The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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Tuesday, December 12, 2017
1:00-3:00 pm EST

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Registration URL:
https://register.gotowebinar.com/register/5323458549811878657

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Funding provided by the Centers for Disease Control and Prevention

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Staffed by the Public Health Foundation

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Activities of the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) are made possible through funding from the Centers for Disease Control and Prevention under Cooperative Agreement Number U38OT000211. The content of Council on Linkages activities are solely the responsibility of the Council on Linkages and do not necessarily represent the official views of the sponsor.

1. Meeting Agenda

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice
Virtual Meeting
Date: Tuesday, December 12, 2017
Time: 1:00-3:00pm EST
Register for Web Access: https://attendee.gotowebinar.com/register/5323458549811878657

AGENDA

1:00-1:05	Welcome and Overview of Agenda	*Bill Keck*
1:05-1:10	Approval of Minutes from October 2, 2017 Meeting ➢ **Action Item**: Vote on Approval of Minutes	*Bill Keck*
1:10-1:15	Request for Council Membership – Veterans Health Administration (Council Administrative Priorities – Membership) ➢ **Action Item:** Vote on Membership Request	*Bill Keck, Karyn Johnstone*
1:15-1:25	CDC: Public Health Associate Program (Council Strategic Directions – C.1.)	*J.T. Theofilos*
1:25-1:40	The Kresge Foundation: Emerging Leaders in Public Health Initiative (Council Strategic Directions – C.1.)	*Phyllis Meadows*
1:40-2:00	Advocating for the Public Health Workforce: The Role of the Council (Council Strategic Directions – C.1.)	*Hugh Tilson*
2:00-2:10	Demonstrating Council Impact (Council Strategic Directions – A.1.c.)	*Bill Keck, Kathleen Amos*
2:10-2:20	Council Member Request: New Approaches to Practice-based Research (Council Strategic Directions – D.1.)	*Patrick Lenihan*
2:20-2:30	Performance Improvement and Population Health Competencies (Council Strategic Directions – A.2.a., C.3.d.)	*Kathleen Amos*
2:30-2:40	Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.a.)	*Janet Place*
2:40-2:50	Academic Health Department Learning Community (Council Strategic Directions – A.1.a)	*Bill Keck*
2:50-3:00	Other Business and 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:

Susan Swider, PhD, APHN-BC
American Association of Colleges of Nursing

Beverly Taylor, MD
American College of Preventive Medicine

Penrose Jackson
Association for Community Health Improvement

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

Lynn Goldman, MD, MS, MPH
Association of Schools and Programs of Public Health

Wendy Braund, MD, MPH, MSEd, FACPM
Association of State and Territorial Health Officials

Association of University Programs in Health Administration

Rebecca Gold, JD
Centers for Disease Control and Prevention

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Laura Rasar King, MPH, MCHES
Council on Education for Public Health

Sarah Linde, MD
Health Resources and Services Administration

Beth Ransopher, RS, MEP
National Association of County and City Health Officials

Christina Dokter, MA, PhD
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

Susan Little, DNP, RN, PHNA-BC, CPHQ
Quad Council Coalition of Public Health Nursing Organizations

Michael Fagen, PhD, MPH
Society for Public Health Education

3. Draft Meeting Minutes – October 2, 2017

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: October 2, 2017

Meeting Minutes – Draft

Members Present: C. William Keck (Chair), Philip Amuso, Michael Fagen, Gary Gilmore, Rebecca Gold, Lisa Lang, Amy Lee, Beth Ransopher, Susan Swider

Other Participants Present: Ellen Alkon, Magali Angeloni, Tami Bartell, Alan Bergen, Debra Bragdon, Vera Cardinale, Aaron Davis, Mighty Fine, Jonathan Gross, Rona Harris, Jessie Jones, Rita Kelliher, Kristina Knight, Joan Kub, Caitlin Langhorne, Awe Maduka, Bryn Manzella, Eva Perlman, Janet Place, Christina Ramsey, Julia Resnick, Lisa Sedlar, Lenee Simon, Kristen Varol, Mary Zelenak

Staff Present: Ron Bialek, Kathleen Amos, Janelle Nichols, Keiona Jones

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 reminded participants of the Council's mission and reviewed the agenda for the meeting.	
Approval of Minutes from July 17, 2017 Meeting ➢ **Action Item: Vote on Approval of Minutes**	Dr. Keck asked for any changes to the minutes of the July 17, 2017 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. Michael Fagen, PhD, MPH, seconded the motion. No additions or corrections.	Minutes of the July 17, 2017 Council meeting were approved as written.
Council Membership Vote – ACHI ➢ **Action Item: Vote on Membership Status**	The Association for Community Health Improvement (ACHI) has fulfilled the required preliminary membership period for the Council. Dr. Keck asked for discussion on granting formal membership status to ACHI. Dr. Gilmore moved to grant formal membership status. Amy Lee, MD, MPH, MBA, seconded the motion.	ACHI was granted formal Council membership.
Demonstrating Council Impact	Dr. Keck and Council Assistant Director Kathleen Amos, MLIS, led a discussion on demonstrating Council impact. The Council brings together 22 national organizations engaged in public health to improve public health education and training, practice, and research. The Council was established in 1992, and its 25-year history encompasses a variety of accomplishments, including: demonstrating the desirability and feasibility of public health practice guidelines, leading to the development of the Community Preventive Services Task Force and The Guide to Community Preventive Services (The Community Guide); producing national	

	research agendas focused on public health practice, and more recently, academic health departments (AHDs); stimulating development of the field of public health services research (now known as public health services and systems research); influencing the incorporation of student practica into the Council on Education for Public Health's accreditation criteria for schools and programs of public health; developing and maintaining foundational competencies for the public health workforce, the Core Competencies for Public Health Professionals (Core Competencies); and supporting practice and academic organizations nationwide in efforts to develop AHD partnerships. A variety of data points are available to help illustrate the ongoing impact and value to public health of the Council and its initiatives. The Council's newsletter, the *Council on Linkages Update*, is now sent to more than 1,500 people each month. The Core Competencies and related resources and tools were accessed nearly 135,000 times in FY2017, and the Core Competencies are used in 45% of local health departments, more than 50% of state health departments, and approximately 90% of academic public health-focused programs. The AHD Learning Community has more than 750 members, and the AHD Mentorship Program has matched 15 people seeking guidance with mentors, with successes of that program including supporting formation of a new AHD partnership. Council staff regularly provide technical assistance (TA) to those working with Council products and engaging in Council activities, and in FY2017, answered 85 TA requests related to the Council and its activities, serving individuals in 30 states, DC, Guam, and Nepal. Virtual AHD Learning Community meetings were attended by more than 120 participants in FY2017, and a Core Competencies webinar reached nearly 200 people. Council staff are currently working on strategies and resources to better share the results and impact of Council activities with the public health community. One effort underway is a redesign of the section of the Council website featuring examples of how public health organizations and professionals use the Core Competencies to support workforce development. In addition, as discussed at previous Council meetings, the impact of the Council is defined not only by the impact of initiatives of the Council as a whole, but also by	

