The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Conference Call Meeting

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Monday, April 28, 2014
1:00-3:00 pm EDT

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Call Number: 1.888.387.8686
Passcode: 8164961

Funding provided by the Centers for Disease Control and Prevention

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Staffed by the Public Health Foundation

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1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Conference Call Meeting
Date: Monday, April 28, 2014
Time: 1:00-3:00 pm EDT
Call Number: 1.888.387.8686
Conference ID: 8164961#

AGENDA

1:00-1:05	Welcome and Overview of Agenda	*Bill Keck*
1:05-1:10	Introduction of New Representatives ➢ John Lisco (CDC) ➢ Sarah Linde (HRSA)	*Bill Keck*
1:10-1:15	Approval of Minutes from September 17-18, 2013 Meeting	*Bill Keck*
1:15-1:20	Revision of Council Strategic Directions ➢ **Action Item:** Vote to Approve Revisions	*Bill Keck*
1:20-1:25	Council Staffing (Council Administrative Priorities – Staffing)	*Ron Bialek*
1:25-1:55	Academic Health Department Learning Community (Council Strategic Directions – A.1.a.) ➢ Needs Assessment Results ➢ Plans for Future Activities	*Bill Keck/Kathleen Amos*
1:55-2:35	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.a., B.1.b., C.3.a.) ➢ Revision Process ➢ Review of Draft Revisions ➢ Update on Examples and Tools	*Diane Downing/Ron Bialek/Janet Place*
2:35-2:45	Update on Other Council Initiatives ➢ Public Health Workers Survey Report (Council Strategic Directions – C.1.a.) ➢ Public Health Training Impact (Council Strategic Directions – B.2.a) ➢ Public Health Workforce Development Inventory (Council Strategic Directions – C.1.d.)	*Ron Bialek*
2:45-2:55	Other Business	*Bill Keck*
2:55-3:00	Next Steps	*Bill Keck*
3:00	Adjourn	

2. Council Member List

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Members

Council Chair:

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

Council Members:

Mary Paterson, PhD, MSN
American Association of Colleges of Nursing

Beverly Taylor, MD
American College of Preventive Medicine

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

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

Philip Amuso, PhD
Association of Public Health Laboratories

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

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

Christopher Atchison, MPA
Association of University Programs in Health Administration

John Lisco, MPH, CHES
Centers for Disease Control and Prevention

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

Sarah Linde, MD
Health Resources and Services Administration

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

Marlene Wilken, PhD, RN
National Association of Local Boards of Health

Carolyn Harvey, PhD
National Environmental Health Association

Lisa Lang, MPP
National Library of Medicine

Patrick Lenihan, PhD
National Network of Public Health Institutes

Louis Rowitz, PhD
National Public Health Leadership Development Network

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

Vincent Francisco, PhD
Society for Public Health Education

3. Draft Meeting Minutes – September 17-18, 2013

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice In-Person Meeting

Date: September 17-18, 2013

Meeting Minutes – DRAFT

Members Present: C. William Keck (Chair), Philip Amuso, Diane Downing, Vince Francisco, Gary Gilmore, Carolyn Harvey, Janet Heinrich, Larry Jones, Lisa Lang, Amy Lee, Patrick Lenihan (virtual), Jeanne Matthews, Mary Paterson, Lou Rowitz, Lillian Smith, Beverly Taylor, Marlene Wilken

Other Participants Present: Vera Cardinale, Brian Castrucci, Kristi Donovan, Ashley Edmiston, Rita Kelliher, Jeff Levi, John Lisco, Ravi Patel, Eva Perlman, Cindy Phillips, Julia Sheen-Aaron, Jim Sprague

Staff Present: Ron Bialek, Kathleen Amos, Jonathan Munetz

September 17, 2013

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Dr. Keck reviewed the agenda for the meeting.	
Introductions	All present introduced themselves. Dr. Keck welcomed three new Council representatives: Mary Paterson, PhD, MSN, for the American Association of Colleges of Nursing; Beverly Taylor, MD, for the American College of Preventive Medicine; and Philip Amuso, PhD, for the Association of Public Health Laboratories (APHL).	
Approval of Minutes from March 27, 2013 Meeting	Dr. Keck asked for any changes to the minutes of the March 27, 2013 Council meeting. Gary Gilmore, MPH, PhD, MCHES moved to approve the minutes as written. Vince Francisco, PhD seconded the motion.	Minutes of the March 27, 2013 Council meeting were approved as written.
Public Health Workforce Development Inventory Initiative	Council Director Ron Bialek, MPP and Project Manager Kathleen Amos, MLIS provided an update on the Public Health Workforce Development Inventory initiative. This initiative aimed to learn more about public health workforce development plans and activities, and to facilitate the sharing of such information and encourage coordination and leveraging. Beginning in September 2012, information on workforce development activities was collected from 18 Council member organizations and the Public Health Foundation (PHF). Information gathered related to strategic planning, defining the public health workforce, training, learning management systems, research and data	

	collection, recruitment and retention, tools and systems, advocacy, and partnerships and information sharing. This information was summarized in a draft report submitted to the Health Resources and Services Administration (HRSA), which funded the initiative, in July 2013. An overview of the preliminary findings contained in the draft report and the structure of that report was provided, and the findings and potential uses of the information gathered were discussed. The draft report contains key findings, topic summaries that present information gathered from all organizations related to each topic, and organizational summaries that present information gathered in all topic areas for each organization, and is going through HRSA clearance.	Council members will be notified when HRSA clearance is received and a final report is available.
Core Competencies Workgroup Report ➢ Status of tools to assist with Core Competencies use ➢ Review process ➢ Next steps ➢ **Action Item:** Vote to authorize development of revisions	Dr. Keck introduced a discussion about the Core Competencies for Public Health Professionals (Core Competencies), providing background about the development and use of the Core Competencies and preparing Council members to discuss the current review process and determine whether to revise the Core Competencies. Core Competencies Workgroup Co-Chair Diane Downing, RN, PhD provided an update on activities of the Workgroup, including tool development and the review of the Core Competencies. Three sets of tools have been updated and are available on the Council website: competency-based job descriptions, examples to clarify the meaning of competencies (or e.g.s), and examples that demonstrate attainment of competence. Workforce development plans that incorporate the Core Competencies are being collected and will be posted on the Council website. The Core Competencies review process was described, with information provided on the timeline for the process, the strategies being used to gather feedback from the public health community, and the groups being engaged in the process. Collection of feedback on the Core Competencies began in March 2013 and will continue through the end of December 2013. Initial feedback collected, experiences with the Core Competencies, and needs related to resources and tools were discussed, and Dr. Downing requested authorization for the Workgroup to begin a revision of the Core Competencies. Next steps in a revision process would include the development and	Council staff will send information about the Core Competencies review process and providing feedback on the Core Competencies to Council member organizations for distribution to their members and constituents.

	recommendation of potential revisions by the Workgroup to the Council. Revisions drafted by the Workgroup would be presented to the Council for a vote on adoption, with a goal of releasing a revised set of Core Competencies in June 2014. Council member organizations were asked to assist in distributing information about the review process to help in collecting feedback to guide a revision. The Core Competencies Workgroup will also continue its development and collection of resources and tools. Following the discussion, Council members voted on whether to initiate the process of revising the Core Competencies. Dr. Francisco moved to initiate the revision process. Carolyn Harvey, PhD seconded the motion.	The Council voted to initiate the process of revising the Core Competencies.
Review of Strategic Directions, 2011-2015	Council members individually reviewed the Council's *Strategic Directions, 2011-2015* in preparation for the September 18th discussion of the *Strategic Directions*.	
Council Membership Votes ➢ APHL ➢ NLN ➢ **Action Item:** Vote on membership status	Council members voted on granting formal membership status to organizations: APHL and the National Public Health Leadership Development Network (NLN). Both organizations fulfilled the required preliminary membership period. Dr. Keck called for a motion to grant APHL formal membership status. Dr. Francisco moved to approve the membership change. Dr. Harvey seconded the motion. Dr. Keck called for a motion to grant NLN formal membership status. Dr. Francisco moved to approve the membership change. John Lisco, MPH, CHES seconded the motion.	Formal membership status was granted to APHL and NLN.
CDC and HRSA Updates	Mr. Lisco provided an update on the Centers for Disease Control and Prevention's (CDC) funding for the Council and CDC's public health workforce development efforts, including activities related to recruitment, service and technical assistance, training, academic partnerships, and workforce strategy. CDC continues to provide funding for the Council, as well as other workforce development efforts, such as CDC TRAIN. Through its Public Health Workforce Development Initiative, CDC developed a National Public Health Workforce Strategy Roadmap, convened a Public Health Workforce Summit, and is developing a National Public Health Workforce Strategic Framework. The Roadmap is available on CDC's website, and CDC is developing a tool to enable the	The report on CDC's Public Health Workforce Summit will be sent to Council members. Council members will be informed when a tool is available to add examples to CDC's National Public Health Workforce Strategy Roadmap.

	addition of examples to the map. Janet Heinrich, DrPH, RN provided an update on HRSA's funding for the Council and HRSA's public health workforce activities, including the public health workforce enumeration study, the Public Health Training Centers Program, efforts to link primary care and public health, and HRSA TRAIN. HRSA's funding for the Council will conclude at the end of September 2013. CDC was encouraged to use the results of the Council's work on the Public Health Workforce Development Inventory.	
de Beaumont Foundation	Brian Castrucci, Chief Program and Strategy Officer for the de Beaumont Foundation, spoke to the Council about the de Beaumont Foundation and its public health workforce development priorities, including activities related to training, infrastructure, and information and data management. Among other activities, de Beaumont is involved in developing the *Practical Playbook for Integrating Primary Care and Public Health*, held a primary care and public health integration meeting, and is working with the Association of State and Territorial Health Officials on a public health workforce strategy project. The de Beaumont Foundation seeks to fund practical projects with national reach and practices engaged grantmaking.	Council members can contact Mr. Castrucci at castrucci@debeaumont.org to discuss project ideas.
Preparation for Invited Speaker	Dr. Keck prepared Council members for a presentation by Jeff Levi, PhD, Executive Director of the Trust for America's Health (TFAH). Dr. Levi was invited to speak to the Council to offer his perspectives on the future of the public health workforce and the evolving public health field in order to frame the Council's discussion of its *Strategic Directions*.	
The Public Health Workforce of the Future	Dr. Levi spoke to the Council about the public health workforce of the future and the evolution of the field, sharing his perspectives on skills that may be needed to succeed as the environment changes. Public health is in a time of transformation. Many opportunities exist, but may mean changes in the roles of public health. Skills that may increase in importance for public health professionals include those related to health information technology, policy change and analysis, convening diverse groups, finance and demonstrating value economically, coalition building, and communication. The Foundational Capabilities described by the Institute of Medicine and TFAH may provide some guidance for the revision of the Core	

	Competencies.	
Celebrating 20 Years	The Council celebrated the successes of the past 20 years with a look back at the Council's work since 1992. Dr. Keck reviewed the history and purpose of the Council, highlighted its accomplishments, and invited Council members to share thoughts on their participation on the Council.	
Wrap-up and Review of Tomorrow's Agenda	Dr. Keck wrapped up the day's discussion and prepared Council members for the following day's meeting.	

