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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Monday, October 2, 2017
2:00-4:00 pm EDT

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Registration URL:
https://attendee.gotowebinar.com/register/3478395575031657729

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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: Monday, October 2, 2017
Time: 2:00-4:00pm EDT
Register for Web Access: https://attendee.gotowebinar.com/register/3478395575031657729

AGENDA

2:00-2:05	Welcome and Overview of Agenda	*Bill Keck*
2:05-2:10	Approval of Minutes from July 17, 2017 Meeting ➢ **Action Item**: Vote on Approval of Minutes	*Bill Keck*
2:10-2:15	Council Membership Vote – ACHI (Council Administrative Priorities – Membership) ➢ **Action Item**: Vote on Membership Status	*Bill Keck*
2:15-2:35	Demonstrating Council Impact	*Bill Keck, Kathleen Amos*
2:35-2:45	Core Competencies for Public Health Professionals (Council Strategic Directions – A.2.a., B.1.a.) ➢ Update on Discipline-Specific Competencies Discussion ➢ APHA Annual Meeting Presentation to Feature New Prioritization Tool	*Janet Place, Amy Lee*
2:45-2:55	Academic Health Department Learning Community (Council Strategic Directions – A.1.a) ➢ Staged Model of AHD Development ➢ Update on AHD Learning Community Activities	*Bill Keck*
2:55-3:05	2017 APHA Annual Meeting	*Bill Keck*
3:05-3:20	ACHI: Building Population Health Competencies in Hospitals and Health Systems (Council Strategic Directions – A.2., C.3., C.4.)	*Julia Resnick*
3:20-3:50	Council Member Updates	*Bill Keck*
3:50-4:00	Other Business and Next Steps ➢ Future of Population Health Award: 2017 Recipient and Upcoming Webinar	*Bill Keck*
4:00	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 – July 17, 2017

The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: July 17, 2017

Meeting Minutes – Draft

Members Present: C. William Keck (Chair), Philip Amuso, Wendy Braund, Christina Dokter, Michael Fagen, Gary Gilmore, Lynn Goldman, Penrose Jackson, Lisa Lang, Amy Lee, Patrick Lenihan, Susan Little, Beth Ransopher, Susan Swider

Other Participants Present: Meredith Addison, Yesenia Alvarez, Magali Angeloni, Zona Ascensio, John Auerbach, Mike Barry, Daphne Bascom, James Boex, Jeanne Bowman, Becky Buhler, Stephanie Bunner, Lisa Campbell, Vera Cardinale, Samantha Cinnick, Kimberly Coleman, Soloe Dennis, Tara Echols, Bobbie Erlwein, Jen Freiheit, Kate Glynn, Nadim Haddad, Heather-Lyn Haley, Elizabeth Harper, Deborah Heim, Tanya Honderick, Emmanuel Jadhav, Catherine Johnson, Rita Kelliher, Joan Kub, Vanessa Lamers, Jessie Legros, Allison Lewis, Veronika Lozano, Awele Maduka-Ezeh, Elizabeth Magnuson, Bryn Manzella, Rachel Melody, Dave Palm, Catherine Palmer, Eva Perlman, Janet Place, Nanci Reiland, Julia Resnick, Russ Rubin, Jennifer Schuette, Lisa Sedlar, Lenee Simon, Michelle Tissue, Laura Valentino, Kristen Varol, Sandra Whitehead, Betsy Wood

Staff Present: Ron Bialek, Kathleen Amos, Janelle Nichols

Agenda Item	Discussion	Action
Welcome and Overview of Agenda	The meeting began with a welcome by Council Chair C. William Keck, MD, MPH. Dr. Keck reviewed the agenda for the meeting.	
Approval of Minutes from April 11, 2017 Meeting ➢ **Action Item: Vote on approval of minutes**	Dr. Keck asked for any changes to the minutes of the April 11, 2017 Council meeting. Gary Gilmore, MPH, PhD, MCHES, moved to approve the minutes as written. Amy Lee, MD, MPH, MBA, seconded the motion. No additions or corrections.	Minutes of the April 11, 2017 Council meeting were approved as written.
CDC Update	Guest speakers Bobbie Erlwein, MPH, Chief, Health Department and Systems Development Branch, Office for State, Tribal, Local and Territorial Support (OSTLTS) and Kate Glynn, DVM, MPVM, Associate Director for Science, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC), provided an update on CDC's priorities related to Council activities and workforce development. The Council is supported by funding from CDC. Dr. Keck invited questions for Ms. Erlwein and Dr. Glynn.	
Trust for America's Health: Support for the Governmental	John Auerbach, MBA, President and CEO, Trust for America's Health, discussed the current public health environment and support for the governmental public health workforce. Points shared included that the	

Public Health Workforce	workforce is shrinking, the workforce is aging, the work of public health is complex and changing, the composition of the workforce is changing, the future is uncertain, funding does not reflect changes in the causes of death, and action is needed to fight for the workforce. Demonstrating the value of public health is one focus included within the Council's Strategic Directions. In this time of uncertainty regarding support and funding for public health, it is important to consider potential challenges and implications for the governmental public health workforce, as well as new strategies to enhance public health and better communicate the value that public health offers. Dr. Keck invited discussion and questions for Mr. Auerbach.	
American College of Preventive Medicine: Consensus Statement – Preventive Medicine Physician Licensure	Mike Barry, CAE, Executive Director, American College of Preventive Medicine (ACPM), discussed a draft consensus statement focused on preventive medicine physician licensure. As follow-up to the discussion around licensure for preventive medicine physicians during the April 2017 Council meeting, ACPM drafted a consensus statement for the Council's consideration. The Council was invited to discuss the draft consensus statement and provide feedback. Dr. Keck invited questions for Mr. Barry. Dr. Gilmore offered a motion of support for the consensus statement. Dr. Lee seconded the motion. A vote was called on adoption of the consensus statement.	The consensus statement focused on preventive medicine physician licensure was adopted by the Council.
Association of Public Health Laboratories: Public Health Laboratory Competencies	Cathy Johnson, MA, MT (ASCP), Director of Education and Training, Association of Public Health Laboratories (APHL), shared work related to the Competency Guidelines for Public Health Laboratory Professionals developed by CDC and APHL. Having published these competencies in 2015, APHL is now working to integrate the competencies into laboratory workforce practices. A new Laboratory Competency Implementation Toolbox was recently released to support these efforts and can be accessed from the APHL website. This effort has made use of the Core Competencies for Public Health Professionals (Core Competencies) and offers an example of how the activities of Council member organizations may align with the Council's Strategic Directions, in this case with Objective C within the Strategic Directions, which relates to supporting the development of a diverse, highly skilled, and motivated public health workforce with the competence and tools to succeed.	

