The Council on Linkages Between Academia and Public Health Practice

Core Competencies Workgroup
Conference Call Meeting

Date: **Wednesday, February 26, 2014**
Time: **3:30 – 5:00 pm ET**
Call Number: **1.888.387.8686**
Conference ID: **8164961**

AGENDA

1. **Welcome, Introductions, and Overview of Agenda** — Janet Place

2. **Background on the Core Competencies** — Diane Downing

3. **Feedback on the Core Competencies** — Diane Downing/ Ron Bialek
   - Overview of the feedback process
   - Summary of feedback received

4. **Core Competencies Revisions** — Ron Bialek/ Janet Place
   - Approach to addressing feedback
   - Example of draft revisions

5. **Questions for the Workgroup to Consider** — Janet Place
   - Do you think reordering competencies within a domain will create problems or cause confusion for current users of the Core Competencies?
   - Do you think moving competencies from one domain to another domain will create problems or cause confusion for current users of the Core Competencies?
   - In the draft revisions for the Financial Planning and Management Skills domain, competency 7B1 includes the phrase, "to provide public health services." When referring to services being provided in the community, the term "population health services" has been suggested. This term might appeal to non-governmental public health users of the Core Competencies and be seen as a negative change by governmental public health users. What are your thoughts?

6. **Next Steps** — Ron Bialek
   - Next Workgroup Meeting: May 2, 2014, 2:00 – 3:30 pm ET

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Core Competencies Workgroup Members
February 2014

Co-Chairs:
- Diane Downing, School of Nursing and Health Studies, Georgetown University
- Janet Place, Arnold School of Public Health, University of South Carolina

Members:
- Nor Hashidah Abd Hamid, Upper Midwest Public Health Training Center
- Geri Aglipay, Mid-America Public Health Training Center
- Sonja Armbruster, College of Health Professions, Wichita State University
- Noel Barakat, County of Los Angeles (CA) Department of Public Health
- Dawn Beck, Olmsted County (MN) Public Health Services
- Roxanne Beharie, Ashford University
- Linda Beuter, Livingston County (NY) Department of Health
- Michael S. Bisesi, Ohio Public Health Training Center
- Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
- Candy Cates, Oregon Health Authority
- Marita Chilton, Public Health Accreditation Board
- Michelle Chino, School of Community Health Sciences, University of Nevada, Las Vegas
- Joan Cioffi, Centers for Disease Control and Prevention
- Judith Compton, Michigan Public Health Training Center
- Michelle Cravetz, School of Public Health, University at Albany
- Marilyn Deling, Olmsted County (MN) Public Health Services
- Mark Edgar, Wisconsin Center for Public Health Education and Training
- Dena Fife, Upper Midwest Public Health Training Center
- Rachel Flores, University of California - Los Angeles
- Kristine Gebbie
- Kari Guida, Minnesota Department of Health
- John Gwinn, University of Akron
- Emmanuel Jadhav, College of Public Health, University of Kentucky
- Larry Jones, Independence (MO) City Health Department
- Vinitsa Karatsu, County of Los Angeles (CA) Department of Public Health
- Bryant T. Karras, Washington State Department of Health
- Louise Kent, Northern Kentucky Health Department
- David Knapp, Kentucky Department for Public Health
- Denise Koo, Centers for Disease Control and Prevention
- Kirk Koyama, Health Resources and Services Administration
- Keri White Kozlowski, Metro Public Health Department (Nashville, TN)
- Rajesh Krishnan, The Preventiv
- Cynthia Lamberth, College of Public Health, University of Kentucky
- Lisa Lang, National Library of Medicine

- John Lisco, Centers for Disease Control and Prevention
- Erin Louis, Kentucky and Appalachia Public Health Training Center
- Kathleen MacVarish, New England Alliance for Public Health Workforce Development
- Lynn Maitlen, Dubois County (IN) Health Department
- Bryn Manzella, Jefferson County (AL) Department of Health
- Jeanne Matthews, School of Nursing and Health Studies, Georgetown University
- Eyob Mazengia, Public Health – Seattle & King County (WA)
- Nancy McKenney, Partnership Community Health Center (WI)
- Nadine Mescia, University of Tampa
- Kathy Miner, Rollins School of Public Health, Emory University
- Sophie Naji, Mid-America Public Health Training Center
- Kate Nicholson, Indiana Public Health Training Center
- Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- Lillian Upton Smith, Arnold School of Public Health, University of South Carolina
- Chris Stan, Connecticut Department of Public Health
- Douglas Taren, Arizona Public Health Training Center
- Allison Thrash, Minnesota Department of Health
- Karen A. Tombs, New Hampshire Public Health Training Center
- Kathi Traugh, Connecticut-Rhode Island Public Health Training Center

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Summary of Core Competencies Feedback
February 26, 2014