September 18, 2013

Overview of Agenda and Follow-up from Day 1	Dr. Keck reviewed the agenda for the day, recapped the previous day's discussion, and asked for any further discussion on items previously addressed. Council members discussed ideas for recognizing Hugh Tilson, MD, DrPH for his longstanding service to the Council.	Council staff will follow-up on ideas for honoring Dr. Tilson.
Revisiting Strategic Directions, 2011-2015	Dr. Keck led Council members in a review of the Council's *Strategic Directions, 2011-2015*. The *Strategic Directions* were adopted in June 2011 to guide Council work through 2015. The Council considered whether adjustments to the *Strategic Directions* would be desirable based on changes in the public health field and actions taken by the Council to date to address its *Strategic Directions*. Current objectives, strategies, tactics, and administrative priorities in the *Strategic Directions*, and related Council activities, were reviewed and discussed. The *Strategic Directions* reflect what the Council is capable of and interested in doing; not all of the items in the *Strategic Directions* are currently being addressed, and this is to some extent resource dependent. The Council is engaged in work relating to all of its objectives to some degree. Suggestions related to the *Strategic Directions* included restarting the Linkages Awards program; considering whether to lengthen the time between Core Competencies review periods; using secondary as well as primary data when planning for the workforce; developing an online competency-based training module using existing courses; and enhancing capacity for, not just funding of, public health research. The Linkages Awards program was recognized as a high priority, but there is currently no funding for this activity. The Council decided that it was not inclined at this time to	

	change the length of time between Core Competencies review periods. The remaining items will be addressed in revisions to the *Strategic Directions*. Following the discussion, Council members voted on whether to proceed with revising the *Strategic Directions*. Dr. Gilmore moved to initiate a revision. Dr. Francisco seconded the motion.	The Council voted to initiate the process of revising the *Strategic Directions*. Council leadership and staff will draft revisions and share with Council members. The Council will vote on whether to adopt the revisions proposed.
Academic Health Department Learning Community Report ➢ Status of initiative ➢ Next steps	Academic Health Department (AHD) Learning Community Chair Dr. Keck reported on activities of the Learning Community. The Learning Community has grown since its launch in January 2011 to more than 300 members and has held two recent webinar meetings to provide an introduction for new members. Upcoming Learning Community activities include a conference call meeting on AHDs and health reform; an in-person meeting during the 2013 American Public Health Association (APHA) Annual Meeting; a needs assessment to identify activities, topics, and resources desired by members; refining the AHD definition; and possibly a survey on AHD characteristics. The *Journal of Public Health Management and Practice* is preparing a theme issue on AHDs, APHA's Health Administration Section is interested in opportunities for supporting the AHD idea, and AHDs are being considered as a potential topic for the 2014 Ned E. Baker Lecture. The Learning Community will continue to explore ways to support and engage its members, keep building connections around the AHD concept, aim to establish more regular communications with members, and consider developing a mentorship program.	Council staff will post the archive of one of the introductory AHD Learning Community webinars on the Council website. Questions and feedback about the AHD Learning Community can be sent to Kathleen Amos at kamos@phf.org.
Public Health Training Impact Initiative ➢ Status of online resource ➢ Next steps	Mr. Bialek provided an update on the Public Health Training Impact initiative. This initiative, launched in the fall of 2011 and guided by the Training Impact Task Force, identified methods and tools to improve and measure the impact of training. A set of strategies and methods was developed, and literature references, tools, and examples related to training and evaluation were collected. The document describing the strategies and methods developed did not go through HRSA clearance and cannot be made available online. Drafts are distributed by request. Access to the products of this initiative	The Council will be notified when the online Public Health Training Impact resource is available.

	will be provided through an online resource on the Council website. Planning for this resource is underway, and launch of the resource is expected by February 2014. A final meeting of the Task Force will then be held to discuss resource dissemination.	
Other Business	Dr. Keck asked if there was any other business to address. None was brought forward.	
Next Steps	Dr. Keck reviewed next steps based on the meeting's discussion. The work of the Core Competencies Workgroup will continue, and the Workgroup will begin developing revisions to the Core Competencies. Council members can expect to see suggested revisions in early to mid-2014. Council members and member organizations are encouraged to participate in the Core Competencies review process and to share information about the process with others. Ideas related to the Council's *Strategic Directions* will be refined, and draft revisions will be provided to the Council for review and adoption. Work to enhance the AHD Learning Community will continue. An initial version of the online Public Health Training Impact resource will be completed and shared with Council members in early 2014. The next meeting of the Council has not been scheduled, but will likely occur by conference call in early 2014. Council staff will be in contact to schedule that meeting.	Council staff will schedule the next Council meeting.

4. Revision of Council Strategic Directions:

- **Revision of Council Strategic Directions**
- **Draft Revisions to Council Strategic Directions**

The Council on Linkages Between Academia and Public Health Practice

Revision of Council Strategic Directions

April 28, 2014

Overview

The Council on Linkages Between Academia and Public Health Practice (Council) is guided by its *Strategic Directions, 2011-2015*. Adopted in June 2011, the *Strategic Directions* were reviewed during the September 2013 Council meeting to determine whether adjustments were desirable based on changes in the public health field over the past two years and actions taken by the Council to address the *Strategic Directions*. Based on the Council's discussion during that meeting, minor revisions to the *Strategic Directions* have been drafted. The draft of proposed revisions is included in the meeting materials.

Action Item: Vote to Approve Revisions

During this meeting, a vote will be held to determine whether to approve the revisions to the *Strategic Directions* as drafted.

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2011-2015

Mission

To improve public health practice, education, and research by:

- Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
- Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
- Creating a process for continuing public health education throughout one's career.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Public Responsibility and Citizenship

Objectives

- Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
- Enhance public health practice-oriented education and training.
- Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Objectives, Strategies, & Tactics

Objective A. Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.

Tactics:

a. Increase membership and activities of the Academic Health Department Learning Community.
b. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 2: Promote development of collaborations between public health and healthcare professionals and organizations.

Tactics:

a. Identify cross-cutting competencies for public health and primary care.

Adopted: June 9, 2011
Revisions Proposed: April 28, 2014

b. Expand the Academic Health Department Learning Community to include primary care professionals and organizations.
c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.

Tactics:

a. Serve as a clearinghouse for evidence regarding successful linkages.
b. Conduct a periodic review of practice-based content in public health education.

Objective B. Enhance public health practice-oriented education and training.

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.

Tactics:

a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.

Tactics:

a. Explore methods for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.

Tactics:

a. Develop an online competency-based training module/plan using existing courses.

Objective C. Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.

Tactics:

a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
b. Use existing data to better understand the composition and competencies of the public health workforce.
c. Use survey methods to gather additional data about public health workers.

d. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
e. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

Strategy 2: Define training and life-long learning needs of the public health workforce, identify gaps in training, and explore mechanisms to address these gaps.

Strategy 3: Provide access to and assistance with using tools to enhance competence.

Tactics:

a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.

Tactics:

a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.

Tactics:

a. Identify gaps in the development of research that is relevant to practice.
b. Vet the Robert Wood Johnson Foundation workforce research agenda.
c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

Strategy 2: Support the translation of research into public health practice.

Tactics:

a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.

Strategy 4: Explore approaches to enhance ~~funding of~~capacity for public health research.

Council on Linkages Administrative Priorities

- **Communication**: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.
- **Funding**: Secure funding to support Council activities.
- **Governance**: Review governance structure of the Council.
- **Membership**: Explore desirability of and opportunities for Council membership expansion and diversification.
- **Staffing**: Maintain Council staffing and convening role of the Public Health Foundation.
- **Technology**: Explore uses of technology to facilitate Council activities.

5. Council Staffing:

- **Council Staffing**
- **Project Assistant Job Description**

The Council on Linkages Between Academia and Public Health Practice

Council Staffing

April 28, 2014

Overview

Staff support for the Council on Linkages Between Academia and Public Health Practice (Council) is provided by the Public Health Foundation (PHF). Currently, the Council is staffed by a Director and Project Manager, and PHF is seeking a Project Assistant to join the Council team. Recruiting is actively underway, and applications are welcome from candidates with a wide array of backgrounds who are interested in beginning a career in public health. The complete position description is included in the meeting materials.

Public Health Foundation

Position Announcement

Are you interested in Public Health?
Do you want to make a difference?

The Public Health Foundation (PHF) is a national, non-profit organization dedicated to improving the public's health by strengthening the quality and performance of public health practice. For over 40 years, we have quickly and effectively responded to current and emerging needs of the public health system.

Project Assistant

We are seeking a detail- and customer-oriented professional for this entry-level position to support the day-to-day operations of the **Council on Linkages Between Academia and Public Health Practice (Council on Linkages)**. The Council on Linkages leads public health workforce development efforts nationally by bringing organizations together to help strengthen the public health workforce and the delivery of public health services. The Council on Linkages improves collaboration within public health, builds consensus around necessary skills for the workforce, and develops resources to support an effective workforce. This is an ideal position for an individual interested in developing knowledge and skills to begin a career in public health.

Responsibilities:

- Providing general administrative and technical support
- Helping to prepare written materials, including reports, summaries, news articles, promotional materials, and proposals
- Communicating and corresponding with partners and the public
- Responding to internal and external requests for information
- Developing content for and helping to maintain the website, electronic newsletters, and social media
- Organizing logistics and preparing materials for meetings and conferences
- Contributing to the development and implementation of work plans

As the Project Assistant, you love to learn and are passionate about meeting the needs of your clientele. You will take responsibility for projects and tasks, show initiative in creating and implementing solutions, strive for accuracy and thoroughness in all work, effectively balance competing priorities and adapt to changing needs, and display excellent judgment in developing and disseminating resources for a variety of audiences. You will contribute to the success of all elements of projects, from planning through implementation to completion.

Qualifications:

The ideal candidate will possess the following experience, abilities, attributes and skills:

- Bachelor's degree
- 2+ years of supervised office experience working on a team
- Excellent writing, editing, and proofreading skills
- Excellent organizational skills
- Excellent communication and customer service skills

- Experience with Microsoft Office required; experience with Adobe Acrobat, Microsoft SharePoint, and social media preferred
- Ability to work independently and as a member of a team

Required Competencies:

- **Communication** – Speaks clearly, listens effectively, and responds well to questions; Writes clearly and informatively; Edits work for errors; Varies writing style to meet needs; Able to read and interpret information; Documents always accurate, punctual; Shares information with team.
- **Client and Customer Focus** – Follows through; Courteous; Helps internal and external clients; Understands customer perspectives and needs.
- **Planning/Organizing** – Prioritizes and plans work activities; Uses time efficiently; Able to handle multiple tasks simultaneously.
- **Quality Management** – Looks for ways to improve and promote quality; Demonstrates accuracy and thoroughness.
- **Willingness to Learn** – Expands abilities constantly; Strives for new skills; Seeks continuous learning opportunities.
- **Adaptability** – Adapts to changes in the work environment; Adjusts methods to best fit the situation; Able to deal with change, delays, or unexpected events.
- **Professionalism** – Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.
- **Teamwork** – Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit.
- **Interpersonal Skills** - Builds strong relationships; Flexible and open minded; Receptive to feedback.
- **Problem solving** – Identifies and resolves problems in an efficient and timely manner; Gathers and analyzes information; Uses reason and logic to develop and implement alternative solutions to problems.
- **Decision-making** – Makes timely and relevant decisions both independently and in the team setting; Exhibits sound and accurate judgment; Supports and explains reasoning for decisions.
- **Initiative** – Seeks increased responsibilities; Looks for and takes advantage of opportunities.
- **Strategic Thinking** – Develops strategies to achieve team and organizational goals; Shows creativity and imagination; Seeks and seizes opportunities for collaboration with other PHF units.

PHF Staff Values:

PHF staff has created an environment of strong organizational values of putting people first, excellence in the work we do, open and honest communication, and being supportive of one another. To learn more about our staff values, please visit our website at http://www.phf.org/AboutUs/Pages/Staff_Values.aspx.

Supervision:

This position reports to the Director of the Council on Linkages.

Location and Start Date:

The successful candidate will be based in our Washington, D.C. office and must be able to begin work within three weeks of hiring.

Benefits:
Our employees are provided with the opportunity to grow with us. We strive to instill qualities necessary for a successful career in public health through challenging projects that offer opportunities to enhance your skills and career, while furthering the great work of the Public Health Foundation. In addition, we offer a comprehensive benefits package, including a competitive salary, for that outstanding candidate!

To Apply:
Interested candidates are encouraged to submit their resumes to:
http://ejob.bz/ATS/jb.do?reqGK=789603

Please note that qualified candidates will be required to provide two work-related writing samples as part of the interview process. Writing samples should be no more than two pages each.

The Public Health Foundation is an equal opportunity employer.

