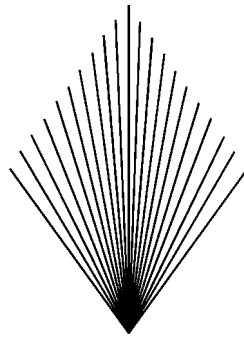


# **Development of the Public Health Workforce:**

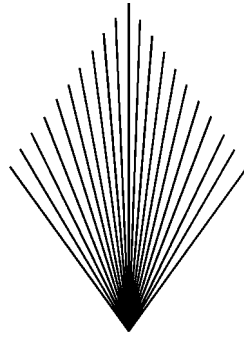
A Preliminary Compendium  
of National Resources



Public Health Leadership Society  
Center for Health Leadership  
November, 1998

# **Development of the Public Health Workforce:**

A Preliminary Compendium of National Resources



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# A Project of the Public Health Leadership Society and the Center for Health Leadership

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The Public Health Leadership Society (PHLS), formed in 1993, is an organization comprised of graduates of the CDC/UC Public Health Leadership Institute. The PHLS provides an opportunity for alumni to continue their learning experience and leadership development, maintain professional and personal relations, contribute innovative thinking about critical public health issues, and collaborate with other national public health and health-related organizations to shape the future of public health.

The Center for Health Leadership (CFHL) is affiliated with the Public Health Institute. The Center is a leadership training, consultation and resource center focused on U.S. and international health leaders and leadership. Current projects include the CDC/UC Public Health Leadership Institute, the Public Health Leadership Society, the USAID Population Leadership Program, the Executive Mentoring and Consultation Program for State Health Directors, and a study of women leaders in public health. The Center is also working with the African Council for Sustainable Health Development on a leadership development program in Africa. Past projects include the Pan American Health Organization Leadership Program and Alternative Futures for the Public's Health.

## Acknowledgments

In addition to the individuals below, we would like to thank the Robert Wood Johnson Foundation for providing financial and programmatic support for the development and distribution of this preliminary compendium of workforce resources. Funds from the Foundation also make possible *Development of the 21st Century Workforce: Leadership, Commitment and Action*, the 1998 Public Health Leadership Society Annual Program at APHA, and the future production and dissemination of Annual Program proceedings. The interest of the Foundation has been critical in encouraging many initiatives concerning the development of the public health workforce.

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Thank you to Carole Robinson, Frank Singleton, and Nancy Tolliver  
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November 15, 1998

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# Introduction

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Public health systems are changing. The trend in public health agencies is toward more emphasis on population-based services, and less on the provision of personal health services. As systems change, the skills needed by our public health workforce also change. This transition requires a well-trained workforce with the skills needed to assure the delivery of essential public health services, often in partnership with other organizations and the community. People in organizations deliver services; people serve our communities. People - our employees, our workforce - are the most valuable resource we have in public health. Investment in our workforce is essential if public health is to lead the way in improving the health of the public in the 21st century.

Concerns about the skill gaps in the current public health workforce, as well as concerns about the workforce skills that will be needed in the future, have resulted in an increased level of attention to workforce development on the part of federal, state and local public health officials and agencies, national public health organizations - such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the American Public Health Association (APHA) - and foundations officers, academicians and other partners.

While it is well known that many initiatives and activities to develop the workforce are currently underway, a summary or listing of these activities had not yet been created until the development of this preliminary national compendium. This has made it difficult for public health leaders to follow-up on projects that may be of direct relevance to their own efforts. The goal of this compendium is to provide a single document that lists a preliminary overview of the *national* activities designed to assist in the development of the public health workforce.

This preliminary compendium is designed to serve as a helpful resource for the public health community. The Preliminary Reports and Documents section provides summaries of key workforce development documents. The Preliminary Projects and Initiatives section focuses on the workforce development initiatives of selected federal agencies, national associations and organizations, national health foundations, and partnerships. Several of the organizations and associations portrayed here have also included summaries of relevant documents generated by their programs. Contact and ordering information is provided throughout the compendium.

The Public Health Leadership Society (PHLS), together with the Center for Health Leadership, undertook the development of this preliminary compendium as part of a larger effort that includes the PHLS Annual Program, Development of the 21st Century Workforce: Leadership, Commitment, and Action (November 15, 1998; Washington D.C.) and the development of proceedings from the Annual Program. The PHLS has identified a need to challenge current stakeholders (all of us) to articulate, through cross-sector dialogue, the macro-environmental forces that influence workforce development. Furthermore, there is a need to articulate critical and sustainable actions and infrastructure needed to develop the nation's public health workforce at the federal, state, local, national and educational public health leadership levels. This preliminary compendium is a first step in this direction. By first informing ourselves of existing and recent workforce development documents, projects, and initiatives, we, as public health leaders, can deepen our commitment to action on workforce development.

The time frame for the development of this compendium was short. This had several major implications for the direction and style of the document. First, it was decided that, given the time frame, the focus should be placed on national efforts, to the exclusion of many fine and innovative regional, state, and local efforts. Second, although attempts were made to follow-up on all leads, it is very possible that the activities of some organizations were mistakenly not included. Our sincere apologies to those organizations who were inadvertently omitted from this document. Third, not all of the organizations that we contacted were able to provide us with summaries of their workforce related projects in time for production of this document.

Finally, the entries included in this preliminary compendium were written by the contributing organizations, and are therefore expressed in their individual styles. We thank those individuals and organizations that were able to contribute entries to this preliminary compendium within our very short time frame. Without their timely contributions, this preliminary compendium could not have been developed. We greatly appreciate their assistance.

We look forward to hearing your comments about this document. Should it prove useful, perhaps a follow-up, more comprehensive compendium will be developed in the future.

## I. Selected Reports and Documents

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**A. *The Public Health Workforce: An Agenda for the 21st Century*. U.S. Department of Health and Human Services. Public Health Service. Washington, DC: Government Printing Office, 1997.**

The Public Health Functions Project began in 1994 and was created to help clarify the status of public health activities in the United States and to develop strategies and tools to help strengthen public health infrastructure. In 1995 one of the issues the Steering Committee decided to target was the public health workforce. After two years of work and collaboration, the partners of the Public Health Functions Project, representing the Public Health Service agencies and national public health organizations, issued *The Public Health Workforce: An Agenda for the 21st Century* as a first essential step towards strengthening the public health workforce for the future.

The major recommendations of this report focus around: (1) enumerating the current workforce in public health function positions and assessing future changes in workforce roles and the impact of these changes on the workforce composition; (2) identifying training and education needs for core practices/essential public health services; and (3) developing a strategic plan for using distance learning approaches to provide high-priority public health education and training. This report uses as an analytic framework from the statement *Public Health in America*, with its enumeration of 10 essential services of public health, incorporating and building upon previous discussions of public health functions. The public health workforce includes all those providing essential public health services, regardless of the nature of the employing agency. The report endorses individual and organizational excellence as the only standard acceptable to the public and decision-makers who must play a vital role in realizing the vision of "Healthy People in Healthy Communities."

The plan presented in this report builds on work already in place with a call to practical action of federal, state, and local public health agencies (meaning any health, mental health, substance abuse, environmental health and protection, or public health agency charged with some portion of the roles encompassed in the statement *Public Health in America*); academic public health departments; community health coalitions and organizations; philanthropies; and all others concerned with the health of Americans.

For more information:

Visit the Public Health Functions website at <http://web.health.gov/phfunctions> to download the report or to learn more about the Project in general.

Or contact the Public Health Functions Project, c/o Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 738G, Washington, DC 20201 or (202) 205-4872, Fax: (202) 205-9478.

To obtain a copy of this publication: call (800) 336-4797 (voice - toll-free) to order the report (limited supplies left).

**B. *Taking Training Seriously: A Policy Statement on Public Health Training. The Joint Council of Governmental Public Health Agencies, Workgroup on Human Resources Development. Public Health Foundation, 1995.***

The National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO), as members of the Joint Council of Governmental Public Health Agencies, worked collaboratively to assess the public health workforce and staffing needs, as well as approaches to meeting those needs. The Joint Council made several recommendations for human resources development in a document published in March 1995.

Among the recommendations stated in the document were that the federal government assume a leadership role in the nation's public health training infrastructure and the state health agency become the primary locus of activity for planning and creating a comprehensive training system. Additionally, federal, state, and local governments should take whatever steps are necessary to make funds available for public health, and private foundations need to be apprised of the need for improved public health training. The document entitled, *Taking Training Seriously: A Policy Statement on Public Health Training* includes model training examples. Published by the Public Health Foundation, the document is now out of print.

**C. *Preparing Currently Employed Public Health Professionals for Changes in the Health System***

The aim of the project is to identify what certain disciplines of currently employed public health workers need in order to deal with the rapid changes taking place in society. Following on a meeting held in August 1996, in late 1997 and early 1998, groups of between 15 and 25 leading professionals from each of five core public health disciplines — physicians, nurses, administrators, health educators, and environmental health specialists/sanitarions — were convened in separate meetings over a two-day period to examine the key issues, training needs, and action steps regarding what currently employed public health personnel need to know.

These key informants were broadly representative of public health professionals in terms of experience, levels of responsibility, and professional affiliation. Each of these groups was asked to answer the following four questions:

1. What forces are creating the context for your disciplines' work?
2. What are the skills that currently employed personnel need that they do not have?
3. What are the barriers to teaching these skills?
4. What strategies are required to implement needed continuing education?

This project and all meetings were held with support from the Robert Wood Johnson Foundation, and sponsored by the Columbia University School of Nursing, Center for Health Policy and Health Services Research.

Because public health is an interdisciplinary field of practice, no effort to improve the skills of the workforce can succeed by concentrating on a single profession. The entire leadership of public health should struggle with the changes taking place in health and health services, and in government.

As part of this project, a series of meetings were held, and six documents published, in addition to the original report concerning public health nursing. A summary of each of these documents follows.

1. ***Preparing Currently Employed Public Health Nurses for Changes in the Health System: Meeting Report and Suggested Action Steps.*** Kristine M. Gebbie, DrPH, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: November 18, 1998.

This report presents a possible response to the needs of currently prepared public health nurses for education about current changes in the health system and about associated changes in public health nursing roles and activities. It is based on a meeting, held in August 1996, which examined the current challenges to public health nurses, and ways to respond with effective development opportunities. As the largest component of the local public health workforce, nurses are often the first, and hardest, hit by changes. It is appropriate to collaboratively define the future role for public health nurses, and identify the skills and knowledge needed by those currently employed to make needed transitions.

The report includes a definition of public health nurses, the context for public health nursing today, including general social forces, and economic and government changes, changes in technology and science, health and illness forces, care system changes, and forces specific to the discipline. Meeting participants also identified skills that currently practicing nurses most need to gain, as well as methods of teaching those needed skills. The report also includes the statement Public Health in America; Strengthening Public Health Nurses: a Literature Review; the APHA Nursing Section Statement on the Definition and Role of Public Health Nursing; Public Health Nursing in a Reformed Health Care System, and a Bibliography.

2. ***Preparing Currently Employed Public Health Physicians for Changes in the Health System. Report of a Brainstorming Meeting.*** Hugh Tilson, MD, DrPH and Kristine M. Gebbie, DrPH, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: January 21, 1998

This report describes the needs of physicians currently employed in public health education to fill the gaps between their current base of skills, knowledge, abilities and attitudes (KSA's) and those that will be needed to fulfill developing roles. This is an attempt to describe what they need to know to function effectively in today's emerging roles, and further, to prepare them for the needs of physicians in public health practice in the twenty-first century.

This report concentrates on continuing training needs of physicians already employed in public health practice. A group of leading public health physicians from local, state, and federal health agencies, academia and related organizations met in November 1997 to brainstorm ways to assist physicians in responding to medical

challenges in the current public health system so that they can be effective members of the public health workforce.

The document contains summaries of the brainstorming sessions regarding the following: skills that currently practicing physicians most need to gain, obstacles to teaching the needed skills; strategies for implementing needed education, including potential organizations that are best situated to contribute to the continued development of the public health physician workforce. The document also includes several reports: Strengthening Public Health Physicians: Literature Review, Context for Public Health Nursing Today, the ATPM report: An Inventory of Knowledge and Skills Relating to Disease Prevention and Health Promotion, and other background documents.

3. ***Preparing Currently Employed Public Health Administrators for Changes in the Health Systems.*** Steven F. Boedigheimer, MM, & Kristine M. Gebbie, DrPH, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: February 5, 1998.

This report describes the educational needs of current public health administrators necessary to prepare them for their roles in the future. A group of leading public health administrators from local, state and federal health agencies met in February 1998 to identify ongoing training and development activities that would assure administrators' ability to perform essential public health services competently. Specifically, the participants began by defining a public health administrator and identifying the current forces driving the changes affecting public health administrators, the possible skills to respond to the changes, strategies for implementing the education incentives and disincentives for training, and potential contributors to the needed education.

Public Health Administrator is used in this report to refer to a senior person within a government public health agency who is recognized as having significant management responsibility, influence over programs and holds a position of leadership.

The report includes sections on: Defining Public Health Administrators, Context for Public Health Administrators Today; Skills, including Competency Models ; Barriers and Incentives to Teaching the Needed Skills; Strategies for Implementing Needed Education, and the Potential Contributors. The document also includes a list of meeting participants; the NACCHO Description of Capacities of Health Policy and Administration; Competencies for Public Health Administration Developed by the Public Health Faculty/Agency Forum; Background Paper entitled Strengthening Public Health Administrators: Literature Review; and a Bibliography.

4. ***Preparing Currently Employed Public Health Educators for Changes in the Health System.*** Meeting. Arthur Bloom, RS, & Kristine M. Gebbie, DrPH, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: March 19 and 20, 1998.

Health educators are professional public health specialists whose primary responsibility is to provide "any planned combination of learning experiences

designed to predispose, enable and reinforce voluntary behavior conducive to health in individuals, groups, and communities.” Many recent reports have identified the critical competencies for this professional group, and underscored the need for adequate professional preparation and standards of practice for public health educators. This report describes the work of a project that was designed to identify what currently employed public health educators need to know to deal with the rapid changes and dynamic social and political changes expected into the 21st century.

The document includes a description of the participants’ responses, organized into sections as follows: Forces Creating Context for the Work of Public Health Educators (including Major Challenges Facing Currently Employed Health Educators); Skills that Currently Practicing Public Health Educators Most Needed; Barriers to Implementing Required Continuing Education; Strategies Required to Implement Needed Continuing Education and a Conclusion. A list of meeting participants as well as a report entitled Strengthening Public Health Educators: Literature Review, and References, is also found in the document.

5. ***Preparing Currently Employed Public Health Environmental Health Professionals for Changes in the Health System.* Arthur Bloom, RS & Kristine M. Gebbie, DrPH, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: April 7, 1998.**

As was found in the other reports, this report describes the needs of currently employed public health environmental professionals for education to improve their current knowledge and skills to perform competently the essential functions of environmental health and protection in the future. The definition used for public health environmental professional is: those who are hired to protect against environmental factors that may adversely impact human health or the ecological balance essential to long term human health and environmental quality, whether in the natural or human-made environment in any setting.

Environmental health and protection practice is challenged by the increasing awareness of environmental hazards among political leaders and citizens, by the expansion of science about those hazards, and by the emergence of more and more health problems with complex origins. This requires a transition from solely regulatory functions to comprehensive and coordinated quality environmental service. Prevention rather than curative efforts have been emphasized with outcome measures. To respond to these forces, efficient and effective training is needed. However, there is little consensus on what education public health environmental professionals need to deliver quality environmental services.

This report makes an inroad to developing that consensus. Sections include: Context; Skills that Currently Practicing Public Health Environmental Professionals Need to Gain; Obstacles to Teaching the Needed Skills; Strategies Required to Implement Needed Continuing Education and Potential Contributors. A list of meeting participants as well as a report entitled Strengthening Environmental Health and Protection Professionals: Literature Review, and Bibliography, are also found in the document.