	Dr. Keck invited questions for Ms. Johnson.	
Quad Council Coalition of Public Health Nursing Organizations: Quad Council Public Health Nursing Core Competencies	Susan Little, DNP, RN, PHNA-BC, CPHQ, Council representative for the Quad Council Coalition of Public Health Nursing Organizations, and Lisa Campbell, DNP, RN, PHNA-BC, Associate Professor, Texas Tech Health Sciences University School of Nursing, provided an update on the Quad Council Public Health Nursing Core Competencies. These competencies are based on the Core Competencies and are currently being updated to align with the 2014 version of the Core Competencies. As with the presentation from APHL, this work offers another example of alignment with Objective C within the Council's Strategic Directions. Dr. Keck invited questions for Dr. Little and Dr. Campbell.	
Core Competencies for Public Health Professionals ➢ **New Tool: Determining Essential Core Competencies for Public Health Jobs** ➢ **Demonstrating Impact**	Core Competencies Workgroup Co-Chairs Dr. Lee and Janet Place, MPH, provided an update on work related to the Core Competencies. Dr. Lee shared information about the newest Core Competencies tool, *Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process*, developed to help with identifying Core Competencies relevant to jobs within public health. The Core Competencies are used in workforce development activities across the country, including the development of competency-based job descriptions, and are widely applicable to the variety of jobs found within public health. For any specific job, the critical competencies within the Core Competencies will vary depending on the responsibilities and activities of individuals in that position. When developing a job description, it is important to determine which competencies are most essential for that position. This new Core Competencies tool describes a process for prioritizing competencies for job descriptions using a modified version of the Core Competencies. Public health organizations can use this process in a workshop setting to help engage staff members to identify and prioritize the Core Competencies that they feel are most important for their roles. The tool is available through the Council website, along with accompanying materials to support use of the tool. This tool and an example of how Denver Public Health implemented and built on this process to support competency development within their organization were featured in a recent webinar, *Determining Essential Core Competencies for Job Positions*, which was archived and is also available through the Council website, as well as in a workshop at the 2017 Public Health Improvement Training in June. In addition, a presentation based on	

	the tool has been accepted for the American Public Health Association (APHA) Annual Meeting this fall. As determined at the April 2017 Council meeting, the Core Competencies will not be revised this year. The Core Competencies Workgroup, which now has nearly 100 members, will continue to work on tools and resources to support use of the Core Competencies, including building collections of job descriptions and workforce development plans that incorporate the Core Competencies. As always, examples that can be added to these collections, or other examples of how you are using the Core Competencies, are welcome. As follow-up to the discussion during the April 2017 Council meeting about exploring Council involvement in recognizing competency sets that are based on the Core Competencies, the Core Competencies Workgroup is planning to begin discussing this at its next meeting on July 24, 2017. Ms. Place shared an update on use and impact of the Core Competencies. Since the current version of the Core Competencies was released in June 2014, Council staff have tracked online visits to the Core Competencies, showing that the Core Competencies have been accessed nearly 137,000 times, and resources and tools related to the Core Competencies have been accessed an additional 261,300 times. Online access of the Core Competencies and related resources and tools has increased from around 16,000 views in FY11 to more than 134,500 views in FY17. Four blog posts related to the Core Competencies were published on the PHF Pulse blog in FY17, which were viewed nearly 1,300 times, and the recent webinar on *Determining Essential Core Competencies for Job Positions* was attended by nearly 200 participants. Technical assistance related to the Core Competencies is provided on a primarily distance basis, and in FY17, Council staff responded to more than 50 requests, serving nearly 40 organizations in 23 states, Guam, and Nepal. As Council leadership and staff work to better highlight the impact of Council activities such as the Core Competencies, input is welcome on whether these types of data or examples are helpful and what else would be useful to help illustrate the reach and use of these products.	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 The Core Competencies Workgroup will explore Council involvement in recognizing competency sets based on the Core Competencies and report back to the Council. Suggestions for how to help illustrate the reach and use of products related to the Core Competencies may be shared with Kathleen Amos at kamos@phf.org.
Academic Health Department Learning Community ➢ **Staged Model of AHD Development** ➢ **Demonstrating Impact**	Dr. Keck provided an update on activities of the Academic Health Department (AHD) Learning Community. The newest activity of the AHD Learning Community is the creation of a staged model of AHD development to better articulate how AHD partnerships may develop. AHD partnerships can take a variety of forms and their development may	Suggestions related to the draft staged model of AHD development may be shared with

	follow various trajectories. The concept paper describing AHD partnerships developed by the Council in 2011 loosely defined characteristics of AHDs. The current draft of the staged model illustrates the potential development of AHD partnerships as a continuum. The draft model describes partnership development as a series of five stages ranging from informal relationships to the signing of formal affiliation agreements to comprehensive collaboration on education, research, and service with shared resources and personnel. This working draft is being shared with the Learning Community for feedback and will be made available through the Council website for public comment. The draft of the model was also presented at the National Association of County and City Health Officials' 2017 Annual Meeting and will be shared at the APHA Annual Meeting this fall. Input on the draft is welcome, and feedback gathered will be used to refine the model. The AHD Learning Community continues to hold meetings – now on a bimonthly basis – with the most recent meeting in May 2017 highlighting the newly formed AHD partnership between the University of Illinois at Chicago's School of Public Health and the Chicago Department of Public Health. The next meeting will be held on July 26, 2017 and will feature the AHD partnerships of East Tennessee State University's College of Public Health. The new quarterly *Ask the AHD Expert* series has now published two columns on the PHF Pulse blog, the first in March 2017 and the second in June 2017, and the AHD Mentorship Program, which connects individuals seeking guidance in an area of AHD development or operation with those having experience in that area, continues to develop. Fifteen mentor/mentee pairs are participating in the program, and additional participants are welcome. There is a particular need for mentors currently, as the number of mentees has surpassed that of mentors. Similar to the Core Competencies, the impact of the AHD Learning Community can be demonstrated in a number of ways. Membership in the Learning Community has continued to grow, with approximately 700 people currently participating. The Learning Community and its resources and tools have been accessed nearly 40,000 times online since its launch in 2011. Online access to these resources has increased from approximately 1,800 views in FY11 to more than 7,000 views in FY17. The four blog posts published on the PHF Pulse blog in FY17 related to the Learning Community were viewed nearly 900 times, and Learning Community meetings were attended by more than 120 participants. In FY17, Council staff responded to	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. Input on the types of data or examples that can help illustrate the reach and use of products related to the AHD Learning Community can be sent to Kathleen Amos at kamos@phf.org.

