



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

Conference Call Meeting

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**Friday, January 27, 2012
1:00-2:30 pm EST**

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**Call Number: 1.888.387.8686
Passcode: 8164961**

**Funding provided by the Centers for Disease Control and Prevention
and the Health Resources and Services Administration**

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Staffed by the Public Health Foundation

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1. Meeting Agenda



Council on Linkages Between Academia and Public Health Practice
Conference Call Meeting
Date: **Friday, January 27, 2012**
Time: **1:00-2:30 pm EST**
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Agenda

1:00 – 1:05 pm	Welcome and Overview of Agenda	<i>Bill Keck</i>
1:05 – 1:10 pm	Introduction of New Representatives <ul style="list-style-type: none">➤ Lillian Smith (ASPH)➤ Gregory Holzman (CDC)➤ Janet Heinrich (HRSA)	<i>Bill Keck</i>
1:10 – 1:15 pm	Approval of Minutes from July 28, 2011 Meeting	<i>Bill Keck</i>
1:15 – 1:20 pm	Council Constitution and Bylaws (Council Administrative Priorities – Governance) <ul style="list-style-type: none">➤ Proposed Revisions➤ Action Item: Vote on Proposed Revisions	<i>Bill Keck</i>
1:20 – 1:30 pm	Status of Council Activities (Council Strategic Directions – A.1.a., B.1.b., B.2.a., C.1.a., C.3.a.)	<i>Bill Keck/Ron Bialek</i>
1:30 – 2:10 pm	Current Actions and Future Commitments of Council Member Organizations <ul style="list-style-type: none">➤ Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.b., C.3.a.)➤ Academic Health Department Learning Community (Council Strategic Directions – A.1.a.)	<i>All Council on Linkages Members</i>
2:10 – 2:20 pm	Discussion on Enhancing Communication (Council Administrative Priorities – Communication)	<i>Kathleen Amos</i>
2:20 – 2:25 pm	Other Business	
2:25 – 2:30 pm	Next Steps	
2:30 pm	Adjourn	

2. Council Member List



Council on Linkages Members

Council Chair:

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

Council Members:

Hugh Tilson, MD, DrPH
American College of Preventive Medicine

Janet Heinrich, DrPH, RN, FAAN
Health Resources and Services Administration

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

Larry Jones, MA, MPH
National Association of County and City Health Officials

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

John Gwinn, PhD, MS, MPH
National Association of Local Boards of Health

Jack DeBoy, DrPH
Association of Public Health Laboratories

Chuck Higgins, MSEH, REHS
National Environmental Health Association

Lillian Smith, DrPH, MPH, CHES
Association of Schools of Public Health

Lisa Lang, MPP
National Library of Medicine

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

Julia Heany, PhD
National Network of Public Health Institutes

Christopher Atchison, MPA
Association of University Programs in Health Administration

Louis Rowitz, PhD
National Public Health Leadership Development Network

Denise Koo, MD, MPH
Greg Holzman, MD, MPH
Centers for Disease Control and Prevention

Jeanne Matthews, PhD, RN
Quad Council of Public Health Nursing Organizations

Diane Downing, PhD, RN
Community-Campus Partnerships for Health

Vincent Francisco, PhD
Society for Public Health Education

3. Council Constitution and Bylaws

**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 and education by fostering, coordinating, and monitoring links between 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 College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association of Schools of Public Health (ASPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association for Prevention Teaching and Research (APTR)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Council of Accredited Masters in Public Health Programs (CAMP)
- 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) – Preliminary Member Organization
- 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 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 RESPONSIBILITIES:

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.

4. 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

5. Strategic Directions, 2011-2015



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.

- 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.

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 survey methods to gather additional data about public health workers.
- c. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
- d. 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 funding of 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.

6. Council Administrative Priorities



**Council on Linkages: Strategic Directions, 2011-2015
Administrative Priorities**

July 28, 2011

During the Council on Linkages Between Academia and Public Health Practice (Council) strategic planning, several priorities for effective administration of the Council were identified. The Council Chair and staff have begun planning to address these priorities. The following details our anticipated initial steps.