6. ***Preparing Currently Employed Public Health Professionals for Changes in the Health System.* Kristine M. Gebbie, DrPH, RN, & Inseon Hwang, MS, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: April 30, 1998.**

This report summarizes the discussions held during the meeting of the “Charleston Charter Committee.” Though all public health disciplines were not represented, five disciplines, which represent a major proportion of the workforce was present. These include: physicians, nurses, administrators, health educators, and environmental health specialists. The meeting can be seen as a model for the continuous process necessary to make training happen. In order to achieve progress, the group identified the need for a coordinator to assure continuation of the process, and the involvement of the broadest possible range of stakeholders.

The report contains summaries of key points, contextual issues, competencies, barriers and opportunities raised by each professional group. It also contains a nine part curriculum as a first draft statement of the objectives and content needed by all administrators, environmental specialists, health educators, nurses and physicians practicing in public health agencies today. It also includes a list of efforts needed to move toward implementation.

7. ***Toward a Practice Curriculum for Currently Employed Public Health Nurses. Summary, Public Health Nursing Planning Retreat (Atlanta, Georgia, May 13, 1998).* Kristine M. Gebbie, DrPH, RN & Rebecca Rice, EdD, RN. Columbia University School of Nursing, Center for Health Policy and Health Sciences Research. New York, NY: May 13, 1998.**

This report summarizes the discussions held during a retreat, the purpose of which was to follow up on previous work by determining the goal, objectives, and content that should be included in a curriculum offered through distance learning methods to practicing public health nurses. Suggested content areas were developed using the Public Health In America statement of essential public health services and other nursing documents regarding the competencies needed by the public health nursing work force. As a preface to specific curriculum design, retreat participants spent some time considering general issues of workforce improvement. The questions and issues identified as most important are included in the document as well.

This is a very practical, operational and thoughtful document, which provides specific information and recommendations for the development and implementation of a curriculum for public health nurses. This report actually contains a draft curriculum plan for currently employed public health nurses. It includes the goal, stated audience, objectives, methods, scheduling, suggested faculty, and estimated costs for implementing such training. Suggested course content for Years 1 and 2, and one summer session, are provided. Recommendations for an oversight committee, with a list of tasks, qualifications of the chair, suggested committee composition, and other suggestions for the successful operation of a curriculum development initiative are also included. This document is very useful for those seeking to develop and implement actual training courses.

To obtain a copy of these reports:

Order through the Columbia University Website: [//cpmcnet.columbia.edu/dept/nursing](http://cpmcnet.columbia.edu/dept/nursing) (an order form is on the website).

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**D. *Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century. The Third Report of the Pew Health Professions Commission. Pew Health Professions Commission: December, 1995.***

The Pew Health Professions Commission has published two previous reports: *Healthy America: Practitioners for 2005* (1991), and *Health Professions Education for the Future: Schools in Service to the Nation* (1993). A fourth report will be released in December 1998.

This third report is “intended to be a guide to health care professionals, schools and governing and policy bodies that direct their efforts in how to survive and thrive in this radically different health care world.” They wrote it in a climate of great change. The report contains:

1. a broad assessment of the current state of reform across the health professions;
2. specific examples of those reforms;
3. a set of recommendations which we hope will serve as an early twenty-first century survival guide for America’s health care professions;
4. an overall assessment of how far we have come in the process of overhauling the health care system in light of the principles which inform the Commission’s work.

The Commission asserts that “because health care is a labor intensive enterprise, the next stage in our present cycle of change will demand a rapid transformation in the ways we educate and train health professions, finance their education, and permit health professionals to practice.” In response to this set of circumstances, the system that both produces health professionals and the structures in which they work will shift away from its supply orientation. Until now educators and professionals have directed what is taught, to whom, in what location, and have decided who is permitted to practice and within which scope of practice. The merging health system will transform these arrangements into a demand driven system, a system that will provide increasingly articulate formulation of what kinds of professionals are needed, with what skills, trained in what numbers and how and where they should practice. The American health care system, including the means by which its providers are trained, is being transformed, the Commission asserts.

The chapter entitled The Dynamics of the Current System of Education and Professional Practice discusses how to approach thinking of developing an educational system. In terms of restructuring education, the new system will favor those institutions that can understand what is in demand by the emerging system and provide those types of workers and professionals in a timely and cost effective manner. Education should also be a function of how long it takes to develop an appropriate level of competence.

The report goes on to list challenges and recommendations for all health professionals, including public health, allied health professionals and others. Five specific challenges are listed for public health. The document also includes five case studies of institutions and governmental bodies that have undertaken strategies that the Commission believes will be necessary across the entire health care system. They shed light on the qualities of leadership, perseverance and open-mindedness necessary to re-engineer, re-regulate, right-size and improve the skills of today's health care workforce.

For additional information or a copy of the report, contact:

Elizabeth Lynch, Communications Manager, UCSF Center for the Health Professions by phone (415-476-4141) or [elynch@itsa.ucsf.edu](mailto:elynch@itsa.ucsf.edu).

## II. Selected Projects and Initiatives

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### A. Federal Agencies

The federal health agencies are involved in the development of the public workforce in many ways. The Agency for Health Care Policy and Research, for example, has operated the User Liaison Program for many years, and it has provided excellent training to public health and elected officials in a number of emerging issues. Similarly, the National Center for Health Statistics has provided valuable training through its Applied Statistics Training Institute. These are just two examples of the myriad federal programs currently underway, and, unfortunately, this preliminary compendium does not provide an opportunity to describe all of them. For this effort, we are able to describe programs from just two federal agencies, and one project chaired by the Surgeon General.

#### 1. U.S. Department of Health and Human Services, Public Health Functions Steering Committee

##### Public Health Functions Project

Background: Several recent analyses of the status of public health activities in the United States indicate the fragility of the public health infrastructure.<sup>1, 2, 3</sup> The Public Health Functions Project was created to help clarify the issues and develop strategies and tools to address the matters identified. Special emphasis will be given to: marshalling consensus on the essential services of public health; quantifying the investment in those services at the federal, state and local levels; assessing the current capacity and needs for public health workforce in various areas; developing guidelines for sound practices in public health; linking with activities to characterize the information system elements necessary for the conduct of public health services, including the relationship of those elements to the personal health services information systems; developing strategies for enhancing public and professional awareness of the nature and impact of public health activities.

Project: To address these issues, the following tasks will be undertaken as part of the Public Health Functions Project:

1. Develop a taxonomy of the essential services of public health which can be readily understood and widely accepted for use by the public health community.
2. Using the taxonomy developed, assess the public health infrastructure and document the federal, state and local expenditure on essential services of public health.

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1 Public Health Foundation. Core Public Health Functions Expenditures, Washington, DC, December, 1994.

2 "A Time for Partnership: a Report of State Consultations on the Role of Public Health," Prevention Report December, 1994/January, 1995.

3 Schade, Charles. "A Preliminary Comparison Between Local Public Health Units in the Canadian Province of Ontario and in the United States," Public Health Reports 110:1 (January-February, 1995), pp 35-41.

3. Propose a mechanism to ensure accountability for outcomes related to the delivery of essential public health services at the state and local levels, in return for greater flexibility in administration of federal grants to support public health.
4. Develop a strategy for communicating to the general public and key policy makers the nature and impact of essential public health services.
5. Document and publish analyses of the health and economic returns on investments in essential public health services.
6. Identify the key categories of public health personnel necessary to carry out the essential services of public health, assess the nation's current capacity and shortfalls, and establish a mechanism for ongoing monitoring of workforce strength and capability.
7. Develop and publish a full set of evidence-based guidelines for sound public health practice.
8. Collaborate with the Public Health Service (PHS) Data Policy Committee to identify the information and data needs for the effective implementation of the essential services of public health, and develop a strategy for the interface between the personal services and population-wide systems, ensuring the availability of information necessary to both.
9. Develop a process to assure the appropriate collaboration of the public health community and adequate inclusion of public health perspectives in the development of national health goals and objectives for the year 2010.
10. Develop a strategy for regular communication among interested parties at the national, state and local levels on progress related to these activities.

Project Coordination: The project will be coordinated by a Steering Committee chaired by the Assistant Secretary for Health/Surgeon General, and comprised of the PHS agency heads and the presidents of the American Public Health Association, the Association of Schools of Public Health, the Association of State and Territorial Health Officials, the Environmental Council of the States, the National Association of Country and City Health Officials, the National Association of State Alcohol and Drug Abuse Directors, the National Association of State Mental Health Program Directors, Partnership for Prevention, and the Public Health Foundation.

Execution of activities will be overseen by a Staff Working Group co-chaired by the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion) and the Director of the Centers for Disease Control and Prevention, and comprised of designees from each of the organizations represented on the Steering Committee.

Each specific activity undertaken within this project will have identified leadership, and staff support from the Public Health Service. Wherever possible, existing structures and communication devices will be used as the basis for Public Health Functions efforts (e.g., the Public Health Service Data Policy Committee, the Joint Council of Governmental Public Health Agencies, the Council on Linkages between Academia and Public Health Practice).

Project Timetable: Completion of all activities of the Public Health Functions Project will be in 2000.

Any subcommittee or task group will be expected to identify a work plan and expeditious time table for the assigned effort.

## **2. Centers for Disease Control and Prevention**

### **CDC Works to Create an Effective Workforce**

CDC has a goal of improving community health by strengthening the technical, scientific, managerial and leadership competencies needed to perform essential public health services. Methods include partnerships with CDC programs and with other public and private sector organizations to: assess existing and needed competencies; develop training, education and professional development programs; deliver and evaluate those programs; and strengthen the capacity of public health agencies, academic institutions, and other organizations to address workforce needs.

CDC's philosophy in workforce development is well represented by the Public Health Leadership Institute (PHLI), a partnership with the University of California at Los Angeles initiated in 1991. The PHLI mission is to strengthen the nation's public health system by enhancing the leadership capabilities of senior health officials. The twelve month PHLI training program includes a week long learning retreat and interaction with national experts in leadership and public health. The Institute curriculum develops competencies in strategic planning, managing change, individual and organizations dialogue, systems analysis, media advocacy, creativity and innovation, and personal leadership assessment. Continuous learning and scholar interaction are promoted through an on-site retreat, electronic seminars, completion of scholar-initiated learning communities, leadership assessment and learning projects.

Through 1998 nearly 400 health officials from city, state, federal, international, academic, and private sector organizations had graduated from the year-long program. Over 97 percent of PHLI graduates report direct contributions to their leadership skills and over 80 percent report enhanced communication, motivation, and conflict resolution skills. A majority of the graduates from the first six years of PHLI are active in the Public Health Leadership Society, created in 1991 to help alumni continue their leadership development, maintain professional and personal relationships, and advance the cause of public health.

Since 1991 CDC's Public Health Practice Program Office has assisted in development of twelve state and regional public health leadership programs. A total of 1,105 public health and health-oriented participants have completed state and regional leadership development programs since 1991. The National Public Health Leadership Development Network, comprised of public health leadership development programs, has a goal of making leadership development opportunities available to health professionals in every state. Programs in operation include: Florida Public Health Leadership Institute; Illinois Public Health Leadership Institute

(Illinois, Indiana, and Wisconsin); Michigan Public Health Leadership Institute; Mid-Atlantic Health Leadership Institute; Missouri Public Health Leadership Certificate Program; Northeast Regional Public Health Leadership Institute (New Jersey, Pennsylvania, New York, Rhode Island, Vermont, New Hampshire, and Maine); Ohio Public Health Leadership Institute; South Central Public Health Leadership Institute (Louisiana, Mississippi, Alabama, and Arkansas); Tri-state Public Health Leadership Institute (North Carolina, Virginia, West Virginia); Regional Institute for Colorado and the Rocky Mountain Region; Texas Public Health Leadership Institute.

The Public Health Training Network (PHTN) was established in 1993 to respond to the urgent training needs of the nation's public health workforce. PHTN uses a systematic course development process, state-of-the-art communications technologies, and a national network of state-based Distance Learning Coordinators to provide health workers nationwide with relevant distance learning courses in priority areas. In 1997 PHTN trained almost 250,000 health professionals, bringing the cumulative total of PHTN trainees to over 500,000 since 1993 and awarded continuing education units, continuing medical and nursing education credits to 42,000 course participants. Look for the PHTN Website (<http://www.cdc.gov/phtn>) which contains a calendar of upcoming PHTN events, an On-line catalogue of courses and resources, and an electronic newsletter, "Going the Distance."

The National Laboratory Training Network (NLTN) is a training system sponsored by the Association of State and Territorial Public Health Laboratory Directors and CDC. The goal of the NLTN since its inception has been to improve all aspects of laboratory performance through training. A staff of 21 field and 8 headquarters professionals work together to provide public health training to all 54 states and territories.

Training programs open to the public health and private sector workforce also include: the Epidemic Intelligence Service, Public Health Prevention Specialist Training and Internships, and Association of Schools of Public Health Intern Program.

These are only a few of the highlights of CDC's workforce development efforts. In the pages that follow there are many specific examples of the development of technical, scientific, managerial and leadership competencies.

### **Compendium of Training**

Sponsored by CDC

To the Public Health Community as of October 16, 1998

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Course Name: National Public Health Leadership Development Network

Web Page: <http://www.slu.edu/organizations/nln/>

Email: [wrightks@wpogate.slu.edu](mailto:wrightks@wpogate.slu.edu)

Contact Name: Kate Wright

Phone Number: (314) 977-8120

Fax Number: (314) 977-3234

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Course Name: CDC/UC Public Health Leadership Institute  
Web Page: <http://www.cfhl.org>  
Email: [cwoltring@cfhl.org](mailto:cwoltring@cfhl.org)  
Contact Name: Carol Spain Woltring  
Phone Number: (510) 986-0140  
Fax Number: (510) 986-0146

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Course Name: Florida Public Health Leadership Institute  
Web Page: <http://www/slu.edu/organizations/nln/>  
Email: [mreid@com1.med.usf.edu](mailto:mreid@com1.med.usf.edu)  
Contact Name: W. Michael Reid  
Phone Number: (813) 974-6646  
Fax Number: (813) 974-6741

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Course Name: Illinois Public Health Leadership Institute (IL, IN, WI)  
Web Page: <http://www/slu.edu/organizations/nln/>  
Email: [louis.rowitz@uic.edu](mailto:louis.rowitz@uic.edu)  
Contact Name: Louis Rowitz  
Phone Number: (312) 996-9659  
Fax Number: (312) 996-5768

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Course Name: Iowa Public Health Leadership Institute  
Web Page: <http://www/slu.edu/organizations/nln/>  
Email:  
Contact Name: Keith Erickson  
Phone Number: (319) 398-3551  
Fax Number: (319) 364-7391

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Course Name: Kansas Public Health Leadership Institute  
Web Page: <http://www/slu.edu/organizations/nln/>  
Email: [srorr@aol.com](mailto:srorr@aol.com)  
Contact Name: Shirley Orr  
Phone Number: (316) 337-6037  
Fax Number: (316) 337-6023

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Course Name: Michigan Public Health Leadership Institute  
Web Page: <http://www/slu.edu/organizations/nln/>  
Email: [dstrugar@mphi.org](mailto:dstrugar@mphi.org)  
Contact Name: Donna Strugar-Fritsch  
Phone Number: (517) 324-8303  
Fax Number: (517) 381-0260

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Course Name: Missouri Public Health Leadership Certificate Program  
Web Page: <http://www.slu.edu/organizations/nln/>  
Email: [wrightks@wpogate.slu.edu](mailto:wrightks@wpogate.slu.edu)  
Contact Name: Kate Wright  
Phone Number: (314) 977-8120  
Fax Number: (314) 977-3234