Overview

The [Council on Linkages Between Academia and Public Health Practice](#) (Council on Linkages) is in the process of revising the [Core Competencies for Public Health Professionals](#) (Core Competencies) to ensure these competencies keep pace with changes in the field of public health and continue to reflect the skills needed by public health professionals. From March through December 2013, the Council on Linkages gathered feedback from the public health community to guide the revision process, receiving over 1,000 comments on the Core Competencies. More than 350 people, including practitioners, educators, and researchers in governmental public health, academia, non-profit organizations, and the private sector, provided feedback. This summary of the feedback will be used to help guide the work of the [Core Competencies Workgroup](#) as revisions are made to the Core Competencies and proposed for consideration by the Council on Linkages. The Council on Linkages plans to adopt a revised set of competencies by the end of June 2014.

Guiding Principles for the Revision Process

- The Core Competencies are intended to guide workforce development for all public health professionals regardless of discipline
- The Core Competencies are meant to serve as a framework for discipline-specific competencies
- Too many changes to the Core Competencies may be disruptive for current users
- When feasible, add examples or e.g.s rather than new competencies

Summary of Feedback

Feedback on the Core Competencies

- Language
    a) Simplify and use less jargon
    b) Make language more actionable
    c) Consider using the term "population health," where appropriate

- Domains
    a) Add domains in informatics, environmental health, and genomics
    b) Received many comments to not change the number or names of domains

- Content - General
    a) More people suggested adding competencies than removing

b) Condense or combine some competencies

c) Consider adding competencies in specific areas and skills

d) Competencies do address changing roles as a result of the Affordable Care Act

- Content – Suggestions of specific areas in which to add competencies
    a) Team work and interdisciplinary collaboration
    b) Coalition building – ideally with public health being the lead
    c) Skills to engage in discussions and projects around the integration of public health and primary care, so that the focus is beyond the clinical role of health departments
    d) Skills in leadership, networking, delegation, supervision, and budget preparation
    e) Skills in planning for organizational sustainability, forming strategic partnerships, integrating programs, and developing and implementing health system changes
    f) Health informatics/information technology for public health purposes and data collection and use (e.g., electronic health records, electronic laboratory reporting)
    g) Information literacy
    h) Payment structures for health and health care
    i) Genetics/genomics
    j) Social determinants of health
    k) Health reform concepts (e.g., patient-centered medical homes, Accountable Care Organizations)
    l) Evidence-based decision-making
    m) Problem solving skills
    n) Public health work in the private sector

- Content – Suggestions specific to domains
    a) Analytical/Assessment Skills
        1. Change "community data" in competency 1A10 to "community data and community input"
        2. Add competencies for community health needs assessment:
            i. 1A13. Identifies community resources and uses the resources to meet community health needs
            ii. 1B13. Identifies community resources to meet community health needs
            iii. 1C14. Fosters and/or helps build the resources to meet community health needs
    b) Policy Development/Program Planning Skills
        1. Add or expand on strengthening collaboration to implement health in all policies approaches and identifying ways to apply public health expertise to achieve objectives of mutual interest
        2. Add or expand on expertise in conducting health impact assessments
        3. Add or expand on developing relationships and expertise to inform the policy-making process of local or state legislators

4. Modify the term "policy options" to "policy options (promotions, permissions, protections, and prohibitions)" in competencies 2A2, 2B2, and 2C2
5. Add competencies in Tier 1 and 2 equivalent to 2C5:
    i. Tier 1 – Aware of policy for the public health organization with guidance from the organization's governing body
    ii. Tier 2 – Uses policy for the public health organization with guidance from the organization's governing body
6. Add competency:
    i. 2B12. Aware of emerging trends of the fiscal, social, and political environment that impact public health strategic planning
7. Add or expand on skills in evaluating the effectiveness of programs and determining tools that may be used to evaluate the effectiveness of programs
8. Add skills around impacting policy
c) Communication Skills
1. Ensure that this domain addresses clear and culturally and linguistically appropriate communication
2. Determine if communication competencies are strong enough to meet needs
3. Add skills in social marketing
4. Incorporate concepts of social determinants of health without using the term "social determinants"
5. Revise competencies:
    i. 3A2. Communicates clearly in writing and orally through all channels (e.g., in person, on paper, or electronically) with linguistic and cultural proficiency
    ii. 3B2. Revises others' written and oral communication through all channels (e.g., in person, on paper, or electronically) to ensure clarity and linguistic and cultural proficiency
    iii. 3C2. Implements system-wide techniques and guidelines for clear written and oral communication through all channels (e.g., in person, on paper, or electronically) to ensure clarity and linguistic and cultural proficiency
d) Cultural Competency Skills
1. Need to reflect expanding understandings of "culture" and "cultural competency"
2. Cultural competencies need to be about more than race, ethnicity, and the other listed examples – add poverty, single parent families, recovery, rural vs. urban, and adoptive families
3. Ensure that cultural competency includes people with disabilities:
    i. Recognize that a disability is not equivalent to poor health
    ii. Understand disability culture and potential disparities that people with disabilities may experience in access to health care and