	the impact Council member organizations contribute individually through activities aligned with the Council's Strategic Directions. Council staff are planning for a similar section of the Council website to be devoted to sharing progress toward achieving the goals in the Strategic Directions, and in particular, the contributions of Council member organizations. As Council leadership and staff work to better highlight the impact of the Council, its activities, and aligned activities of Council member organizations, input is welcome on the types of data or examples that can help illustrate the reach of the Council and use of its products. Dr. Keck invited discussion about demonstrating Council impact.	Suggestions for ways to illustrate Council impact may be shared with Kathleen Amos at kamos@phf.org.
Core Competencies for Public Health Professionals ➢ **Update on Discipline-Specific Competencies Discussion** ➢ **APHA Annual Meeting Presentation to Feature New Prioritization Tool**	Core Competencies Workgroup Co-Chairs Janet Place, MPH, and Dr. Lee provided an update on work related to the Core Competencies. Ms. Place shared an update on the Core Competencies Workgroup's discussion about discipline-specific competencies. During an April 2017 Council meeting discussion about Council involvement in recognizing discipline-specific competency sets based on the Core Competencies, the Council requested that the Workgroup explore this topic. The Workgroup met in July 2017 and began discussing the value and feasibility of recognizing competency sets in this way. Further discussion will occur during the next Workgroup meeting on November 29, 2017. The Workgroup also continues to focus on resources and tools to support use of the Core Competencies, including enhancing collections of job descriptions and workforce development plans that incorporate the Core Competencies. Since the Workgroup meeting in July 2017, approximately 10 examples of Core Competencies-based job descriptions have been added to the online collection. Additional examples of job descriptions and workforce development plans that incorporate the Core Competencies, or other examples of Core Competencies use, are welcome. Dr. Lee shared details about an American Public Health Association (APHA) 2017 Annual Meeting session during which the new Core Competencies prioritization tool will be featured. The most recent Core Competencies tool to be developed, *Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process,* which was released in	The Core Competencies Workgroup will continue to explore the idea of Council involvement in recognizing competency sets based on the Core Competencies. Examples of job descriptions and workforce development plans that incorporate the Core Competencies or other examples of Core Competencies use can be sent to Janelle Nichols at jnichols@phf.org

	June 2017, will be shared during Session 3271.0 on November 6th. This presentation, entitled *Determining Essential Core Competencies for Creating Job Descriptions and Other Workforce Development Activities*, will provide an overview of the tool, as well as the modified version of the Core Competencies on which the tool is based. Additional tools to assist with workforce development, such as the collection of competency-based job descriptions, will also be highlighted. Tools related to the Core Competencies are freely available online and can be found at www.phf.org/corecompetenciestools.	
Academic Health Department Learning Community ➢ **Staged Model of AHD Development** ➢ **Update on AHD Learning Community Activities**	Dr. Keck provided an update on activities of the AHD Learning Community. Earlier this year, the AHD Learning Community began drafting a staged model of AHD development, with the aim of better articulating how AHD partnerships might develop. The current draft of this model illustrates the potential development of such partnerships on a continuum that has five stages and is available for public comment. Initial feedback on the draft was gathered during the National Association of County and City Health Officials' 2017 Annual Meeting and September 2017 Learning Community meeting, and the draft will be shared during the APHA 2017 Annual Meeting. Feedback on the draft is welcome and will be used to refine the draft. In addition to the September 2017 meeting, the AHD Learning Community held a meeting in July 2017 highlighting the AHD partnerships in which East Tennessee State University is engaged. The archives of all recent Learning Community meetings are available through the Council website, and meetings continue to be planned on a regular basis. The third column of the quarterly *Ask the AHD Expert* series was published on the PHF Pulse blog in September 2017, and an article describing the development of the AHD Research Agenda appears in the September 2017 issue of the *American Journal of Public Health*. The AHD Mentorship Program continues to develop and has matched 15 people seeking guidance with mentors. Additional participants are welcome.	Feedback on the draft staged model of AHD development may be shared with Kathleen Amos at kamos@phf.org. Expressions of interest in participating in the AHD Mentorship Program as either a mentor or mentee may be sent to Janelle Nichols at jnichols@phf.org.
2017 APHA Annual Meeting	Dr. Keck shared information about the Council's presence at the upcoming APHA 2017 Annual Meeting. The work of the Council will be featured during several APHA Annual Meeting sessions: *Advocating for the Public*	

	Health Workforce (Session 3120.0) – November 6th, 10:30am-12pm ET (with speakers John Auerbach, MBA, Trust for America's Health; Ed Hunter, MA, de Beaumont Foundation; Phyllis Meadows, PhD, Kresge Foundation; and Judy Monroe, MD, CDC Foundation); *Championing Collaboration through Successful Academic Health Department Partnerships* (Session 3115.0) – November 6th, 10:30-10:50am ET; *Performance Improvement Competencies for Public Health Professionals* (Session 3271.0) – November 6th, 12:30-12:50pm ET; *Developing Priority Competencies for Population Health Professionals* (Session 3271.0) – November 6th, 1:10-1:30pm ET; *Determining Essential Core Competencies for Creating Job Descriptions and Other Workforce Development Activities* (Session 3271.0) – November 6th, 1:30-1:50pm ET.	
ACHI: Building Population Health Competencies in Hospitals and Health Systems	Julia Resnick, MPH, Senior Program Manager, ACHI, discussed a set of population health competencies based on the Core Competencies that are being developed by the Public Health Foundation (PHF) and ACHI for non-clinical professionals, and what can be done to help build these competencies within hospitals and health systems for people working in community benefit roles. This initiative connects with an area of the Council's Strategic Directions focused on the identification of population health competencies that are aligned with the Core Competencies. As discussed at recent meetings, the Council is interested in highlighting activities of Council member organizations that align with the Council's Strategic Directions. Among other purposes, the Strategic Directions articulate areas of interest to the Council, and during previous Council meetings this year, speakers from several Council member organizations have shared activities their organizations are undertaking that relate to the Council's Strategic Directions. Dr. Keck invited discussion and questions for Ms. Resnick.	
Council Member Updates	Dr. Keck invited Council members to share additional updates about activities of their organizations related to the Council's Strategic Directions.	
Other Business and Next Steps	Dr. Keck asked if there was any other business to address.	

➢ **Future of Population Health Award: 2017 Recipient and Upcoming Webinar**	Dr. Keck shared information about the Future of Population Health Award recipient and upcoming webinar. In August 2017, PHF announced the winner of the Future of Population Health Award, which recognizes exemplary practice by hospitals and health systems that are collaborating with governmental public health agencies and other community partners on health improvement strategies and implementation efforts. This year's winner is the University of Vermont (UVM) Medical Center for its support of Harbor Place, an innovative community partnership that lowered the cost of care and improved services for the homeless and housing-insecure population in Burlington, VT. ACHI's representative to the Council, Penrose Jackson, Director of Community Health Improvement at UVM, along with UVM's Chief Medical Officer Stephen Leffler, MD, led collaborations with local organizations to establish Harbor Place. Congratulations were expressed to Ms. Jackson for this honor. Ms. Jackson and Dr. Leffler will join PHF for a webinar on October 23, 2017 from 1:30-2:30pm ET to share UVM's story. More information about this webinar is available in the Events section of the PHF website. The next Council meeting will be on December 12, 2017 from 1-3pm ET and will be held virtually.	Questions about Council meetings can be sent to Janelle Nichols at jnichols@phf.org.

4. Request for Council Membership – Veterans Health Administration

The Council on Linkages Between Academia and Public Health Practice

Membership Request from the Veterans Health Administration

December 12, 2017

Overview

The Veterans Health Administration (VHA) is requesting preliminary membership in the Council on Linkages Between Academia and Public Health Practice (Council). With a mission to *Honor America's Veterans by providing exceptional health care that improves their health and well-being*, VHA is the largest integrated healthcare system in the nation, as well as the largest provider of graduate medical education and a major contributor to medical and scientific research. Additional information about VHA, including its Strategic Plan, is available on its website at https://www.va.gov/health/aboutVHA.asp.