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Course Name: Ohio Public Health Leadership Institute  
Web Page: <http://www.slu.edu/organizations/nln/>  
Email: [jpearsol@gw.odh.state.oh.us](mailto:jpearsol@gw.odh.state.oh.us)  
Contact Name: James Pearsol  
Phone Number: (614) 728-6716  
Fax Number: (614) 466-0271

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Course Name: Oklahoma Public Health Leadership Institute  
Web Page: <http://www.slu.edu/organizations/nln/>  
Email: [diane@health.state.ok.us](mailto:diane@health.state.ok.us)  
Contact Name: Diane Baird-Holmes  
Phone Number: (405) 271-6861  
Fax Number: (405) 271-1225

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Course Name: Texas Public Health Leadership Institute  
Web Page: <http://www.slu.edu/organizations/nln/>  
Email: [bquill@utsph.sph.uth.tmc.edu](mailto:bquill@utsph.sph.uth.tmc.edu)  
Contact Name: Beth Quill  
Phone Number: (713) 500-9159  
Fax Number: (713) 500-9149

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Course Name: Mid-Atlantic Health Leadership Institute  
(MD, DE, District of Columbia)  
Web Page: <http://www.slu.edu/organizations/nln/>  
Email: [lbanks@jhsph.edu](mailto:lbanks@jhsph.edu)  
Contact Name: Lois Banks  
Phone Number: (410) 955-3660  
Fax Number: (410) 614-2797

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Course Name: Northeast Regional Public Health Leadership Institute  
(NY, NH, NJ, ME, PA, RI, VT)

Web Page: <http://www.slu.edu/organizations/nln/>

Email: [dcw01@albnydh2.health.state.ny.us](mailto:dcw01@albnydh2.health.state.ny.us)

Contact Name: Dwight C. Williams

Phone Number: (518) 402-0370

Fax Number: (518) 402-0329

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Course Name: Regional Institute for Colorado and the Rocky Mountain Region

Web Page: <http://www/slu.edu/organizations/nln/>

Email: [kkennedy@du.edu](mailto:kkennedy@du.edu)

Contact Name: Kathy Kennedy

Phone Number: (303) 871-2097

Fax Number: (303) 871-4877

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Course Name: South Central Public Health Leadership Institute  
(AL, AK, LA, MS)

Web Page: <http://www.slu.edu/organizations/nln/>

Email: [acanders@mailhost.tcs.tulane.edu](mailto:acanders@mailhost.tcs.tulane.edu)

Contact Name: Ann Anderson

Phone Number: (504) 588-5397

Fax Number: (504) 588-5718

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Course Name: Public Health Leadership Institute of North Carolina, Virginia  
and West Virginia (Tri-State)

Web Page: <http://www.slu.edu/organizations/nln/>

Email: [christie\\_vann@unc.edu](mailto:christie_vann@unc.edu)

Contact Name: Christie Vann

Phone Number: (919) 966-1104

Fax Number: (919) 966-5692

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Course Name: Epidemic Intelligence Service (EIS)

Web Page: <http://www.cdc.gov.epo/dapht/eis/index.htm>

Email: [eisepo@cdc.gov](mailto:eisepo@cdc.gov)

Contact Name: EIS Program

Phone Number: (888) 496-8347

Fax Number:

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Course Name: CBTWeb, CBT Systems  
Web Page: <http://cbt.nchstp.cdc.gov>  
Email: [dhapnet@cdc.gov](mailto:dhapnet@cdc.gov)  
Contact Name: National Center for HIV, STD, and TB Prevention, Division of  
HIV/AIDS Prevention, Information Systems Services  
Phone Number: (404) 982-0353  
Fax Number:

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Course Name: DHAP Intranet Basics  
Web Page: <http://www.nchstp.cdc.gov/DHAP/training/basic0.htm>  
Email: [dhapinet@cdc.gov](mailto:dhapinet@cdc.gov)  
Contact Name: Division of HIV/AIDS Prevention  
Phone Number: (404) 982-0353  
Fax Number:

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Course Name: Mining the Internet for Medical Resources  
Web Page: <http://www.cdcnac.org/mining2/>  
Email: [info@cdcncac.org](mailto:info@cdcncac.org)  
Contact Name: Sara N. McLanahan  
Phone Number: (404) 982-0353  
Fax Number:

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Course Name: General Public Health Practice  
Web Page: <http://www.cdc.gov/phn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

---

Course Name: Core Public Health Skills Training  
Web Page: <http://www.cdc.gov/phn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Prevention Program Training  
Web Page: <http://www.cdc.gov/phn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: HIV/AIDS Prevention  
Web Page: <http://www.cdc.gov/phtn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Tuberculosis Prevention  
Web Page: <http://www.cdc.gov/phtn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Sexually Transmitted Disease Prevention  
Web Page: <http://www.cdc.gov/phtn/topics.thm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Other Infectious Diseases  
Web Page: <http://www.cdc.gov/phtn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Chronic Disease Prevention and Health Promotion  
Web Page: <http://www.cdc.gov/phtn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Environmental Health  
Web Page: <http://www/cdc.gov/phtn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Public Health Practice Updates  
Web Page: <http://www.cdc.gov/phtn/topics.htm>  
Email:  
Contact Name: Public Health Training Network  
Phone Number: (800) 41-TRAIN  
Fax Number:

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Course Name: Sustainable Management Development Program  
Web Page: <http://www.cdc.gov/phppo/smdp>  
Email: [mim1@cdc.gov](mailto:mim1@cdc.gov)  
Contact Name: Dr. Mike Malison  
Phone Number: (770) 488-2532  
Fax Number: (770) 488-2574

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Course Name: Academic Public Health Internship and Fellowship Programs  
Web Page:  
Email:  
Contact Name: Academic Programs Office, Public Health Practice Program Office  
Phone Number: (770) 488-2501  
Fax Number:

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Course Name: Applied Epidemiology and Biostatistics Training  
Web Page:  
Email:  
Contact Name: Office of the Director, Public Health Practice Program Office  
Phone Number: (770) 488-2504  
Fax Number:

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Course Name: National Laboratory Training Network  
Web Page: <http://www.cdc.gov/phppo/dls/nltn.htm>  
Email:  
Contact Name: Division of Laboratory Systems, Public Health Practice Program Office  
Phone Number: (770) 488-7660 or (800) 536-6586  
Fax Number:

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Course Name: Education and Research Centers (ERC)  
Web Page:  
Email:  
Contact Name: National Institute of Occupational Safety and Health  
Phone Number: (404) 639-3773  
Fax Number:

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Course Name: Public Health Schools without Walls  
Web Page:  
Email:  
Contact Name: Office of Global Health  
Phone Number: (770) 488-1085  
Fax Number:

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Course Name: EID Post-Doctoral Laboratory Research Fellowship Program  
Web Page: <http://www.cdc.gov/ncidod/eidlfp.htm>  
Email:  
Contact Name: Association of Public Health Laboratories/National Center for Infectious Diseases  
Phone Number: (202) 822-5227  
Fax Number: (202) 887-5098

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Course Name: EID Advanced Laboratory Fellowship Program  
Web Page: <http://www.cdc.gov/ncidod/eidlfp.htm>  
Email:  
Contact Name: Association of Public Health Laboratories/National Center For Infectious Diseases  
Phone Number: (202) 822-5227  
Fax Number: (202) 887-5098

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Course Name: Preventive Medicine Residency (PMR)  
Web Page: <http://www.cdc.gov/epo/dapht/pmr.htm>  
Email: [pmrepo@cdc.gov](mailto:pmrepo@cdc.gov)  
Contact Name: CDC Preventive Medicine Residency Program, Epidemiology Program Office  
Phone Number: (404) 639-3187  
Fax Number: (404) 639-2222

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Course Name: Dental Public Health Specialization Fellowship  
Web Page: <http://www.cdc.gov/hrmo/dphfello.htm>  
Email:  
Contact Name: Stuart A. Lockwood, DMD, MPH  
Phone Number: (770) 488-6067  
Fax Number: (770) 488-6080

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Course Name: Public Health Fellowship Program  
Web Page:  
Email:  
Contact Name: Office of Minority Health  
Phone Number: (404) 639-3316  
Fax Number:

---

Course Name: Public Health Prevention Service (PHPS)  
Web Page: <http://www.cdc.gov/epo/>  
Email: [phpsepo@cdc.gov](mailto:phpsepo@cdc.gov)  
Contact Name: Division of Applied Public Health Training  
Phone Number: (404) 639-4087  
Fax Number: (404) 639-2222

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Course Name: Visiting Scholars in Residence Program (VSRP)  
Web Page:  
Email:  
Contact Name: Morehouse School of Medicine (VSRP)  
Phone Number: (404) 752-1868  
Fax Number:

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Course Name: Genetics and Public Health - An Introductory Training Course  
Web Page: <http://www.cdc.gov/genetics/temp/course.htm>  
Email:  
Contact Name: Kris Sheedy or Charlotte Wilson  
Phone Number: (770) 488-3235 or (770) 488-1833  
Fax Number:

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Course Name: Graduate Certificate Program in Public Health  
Web Page: <http://www.cdc.gov/nchstp/od/eduopp.htm>  
Email:  
Contact Name: Vicky Rayle or Daryl Bible  
Phone Number: (404) 639-8025 or (770) 488-1830  
Fax Number:

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Course Name: Postdoctoral Research Associates Program  
Web Page: <http://www.cdc.gov/hrmo/research.htm>  
Email:  
Contact Name: CDC Visiting Programs Coordinator  
Phone Number: (770) 488-1725  
Fax Number:

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Course Name: National Network of STD/HIV Prevention Training Centers  
Web Page: <http://129.137.232.101/stdptc.html>  
Email:  
Contact Name: Frankie Barnes or Gabrielle O'Meara  
Phone Number: (404) 639-8360  
Fax Number:

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Course Name: Public Health Informatics Fellowship Program  
Web Page: <http://www.cdc.gov/epo/dphsi/informat.htm>  
Email: [phitpepo@cdc.gov](mailto:phitpepo@cdc.gov)  
Contact Name: Division of Public Health Surveillance and Informatics  
Phone Number: (404) 639-3843  
Fax Number:

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### **3. Health Resources and Services Administration**

#### **Dental Public Health Training**

Purpose: Section 763 of the Public Health Service Act authorizes grants and contracts to eligible institutions which provide postgraduate training in dental public health.

Program Description: This program may provide grants to assist schools in: (1) planning and developing new residency training programs; (2) maintaining or improving existing residency training programs in dental public health; and (3) providing financial assistance to residency trainees enrolled in such programs.

Eligibility: To be eligible for an award for Dental Public Health Residency Training, the applicant must be a school that offers a Dental Public Health Program accredited by the American Dental Association Commission on Dental Accreditation. Each applicant must demonstrate that the institution has or will have available full-time faculty members with training and experience in the field of dental public health and support from other faculty members trained in public health and other relevant specialties and disciplines.

#### Recent Accomplishments and Funding History

In Fiscal Year (FY) 1998, the program supported seven noncompetitive training programs. Additional expenditures will include a contract supporting a workshop for directors of dental public health specialty training programs. Total expenditures for FY 1998 will approximate \$492,567.

The primary accomplishment for Fiscal Year (FY) 1997 was completion of the Health Resources and Services Administration (HRSA) first competitive grant cycle to support training in dental public health in approximately 20 years. Seven training programs were approved and funded. Total expenditure for FY 1997 was \$545,000.

In FY 1996, a total of \$150,000 was provided to support several non-competitive projects, including a workshop to update the competency statements for dental public health specialists, and a series of 10 reports on projects linking dental public health academics and practice.

In FY 1995, the program supported several non-competitive projects, including a series of 9 reports describing non-traditional approaches to residency training, and a meeting of public/private dental leadership regarding access to dental care. A total of \$129,538 was funded through the program during FY 1995.

In FY 1994, a total of \$110,822 supported a series of workgroups and reports assessing the status and needs of dental public health education and practice.

Application Procedures: No competitive grant cycle is planned for FY 1999.

Programmatic inquiries should be addressed to:

Kathy Hayes, CDR U.S. Public Health Service Program Officer  
Division of Associated, Dental, and Public Health Professions  
Public Health and Dental Education Branch, BHP/HRSA  
Parklawn Building, Room 8C-095600  
Fishers Lane  
Rockville, Maryland 20857  
Telephone Number: (301) 443-6837  
Fax: (301) 443-1164

### **Maternal and Child Health Training**

Since 1935, with the enactment of Title V of the Social Security Act, the Maternal and Child Health (MCH) Program has provided funding under the discretionary grant authority to public and nonprofit institutions of higher learning for MCH leadership training.

All discretionary grants authorized under the Act have the common goal of improving the health status of mothers and children, including adolescents and children with special health needs. Within this goal the training program has the specific mission of developing leadership in the health professions relevant to maternal and child health.

#### **The MCH Training Program Today**

Through grants to institutions of higher learning, the Maternal and Child Health Bureau funds 14 categories of training projects. Training is focused primarily on long-term trainees at the graduate and postgraduate levels and is intended to accomplish the dual objectives of developing high levels of clinical skills and competence, and leadership attributes that extend beyond such skills and acumen.

In addition to long-term training, all programs are expected to:

- provide professional consultation and technical assistance to state and local health agencies;
- provide continuing education activities for the MCH and related practice communities; and
- influence changes in academia through the inclusion in curricula of additional content relative to MCH issues and problems.

Emphasis is placed on those curriculum and practicum areas that relate to populations rather than individuals; systems of care rather than private practice; community-based, family-centered services; program administration; public policy; advocacy; and research. Grants may provide support for faculty/staff, trainees (selected by the grantee), clinical resources necessary to accomplish the training, and other relevant administrative and support services.

#### Description of Training Categories

##### Discipline Specific

- Behavioral Pediatrics: builds upon existing resources to enhance attention to the behavioral, psychosocial, and developmental aspects of general pediatric care through support for fellows preparing for academic leadership roles in behavioral pediatrics and provides pediatric practitioners, residents, and medical students with essential biopsychosocial expertise.
- Communication Disorders: provides graduate training of speech/language pathologists and audiologists to assume leadership roles in education, service, administration, and advocacy related to communication disorders in MCH programs.
- Nursing: provides postprofessional graduate training in nurse-midwifery and maternity, pediatric (special health care needs), and adolescent nursing to prepare nurses for leadership roles in Title V and other community-based health programs serving mothers and children, or for academic positions. Next competition is in 1998.
- Nutrition: prepares nutritionists for leadership in public health nutrition with an emphasis on maternal and child health; provides clinical fellowship training in neonatal nutrition; and, through short-term, intensive courses of national scope, trains other health professionals regarding nutrition care and services for mothers and children, including children with special health needs. Next competition is in 1998.
- Occupational Therapy: provides postprofessional graduate training of pediatric occupational therapists for leadership roles in programs providing maternal and child health services.

- Pediatric Dentistry: provides postdoctoral training of pediatric dentists for leadership roles in administration, education, advocacy, and services related to oral health programs for mothers and children.
- Physical Therapy: provides postprofessional graduate training of pediatric physical therapists for leadership roles in programs providing maternal and child health services.
- Social Work: prepares social workers for leadership roles in programs providing maternal and child health services, through graduate social work programs with an MCH subspecialty or through joint programs awarding both a masters in public health and a doctoral degree in social work.
- Historically Black Medical Colleges: trains medical fellows, residents, medical students, and others to provide community- based primary care services relevant to maternal and child health, especially to minority or other underserved populations.

#### Interdisciplinary Programs

Interdisciplinary programs have faculty in several professional disciplines who function as an interactive team to provide interdisciplinary training of professional personnel.