Visit our web site at www.phf.org.

EOE

6. **Academic Health Department Learning Community:**
    - **Academic Health Department Learning Community Report**
    - **AHD Learning Community Needs Assessment Results**

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

April 28, 2014

Overview

The Academic Health Department (AHD) Learning Community supports development of AHD partnerships between public health practice organizations and academic institutions. As a national community of practitioners, educators, and researchers, the AHD Learning Community stimulates discussion and sharing of knowledge, the development of resources, and collaborative learning around establishing, sustaining, and expanding AHDs. The Learning Community has grown rapidly since its launch in January 2011, with current membership numbering over 350.

Needs Assessment Results

To help support this growing membership, in February 2014, an AHD Learning Community needs assessment was conducted to identify activities, topics, and resources of interest and value to community members. Having knowledge of what members hope to gain from participation in the Learning Community is crucial in planning future community activities.

Forty-nine people participated in the needs assessment, providing feedback on the AHD Learning Community's current activities and suggestions for new efforts. Highlights from this needs assessment include:

- In terms of new activities, respondents are most interested in subgroups to explore specific topics of interest, a mentorship program, and a listserv to facilitate communication among Learning Community members
- If subgroups are established within the Learning Community, priority topics should be education and training, developing an AHD partnership, and funding an AHD
- A majority of respondents are interested in participating in a mentorship program, with more seeing themselves in the role of mentee than of mentor
- In terms of resources, respondents would be most likely to use partnership agreement templates and more examples of partnership agreements, case stories and a list of existing AHD partnerships, and resources to generate buy-in for AHD partnerships
- Respondents would like to receive information about the Learning Community through webinars or virtual meetings, emails, and monthly electronic newsletters
- To provide value to members, the Learning Community should offer tools and resources to support AHD partnerships, guidance related to AHD partnerships, and opportunities to connect and share experiences with others who are exploring or working on AHD partnerships

A more detailed summary of needs assessment results, including demographics of respondents, is included in the meeting materials.

Plans for Future Activities

Results of the needs assessment are being used to plan future AHD Learning Community activities. Two Learning Community meetings have been scheduled, one on June 23rd from 2-3 pm EDT and one on August 6th from 3-4 pm EDT; although the first meeting will be held by conference call, use of a webinar format is being explored for the second. In addition, the August Learning Community meeting will focus on the development of a mentorship program, and early planning for establishing such a program will occur prior to the meeting. The Learning

Community is hoping to hold two meetings in the fall as well, one virtual and one in-person. A call for partnership agreement examples remains on the Council on Linkages Between Academia and Public Health Practice (Council) website, and two new agreements have been added. Finally, a preliminary list of existing AHDs is being prepared and will be shared through the Council website.

Exploration of the needs of AHD Learning Community members and possible activities and resources that could be provided to meet those needs will continue. Results of the needs assessment will be discussed during the June Learning Community meeting to gather further feedback from community members. As well, the needs assessment remains open and will be incorporated into the Council website. In the future, sharing this needs assessment with new members will allow the Learning Community to better determine and meet priority needs of members from the start.

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Needs Assessment Results

April 28, 2014

Overview

Beginning in February 2014, a needs assessment was conducted through the Academic Health Department (AHD) Learning Community to identify activities, topics, and resources of interest and value to community members. The needs assessment was made available to the AHD Learning Community on February 13, 2014, and participation was encouraged using email and the *Council on Linkages Update* newsletter. The following is a summary of results received through April 16, 2014 and represents the responses of 49 people.

Results

Q: The AHD Learning Community is exploring several new activities proposed by members and staff. If the following activities were available, which would you be most likely to participate in? (n=45)

A: Top 3 Activities:

- Listserv for communication
- Subgroups to address specific topics
- Mentorship program

Responses:

	Priority Order* (# of Responses)						Total # of Responses
	1	**2**	**3**	**4**	**5**	**6**	
A listserv for communication among members	19	10	4	1	3	1	38
Subgroups within the Learning Community to address specific topics of interest to group members	11	12	10	2	4	1	40
A mentorship program	4	8	6	5	5	4	32
A phConnect community to discuss AHD topics	2	6	5	11	8	1	33
A LinkedIn group to discuss AHD topics	0	5	6	7	10	5	33
Other	2	0	1	1	1	5	10
I'm not interested in participating in new activities	0	0	2	0	1	2	5

** 1=highest priority*

Other:

- Discussion of examples of what others have done
- Building pipeline programs to diversify the workforce beginning with high school students
- Continue quarterly conference calls

Q: If subgroups were set up within the AHD Learning Community to discuss the topics described below, what topics would you be interested in focusing on? (n=43)

A: Top 3 Subgroups:

- Education/training
- Developing an AHD partnership
- Funding an AHD

Responses:

	Priority Order* (# of Responses)			Total # of Responses
	1	**2**	**3**	
Developing an AHD partnership – Ways to establish and formalize relationships between public health practice organizations and academic institutions	11	8	1	20
Education/training – How AHDs can be used to build the skills and competence of students, public health practitioners, and faculty	16	10	7	33
Research – How AHDs can contribute to and improve public health services and systems research	4	5	5	14
Service delivery – Ways AHDs can help to improve capacity and performance to effectively meet the public health needs of a community	4	5	2	11
Health reform – Roles for public health and how to leverage what practice and academia can offer to an evolving health system	3	3	5	11
Funding an AHD – Strategies for obtaining and enhancing financial support to develop, maintain, or expand AHD partnerships	3	6	9	18
Sustaining and institutionalizing an AHD – Ways to ensure the long-term survival of AHD partnerships	2	4	8	14
Other	0	0	2	2
I'm not interested in participating in a subgroup	0	0	1	1

** 1=highest priority*

Other:

- Establishing direct partnerships to help MPH graduates find jobs and internships in public health organizations
- How academia can contribute to AHDs

Q: Please tell us what you would hope to learn or teach by participating in the subgroup you selected as your top choice. (n=32)

A: 13 responses emphasized learning, 4 responses emphasized teaching

Response Themes:

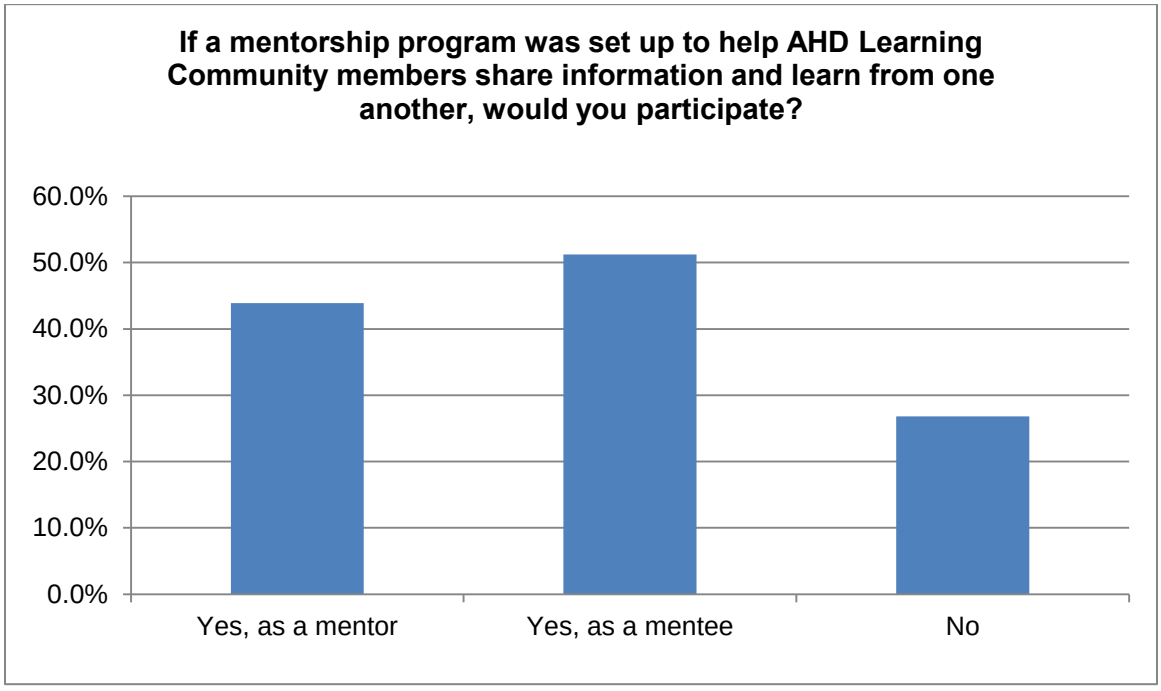
- Improving/supporting student education and training
- Establishing AHDs
- Examples of successful AHDs
- Supporting/educating partners
- Sustaining AHDs
- Funding AHDs

Q: If a mentorship program was set up to help AHD Learning Community members share information and learn from one another, would you participate? (n=41)

A: Responses:

	Percent	# of Responses*
Yes, as a mentor	43.9%	18
Yes, as a mentee	51.2%	21
No	26.8%	11

** Respondents could select multiple options*



Q: In addition to activities, the AHD Learning Community is also considering what resources will be most helpful to those working to develop, maintain, and expand AHD partnerships. If the following resources were available on the AHD Learning Community website, which would you be most likely to use? (n=44)

A: Top 5 Resources:

- Partnership agreement templates
- Case stories of AHD partnerships
- More partnership agreement examples
- List of existing AHD partnerships
- Resources to help generate buy-in for AHD partnerships

Responses:

	Priority Order* (# of Responses)			Total # of Responses
	1	**2**	**3**	
More examples of AHD partnership agreements	8	2	4	14
Templates for AHD partnership agreements	12	4	5	21
Examples of position descriptions for individuals who coordinate or direct AHDs	2	4	4	10
Templates for position descriptions for individuals who coordinate or direct AHDs	1	1	3	5
Examples of AHD organizational charts	0	7	3	10
A list of existing AHD partnerships	3	6	7	16
A map with the location of Learning Community members or their organizations	1	2	0	3
Case stories of AHD partnerships that demonstrate experiences, successes, challenges, accomplishments, or impact	10	10	9	29
A map or database of organizations interested in developing AHD partnerships	2	0	4	6
Resources to help those working on AHD partnerships to explain and generate buy-in for such partnerships	4	7	3	14
Other	0	0	1	1

** 1=highest priority*

Q: How would you like to receive information about AHD Learning Community activities and resources? (n=44)

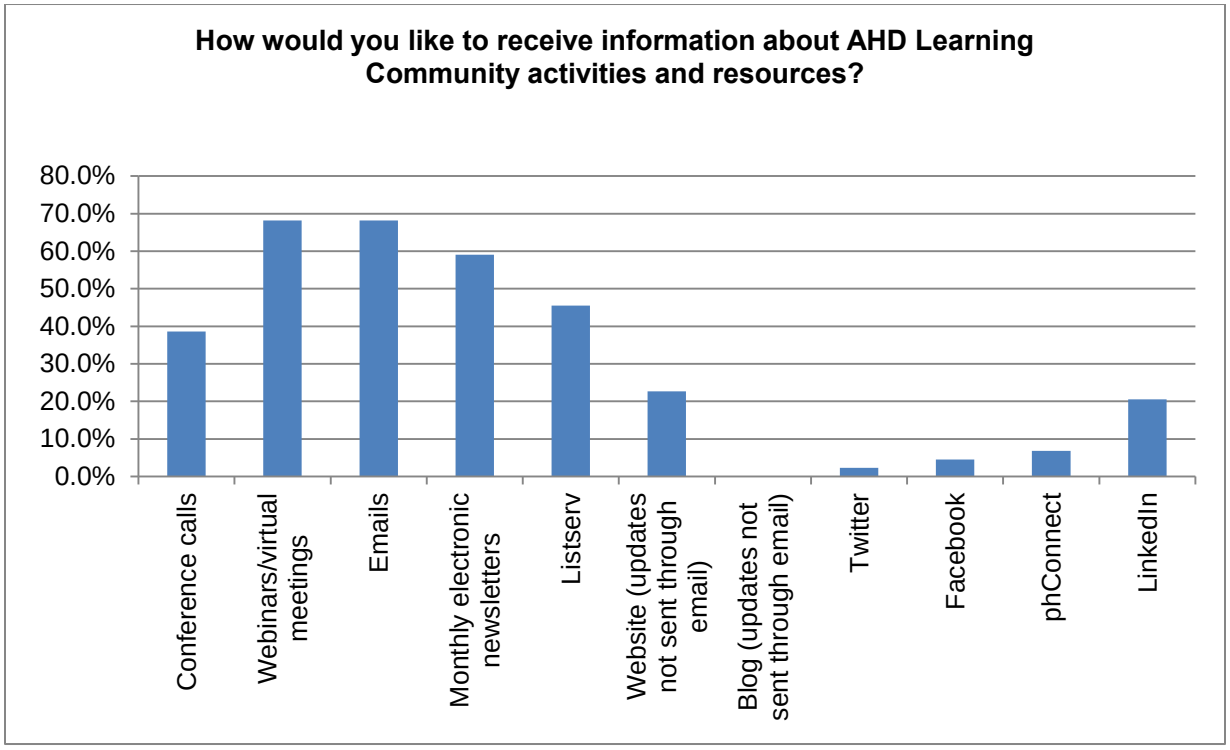
A: Top 3 Information Mechanisms:

- Webinars/virtual meetings
- Emails
- Monthly electronic newsletters

Responses:

	Percent	# of Responses*
Conference calls	38.6%	17
Webinars/virtual meetings	68.2%	30
Emails	68.2%	30
Monthly electronic newsletters	59.1%	26
Listserv	45.5%	20
Website (updates not sent through email)	22.7%	10
Blog (updates not sent through email)	0.0%	0
Twitter	2.3%	1
Facebook	4.5%	2
phConnect	6.8%	3
LinkedIn	20.5%	9
Other		0

** Respondents could select multiple options*



Q: What can the AHD Learning Community offer that is of value to you? (n=42)

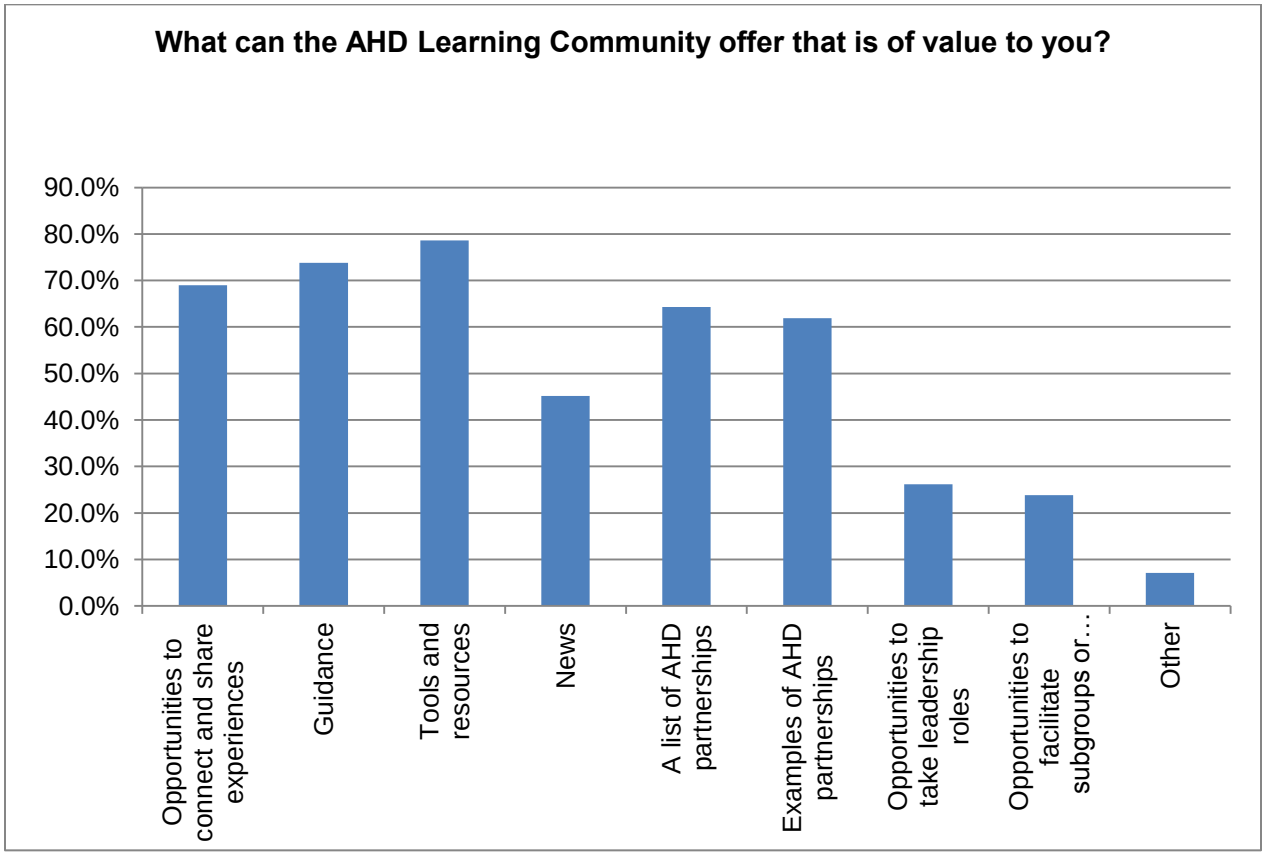
A: Top 3 Values:

- Tools and resources to support AHD partnerships
- Guidance related to AHD partnerships
- Opportunities to connect and share experiences with others who are exploring or working on AHD partnerships

Responses:

	Percent	# of Responses*
Opportunities to connect and share experiences with others who are exploring or working on AHD partnerships	69.0%	29
Guidance in developing, maintaining, or expanding AHD partnerships	73.8%	31
Tools and resources to support AHD partnerships	78.6%	33
News about AHD partnerships	45.2%	19
A list of existing AHD partnerships	64.3%	27
Examples of AHD partnership development, maintenance, or expansion	61.9%	26
Opportunities to take leadership roles in Learning Community activities	26.2%	11
Opportunities to facilitate Learning Community subgroups or meetings	23.8%	10
Other	7.1%	3

** Respondents could select multiple options*

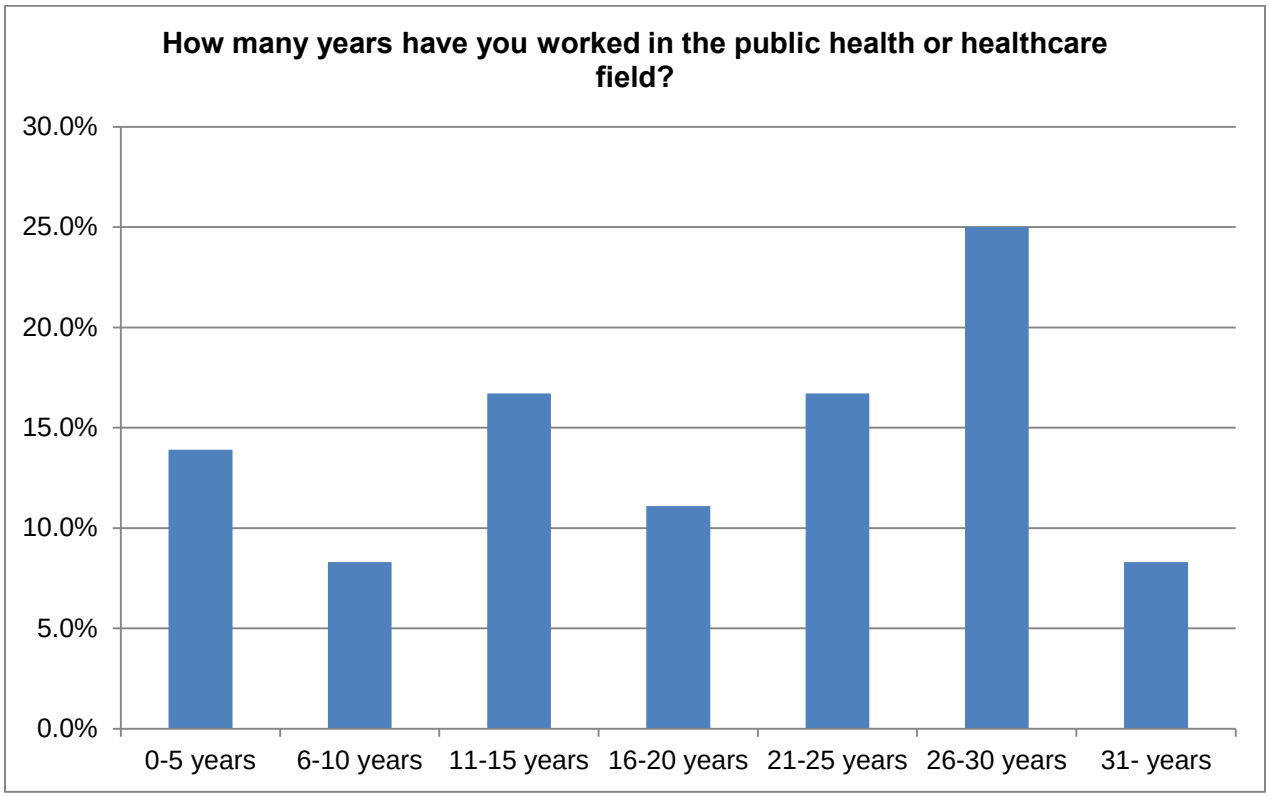


Demographics

Q: How many years have you worked in the public health or healthcare field? (n=36)

A: Responses:

	Percent	# of Responses
0-5 years	13.9%	5
6-10 years	8.3%	3
11-15 years	16.7%	6
16-20 years	11.1%	4
21-25 years	16.7%	6
26-30 years	25.0%	9
31- years	8.3%	3

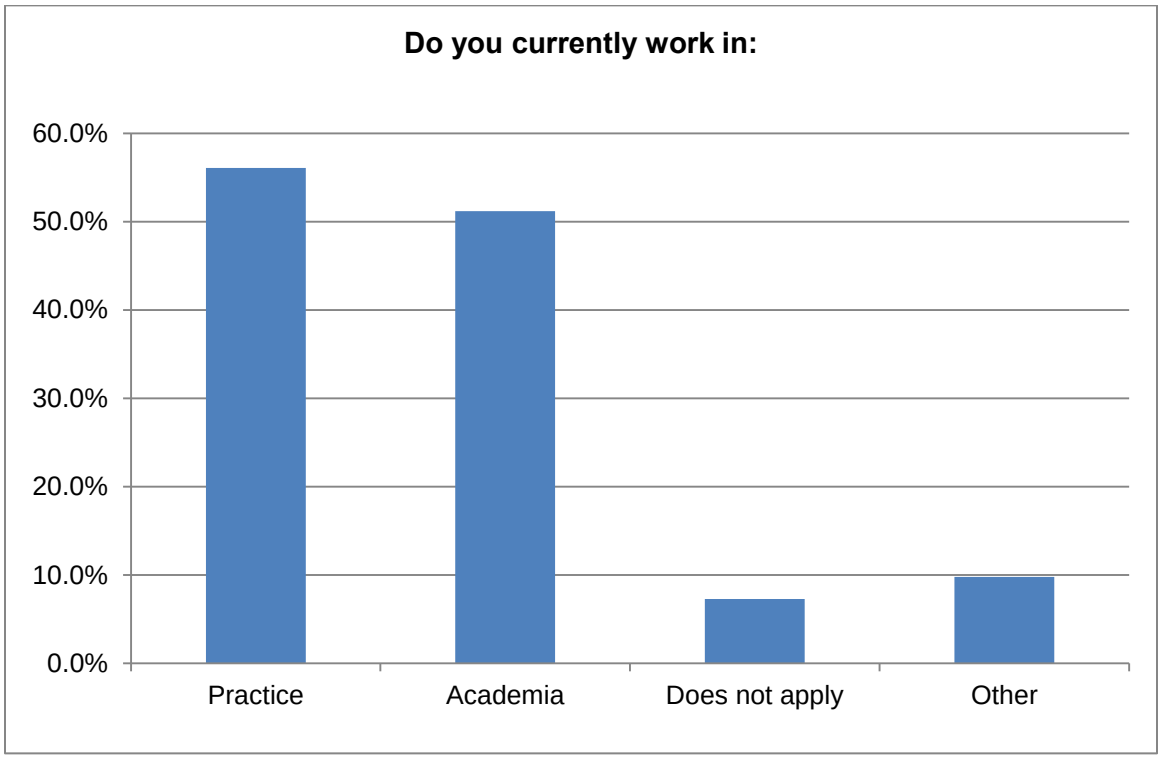


Q: Do you currently work in: (n=41)