Action Item: Vote on Membership Request

During this meeting, a vote will be held to determine whether to grant VHA preliminary membership in the Council. As a reminder, an organization granted preliminary membership will serve as a preliminary member of the Council for a period of one year, at which time a vote will be held to determine whether to grant the organization full membership status. Each Council member organization has one vote, and this vote must be cast by the organization's official Council representative or designee.

5. Demonstrating Council Impact

The Council on Linkages Between Academia and Public Health Practice

Demonstrating Council Impact

December 12, 2017

Overview

How has the Council on Linkages Between Academia and Public Health Practice (Council) impacted your organization and its members/constituents? As Council leadership and staff work to highlight the impact of the Council, its activities, and aligned activities of Council member organizations, data and examples are needed from the Council's 22 member organizations that help illustrate the reach of the Council and use of its products. Content highlighting activities of Council member organizations that relate to the Council's work that can be shared online is also appreciated. Please provide your data and examples to Kathleen Amos at kamos@phf.org.

Discussion during this Council meeting will focus on: 1) the impact Council member organizations are seeing/experiencing from Council initiatives, activities, and products; 2) ways Council staff can best demonstrate impact; and 3) opportunities to increase the Council's impact.

Examples of Impact of Council Initiatives

As highlighted in discussions throughout this year, Council initiatives are supporting the work of both Council member organizations and their members/constituents. For example:

- State, territorial, and local health departments use the Core Competencies for Public Health Professionals (Core Competencies) for developing training plans, creating job descriptions, conducting performance evaluations, and other workforce development activities, as described in the Association of State and Territorial Health Officials' and National Association of County and City Health Officials' Profiles studies.
- The Association of Public Health Laboratories used the Core Competencies and related resources in the development and implementation of the Competency Guidelines for Public Health Laboratory Professionals.
- Assistance in building academic health department (AHD) partnerships is being provided to health departments and schools and programs of public health through the AHD Learning Community.
- The Council on Education for Public Health used the Core Competencies in revising its accreditation criteria for schools and programs of public health.

Additional examples of this type or others are helpful as Council leadership and staff strive to better illustrate the collective value the Council and its member organizations offer to the public health community.

6. Performance Improvement and Population Health Competencies

- **Competencies for Performance Improvement Professionals in Public Health (Draft)**
- **Priority Competencies for Population Health Professionals (Draft)**

Competencies for Performance Improvement Professionals in Public Health

DRAFT: December 1, 2017 (for December 2017 Council on Linkages Meeting)

1. Describes how quality improvement and performance management methods and tools are used to improve individual, program, and organizational performance.
2. Applies frameworks, tools, and models to improve individual, program, and organizational performance.
3. Coordinates development, implementation, and evaluation of a continuous quality improvement plan.
4. Leads development, implementation, reporting from, and evaluation of an organization-wide performance management system.
5. Collaborates with colleagues for the development, implementation, and evaluation of activities to improve the performance of individuals, programs, and organizations.
6. Implements strategies to evaluate the effectiveness and quality of policies, programs, and services.
7. Utilizes evidence (e.g., best practice, literature, model/promising practice) for developing and implementing strategies to evaluate and improve performance.
8. Uses evaluation results and the performance management system to improve individual, program, and organizational performance.
9. Demonstrates data literacy in the improvement of individual, program, and organizational performance (e.g., selection and use of valid and reliable quantitative and qualitative data, data-driven decision making, data management, performance measurement).
10. Coordinates the use of teams from all levels of the organization to improve program and organizational performance.
11. Uses financial analysis methods (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment) for decision making and programmatic prioritization related to performance management and quality improvement.
12. Utilizes information technology systems for accessing, collecting, analyzing, maintaining, and disseminating performance management and quality improvement data and information.
13. Provides workforce development opportunities in performance management and quality improvement to ensure continuous improvement of individual, program, and organizational performance.
14. Applies performance management and quality improvement practices across programs and the organization.
15. Aligns quality improvement and performance management with organization and community plans, such as the strategic plan, community health improvement plan, workforce development plan, communication plan, and all hazards emergency operations plan.
16. Assures continuous improvement of the performance management system, quality improvement policies and programs, and workforce development policies and programs.
17. Uses the voice of the customer by collecting, analyzing, and integrating feedback from internal and external customers.
18. Advocates for the use of quality improvement, performance management, and workforce development methods and tools throughout the organization (e.g., creates organization buy-in, overcomes resistance, communicates value).
19. Demonstrates interpersonal skills that support activities to improve the performance of individuals, programs, and organizations (e.g., encouragement, optimism, compassion, empathy, resilience, recognition of the value of performance improvement).

Priority Competencies for Population Health Professionals

Draft 4.0 – September 2017

These competencies are primarily designed for non-clinical hospital, health system, public health, and healthcare professionals engaged in assessment of population health needs and development, delivery, and improvement of population health programs, services, and practices. This may include activities related to community health needs assessments, community health improvement plans, and implementation of community-based interventions. Draft competencies are organized into five general categories.

Community Health Assessment

- Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing; public and private sector policies)
- Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
- Develops community health assessments using information about health status, factors influencing health, and assets and resources
- Facilitates collaborations among stakeholders to improve health in a community (e.g., coalition building)
- Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments, feedback about programs and services)

Community Health Improvement Planning and Action

- Implements population health policies, programs, and services that align with identified community health needs
- Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, safe housing, food access, transportation routes)
- Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
- Makes evidence-based decisions for policies, programs, and services (e.g., using recommendations from The Guide to Community Preventive Services in planning population health services)
- Evaluates the impact of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)
- Contributes to the population health evidence base (e.g., community-based participatory research; authoring articles; making data available to researchers)
- Develops partnerships that will increase use of evidence in developing, implementing, and improving population health programs and services (e.g., between healthcare and public health organizations)
- Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping decision makers understand community health needs, demonstrating the impact of programs, eliminating disparities)
- Implements strategies for continuous quality improvement

Community Engagement and Cultural Awareness

- Recognizes the ways diversity influences policies, programs, services, and the health of a community
- Incorporates ethical standards of practice into all interactions with individuals, organizations, and communities
- Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
- Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community
- Creates opportunities for individuals and organizations to collaborate to improve health in a community
- Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
- Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)

Systems Thinking

- Describes factors affecting the health of a community (e.g., equity, income, education, environment)
- Describes healthcare and public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels
- Explains healthcare and public health funding mechanisms and procedures (e.g., third-party reimbursement, value-based purchasing, categorical grants, fees, tobacco taxes, budget approval process)
- Explains the ways public health, healthcare, and other organizations can work together or individually to impact the health of a community

Organizational Planning and Management

- Contributes to development of organizational strategic plan (e.g., incorporates community health improvement plan, contains measurable objectives and targets)
- Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
- Justifies programs for inclusion in organizational budgets
- Develops program budgets
- Defends program budgets
- Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)

These competencies are based on the Core Competencies for Public Health Professionals, which are available at www.phf.org/corecompetencies.

Feedback on these competencies that can be used in further refinement of this draft may be sent to Janelle Nichols at jnichols@phf.org.