	more than 25 requests for technical assistance, serving more than 20 organizations in 15 states. As with the Core Competencies, input is welcome on the types of data or examples that can help illustrate the reach and use of the Learning Community.	
Other Business and Next Steps ➢ **Upcoming Chair Election**	Dr. Keck asked if there was any other business to address. Kathleen Amos, MLIS, Council Assistant Director, provided an update on planning for the Council Chair election. An election for the position of Council Chair is held every two years, and the next election will be this summer. To be eligible to serve as Chair, there are two main requirements of Council representatives: • Must have served as a Council representative for at least two years; and • Must have experience working in public health practice. The election process consists of a call for nominations followed by a vote, both of which are conducted by email, and Council staff will be in touch following the meeting to begin this process. Dr. Keck provided an update on the discussion during the April 2017 Council meeting about members sharing their organizations' activities with the Council. A number of data points related to the Core Competencies and AHD Learning Community were shared during this meeting as one way to begin to illustrate the impact of Council activities and help set the stage for a more substantive discussion about the impact of the Council and its products during the next Council meeting. Interest remains in hearing from Council members about their organizations' activities and how they align with, support, or reinforce the Council's Strategic Directions and in sharing that information to highlight and celebrate the impact the Council and its member organizations are able to achieve by working collectively. Council staff are working on creating a way for this information to be shared through the Council website, and more information about this will be provided in the future. The next Council meeting will be on Monday, October 2, 2017 from 2-4pm ET and will be held virtually. The final meeting of the year is scheduled for December 12th.	Council staff will follow-up to initiate the Council Chair election process following the meeting. Council staff will follow-up with Council members for information about how their organizations' activities align with, support, or reinforce the Council's Strategic Directions and will determine how to share this information. Any questions about Council meetings can be sent to Janelle Nichols at jnichols@phf.org.

4. Council Membership Vote – ACHI

The Council on Linkages Between Academia and Public Health Practice

Council Membership Vote – ACHI

October 2, 2017

Overview

Organizations that join the Council on Linkages Between Academia and Public Health Practice (Council) are required to serve a period of preliminary membership. The Association for Community Health Improvement (ACHI) has been participating as a preliminary member and is eligible for formal membership status.

Association for Community Health Improvement

ACHI, an affiliate of the American Hospital Association and the Health Research & Educational Trust, is the premier national association for community health, community benefit, and population health professionals. ACHI provides educational resources and tools, professional development, and networking opportunities to help health leaders expand their knowledge and enhance their performance in achieving community health goals. Additional information about ACHI can be found on its website at http://www.healthycommunities.org.

Action Item: Vote on Membership Status

During this meeting, a vote will be held to determine whether to grant ACHI formal membership on the Council. As a reminder, 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

October 2, 2017

Overview

The Council on Linkages Between Academia and Public Health Practice (Council) brings together 22 national organizations engaged in public health to improve public health education and training, practice, and research. Established in 1992, the Council is currently in its 25th year of furthering academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice. This 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 academic health departments (AHDs)
- Stimulating development of the field of public health services research (now 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
- Supporting practice and academic organizations nationwide in efforts to develop AHD partnerships

Demonstrating Impact

As the Council continues its work, it is essential to highlight the ongoing impact of the Council and its activities and the value the Council brings to public health. A variety of data points help to illustrate this ongoing impact. For example:

- The Council's newsletter, the *Council on Linkages Update*, is now sent monthly to more than 1,500 people (up from approximately 50 people in 2011)
- The Core Competencies for Public Health Professionals (Core Competencies) and related resources and tools were accessed nearly 135,000 times in FY2017 (up from approximately 16,000 in FY2011)
- 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 currently has more than 750 members (up from approximately 80 in FY2011) and the AHD Mentorship Program has matched 15 people seeking guidance with knowledgeable mentors, with notable successes including supporting the formation of a new AHD partnership.
- Council staff answered 85 technical assistance requests related to the Council and its activities in FY2017, 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 complete 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.

Over the coming months, this webpage will be transformed into a series of connected pages, with links to related tools and resources, and new examples will be added.

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. Suggestions may be shared with Kathleen Amos at kamos@phf.org.

6. **Core Competencies for Public Health Professionals:**
    - **Core Competencies for Public Health Professionals Report**
    - **Determining Essential Core Competencies for Public Health Jobs**
    - **Core Competencies for Public Health Professionals (2014)**

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals Report

October 2, 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.

Update on Discipline-Specific Competencies Discussion

During the April 2017 Council meeting, a discussion about Council involvement in recognition of discipline-specific competency sets based on the Core Competencies prompted the Council to engage the Core Competencies Workgroup in exploring this topic. The Workgroup met in July 2017, and began discussing the value and feasibility of recognizing competency sets in this way. Further discussions will be held during the next Workgroup meeting this fall. In addition, the Workgroup 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. Examples that can be added to 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.

APHA Annual Meeting Session to Feature New Prioritization Tool

The new tool, *Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process*, will be featured during Session 3271.0 at the 2017 American Public Health Association (APHA) Annual Meeting. This presentation will include 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 http://www.phf.org/corecompetenciestools.

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)
- 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

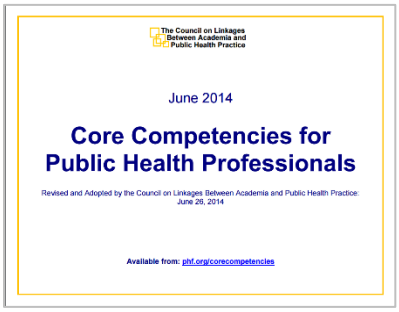
The Council on Linkages Between Academia and Public Health Practice

Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process

June 9, 2017

Public health organizations can be more effective when the competencies of their staff match the types of activities they do in their jobs. It is important that job descriptions include the competencies, in terms of both skills and knowledge, for success in a position. To become and remain accredited by the Public Health Accreditation Board, health departments must provide job descriptions that include competencies. This is a good practice for all organizations and supports successful recruitment, hiring, and professional development.

Core Competencies for Public Health Professionals



The Core Competencies for Public Health Professionals (Core Competencies), a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services, offer health departments and other public health organizations a starting point for workforce development activities. Developed by the Council on Linkages Between Academia and Public Health Practice, the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. Widely applicable to the variety of jobs found within the public health field, the Core Competencies can be used for identifying competencies to be included in competency-based job descriptions.

Purpose of This Tool

For any position, critical Core Competencies will vary depending on the responsibilities and activities of individuals in that position. When developing a job description, it is important to determine which competencies are most essential for that position. This tool describes a process for prioritizing competencies for job descriptions using a modified version of the Core Competencies. A public health organization can use this process in a workshop setting to help engage staff members to identify and prioritize the competencies that they feel are most important for their roles. This process is grounded in the Core Competencies, and workshop facilitators should have a working knowledge of the Core Competencies for the process to be successful. Additional information about the Core Competencies is available at www.phf.org/corecompetencies.