Communication: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.

The key priority identified in the area of communication was increasing awareness of and access to Council activities and products. Currently, several communication methods are used to disseminate information about the Council and its products. These include: maintaining the Council website, producing and distributing the Council on Linkages Update, publishing news articles on the PHF website, blogging on the PHF Pulse blog, and participating in national conferences and meetings through presentations and exhibits. We propose four initial steps toward enhancing Council communication activities:

- Maintain use of the communication methods listed above, while exploring opportunities to maximize the impact of these communication channels in reaching our broad public health audience.
- Pilot test the addition of Twitter to our current communication strategies as a way to push out information. The pilot test will involve establishing communication goals, a pilot time period, and ways to measure success. This pilot test will be initiated within the next three months.
- Request assistance from Council Representatives to explore how Council Representatives and Member Organizations can help us enhance Council communication strategies.
- Discuss ways to enhance Council communications during the fall/winter Council meeting.

Funding: Secure funding to support Council activities.

Funding is likely to remain a concern for the Council for the foreseeable future. Securing and maintaining adequate funding levels to advance the work of the Council remains a priority for us.

Governance: Review governance structure of the Council.

Two items were identified in the area of governance: holding regular elections for Council leadership and possible expansion of Council leadership to include an executive committee.

1. *Regular Elections.* According to the Council's *Constitution and Bylaws*, Article VI – Council Leadership, the leadership of the Council consists of an elected Chair. The term of the Chair is two years, and there is no limit to the number of terms a Council Representative can serve in this position. All Council Representatives who have served a minimum of two years and have worked in public health practice are eligible to stand for election. Each Council Member Organization, through its Representative, has one vote in the election, and the result is determined by a majority affirmative vote.¹ Preparation for an election for the Council Chair position has begun. A request for nominations has been distributed. Voting is expected to occur in mid-July, with the winner announced at the July meeting of the Council.
2. *Executive Committee.* The idea of establishing a formal executive committee to assist in governing the Council has been previously considered. Currently, the Chairs of the Council Workgroups and Task Force serve as an informal executive committee that conducts Council business in between Council meetings. The Council Chair monitors the work conducted and reports to the full Council. This arrangement has served the Council well over the years and has enabled flexibility in responding to changing circumstances.

Membership: Explore desirability of and opportunities for Council membership expansion and diversification.

Two priorities under the umbrella of membership have been identified: expansion and engagement.

1. *Council Membership Expansion.* The question of whether expansion of the Council's membership would be desirable has been raised. Some Council members have proposed expanding Council membership, while others have expressed concern over membership growth. We would like to be strategic about any decisions that are made and request that the Council revisit this topic at a future meeting.
2. *Council Member Engagement.* Prior to considering expanding Council membership, we propose to maximize engagement of existing Council members. Each Council Representative is responsible for serving as a communication liaison between the Council and his/her Member Organization and constituency, engaging in the business of the Council at meetings, and contributing to the development of Council resources. Council Representatives have the opportunity to participate more extensively in Council initiatives through involvement with Council workgroups. Building on this foundation, we propose the following initial steps to increase engagement:
 - More clearly communicate to new Council Representatives the activities of the Council and opportunities for involvement.

¹ Council on Linkages Between Academia and Public Health Practice. (2006). Council on Linkages Between Academia and Public Health Practice: Constitution and Bylaws.

- Periodically remind Council Representatives of ongoing activities and opportunities to become involved.
- Actively request Council Representative assistance in communicating Council activities to our broad public health audience through activities such as writing for the PHF Pulse blog.
- Contact all Council Member Organizations to discuss the Council and its future directions. The Council Chair and Director will speak via conference call with the Representative, director/CEO, and staff contact of each Council Member Organization within the next six to nine months.

To assist in accomplishing these initial steps, we will be asking all Council Representatives to provide current professional information, including an updated CV and brief biography, within the next three months.

Staffing: Maintain Council staffing and convening role of the Public Health Foundation.