- Adolescent Health: prepares participants for leadership roles in academics or development of organized systems for delivery of adolescent health care services.
- Pediatric Pulmonary Centers: prepares health professionals for leadership roles in the development, enhancement, or improvement of community-based care for children with chronic respiratory diseases and their families.
- MCH Training in Schools of Public Health: supports the development and enhancement of maternal and child health content, expertise, and training in schools of public health and fosters the availability and accessibility of such resources in all parts of the nation. Trains public health professionals for leadership roles, providing technical assistance and professional consultation, development and dissemination of new knowledge, and advocacy. Next competition is in 1999.
- MCH Training in University Affiliated Programs: provides for leadership training in the provision of health and related care for children with mental retardation, multiple handicaps and other special health needs, and for their families.

#### Continuing Education

Continuing Education (CE) offers short-term programs by institutions of higher learning to facilitate timely transfer and application of new information, research findings, and technology related to MCH and to update and improve the knowledge and skills of professionals in programs serving mothers and children. The goal is to improve the health status of mothers and children through enhancing the leadership

capabilities and practices of professionals in MCH and related services and through modifying the systems that deliver services. Workshops, seminars, institutes, and other related activities intended to develop or improve curricula, standards, practices, or delivery of health care for MCH populations are supported.

#### Program Highlights

- There were 159 training projects funded at a level of \$36 million in FY 1994.
- In FY 1993, 2,600 trainees received more than 300 hours of training; 5,500 trainees received between 40 and 300 hours of training; and 26,000 trainees received up to 40 hours of training.
- \$4.4 million was provided to trainees in FY 1994 in the form of predoctoral and postdoctoral stipends.
- In FY 1993, 260,000 health professionals attended continuing education activities.
- Approximately 171,000 individuals, 22 percent of whom represented minority populations, received direct health services in FY 1993.

#### A Glimpse into the Future

Training grants are awarded to private and nonprofit institutions on a competitive basis. All categories except CE have a 5-year project period. Each year, different groups of training projects compete for funding. Dates for the next competition are indicated above.

For more information, contact the Training Program director at (301) 443-2190.

#### **AIDS Education and Training Center Program (AETC) —Ryan White CARE Act**

The AIDS Education and Training Center (AETC) Program is a network of 15 regional centers (and 75 associated sites) that conduct targeted, multi-disciplinary education and training programs for health care providers. The AETCs, which serve all 50 States, the Virgin Islands, and Puerto Rico, increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and manage care for individuals with HIV/AIDS and help prevent high risk behaviors that may lead to infection.

AETCs focus on training those in primary health care (physicians, nurses, dentists) and, with a lesser emphasis, on training for mental health and allied health providers. The majority of AETC resources have been focused on areas of high HIV prevalence and incidence, with remaining resources allocated on suburban and rural needs. AETC activities are based upon assessed local needs. Each AETC involves at least one CARE Act Title I metropolitan area with high incidence of the disease.

AETCs collaborate with other CARE Act-funded organizations, Area Health Education Centers (AHEC), community-based HIV/AIDS organizations, medical and health professional schools, local hospitals, health departments, community and migrant health centers, medical societies, and other professional organizations.

Since 1991, more than 700,000 providers have been trained by the AETC program. A 1993 study showed that providers trained in AETCs were more competent with regard to HIV issues and more willing to treat persons living with HIV than other primary care providers.

From FY 1987 to FY 1995, \$125.4 million was appropriated to the AETC Program. Starting in FY 1996, AETCs were funded under the CARE Act; from FY 1996 to FY 1998, the program received \$17.3 million. The total appropriation through FY 1998 is \$171 million.

Division of Training and Technical Assistance (DTTA), HAB, 5600 Fishers Lane, Room 7A-55, Rockville, MD 20857, Phone: (301) 443-9091, Fax (301) 443-5271

### **Health Administration Special Project Grants**

Purpose: Section 771 of the Public Health Service Act, as amended, authorizes Health Administration Special Project Grants for accredited graduate degree programs in health administration, hospital administration, or health policy analysis and planning. Health Administration Special Project Grants are available to assist educational institutions in the development or improvement of programs which prepare graduate students for employment with public or nonprofit private agencies and organizations.

Program Description: Health Administration Special Project Grants are reviewed and scored by a Technical Review Group and awarded in rank order to applicants recommended for approval.

Section 771 requires that no more than 30 percent of the funds appropriated for health administration training be obligated for Health Administration Special Project Grants.

Section 771(c) requires the Secretary to give preference to qualified applicants for Health Administration Special Project Grants that meet the following four conditions:

- not less than 25 percent of the graduates of the applicant are engaged in full-time practice settings in medically underserved communities;

- the applicant recruits and admits students from medically underserved communities;

- for the purpose of training students, the applicant has established relationships with public and nonprofit providers of health care in the community involved; and

- in training students, the applicant emphasizes employment with public or nonprofit private entities.

In order for an applicant to receive the preference, the applicant must specifically request it. Applications requesting and receiving the preference are funded before other approved applications.

A report titled "Health Administration Traineeship and Special Project Grant

Program's Statistics" provides a historical summary of funding and support for these programs.

Eligibility: Public and nonprofit private educational institutions, including graduate schools of social work but excluding accredited schools of public health, which are accredited by the Accrediting Commission on Education in Health Services Administration that offer a graduate program in health administration, hospital administration, or health policy analysis and planning are eligible to apply for a Health Administration Special Project Grant.

#### Previous Funding Experience

In FY 1998, 13 Special Projects Grants were awarded totaling \$322,795.

#### Application Procedures

No competitive grant cycle is planned for FY 1999.

Questions concerning program information and technical assistance should be directed to:

Thomas Perez, Program Officer  
Public Health and Dental Education Branch  
Division of Associated, Dental, and Public Health Professions  
BHP, HRSA  
5600 Fishers Lane, Room 8C-09  
Rockville, Maryland 20857  
Telephone: (301) 443-3231

#### **Health Administration Traineeship Grants**

Purpose: Section 771 of the Public Health Service Act, as amended, authorizes Health Administration Traineeship Grants for accredited graduate degree programs in health administration, hospital administration, or health policy analysis and planning. The program receiving the grant selects appropriate students to receive individual traineeships.

Program Description: Health Administration Traineeship Grants are evaluated by a Technical Review Group. Traineeship funds are distributed among applications recommended for approval based on the proportion of eligible full-time and full-time equivalent graduate students enrolled in health administration, hospital administration, health policy analysis and planning of each applicant to the total enrollment of students of all applicants having approved applications.

Only graduate students eligible to receive traineeship support may be counted as enrolled in the program. In addition to meeting the grantee institutions admission standards, trainees must meet the following criteria to be eligible for traineeship support:

Trainees must be United States citizens, noncitizen nationals, or foreign nationals having in their possession a visa permitting permanent residence in

the United States.

Trainees must be pursuing a graduate degree in health administration, hospital administration, or health policy analysis and planning.

Section 771 requires that at least 70 percent of the amount appropriated for health administration training be awarded for traineeships.

Section 771(c) requires the Secretary to give preference to qualified applicants for Health Administration Traineeship Grants that meet all of the following conditions:

not less than 25 percent of the graduates of the applicant are engaged in full-time practice settings in medically underserved communities;

the applicant recruits and admits students from medically underserved communities;

for the purpose of training students, the applicant has established relationships with public and nonprofit providers of health care in the community involved; and

in training students, the applicant emphasizes employment with public or nonprofit private entities.

In order for an applicant to receive the preference, the applicant must specifically request it. Applications requesting and receiving the preference receive additional funding in the allocation of traineeship grants.

In addition, Section 771(d)(2) requires that each applicant for a traineeship grant must assure to the satisfaction of the Secretary that it will give priority to awarding traineeships to students who demonstrate a commitment to employment with public or nonprofit private entities in the fields with respect to which the traineeships are awarded.

A report titled "Health Administration Traineeship and Special Project Grant Program's Statistics" providing a historical summary of funding and support for these programs has been developed.

#### Previous Funding Experience

In FY 1998, 42 grants were awarded for a total of \$725,660.

#### Eligibility

Public and nonprofit private educational institutions, including graduate schools of social work but excluding accredited schools of public health, which are accredited by the Accrediting Commission on Education in Health Services Administration that offer a graduate program in health administration, hospital administration, or health policy analysis and planning are eligible to apply for a Health Administration Traineeship Grant.

#### Application Procedures

No competitive grant cycle is planned for FY 1999.

Questions concerning program information and technical assistance should be directed to:

Thomas Perez, Program Officer  
Public Health and Dental Education Branch  
Division of Associated, Dental, and Public Health Professions  
BHPPr, HRSA  
5600 Fishers Lane, Room 8C-09  
Rockville, Maryland 20857  
Telephone: (301) 443-3231  
Fax: (301) 443-0650

### **Public Health Special Projects**

Purpose: Section 762 of the Public Health Service Act authorizes the award of grants to accredited schools of public health for the costs of planning, developing, demonstrating, operating, and evaluating projects that will further the goals established in the Healthy People 2000 objectives in the area of: (1) preventive medicine; (2) health promotion and disease prevention; (3) improving access to and quality of health services in medically underserved communities; or (4) reducing the incidence of domestic violence.

Program Description: The program supports community-academic partnerships designed to improve the competencies and skills of the public health workforce. Funded projects emphasize: distance learning to bring formal training and continuing education to public health practitioners; curriculum revision to strengthen the practice orientation of schools of public health; and course content on areas of emerging importance in public health including managed care, domestic violence, and population-based community health.

#### Previous Funding Experience

In FY 1998, there were 17 awards totaling \$3.1 million.

Eligibility: Grants are awarded on a competitive basis to accredited schools of public health. A school of public health means a school located in the United States which has been accredited by the Council on Education for Public Health. An award can be made only if the school involved agrees that the students of the school will, through participation in the project for which the award is made, receive training in the activities carried out by the project.

#### Project Abstracts

Copies of a report that summarizes the 16 FY 1997 Public Health Special Project grants may be requested by phone (301-443-6896), fax (301-443-0650) or e-mail (rmerrill@hrsa.dhhs.gov).

#### Application Procedures

No competitive grant cycle is planned for FY 1999.

Inquiries regarding grants management should be addressed to:

Grants Management Officer (D38) BHP, HRSA5600 Fishers Lane, Room 8C-26, Rockville, Maryland 20857. Telephone Number: (301) 443-6857.

Programmatic inquiries should be addressed to:

Angela Gonzalez-Willis, Program Officer  
Public Health and Dental Education Branch  
Division of Associated, Dental, and Public Health Professions  
BHP/HRSA  
5600 Fishers Lane, Room 8C-09  
Rockville, Maryland 20857  
Telephone Number: (301) 443-3460  
Fax: (301) 443-0650  
Email: [rmerrill@hrsa.dhhs.gov](mailto:rmerrill@hrsa.dhhs.gov)

### **Public Health Traineeships**

Purpose: Public Health Traineeship grants are awarded under section 761 of the Public Health Service Act for the provision of graduate training to individuals pursuing a course of study in a health professions field in which there is a severe shortage of public health professionals. Shortage fields are identified by statute as epidemiology, environmental health, biostatistics, toxicology, public health nutrition and amended to include maternal and child health. Other public health professional areas may be eligible if a severe local/state/regional shortage is documented by the applicant.

Program Description: Applications are reviewed by a technical review group. Applications recommended for approval will receive funds based on the proportion of eligible full-time and full-time equivalent graduate students enrolled in shortage public health occupations to the total enrollment of students in these fields of approved applications. Only graduate students eligible to receive traineeships may be counted as enrolled. Students must meet the following criteria to be eligible for support:

- trainees must be United States citizens, noncitizen nationals, or foreign nationals having in their possession a visa permitting permanent residence in the United States;

- trainees must be pursuing a graduate degree and;

- trainees must meet the admission requirements of the school receiving the traineeship grant.

### **Previous Funding Experience**

In FY 1998, 32 grants were awarded totaling \$2,324,573.

Eligibility: Schools of public health and other public or nonprofit private institutions accredited by the Council on Education for Public Health (CEPH) for the provision of graduate or specialized training in public health may apply. The accredited school or program must be located in a state.

Application Procedures: Public Health Traineeships Grant applications are available on the World Wide Web at <http://www.hrsa.dhhs.gov/bhpr/grants.html>

Applicants should address inquiries regarding grants management to:

Grants Management Officer (A03) BHP, HRSA5600 Fishers Lane, Room 8C-26, Rockville, Maryland 20857. Telephone Number: (301) 443-6857

Programmatic inquiries should be addressed to:

Elizabeth Simon, Program Officer  
Division of Associated, Dental, and Public Health Professions  
BHP/HRSA  
Public Health and Dental Education Branch  
Parklawn Building, Room 8C-09  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone Number: (301) 443-6896  
Fax: (301) 443-1164

***Overcoming Barriers - Creating Sustainable Academic - Community Linkages: Outcomes of the Public Health Practice Coordinators' Workshop. 1998.***  
**Health Resources and Services Administration, Bureau of Health Professions.**

The Council of Public Health Practice Coordinators was created by the Association of Schools of Public Health (ASPH) in 1992 as a mechanism for creating and maintaining linkages with the public health practice community and as a forum for exploring innovative ways to incorporate public health practice principles into the schools' curricula and research. The Council serves as a link through which practitioners in the field can access resources and explore collaborative ventures with faculty and administrators in the schools. The Council is composed of one representative from each of the schools of public health, appointed by the dean of that school. The designated public health practice coordinator typically is a faculty member having significant experience in the practice community or holding a joint appointment in a practice agency.

Since the Council's inception, it has enjoyed a close working relationship with the Bureau of Health Professions (BHP) in HRSA. This partnership has enabled significant progress toward expanding existing linkages with the community and bringing those ties back into the university. In this way, the agencies and organizations benefit by receiving technical assistance from the schools, and the academic institutions gain from practitioner input in curricula development and field placement programs which result in more relevant training for students. Communities benefit from the immediate service provided to them by faculty and interns, as well as from encouraging students to seek employment in (often) underserved areas upon graduation. Over the past few years, the Council has come together in a workshop format to further define its mission and discuss topics of mutual concern.

This publication summarizes the proceedings and outcomes of the most recent workshop, which occurred in Boston, Massachusetts. The focus of the Boston workshop was overcoming barriers in creating sustainable linkages with the practice community. Three main areas of discussion were:

- 1) Demonstrating excellence in practice
  - a) Academic rigor or scholarship in public health practice
  - b) Encouraging faculty commitment to public health practice
- 2) Professional education and development
  - a) Incorporating case studies into the curriculum
  - b) Leadership development
  - c) Monitoring changing demands for workforce skills
- 3) New and emerging public health practice issues
  - a) Measuring community health status
  - b) Managed care: new curricular challenges/new students

To request a copy of the publication or to learn more about other workshops and activities resulting from the partnership between ASPH and BHP, please contact:

Capt. Barry Stern  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164  
Email: [bstern@hrsa.dhhs.gov](mailto:bstern@hrsa.dhhs.gov)

***Special Issue on Dental Public Health Training and Workforce. Journal of Public Health Dentistry Volume 58, Supplement 1, 1998.***

This supplement to the Journal of Public Health Dentistry, sponsored by the Bureau of Health Professions, HRSA, provides a single-source reference for a number of activities designed to examine and strengthen the dental public health training and workforce infrastructure.

Included are reports and recommendations from HRSA-sponsored workshops, background papers, and reports. Titles include:

- *Dental Public Health for the 21st Century: Implications for Specialty Education and Practice*
- *Residency Training in Dental Public Health: Assessment of Status, Needs, and Issues*
- *History of Federal Legislation in Health Professions Educational Assistance in Dental Public Health, 1957-97*

- *Dental Public Health Postdoctoral Education: A Survey on the Status of Funding and Career Opportunities*
- *Academic Dental Public Health Diplomates: Their Distribution and Recommendations Concerning the Predoctoral Dental Public Health Faculty*
- *Report of the AAPHD Select Committee: Response to the IOM Committee Report on the Future of Dental Education at the Crossroads: Challenges and Change*
- *The Development of Competencies for Dental Public Health*

A limited number of copies are available from BHP; alternatively, back issues may be purchased from the National Office, American Association of Public Health Dentistry, 3760 SW Lyle Court, Portland, Oregon 97221; Telephone: 503-242-0712.