7. **Core Competencies for Public Health Professionals:**
    - **Core Competencies for Public Health Professionals Report**
    - **Illustrations for the Core Competencies for Public Health Professionals and Academic Health Department Learning Community**
    - **Core Competencies for Public Health Professionals (2014)**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals Report

December 12, 2017

Overview

The Core Competencies for Public Health Professionals (Core Competencies) reflect foundational skills desirable for professionals engaged in the practice, education, and research of public health and are used in education, training, and other workforce development activities across the country. The current version of the Core Competencies was released by the Council on Linkages Between Academia and Public Health Practice (Council) in June 2014.

Activities and Accomplishments for 2017

The Core Competencies Workgroup continues to lead activities related to the Core Competencies, with a noted increase in usage, new tools and resources being developed, and existing tools and resources being enhanced. The following summary details activities and accomplishments for 2017.

Usage of the Core Competencies

- To date in 2017, the Core Competencies have been accessed nearly 37,000 times, and resources and tools that support use of the Core Competencies have been accessed close to 70,000 times. This brings online usage since the current version of the Core Competencies was released to more than 151,000 times for the Core Competencies, and more than 292,000 times for related resources and tools. The most popular resources and tools include competency assessments and collections of job descriptions, examples of how organizations use the Core Competencies, and workforce development plans.
- Both the Association of State and Territorial Health Officials (ASTHO) and National Association of County and City Health Officials (NACCHO) released updated data about use of the Core Competencies within health departments through their Profile studies.
    - The ASTHO Profile of State and Territorial Public Health, Volume Four, based on research conducted in 2016, indicates that approximately 80% of state health departments use the Core Competencies. The study also reports that 100% of state health departments are familiar with the Core Competencies, and demonstrates increases in use of the Core Competencies for conducting performance evaluations, developing training plans, and preparing job descriptions.
    - The 2016 National Profile of Local Health Departments study conducted by NACCHO shows a 73% increase in use of the Core Competencies among local health departments since the study was last completed in 2013 – with usage growing from 26% to 45%. In addition to an overall increase in usage, the NACCHO study highlights increases in use of the Core Competencies for assessing training needs, developing training plans, writing position descriptions, and conducting performance evaluations, with use for training plans and position descriptions doubling between 2013 and 2016.

Tools and Resources Related to the Core Competencies

- A modified version of the Core Competencies was developed to support organizations in using the Core Competencies. Based on Tier 2 of the Core Competencies, this version groups competencies that share a common theme together to reduce the number of individual items to focus on in workforce development efforts.

- The tool, *Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process*, was released in June and was featured during a workshop at the 2017 Public Health Improvement Training (attended by approximately 55 participants), webinar (attended by nearly 200 participants), and session at the 2017 American Public Health Association Annual Meeting (attended by approximately 40 participants).
- Twelve new job descriptions and a new workforce development plan that incorporate the Core Competencies were added to the existing online collections. Additional examples that can be included in either of these collections, as well as other examples of how the Core Competencies are being used, are welcome by email to Janelle Nichols at jnichols@phf.org.
- Competency sets that draw on the Core Competencies continued to be developed, including the Priority Competencies for Population Health Professionals and the Competencies for Performance Improvement Professionals in Public Health (Performance Improvement Competencies). Both of these competency sets are currently in draft form; feedback collected in the coming months will be used to refine the drafts for anticipated release of the competency sets in 2018.

Additional Highlights

- After considering requests from the public health community and usage of the Core Competencies, the Council determined that the Core Competencies would not be opened for review this year, allowing additional work to be done to develop tools and resources to continue to support use of the Core Competencies.
- Council staff participated in a PH WINS (Public Health Workforce Interest and Needs Survey) workgroup to support the incorporation of concepts from the Core Competencies into their assessment tool.
- The Core Competencies Workgroup grew to nearly 100 members, representing a variety of practice and academic organizations and interests within the public health field.
- The Performance Improvement Competencies Subgroup was formed to support the refinement of the Performance Improvement Competencies and includes nearly 90 members.
- Council staff responded to more than 40 technical assistance requests, serving nearly 40 organizations in 19 states, Guam, and Uganda.
- Three blog posts and one news article highlighting work related to the Core Competencies were published on the PHF website and viewed more than 500 times.
- The Core Competencies Workgroup began a discussion of Council involvement in recognition of discipline-specific competency sets based on the Core Competencies.

More information about these activities and accomplishments related to the Core Competencies is available through the Core Competencies section of the Council website or by contacting Janelle Nichols at jnichols@phf.org.

Core Competencies Workgroup Members

Co-Chairs:

- Amy Lee, Northeast Ohio Medical University
- Janet Place, Arnold School of Public Health, University of South Carolina

Members:

- Nor Hashidah Abd Hamid
- Angela Aidala, Columbia University Mailman School of Public Health
- Liz Amos, National Library of Medicine
- Sandra Anyanwu-nzeribe
- Sophia Anyatonwu, Texas Department of State Health Services, Region 7
- Sonja Armbruster, College of Health Professions, Wichita State University (KS)
- Bobbie Bagley, Nashua Division of Public Health & Community Services (NH)
- Cynthia Baker, Prince George's County Health Department (MD)
- Noel Bazini-Barakat, Los Angeles County Department of Public Health (CA)
- Dawn Beck, Olmsted County Public Health Services (MN)
- Roxanne Beharie, Ashford University
- Alan Bergen, Pima County Health Department (AZ)
- Linda Beuter, Livingston County Department of Health (NY)
- Michael S. Bisesi, College of Public Health, The Ohio State University
- Jeanne Bowman, Champaign Health District (OH)
- Bill Brooks, East Tennessee State University
- Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
- Belinda Caballero, David Jurkovich MD PLLC; BC Billing LLC (FL)
- Candy Cates, Oregon Health Authority
- Marita Chilton, Public Health Accreditation Board
- Michelle Chino, School of Community Health Sciences, University of Nevada, Las Vegas
- Samantha Cinnick, Region 2 Public Health Training Center, Columbia University Mailman School of Public Health
- Michelle Cravetz, School of Public Health, University at Albany
- Oriyomi Dawodu, School of Medicine, University of Maryland
- Marilyn Deling, Olmsted County Public Health Services (MN)
- Anjali Deshpande, College of Public Health, University of Iowa
- Diane Downing
- Mark Edgar, School of Medicine and Public Health, University of Wisconsin
- Dena Fife
- Colleen Fitzgibbons, Ohio State University
- Rachel Flores
- Linda Rose Frank, Graduate School of Public Health, University of Pittsburgh
- Kristine Gebbie
- Brandon Grimm, College of Public Health, University of Nebraska Medical Center
- Kari Guida, Minnesota Department of Health
- John Gwinn, University of Akron
- Viviana Horigian, University of Miami
- Emmanuel Jadhav, Ferris State University
- Larry Jones
- Vinitsa Karatsu, County of Los Angeles Department of Public Health (CA)
- Bryant T. Karras, Washington State Department of Health
- Louise Kent, Northern Kentucky Health Department
- Laura Rasar King, Council on Education for Public Health