Staffing of the Council is closely tied to Council funding and, as such, will likely continue to be an area of concern. Maintaining adequate staffing levels to support a productive Council remains a priority for us.

Technology: Explore uses of technology to facilitate Council activities.

Technology priorities center on the use of technology to efficiently conduct Council activities. A key Council activity is communication and the use of technological tools, such as the Council website, the PHF Pulse blog, and Twitter, within communication efforts was discussed above under the priorities for Communication. Many of the communication methods used to disseminate information to the public also serve as means to disseminate information to Council Representatives and Member Organizations. Additionally, we propose to:

- Redesign the Council workgroup pages within our website to become more of a “home” for workgroup activities where all relevant information, such as current activities, resources under development, and upcoming meetings, can be accessed. This redesign will begin within the next three months.
- Request assistance from Council Representatives to help us identify ways to maximize the value obtained from the technologies we currently use and investigate promising new technologies and their potential value for the Council.

We are committed to the continued success of the Council on Linkages Between Academia and Public Health Practice. Feedback and ideas related to administrative issues are welcome from Council members at any time.

7. Draft Meeting Minutes – July 28, 2011



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

Date: July 28, 2011

Time: 12:30-2:30 pm EDT

Meeting Minutes - DRAFT

Members Present: C. William Keck (Chair), Melissa Alperin, Chris Atchison, Wendy Braund, Jack DeBoy, Diane Downing, Terry Dwelle, Vince Francisco, Gary Gilmore, Julia Heany, Denise Koo, Lisa Lang, Amy Lee, Louis Rowitz, Hugh Tilson

Other Participants Present: Nor Hashidah Abd Hamid, Wanda Aberle, Karlene Baddy, Noel Bazini-Barakat, Marita Chilton, Judy Compton, Mark Edgar, Rachel Eisenstein, Joan Ellison, Alex Hart, Janet Heinrich, Mehran Massoudi, Robin Pendley, Janet Place, Dean Seneca, Chris Stan, Liz Weist

Staff Present: Ron Bialek, Kathleen Amos

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	<p>The meeting began with a welcome by Council on Linkages Chair C. William Keck, MD, MPH. Roll call was conducted.</p> <p>Dr. Keck introduced Dean Seneca, MPH, MCURP, Senior Scientist in the Office for State, Tribal, Local and Territorial Support (OSTLTS) at the Centers for Disease Control and Prevention (CDC), as the Public Health Foundation's (PHF) Project Officer (which includes funding for the Council).</p> <p>Dr. Keck reviewed the agenda for the meeting.</p>	
Introduction of New Council Members	<p>Dr. Keck welcomed and introduced two new members of the Council: Melissa "Moose" Alperin, MPH, MCHES, representing the Association of Schools of Public Health (ASPH), and Louis Rowitz, PhD, representing the National Public Health Leadership Development Network.</p> <p>Dr. Keck introduced Kathleen Amos, MLIS as the Council's new Project Manager at PHF.</p>	
Approval of Minutes from March 29, 2011 Meeting	<p>A motion was made to approve the minutes as written.</p>	<p>Minutes of the March 29, 2011 Council meeting were approved as written.</p>
HRSA Recruiting	<p>Janet Heinrich, DrPH, RN, Associate Administrator of the Health Resources and Services Administration's (HRSA) Bureau of Health Professions spoke to the Council about three position openings at HRSA: Director for the Division of Public Health and Interdisciplinary Education, Deputy Director for the Division of Public Health and Interdisciplinary Education, and Director for the Division of Workforce and</p>	<p>Dr. Heinrich will provide Council staff with position announcements when available to share with Council members.</p>