A: Responses:

	Percent	# of Responses*
Practice	56.1%	23
Academia	51.2%	21
Does not apply	7.3%	3
Other	9.8%	4

** Respondents could select multiple options*



Other:

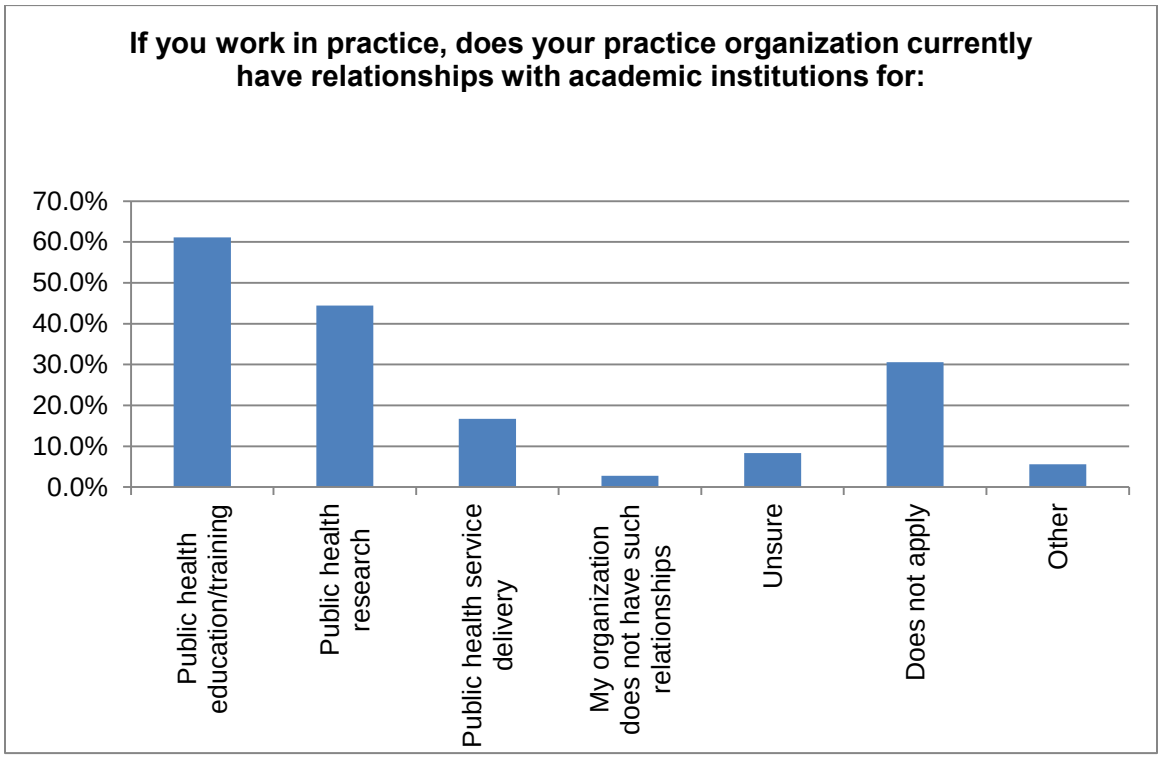
- Philanthropy
- State public health association

Q: If you work in practice, does your practice organization currently have relationships with academic institutions for: (n=36)

A: Responses:

	Percent	# of Responses*
Public health education/training	61.1%	22
Public health research	44.4%	16
Public health service delivery	16.7%	6
My organization does not have such relationships	2.8%	1
Unsure	8.3%	3
Does not apply	30.6%	11
Other	5.6%	2

** Respondents could select multiple options*

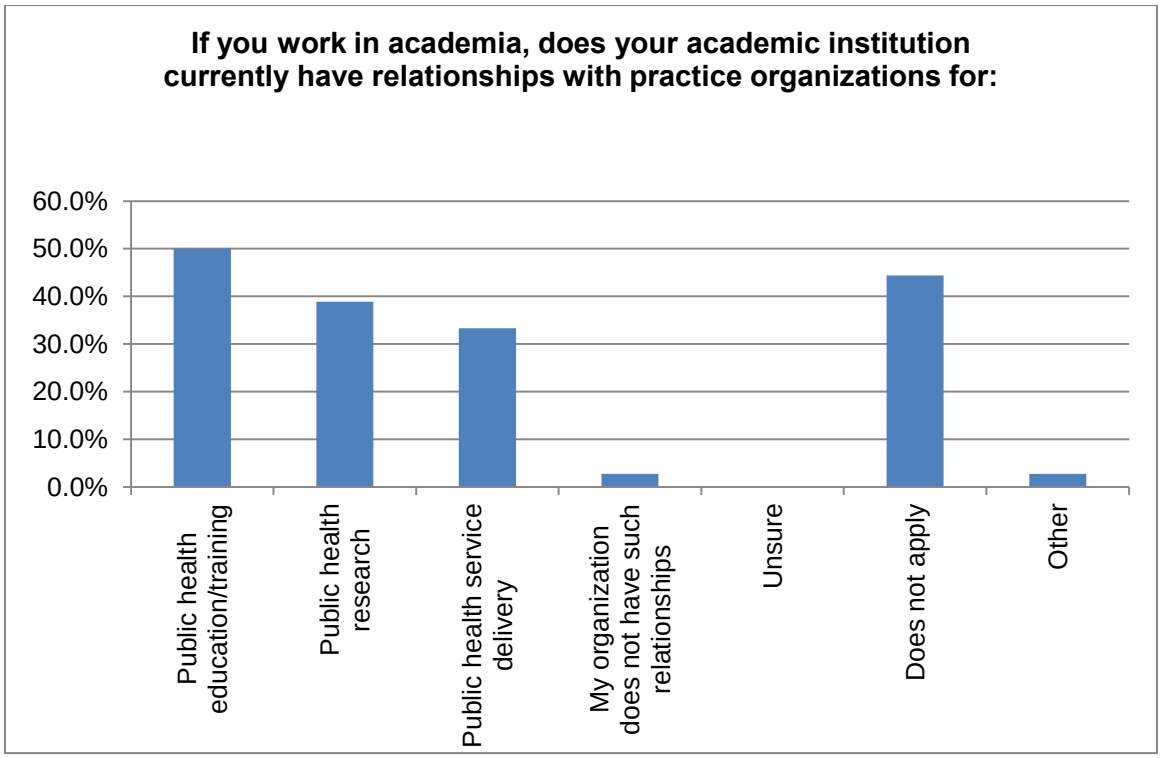


Q: If you work in academia, does your academic institution currently have relationships with practice organizations for: (n=36)

A: Responses:

	Percent	# of Responses*
Public health education/training	50.0%	18
Public health research	38.9%	14
Public health service delivery	33.3%	12
My organization does not have such relationships	2.8%	1
Unsure	0.0%	0
Does not apply	44.4%	16
Other	2.8%	1

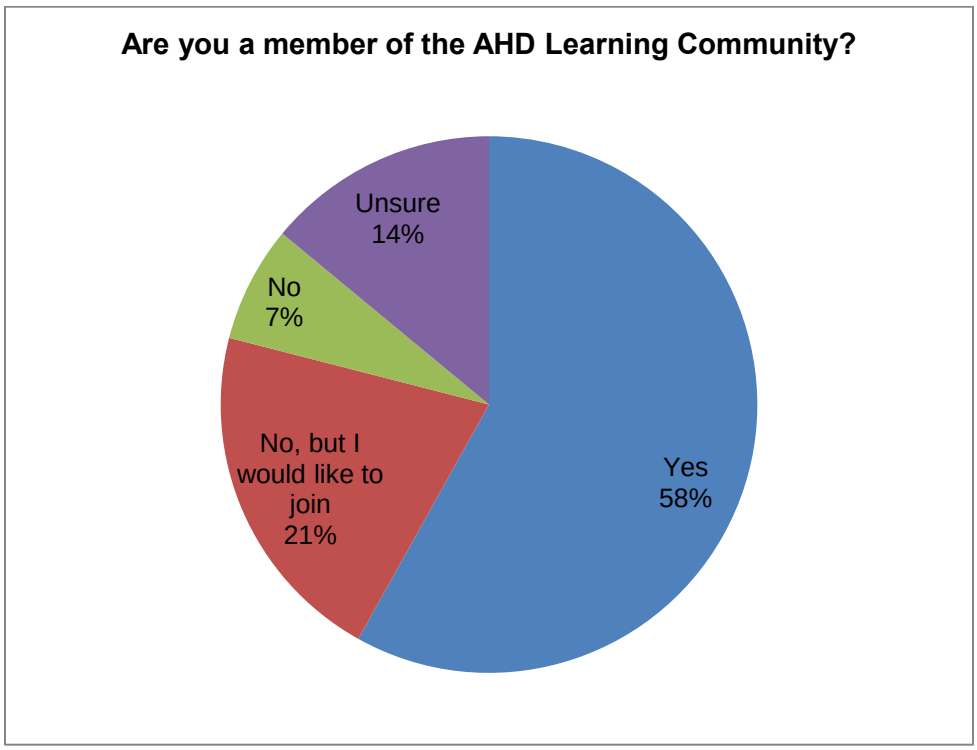
** Respondents could select multiple options*



Q: Are you a member of the AHD Learning Community? (n=43)

A: Responses:

	Percent	# of Responses
Yes	58.1%	25
No, but I would like to join	20.9%	9
No	7.0%	3
Unsure	14.0%	6



Q. Please check if you are NOT willing to have your name and email address listed on the AHD Learning Community website as a member.

A: 8.2% (4) of respondents do not want their name and email address listed online

Q: What would you like to share with us about the AHD Learning Community, its future activities, or your participation that we have not yet asked? (n=7)

A: Response Themes:

- Help connect members/create mentorship program
- Organize opportunities to meet in person

7. **Core Competencies for Public Health Professionals:**
    - **Core Competencies Workgroup Report**
    - **Core Competencies for Public Health Professionals (2010)**
    - **Summary of Core Competencies Feedback (February 26, 2014)**
    - **Core Competencies for Public Health Professionals: Tier 2 – Preliminary Draft Revisions**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies Workgroup Report

April 28, 2014

Overview

The Core Competencies for Public Health Professionals (Core Competencies), originally adopted in 2001, detail skills desirable for delivering essential public health services and are used in education, training, and other workforce development activities across the country. The Council on Linkages Between Academia and Public Health Practice (Council) regularly reviews the Core Competencies to ensure that these competencies keep pace with changes in the field of public health. The current version of the Core Competencies was adopted in 2010, and the Core Competencies are actively being revised for release in June 2014. In addition, tools and resources are being developed to help public health professionals and organizations use the Core Competencies. All of this work is guided by the Core Competencies Workgroup.

Revision Process

During its September 2013 meeting, the Council voted to proceed with revision of the Core Competencies. This decision was based on initial feedback collected from the public health community, and the collection of feedback to guide the revision process continued through the end of December 2013. Feedback was collected through a variety of means, including an online feedback form available on the Council website, email, meetings and conferences, Facebook, Twitter, webinars with the Public Health Training Centers, an in-person town hall meeting on the Core Competencies at the American Public Health Association Annual Meeting, and virtual town hall meetings with the Association of State and Territorial Health Officials and the National Association of County and City Health Officials. Through this process, over 1,000 comments were received from more than 350 practitioners, educators, and researchers in governmental public health, academia, non-profit organizations, and the private sector.