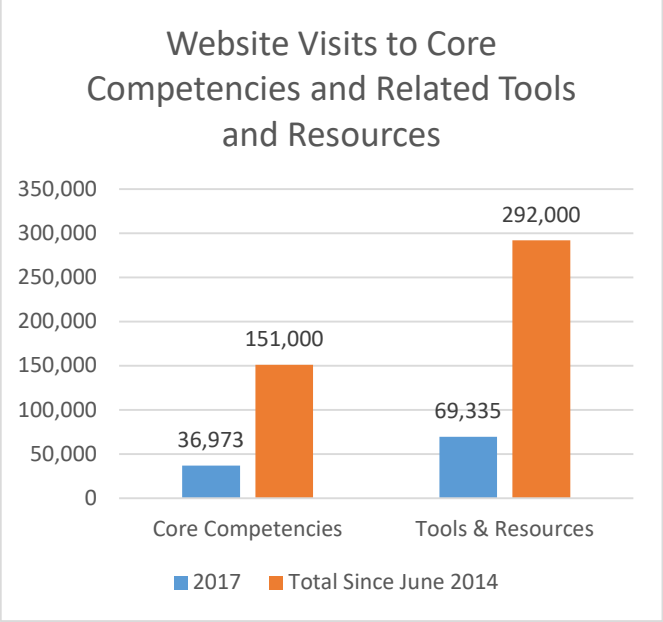
- David Knapp, Kentucky Department for Public Health
- Kathy Koblick, Marin County Department of Health and Human Services (CA)
- Kirk Koyama, Health Resources and Services Administration
- Rajesh Krishnan, The Preventiv
- Cynthia Lamberth
- Angela Landeen, University of South Dakota
- Lisa Lang, National Library of Medicine
- Caitlin Langhorne, Association of State and Territorial Health Officials
- Jessie Legros, Centers for Disease Control and Prevention
- Jami Lewis, Clay County Public Health Center (MO)
- Jen Lewis, Sonoma County Department of Health Services (CA)
- Linda Lewis, Butte County Public Health Department (CA)
- Karina Lifschitz, Centers for Disease Control and Prevention
- John Lisco, Council of State and Territorial Epidemiologists
- Ruth Little, Brody School of Medicine, East Carolina University
- Susan Little, North Carolina Division of Public Health
- Erin Louis, College of Public Health, University of Kentucky
- Kathleen MacVarish, School of Public Health, Boston University, New England Public Health Training Center
- Lynn Maitlen, Dubois County Health Department (IN)
- Bryn Manzella, Jefferson County Department of Health (AL)
- Jeanne Matthews, Malek School of Health Professions, Marymount University
- Eyob Mazengia, Public Health – Seattle & King County (WA)
- Mia McCray, East Orange Fire Prevention (NJ)
- Tracy Swift Merrick, Agora Cyber Charter School
- Nadine Mescia, University of Tampa
- Kathy Miner, Rollins School of Public Health, Emory University
- Casey Monroe, Allegheny County Health Department (PA)
- Sophie Naji, University of Illinois at Chicago, Great Lakes Public Health Training Collaborative
- Ifeoma Ozodiegwu
- Scott Pegues, Denver Public Health; Denver Prevention Training Center
- Christina Ramsey, Health Resources and Services Administration
- Penney Reese, Centers for Disease Control and Prevention
- Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- Victoria Rivkina, DePaul University
- Mitchel Rosen, Rutgers School of Public Health
- Elizabeth Rumbel, Denver Public Health (CO)
- Y. Silvia Shin, County of Los Angeles Department of Health (CA)
- Mark Siemon, Idaho Public Health
- Lillian Upton Smith, Boise State University
- Rochelle Spielman, Minnesota Department of Health
- Chris Stan, Connecticut Department of Public Health
- Ran Tao, Jefferson County Public Health (CO)
- Douglas Taren, The University of Arizona
- Shari Tedford, Johnson County Department of Health and Environment (KS)
- Graciela Tena de Lara, Wyoming Department of Health
- Valencia Terrell, Centers for Disease Control and Prevention
- Allison Thrash
- Michelle Tissue, Health Resources and Services Administration
- Karen A. Tombs, The Dartmouth Institute for Health Policy and Clinical Practice
- Griselle Torres, University of Illinois at Chicago

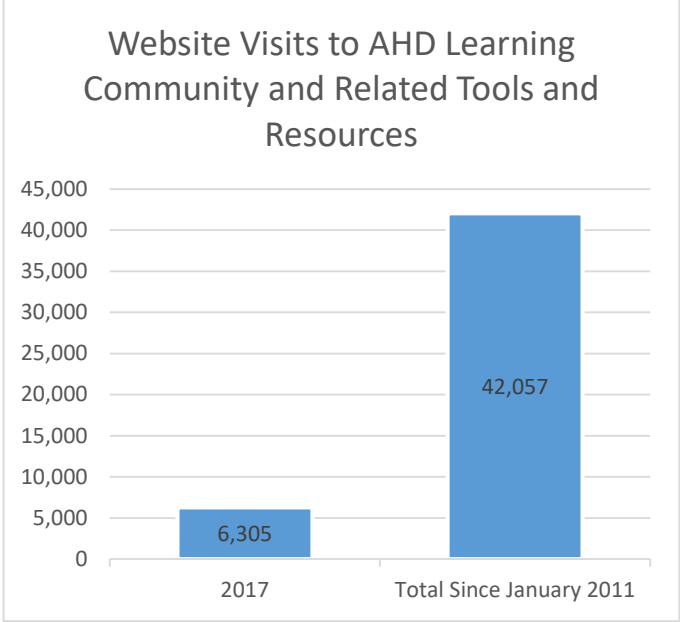
- Kathi Traugh, Yale School of Public Health, Yale University
- Andrew Wapner, College of Public Health, Ohio State University
- Sharonda Willis, California Department of Health
- Laura Zeigen, Oregon Health & Science University

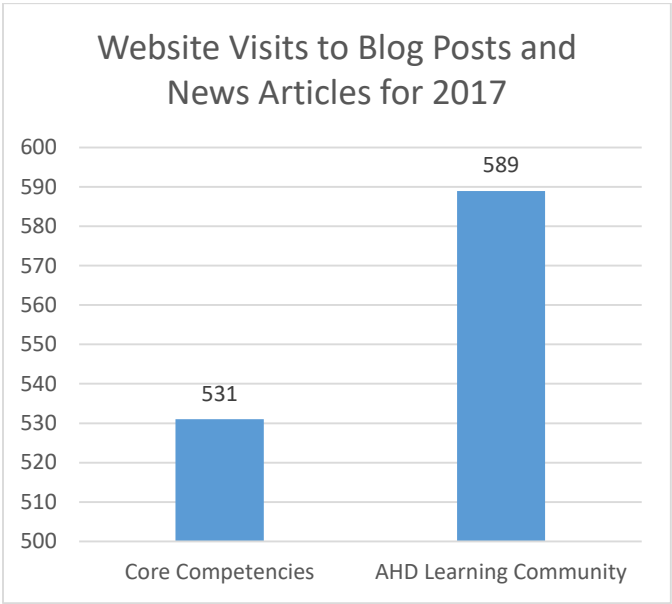
The Council on Linkages Between Academia and Public Health Practice