> health promotion opportunities and broader social determinants of health

    e) Community Dimensions of Practice Skills
        1. Expand "stakeholders" into "stakeholders within and outside the community" in competencies 5A3, 5B3, and 5C3
        2. Include skills needed for community engagement

    f) Public Health Sciences Skills
        1. Re-incorporate the phrase "prevention of chronic and infectious diseases and injuries" into the list of basic and public health sciences for competencies 6A4, 6B4, and 6C4
        2. Competency 6A4 is too narrow – revise the competency to require Tier 1 to apply, not just identify, basic public health sciences

    g) Financial Planning and Management Skills
        1. Expand on competency 7C11 in acknowledgment that external sources of funding are a growing need, so in addition to the need for executives to review and approve proposals, fundraising innovation and exploration of non-traditional funding sources may also be needed
        2. Consider adding skills around making the case of return on investment
        3. This domain may be lacking in terms of skills related to health reform

    h) Leadership and Systems Thinking Skills
        1. Add skills in systems thinking specific to how it shapes the work of public health executives working with increasingly complex arrays of partners, accountability mechanisms, funding flows, and divisions of labor
        2. Emphasize strategic decision-making and negotiation related to advocacy and leadership
        3. Add competencies in facilitation and interprofessional skills
        4. This domain may be lacking in terms of skills related to health reform
        5. This domain has few gaps

- Tiers
    a) Identify competencies for workers with little public health training, such as community health workers and navigators
    b) Create an additional tier for administrative and clerical staff that includes basic skills for anyone working in public health
    c) Need to describe and define the tiers better

- Documents to review for potential content when making revisions
    a) Institute of Medicine, *For the Public's Health: Investing in a Healthier Future*
    b) Trust for America's Health, *A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years*
    c) Public Health Accreditation Board, *Standards and Measures, Version 1.5*
    d) RESOLVE, *Transforming Public Health: Emerging Concepts for Decision Making in a Changing Public Health World*

e) Washington State Department of Health, Foundational Public Health Capabilities

Feedback Related to Use of the Core Competencies

- Expand on existing tools and develop additional tools
- Provide more explanatory language (e.g., domains, tiers, use of the Core Competencies)
- Develop guidance on how competencies apply to various positions within public health organizations
- Expand dissemination efforts
- Develop more examples of what is meant by each competency
- Provide additional sample job descriptions that incorporate the Core Competencies
- Provide new examples that show use or attainment of individual competencies

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Core Competencies for Public Health Professionals

Draft Revisions - Domain 7: Financial Planning and Management Skills (with track changes)

February 2014

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the local, state, and federal public health and health care systems	7B1. Interprets how ~~the interrelationships of local, state, and federal~~ public health organizations,~~and~~ health care organizations, and other organizations that influence health work with one another to provide public health services and programs~~systems for public health program management~~	7C1. Leverages the interrelationships of local, state, and federal public health and health care systems for public health program management
	7B2. Describe how public health and health care services and programs are funded [new]	7C2 Explain how public health and health care services and programs are funded [new]
7A2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies	7B3~~2~~. Interprets how governmental ~~the organizational structures, functions, and authorities of local, state, and federal~~ public health is structured, functions, and is authorized to provide ~~agencies for~~ public health services and program~~s~~ ~~management~~ [formerly 7B2]	7C3~~2~~. Leverages the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management [formerly 7C2]
~~7A3. Adheres to the organization's policies and procedures~~	7B4~~3~~. Develops partnerships with government agencies with~~in~~ authority to take action to address~~the federal, state, and local levels of government that have authority over~~ public health needs (e.g., childhood immunizations, natural disasters)~~situations or with specific issues, such as emergency events~~ [formerly 7B3]	7C4~~3~~. Manages partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events [formerly 7C3]