To learn more about these or current Bureau of Health Professions activities regarding dental public health training and workforce, please contact:

CDR Kathy L. Hayes  
 Division of Associated, Dental & Public Health Professions, BHP  
 5600 Fishers Lane, Rm. 8C-09  
 Rockville, MD 20857  
 Fax: 301-443-1164  
 Email: khayes@hrsa.dhhs.gov

***Training and Education for Public Health: A Report to the Assistant Secretary for Health. July 1996. U.S. Public Health Service, Department of Health and Human Services.***

The purpose of this report was to identify future Public Health Service (PHS) directions in the core function of Training and Education for Public Health (TEPH). TEPH is defined as the provision of instruction or knowledge devoted predominately to theory, services or research about organized community efforts to prevent injury or disease and promote health in a defined population or community.

The methodology for the study involved developing a definition of TEPH, conducting a literature review, collecting a database and inventory of PHS TEPH programs, interviewing representatives from PHS agencies, outside interest groups, and selected schools of public health.

Findings revealed significant shortages in a number of public health fields. In addition, many public health problems are more severe in minority populations, yet few minority professionals choose careers in public health. A shortage of faculty was also noted. The dilemma of academic public health was best stated by one participant, Dr. Bernard Turnock, who said, "the school is continually struggling to balance research, where most of the funding is, with practical teaching, where most of the need is."

Recommendations are clustered into seven key categories:

- Advanced technology

- Core public health functions and health care reform
- Policy and financing
- Academic-practice links
- Educational research
- Research training
- Coordination

The publication contains extensive appendices that inventory roughly \$217 million invested by the PHS in TEPH during a single calendar year.

For more information on this and related activities, please contact:

Ronald B. Merrill, MHA  
 Chief, Public Health and Dental Education Branch  
 Division of Associated, Dental & Public Health Professions, BHP  
 5600 Fishers Lane, Rm. 8C-09  
 Rockville, MD 20857  
 Fax: 301-443-1164  
 Email: [rmerrill@hrsa.dhhs.gov](mailto:rmerrill@hrsa.dhhs.gov)

***Environmental Health Education and Training Partnerships: Reports from the Regional Workshops. 1996-1998. Health Resources and Services Administration, Bureau of Health Professions.***

The purpose of this project was to examine the present state of environmental health training and education partnerships in the Eastern, Central, and Western regions of the U.S. Within each region, data were collected from governmental agencies, academic institutions, industry, and associations/foundations. Each region was to develop a Regional Environmental Health Plan to improve the education and training of environmental health and protection (EH&P) professionals by: developing and implementing ongoing cooperative arrangements between government, academia, industry and professional associations/foundations; increasing enrollment in EH&P programs (with attention to minority recruitment and retention); increasing the number of paid practica; increasing potential for faculty, student, and employee exchanges; and increasing interdisciplinary training and education systems that incorporate state and local health departments.

The project required each region to conduct a workshop in which representative advisors from government, academia, industry and associations met to: examine existing education and training programs; identify barriers to expanding and enhancing these programs; recommend solutions to the problems identified; identify potential partnerships and other possible projects; and develop a regional environmental plan to improve the education and training of EH&P professionals.

To request copies of the regional reports or to learn more about BHP activities regarding the environmental health workforce, please contact:

Capt. Barry Stern  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164  
Email: bstern@hrsa.dhhs.gov

***Blueprint for Education and Training: Environmental Science, Protection & Health. Health Resources and Services Administration, Bureau of Health Professions, 1998.***

This report presents the results of the Crossroads Colloquium, a forum of leaders in environmental health and protection, convened to develop a blueprint for approaches that address the multidisciplinary educational needs of the workforce. Participants represented a broad range of state and federal agencies, academic institutions, and both public and private interests across a wide variety of disciplinary backgrounds.

There was a consensus that a dramatic need exists for improving the environmental health education and training of the federal and state agency workforces. A virtual disappearance of educational and training support has left the agencies charged with environmental health protection with a critical shortage of employees adequately trained to address the emerging multidisciplinary challenges they face.

Major recommendations of the Colloquium included:

- Redefine approaches to training by moving from discipline-specific to multidisciplinary training;
- Develop collaborative approaches among the agencies, academia, and industry for training and education;
- Provide a continuum of opportunities ranging from distance education to graduate degree programs; and
- Provide practice-based educational experiences for professionals at all levels.

To request a copy of this publication or to learn more about BHP activities regarding the environmental health workforce, please contact:

Capt. Barry Stern  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164  
Email: bstern@hrsa.dhhs.gov

***Special Project Grants, Schools of Public Health. Health Resources and Services Administration, Bureau of Health Professions, 1997.***

This report describes the 16 Public Health Special Project grants funded in Fiscal Year 1997 under the authority of section 762 of the Public Health Service Act (Health Professions Education Extension Amendments of 1992, Public Law 102-408).

Each project is described in abstract form. Information includes the grantee organization, project title, period of performance, budget, and project description and objectives.

The report will be of interest to those in academic public health who wish to gain familiarity with the sorts of projects generally funded by this and/or similar programs in HRSA, as well as to those searching for information on activities in their region.

To request a copy of the report or to learn more about this program, please contact:

CDR Angela Gonzales-Willis  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164

***Health Administration Special Project Grants. Health Resources and Services Administration, Bureau of Health Professions.***

This report describes the 13 Health Administration Special Project grants funded for the project period July 1, 1997-June 30, 2000 under the authority of section 770 of the Public Health Service Act (Health Professions Education Extension Amendments of 1992, Public Law 102-408).

Each project is described in abstract form. Information includes the grantee organization, project title, project director, and a year-by-year description of the project.

The report will be of interest to those in academic health administration who wish to gain familiarity with the sorts of projects generally funded by this and/or similar programs in HRSA, as well as to those searching for information on activities in their region.

To request a copy of the report or to learn more about this program, please contact:

Capt. Thomas Perez  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164

***Research Linkages Between Academia and Public Health Practice. Supplement to the American Journal of Preventive Medicine, Volume 12, Number 4, July/August 1996.***

This supplement to the American Journal of Preventive Medicine, jointly sponsored by the Bureau of Health Professions, Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention, and the Columbia University School of Public Health, provides a collection of reports on projects linking academics and public health practice.

The 12 articles cover a wide range of topical areas ranging from the general to the specific, and including academics, maternal-child health, HIV/AIDS, and geriatrics.

The supplement should be of interest to those in both academics and public health practice seeking to learn more about successful collaboration.

A limited number of copies are available from BHP. Alternatively, back issues may be purchased directly from the publisher.

To request a copy, or for more information on this and related activities, please contact:

Ronald B. Merrill, M.H.A.  
Chief, Public Health and Dental Education Branch  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164  
Email: rmerrill@hrsa.dhhs.gov

***Eliminating Health Disparities for Vulnerable Populations. Supplement to the Journal of Health Education, September/October 1998.***

This supplement to the Journal of Health Education, sponsored by the Health Resources and Services Administration, provides the reader an opportunity to gain greater insight into the role and value of health education in significant federal programs dealing with vulnerable populations. The reader is able to further appreciate the range of opportunities available to health educators in their goal of eliminating health disparities in America.

Articles include:

- *Health Education: A "Primary" Component to the Delivery of Comprehensive Primary Care*
- *Eliminating Health Disparities for Vulnerable Populations Through Health Education Interventions Within Health Services Programs*
- *Evaluating the Elimination of Disparities: Issues and Approaches to Health Status and Outcomes Assessment*
- *Health Education in the Health Schools, Healthy Communities Program*
- *Promoting Opportunities for Community Based Health Education in Managed Care*
- *Learning to Broaden the Impact of Health Resources through Public-Private Partnerships*
- *New Technologies in Distance Education to Increase Access to Rural Health Care*
- *Reducing Health Disparities through Cultural Competence*
- *The Future Health Education Workforce*

Copies are available from HRSA. To request a copy, or for more information on this and related activities, please contact:

J. Henry Montes, Director  
Division of Associated, Dental & Public Health Professions, BHP  
5600 Fishers Lane, Rm. 8C-09  
Rockville, MD 20857  
Fax: 301-443-1164  
Email: hmontes@hrsa.dhhs.gov

## **B. National Associations and Organizations**

### **1. American College of Preventive Medicine**

#### **Managing Care for Defined Populations: A Toolkit to Maximize Value and Quality**

The College's upcoming course on incorporating epidemiology, evidence and prevention in managed care environments will premier in the Washington, D.C. area on November 16th and 17th. The course is designed to help the physician manager and teams of health professionals who have responsibility for data collection and reporting, intervention design and implementation, data analysis and information management. Participants will learn how to assess the health of the population for which they have responsibility, identify the needs or health issues to be addressed by health care actions/interventions; select, design and implement health care processes identified to meet their populations' health care needs and apply measurements to evaluate health care outcomes. This course can be particularly helpful to those new to preventive medicine, and in leadership positions. The course will be delivered in a combination of brief didactic overviews with half day, in-depth, small group interactive workshops. Course modules may also be conducted for other health care organizations, state or local medical societies, and managed care plans.

#### **Review Course: American Board of Preventive Medicine Exam**

This full five day "Review Course" is a comprehensive review of the field of preventive medicine designed to help physicians prepare effectively for all aspects of the American Board of Preventive Medicine certification examination. The course and the syllabus cover core areas as well as the three specialty areas, namely General Preventive Medicine/Public Health, Aerospace Medicine and Occupational Medicine.

#### **Performance Indicators for Assessing Competencies of Preventive Medicine Residents**

This document describes the core competencies for preventive medicine physicians. An updated version of these is about to be published. This piece helped serve as the basis for the discussions about preventive medicine physicians in the recent report on currently employed public health professionals by Hugh Tilson, MD, DrPH and Kristine Gebbie, DrPH, RN.

For additional information, check the American College of Preventive Medicine (ACPM) website: [www.acpm.org](http://www.acpm.org), or contact:

Carol O'Neill  
Associate Executive Director for Education  
American College of Preventive Medicine  
1660 L Street, NW, Suite 206  
Washington, DC 20036  
(202) 466-2044  
(202) 466-2662 FAX  
[con@acpm.org](mailto:con@acpm.org)

## **2. American Public Health Association**

### **The Public Health Innovations Project**

The American Public Health Association's (APHA) Public Health Innovations Project is funded by the Centers for Disease Control and Prevention (CDC) to provide public health practitioners with information, tools and skills to help them respond effectively to changes in the public health practice environment. One of the goals of the project is to help the public health community translate the Ten Essential Services of Public Health into practice. APHA works with CDC, ASTHO, NACCHO, PHF and the National Association of Boards of Health (NALBOH) to advance these concepts. There are three major activities currently taking place under the project:

1) The National Public Health Performance Standards Program is an effort to improve public health by developing strategies to describe and measure the performance of public health organizations within the community. By providing important benchmark data, public health organizations can embark on quality improvement efforts. APHA is involved in the development of performance indicators and marketing of the national program through a traveling exhibit, electronic discussion group, and hosting a session at APHA's 1998 Annual Meeting where the draft indicators will be unveiled.

2) APHA is working with the National Public Health Leadership Development Network to identify and facilitate the development of leadership training programs and/or link to existing programs through APHA state affiliates. States where there are no programs will be identified and affiliates in those states, along with other stakeholders will be contacted to determine the technical assistance needed to either plan and develop leadership training or link to existing programs.

3) APHA is sponsoring a session at the 1998 APHA Annual Meeting in Washington to inform public health practitioners, managed care executives, and health policy makers of the status of The Guide to Community Preventive Services. The session, "Strategies for Evaluating and Disseminating the Guide to Community Preventive Services," will cover the findings from the vaccine preventable diseases focus group, along with discussion of the long term evaluation plans that include sentinel sites and a national survey.

In addition to the above mentioned activities, The Innovations Project continues to provide four on-line publications: *Communication and Connectivity: Public Health at Your Fingertips*; *An Introduction to the Internet for Public Health Practitioners*; *The Guide to Implementing Model Standards: Eleven Steps to a Healthier Community*; *Community Strategies for Health: Fitting in the Pieces*; and the *Media Relations Handbook*. (Tip Sheets on how to translate public health data into useful information, and descriptions of local and national projects which display innovative solutions of public health practice through the Public Health Innovations Exchange.) All of these resources are available through the web at [www.apha.org/science/innovations](http://www.apha.org/science/innovations).

Contact Person: Annette Ferebee, MPH, Project Director, APHA, 1015 15th Street, NW, Washington, DC 20005, ph: (202) 789-5600, fax: (202) 789-5661, email: [annette.ferebee@apha.org](mailto:annette.ferebee@apha.org).

### **Cooperative Actions for Health Program (CAHP)**

CAHP is a collaborative program that is linked to the national Medicine and Public Health Initiative which is co-sponsored by the American Medical Association (AMA) and the American Public Health Association (APHA) and funded by the Robert Wood Johnson Foundation. The purpose of CAHP is to build, support, and strengthen state and local collaboration between medical and public health professionals to improve the public's health. CAHP seeks to accomplish its goal through three activities:

- 1) Funding nineteen collaborative projects linking Medicine and Public Health at the state and/or local levels
- 2) Conducting a joint policy initiative between AMA and APHA
- 3) Developing a communications network to link medicine and public health professionals

The Robert Wood Johnson Foundation provides funding to the American Public Health Association to conduct CAHP activities. Site projects are funded through mini grants administered by APHA. Sub-contracts with the American Medical Association, the University of Texas-Houston, and the New York Academy of Medicine also help fulfill the Program's scope of work.

CAHP began in November, 1997 and will be completed in December, 1999 and hopes to reach a broad audience including medical and public health professionals and students, as well as members of the general public and legislative bodies.

CAHP recently awarded nineteen site projects with performance periods of October 1, 1998 through September 30, 1999 and a website is under construction. It is hoped that additional resources will be obtained to fund a second group of CAHP site projects in the future. While no report is currently available, CAHP information will be posted on the Medicine and Public Health Initiative website at: <http://www.sph.uth.tmc.edu/mph>.

Contact Person: Beth Drabant, MD, MPH, Project Director: CAHP, c/o APHA, 1015 15th Street, NW, Washington, D.C. 20005, ph: (202)789-5600, fax: (202)789-5661, e-mail: comments@apha.org or Karen Peters, DrPH (at AMA, (312) 464-4636).

### **Continuing Education at the American Public Health Association (APHA)**

Education for public health is a primary activity of the APHA. It is the goal of APHA to serve as the primary resource for continuing education for public health workers. Educational Services (ES), established only in late 1997, is charged with the assessment, creation, planning, production, implementation, evaluation, and distribution of educational activities both internal and external to the Association. Through independent and collaborative activities with other health associations, organizations, and companies, APHA strives to enrich the knowledge, skills, and abilities of health professionals and public health workers, and to enhance and promote public health concepts and practices within the community at large.

APHA currently provides continuing education credits (CME/CEU/CE) for eight professional disciplines: certified health education specialists; chiropractors; dental professionals; laboratory professionals; physicians; registered dietitians; registered nurses; and social workers. The process has begun to add additional disciplines each year. Continuing Education Institutes, which are directly sponsored by ES, and scientific sessions at the Annual Meeting offer a variety of seminars and workshops in which to earn credits.