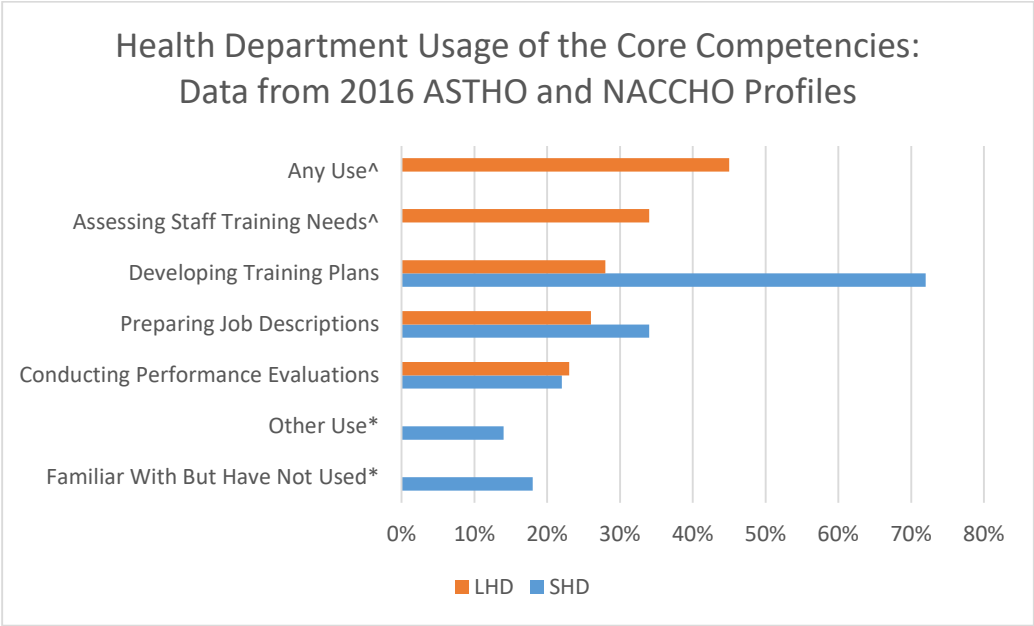
Illustrations for the Core Competencies for Public Health Professionals and Academic Health Department Learning Community

December 12, 2017



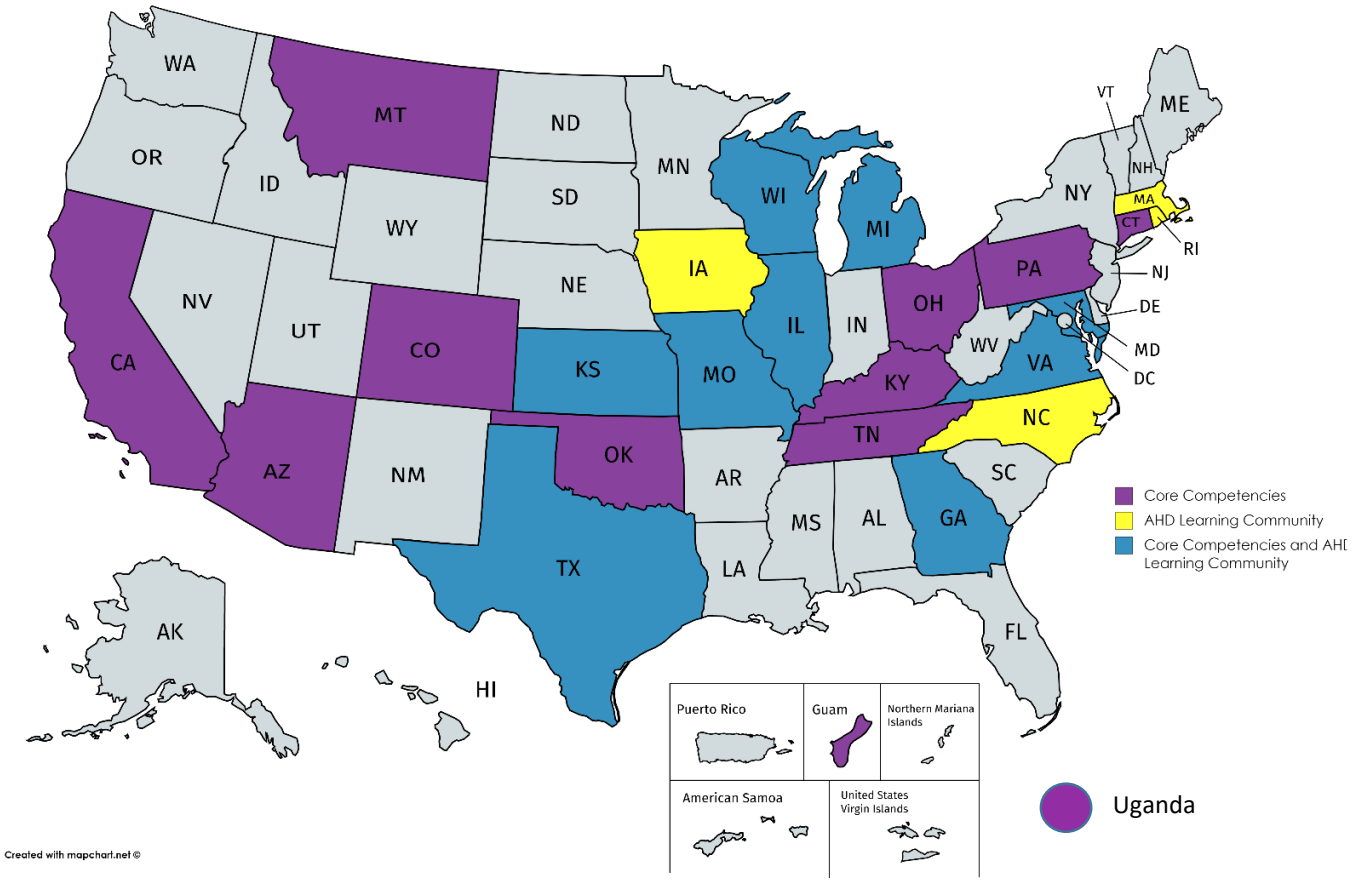






** Data not included in NACCHO Profile*
^ Data not included in ASTHO Profile

Geographic Distribution of Technical Assistance: 2017



The Council on Linkages Between Academia and Public Health Practice

June 2014

Core Competencies for Public Health Professionals

Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice:
June 26, 2014

Available from: phf.org/corecompetencies

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations that aims to improve public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum regarding increasing the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to ensure 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.

For More Information

Additional information about the Council on Linkages can be found at phf.org/councilonlinkages. Questions or requests for information may be sent to councilonlinkages@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health.

The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and 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 base for sets of discipline-specific competencies.

The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs.

Development of the Core Competencies

The Core Competencies grew 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 more than two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Transitioning from a general set of Universal Competencies to a more specific set of Core Competencies began in 1998 and involved public health professionals from across the country through Council on Linkages member organizations, the Council on Linkages' Core Competencies Workgroup, and a public comment period that resulted in over 1,000 comments. This extensive development process was designed to produce a set of foundational competencies that truly reflected the practice of public health. These competencies were organized into eight skill areas or "domains" that cut across public health disciplines. The first version of the Core Competencies was adopted by the Council on Linkages in April 2001, and the Council on Linkages committed to revisiting the Core Competencies every three years to determine if revisions were needed to ensure the continued relevance of the competency set.

The Core Competencies were reviewed in 2004, with the Council on Linkages concluding that there was inadequate evidence about use of the Core Competencies to support a significant revision. At the second review in 2007, the Council on Linkages decided that revision was warranted based on usage data, changes in the practice of public health, and requests to make the Core Competencies more measurable.

Similar to the development process, the revision process begun in 2007 was led by the Core Competencies Workgroup and involved the consideration of more than 800 comments from public health professionals. A major focus of the revision process was on improving measurability of the competencies, and the revisions both updated the content of the competencies within the eight domains and added three "tiers" representing stages of career development for public health professionals. The Council on Linkages adopted a revised version of the Core Competencies in May 2010.

Review of the May 2010 Core Competencies began in early 2013, and the Council on Linkages again decided to undertake revisions. In addition to updating the content of the competencies, this revision process was aimed at simplifying and clarifying the wording of competencies and improving the order and grouping of competencies to make the competency set easier to use. This revision process was guided by the Core Competencies Workgroup and over 1,000 comments from the public health community, and culminated in the adoption by the Council on Linkages of the current set of Core Competencies in June 2014.