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A3. Adheres to the organization's policies and procedures	7B5~~4~~. Implements policies and ~~the judicial and operational~~ procedures of the governing body ~~and/~~or administrative unit that oversees the ~~operations of the~~ public health organization [formerly 7B4]	7C5~~4~~. Manages the implementation of the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization [formerly 7C4]
7A4~~6~~. Identifies strategies for determining programmatic budget priorities [formerly 7A6]	7B6~~7~~. Develops strategies for determining programmatic budget (e.g., priorities, new revenue sources) ~~priorities based on federal, state, and local financial contributions~~ [formerly 7B7]	7C6~~7~~. Critiques strategies for determining programmatic budget priorities [formerly 7C7]
		7C7~~8~~. Determines budgetary priorities for the organization [formerly 7C8]
7A5~~4~~. Participates in the development of a programmatic budget [formerly 7A4]	7B7~~5~~. Develops a programmatic budget [formerly 7B5]	7C8~~5~~. Defends a programmatic and organizational budget [formerly 7C5]
7A6~~5~~. Operates programs within current and forecasted budget constraints [formerly 7A5]	7B8~~6~~. Manages programs within current and ~~forecasted~~ projected budget constraints [formerly 7B6]	7C9~~6~~. Ensures that programs are managed within current and forecasted budget constraints [formerly 7C6]
7A7~~9~~. Contributes to the preparation of proposals for funding from external sources [formerly 7A9]	7B9~~10~~. Prepares proposals for funding from external sources [formerly 7B10]	7C10~~1~~. Approves proposals for funding from external sources [formerly 7C11]
7A8~~7~~. Reports program performance [formerly 7A7]	7B10~~8~~. Evaluates program performance [formerly 7B8]	7C11~~9~~. Evaluates program performance [formerly 7C9]
7A9~~8~~. Translates evaluation report information into program performance improvement action steps [formerly 7A8]	7B11~~9~~. Uses evaluation results to improve performance [formerly 7B9]	7C12~~0~~. Uses evaluation results to improve performance [formerly 7C10]

Financial Planning and Management Skills

Tier 1	Tier 1	Tier 1
7A10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	7B12~~1~~. Applies ~~basic human relation skills~~interpersonal skills to ~~the~~ manage~~ment of~~ organizations, motivat~~eion of~~ personnel, and resol~~veution of~~ conflicts [formerly 7B11]	7C13~~2~~. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts [formerly 7C12]
7A11. Demonstrates public health informatics skills to improve program and business operations (e.g., performance management and improvement)	7B13~~2~~. Applies public health informatics skills to improve operations of programs and the organization ~~business operations (e.g., business process analysis, enterprise-wide information planning)~~ [formerly 7B12]	7C14~~3~~. Integrates public health informatics skills into program and business operations (e.g., business process analysis, enterprise-wide information planning) [formerly 7C13]
7A12. Participates in the development of contracts and other agreements for the provision of services	7B14~~3~~. Negotiates contracts and other agreements to provide ~~for the provision of~~ services [formerly 7B13]	7C15~~4~~. Approves contracts and other agreements for the provision of services [formerly 7C14]
7A13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making	7B15~~4~~. Uses financial analysis methods (e.g., cost-effectiveness, cost-benefit, ~~and~~ cost-utility analysis, return on investment) to make and defend~~in~~ programmatic ~~prioritization and~~ decision~~s~~ ~~making~~ [formerly 7B14]	7C16~~5~~. Includes the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making [formerly 7C15]
		7C17~~6~~. Incorporates data and information to improve organizational processes and performance [formerly 7C16]
		7C18~~7~~. Establishes a performance management system [formerly 7C17]

**The Council on Linkages
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Public Health Practice**

Core Competencies for
Public Health Professionals

Revisions Adopted: May 2010

Available from: http://www.phf.org/programs/corecompetencies

A collaborative activity of the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Public Health Foundation.

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages; http://www.phf.org/programs/council) is a collaborative of 19 national public health organizations with a focus on improving public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum (http://www.phf.org/programs/council/Pages/PublicHealthFaculty_AgencyForum.aspx) centered on improving the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to assure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

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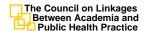
Membership
Nineteen national organizations are members of the Council on Linkages:

- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention

- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

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

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of competencies for the broad practice of public health in any setting. Developed by the Council on Linkages, the Core Competencies reflect skills that may be desirable for professionals who deliver the Essential Public Health Services. The Core Competencies exist as a foundation for public health practice and offer a starting point for public health professionals and organizations working to better understand and meet workforce development needs.
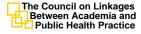
Development of the Core Competencies
The Core Competencies stemmed from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Building on the Public Health Faculty/Agency Forum and the Universal Competencies, in 1998 the Council on Linkages began an extensive development process to produce a set of foundational or "core" competencies, describing eight skill areas or "domains" of public health. This process involved not only member organizations of the Council on Linkages, but also public health professionals and organizations nationwide through engagement in the Council on Linkages' Core Competencies Workgroup, charged with drafting the competencies and the release of the draft competencies for public comment. Over 1,000 comments received from public health professionals were considered in an effort to design a set of competencies that truly reflected the practice of public health. The development process culminated in the adoption of the first version of the Core Competencies for Public Health Professionals on April 11, 2001.

Recognizing that the one-time development of a static set of competencies was insufficient in a field as ever-changing as that of public health, the Council on Linkages committed to revisiting the Core Competencies every three years to determine their continued relevance to public health and revise the competencies as necessary. At the first review in 2004, the Council on Linkages concluded there was inadequate evidence about the use of the Core Competencies to support a significant revision. By the second review in 2007, data had become available demonstrating that nearly 50% of local health departments[1] and over 90% of academic public health institutions[2] were using the Core Competencies. In addition, the practice of public health had changed considerably since 2001 and the Council on Linkages had received requests from both the practice and academic communities to make the Core Competencies more measurable. Based on these three factors, the Council on Linkages decided to revise the Core Competencies.