Although this process can inform individual job descriptions, it was designed to be used for broader job categories. When used in this way, the organization should group the specific jobs present in the organization into categories based on similar responsibilities and activities, so that the competencies needed for the positions are likely to be similar. Competencies for each group can be identified, as can cross-cutting competencies applicable across the organization, and tailored as necessary to ensure relevance to individual job descriptions. This offers an

overview of important competencies needed within the organization to meet the current and future challenges the organization is facing and provide services that will improve health within the community.

Materials

This tool contains:

- Modified Version of the Core Competencies (pages 9-12) – Based on the Core Competencies, this list of competencies was developed by grouping similar competency statements together into categories that capture the general intent of the statements. This reduces the number of competencies from approximately 90 to 54, simplifying the process of working with the competency set. This modified version is based on Tier 2 of the Core Competencies, with competencies pulled from Tier 3 only when there is no equivalent competency at the Tier 2 level. Within each competency in the modified version, brief descriptions are included that illustrate the types of skills and knowledge represented. For positions at the Tier 1 or Tier 3 level, the specifics of the competencies may be adjusted as appropriate to better capture the desired skill level.
- Competency Map (pages 13-17) – This mapping shows how the modified version of the Core Competencies relates to the original version, illustrating how competencies are grouped into broader categories in the modified version.
- Voting Guide (page 18) – This guide details the number of competencies that can be selected and votes that each individual can cast within each Core Competencies domain as part of the prioritization process.

In addition, two supplemental files are available that can help support implementation of this process:

- Competency Selection Worksheets (Word) – These eight worksheets can be used to facilitate the prioritization process. There is a separate worksheet for each of the eight Core Competencies domains. The worksheets list the competencies in the modified version of the Core Competencies that are included in that domain. They can be printed and distributed to workshop participants during Step 1 of the voting process. Participants can use the worksheets to indicate which competencies they feel are most important for their job category.
- Voting Template (Excel) – This template can be used by the workshop facilitator for tracking votes during the prioritization process and summarizing the results. *Tab 1: Instructions* contains instructions for using the template. *Tab 2: Tracking Votes* can be used to record the number of votes for each competency, the lists of the top 23 and final eight competencies selected, and any discussion notes. A separate spreadsheet should be used for each job category or cross-cutting group. *Tab 3: Vote Summary* can be used to compare the number of votes for each competency across all job category and cross-cutting groups. *Tab 4: Final Competency Lists* can be used to record the final eight competencies selected by each job category and cross-cutting group.

For access to these files, please visit www.phf.org/DeterminingPHJobCompetencies.

Instructions for Use

This process is designed to help public health organizations determine essential Core Competencies for positions within the organization based on input from staff members who fill those positions. Through this process, the specific jobs present in the organization are grouped into categories based on similar responsibilities and activities, and representatives of these groups are asked to participate in a two-step voting process to identify the most important competencies for each job category. This two-step voting process asks participants to first select the most important competencies within each Core Competencies domain and then to select from that list the most essential competencies regardless of domain. The same voting process is used by a leadership team, workforce development team, or other group composed of individuals with an organization-wide perspective to identify high-priority cross-cutting competencies essential for all staff within the organization. All voting takes place in a workshop setting. The organization should plan to conduct a separate workshop for each of the job category and cross-cutting groups, with workshops typically being about 2 hours long.

Preparing for the Workshop:

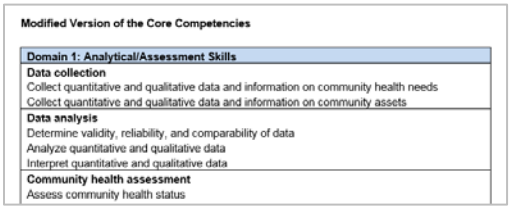
- Determine the purpose for engaging in this prioritization process and the specific question to ask workshop participants. For prioritizing competencies for job descriptions, the question may be: *Within your job category, what are the essential competencies (skills and knowledge) needed to support the work of [insert organization name] today?*
- Determine the job categories in which to group the staff of the organization. Job category groups can contain positions at various levels within the organization, but should bring together positions that engage in similar types of activities or projects, so that the competencies are likely to be similar. In deciding how broadly or narrowly to construct the groups, consider the costs and benefits of having more specific information compared to the time needed to prioritize competencies for multiple groups. Example job categories include:

Program Support	Individuals who support programs, but do not have direct patient contact (may include administrative staff, executive assistants, performance improvement staff, marketing and communications staff)
Patient/Customer Support	Individuals who serve patients or work in clinics or vital records (may include clerks, healthcare partners, clinic administrators, linkage to care staff, social workers)
Public Health Specialists	Public health and population-oriented program staff (may include planners, coordinators, trainers)
Data Drivers	Individuals who create or analyze data (may include epidemiologists, public health informaticians, researchers)
Healthcare Providers	Licensed staff who provide direct care to patients (may include physicians, nurses, nurse practitioners, physician assistants)
Directors	Individuals who provide broad vision and direction for the organization and its programs (may include directors, associate directors, administrative directors, program directors)

- Identify staff members who represent the job category groups and invite them to participate in the workshops. Each workshop should focus on a specific job category (or the cross-cutting competencies) and should include a sufficient number of individuals who work in those positions to be inclusive and have a meaningful voting process. For a medium or large organization, 10-20 individuals may be a good target number. Smaller organizations may wish to engage a smaller number of individuals or to lump positions into a few groups and meet with each of the small groups, rather than conducting workshops. Each workshop typically takes about 2 hours, although workshop length can vary depending on the number of participants and level of discussion.
- Select a neutral facilitator(s) to conduct the workshop based on the steps described in *Conducting the Workshop*. Facilitators should have a working knowledge of the Core Competencies and the prioritization process and be able to engage the groups in discussion without imposing their views about priorities on the groups.[1]

Conducting the Workshop:

- Provide participants with a brief overview of the Core Competencies, including the skill areas represented by each of the eight domains within the Core Competencies, to ensure that all participants have basic knowledge with which to engage in the prioritization process. This can be accomplished in-person or by webinar using a PowerPoint presentation.
- Guide participants through the two-step voting process.
- **Step 1:**
    - Beginning with Domain 1: Analytical/Assessment Skills, using the modified version of the Core Competencies (pages 9-12), describe the competencies contained within the domain and the types of activities they reflect.



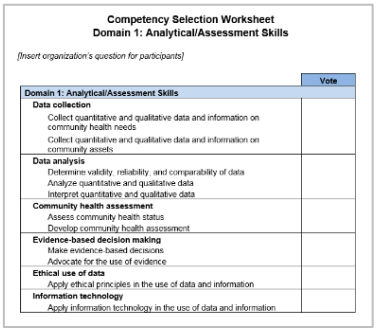
Modified Version of the Core Competencies

Domain 1: Analytical/Assessment Skills
Data collection
Collect quantitative and qualitative data and information on community health needs
Collect quantitative and qualitative data and information on community assets
Data analysis
Determine validity, reliability, and comparability of data
Analyze quantitative and qualitative data
Interpret quantitative and qualitative data
Community health assessment
Assess community health status

    - Distribute the Competency Selection Worksheet for Domain 1. Each participant should receive a copy of the worksheet. The Competency Selection Worksheets are available as a supplemental file from www.phf.org/DeterminingPHJobCompetencies.