Significant suggestions in the feedback received include:

- Simplify and clarify the language used in competencies
- Keep the number and topics of domains the same
- Consider adding competencies to address topics such as health reform, health informatics, interdisciplinary collaboration, social marketing, and health financing
- Create an additional tier for administrative and support staff (to be addressed by the Council in the future)
- Enhance existing and develop new resources to facilitate use of the Core Competencies

A more detailed summary of feedback on the Core Competencies is included in the meeting materials.

This feedback is guiding revision of the Core Competencies, which began in January 2014. Each of the individual competencies within the Core Competencies is being considered in light of the feedback provided, and changes are being made to help better meet workforce needs. Particular attention is being paid to the language of the competencies, with numerous changes proposed to help simplify and clarify the wording used. As well, new concepts are being added and existing concepts expanded to help address many of the requests to cover additional topics. A description of this revision process has been made available to the public health community through a post on the PHF Pulse Blog, *Behind the Scenes of the Core Competencies for Public Health Professionals Revisions*.

Review of Draft Revisions
A preliminary draft of revisions to Tier 2 Core Competencies has been completed and is included in the meeting materials. As these revisions are reviewed, please note the following:

- The wording of competencies has been simplified and clarified, and additional "e.g.s" have been added to provide further explanation of concepts
- New competencies have been added to capture concepts not previously addressed and to expand on concepts thought to require more detail
- Competencies have been reordered within the domains to create a more logical progression, both in terms of the activities described and the complexity of skills needed
- No competencies have been moved from one domain to another, as the disadvantages of such action in terms of disrupting use of the Core Competencies in the field were seen to outweigh the potential benefits in terms of improving competency grouping
- The term "population health" has been incorporated into the Core Competencies, where appropriate, to refer to services being provided in the community

Revisions to Tier 1 and 3 competencies are also being drafted to align with those to Tier 2 competencies, and all three tiers will be revised and available to the public health community by the end of June. Feedback on these draft revisions to Tier 2 is highly encouraged, both during the meeting and by email to Kathleen Amos at kamos@phf.org following the meeting, and will be helpful in producing a final draft.

Update on Examples and Tools
Work on Core Competencies examples and tools is ongoing, and plans are being made to update resources due to the revision of the Core Competencies. The Examples of Core Competencies Use webpage, which provides access to examples of how public health organizations have used the Core Competencies in workforce development efforts, has been updated and reorganized to include new examples and provide better access to such examples. Further additions to this webpage are anticipated over the coming months. The examples to help clarify the meaning of individual competencies (or "e.g.s") developed over the past year by the Core Competencies Workgroup have been incorporated, where relevant, into the draft Core Competencies revisions and have proven useful in clarifying the wording of competencies. The call for competency-based job descriptions and workforce development plans remains open, and several requests have been received for more of such resources.

Once revisions to the Core Competencies are complete, the Core Competencies Workgroup will refocus its efforts on improving the resources available. Existing tools, such as the draft of *Examples Demonstrating Attainment of the Core Competencies for Public Health Professionals*, will need to be updated to reflect changes in the Core Competencies, and new resources, such as a crosswalk of the 2014 and 2010 Core Competencies, will need to be developed. Feedback received during the Core Competencies revision process will be reviewed in more detail to determine additional priorities for resource development.

Next Steps
Revision of the Core Competencies will continue throughout the spring. A preliminary draft of revisions to Tier 2 competencies is available on the Council website for review and public comment. In June, the final draft of the revised Core Competencies will be provided to the Council for review and a vote via email for approval. Following adoption of the revised Core Competencies, attention will shift to resource development and dissemination to ensure a smooth transition to the new version and continued support in incorporating the Core Competencies into workforce development activities.

Core Competencies Workgroup Members

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
- Susan Amador, Los Angeles County (CA) Department of Public Health
- Sonja Armbruster, College of Health Professions, Wichita State University
- Noel Bazini-Barakat, Los Angeles County (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
- Jessie Legros, Centers for Disease Control and Prevention
- 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

The Council on Linkages Between Academia and 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 20 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

Twenty national organizations are members of the Council on Linkages:

- American Association of Colleges of Nursing
- 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 and Programs 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. 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.

Tiers

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.

The Council on Linkages Between Academia and Public Health Practice

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

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals: Tier 2

Adopted: May 2010
Preliminary Draft Revisions: April 2014

Analytical/Assessment Skills	
Tier 2 (Mid Tier)[2]	
1B1.	Describes factors impacting the health of a community (e.g., equity, income, education, environment) [formerly 1B2]
~~1B3.~~	~~Generates variables that measure public health conditions~~ [concept integrated into other competencies]
1B2.	Uses sources of population health and related data and information (e.g., vital statistics, electronic health records) to determine community health status and community assets [formerly 1B5]
1B3.	Examines the accuracy, validity, and reliability of data [formerly 1B6]
1B4.	Examines the comparability of data [new]
1B5.	Identifies gaps in data [formerly 1B7]
1B6.	Uses methods and instruments to collect accurate, valid, and reliable quantitative and qualitative data [formerly 1B4]
1B7.	Employs ethical principles in collecting, maintaining, using, and disseminating data and information [formerly 1B8]
1B8.	Uses information technology to collect, store, and retrieve data [formerly 1B11]
1B9.	Analyzes quantitative and qualitative data (e.g., health needs, community assets, community input, vital statistics, electronic health records) [formerly 1B10]
1B10.	Interprets quantitative and qualitative data [formerly 1B9]
1B11.	Assesses the health status of populations and factors contributing to health and illness (e.g., the quality, availability, accessibility, and use of health services; access to affordable housing) to determine community health needs [formerly 1B1]
1B12.	Determines assets and resources to meet community health needs [new]
1B13.	Uses data to address scientific, political, ethical, and social public health issues [formerly 1B12]

Policy Development/Program Planning Skills
Tier 2
2B1. Uses community health needs assessment to develop community health improvement plan [new]
2B2. Analyzes information (e.g., current data and trends; proposed federal, state, and local legislation) to determine needs for specific policies and programs (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs) [formerly 2B1]
2B3. Develops options for specific policies and programs [formerly 2B2]
2B4. Determines the feasibility and potential implications of specific policy and program options [formerly 2B3]
~~2B4. Describes the implications of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)~~ [concept integrated into other competencies]
2B5. Recommends specific policies and programs [new]
2B6. Establishes teams to achieve programmatic and organizational goals [new]
~~2B5. Uses decision analysis for policy development and program planning~~ [concept integrated into other competencies]
2B7. Manages implementation of policies and programs [formerly 2B6]
~~2B7. Develops plans to implement policies and programs~~ [concept integrated into other competencies]
~~2B8. Develops policies for organizational plans, structures, and programs~~ [concept integrated into other competencies]
2B8. Describes how evaluation results will be used to improve policies and programs [new]
2B9. Determines strategies to monitor and evaluate effectiveness and quality of policies and programs
2B10. Manages implementation of policy and program evaluations [new]
2B11. Uses public health informatics practices (e.g., ...) to develop, implement, evaluate, and improve policies and programs [formerly 2B10]

Policy Development/Program Planning Skills
Tier 2
2B12. Develops strategies for continuous quality improvement [formerly 2B11]
2B13. Identifies current and projected fiscal, social, political, and community health trends related to policies and programs [new]
2B14. Implements organizational strategic plan [new]

Communication Skills	
Tier 2	
3B1.	Assesses the literacy of populations served (e.g., overall literacy, ability to understand and use available health information, use of social media)
3B2.	Addresses the literacy levels of populations served when communicating [new]
3B3.	Communicates in writing and orally with linguistic and cultural proficiency [formerly 3B2]
3B4.	Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) [formerly 3B3]
3B5.	Determines approaches to use for disseminating public health information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings) [formerly 3B4]
3B6.	Communicates to influence human behavior in order to improve health or benefit society (e.g., uses social marketing methods) [new]
3B7.	Presents information to professional and lay audiences (e.g., demographics, statistics, evidence-based strategies) [formerly 3B5]
3B8.	Facilitates communication between individuals, groups, and organizations [formerly 3B6]
3B9.	Describes how governmental public health, health care, and other partners improve population health [new]

Cultural Competency Skills	
Tier 2	
4B1.	Describes the diversity of individuals and populations served (e.g., language, culture, values, socioeconomic status, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities) [formerly 4B4]
4B2.	Considers the diversity of individuals and populations served when interacting [formerly 4B1]
4B3.	Considers how the diversity of individuals and populations served (e.g., historical and cultural experiences, socioeconomic backgrounds, languages, traditions, beliefs, practices) impacts the accessibility, availability, acceptability, and delivery of population health services [formerly 4B2]
4B4.	Addresses the diversity of individuals and populations served when providing population health services [formerly 4B3]
4B5.	Assesses how policies and programs address the diversity of individuals and populations served (e.g., customer satisfaction surveys, use of services by the target population) [formerly 4B6]
4B6.	Describes the need for a diverse public health workforce [formerly 4B5]

Community Dimensions of Practice Skills	
Tier 2	
5B1.	Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing population health services (e.g., federal agencies; state, tribal, local, and territorial health departments; non-profit organizations; community-based organizations) [formerly 5B7]
5B2.	Identifies existing relationships and partnerships (e.g., hospitals, community health centers, schools, community-based organizations) that impact health within a community [formerly 5B1]
5B3.	Identifies relationships and partnerships that may be needed to improve health within a community (e.g., the interplay between individual, relationship, community, and social factors [Social-Ecological Model]) [new]
5B4.	Establishes relationships and partnerships within a community (e.g., partners serving same populations, academic institutions, policy makers, customers/clients) [formerly 5B3]
5B5.	Facilitates discussion and collaboration among partners to improve health within a community [formerly 5B4]
5B6.	Maintains and strengthens partnerships to improve health within a community (e.g., coalition building) [formerly 5B5]
5B7.	Engages community members (e.g., focus groups, talking circles, mobilizing through planning partnerships) to improve health within a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services) [formerly 5B6]
5B8.	Uses community input when developing, implementing, and evaluating policies and programs [formerly 5B9]
5B9.	Uses community input to improve policies and programs [new]
5B10.	Illustrates how assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions) can be used to improve health within a community [formerly 5B8]
5B11.	Collaborates in community-based participatory research [formerly 5B2]
5B12.	Promotes policies, programs, and resources that improve health within a community (e.g., explains information to the community through community meetings) [formerly 5B10]

Public Health Sciences Skills	
Tier 2	
6B1.	Discusses the scientific foundation of the field of public health
6B2.	Distinguishes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
6B3.	Relates public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to the three Core Public Health Functions and 10 Essential Public Health Services
6B4.	Applies public health sciences to policies and programs
6B5.	Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision-making [formerly 6B6]
6B6.	Reviews evidence in developing, implementing, and evaluating policies and programs [formerly 6B5]
6B7.	Determines limitations of evidence (e.g., data accuracy, validity, reliability, sample size, bias, generalizability)
6B8.	Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
6B9.	Contributes to building the evidence base of public health (e.g., Academic Health Departments, Practice-Based Research Networks)
6B10.	Establishes partnerships between practice and academic organizations to improve education, research, and the delivery of population health services [new]

Financial Planning and Management Skills	
Tier 2	
7B1.	Interprets how public health, health care, and other organizations that influence health work with one another to provide population health services and programs
7B2.	Describes how public health and health care services and programs are funded [new]
7B3.	Interprets how governmental public health is structured, functions, and is authorized to provide public health services and programs [formerly 7B2]
7B4.	Develops partnerships with government agencies with authority to take action to address population health needs (e.g., childhood immunizations, natural disasters) [formerly 7B3]
7B5.	Implements policies and procedures of the governing body or administrative unit that oversees the public health organization (e.g., board of health, chief executive's office, tribal councils) [formerly 7B4]
7B6.	Develops strategies for determining programmatic budget (e.g., priorities, revenue sources) [formerly 7B7]
7B7.	Develops a programmatic budget [formerly 7B5]
7B8.	Manages programs within current and projected budget constraints (e.g., sustaining a program when government funding is cut) [formerly 7B6]
7B9.	Prepares proposals for funding from external sources [formerly 7B10]
7B10.	Evaluates program performance (e.g., outputs, outcomes, processes, return-on-investment) [formerly 7B8]
7B11.	Uses evaluation results to improve performance [formerly 7B9]
7B12.	Applies interpersonal skills to manage organizations, motivate personnel, and resolve conflicts [formerly 7B11]
7B13.	Applies public health informatics skills to improve operations of programs and the organization [formerly 7B12]
7B14.	Negotiates contracts and other agreements to provide services [formerly 7B13]

Financial Planning and Management Skills	
Tier 2	
7B15.	Uses financial analysis methods (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment) to prioritize and make decisions about policies and programs [formerly 7B14]

Leadership and Systems Thinking Skills	
Tier 2	
8B1.	Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
8B2.	Demonstrates how public health organizations, health care organizations, and other organizations work individually and with others to impact health within a community
8B3.	Engages with individuals and organizations to identify key values and a shared vision to guide community action (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8B4.	Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services
8B5.	Promotes individual, team, and organizational professional development (e.g., competency assessment, training, mentoring, peer advising, coaching)
8B6.	Establishes professional development opportunities for the public health workforce
8B7.	Creates a process for continuous improvement of individual and organizational performance
8B8.	Modifies organizational practices to anticipate and address changes (e.g., social, political, economic, scientific) that may impact the health of the community

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[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.