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[1] National Association of County and City Health Officials. (2007). The Local Health Department Workforce: Findings from the 2005 National Profile of Local Health Departments Study. Retrieved April 13, 2011 from http://www.naccho.org/topics/infrastructure/profile/upload/LHD_Workforce-Final.pdf
[2] Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

As with the development of the original version of the Core Competencies, the revision process begun in 2007 involved member organizations of the Council on Linkages, as well as public health organizations and professionals not directly represented on the Council on Linkages. Professionals were again engaged in the drafting of competencies through the Core Competencies Workgroup, and the revisions drafted were made available for public comment. More than 800 comments were received and considered during the revising of the Core Competencies.

In addition to updating the content of competencies, the 2007 revision of the Core Competencies brought structural changes. While the eight domains used in the original version of the Core Competencies were retained to help organizations integrate the revised Core Competencies into their existing frameworks, the Core Competencies were altered to reflect "tiers" or stages of career development for public health professionals. The original Core Competencies were a single set of competencies meant to apply to all public health professionals, regardless of the stages of their careers, and professionals were expected to possess these competencies at the skill levels of aware, knowledgeable, and advanced depending on their positions. Feedback from the public health community indicated that it was difficult to measure whether an individual had attained a desired level of competence using this approach.

To improve measurability, the Council on Linkages developed three tiers of Core Competencies, with each tier using more precise verbs to describe the desired level of competence. Tier 1 includes skills relevant for entry-level public health professionals; Tier 2, skills for those in program management or supervisory roles; and Tier 3, skills for senior management or executives. Tier 2 was completed first and adopted on June 11, 2009. The development of Tiers 1 and 3 followed and necessitated minor revisions to Tier 2 to ensure the logical progression of competencies from one tier to the next. The Council on Linkages unanimously adopted the current version of the Core Competencies for Public Health Professionals on May 3, 2010.

Organization of the Core Competencies
The Core Competencies are organized into domains reflecting skill areas within public health, as well as tiers representing career stages of public health professionals.

Domains
The Core Competencies are divided into eight domains, or topical areas of knowledge and skill:
1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

These eight domains are the same as those used in the original version of the Core Competencies.

The Core Competencies are presented in three tiers, which reflect stages of public health career development:

- *Tier 1 – Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization's culture.

The organization of the Core Competencies into three tiers provides guidance in identifying appropriate competencies for public health professionals. The individual competencies within the tiers build upon each other, describing desired skills for professionals at progressive stages of their careers. Similar competencies within Tiers 1, 2, and 3 are arranged next to each other to show differences across tiers. In the Core Competencies document, a gray background is used to indicate that the same competency appears in more than one tier. However, even when a competency applies in multiple tiers, the way competence is demonstrated may vary from one tier to another. Public health organizations are encouraged to interpret the tiers and adapt the competencies in ways that meet their individual organizational needs.

Mapping the Core Competencies and the Essential Public Health Services
To illustrate changes introduced by the revision of the Core Competencies and assist public health organizations with making the transition from the original to the current Core Competencies, the revised set of competencies was crosswalked with the original set. This crosswalk is available online at www.phf.org/resourcestools/pages/crosswalk_publichealth_competencies_new_and_old.aspx.

In addition, the Core Competencies have been crosswalked with the Essential Public Health Services to help ensure that they build skills needed to deliver these services. This crosswalk was originally released with the first set of Core Competencies and has been updated to reflect the current Core Competencies. The crosswalk of the current Core Competencies and the Essential Public Health Services is available at http://www.phf.org/resourcestools/pages/publichealth_competencies_and_essential_services.aspx.

Use of the Core Competencies

The Core Competencies support workforce development within public health and can serve as a starting point for public health organizations as they work to improve performance, prepare for accreditation, and support the health needs of the communities they serve. Integrated into public health practice, competencies can be used to enhance workforce development planning, workforce training, and workforce performance, among other activities. The Core Competencies are widely used by public health organizations across the country in workforce development efforts:

- Over 60% of state health departments use the Core Competencies and close to 100% are familiar with them.[3]
- Slightly less than one-third (28%) of local health departments have used the Core Competencies, with health departments serving larger populations more likely to use the Core Competencies than those serving smaller populations.[4]
- Over 90% of academic public health programs have used the Core Competencies. [5]

More specifically, the Core Competencies are used by public health organizations in assessing workforce knowledge and skills, identifying training needs, developing training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a foundation for sets of discipline-specific competencies.