	Performance Management. HRSA appreciates the Council's assistance in identifying high quality candidates. Letters of interest may be sent to bhpradmin@hrsa.gov.	
Council Chair Election Results	Council Director Ron Bialek, MPP reported the results of the election for Council Chair held in July. Dr. Keck was re-elected Chair in a unanimous vote.	
Status of Council Funding	Denise Koo, MD, MPH of CDC provided an update on the status of Council funding from CDC and other CDC activities of potential interest to the Council, including workforce planning meetings; CDC Learning Connection; and CDC TRAIN. Both the Office of Surveillance, Epidemiology, and Laboratory Services (OSELS) and OSTLTS remain engaged with the work of the Council. Wendy Braund, MD, MPH, MEd of HRSA provided an update on the status of Council funding from HRSA and other HRSA activities of potential interest to the Council, including the Institute of Medicine study on integrating primary care and public health; the Healthy Weight Collaborative; a new public health internship program; and grants for the Area Health Education Centers, the Health Careers Opportunity Program, and the Public Health Training Centers.	
New Strategic Directions for 2011-2015	Dr. Keck proposed strategies for addressing the administrative priorities identified during the Council's strategic planning. The strategies were discussed by the Council. Council members were encouraged to send further suggestions related to the administrative priorities to Council staff.	Council staff will implement the outlined strategies for addressing administrative priorities.
Academic Health Department Learning Community Report	Academic Health Department (AHD) Workgroup Chair Dr. Keck reported on the status of the AHD Learning Community. The Learning Community has 83 members, has held two conference call meetings, and is working to identify AHDs and create resources to support AHD efforts. The AHD Workgroup thanked the American Public Health Association (APHA) and Karlene Baddy, MEd for providing time at the 2011 APHA Annual Meeting to hold the first in-person Learning Community meeting. Council members discussed opportunities to increase awareness of the Learning Community.	
Core Competencies Workgroup Report	Competencies to Practice Toolkit Subgroup Chair Janet Place, MPH reported on the status of tool development for the Competencies to Practice Toolkit. A number of tools are in various stages of development and volunteers have been recruited for continued tool development and review.	

	<p>Council members discussed tracking use of the Core Competencies for Public Health Professionals (Core Competencies).</p> <p>Core Competencies Workgroup Chair Diane Downing, PhD, RN recommended combining the Core Competencies Workgroup and Competencies to Practice Toolkit Subgroup in order to maximize member engagement. Dr. Downing and Ms. Place would co-chair the combined group. A motion was made to combine the Core Competencies Workgroup and Competencies to Practice Toolkit Subgroup.</p> <p>Dr. Downing reported on upcoming presentations related to the Core Competencies.</p>	<p>The consolidation of the Core Competencies Workgroup and the Competencies to Practice Toolkit Subgroup with Dr. Downing and Ms. Place as co-chairs was unanimously approved.</p>
Pipeline Workgroup Report	<p>Pipeline Workgroup Chair Vince Francisco, PhD reported on the work of the Pipeline Workgroup to date, including literatures searches and the Public Health Workers Survey, and plans for a presentation at the APHA Annual Meeting and an additional survey. Data from the 2010 Public Health Workers Survey are available to Council member organizations.</p> <p>Dr. Keck proposed refocusing the Pipeline Workgroup to explore strategies for guiding the implementation of the workforce provisions in the Affordable Care Act (ACA).</p>	<p>The Pipeline Workgroup will shift its focus from recruitment and retention to the ACA.</p>
Training Impact Task Force Report	<p>Training Impact Task Force Chair Dr. Braund reported on the status of the newest Council initiative, identifying methods and tools to improve and measure the impact of training. An 11 member Training Impact Task Force has been created to guide this initiative, which is set to produce a brief methods and tools document and literature search by July 2012.</p>	
Other Business	<p>An updated public health systems and services research (PHSSR) agenda is being developed through the National Coordinating Center for PHSSR.</p> <p>ASPH shared that the Undergraduate Public Health Learning Outcomes Model would be released July 29, 2011.</p>	<p>Council staff will send information on the PHSSR research agenda to Council members.</p> <p>Liz Weist, MA, MPH, CPH of ASPH will send Council staff information about the Undergraduate Public Health Learning Outcomes Model to share with Council members.</p>
Next Steps	<p>Dr. Keck informed the Council that its next meeting has not yet been scheduled, but that Council staff will be in contact to do so.</p>	<p>Council staff will schedule the next Council meeting.</p>

8. Proposed Revisions to Council Constitution and Bylaws



**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, and education, and research by fostering, coordinating, and monitoring links between 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 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) – Preliminary Member Organization
- Association of Schools of Public Health (ASPH)
- 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) – Preliminary Member Organization
- 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 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 RESPONSIBILITIES:

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.

