 31, 2022

Overview

The Public Health Accreditation Board (PHAB) works to promote and protect the health of the public by advancing the quality and performance of public health departments in the US through national public health department accreditation. The PHAB Standards & Measures serve as the official guidance for national public health department accreditation through PHAB. The Standards & Measures have recently undergone revision, with Version 2022 of the Standards & Measures for initial accreditation and for reaccreditation being adopted in February 2022. Among other highlights, Version 2022 features 10 domains, aligning with the 10 Essential Public Health Services; 90 fewer required documents for initial accreditation; embedding of the Foundational Capabilities; emphasis on health equity; and updated preparedness requirements based on lessons learned from COVID-19. Domain 8 of the Standards & Measures focuses on workforce development and includes references to both the Core Competencies for Public Health Professionals and academic health department partnerships.

During the meeting, PHAB will discuss changes in Version 2022 of the Standards & Measures, with an emphasis on areas related to workforce development and academic/practice partnerships.

9. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2016-2020**

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 the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure.

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)
- Council of Public Health Nursing Organizations (CPHNO)
- Council of State and Territorial Epidemiologists (CSTE) – Preliminary Member Organization
- Council on Education for Public Health (CEPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Board of Public Health Examiners (NBPHE) – Preliminary Member Organization
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- Public Health Accreditation Board (PHAB) – Preliminary Member Organization
- Society for Public Health Education (SOPHE)
- Veterans Health Administration (VHA)

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 RESPONSIBILITIES:

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 I. Mission Updated: October 7, 2016
Article III.B. Member Organizations Updated: September 6, 2013; March 31, 2014; August 19, 2015; January 20, 2016; August 18, 2016; May 1, 2017; October 18, 2017; December 20, 2017; May 11, 2021; May 19, 2021; September 23, 2021; December 15, 2021

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 the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure. 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, 2016-2020

Mission

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

- Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities;
- Promoting public health education and training for health professionals throughout their careers; and
- Developing and advancing innovative strategies to build and strengthen public health infrastructure.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Health Equity
- 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 diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen the evidence base for public health practice.

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 academia and practice within public health.

Tactics:

a. Support the development, maintenance, and expansion of academic health department partnerships through the Academic Health Department Learning Community.
b. Document and highlight progress being made in academic/practice collaboration within public health and the impact of that collaboration.

Adopted: August 15, 2016

c. Document contributions of Council on Linkages member organizations, individually and collectively, to improving public health performance through implementation of the Council on Linkages' Strategic Directions.
d. Coordinate with other national initiatives, such as the Foundational Public Health Services, public health department and academic institution accreditation, Healthy People, National Consortium for Public Health Workforce Development, Public Health Workforce Interests and Needs Survey (PH WINS), and Health Impact in Five Years (HI-5) initiative, to improve public health performance through implementation of the Council on Linkages' Strategic Directions.
e. Learn from and share with other countries and global health organizations strategies for strengthening the public health workforce.

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

Tactics:

a. Identify population health competencies aligned with the Core Competencies for Public Health Professionals that are designed for non-clinical settings.
b. Encourage the inclusion of healthcare professionals and organizations in academic health department partnerships.
c. Document and highlight progress being made in public health/healthcare collaboration and the impact of that collaboration.

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 and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into education and training.
c. Work with the Council on Education for Public Health to encourage use of the Core Competencies for Public Health Professionals and academic/practice partnerships by schools and programs of public health.
d. Work with the National Board of Public Health Examiners to encourage use of the Core Competencies for Public Health Professionals in the Certified in Public Health credentialing program.
e. Contribute to the development and measurement of Healthy People objectives related to public health infrastructure.
f. Advance opportunities for using the Core Competencies for Public Health Professionals in the education and training of health professionals and other professionals who impact health.

Strategy 2: Encourage development of quality training for public health professionals.

Tactics:

a. Provide resources and tools for enhancing and measuring the impact of training.
b. Contribute to efforts to develop quality standards for public health training.
c. Explore the desirability and feasibility of creating a process for approving and advancing training for general public health continuing education units.

Strategy 3: Promote public health practice-based learning.

Tactics:

a. Conduct a periodic review of practice-based content in public health education.
b. Develop tools to assist academic health departments in providing high quality practica.

Objective C. Support the development of a diverse, 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. Support the use of evidence in 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. Participate in the Public Health Accreditation Board's workforce development, quality improvement, and performance management activities to encourage use of Core Competencies for Public Health Professionals and academic/practice partnerships by health departments.
d. Explore approaches for determining contributions of credentialing for ensuring a competent public health workforce.
e. Participate in, facilitate, and/or convene efforts to develop a national strategic or action 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.

Tactics:

a. Explore emerging leadership competencies needed within the public health workforce for health systems transformation.
b. Identify skills needed for public health professionals to assume the responsibilities of community chief health strategist.

Strategy 3: Provide access to and assistance with using tools to enhance competence.

Tactics:

a. Develop and disseminate tools and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into practice.
b. Assist individuals and organizations with using tools and training to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Encourage use of the Core Competencies for Public Health Professionals as a foundation for the development of discipline-specific and interprofessional competencies.
d. Assist with developing, refining, and implementing discipline-specific and interprofessional competencies aligned with the Core Competencies for Public Health Professionals.
e. Assist other countries and global health organizations with developing and using public health competencies.

Strategy 4: Demonstrate the value of public health to achieving a culture of health.

Tactics:

a. Document contributions of the various professions within public health to achieving healthy communities.
b. Describe the unique contributions that public health professionals can bring to health systems transformation.
c. Encourage public health professionals to engage other professions and sectors in developing strategies for achieving healthy communities.
d. Document how public health research can and does contribute to achieving healthy communities.
e. Participate in, facilitate, and/or conduct a profile study of the public health workforce.

Objective D. Promote and strengthen the evidence base for public health practice.

Strategy 1: Support efforts to further public health practice research, including public health systems and services research (PHSSR).

Tactics:

a. Identify gaps in data and opportunities for improving data for conducting research relevant to practice.
b. Identify emerging needs for public health practice research to support health systems transformation.
c. Collaborate with other national efforts to help build capacity for and promote public health practice research.
d. Convene potential funders to increase financial support for public health practice research.
e. Assess progress related to public health practice research.

Strategy 2: Support the translation of research into public health practice.

Tactics:

a. Identify ways to disseminate and improve access to evidence-based practices.
b. Demonstrate the value of public health practice research to the practice of public health.
c. Explore opportunities to support The Guide to Community Preventive Services.

Strategy 3: Encourage the engagement of public health practitioners in contributing to the public health evidence base.

Tactics:

a. Develop and support implementation of an academic health department research agenda.
b. Foster the development, sharing, and use of practice-based evidence.