



Council on Linkages Between Academia and Public Health Practice

Virtual Meeting

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**Tuesday, October 12, 2021
2:00-4:00pm EDT**

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Zoom Meeting URL:

**[https://phf-
org.zoom.us/j/94910897706?pwd=Q2hyN1N5UI
dIVXh0Ky92OXlFWEdJQT09](https://phf-org.zoom.us/j/94910897706?pwd=Q2hyN1N5UIdlVXh0Ky92OXlFWEdJQT09)**

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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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1. Meeting Agenda



**Council on Linkages Between Academia and Public Health Practice
Virtual Meeting**

Date: October 12, 2021

Time: 2-4pm EDT

Meeting URL: <https://phf-org.zoom.us/j/94910897706?pwd=Q2hyN1N5UldlVXh0Ky92OXIFWEJQJT09>

Meeting ID: 949 1089 7706

Passcode: 788728

Phone Number: (301) 715-8592

AGENDA

2:00-2:05	Welcome, Overview of Agenda, and Introduction of New Organization and Representatives <ul style="list-style-type: none">➤ Council of Public Health Nursing Organizations: Lori Edwards➤ Veterans Health Administration: Nancy Harada➤ Public Health Accreditation Board: Rex Archer	<i>Bill Keck</i>
2:05-2:10	Approval of Minutes from May 25, 2021 Meeting <ul style="list-style-type: none">➤ Action Item: Vote on Approval of Minutes	<i>Bill Keck</i>
2:10-2:15	Council Membership Vote – Veterans Health Administration <ul style="list-style-type: none">➤ Action Item: Vote on Membership Status	<i>Bill Keck</i>
2:15-2:30	Academic Health Department Learning Community (Council Strategic Directions – A.1.a., A.1.b.)	<i>Bill Keck</i>
2:30-3:15	Revising the Core Competencies for Public Health Professionals (Council Strategic Directions – B.1.a., B.1.b., C.3.a., C.3.b.) <ul style="list-style-type: none">➤ Proposed Revisions to the Core Competencies➤ Dissemination Plans➤ Resources and Tools for Implementation	<i>Bill Keck, Amy Lee, Janet Place, and Kathleen Amos</i>
3:15-3:45	Rebuilding the Public Health Workforce (Council Strategic Directions – C.1.e.)	<i>Ron Bialek, Liza Corso, Michelle Carvalho, Alexandra Shabelski, Amber Williams, and Terry Brandenburg</i>
3:45-4:00	Other Business and Next Steps	<i>Bill Keck</i>
4:00	Adjourn	

2. Council Member List



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

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

Olabisi Badmus, MD, MPH
American College of Preventive Medicine

Captain Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP
Health Resources and Services Administration

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

Terry Brandenburg, MBA, MPH, CPH
National Association of County and City Health Officials

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

Andrew J. Quarnstrom
National Association of Local Boards of Health

Leah Gillis, PhD
Association of Public Health Laboratories

Kaye Bender, PhD, RN, FAAN
National Board of Public Health Examiners

Paul K. Halverson, DrPH, FACHE
Association of Schools and Programs of Public Health

D. Gary Brown, DrPH, CIH, RS, DAAS
National Environmental Health Association

Joneigh S. Khaldun, MD, MPH, FACEP
Association of State and Territorial Health Officials

Doug Joubert, MLIS, MS
National Library of Medicine

Ellen P. Averett, PhD, MHSA
Association of University Programs in Health Administration

Melissa (Moose) Alperin, EdD, MPH, MCHES
National Network of Public Health Institutes

Michelle Carvalho, MPH, MCHES
Liza Corso, MPA
Centers for Disease Control and Prevention

Rex Archer, MD, MPH
Public Health Accreditation Board

Barbara Gottlieb, MD
Community-Campus Partnerships for Health

Michael Fagen, PhD, MPH
Society for Public Health Education

Lori Edwards, DrPH, MPH, BSN, RN, CNS-PCH, BC
Council of Public Health Nursing Organizations