9. Status of Council Activities



Status of Council on Linkages Activities

January 27, 2012

Academic Health Department Learning Community

The [Academic Health Department \(AHD\) Learning Community](#) was launched in January 2011 to bring together practitioners, educators, and researchers interested in the use of the AHD model to improve public health. Guided by the [AHD Workgroup](#), the Learning Community connects public health professionals to share knowledge and engage in collaborative activities to support the development, maintenance, and expansion of AHDs. In the year since its launch, the Learning Community has grown to include over 100 members from 32 states, the District of Columbia, and six national organizations. It has held four meetings, including an in-person meeting during the American Public Health Association (APHA) Annual Meeting last fall; outlined the [AHD model](#); and begun collecting partnership agreements, developing [profiles](#) of Learning Community members, and stimulating [discussion online](#). Topics addressed by the Learning Community have included the definition of an AHD, benefits and challenges of forming an AHD, how to begin developing an AHD, and how to maintain and expand new and established AHDs.

In the upcoming year, the Learning Community is planning to hold approximately quarterly meetings and focus on supporting its members in their AHD efforts through network building and resource development. It will continue working to identify existing AHDs and building the collection of agreements that established these partnerships. The next Learning Community meeting will likely be held in spring 2012.

Core Competencies for Public Health Professionals

Work of the [Core Competencies Workgroup](#) is focused on developing a Competencies to Practice Toolkit to aid practitioners in using the [Core Competencies for Public Health Professionals](#) (Core Competencies). The toolkit will contain competency assessments, examples to clarify the language of competencies (e.g.s), a cultural competency tool, quality improvement tools, and samples of competency-based job descriptions, among other items.

Competency assessments have been developed for each tier of the Core Competencies and enable the determination of an individual's current level of competence and the identification of domains in which further training may be desirable. These assessment tools will be made accessible from [TRAIN](#), the Public Health Foundation's learning management system, to support individuals in connecting assessment results with training opportunities. Brief examples to help clarify competencies have been drafted, as has a separate tool providing more detailed examples of important factors and considerations related to diversity and cultural differences. Quality improvement tools nearing completion include a radar chart and a prioritization matrix. Finally, samples of job descriptions that incorporate the Core Competencies are beginning to be collected. All tools will be posted on the Council on Linkages website as they are completed.

Recruitment and Retention

Through the 2010 Public Health Workers Survey, data related to the decision to enter and remain in the public health workforce were collected from over 11,000 public health professionals. Preliminary analyses of these data have been presented at several national conferences, most recently the 2011 APHA Annual Meeting. The final report of this survey is

being written and is expected to be completed in early 2012. The [Pipeline Workgroup](#) will next focus its attention on the workforce provisions in the Affordable Care Act.

Public Health Training Impact

To support the ongoing training of public health professionals, the [Public Health Training Impact](#) initiative was launched last fall to identify methods and tools to improve and measure the impact of training. This effort is guided by the [Training Impact Task Force](#) (Task Force), which consists of 11 experts in training and evaluation. Task Force members were drawn from academia, practice, and the private sector, and work both inside and outside of the public health field. The Task Force has met via conference call four times since September, working to create a [document](#) containing strategies and methods for enhancing and evaluating the impact of training for public health workers. Resources, such as references, tools, and examples, are being collected to support the strategies. A selective literature review of current work related to training and evaluation will also be conducted as part of this initiative. Final products are expected by the fall of 2012.

10. Current Actions and Future Commitments of Council Member Organizations



Purpose of Council on Linkages Member Presentations

January 27, 2012

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) relies on its 19 member organizations to provide direction for Council on Linkages initiatives and to promote these initiatives. As indicated in the Council on Linkages' [Participation Agreement](#), member organizations have an important role in disseminating Council on Linkages initiatives and products to their members/constituents and in contributing to the Council on Linkages' knowledge of how these initiatives and products are being used by their members/constituents.