To provide feedback on these draft revisions, please contact Council on Linkages Project Manager Kathleen Amos at kamos@phf.org.

8. Update on Other Council Initiatives:

- **Poster: Differences in Public Health Employee Satisfaction by Organizational Governance Structure**

Differences in Public Health Employee Satisfaction by Organizational Governance Structure

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PROTECTING YOUR HEALTH

Source: Association of Schools of Public Health

BACKGROUND

Given ongoing shortages within the public health workforce, it is crucial that we understand factors related to employee recruitment and retention. Specifically, understanding public health employee satisfaction and perceptions regarding leadership and professional development may inform strategies to improve recruitment and retention.

RESEARCH OBJECTIVE

To examine whether there are differences in public health employee perceptions about organizational leadership and professional development according to governance structure. This study specifically examined these characteristics among employees currently working within governmental public health.

DATA SETS AND SOURCES

We used secondary data from the Council on Linkages Between Academia and Public Health Practice 2010 Survey of Public Health Workers, the largest survey of public health employees to date. Public health employees represented all 50 states with a total of 11,640 respondents. Responses about leadership and professional development were rated on a 5-point Likert scale where 5 was 'strongly agree' and 1 was 'strongly disagree.'

METHODS

This cross-sectional cohort study employed T-tests and linear regression models to examine differences in employee satisfaction with specific leadership or professional development characteristics by governance structure (decentralized, centralized or shared).

RESULTS

Looking specifically at current public health employees that responded to the survey (n=6,939), findings indicate that there are significant differences in employee perceptions about *leadership*, management *efforts to address employee concerns*, and *professional development* among employees within centralized (n=544), decentralized (n=1,569), and shared (n=4,154) governance structures (see Table 1).

Table 1: Public Health Employee Satisfaction by Organizational Governance

	Centralized vs. Decentralized	Centralized vs. Shared	Decentralized vs. Shared
Please rate how strongly you agree or disagree with the following statement about leadership in your organization:			
There is an atmosphere of trust and mutual respect within the organization	3.127 vs. 3.314*	3.127 vs. 3.168	3.314 vs. 3.168**
Management and staff have a shared vision	3.185 vs. 3.335*	3.185 vs. 3.208	3.335 vs. 3.208**
Employees are held to high professional standards for the work they do	3.612 vs. 3.685	3.612 vs. 3.558	3.685 vs. 3.558**
Employee performance evaluations are handled in an appropriate manner	3.404 vs. 3.381	3.404 vs. 3.266*	3.381 vs. 3.266*
The procedures for employee performance evaluations are consistent	3.399 vs. 3.331	3.399 vs. 3.225*	3.331 vs. 3.225*
Employees receive constructive feedback that can help them improve their performance	3.357 vs. 3.383	3.357 vs. 3.257	3.838 vs. 3.257**
Over the past 12 months, management in the organization has made a sustained effort to address employee concerns about:			
Tools needed to do my job	3.376 vs. 3.627**	3.376 vs. 3.477	3.627 vs. 3.477**
Professional development	3.348 vs. 3.593**	3.348 vs. 3.368	3.593 vs. 3.368**
Autonomy/Employee empowerment	3.054 vs. 3.276**	3.054 vs. 3.104	3.276 vs. 3.104**
Leadership issues	3.033 vs. 3.203*	3.033 vs. 3.026	3.203 vs. 3.026**
New employee support	3.388 vs. 3.370	3.388 vs. 3.259*	3.370 vs. 3.259*
Please rate how strongly you agree or disagree with the following statement about professional development in your organization:			
Sufficient funds and resources are available to allow employees to take advantage of professional development opportunities	2.440 vs. 2.724**	2.440 vs. 2.528	2.724 vs. 2.528**
Adequate time is provided for professional development	2.693 vs. 3.118**	2.693 vs. 2.916**	3.118 vs. 2.916**
Employees have sufficient training to fully utilize technology needed for their work	2.998 vs. 3.186*	2.998 vs. 3.002	3.186 vs. 3.002**
Employees are provided with opportunities to learn from one another	3.488 vs. 3.723**	3.488 vs. 3.587	3.723 vs. 3.587**
Professional development provides employees with the knowledge and skills most needed to do their work effectively	3.317 vs. 3.627**	3.317 vs. 3.458*	3.627 vs. 3.458**

*p<0.05, **p<0.001

Employees in decentralized settings were more satisfied with the atmosphere of trust and mutual respect within the organization as compared to those in centralized settings (3.31 vs. 3.13, p= 0.005, respectively) or shared governance settings (3.31 vs. 3.17, p<0.001). Also, employees in decentralized settings more strongly agreed that sufficient funds and resources are available for professional development as compared to centralized settings (2.72 vs. 2.44, p<0.001) or shared settings (2.72 vs. 2.53, p<0.001).

Table 2: Multivariate Relationship between Public Health Employee Satisfaction and Organizational Governance

Characteristics of the Respondent and their work environment	Leadership creates an atmosphere of trust and mutual respect within the organization (n=3,700)	Sufficient funds and resources are available to allow employees to take advantage of professional development opportunities (n=3,698)
Governance		
Decentralized	Reference	Reference
Centralized	-0.251** (0.071)	-0.449** (0.123)
Shared	-0.057 (0.089)	-0.267 (0.242)
Age	0.003** (0.002)	-0.005* (0.002)
Female	-0.088** (0.051)	-0.014 (0.092)
Current Education Level		
High School	Reference	Reference
Associate's Degree	-0.086 (0.124)	-0.021 (0.066)
Bachelor's Degree	0.113 (0.107)	-0.042 (0.117)
Master's Degree	0.165 (0.114)	-0.045 (0.108)
Terminal Degree	0.184 (0.114)	-0.288* (0.112)
Organizational Jurisdiction		
Size<25,000	Reference	Reference
25,000= 49,999	-0.124 (0.119)	-0.162* (0.078)
50,000- 99,999	-0.333** (0.099)	-0.225 (0.125)
100,000- 249,999	-0.305** (0.087)	-0.468** (0.145)
250,000- 499,999	-0.447** (0.1)	-0.473** (0.119)
500,000- 999,999	-0.588** (0.115)	-0.551** (0.129)
100,000+	-0.581** (0.151)	-0.553** (0.134)

Notes : Unstandardized beta coefficients (standard errors) presented. *p<0.1, **p <0.05

Results of a linear regression analysis also found that employees in decentralized governance structures were significantly more satisfied with the atmosphere of trust and mutual respect and more highly agreed that sufficient funds were available for professional development within their organizations. Differences between decentralized and shared governance structures were not significant.

STUDY CONTACT

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CONCLUSIONS

In general, across all satisfaction categories there were significant differences by governance structure. Findings indicate that employees within decentralized governance structures are more satisfied with leadership and professional development opportunities than those in centralized or shared structures. While the data does not indicate what if any differences exist between specific professional development opportunities across organizations with different governance structures, we can speculate that there may be differences in the visibility of such opportunities.

IMPLICATIONS FOR POLICY, DELIVERY, OR PRACTICE

Public health leaders may want to gather more in-depth information on these topics and examine other underlying factors that contribute to differences in satisfaction with leadership and professional development. Perhaps there are ways to improve employee satisfaction and ultimately long-term employee retention.

9. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2011-2015**

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Constitution and Bylaws

ARTICLE I. – MISSION:

The mission of the Council on Linkages Between Academia and Public Health Practice (Council) is to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

ARTICLE II. – BACKGROUND AND PURPOSE:

In order to bridge the perceived gap between the academic and practice communities that was documented in the 1988 Institute of Medicine report, *The Future of Public Health*, the Public Health Faculty/Agency Forum was established in 1990.

After nearly two years of deliberations and a public comment period, the Forum released its final report entitled, *The Public Health Faculty/Agency Forum: Linking Graduate Education and Practice*. The report offers recommendations for: 1) strengthening relationships between public health academicians and public health practitioners in public agencies; 2) improving the teaching, training, and practice of public health; 3) establishing firm practice links between schools of public health and public agencies; and 4) collaborating with others in achieving the nation's Year 2000 health objectives. In addition, the Public Health Faculty/Agency Forum issued a list of "Universal Competencies" to help guide the education and training of public health professionals.

The Council was formed initially to help implement these recommendations and competencies. Over time, the Council's mission and corollary objectives may be amended to best serve the needs of public health's academic and practice communities.

ARTICLE III. – MEMBERSHIP:

A. Member Composition:

The Council is comprised of national public health academic and practice agencies, organizations, and associations that desire to work together to help build academic/practice linkages in public health. Membership on the Council is limited to any agency, organization, or association that:

1. Can demonstrate that agency, organization, or association is national in scope.
2. Is unique and not currently represented by existing Council Member Organizations.
3. Has a mission consistent with the Council's mission and objectives.
4. Is willing to participate as a Preliminary Member Organization on the Council for one year prior to formal membership, at the participating organization's expense.
5. Upon being granted formal membership status, signs the Council's Participation Agreement.

Individuals may not join the Council.

B. Member Organizations:

Council Member Organizations include:

- American Association of Colleges of Nursing (AACN) – Preliminary Member Organization
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Prevention Teaching and Research (APTR)
- Association of Accredited Public Health Programs (AAPHP)
- Association of Public Health Laboratories (APHL)
- Association of Schools and Programs of Public Health (ASPPH)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Programs in Health Administration (AUPHA)
- Centers for Disease Control and Prevention (CDC)
- Community-Campus Partnerships for Health (CCPH)
- Health Resources and Services Administration (HRSA)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- National Public Health Leadership Development Network (NLN)
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education (SOPHE)

Membership Categories:

An organization must petition the Council to become a member in accordance with the Council's membership policy. If membership is granted, the agency, organization, or association will become a Preliminary Member Organization for the period of one year. At the conclusion of one year as a Preliminary Member Organization, the Council will vote to approve or decline the agency, organization, or association as a Formal Member Organization. If granted formal membership status, the agency, organization, or association will be reimbursed for travel related expenses for future meetings, if funds permit.