Nancy Harada, PhD, PT
Veterans Health Administration

Elizabeth R. Daly, DrPH, MPH
Council of State and Territorial Epidemiologists

3. Draft Meeting Minutes – May 25, 2021



The Council on Linkages Between Academia and Public Health Practice

Council on Linkages Between Academia and Public Health Practice Virtual Meeting

Date: May 25, 2021, 1:30-3pm EDT

Meeting Minutes – Draft

Members and Designees Present: C. William Keck (Chair), Melissa Alperin, Ellen Averett, Kaye Bender, Terry Brandenburg, D. Gary Brown, Liza Corso, Patsy Cunningham, Elizabeth Daly, Leah Gillis, Gary Gilmore, Barbara Gottlieb, Paul Halverson, Doug Joubert, Joneigh Khaldun, Laura Rasar King, Amy Lee, Megan Lincoln, Susan Little, Susan Swider

Other Participants Present: Patricia Alcocer, Agnes Attakai, Alan Avila, Antonia Blinn, Debra Bragdon, Vera Cardinale, Siobhan Champ-Blackwell, Rebeka Chance-Revels, Marita Chilton, Alex Coleman, Eric Coles, Ursula Copeland, Laura Daily, Michelle Davis, Alyse DeVries, Patricia Documet, Cynthia Dunn, Ashley Edmiston, Karyn E. Faber, Allison Foster, Warren Friedman, Cheryl Gaddis, Haydee Encarnacion Garcia, Kim Gonzales, Julie Grubaugh, John Herbold, Tanya Honderick, Allison Jacobs, Sam Jarvis, Sonia Jones, Lloyd Jordison, Margaret Karynski, Rita Kelliher, Geri Kemper-Seeley, Kira King, Bonnie Kirsch, Patricia Kittle, David Knapp, Heather Krasna, Sam Kreis, Aleisha Langhorne, Peter Langlois, Patricia Lasley, Alison Lewis, Erika Martinez, Tammy McPherson, Doha Medani, Jessica Neely, Heidi Pfeiffer, Janet Place, Beth Ransopher, Craig Schmid, Carlton Speight, Duane Stansbury, Melanie Sutton, Kristen Varol, Jim VanDerslice, Amber Williams, Jestina Wolo, Amy Yeager

Staff Present: Ron Bialek, Kathleen Amos, Abdullah Tauqeer

Agenda Item	Discussion	Action
<p>Welcome, Overview of Agenda, and Introduction of New Organizations and Representatives</p> <ul style="list-style-type: none"> ➤ Council of State and Territorial Epidemiologists: Beth Daly ➤ National Board of Public Health Examiners: Kaye Bender 	<p>The meeting began with a welcome by Council Chair C. William Keck, MD, MPH.</p> <p>Dr. Keck thanked the Centers for Disease Control and Prevention (CDC) for the funding support that has enabled the Council to reconvene, reminded participants of the Council's mission, and reviewed the agenda for the meeting.</p> <p>Dr. Keck welcomed two new preliminary member organizations to the Council: the Council of State and Territorial Epidemiologists (CSTE) and the National Board of Public Health Examiners (NBPHE). CSTE will be represented by Elizabeth Daly, DrPH, MPH, Chief, Bureau of Infectious Disease Control, New Hampshire Department of Health and Human Services. Kaye Bender, PhD, RN, FAAN, Executive Director, Mississippi Public Health Association, will represent NBPHE.</p> <p>Dr. Daly and Dr. Bender introduced themselves.</p>	
<p>Approval of Minutes from October 20, 2020 Meeting</p>	<p>Dr. Keck asked for any changes to the minutes of the October 20, 2020 Council meeting. Gary Gilmore, MPH, PhD,</p>	<p>Minutes of the October 20, 2020 Council meeting were approved as written.</p>