A number of initiatives for CE under the umbrella of Distance Education are currently in the planning stages. All new programs will offer innovative activities in which to earn credits. ES will launch a journal based CE program beginning in 1999. The first journal based program will use the American Journal of Public Health (AJPH), and the second program will use primary peer reviewed journals of several disciplines. Electronic based CE programs will also begin in 1999, with the broadcast of the Annual Meeting. Plans for other satellite, video and telephone conferences, and internet programs are in progress. The establishment of regional meetings and focus groups is also in the planning stages. Such meetings are seen as adjuncts to the annual meeting, providing greater accessibility to more of the workforce at a lower cost for consumers.

Although CE consumers pay fees for CE credits, much of the burden of the cost falls on the organization. APHA historically has worked under collaborative agreements, in cooperative partnerships, and with grants to provide services to its membership, to the non-member public health workforce, and to the community at large. These traditions are incorporated into the plans, delivery, and evaluation of the current CE activities. Because Educational Services is a relatively new entity, collaboration and cooperation opportunities continue to be researched, explored, and assessed. APHA's commitment to its goal is clear and strong. A Journal Based Review Committee, and an Advisory Committee will soon join the CE Committee and Continuing Medical Education Committee in providing additional leadership and membership connections to plan for and provide high quality continuing education.

Contact:

Dr. Ponnuswamy Swamidoss, Ph.D., FACHE Director, Educational Services  
1015 Fifteenth St. NW Suite 300  
Washington, DC 20005-2605  
ponnuswamy.swamidoss@apha.org  
202 789-5617 / fax: 202-789-5661

Charlene G. Gooch, Ph.D.  
Manager, Continuing Professional Education  
1015 Fifteenth St. NW Suite 300  
Washington, DC 20005-2605  
charlene.gooch@apha.org  
202 789-5688 / fax: 202-789-5661

web site: <http://www.apha.org>, with links to ES, CE, and Fax-on-Demand 703-531-0894, submitted by Charlene G. Gooch, Ph.D.

### **3. Association of Public Health Laboratories**

#### **Continuing Education for Laboratorians**

The National Laboratory Training Network is a unique laboratory training needs assessment and training delivery system sponsored by the Association of Public Health Laboratories (APHL) and the Public Health Practice Program Office of CDC. The goal of the NLTN is to improve all aspects of laboratory performance through training.

Seven regional field offices, staffed by laboratory training specialists, work closely with state laboratory training personnel to identify, prioritize, and address training needs of laboratory workers which support national, state and local public health objectives. The NLTN delivers cost effective, high quality training using a variety of training products, delivery systems and formats, to laboratorians conducting testing of public health significance. Approximately 8,000 health care workers are trained each year using NLTN training resources. The Network partners with federal, state and local agencies, academia, industry, and professional laboratory organizations to quickly disseminate information needed to address public health emergencies such as E. coli 0157:H7 and multi-drug resistant tuberculosis outbreaks. The NLTN has been in existence since 1989.

#### **Fellowships**

##### **Emerging Infectious Diseases**

The Emerging Infectious Diseases (EID) Fellowship program was initiated in 1996 to attract and prepare scientists to develop new methods of infectious disease diagnosis; develop and evaluate control measures; conduct research; and participate in intervention and surveillance measures. The Fellowship provides a unique opportunity for bachelor's, master's and postdoctoral level laboratory scientists with degrees in microbiology, virology, medical technology and related disciplines to prepare for careers in public health practice. The research areas of emphasis of

these fellows include: new laboratory methodologies for the detection of emerging infectious diseases; novel uses of older methodologies; laboratory quality assurance; enhanced monitoring and surveillance for infectious diseases; information sharing; prevention and control of emerging and re-emerging infectious diseases; antimicrobial resistance; and education and outreach to clinicians, laboratorians, and the public health community.

### **Environmental Health Laboratory Sciences**

The goal of the Environmental Health Laboratory Sciences (EHLS) Fellowship program is to attract and prepare scientists for careers in environmental health. This postdoctoral research fellowship recruits and trains qualified candidates to support public health initiatives, and provide opportunities for doctoral level scientists to conduct high priority research in environmental health laboratories. Fellows are assigned for one year to one or more of the specialty laboratories of the Division of Environmental Health Laboratory Sciences (EHLS), National Center for Environmental Health (NCEH), where they work side-by-side with an assigned mentor and other EHLS scientists on “real-world” environmental health analytical problems and/or research related to the environmental health laboratory mission. During the second year of the fellowship assignment, fellows will be placed within state or local public health (host) laboratories. As appropriate and available, fellows receive individual training in epidemiology, public health policy, management and other relevant areas.

### **International EID Fellowship**

The goal of this program is to enable International Fellows to gain skills in the latest laboratory techniques and technology, and thereby build the laboratory capacity for addressing diseases endemic to their home countries. This program, sponsored by Eli Lilly & Co., the CDC Foundation, NCID, and APHL, will train a network of laboratory leaders throughout the globe to provide rapid, multinational responses to infectious disease threats. Other goals are to establish linkages and ongoing professional and educational relationships among leaders in infectious diseases from public health, academia, and industry around the world; and to reinforce the public health laboratory system and strengthen its relationship to infectious disease surveillance, prevention, research and control, including issues related to antimicrobial resistance.

### **APHL Training and Education Committee**

The APHL Training and Education Committee (TEC) is responsible for Goal 8 of the APHL Strategic Plan which states: “Meet priority educational needs related to national and global public health laboratory issues.” The committee sponsors monthly laboratory director forums, which gather members through audio teleconferencing, to discuss hot topics in the public health laboratory world. Recent topics have included “Y2K and Implications for the Public Health Laboratory” and “Issues Surrounding Building or Renovating a Public Health Laboratory.”

The TEC is currently exploring the development of models for educating the future leadership of public health laboratories, in collaboration with two schools of public

health, and promotes public health laboratory leadership involvement in the regional and national Public Health Leadership Institutes, through collaboration with the Leadership Development Network.

### **Leadership Development Task Force**

The APHL Leadership Development Task Force is charged to (1) develop strategy and integrate ongoing programs to assist Association members in developing leadership and support for public health laboratories within each state, (2) develop and recommend strategies for improving the national leadership role of the Association in laboratory issues and (3) provide advice on, and recommend, Association input for developing national health objectives for 2010, among others.

A major activity of the Task Force, the “Partners for the Future: Exploring Roles of Public Health Laboratories,” was established as a powerful tool to develop and strengthen state-wide partnerships between state, county, and city public health leaders to forward the important role that public health laboratories have in supporting the core functions of public health within an integrated health system. The program was designed to highlight the role and value of the public health laboratory to state public health programs; set the agenda for the public health laboratory’s participation in strategic policy planning and development; and present strategies for changing laboratory responsibilities within an integrated health care system.

The objectives of the Partners for the Future program were to bring state, county, and city public health laboratory leaders together with other stakeholders to: build a common understanding of the challenges facing public health laboratories; highlight the role and value of the public health laboratory to state public health programs; set an agenda for the public health laboratory’s participation in strategic policy planning and development; develop strategies for changing laboratory responsibilities within an integrated health care system; and create partnerships between public and private sectors.

This program was conducted in two parts in 1996-97. Each was broadcasted to the nation through the Public Health Training Network. Each broadcast reached 43 states, one territory, and three locations in Canada for over 150 sites and over 1300 registered participants. Because several sites elected to distribute materials themselves, the estimated number of participants is over 1600. APHL is currently reviewing the white papers which emanated from the project.

#### **Contact person/organizational Information:**

Scott J. Becker, Executive Director  
Association of Public Health Laboratories  
1211 Connecticut Avenue, NW, Suite 608  
Washington, D.C. 20036  
Phone: (202) 822-5227, ext. 201  
Fax: (202) 887-5098

#### **4. Association of Schools of Public Health**

The Association of Schools of Public Health (ASPH) is committed to developing a strong public health workforce. One method by which ASPH provides learning opportunities is through its Distance Learning Center. The purpose of the Center is to enable ASPH member schools, through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), to develop instructional materials for the academic and practice communities. The materials are offered through a variety of formats such as multimedia programs, videotapes, computer-based training, and self-study materials. Many of these products are accredited for Continuing Education Units and Continuing Medical Education credits through the CDC.

ASPH currently offers three training modules:

##### **Practical Evaluation of Public Health Programs**

This satellite broadcast, presented by the University of Texas-Houston Health Science Center, School of Public Health, the Public Health Practice Program Office, CDC, and the Association of Schools of Public Health addresses the related issues of: why program evaluation and building commitment for it are important in today's volatile public health environment, and how to design and conduct practical and effective program evaluation in a team environment.

The target audience for the course includes staff members who have responsibility for establishing policy or implementing programs in public health departments and other community-based organizations, as well as students enrolled in graduate schools of public health.

A videotape and booklet will be available through the Public Health Training Network.

##### **Managerial Perspectives for Public Health Practitioners**

This computer-based training course, developed by the Institute for Public Health, San Diego State University, the Public Health Practice Program Office, CDC, and the Association of Schools of Public Health, introduces basic concepts and practical tips for leading, motivating and problem solving in the workplace.

Through the use of case studies and other exercises, members of the public health workforce have an opportunity to practice new skills and strategies for dealing with organizational problems. The computer program includes a supplementary packet of articles related to management issues.

##### **Continuous Quality Improvement for Public Health**

This is a video of a satellite conference featuring Dr. Richard Kurz, Dean, School of Public Health, St. Louis University. The program, sponsored by St. Louis University, the Public Health Practice Program Office, CDC, and the Association of Schools of Public Health, introduces continuous quality improvement (CQI) principles.

The video is beneficial for public health managers, policy makers, and practitioners who desire the latest CQI information.

### **Legal Basis of Public Health**

A multimedia course developed by the University of Illinois at Chicago, the CDC Public Health Practice Program Office, and the Association of Schools of Public Health. This course, which will be available in 1999, will cover public health legal authorities and regulations.

### **Distance-based Learning in Environmental Health**

An Internet based course, available in 1999, developed by the University of Illinois at Chicago, the CDC Public Health Practice Program Office, and the Association of Schools of Public Health. This program is designed to introduce public health officers to a protocol for addressing the public health and community concerns in environmental health.

### **Setting Community Public Health Priorities**

This multimedia course was developed by Emory University, The Rollins School of Public Health, the CDC Public Health Practice Program Office, and the Association of Schools of Public Health. Available in 1999, this course is designed to teach agency decision-makers how to set community public health priorities.

Contact Rita Kelliher, Manager, Distance Learning Programs, ASPH, 202/296-1099, via email at [rmk@asph.org](mailto:rmk@asph.org), or visit the ASPH web site at [www.asph.org](http://www.asph.org).

Another way that ASPH is working to strengthen the public health workforce is to provide funds to accredited schools of public health to develop curricula and training programs which help address the need to prepare better educated, culturally sensitive public health practitioners. These projects are funded through a cooperative agreement with the Bureau of Health Professions, Health Resources and Services Administration (HRSA). Programs currently under development include:

#### **Planning a Certificate Program in the Core Public Health Concepts**

Developed by the University of North Carolina at Chapel Hill School of Public Health.

#### **Training Public Health Professionals in Medical Genetics**

Developed by the University of Albany SUNY School of Public Health.

#### **Enhancement of Collaboration Between the University of Texas School of Public Health and State and Local Health Agencies through Distance Learning**

Developed by the University of Texas-Houston School of Public Health.

#### **Pennsylvania and Northeast Regional Public Health Training Project**

Currently under development by the University of Pittsburgh Center for Public Health Practice.

Contact: Vanessa White, Project Manager, 202/296-1099, via email at [vaw@asph.org](mailto:vaw@asph.org) or visit the ASPH web site, [www.asph.org](http://www.asph.org).

In July 1998, the Association of Schools of Public Health, with funding from the Health Resources and Services Administration, published a report, *Strong Schools, Strong Partners*, highlighting the linkage, capacity building and student practice activities undertaken by schools of public health. The report presents an overview of practice activities, of the problems and successes universities face in increasing their practice agendas, and of the status of practice experiences in schools of public health.

To obtain a copy of the report, contact Geri Aglipay, Program Coordinator, 202/296-1099.

In addition, ASPH, through a variety of funding mechanisms including the CDC, Agency for Toxic Substances and Disease Registry (ATSDR), and HRSA, provides a variety of internship and fellowship programs. The programs, started in 1983, provide an opportunity for students in public health and early career professionals to gain exposure to state-of-the-art public health information while furthering their knowledge and skills.

Internship positions are available to full or part-time students enrolled in a master's or doctoral level degree program in an ASPH member school. Fellowship opportunities are offered to degree candidates and early career professionals with graduate degrees in public health.

Contact: Gaila Youtsey, Internship/Fellowship Coordinator, 770/918-8073, or via email at [yout100w@wonder.em.cdc.gov](mailto:yout100w@wonder.em.cdc.gov). Contact Wendy Katz, Manager, Data Center, 202/296-1099, for information about internship opportunities funded by HRSA.

These initiatives illustrate ASPH's efforts to provide education to the current public health workforce as well as practical education experiences for students and faculty. In addition, faculty members within the schools of public health are engaged in a variety of activities focusing on the development of the public health workforce. For more information about ASPH or accredited schools of public health, visit the ASPH website at [www.asph.org](http://www.asph.org).

## **5. Association of State and Territorial Directors of Health Promotion and Public Health Education**

The Public Health Education Leadership Institute (PHELI) is sponsored by the Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE) and the Society for Public Health Education (SOPHE). It is supported by the Centers for Disease Control and Prevention/National Center for Chronic Disease Prevention and Health Promotion and coordinated by the Saint Louis University School of Public Health. Emphasis is placed on health education and health promotion as a foundation for achieving public health goals and the need for proactive leaders to mobilize resources in response to the changing public health environment.

The Institute is a one year competency based program with two on-site sessions, inter-session readings and assignments, an individual project and a graduation

ceremony. The first on-site session was held on May 16-18, 1998, just prior to the 16th National Conference on Health Education and Health Promotion and the SOPHE Mid-Year Scientific Conference in San Antonio, Texas. The second session was held on October 2-4, 1998 in St. Louis, Missouri.

The Institute was designed by the PHELI Curriculum Committee, which consisted of representatives from ASTDHPPE, SOPHE, and CDC and was coordinated by Saint Louis University School of Public Health. The Committee met frequently via conference call to determine the Institute competencies, develop the curriculum and select the faculty. Curriculum Committee members attended the first session to observe and personally evaluate the curriculum content and presentation. The Committee will continue curriculum development for summer and winter inter-sessions and the fall on-site session.

During the summer inter-session, the Institute fellows will begin the development of their case study problem statement, have members of their team complete the Leadership Practices Inventory (LPI) surveys and receive readings and assignments to prepare them for the October session.

For Information, contact:

Rose Marie Matulionis  
Executive Director  
Association of State and Territorial Directors of Health  
Promotion and Public Health Education  
1015 Fifteenth Street, NW, Suite 410  
Washington, DC 20005  
(202) 289-6639  
matu102w@cdc.gov

## **6. Association of Teachers of Preventive Medicine**

### **Preventive Medicine and Public Health Fellowship Program**

One to two year fellowship positions are available at public health agencies such as CDC and the Health Care Finance Administration (HCFA). The program provides leadership training in public health practice and policy to preventive medicine and primary care residents, master's, doctoral and post-doctoral level graduate students, and early career professionals (with a minimum of a master's degree). Fellowship positions are announced throughout the year.

The Fellow will receive multidisciplinary training at the national level in a specialty area of preventive medicine and public health, gain firsthand knowledge of our nation's public health systems, be well-versed in the policy issues affecting the public health infrastructure, and will personally contribute to an initiative of national importance related to the mission of the Public Health Service.

### **Short-Term Training/Internships**

The purpose of this project is to provide hands-on training experiences in public health practice to preventive medicine residents and public health graduate students.