I. Preliminary Member Organization Privileges

1. Preliminary Member Organizations may fully participate in all discussions and activities associated with Council meetings at which they are required to attend.
2. Preliminary Member Organizations retain the right to vote at Council meetings during their preliminary term.
3. Preliminary Member Organizations can participate in any and all Council subcommittee/taskforce discussions that they desire to join.
4. Preliminary Member Organizations' names and/or logos will be included in Council resources that depict Member Organizations during the preliminary term.
5. Preliminary Member Organizations will be responsible for all travel related expenses for attending meetings.

II. Formal Member Organization Privileges

1. In accordance with the Council's travel policy and as funding permits, Organizational Representatives (Representatives) from Formal Member Organizations are entitled to reimbursement up to a predetermined amount for airfare, transportation to and from meeting site, and hotel accommodations for Council meeting travel.
2. As funding permits, Representatives from Formal Member Organizations will be reimbursed at the federally-approved per diem rate for meals consumed during travel to and from Council meetings.
3. Substitutes for officially designated Representatives are not eligible for travel reimbursement.
4. Formal Member Organizations retain full participation privileges in all Council discussions, activities, votes, and subcommittee/taskforces.
5. Formal Member Organizations will be represented either via logo or text in all Council resources that depict membership.
6. Formal Member Organizations must comply with the signed Participation Agreement.
7. Representatives from federal government agencies will not receive funding from the Council for travel or related expenses.

ARTICLE IV. – MEMBER ORGANIZATION RESPONSIBILITES:

In order for the Council to meet its goals and corollary objectives, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council membership requires that:

- Each Member Organization (Organization) select an appropriate Representative to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.
- The Representative have access to and communicate regularly with the Organization's leadership about Council activities.
- The Representative be able to present the perspectives of the Organization during Council meetings.
- The Representative attend and actively participate in scheduled meetings and shall not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.
- Each Organization identify a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.
- During at least one meeting each year, Representatives present the progress their respective Organizations and members have made toward implementing and sustaining productive academic/practice linkages.
- Each Representative (or staff contact) respond to requests for assistance with writing and compiling Council documents and resources.
- Representatives and Organizations disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective memberships of the Organizations.

- Upon request of the Council Chair, Representatives officially represent the Council at meetings or presentations widely attended by members of the practice and academic public health communities.
- Upon request of the Council Chair, Representatives assist Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

If a Representative or Organization does not fulfill the above responsibilities, Council staff will first contact the Representative and Organization in writing. If a Representative fails to address the concerns—for example, in the case of chronic absenteeism at Council meetings—the Council chair may request that a new Representative be selected. Then, if a Member Organization consistently fails to perform its responsibilities after a written warning, Council staff will inform that Organization in writing that the full Council will vote on revoking that Organization's membership. If a majority of all Representatives vote to revoke an Organization's membership, that Organization will no longer be considered a part of the Council.

ARTICLE V. – Discussions, Decisions, and Voting:

A. The following overlying principle shall govern decisions within the Council:

Each Member Organization shall have one vote. Only Representatives or officially designated substitutes can vote. To designate a substitute, Member Organizations must provide the name and contact information for that individual to Council staff in advance of the meeting.

B. Discussions & Decisions:

Council meetings will use a modified form of parliamentary procedure where discussions among the Representatives will be informal to assure that adequate consideration is given to a particular issue being discussed by the Council. However, decisions will be formal, using Robert's Rules of Order (recording the precise matters to be considered, the decisions made, and the responsibilities accepted or assigned).

C. Voting:

1. Each Representative shall have one vote. If a Representative is unable to attend a meeting, the Organization may designate a substitute (or Designee) for the meeting. That Designee will have voting privileges for the meeting.
2. **Quorum** is required for a vote to be taken and shall consist of a majority of the Representatives or Designees of all participating groups composing the Council.
3. **Simple Majority** Vote will be required for internal Council administrative, operational, and membership matters (i.e.: Minutes approvals).
4. The Council will seek **Consensus** (Quaker style – No-one blocking consensus) when developing major new directions for the Council (i.e.: moving forward with studying leadership tier of credentialing). No more than one-quarter of Representatives or their Designees can abstain, or the motion will not pass. Representatives will be expected to confer with the leadership of their organizations prior to the meeting to ensure that their votes reflect the Organization's views on the topic.
5. A two-thirds **Super Majority** of all Representatives will be required to vote on accepting or amending this Constitution and Bylaws.

ARTICLE VI. – COUNCIL LEADERSHIP:

One Representative will serve as the Council Chair. The Chair is charged with opening and closing meetings, calling all votes, and working with Council staff to set meeting agendas.

The term of the Chair is two years. There is no limit to the number of terms a Representative can serve as Chair. At the end of each two-year term, another Council Representative and/or the current Chair may nominate him/herself or be nominated for the position of Chair. To be elected Chair requires a majority affirmative vote of Council membership. In the event that there are several nominees and no nominee receives a clear majority of the vote, a runoff will be held among the individuals who received the highest number of votes.

To be eligible to serve as Chair, an individual must:

- have served as a Council Representative for at least two years; and
- have some experience working in public health practice.

ARTICLE VII. – MEETINGS:

The Council shall convene at least one in-person meeting a year. Funds permitting, the Council will convene additional meetings either in-person or via conference call. All meetings are open to the public.

ARTICLE VIII. – COUNCIL STAFF ROLES AND RESPONSBILITIES:

The Council is staffed by the Public Health Foundation. Council staff provide administrative support to the Council and its Organizations and Representatives. This includes, but is not limited to:

1. Planning and convening Council meetings;
2. General Council administration such as drafting meeting minutes, yearly deliverables, progress reports, action plans, etc.;
3. Working with Representatives and their Organizations to secure core and special project funding for Council activities and initiatives; and
4. Officially representing the Council at meetings related to education and practice.

ARTICLE IX. – FUNDING:

Council staff, with approval from the Council Chair, may seek core and special project funding on behalf of the Council in accordance with Council-approved objectives, strategies, and deliverables.

Adopted: January 24, 2006
Amended: January 27, 2012
Article III.B. Member Organizations Updated: September 6, 2013; March 31, 2014

The Council on Linkages Between Academia and Public Health Practice

Participation Agreement

The Council on Linkages Between Academia and Public Health Practice (Council) exists to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health and healthcare community; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career. In order to fulfill this mission, membership on the Council requires a certain level of commitment and involvement in Council activities. At a minimum, Council involvement requires that:

- The Member Organization (Organization) selects an appropriate Representative (Representative) to serve on the Council for, at a minimum, one year. Organizations are strongly encouraged to select Representatives who can serve for terms of two or more years.

- The Representative has access to and communicates regularly with the Organization's leadership about Council activities.

- The Representative is able to present the perspectives of the Organization during Council meetings.

- The Representative attends and actively participates in scheduled meetings and does not miss two consecutive meetings during a given year unless the absence is communicated to Council staff and approved by the Chair before the scheduled meeting.

- The Organization identifies a key staff contact who will keep abreast of Council activities via interaction with Council staff, attendance at locally-held meetings, and/or regular contact with the Representative.

- During at least one meeting each year, the Representative presents the progress his/her respective Organization and members have made toward implementing and sustaining productive academic/practice linkages.

- The Representative and Organization contribute to the Council's understanding of how Council initiatives and products are being used by the members/constituents of the Council Organization.

- The Representative (or staff contact) responds to requests for assistance with writing and compiling Council documents and resources.

- The Representative and Organization disseminate information on linkage activities using media generally available to the Council's constituency and specifically to the respective membership of the Council Organization.

- Upon request of the Council Chair, the Representative officially represents the Council at meetings or presentations widely attended by members of the practice and academic public health communities.

- Upon request of the Council Chair, the Representative assists Council staff with identifying and securing funding for projects, advocating Organizational support for specific initiatives, and serving on Council subcommittees.

We have read and understand the Participation Agreement described above and agree to the obligations and conditions for membership on the Council on Linkages Between Academia and Public Health Practice. We understand that membership and representation is voluntary, and we may withdraw Representative and/or Organizational participation at any time if we are unable to meet the above outlined responsibilities.

_____	_____
Council Representative Designated by Organization	Date
_____	_____
Organizational Executive Director	Date
_____	
Member Organization	

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice: Strategic Directions, 2011-2015

Mission

To improve public health practice, education, and research by:

- Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
- Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
- Creating a process for continuing public health education throughout one's career.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Public Responsibility and Citizenship

Objectives

- Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.
- Enhance public health practice-oriented education and training.
- Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Objectives, Strategies, & Tactics

Objective A. Foster collaborations between academia and practice within the field of public health and between public health and healthcare professionals and organizations.

Strategy 1: Promote development of collaborations between academic institutions and practice organizations.

Tactics:

a. Increase membership and activities of the Academic Health Department Learning Community.
b. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 2: Promote development of collaborations between public health and healthcare professionals and organizations.

Tactics:

a. Identify cross-cutting competencies for public health and primary care.

Adopted: June 9, 2011

b. Expand the Academic Health Department Learning Community to include primary care professionals and organizations.
c. Document and highlight collaboration and its impact through a Linkages Awards program.

Strategy 3: Document exemplary practices in collaboration.

Tactics:

a. Serve as a clearinghouse for evidence regarding successful linkages.
b. Conduct a periodic review of practice-based content in public health education.

Objective B. Enhance public health practice-oriented education and training.

Strategy 1: Develop and support the use of consensus-based competencies relevant to public health practice.

Tactics:

a. Review the Core Competencies for Public Health Professionals every three years for possible revision.
b. Develop and disseminate tools to assist public health professionals to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Explore with the Pan American Health Organization, the World Health Organization, and the World Bank ways to make the Core Competencies for Public Health Professionals and supporting resources available to the international community.
d. Serve as a data source for Healthy People 2020.

Strategy 2: Encourage ongoing training of public health professionals and capture lessons learned and impact.

Tactics:

a. Explore methods for enhancing and measuring the impact of training.

Strategy 3: Assess the value of public health practitioner certification for ensuring a competent public health workforce.

Strategy 4: Explore uses of technology for facilitating education and training and enhancing collaboration among providers of education and training.

Objective C. Support the development of a highly skilled and motivated public health workforce with the competence and tools to succeed.

Strategy 1: Develop a comprehensive plan for ensuring an effective public health workforce.

Tactics:

a. Develop evidence-supported recruitment and retention strategies for the public health workforce.
b. Use survey methods to gather additional data about public health workers.
c. Join the Public Health Accreditation Board's Public Health Workforce Think Tank to encourage the integration of competencies into accreditation processes.
d. Participate in, facilitate, and/or convene efforts to develop a national strategic and operational plan for public health workforce development and monitor progress.

Strategy 2: Define training and life-long learning needs of the public health workforce, identify gaps in training, and explore mechanisms to address these gaps.

Strategy 3: Provide access to and assistance with using tools to enhance competence.

Tactics:

a. Assist public health professionals with using tools to implement and integrate the Core Competencies for Public Health Professionals into practice.

Strategy 4: Facilitate learning around effective public health practices.

Tactics:

a. Serve as an advisory body for the Guide to Community Preventive Services Public Health Works initiative.

Objective D. Promote and strengthen collaborative research to build the evidence base for public health practice and its continuous improvement.

Strategy 1: Support efforts to refine the Public Health Systems and Services Research agenda.

Tactics:

a. Identify gaps in the development of research that is relevant to practice.
b. Vet the Robert Wood Johnson Foundation workforce research agenda.
c. Conduct an annual scan to determine progress on implementation of the workforce research agenda.

Strategy 2: Support the translation of research into public health practice.

Tactics:

a. Identify means to solicit and disseminate evidence-based practices.

Strategy 3: Encourage the engagement of practice partners in public health research.

Strategy 4: Explore approaches to enhance funding of public health research.

Council on Linkages Administrative Priorities

- **Communication**: Use communication tools effectively to increase access for diverse audiences to Council initiatives and products.
- **Funding**: Secure funding to support Council activities.
- **Governance**: Review governance structure of the Council.
- **Membership**: Explore desirability of and opportunities for Council membership expansion and diversification.
- **Staffing**: Maintain Council staffing and convening role of the Public Health Foundation.
- **Technology**: Explore uses of technology to facilitate Council activities.