The Core Competencies are included in three Healthy People 2020 objectives within the Public Health Infrastructure topic area, as they were for one objective in Healthy People 2010. They are also referenced in the Public Health Accreditation Board *Standards and Measures* (Version 1.0; May 2011) and appear in two Institute of Medicine reports, *The Future of the Public's Health in the 21st Century* (2002) and *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century* (2003).

Additional examples of how public health organizations and professionals are using the Core Competencies are available at www.phf.org/programs/council/Pages/Core_PublicHealthCompetencies_Examples_of_use.aspx.

Core Competencies Tools

A variety of tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. Such tools include examples to clarify competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies tools can be found online at http://www.phf.org/CoreCompetenciesTools. Additional tools will be added to this collection as they are developed.

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[3] Association of State and Territorial Health Officials. (2011). ASTHO Profile of State Public Health: Volume Two. Retrieved January 9, 2012 from http://www.astho.org/uploadedFiles/_Publications/Files/Survey_Research/ASTHO_State_Profiles_Single%5B1%5D%20lo%20res.pdf
[4] National Association of County and City Health Officials. (2011). 2010 National Profile of Local Health Departments. Retrieved January 9, 2012 from http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web.pdf
[5] Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

Feedback on the Core Competencies

The Council on Linkages welcomes feedback about the Core Competencies, including input regarding the utility, value, and limitations of the Core Competencies, as well as suggestions to improve usability. Stories illustrating how public health professionals and organizations are using the Core Competencies or tools that facilitate Core Competencies use are also appreciated. Feedback, questions, or requests for additional information may be sent to competencies@phf.org.
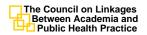
Important Dates

The Council on Linkages adopted the current set of Core Competencies for Public Health Professionals on May 3, 2010, updating the original version of the Core Competencies from April 11, 2001. The Core Competencies will next be revisited for possible revision in 2013.

Please Note

The tables below present the Core Competencies organized in eight domains. All three tiers of the Core Competencies are included in this version, and a gray background is used to denote that the same competency appears in more than one tier. Examples or "e.g.s" are embedded within individual competencies.

Analytical/Assessment Skills		
Tier 1[1]	**Tier 2 (Mid Tier)**[2]	**Tier 3**[3]
1A1. Identifies the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, the quality, availability and use of health services)	1B1. Assesses the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, availability and use of health services)	1C1. Reviews the health status of populations and their related determinants of health and illness conducted by the organization (e.g., factors contributing to health promotion and disease prevention, availability and use of health services)
1A2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)	1B2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)	1C2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)
1A3. Uses variables that measure public health conditions	1B3. Generates variables that measure public health conditions	1C3. Evaluates variables that measure public health conditions
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1B4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1C4. Critiques methods and instruments for collecting valid and reliable quantitative and qualitative data
1A5. Identifies sources of public health data and information	1B5. References sources of public health data and information	1C5. Expands access to public health data and information
1A6. Recognizes the integrity and comparability of data	1B6. Examines the integrity and comparability of data	1C6. Evaluates the integrity and comparability of data
1A7. Identifies gaps in data sources	1B7. Identifies gaps in data sources	1C7. Rectifies gaps in data sources
1A8. Adheres to ethical principles in the collection, maintenance, use, and dissemination of data and information	1B8. Employs ethical principles in the collection, maintenance, use, and dissemination of data and information	1C8. Ensures the application of ethical principles in the collection, maintenance, use, and dissemination of data and information

Analytical/Assessment Skills		
Tier 1	**Tier 2 (Mid Tier)**	**Tier 3**
1A9. Describes the public health applications of quantitative and qualitative data	1B9. Interprets quantitative and qualitative data	1C9. Integrates the findings from quantitative and qualitative data into organizational operations
1A10. Collects quantitative and qualitative community data (e.g., risks and benefits to the community, health and resource needs)	1B10. Makes community-specific inferences from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs)	1C10. Determines community specific trends from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs)
1A11. Uses information technology to collect, store, and retrieve data	1B11. Uses information technology to collect, store, and retrieve data	1C11. Uses information technology to collect, store, and retrieve data
1A12. Describes how data are used to address scientific, political, ethical, and social public health issues	1B12. Uses data to address scientific, political, ethical, and social public health issues	1C12. Incorporates data into the resolution of scientific, political, ethical, and social public health concerns
		1C13. Identifies the resources to meet community health needs

