

# Public Health Practice Council

## CHARTER

### Overview of Public Health Practice Council (PHPC):

Public health practice and science are the principal tools for achieving CDC's Health Protection Goals. In order to achieve these goals, all areas of CDC will be expected to build and maintain excellence in public health science and practice. The Public Health Practice Council can provide a mechanism to allow Coordinating Centers, Coordinating Offices, and National Centers (CC/CO/NCs) the opportunity to seek a common understanding of, and potential solutions for, important practice-related issues.

### Purpose:

- To provide a forum for a coordinated, enterprise-wide approach to addressing public health practice issues at CDC;
- To foster and support an environment for shared leadership of public health practice throughout CDC with the ultimate goal of improving public health;
- To develop a communications network across all CC/CO/NCs that would facilitate exchanging issues, concerns, successes, and best practices about shared practice matters;
- To contribute to a joint strategy for improving public health practice; and
- To advance achievement of CDC's Health Protection Goals.

### Functions of the Council on Public Health Practice:

Include, but are not limited to:

- Fostering the development of methods for assessing and prioritizing public health practice issues and concerns with the intent of building and maintaining the capacity for public health impact;
- Providing a forum for discussion, decision-making, and developing recommendations to the CDC Director, Executive Leadership Board, and CC/CO/NCs;
- Serving as a consulting body for practice-related issues and making recommendations to the CDC Director, Executive Leadership Board, and CC/CO/NCs Leaders when appropriate.
- Promoting and building the capacity of the public health practice infrastructure and support system throughout CDC;
- Communicating practice-related information to CDC program areas.

- Identifying and disseminating new information on emerging public health practice issues or new endeavors in building the public health infrastructure.
- Recognizing and rewarding quality work in improving public health practice and key collaborative opportunities with state and local public health systems; and
- Serving as an advocate for practice-related issues.

### **Leadership:**

Leadership of the Council on Public Health Practice will consist of:

- Chair - The Chief of Public Health Practice, CDC, will serve as Chair;
- Vice-Chair - Elected annually by committee members, the Vice-Chair will assist the Chair in conducting meetings and will serve as Chair in his or her absence.

### **Membership:**

The Public Health Practice Council will consist of designated representatives from Coordinating Centers, Coordinating Offices, National Centers, and the Office of the Director Staff Offices, where appropriate. Additional representatives from relevant entities at CDC can be identified and invited to serve as liaison members, such as representatives from the Excellence in Science Committee, CDC Information Council, and the Excellence in Learning Council.

### **Relationship with External Partners:**

Representatives from the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and National Association of Local Boards of Health (NALBOH) will participate on a limited basis to offer insights and comments related to public health practice issues. On a topic-specific basis, representatives from other partner organizations (e.g. CSTE, NEHA, APHL, etc) may be invited to participate at the request of the Council.

### **Internal Coordination:**

The PHPC will join together with the Excellence in Science Committee on a quarterly basis, or as needed, to discuss and integrate science and practice issues at CDC and develop strategies and recommendations.

### **Meetings and Communication:**

Meetings, scheduled by the Chair, will be held monthly. Agenda items may be submitted to the Chair or OCPHP staff by any member. Agenda items will be

distributed at least one week before the next scheduled meeting. Minutes will be distributed to members and liaison members for review prior to approval. When necessary, decisions will be made by members (defined as one representative for each Coordinating Centers, Coordinating Offices, and National Centers). Any recommendations will be taken by the Chief of Public Health Practice to the CDC Director and/or Executive Leadership Board for appropriate action and follow-up.