[1] Organizations who wish to engage in this prioritization process may benefit from working with an external facilitator who can manage the process and a content expert with expertise related to the Core Competencies who can provide background information, describe the domains and the modified version of the Core Competencies, and answer participants' questions. The Public Health Foundation (PHF) provides these facilitation services to public health organizations. To discuss contracting with PHF for these services, please contact Margie Beaudry at mbeaudry@phf.org or 202-218-4415.

- Ask participants to select the most important competencies within the domain for their job category.
  - The number of competencies that can be selected varies by domain. Use the table below or the Voting Guide (page 18) to determine how many competencies can be selected for each domain. For example, for Domain 1, participants can select up to three competencies that they believe are the most important for their job category. If participants feel that the competencies within the domain are not relevant for their job category, they may select fewer competencies.
  - Instruct participants to make their own selections and to record them on the Competency Selection Worksheets.



Competency Selection Worksheet
Domain 1: Analytical/Assessment Skills

[Insert organization's question for participants]

Domain 1: Analytical/Assessment Skills	Vote
Data collection	
Collect quantitative and qualitative data and information on community health needs	
Collect quantitative and qualitative data and information on community assets	
Data analysis	
Determine validity, reliability, and comparability of data	
Analyze quantitative and qualitative data	
Interpret quantitative and qualitative data	
Community health assessment	
Assess community health status	
Develop community health assessment	
Evidence-based decision making	
Make evidence-based decisions	
Advocate for the use of evidence	
Ethical use of data	
Apply ethical principles in the use of data and information	
Information technology	
Apply information technology in the use of data and information	

Domain	Number of Competencies in Domain	Maximum Number of Competencies to Select/Votes per Participant
1: Analytical/Assessment Skills	6	3
2: Policy Development/Program Planning Skills	7	3
3: Communication Skills	7	3
4: Cultural Competency Skills	4	2
5: Community Dimensions of Practice Skills	7	3
6: Public Health Sciences Skills	5	2
7: Financial Planning and Management Skills	10	4
8: Leadership and Systems Thinking Skills	8	3

- Count the number of votes for each competency to determine the three competencies within Domain 1 that received the most votes. Votes can be counted by having participants raise their hands to vote or by collecting completed Competency Selection Worksheets from participants.
  - Record the number of votes for each competency in the Tab 2 spreadsheet in the Voting Template. The Voting Template is available as a supplemental file from www.phf.org/DeterminingPHJobCompetencies.
  - Record the top three competencies for Domain 1 on a flip chart. Do not include the domain name or the number of votes on the flip chart.
- Repeat this process for each of the domains, using the Voting Guide to determine how many votes participants have and how many competencies should be selected within each domain.
  - Record all votes in the same Tab 2 spreadsheet in the Voting Template.

        - Record all of the top competencies selected on the same flip chart. When complete, the flip chart should list the 23 competencies that have been selected as most important for the job category.
- **Step 2:**
    - Using this list of 23 competencies, ask participants to identify up to eight competencies that they believe are the most essential for their job category.
        - Have participants place colored dots or draw checkmarks next to their selections on the flip chart.
        - Each participant gets eight votes that he/she can distribute as desired.
    - Count the number of votes for each competency to identify the top eight competencies that are most essential for individuals in the job category.
- **Dealing with a Tie:**
    - If voting during Step 1 or 2 results in a tie that affects the number of competencies that would be selected, facilitators should use their judgement to address this. Options for addressing this include conducting a tie-breaker vote or adding all of the tied competencies to the list.
        - With a tie-breaker vote, participants are asked to vote among only the competencies that are tied. This vote should be conducted at the time the tie occurs, before moving on to discuss the next domain.
        - Record the results of the tie-breaker vote in the same Tab 2 spreadsheet in the Voting Template as the results of the initial vote and add the appropriate competencies to the same flip chart.
        - If a tie-breaker vote is unsuccessful, facilitators may wish to simply add all of the tied competencies to the list.
        - A tie-breaker vote may be more appropriate in Step 1 of the voting process. Adding all of the tied competencies to the list may be more appropriate in Step 2.
- **Discussion:** Facilitate a discussion about this list of essential competencies and adjust the list as needed.
    - Ask participants questions such as:
        - *Is this list representative of the skills and knowledge needed by individuals in this job category?*
        - *Are there competencies on this list that surprise you?*
        - *Are there competencies that you expected to see on this list that are missing?*
        - *Do any competencies need to be added to the list or combined with similar competencies?*
    - Use the results of the discussion to adjust the list of competencies as needed.
        - It is fine to add, remove, or combine competencies based on the discussion, but try not to let the final list grow to more than about 10 competencies. The purpose of this process is not to identify any competency that may be relevant for a position, but to focus in on the most essential competencies for the position. The target is a list of eight essential competencies.

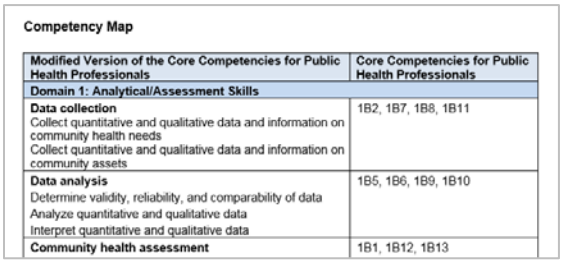
- Repeat this process for each of the job category groups to identify essential competencies for that job category.
- Repeat this process with a leadership team, workforce development team, or other group with an organization-wide perspective to identify cross-cutting competencies relevant for all staff within the organization.

Following the Workshop:

- Record any notes about decisions made in creating the competency lists in the Tab 2 spreadsheet in the Voting Template.
- Summarize the results of the votes for all job category groups and the cross-cutting group in the Tab 3 spreadsheet in the Voting Template to enable comparison across groups.
- Document the final lists of competencies for all job category groups and the cross-cutting group in the Tab 4 spreadsheet in the Voting Template to enable comparison across groups.

Using the Results

The lists of essential competencies identified for the job categories, along with the list of cross-cutting competencies for the organization, can be used to incorporate competencies into job descriptions. These competency lists offer a starting point in terms of important foundational skills for the positions present within the organization. In prioritization activities, organizations must balance a desire for specificity with the time needed to complete the activity. It would be possible to conduct this prioritization process with more specific job category groups than those described in the example above and thus to develop competency lists even more specific to individual positions; however, this would require additional time and resources. The competency lists identified through this process should be considered in the context of each individual type of position and adjusted as necessary to capture the nuances of the position.