Key Dates

Since development began in 1998, the Core Competencies have gone through three versions:

- 2001 version – Adopted April 11, 2001 *(original version)*
- 2010 version – Adopted May 3, 2010
- 2014 version – Adopted June 26, 2014 *(current version)*

Currently, the Core Competencies are on a three year review cycle and will next be considered for revision in 2017. This timing may change as a result of feedback that this can be too frequent for disciplines that base competency sets on the Core Competencies.

Organization of the Core Competencies

The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

These eight domains have remained consistent in all versions of the Core Competencies.

Tiers

- *Tier 1 – Front Line Staff/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 data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- *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 overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

During the 2014 revision of the Core Competencies, minor changes were made to clarify these tier definitions. In general, competencies progress from lower to higher levels of skill complexity both within each domain in a given tier and across the tiers. Similar competencies within Tiers 1, 2, and 3 are presented next to each other to show connections between tiers. In some cases, a single competency appears in multiple tiers; however, the way competence in that area is demonstrated may vary from one tier to another.

Core Competencies Resources and Tools

A variety of resources and tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. These include crosswalks of different versions of the Core Competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies resources and tools can be found online at phf.org/corecompetenciestools. Examples of how organizations have used the Core Competencies are available at phf.org/corecompetenciesexamples.

Feedback on the Core Competencies

The Council on Linkages thanks the public health community for its tremendous contributions to the Core Competencies and welcomes feedback about the Core Competencies. Examples illustrating how public health professionals and organizations are using the Core Competencies and tools that facilitate Core Competencies use are also appreciated. Feedback, suggestions, and resources can be shared by emailing competencies@phf.org.

For More Information

Additional information about the Core Competencies, including background on development and revisions, resources and tools to facilitate use, and current activities and events, can be found at phf.org/aboutcorecompetencies. Questions or requests for information may be sent to competencies@phf.org.

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A8. Collects valid and reliable quantitative and qualitative data	1B8. Collects valid and reliable quantitative and qualitative data	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1A9. Describes public health applications of quantitative and qualitative data	1B9. Analyzes quantitative and qualitative data	1C9. Determines trends from quantitative and qualitative data
1A10. Uses quantitative and qualitative data	1B10. Interprets quantitative and qualitative data	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)
	1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)	1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)	2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)	2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)
2A2. Contributes to development of program goals and objectives	2B2. Develops program goals and objectives	2C2. Develops organizational goals and objectives
2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization
2A4. Contributes to implementation of organizational strategic plan	2B4. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
2A7. Describes implications of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2B8. Recommends policies, programs, and services for implementation	2C8. Selects policies, programs, and services for implementation
2A8. Implements policies, programs, and services	2B9. Implements policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
2A9. Explains the importance of evaluations for improving policies, programs, and services	2B10. Explains the importance of evaluations for improving policies, programs, and services	2C11. Explains the importance of evaluations for improving policies, programs, and services
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A11. Applies strategies for continuous quality improvement	2B12. Implements strategies for continuous quality improvement	2C13. Develops strategies for continuous quality improvement
2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services
3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
3A3. 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) for improving the health of a community	3B3. 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) for improving the health of a community	3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)	3B5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)	3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
3A7. Facilitates communication among individuals, groups, and organizations	3B7. Facilitates communication among individuals, groups, and organizations	3C7. Facilitates communication among individuals, groups, and organizations
3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community	3B8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4B1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
4A2. Describes the diversity of individuals and populations in a community	4B2. Describes the diversity of individuals and populations in a community	4C2. Describes the diversity of individuals and populations in a community
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A6. Describes the effects of policies, programs, and services on different populations in a community	4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
4A7. Describes the value of a diverse public health workforce	4B7. Describes the value of a diverse public health workforce	4C7. Demonstrates the value of a diverse public health workforce
	4B8. Advocates for a diverse public health workforce	4C8. Takes measures to support a diverse public health workforce

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community	5B1. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
5A3. Suggests relationships that may be needed to improve health in a community	5B3. Suggests relationships that may be needed to improve health in a community	5C3. Suggests relationships that may be needed to improve health in a community
	5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5A4. Supports relationships that improve health in a community	5B5. Maintains relationships that improve health in a community	5C5. Maintains relationships that improve health in a community
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services	5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services
5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	5B9. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
5A9. Informs the public about policies, programs, and resources that improve health in a community	5B10. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
5A10. Describes the importance of community-based participatory research	5B11. Collaborates in community-based participatory research	5C11. Engages the organization in community-based participatory research

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 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)	6B2. Describes 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)	6C2. Explains lessons to be learned from 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)
6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services	6B3. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services	6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services
	6B4. Applies public health sciences in the administration and management of programs	6C4. Applies public health sciences in the administration and management of the organization
6A4. 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	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	6C5. Synthesizes 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

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services	6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	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)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6B9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
7A2. Describes government agencies with authority to impact the health of a community	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
7A3. Adheres to organizational policies and procedures	7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)	7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services
	7B5. Justifies programs for inclusion in organizational budgets	7C5. Determines priorities for organizational budgets
7A5. Contributes to development of program budgets	7B6. Develops program budgets	7C6. Develops organizational budgets
	7B7. Defends program budgets	7C7. Defends organizational budgets

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
7A7. Provides information for development of contracts and other agreements for programs and services	7B9. Negotiates contracts and other agreements for programs and services	7C9. Approves contracts and other agreements for programs and services
7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
7A9. Operates programs within budget	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)	7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)	7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A12. Uses evaluation results to improve program and organizational performance	7B14. Uses evaluation results to improve program and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
7A13. Describes program performance standards and measures	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
8A2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)	8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)
8A7. Participates in professional development opportunities	8B7. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices	8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)	8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)
8A9. Describes ways to improve individual and program performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	8B10. Advocates for the role of public health in providing population health services	8C10. Advocates for the role of public health in providing population health services

Tier Definitions

Tier 1 – Front Line Staff/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 data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2 – Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

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 overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

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

8. Academic Health Department Learning Community Report

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

December 12, 2017

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.

Activities and Accomplishments for 2017

Throughout the year, the AHD Learning Community was involved in a variety of activities, including the development and enhancement of tools and resources, hosting of virtual meetings, and development and dissemination of related communications. The following summary details activities and accomplishments for 2017.

Engagement with the AHD Learning Community

- The AHD Learning Community grew to approximately 750 members, representing organizations in all 50 states, DC, and four US territories.
- To date in 2017, the Learning Community and its resources and tools have been accessed more than 6,000 times. This brings online usage of the Learning Community and its tools and resources to more than 42,000 visits since its launch in 2011.
- Council on Linkages Between Academia and Public Health Practice (Council) staff responded to more than 25 requests for distance technical assistance, serving more than 20 organizations in 13 states.

