



## 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