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A1. Gathers information relevant to specific public health policy issues	2B1. Analyzes information relevant to specific public health policy issues	2C1. Evaluates information relevant to specific public health policy issues
2A2. Describes how policy options can influence public health programs	2B2. Analyzes policy options for public health programs	2C2. Decides policy options for public health organization
2A3. Explains the expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2B3. Determines the feasibility and expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2C3. Critiques the feasibility and expected outcomes of various policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)
2A4. Gathers information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political)	2B4. Describes the implications of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2C4. Critiques selected policy options using data and information (e.g., health, fiscal, administrative, legal, ethical, social, political)
		2C5. Determines policy for the public health organization with guidance from the organization's governing body
	2B5. Uses decision analysis for policy development and program planning	2C6. Critiques decision analyses that result in policy development and program planning
2A5. Describes the public health laws and regulations governing public health programs	2B6. Manages public health programs consistent with public health laws and regulations	2C7. Ensures public health programs are consistent with public health laws and regulations
2A6. Participates in program planning processes	2B7. Develops plans to implement policies and programs	2C8. Implements plans and programs consistent with policies

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A7. Incorporates policies and procedures into program plans and structures	2B8. Develops policies for organizational plans, structures, and programs	2C9. Ensures the consistency of policy integration into organizational plans, procedures, structures, and programs
2A8. Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality	2B9. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	2C10. Critiques mechanisms to evaluate programs for their effectiveness and quality
2A9. Demonstrates the use of public health informatics practices and procedures (e.g., use of information systems infrastructure to improve health outcomes)	2B10. Incorporates public health informatics practices (e.g., use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)	2C11. Oversees public health informatics practices and procedures (e.g., use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)
2A10. Applies strategies for continuous quality improvement	2B11. Develops strategies for continuous quality improvement	2C12. Implements organizational and system-wide strategies for continuous quality improvement
		2C13. Integrates emerging trends of the fiscal, social and political environment into public health strategic planning

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A1. Identifies the health literacy of populations served	3B1. Assesses the health literacy of populations served	3C1. Ensures that the health literacy of populations served is considered throughout all communication strategies
3A2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3B2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3C2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3A3. Solicits community-based input from individuals and organizations	3B3. Solicits input from individuals and organizations	3C3. Ensures that the public health organization seeks input from other organizations and individuals
3A4. Conveys public health information using a variety of approaches (e.g., social networks, media, blogs)	3B4. Uses a variety of approaches to disseminate public health information (e.g., social networks, media, blogs)	3C4. Ensures a variety of approaches are considered and used to disseminate public health information (e.g., social networks, media, blogs)
3A5. Participates in the development of demographic, statistical, programmatic, and scientific presentations	3B5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	3C5. Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
3A6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3B6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3C6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
		3C7. Communicates the role of public health within the overall health system (e.g., federal, state, county, local government)

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4B1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4C1. Ensures that there are strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)
4A2. Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4B2. Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4C2. Ensures the consideration of the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
4A3. Responds to diverse needs that are the result of cultural differences	4B3. Responds to diverse needs that are the result of cultural differences	4C3. Responds to diverse needs that are the result of cultural differences
4A4. Describes the dynamic forces that contribute to cultural diversity	4B4. Explains the dynamic forces that contribute to cultural diversity	4C4. Assesses the dynamic forces that contribute to cultural diversity
4A5. Describes the need for a diverse public health workforce	4B5. Describes the need for a diverse public health workforce	4C5. Assesses the need for a diverse public health workforce
4A6. Participates in the assessment of the cultural competence of the public health organization	4B6. Assesses public health programs for their cultural competence	4C6. Assesses the public health organization for its cultural competence
		4C7. Ensures the public health organization's cultural competence

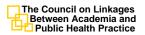| Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health (e.g., The Socio-Ecological Model)	5B1. Assesses community linkages and relationships among multiple factors (or determinants) affecting health	5C1. Evaluates the community linkages and relationships among multiple factors (or determinants) affecting health
5A2. Demonstrates the capacity to work in community-based participatory research efforts	5B2. Collaborates in community-based participatory research efforts	5C2. Encourages community-based participatory research efforts within the public health organization
5A3. Identifies stakeholders	5B3. Establishes linkages with key stakeholders	5C3. Establishes linkages with key stakeholders
5A4. Collaborates with community partners to promote the health of the population	5B4. Facilitates collaboration and partnerships to ensure participation of key stakeholders	5C4. Ensures the collaboration and partnerships of key stakeholders through the development of formal and informal agreements (e.g., MOUs, contracts, letters of endorsement)
5A5. Maintains partnerships with key stakeholders	5B5. Maintains partnerships with key stakeholders	5C5. Maintains partnerships with key stakeholders
5A6. Uses group processes to advance community involvement	5B6. Uses group processes to advance community involvement	5C6. Uses group processes to advance community involvement
5A7. Describes the role of governmental and non-governmental organizations in the delivery of community health services	5B7. Distinguishes the role of governmental and non-governmental organizations in the delivery of community health services	5C7. Integrates the role of governmental and non-governmental organizations in the delivery of community health services
5A8. Identifies community assets and resources	5B8. Negotiates for the use of community assets and resources	5C8. Negotiates for the use of community assets and resources through MOUs and other formal and informal agreements