Competency Map

Modified Version of the Core Competencies for Public Health Professionals	Core Competencies for Public Health Professionals
Domain 1: Analytical/Assessment Skills	
Data collection Collect quantitative and qualitative data and information on community health needs Collect quantitative and qualitative data and information on community assets	1B2, 1B7, 1B8, 1B11
Data analysis Determine validity, reliability, and comparability of data Analyze quantitative and qualitative data Interpret quantitative and qualitative data	1B5, 1B6, 1B9, 1B10
Community health assessment	1B1, 1B12, 1B13

These competency lists are based on the modified version of the Core Competencies and can be mapped back to the original version of the Core Competencies using the Competency Map (pages 13-17). In incorporating competencies into job descriptions, organizations may wish to list relevant individual competencies from the Core Competencies or to develop brief phrases that capture the general intent of the competencies.

Completing this prioritization process for several job category groups that well represent the staff of an organization can enable the organization to look across the groups to see which competencies are being prioritized and where there may be gaps. If the competencies prioritized by the staff members working in a position are very different from the competencies expected of those individuals by leadership, better communication and alignment of job descriptions with actual job responsibilities and tasks may be needed.

Other Potential Uses

The prioritization process in this tool has been presented as a way to identify competencies for use in job descriptions within public health organizations – identifying the most essential competencies needed by staff members to support the current work of an organization. The modified version of the Core Competencies and a similar process could also be used in other workforce development activities, to prioritize competencies, conduct competency assessments, identify training needs, and develop workforce development plans. By varying the question asked of participants engaged in the process, organizations can focus in on the most critical competencies for their organizations in a variety of ways and look at current as well as future assets and needs.

Questions or Assistance

Technical assistance is available to support public health organizations in using this prioritization process. For questions related to this tool or additional information on obtaining assistance, please contact Kathleen Amos at kamos@phf.org or 202-218-4418.

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 NU38OT000211. The content of Council on Linkages activities is solely the responsibility of the Council on Linkages and does not necessarily represent the official views of the sponsor.

Modified Version of the Core Competencies

Based on the Core Competencies for Public Health Professionals (Core Competencies), this list of competencies was developed by grouping similar competency statements together into categories that capture the general intent of the statements. This modified version draws on Tier 2 of the Core Competencies, with competencies pulled from Tier 3 only when there is no equivalent competency at the Tier 2 level. The items in bold within each domain are the competencies that make up the modified version. Within each competency in the modified version, brief descriptions are included that illustrate the types of skills and knowledge represented by that competency.

Domain 1: Analytical/Assessment Skills
Data collection Collect quantitative and qualitative data and information on community health needs Collect quantitative and qualitative data and information on community assets
Data analysis Determine validity, reliability, and comparability of data Analyze quantitative and qualitative data Interpret quantitative and qualitative data
Community health assessment Assess community health status Develop community health assessment
Evidence-based decision making Make evidence-based decisions Advocate for the use of evidence
Ethical use of data Apply ethical principles in the use of data and information
Information technology Apply information technology in the use of data and information
Domain 2: Policy Development/Program Planning Skills
Community health improvement planning Use community health assessment in developing community health improvement plan
Strategic planning Contribute to development of strategic plan Implement strategic plan
Policy, program, and service development Develop goals and objectives Monitor trends Develop and recommend options
Policy, program, and service implementation Implement policies, programs, and services Manage within budgets and staffing levels

Policy, program, and service improvement Evaluate policies, programs, and services Implement strategies for continuous improvement
External policies, programs, and services Influence policies, programs, and services external to the organization
Public health informatics Apply public health informatics to policies, programs, and services
Domain 3: Communication Skills
Literacy assessment Assess the literacy of populations served
Written and oral communication Communicate in writing and orally with linguistic and cultural proficiency
Community input Solicit input from the community
Information dissemination Determine approaches for disseminating data and information Convey data and information
Behavior change Communicate to influence behavior
Facilitation Facilitate communication
Agency and organization roles Communicate the roles of governmental public health, health care, and other partners
Domain 4: Cultural Competency Skills
Population diversity Describe the concept of diversity Describe the diversity within a community
Workforce diversity Describe the value of a diverse workforce Advocate for a diverse workforce
Cultural influences on policies, programs, and services Recognize the influence of population diversity on programs, policies, and services Address population diversity in policies, programs, and services
Policy, program, and service impacts Assess the effects of policies, programs, and services on different populations
Domain 5: Community Dimensions of Practice Skills
Community programs and services Distinguish the roles and responsibilities of governmental and non-governmental organizations

Relationship building Identify relationships that are affecting health Develop relationships Maintain relationships
Partner collaboration Facilitate collaboration among partners
Community engagement Engage community members Use community input for policies, programs, and services
Community assets Explain the ways assets and resources can be used
Advocacy Advocate for policies, programs, and resources
Community-based participatory research Collaborate in community-based participatory research
Domain 6: Public Health Sciences Skills
Foundation of public health Discuss the scientific foundation of public health Describe prominent events in public health
Application of public health sciences Use public health sciences for policies, programs, services, and research Apply public health sciences in administration and management
Public health evidence Retrieve evidence from print and electronic sources Determine limitations of evidence Use evidence for policies, programs, and services
Research ethics Identify the laws, regulations, policies, and procedures for ethical research
Evidence-based public health Contribute to the public health evidence base Develop partnerships to increase use of evidence
Domain 7: Financial Planning and Management Skills
Governmental agencies Explain the structures, functions, and authorizations of governmental public health Identify government agencies with authority to address community health needs
Governance Implement policies and procedures of the governing body
Public health and health care funding Explain public health and health care funding mechanisms and procedures

Budgeting Justify programs for inclusion in budgets Develop budgets Defend budgets
Proposal writing Prepare funding proposals
Contract negotiation Negotiate contracts and other agreements
Financial analysis Use financial analysis methods for policies, programs, and services
Team building Establish teams
Motivation Motivate personnel
Performance management Develop performance management system Use performance management system
Domain 8: Leadership and Systems Thinking Skills
Ethics Incorporate ethical standards of practice into all interactions
Systems thinking Describe public health as part of a larger system Explain how public health, health care, and other organizations can work together or individually
Vision Collaborate in developing a vision for a healthy community
Factors impacting effectiveness Analyze facilitators and barriers that may affect policies, programs, services, and research
Professional development Provide opportunities for professional development Ensure use of professional development opportunities
Change management Modify practices in consideration of changes
Continuous improvement Contribute to continuous performance improvement
Advocacy for public health Advocate for the role of public health in population health

Competency Map

This mapping shows how the modified version of the Core Competencies for Public Health Professionals (Core Competencies) relates to the original version, illustrating how competencies are grouped into broader categories in the modified version. For the full competency statements to which the numbers in the table below refer, please access the original version of the Core Competencies at www.phf.org/corecompetencies.