	<p>MCHES, moved to approve the minutes as written. Susan Little, DNP, RN, PHNA-BC, CPH, CPM, seconded the motion. No additions or corrections.</p>	
<p>Academic Health Department Learning Community</p>	<p>Dr. Keck provided an update on Academic Health Department (AHD) Learning Community activities.</p> <p>The AHD Learning Community is a national community that brings together and supports practitioners, educators, researchers, and others to explore AHD partnerships, share their experiences, and engage in collaborative learning. Since its launch in January 2011, the AHD Learning Community has grown to more than 1,100 members from health departments, academic institutions, and other organizations across the country. The Learning Community offers resources and activities to support AHD partnerships, including a venue for sharing examples and stories of AHD partnerships, webinars featuring AHD partnerships, examples of partnership agreements, a listserv for communication, and technical assistance.</p> <p>Since the last Council meeting in October 2020, the Learning Community and its resources and tools have been accessed online more than 4,500 times. This brings online usage since launch of the Learning Community to slightly over 70,000 visits. Since October 2020, staff have responded to more than 30 requests related to AHD partnerships, serving 24 organizations in 14 states and DC.</p> <p>The <i>AHD Webinar Series</i> highlighted successful AHD partnerships and activities with two webinars – one in December 2020 that shared the AHD partnership between the Pima County Health Department in Arizona and the University of Arizona’s Mel & Enid Zuckerman College of Public Health (MEZCOPH) and the second in May 2021 focused on MEZCOPH’s AHD internship program. All webinars in this series are open to all who are interested and are archived through the Council website, the TRAIN Learning Network, and YouTube.</p> <p>AHD partnerships were also highlighted at annual meetings and conferences, with a presentation at the 2020 American Public Health Association Annual Meeting. More than 200 people participated in these webinars and presentations. Additional conference sessions are being planned for the 2021 Public Health Improvement</p>	<p>More information about the AHD Learning Community and its activities is available through</p>

	<p>Training and National Association of County and City Health Officials 360 Conference.</p> <p>Dr. Keck invited questions about the AHD Learning Community.</p>	<p>the AHD Learning Community section of the Council website or by contacting Kathleen Amos at kamos@phf.org.</p>
<p>Revising the Core Competencies for Public Health Professionals</p> <ul style="list-style-type: none"> ➤ Feedback Received ➤ First Draft of Revised Core Competencies ➤ Next Steps 	<p>Core Competencies Workgroup Co-Chairs Amy Lee, MD, MPH, MBA, and Janet Place, MPH, and Council Assistant Director Kathleen Amos, MLIS, shared updates about the Core Competencies for Public Health Professionals (Core Competencies).</p> <p>Ms. Place provided an update on use of the Core Competencies. The Core Competencies, a set of foundational or crosscutting skills for professionals engaged in public health practice, education, and research, are used in workforce development activities across the country. The most current data show that approximately 80% of state health departments, 60% of tribal health organizations, 45% of local health departments, 25% of territorial health departments, and 90% of academic programs with a public health focus use the Core Competencies. Since the last Council meeting, usage of the Core Competencies has continued, with more than 40,000 online visits to the Core Competencies and resources and tools that support implementation. This brings online usage since the release of the current version of the Core Competencies in 2014 to around 750,000 times. Since October 2020, Council staff have responded to 37 requests for assistance related to the Core Competencies, serving 26 organizations in 16 states, Guam, and Japan.</p> <p>Dr. Lee provided updates on the Core Competencies Workgroup, which supports and provides guidance for Council activities related to the Core Competencies. This group has been instrumental in the ongoing development and refinement of the Core Competencies and creation of resources and tools for implementing the Core Competencies. The Workgroup is open to all who are interested and includes members from health departments, academic institutions, federal agencies, non-profits, and other organizations representing a variety of focuses within public health. The Workgroup currently has approximately 115 members, with 43 of those members joining since the Council initiated the Core Competencies revision process in October 2020.</p>	