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A9. Gathers input from the community to inform the development of public health policy and programs	5B9. Uses community input when developing public health policies and programs	5C9. Ensures community input when developing public health policies and programs
5A10. Informs the public about policies, programs, and resources	5B10. Promotes public health policies, programs, and resources	5C10. Defends public health policies, programs, and resources
		5C11. Evaluates the effectiveness of community engagement strategies on public health policies, programs, and resources

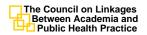| Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of the public health profession	6B2. Distinguishes prominent events in the history of the public health profession	6C2. Explains lessons to be learned from prominent events in the history in comparison to the current events of the public health profession
6A3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6B3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6C3. Incorporates the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences
6A4. Identifies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)	6B4. Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	6C4. Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs
6A5. Describes the scientific evidence related to a public health issue, concern, or intervention	6B5. Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention	6C5. Integrates a review of the scientific evidence related to a public health issue, concern, or intervention into the practice of public health
6A6. Retrieves scientific evidence from a variety of text and electronic sources	6B6. Retrieves scientific evidence from a variety of text and electronic sources	6C6. Synthesizes scientific evidence from a variety of text and electronic sources
6A7. Discusses the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)	6B7. Determines the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)	6C7. Critiques the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A8. Describes the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)	6B8. Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)	6C8. Advises on the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)
6A9. Partners with other public health professionals in building the scientific base of public health	6B9. Contributes to building the scientific base of public health	6C9. Contributes to building the scientific base of public health
		6C10. Establishes partnerships with academic and other organizations to expand the public health science base and disseminate research findings

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the local, state, and federal public health and health care systems	7B1. Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	7C1. Leverages the interrelationships of local, state, and federal public health and health care systems for public health program management
7A2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies	7B2. Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	7C2. Leverages the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management
7A3. Adheres to the organization's policies and procedures	7B3. Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	7C3. Manages partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events
	7B4. Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	7C4. Manages the implementation of the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization
7A4. Participates in the development of a programmatic budget	7B5. Develops a programmatic budget	7C5. Defends a programmatic and organizational budget
7A5. Operates programs within current and forecasted budget constraints	7B6. Manages programs within current and forecasted budget constraints	7C6. Ensures that programs are managed within current and forecasted budget constraints
7A6. Identifies strategies for determining budget priorities based on federal, state, and local financial contributions	7B7. Develops strategies for determining budget priorities based on federal, state, and local financial contributions	7C7. Critiques strategies for determining budget priorities

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
		7C8. Determines budgetary priorities for the organization
7A7. Reports program performance	7B8. Evaluates program performance	7C9. Evaluates program performance
7A8. Translates evaluation report information into program performance improvement action steps	7B9. Uses evaluation results to improve performance	7C10. Uses evaluation results to improve performance
7A9. Contributes to the preparation of proposals for funding from external sources	7B10. Prepares proposals for funding from external sources	7C11. Approves proposals for funding from external sources
7A10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	7B11. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	7C12. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts
7A11. Demonstrates public health informatics skills to improve program and business operations (e.g., performance management and improvement)	7B12. Applies public health informatics skills to improve program and business operations (e.g., business process analysis, enterprise-wide information planning)	7C13. Integrates public health informatics skills into program and business operations (e.g., business process analysis, enterprise-wide information planning)
7A12. Participates in the development of contracts and other agreements for the provision of services	7B13. Negotiates contracts and other agreements for the provision of services	7C14. Approves contracts and other agreements for the provision of services
7A13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making	7B14. Uses cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	7C15. Includes the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
		7C16. Incorporates data and information to improve organizational processes and performance
		7C17. Establishes a performance management system

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8B1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8C1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
8A2. Describes how public health operates within a larger system	8B2. Incorporates systems thinking into public health practice	8C2. Integrates systems thinking into public health practice
8A3. Participates with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	8B3. Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	8C3. Partners with stakeholders to determine key values and a shared vision as guiding principles for community action
8A4. Identifies internal and external problems that may affect the delivery of Essential Public Health Services	8B4. Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	8C4. Resolves internal and external problems that may affect the delivery of Essential Public Health Services (e.g., through the identification of root causes and other QI processes)
8A5. Uses individual, team and organizational learning opportunities for personal and professional development	8B5. Promotes individual, team and organizational learning opportunities	8C5. Advocates for individual, team and organizational learning opportunities within the organization
8A6. Participates in mentoring and peer review or coaching opportunities	8B6. Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	8C6. Promotes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce, including him or herself
8A7. Participates in the measuring, reporting and continuous improvement of organizational performance	8B7. Contributes to the measuring, reporting and continuous improvement of organizational performance	8C7. Ensures the measuring, reporting and continuous improvement of organizational performance

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A8. Describes the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	8B8. Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	8C8. Ensures organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment
		8C9. Ensures the management of organizational change

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[1] *Tier 1 – Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

[2] *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.

[3] *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization's culture.

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