Modified Version of the Core Competencies for Public Health Professionals	Core Competencies for Public Health Professionals – Competency Number
Domain 1: Analytical/Assessment Skills	
Data collection Collect quantitative and qualitative data and information on community health needs Collect quantitative and qualitative data and information on community assets	1B2, 1B7, 1B8, 1B11
Data analysis Determine validity, reliability, and comparability of data Analyze quantitative and qualitative data Interpret quantitative and qualitative data	1B5, 1B6, 1B9, 1B10
Community health assessment Assess community health status Develop community health assessment	1B1, 1B12, 1B13
Evidence-based decision making Make evidence-based decisions Advocate for the use of evidence	1B14, 1B15
Ethical use of data Apply ethical principles in the use of data and information	1B3
Information technology Apply information technology in the use of data and information	1B4
Domain 2: Policy Development/Program Planning Skills	
Community health improvement planning Use community health assessment in developing community health improvement plan	2B1
Strategic planning Contribute to development of strategic plan Implement strategic plan	2B3, 2B4
Policy, program, and service development Develop goals and objectives Monitor trends Develop and recommend options	2B2, 2B5, 2B6, 2B7, 2B8

Policy, program, and service implementation Implement policies, programs, and services Manage within budgets and staffing levels	2B9, 7B11
Policy, program, and service improvement Evaluate policies, programs, and services Implement strategies for continuous improvement	2B10, 2B11, 2B12
External policies, programs, and services Influence policies, programs, and services external to the organization	2C10
Public health informatics Apply public health informatics to policies, programs, and services	2B13
Domain 3: Communication Skills	
Literacy assessment Assess the literacy of populations served	3B1
Written and oral communication Communicate in writing and orally with linguistic and cultural proficiency	3B2
Community input Solicit input from the community	3B3
Information dissemination Determine approaches for disseminating data and information Convey data and information	3B4, 3B5
Behavior change Communicate to influence behavior	3B6
Facilitation Facilitate communication	3B7
Agency and organization roles Communicate the roles of governmental public health, health care, and other partners	3B8
Domain 4: Cultural Competency Skills	
Population diversity Describe the concept of diversity Describe the diversity within a community	4B1, 4B2
Workforce diversity Describe the value of a diverse workforce Advocate for a diverse workforce	4B7, 4B8
Cultural influences on policies, programs, and services Recognize the influence of population diversity on programs, policies, and services Address population diversity in policies, programs, and services	4B3, 4B4, 4B5

Policy, program, and service impacts Assess the effects of policies, programs, and services on different populations	4B6
Domain 5: Community Dimensions of Practice Skills	
Community programs and services Distinguish the roles and responsibilities of governmental and non-governmental organizations	5B1
Relationship building Identify relationships that are affecting health Develop relationships Maintain relationships	5B2, 5B3, 5B4, 5B5
Partner collaboration Facilitate collaboration among partners	5B6
Community engagement Engage community members Use community input for policies, programs, and services	5B7, 5B8
Community assets Explain the ways assets and resources can be used	5B9
Advocacy Advocate for policies, programs, and resources	5B10
Community-based participatory research Collaborate in community-based participatory research	5B11
Domain 6: Public Health Sciences Skills	
Foundation of public health Discuss the scientific foundation of public health Describe prominent events in public health	6B1, 6B2
Application of public health sciences Use public health sciences for policies, programs, services, and research Apply public health sciences in administration and management	6B3, 6B4
Public health evidence Retrieve evidence from print and electronic sources Determine limitations of evidence Use evidence for policies, programs, and services	6B5, 6B6, 6B7
Research ethics Identify the laws, regulations, policies, and procedures for ethical research	6B8
Evidence-based public health Contribute to the public health evidence base Develop partnerships to increase use of evidence	6B9, 6B10

Domain 7: Financial Planning and Management Skills	
Governmental agencies Explain the structures, functions, and authorizations of governmental public health Identify government agencies with authority to address community health needs	7B1, 7B2
Governance Implement policies and procedures of the governing body	7B3
Public health and health care funding Explain public health and health care funding mechanisms and procedures	7B4
Budgeting Justify programs for inclusion in budgets Develop budgets Defend budgets	7B5, 7B6, 7B7
Proposal writing Prepare funding proposals	7B8
Contract negotiation Negotiate contracts and other agreements	7B9
Financial analysis Use financial analysis methods for policies, programs, and services	7B10
Team building Establish teams	7B12
Motivation Motivate personnel	7B13
Performance management Develop performance management system Use performance management system	7B14, 7B15, 7B16
Domain 8: Leadership and Systems Thinking Skills	
Ethics Incorporate ethical standards of practice into all interactions	8B1
Systems thinking Describe public health as part of a larger system Explain how public health, health care, and other organizations can work together or individually	8B2, 8B3
Vision Collaborate in developing a vision for a healthy community	8B4
Factors impacting effectiveness Analyze facilitators and barriers that may affect policies, programs, services, and research	8B5

Professional development Provide opportunities for professional development Ensure use of professional development opportunities	8B6, 8B7
Change management Modify practices in consideration of changes	8B8
Continuous improvement Contribute to continuous performance improvement	8B9
Advocacy for public health Advocate for the role of public health in population health	8B10

Voting Guide

This guide details the number of votes that each individual can cast and competencies that can be selected within each domain of the modified version of the Core Competencies for Public Health Professionals as part of the prioritization process. For each domain, Step 1 of the voting process aims to narrow down the number of relevant competencies. Participants are asked to identify the top 2-4 most important competencies within each domain, with the target number depending on the number of competencies within the domain. This results in a list of 23 important competencies, which is further narrowed to eight essential competencies through Step 2 of the voting process.

Domain	Number of Competencies in Domain	Maximum Number of Competencies to Select/Votes per Participant
1: Analytical/Assessment Skills	6	3
2: Policy Development/Program Planning Skills	7	3
3: Communication Skills	7	3
4: Cultural Competency Skills	4	2
5: Community Dimensions of Practice Skills	7	3
6: Public Health Sciences Skills	5	2
7: Financial Planning and Management Skills	10	4
8: Leadership and Systems Thinking Skills	8	3
Total Number of Competencies After First Stage of Voting		**23**
Total Number of Competencies After Second Stage of Voting		**8**

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

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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.

7. **Academic Health Department Learning Community**
    - **Academic Health Department Learning Community Report**
    - **Staged Model of AHD Development (Draft)**

The Council on Linkages Between Academia and Public Health Practice

Academic Health Department Learning Community Report

October 2, 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.