Students may take advantage of this opportunity in one of two ways:

1. Student-Investigator Initiated Short-Term Training. Eligible applicants are invited to submit a brief description of a proposed research or training activity. Training/research activities may be completed at the applicant's academic institution and/or at the funding agency, within a maximum six month period.
2. Internship Program: The Association of Teachers of Preventive Medicine's (ATPM) federal partners develop internship positions depending on their need for the participation of public health and preventive medicine students. Position assignments vary, but most are twelve-week positions offered in the summer or fall. Internship opportunities will be announced in the fall, for completion the following summer.

### **Residency Rotations**

Three month field placements for Preventive Medicine Residents (general preventive medicine/public health, occupational medicine, and aerospace medicine) are available at HCFA, ODPHP and other federal agencies. During the funding period, up to six residents can be placed at the specified center. These residency rotations offer residents the opportunity to work on preventive medicine initiatives.

For information on ATPM training opportunities, contact:

ATPM  
1660 L Street, NW, Suite 208  
Washington, DC 20036  
(202) 463-0550, (202) 463-0555 FAX  
[www.atpm.org/atpm.htm](http://www.atpm.org/atpm.htm)

Ask for: Emily Ignat, Training Projects Coordinator, [ejl@atpm.org](mailto:ejl@atpm.org), or: Dina Abbamondi, Training Projects Assistant, [dla@atpm.org](mailto:dla@atpm.org).

### **7. National Association of County and City Health Officials**

The National Association of County and City Health Officials (NACCHO), is working closely with CDC, PHPPO, and ASTHO in development of the Health Alert Network, an initiative approved by the Congress for the 1999 Federal Budget to increase local public health capacity to detect and respond to acts of bioterrorism. A key component of the initiative will be training for local public health workers in informatics and in issues related to bioterrorism.

NACCHO, through a cooperative agreement with EPA, is coordinating trainings to link school and health officials to address indoor air quality issues (IAQ) in schools. The trainings focus on taking proactive steps to prevent IAQ problems in schools. Specific topics covered include cleaning and maintenance strategies, suggestions for remodeling, and risk communication.

NACCHO, through a cooperative agreement with ATSDR, has developed a community environmental health educational needs assessment tool. This tool is designed to assist local health departments in working collaboratively with their

communities to identify environmental health educational needs and develop cooperative action plans to meet those needs. The tool provides local health officials with an understanding of site-specific information, relationships, educational needs, and the community on which to base their decisions in implementing health education.

NACCHO, through a cooperative agreement with EPA, is planning to develop Geographic Information Systems (GIS) training that will assist local health officials in using GIS to protect the health of their community. The training will provide basic information on GIS systems, address benefits and limitations of GIS, and examples of local GIS programs aimed at preventing pollution and reducing risk of exposure to communities.

The NLM recently awarded 13 contracts totaling \$650,000 to help public health officials hook up to the Internet. This is part of the "Partners in Information Access," a joint project of the NLM, NN/LM, CDC, ASTHO, and NACCHO. The project goal is to provide public health professionals timely, convenient access to information resources to aid them in improving the health of the American public. This award is the first of what is hoped to be several similar contracts to benefit local and state health departments. For local health departments, it means providing (according to needs) hardware and software, training, and increasing awareness of public health information needs and resources among NN/LM members. In this recent award, state and local health departments were included in Alaska, Georgia, Hawaii, Iowa, Nevada, New York, North Carolina, Pittsburgh, PA, South Carolina, Texas, and Vermont.

NACCHO has been working since 1993 to provide local health officials with assistance in the area of community environmental health assessment (CEHA). A cooperative agreement with the National Center for Environmental Health, of the CDC, allows continued progress on this multi-year project. Under this agreement, the NACCHO CEHA program has developed, and is field-testing, a tool to assist local governments in conducting a comprehensive community environmental health assessment. The draft tool, titled Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), is flexible, adaptable, and incorporates participatory planning concepts designed to forge and maintain valuable links between local health officials and the communities they represent.

The CEHA program has found that application of the PACE-EH methodology constitutes a development program for public health workforces that utilize it. Local public health officials currently testing the PACE-EH document have indicated that the project has profoundly impacted their understanding of the scope and focus of their jobs. They report that the PACE-EH methodology requires a previously unprecedented level of direct interaction with community members. As a result, they believe the PACE-EH process forges bonds between local public health officials and the communities they represent such that they are acutely aware of the environmental health issues which concern the local citizenry.

Further, pilot site coordinators have indicated that the PACE-EH methodology encourages public health officials to approach environmental health issues

proactively rather than reactively. Rather than simply reacting to environmental health issues after they develop, public health officials can utilize the PACE-EH process to both monitor developing environmental conditions, and maintain healthy conditions over time. According to health officials currently testing PACE-EH, this ability constitutes a new and successful approach to issues of environmental health. Most importantly, pilot site coordinators feel the knowledge and skills they have acquired through the application of the PACE-EH methodology will become integral facets of all other projects or programs in which they become engaged.

ASTHO, NACCHO, NALBOH, and PHF, funded by the Office of Disease Prevention and Health Promotion are collaboratively undertaking the State/Local Public Health Expenditures project. The project seeks to track expenditures in Maryland at the state and local level using the ten essential services as the framework for analysis. It builds upon a previous collaborative study in which NACCHO participated in 1997, tracking local level expenditures at three demonstration sites.

In 1994, a tool was developed for a study tracking state expenditures. Based on feedback from the participants in the state study, the tool was refined and used to track local level expenditures. The draft tool underwent additional changes to reflect the lessons learned from this study. It is titled the State/Local Health Department Data Collection Instrument and will continue to evolve with future iterations of the project.

Training has become an integral part of tracking expenditures with this instrument. The local health officials participating in the local level study received training on how to implement the draft tool. Furthermore, the project team for the State/Local Public Health Expenditures study has conducted five in-person briefing sessions and an audioconference, training representatives from all twenty-four local health departments and the state public health agency to use the draft tool. These training sessions have educational value beyond teaching health officials how to track expenditures; participants learn about the ten essential services and gain a greater understanding about their role in public health. In fact, local health officials in the previous study attested to the educational benefit of this exercise and the training sessions in Maryland will generate similar benefits.

In project year 1997-1998, NACCHO entered into a cooperative agreement with the Hepatitis Branch of the Centers for Disease Control and Prevention. The agreement funds activities to increase awareness of local health departments about the rapidly rising incidence of hepatitis C virus (HCV) and methods of prevention. NACCHO's membership is in need of basic information about HCV, the disease's progression, treatment options, and surveillance strategies.

In addition to developing a needs assessment survey on HCV, and holding focus groups for consumers and health officials, NACCHO will be sponsoring a series of trainings during project year 1998-1999 in order to educate health officials on HCV and to offer access to technical assistance experts and resources. NACCHO will be working with the CDC, the American Liver Foundation, and Hepatitis Foundation International, to identify an expert to facilitate the training sessions. Ten conference support grants will be awarded to health departments that either do not have the

available resources to attend the trainings, or whose government structure does not allow them to pay for out-of-state travel.

Media advocacy is a powerful strategy for promoting health and advancing health. Through a cooperative agreement with the National Highway Traffic Safety Administration, NACCHO sponsored three media advocacy workshops for its members during project year 1997-1998. The sessions were interactive, one-day workshops that used examples from traffic safety and were taught by the experts at the Berkeley Media Studies Group. The trainers have conducted workshops for the Public Health Leadership Institute, the American Public Health Association, and the Society for Public Health Education, among many others.

Due to their popularity, NACCHO will conduct three additional media advocacy workshops during project year 1998-1999. These workshops will be targeted towards NACCHO leadership, as well as states with a high prevalence of local health department traffic safety initiatives.

NACCHO, 1100 17th Street NW, Second Floor, Washington, DC 20036. Telephone (202) 783-5550, fax (202) 783-1583.

## **8. Public Health Foundation**

### **Educating and Training the Public Health Workforce: Public Health Foundation Programs**

For the past 10 years, the Public Health Foundation (PHF) has been developing, conducting, and distributing training programs for public health professionals. Last year, training was provided through distance learning to approximately 10,000 individuals, most of whom were employed by public health agencies.

#### **Developing and Conducting Training Programs**

Initially, PHF training activities were developed to address management training needs. These early programs were funded by the Centers for Disease Control and Prevention (CDC). Today, training programs developed and conducted by PHF concentrate on: public health infrastructure assessment; capacity building; scientific updates; and "hot issues." These programs utilize audioconferencing technology, print-based materials, and web-based discussion groups and updates.

During the past six months, seven audioconference programs have been provided to state, local, and federal public health practitioners across the nation. These programs have included: 1) training on the use of telecommunications by public health professionals; 2) updating of scientific information on hantavirus pulmonary syndrome; and 3) a five-part series providing states, localities, and communities with assistance on development of year 2010 health objectives. Faculty of these programs have included: Dr. David Satcher, Surgeon General; Dr. Claude Earl Fox, Administrator, Health Resources and Services Administration; Dr. Edward Sondik, Director, National Center for Health Statistics; and several state and local public health officials. All of these programs are evaluated, providing valuable input for future programming.

The various national public health practice and academic associations, as well as the Public Health Training Network (PHTN), assist in assuring that public health professionals are informed about training offerings. In addition, the PHF website is used for providing information about upcoming training programs and for enabling easy access to training materials.

These training activities are supported through grants, contracts, sponsors, and, on occasion, enrollment fees. Costs typically are between \$10 and \$30 per trainee. These have proven to be highly economical, accessible, and quality training programs.

### **Distributing Training Programs**

The Training Resources Clearinghouse (TRC) was established by PHF, in partnership with PHTN, approximately five years ago. Working collaboratively with PHTN, TRC helps to distribute high quality self-paced training programs to public health professionals.

The training programs are offered through a variety of formats such as print-based self-study manuals, computer-based training programs, videotapes and slides. Many of these programs are accredited for Continuing Education Units and Continuing Medical Education credits through CDC. Over 30 training programs are offered in the following topic areas: environmental health; epidemiology, HIV/AIDS prevention; infant and child health; infectious diseases: prevention and control; managed care, nutrition; parasitology; public health practice; vector-borne transmission; and viruses.

PHF is continually adding new training programs to TRC. Programs to be added in the near future are under development by schools of public health and several federal agencies.

This entire activity is self-sustaining. Fees for distributing training materials are set to recover costs. These fees are paid by users of the training materials.

For information about PHF's training programs, contact Sue Madden, Deputy Director, Public Health Foundation, 1220 L Street, NW, Suite 350, Washington, D.C., 20005, (202) 898-5600, fax - (202) 898-5609, e-mail: smadden@phf.org. In addition, information is available through PHF's website: <http://www.phf.org>.

The information on PHF training activities has been provided by Ron Bialek, Executive Director, Public Health Foundation.

### **Electronic Clearinghouse of Distance Learning Programs**

To meet the ever-increasing training needs of the public health workforce, the Public Health Foundation (PHF) in partnership with AVANTA Media Corporation is developing an on-line clearinghouse of distance learning programs. The clearinghouse will assist public health professionals throughout the country in locating, accessing, and registering for distance learning programs offered by a multitude of public and private sector organizations, including federal agencies, academic institutions, state health departments, national associations, and private corporations. A common frustration of public health professionals that will be

addressed by this effort is that it is extremely difficult and time-consuming to identify available training programs.

The initial phase of this effort, currently underway, involves developing a database that contains course offerings, is searchable, provides a glossary of terms, and offers users the ability to register so that they may have information forwarded to them. Registration also will assist in the evaluation of the site and in its continual enhancement. This “one stop shopping” approach to locating available training programs will meet a critical need that has been identified through a series of surveys of organizations and individuals conducted over the past year.

It is anticipated that the on-line clearinghouse will be launched early in 1999 and will be available for use by all public health professionals. Funding for this effort is being provided by both the Public Health Foundation and AVANTA Media Corporation. The site will be maintained and continuously updated through funding secured from sponsors.

If you are interested in having your organization’s distance learning programs posted on the on-line clearinghouse, and/or are interested in having this site accessible to your members, contact Ron Bialek, Executive Director, Public Health Foundation, 1220 L Street, NW, Suite 350, Washington, D.C. 20005, phone: (202) 898-5600, fax: (202) 898-5609, e-mail: rbialek@phf.org.

## **9. Public Health Leadership Development**

### **CDC/UC Public Health Leadership Institute**

Launched in July 1991, the CDC/UC Public Health Leadership Institute (PHLI) is funded by the Centers for Disease Control and Prevention (CDC) through a grant to the UCLA School of Public Health. It is managed jointly and in partnership with the Center for Health Leadership, Public Health Institute. CDC established the PHLI in response to the need for enhanced leadership in public health and a greater focus in public health education on leadership skills. Nearly 400 senior public health officials have graduated from this national public health leadership development program. This nationally acclaimed Institute has created a model of leadership development that has contributed to the growing network of state and regional public health leadership institutes.

The PHLI mission is to strengthen America’s public health system by enhancing the leadership capacities of senior public health officials. Each year, the Institute selects approximately sixty senior public health officials from state, local, federal, academic and health care sectors to participate in its twelve-month Scholars Program, which features readings, teleconferences, electronic seminars, an intensive on-site week, learning team meetings, and the development by each scholar of a leadership initiative. The curriculum focuses on three core content areas: Personal Growth for Leadership Excellence; Leading Organizational Change for Public Health; and Community Building and Collaborative Leadership for Health Promotion. The year-long leadership development experience fosters close and substantive interaction with a diverse group of colleagues, faculty, practitioners and other experts on

leadership and public health. A major emphasis is on learning new perspectives and new ways of thinking in order to promote creative and innovative solutions to the challenges facing public health.

The goals of the Institute are to develop scholars' abilities to create and implement, with organizations and communities, a shared vision for the public's health; develop the skills to mobilize resources and the organizational and community capacity necessary to address public health challenges and achieve the national health objectives; and enable participation in a network that fosters life-long learning and shapes the future of public health. By cultivating these courageous, skilled leaders, the Institute contributes to the strengthening of our public health system. Information about PHLI is available on its website: <http://www.cfhl.org>.

### **Public Health Leadership Society**

The Public Health Leadership Society was created in 1993 by graduates of the CDC/UC Public Health Leadership Institute (described above) in direct response to their needs for continuing leadership education and peer consultation. The PHLS is a national membership network of public health leaders who have had a common leadership training experience (CDC/UC PHLI).

The PHLS vision is a network of public health leaders committed to leading public health into the future and promoting healthy people and healthy communities. Its mission is to strengthen and model leadership within the health system for the public's health through a sustained national network of leaders.

#### **PHLS Goals**

- To collaborate with national public health organizations and schools and graduate programs in public health to provide and promote leadership development training activities for the public health workforce.
- To collaborate with national, state and regional public health leadership institutes to promote the development of a national network of graduates of public health leadership programs in order to continue our learning from each other and to lead public health into the future.
- To provide a network for continuous learning and peer support for graduates of the national CDC/UC Public Health Leadership Institute and the state and regional public health leadership institutes.
- To contribute to the development of the next generation of public health leaders as individuals who will continue to take leadership on national, state and local levels to new heights in order to promote the development and adoption of public health values and principles throughout health care and society.

Because PHLS is comprised of local, state and federal public health leaders as well as leaders from academia and the private health care sector, it is in a position to promote learning and leadership among all these levels. This diversity of perspectives and experiences is a unique strength of this continuing learning community. The PHLS provides an opportunity for alumni to continue their learning

experiences and leadership development, maintain professional and personal relations, and contribute innovative thinking about public health issues.