Tools and Resources Related to the AHD Learning Community

- Four AHD Learning Community Meetings were held to highlight progress being made on AHD partnerships and were attended by more than 120 participants:
  - March – *New River Academic Health Department*
  - May – *University of Illinois at Chicago School of Public Health: Establishing a Progressive New AHD Partnership*
  - July – *AHD Partnerships of East Tennessee State University's College of Public Health*
  - September – *Creating a Staged Model of AHD Development*
- Learning Community meetings were recorded and made available through the Council website, TRAIN Learning Network, and YouTube for continued access.
- A new quarterly *Ask the AHD Expert* series was launched on the PHF Pulse blog, with columns published in March, June, and September, and a fourth planned for December. To date, these columns have been viewed nearly 600 times.
- A staged model of AHD development was drafted, with the aim of better articulating how AHD partnerships might develop. This model illustrates the potential development of such partnerships on a continuum and is currently open for feedback. Suggestions related to the model may be shared with Kathleen Amos at kamos@phf.org.
- The draft of the staged model of AHD development was shared with the public health community during a workshop at the National Association of County and City Health Officials Annual 2017 and session at the American Public Health Association 2017 Annual Meeting.

- An article describing the development of the AHD Research Agenda was published in the September 2017 issue of the *American Journal of Public Health*.
- Seven AHD partnerships were added to the list of AHD partnerships on the Council website, as part of an ongoing effort to raise awareness of AHD initiatives nationwide. In addition, three partnership agreements were added to the collection of AHD partnership agreements. Additional partnerships or examples of agreements to be added to these resources may be shared with Janelle Nichols at jnichols@phf.org.
- The AHD Mentorship Program, which connects individuals seeking guidance in an area of AHD development or operation with those having experience in that area, created seven additional matches, bringing the current total to 15 mentor-mentee pairs. Expressions of interest in participating in the program as either a mentor or mentee can be sent to Janelle Nichols at jnichols@phf.org.

More information about these AHD Learning Community activities and accomplishments is available through the AHD Learning Community section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

9. Supplemental Materials:

- **Council Constitution and Bylaws**
- **Council Participation Agreement**
- **Council Strategic Directions, 2016-2020**

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 the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure.

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)
- American College of Preventive Medicine (ACPM)
- American Public Health Association (APHA)
- Association for Community Health Improvement (ACHI)
- 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)
- Council on Education for Public Health (CEPH)
- 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 Coalition of Public Health Nursing Organizations (Quad Council)
- 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 RESPONSIBILITIES:

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 I. Mission Updated: October 7, 2016
Article III.B. Member Organizations Updated: September 6, 2013; March 31, 2014; August 19, 2015; January 20, 2016; August 18, 2016; May 1, 2017; October 18, 2017

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 the performance of individuals and organizations within public health by fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities; promoting public health education and training for health professionals throughout their careers; and developing and advancing innovative strategies to build and strengthen public health infrastructure. 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, 2016-2020

Mission

To improve the performance of individuals and organizations within public health by:

- Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities;
- Promoting public health education and training for health professionals throughout their careers; and
- Developing and advancing innovative strategies to build and strengthen public health infrastructure.

Values

- Teamwork and Collaboration
- Focus on the Future
- People and Partners
- Creativity and Innovation
- Results and Creating Value
- Health Equity
- 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 diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed.
- Promote and strengthen the evidence base for public health practice.

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 academia and practice within public health.

Tactics:

a. Support the development, maintenance, and expansion of academic health department partnerships through the Academic Health Department Learning Community.
b. Document and highlight progress being made in academic/practice collaboration within public health and the impact of that collaboration.

Adopted: August 15, 2016

c. Document contributions of Council on Linkages member organizations, individually and collectively, to improving public health performance through implementation of the Council on Linkages' Strategic Directions.
d. Coordinate with other national initiatives, such as the Foundational Public Health Services, public health department and academic institution accreditation, Healthy People, National Consortium for Public Health Workforce Development, Public Health Workforce Interests and Needs Survey (PH WINS), and Health Impact in Five Years (HI-5) initiative, to improve public health performance through implementation of the Council on Linkages' Strategic Directions.
e. Learn from and share with other countries and global health organizations strategies for strengthening the public health workforce.

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

Tactics:

a. Identify population health competencies aligned with the Core Competencies for Public Health Professionals that are designed for non-clinical settings.
b. Encourage the inclusion of healthcare professionals and organizations in academic health department partnerships.
c. Document and highlight progress being made in public health/healthcare collaboration and the impact of that collaboration.

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 and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into education and training.
c. Work with the Council on Education for Public Health to encourage use of the Core Competencies for Public Health Professionals and academic/practice partnerships by schools and programs of public health.
d. Work with the National Board of Public Health Examiners to encourage use of the Core Competencies for Public Health Professionals in the Certified in Public Health credentialing program.
e. Contribute to the development and measurement of Healthy People objectives related to public health infrastructure.
f. Advance opportunities for using the Core Competencies for Public Health Professionals in the education and training of health professionals and other professionals who impact health.

Strategy 2: Encourage development of quality training for public health professionals.

Tactics:

a. Provide resources and tools for enhancing and measuring the impact of training.
b. Contribute to efforts to develop quality standards for public health training.
c. Explore the desirability and feasibility of creating a process for approving and advancing training for general public health continuing education units.

Strategy 3: Promote public health practice-based learning.

Tactics:

a. Conduct a periodic review of practice-based content in public health education.
b. Develop tools to assist academic health departments in providing high quality practica.

Objective C. Support the development of a diverse, 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. Support the use of evidence in 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. Participate in the Public Health Accreditation Board's workforce development, quality improvement, and performance management activities to encourage use of Core Competencies for Public Health Professionals and academic/practice partnerships by health departments.
d. Explore approaches for determining contributions of credentialing for ensuring a competent public health workforce.
e. Participate in, facilitate, and/or convene efforts to develop a national strategic or action 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.

Tactics:

a. Explore emerging leadership competencies needed within the public health workforce for health systems transformation.
b. Identify skills needed for public health professionals to assume the responsibilities of community chief health strategist.

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

Tactics:

a. Develop and disseminate tools and training to assist individuals and organizations with implementing and integrating the Core Competencies for Public Health Professionals into practice.
b. Assist individuals and organizations with using tools and training to implement and integrate the Core Competencies for Public Health Professionals into practice.
c. Encourage use of the Core Competencies for Public Health Professionals as a foundation for the development of discipline-specific and interprofessional competencies.
d. Assist with developing, refining, and implementing discipline-specific and interprofessional competencies aligned with the Core Competencies for Public Health Professionals.
e. Assist other countries and global health organizations with developing and using public health competencies.

Strategy 4: Demonstrate the value of public health to achieving a culture of health.

Tactics:

a. Document contributions of the various professions within public health to achieving healthy communities.
b. Describe the unique contributions that public health professionals can bring to health systems transformation.
c. Encourage public health professionals to engage other professions and sectors in developing strategies for achieving healthy communities.
d. Document how public health research can and does contribute to achieving healthy communities.
e. Participate in, facilitate, and/or conduct a profile study of the public health workforce.

Objective D. Promote and strengthen the evidence base for public health practice.

Strategy 1: Support efforts to further public health practice research, including public health systems and services research (PHSSR).

Tactics:

a. Identify gaps in data and opportunities for improving data for conducting research relevant to practice.
b. Identify emerging needs for public health practice research to support health systems transformation.
c. Collaborate with other national efforts to help build capacity for and promote public health practice research.
d. Convene potential funders to increase financial support for public health practice research.
e. Assess progress related to public health practice research.

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

Tactics:

a. Identify ways to disseminate and improve access to evidence-based practices.
b. Demonstrate the value of public health practice research to the practice of public health.
c. Explore opportunities to support The Guide to Community Preventive Services.

Strategy 3: Encourage the engagement of public health practitioners in contributing to the public health evidence base.

Tactics:

a. Develop and support implementation of an academic health department research agenda.
b. Foster the development, sharing, and use of practice-based evidence.