To help guide development and communication efforts, all Council on Linkages members are asked to provide a brief report on their respective member organizations' promotion of Council on Linkages initiatives and products. Reports will focus on how member organizations are promoting use of the [Core Competencies for Public Health Professionals](#) and how they plan to do so in the future, as well as how organizations are encouraging their members/constituents to participate in the [Academic Health Department Learning Community](#) and how they plan to do so in the future. Information collected from Council on Linkages members about their organizations' support of these initiatives will be highlighted on the [Council on Linkages website](#).

11. Enhancing Council Communication



Enhancing Council on Linkages Communication

January 27, 2012

The Council on Linkages Between Academia and Public Health Practice's (Council on Linkages) [Strategic Directions, 2011-2015](#) detail several administrative priorities, including the desire to "use communication tools effectively to increase access for diverse audiences to Council initiatives and products." The Council on Linkages uses several methods to communicate with the public health community and is working to determine the impact of these communications and explore targeted opportunities for enhancement. Current communication methods include the Council on Linkages website, news articles, blog posts, the *Council on Linkages Update* newsletter, conference attendance, and Twitter.

Website

Hosted by the Public Health Foundation (PHF), the [Council on Linkages website](#) features introductory information about the Council on Linkages and its initiatives, as well as relevant documents and resources. News articles and blog posts are shared through the website, as is information regarding meetings. Council on Linkages staff aim to post news items weekly to encourage individuals to visit the website regularly. Recent articles have addressed topics such as upcoming meetings, highlights from recent meetings, progress on initiatives, and how the work of the Council on Linkages ties in with the broader public health system. In addition to news articles, blog posts from experts in the field are periodically added to the website. Webpages containing resources, news, and blog posts are designed to accept comments in order to stimulate discussion. Council on Linkages staff can monitor the number of views for each page on the website to estimate usage. Information about the Core Competencies for Public Health Professionals (Core Competencies) consistently ranks among the most viewed on the PHF website as a whole.

Council on Linkages Update

Approximately once a month, the [Council on Linkages Update](#) newsletter is emailed to over 300 individuals, including Council on Linkages members, executive directors and staff of member organizations, Workgroup and Task Force members, and Academic Health Department (AHD) Learning Community members. The newsletter is also posted online for those who do not receive it directly. Council on Linkages staff can track clicks of the links embedded in the newsletter to identify popular content. Current data suggest that individuals who click these links spend more time on the PHF website and view more pages than the average visitor.

Conferences

Having a presence at conferences, whether through presentations or exhibiting, is another way in which the Council on Linkages communicates with the public health community. At the most recent [American Public Health Association Annual Meeting](#), the Council on Linkages gave four presentations on the AHD Learning Community, the Core Competencies, the Competencies to Practice Toolkit, and the Public Health Workers Survey. The Council on Linkages also distributed general information, copies of the Core Competencies, AHD Learning Community information, and more. Turnout at the presentations was strong, and many individuals who attended presentations came by the exhibit booth afterward to discuss the presentations and obtain additional materials.

Twitter

In late October, the Council on Linkages became active on Twitter using PHF's account, [@thepfh](#). The Council on Linkages posts approximately once a week sharing information on the *Council on Linkages Update*, news articles, and meetings and presentations related to Council on Linkages activities with over 5,000 followers. As with the *Council on Linkages Update*, links posted can be tracked to determine how many individuals access the Council on Linkages website through Twitter. These data will be collected and studied over the coming months.

Feedback

Feedback is appreciated at any time from Council on Linkages members on strategies for enhancing communication to promote the work of the Council on Linkages. Are there communication methods that Council on Linkages members have found effective within their organizations? How do member organizations measure the impact of their communications? How can Council on Linkages members help the Council on Linkages communicate? The Council on Linkages strives to continue to improve its communication efforts to make Council on Linkages initiatives and products more accessible.