PHLS is governed by an elected Council. A variety of committees offer a spectrum of training and learning opportunities including teleconferences, reading materials, computer seminars, the PHLS Annual Program (focused in 1998 on public health workforce development) and retreats. Recent teleconferences have included a discussion on the Healthy People 2010 Infrastructure Objectives (with a special focus on workforce development), a conversation with the Surgeon General, and an examination of marketing public health. Computer seminars focused on topics such as the globalization of health, and building collaboratives. A recent retreat examined partnering for healthier communities.

Recent activities of the PHLS include: a project, together with the National Public Health Leadership Development Network, to assess national, state, and regional leadership institute alumni continuing learning needs and interests; the development of a peer consultation resource bank consulting service to serve the PHLI and larger public health communities; assessment of PHLS as a public health leadership “think tank”; and initial exploration of a PHLS role in faith and health issues.

Contact information for CDC/UC PHLI and PHLS:

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510-986-0140 (phone)  
510-986-0146 (fax)  
lschwarte@cfhl.org  
<http://www.cfhl.org>

### **National Public Health Leadership Development Network**

#### State and Regional Public Health Leadership Development

Demands for public health training networks and professional development have grown due to increased involvement of the private sector, the changing role of the public health sector and the formidable challenge of retraining the public health workforce. Collaborative efforts among the federal, academic, practice and community sectors are required to dramatically expand the small fraction of the estimated two million public health practitioners who receive needed education and training.

Beginning in 1991, the Centers for Disease Control and Prevention (CDC), Public Health Practice Program Office (PHPPPO), began to provide technical assistance and support for state and regional based leadership programs. These programs were formed through academic and practice collaborations among Schools of Public Health and State Health Departments. State/regional leadership programs are currently available or are being developed in Missouri, Illinois, Ohio, Florida,

Louisiana, Arkansas, Alabama, Mississippi, New Jersey, Rhode Island, Vermont, Maine, New Hampshire, Pennsylvania, New York, West Virginia, Virginia, North Carolina, Michigan, Colorado, Wyoming, Oklahoma, Kansas and Texas. (See the CDC listing in this compendium for contact information.)

#### Purpose of State and Regional Leadership Programs

The state and regional leadership programs are dedicated to meeting the local grassroots needs by developing and enhancing individual and organizational management and leadership abilities for improving and promoting the health of communities. They provide a unique learning experience for a broad array of public health professionals and others who are integral to the development of healthy communities. Through the development of leadership skills and shared vision, the institutes/programs facilitate creative, integrated, collaborative approaches to the achievement of the Public Health Core Functions and Essential Services. The state/regional programs are developing an extensive network of public health leaders with an increased capacity to strengthen the relationship among public health practitioners, health care service providers, academia and communities.

#### National Public Health Leadership Development Network Formation

In 1994, CDC, PHPPPO sponsored, through a cooperative agreement with the Association of Schools of Public Health, the establishment of a Public Health Leadership Development Network managed by the Saint Louis University School of Public Health. National Network membership includes academic and practice directors of all state and regional public health leadership programs.

The Network objectives include:

- Collaborate with other institutions and agencies to develop other public health work force and community development education/training programs
- Provide opportunities for developing and sharing innovative and effective program planning, implementation, evaluation, marketing and funding strategies
- Expand visibility and effectiveness as a national education and communication infrastructure
- Influence national, state and local public health agendas and public health policy
- Use of communication technology to increase access to continuing management and leadership development opportunities and to provide a forum to address local and interstate critical public health issues

For information, contact:

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## **C. National Health Foundations**

### **1. Robert Wood Johnson Foundation**

The Robert Wood Johnson Foundation has funded (8/1/98) the National Governors' Association (NGA) to serve as the National Program Office for our Public Health Leadership Initiative. This Initiative will accelerate the development of the leadership capacity of state health officers as policy makers, administrators, and advocates for the health of the public. The program will provide a flexible package of training, mentoring, and other support that would help health officers bridge the gap between scientific/public health challenges and the broader policy, economic, and political processes at the state level. Working with the Initiative staff, each health officer will tailor a program to his/her specific interests and needs. It is anticipated that over the five years of the program, at least 75 state health officers would benefit from the program.

This \$4.5 million, five-year program will support: mentoring/coaching provided by the Center for Health Leadership in Oakland, CA; leadership tool kit (briefing book) developed and disseminated by the Association of State and Territorial Health Officials (ASTHO); leadership retreats organized by ASTHO; and customized training/support provided by the NGA. All program costs will be awarded to the NGA, who in turn will sub-contract with the other participating organizations.

Randolph A. Desonia (202-624-5319), Director, Health Policy Studies, Center for Policy Research, NGA, serves as the National Program Director for this Initiative.

The Robert Wood Johnson Foundation  
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Princeton, NJ 08543-2316  
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### **2. W. K. Kellogg Foundation**

#### **The International Center for Health Leadership Development**

The International Center for Health Leadership Development was founded to foster the development of those who seek to create health partnerships. The Center is based upon the premise that leading the building of partnerships requires a unique blend of experience and expertise from both communities and academic institutions. It joins the collective learning and resources of the University of Illinois at Chicago and the W.K. Kellogg Foundation in a distinctive alliance.

To foster the leadership development needed to build partnerships, the Center offers several programs: consulting services to help others create leadership programs; a two-year fellowship for mid-career individuals; intensive week-long courses; and research that both captures and extends the lessons of how to build partnerships between communities and institutions.

For more information contact:

The International Center for Health Leadership Development  
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801 S. Paulina Street M/C 622  
Chicago, IL 60612  
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FX: 312-355-1458

### **Community-Based Public Health**

Committed since its inception in 1930 to the health and well-being of people, the W.K. Kellogg Foundation believes that communities, academic health programs, and health practitioners should be working together to assure the conditions in which people can be healthy. The CBPH Initiative specifically focused on strengthening the practice and teaching of public health by creating partnerships with an informed, involved public. In seven states, academic institutions, governmental agencies, service organizations, and community groups partnered to design interventions for communities at risk.

The CBPH Initiative was primarily an education reform strategy, emphasizing:

- capacity-building to strengthen the practice and teaching of public health by creating partnerships with an informed and involved public;
- the integration of practice, education, and research;
- three-way partnerships between academia, practice, and community to assure the conditions in which people can be healthy; and
- doing business differently and sharing responsibility for improving community health and well-being through community-based approaches that once again make public health a player in communities and communities a player in public health.

The CBPH Initiative allowed the development of a better understanding of the opportunities and challenges for public health to realize its true and full potential.

This initiative has recently ended.

For more information contact:

Roslyn Brock  
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W.K. Kellogg Foundation  
One Michigan Avenue East  
Battle Creek, MI 49017  
616-968-1611

## **Community Partnerships in Graduate Medical and Nursing Education**

The Graduate Medical and Nursing Education (GMNE) Initiative assists institutions and communities with developing out-of-hospital, multidisciplinary, community-linked approaches to the education of medical and nursing specialists.

The purpose of these models is to increase the number of suitably prepared health care practitioners who provide primary care. The following six projects were selected:

- The Center for Community Health Education, Research, and Service (CCHERS), Boston, MA, with Northeastern University; the City of Boston's Department of Health and Hospitals; Boston University School of Medicine; and several of Boston's Community Health Centers.
- The Washington Regional Academic and Community Consortium, Washington, D.C.; George Washington University and Hospitals (GWU); George Mason University; Clinica Del Pueblo; Mary's Center; and Bread for the City and Zacchaeus; and the Mason area of Fairfax County. Also included are the Inova Health System; Fairfax Family Practice Center; and the Fairfax County Health Department).
- The University of Minnesota Academic Health Center, Minneapolis, MN, and the Phillips Neighborhood of Minneapolis.
- The University of New Mexico Health Sciences Center, Albuquerque, NM; the New Mexico Department of Health; and three New Mexico communities.
- East Tennessee State University (ETSU) and regional networks within East Tennessee.
- Texas Tech University Health Sciences Center, El Paso, TX; the Institute for Border Community Health Education (and its related communities); and the University of Texas at El Paso.

The six GMNE models were selected to foster the preparation of health professionals more interested in, and suited for, practicing primary care in multidisciplinary teams in communities. Each project will prepare, at a minimum, graduate physicians and advanced nurse practitioners who are specializing in primary care through a multidisciplinary team approach in the communities. This strategy represents a departure from the traditional health professions education which occurs primarily in large teaching hospitals, with very sick patients.

For more information contact:

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## **D. Partnerships**

### **1. Council on Linkages between Academia and Public Health Practice**

The mission of the Council on Linkages is “To improve public health practice and education by refining and implementing recommendations of the Public Health Faculty/Agency Forum, establishing links between academia and the agencies of the public health community, and creating a process for continuing public health education throughout one’s career.” It is comprised of leaders from national organizations representing state and local health departments, academic institutions, federal agencies, and managed care. The Council on Linkages grew out of the Public Health Faculty/Agency Forum, which developed recommendations for improving the relevance of public health education to the demands of public health in the practice sector. In addition, the Forum resulted in development of “universal competencies,” applicable to all public health professionals trained at the master’s level.

Specific objectives of the Council on Linkages and activities that have contributed to attainment of these objectives are:

1. Work with all accredited public health educational programs to encourage collaborative research and the creation of public health practice offices/programs dedicated to building public health capacity at the state and local levels and throughout the organized health services system.
  - Worked with the Association of Schools of Public Health (ASPH) in helping to develop public health practice coordinators at each school of public health.
  - Providing assistance to other academic associations in helping to create public health practice offices.
2. Work with all accredited public health educational programs to have or be decidedly en route to having competency-based curricula, whereby specific competencies are identified for each program of study and graduates are able to specify competencies covered.
  - Provided, and continue to provide, direct technical assistance to academic programs on ways to integrate competency-based curricula into degree programs.
  - Planning to refine and validate new sets of competencies that have been developed since publication of the Forum’s universal competencies.
3. Conduct biennial surveys to monitor schools of public health and accredited graduate programs in order to assess Objectives 1 and 2 using the Faculty/Agency Forum Final Report as the basis for organizing the assessment.
  - Published a “report card” indicating that schools and agencies are making progress in collaboration and in improving the relevance of education to practice.

- Developing a new “report card” to determine progress during the past six years.
4. Actively collaborate with others to secure training resources sufficient to develop a public health workforce and to assure that essential public health services are addressed in the evolving health care system.
    - Explored options for using GME funds to support training of public health professionals.
    - Developing initiative to promote establishment of a greater number of academic public health agencies.
  5. Conduct information dissemination on linkage activities using media generally available to the Council’s constituency and specifically to the respective memberships of the Council’s constituent organizations.
    - Utilizing the membership lists from Council member organizations, disseminate a quarterly bulletin, The Link, conveying “best practices” in academic/practice linkages.
    - Established a web site, <[www.phf.org/Link.htm](http://www.phf.org/Link.htm)>, to provide information to individuals and organizations to help promote and foster academic/practice linkages.
  6. Conduct a feasibility study including a pilot for the development of guidance documents for the practice of public health.
    - Successfully completed pilot study demonstrating the feasibility and desirability of public health practice guidelines.
    - Promoted development of the national effort being lead by the Centers for Disease Control and Prevention to develop the Guide to Community Preventive Services.
  7. Work with public health practice associations to promote training and education initiatives with academic organizations.
    - Conduct an annual awards process for members of the Association of State and Territorial Health Officials and the National Association of County and City Health Officials to develop abstracts and posters to convey information about exemplary academic/practice linkages.
    - Participate on the Public Health Functions Steering Committee on issues that address work force development.
  8. Enhance relationships between traditional public health disciplines and clinical disciplines for the purpose of promoting and assisting with incorporation of public health training into their specialties.
    - Developed a paper on issues related to the synergy of public health and medical education.

- Promoting development of liaisons between preventive medicine/public health programs and schools of medicine.

A new initiative of the Council on Linkages is to promote creation of a national public health research and applications agenda. Such an agenda, involving the public and private sectors, will help to ensure that the academic and practice communities combine their expertise to address critical knowledge and information gaps in public health.

The Council on Linkages is funded by the Health Resources and Services Administration through a cooperative agreement with ASPH. It is staffed by the Public Health Foundation and the Johns Hopkins School of Public Health.

To be added to mailing list for The Link, provide your name and address to: Ms. Michon Bechamps, Project Manager, Public Health Foundation, 1220 L Street, NW, Suite 350, Washington, D.C., 20005, (202) 898-5600, Fax - (202) 898-5609, e-mail - mbechamp@phf.org.

## **2. HRSA-ASPH Project on Workforce Development**

The Health Resources and Services Administration (HRSA) and the Association of Schools of Public Health (ASPH) have recently entered into a cooperative agreement to identify current projects and initiatives regarding development of the public health workforce. The project will seek to chronicle current projects regarding both continuing education and retraining, as well as identify those programs which are readily reproducible. This project has its roots in the work conducted by the Joint Council of Governmental Public Health Agencies, conducted in 1994-95, and will seek to coordinate its approaches with CDC and other entities studying this issue.

The project will look at the existing public health workforce, specifically those working for governmental public health agencies, and will do so across disciplines. Efforts will be made to identify those programs and initiatives within public health academia that address workforce development. Within schools of public health, public health practice coordinators will be interviewed, as well as distance learning coordinators. Special emphasis will be placed on learning about effective programs using the Internet. The most appropriate methods of learning from these individuals and others will be identified as the project progresses.

Recognizing that financing programs to develop the public health workforce is the biggest conundrum, the project will examine how existing funds are currently being used to support continuing education and retraining, and how they might be better used to address the public health community's goals for workforce development. Identifying the most effective financial system and structures will be a key objective of the project.

The intended audience for this project's findings is public health academia and the practice community.

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### **3. The Management Academy for Public Health**

Background: The Management Academy for Public Health is a joint initiative of the Centers for Disease Control and Prevention (Public Health Practice Program Office), the Health Resources and Services Administration, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention Foundation is assisting the partners in developing and administering the program.

Since 1996, the partners have convened public health leaders and practitioners to assess the need for public health management development, forge a conceptual framework for the initiative, and design a program to deliver high quality management development and training to the staff of community and state health departments.

In 1999 the Management Academy for Public Health will begin a three year demonstration program in Georgia, North Carolina, South Carolina, and Virginia. The partners will engage an educational institution or consortium to operate the three year demonstration program.

Goals: The goals of the regional demonstration program are to:

- Strengthen the management capacity of local and state health departments in the four participating states;
- Assure the long term sustainability of the Academy in that region; and
- Validate a model that can be replicated nationally to strengthen the management capacity of all health departments.

Need and Opportunity: Community and state public health agencies today face both great opportunities and great challenges. Scientific advances and creative public health practitioners are generating promising new tools for better health through prevention and health promotion. Yet new threats to health, persistent resource constraints, the advent and expansion of managed care, and other forces are putting public health agencies under intense pressure.

Public health leaders recognize that skilled managers are critical to the success of public health in this challenging time. An effective response to the many demands on public health agencies demands that they have strong technical staff and, of equal importance, agency and program managers equipped with advanced management skills.

Few public health managers and administrators, however, have access to formal training in management practices. Few community and state public health agencies have a way to secure such development opportunities for their staff. Further, while the need is widely recognized, no comprehensive program has emerged to offer management training and development for the unique demands public health agencies and practitioners face.

Vision: The Management Academy for Public Health has been designed to address this urgent need, first, in a regional demonstration program, and in the future, as a model for national replication and adaptation. The Institute vision is:

“State-of-the-art management practice for every public health agency through high quality management training and development.”

Management Development Outcomes: The local and state health staff who complete the Academy’s program will bring new and enhanced management skills to their programs and agencies. Training will focus on developing a comprehensive array of strategic and technical abilities. In addition to specific skills, the Academy aims at developing the broader, adaptive abilities managers can use to position their agencies for maximum effectiveness in the face of new health challenges, continuing shifts in the health care sector, and the emergence of new partners in prevention and health promotion.

For further information, contact:

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