Staged Model of AHD Development Released for Feedback

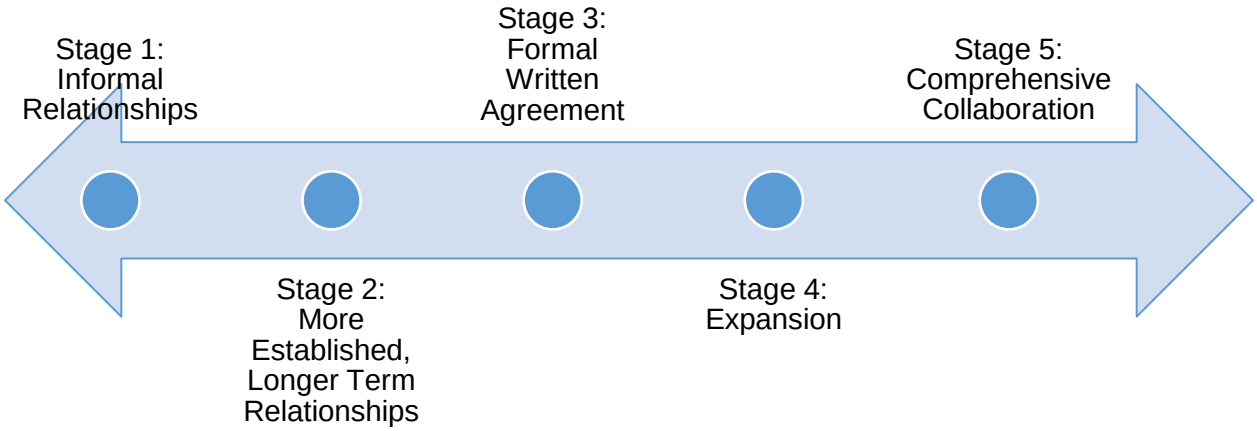
Earlier this year, the AHD Learning Community began drafting a staged model of AHD development, with the aim of better articulating how AHD partnerships might develop. This model illustrates the potential development of such partnerships on a continuum, and the current draft is now available for public comment. Initial feedback on the draft model was gathered during the National Association of County and City Health Officials' Annual Meeting in July 2017 and the AHD Learning Community's most recent meeting in September 2017, and additional feedback is welcome. Feedback will be used to refine the draft. Suggestions related to the model may be shared with Kathleen Amos at kamos@phf.org.

Update on AHD Learning Community Activities

In addition to the September meeting, the AHD Learning Community held a meeting in July 2017 that featured the AHD partnerships in which East Tennessee State University is engaged. Meetings continue to be planned on a bimonthly basis. The third column of the quarterly *Ask the AHD Expert* series was published on the PHF Pulse blog in September 2017, following on the successful publication of the first column in March 2017 and the second in June 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, which connects individuals seeking guidance in an area of AHD development or operation with those having experience in that area, continues to develop, and additional participants are welcome. Expressions of interest in participating in the program as either a mentor or mentee can be sent to Janelle Nichols at jnichols@phf.org.

Staged Model of AHD Development

Draft: July 17, 2017



Stage 1: Informal Relationships

- Limited engagement between organizations
- Occasional teaching, internship placements
- Relationship might be on and off

Stage 2: More Established, Longer Term Relationships

- More engagement between organizations
- Recurring internships, teaching, research

Stage 3: Formal Written Agreement

- Formalizing partnership activities
  - What has been occurring
  - What want to occur
- Engagement may be limited to a single area (education, research, or service)

Stage 4: Expansion

- Expanding on existing elements of the partnership
- Expanding into other areas (education, research, and service)
- Partnership may be focused on all three areas

Stage 5: Comprehensive Collaboration

- Collaboration on all three areas (education, research, and service)
- Shared personnel and resources

Bonus

- Bringing in additional organizations
- Co-locating facilities

8. 2017 American Public Health Association Annual Meeting

The Council on Linkages Between Academia and Public Health Practice

2017 American Public Health Association Annual Meeting

October 2, 2017

Overview

During the American Public Health Association's 2017 Annual Meeting next month in Atlanta, GA, the work of the Council on Linkages Between Academia and Public Health Practice (Council) will be well-represented. Join any of the following sessions to learn more:

- *Advocating for the Public Health Workforce* (Session 3120.0) – Monday, November 6, 2017, from 10:30am-12pm ET
    - This 90-minute interactive panel discussion will feature national leaders sharing how their organizations are working to demonstrate the value of the public health workforce, advocate for the public health workforce, and provide funding to support public health workforce development. This session will be moderated by Council Chair C. William Keck, MD, MPH, with presentations by 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 (AHD) Partnerships* (Session 3115.0) – Monday, November 6, 2017, from 10:30-10:50am ET
    - This presentation will offer participants an opportunity to explore the variety of ways that successful AHD partnerships may be developed and maintained. Mini-case studies of successful AHD partnerships will be shared to highlight examples of the diversity present in AHD structures, and a draft staged model of AHD development will be introduced. Strategies and resources for establishing and strengthening partnerships to move toward more comprehensive practice/academic collaboration will also be discussed.
- *Performance Improvement Competencies for Public Health Professionals* (Session 3271.0) – Monday, November 6, 2017, from 12:30-12:50pm ET
    - This presentation will focus on sharing the process and results of an environmental scan that is informing the refinement of the Competencies for Performance Improvement Professionals in Public Health (PI Competencies), which are based on the Core Competencies for Public Health Professionals (Core Competencies). An overview of the current state of the project will also be shared, including how this environmental scan is being used in revising the PI Competencies, as well as how participants can inform the process.
- *Developing Priority Competencies for Population Health Professionals* (Session 3271.0) – Monday, November 6, 2017, from 1:10-1:30pm ET
    - This presentation will introduce the Priority Competencies for Population Health Professionals, a set of competencies based on the Core Competencies and designed for professionals working in healthcare settings who are engaged in community benefit and other population health activities. In addition, this presentation will provide an overview of the feedback that shaped development of the Priority Competencies for Population Health Professionals, as well as highlight trainings to help build skills related to these competencies.

- *Determining Essential Core Competencies for Creating Job Descriptions and Other Workforce Development Activities* (Session 3271.0) – Monday, November 6, 2017, from 1:30-1:50pm ET
    - This presentation will provide an overview of the newly released tool, *Determining Essential Core Competencies for Public Health Jobs: A Prioritization Process*, as well as a modified version of the Core Competencies on which the tool is based. Additional tools to assist with workforce development efforts, such as collections of competency-based job descriptions and workforce development plans, will also be highlighted.

9. **ACHI: Building Population Health Competencies in Hospitals and Health Systems**
    - **Priority Competencies for Population Health Professionals (Draft)**

Priority Competencies for Population Health Professionals

Draft 3.0 – January 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)
- 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

- 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
- Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)

Systems Thinking

- 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
- Describes factors affecting the health of a community (e.g., equity, income, education, environment)
- 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)

Feedback on these competencies that can be used in further refinement of this draft may be sent to Kathleen Amos at kamos@phf.org.

10. 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) – Preliminary Member Organization
- 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

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.