	<p>With the launch of the revision process, the Workgroup has provided guidance and recommendations for how the Core Competencies should be revised to meet the needs of the public health community. The Workgroup has met three times, members have participated in town hall meetings on the Core Competencies, and four subgroups were set up to make suggestions in priority areas identified in feedback from the public health community. The Council is thankful to all Workgroup members who have been providing their time and expertise to support the revision of the Core Competencies.</p> <p>Ms. Amos provided an update on the status of the Core Competencies revisions. The Core Competencies are regularly reviewed and revised to keep pace with changes in the field of public health and ensure they continue to meet the needs of the public health workforce. The Core Competencies are on a three-year review cycle, with the current revision begun in October 2020. The Council is thankful to CDC’s Center for State, Tribal, Local, and Territorial Support (CSTLTS) for providing the funding support to make that possible.</p> <p>Revision of the Core Competencies is heavily informed by the public health community. With the launch of the review and revision process, the Council initiated an open comment period to hear feedback to inform the revisions. This open comment period lasted from October 2020 through March 2021 and generated more than 1,400 engagements. Feedback was welcome online, by email, through social media, and through 17 virtual town halls and other meetings, which were attended by approximately 1,000 participants from at least 49 states, DC, and two territories. More than 100 resources were also gathered to inform the revision.</p> <p>Takeaways from the feedback that have informed the draft revisions include that it would be helpful to create better harmonization between efforts that impact the workforce and workforce development; there was a need to address various topic areas including cultural competency, health equity, racism, and social justice, environmental health and justice, climate change, and sustainability, emergency preparedness, management, and response, policy, advocacy, and lobbying, and administration and management; it would</p>	
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	<p>help to make it easier to use the Core Competencies; and major changes in the Core Competencies may potentially be acceptable.</p> <p>Council staff and the Core Competencies Workgroup have been working to address the feedback received and develop a first draft of the revisions to the Core Competencies. This has involved adding new content and updating or enhancing existing content, considering whether changes are needed to the domains or the tiers, and thinking about how the Core Competencies can become less intimidating and easier to use.</p> <p>Potential changes to the Core Competencies being considered include those focused on improving clarity, making the competencies more current and inclusive of the areas suggested for enhancement, and adjusting how the Core Competencies are structured to better support the variety of audiences who use them and ways they are used. Examples of these changes were shared and feedback invited.</p> <p>It is anticipated that first draft of the revisions to the Core Competencies will be completed and released in June 2021, with a second open comment period over the summer to hear feedback that will be used to further refine the draft. The revised competencies are expected to be presented to the Council for a vote on adoption in October.</p> <p>Ms. Amos invited questions and discussion about the Core Competencies.</p>	<p>More information about the Core Competencies revision and other Core Competencies activities can be found through the Core Competencies section of the Council website or by contacting Kathleen Amos at kamos@phf.org.</p>
<p>Revitalizing the Public Health Workforce</p>	<p>Council Director Ron Bialek, MPP, led a discussion on efforts to revitalize the public health workforce and connections to Council initiatives.</p> <p>CDC Council representative Liza Corso, MPA, shared updates on CDC efforts in this area.</p>	
<p>Other Business and Next Steps</p>	<p>Dr. Keck asked if there was any other business to address.</p> <p>Dr. Keck updated the Council on administrative aspects of reconvening the Council.</p> <p>The next Council meeting has not yet been scheduled.</p>	<p>Council staff will be in contact to schedule future Council meetings.</p> <p>Questions about Council meetings can be sent to Kathleen Amos at kamos@phf.org.</p>

4. Academic Health Department Learning Community:

- **Academic Health Department Learning
Community Report**



Academic Health Department Learning Community Report

October 12, 2021

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 AHD partnerships.

AHD Learning Community Engagement

Despite the decrease in AHD Learning Community activities over the past couple of years, the Learning Community continues to see sustained interest and engagement from the public health community. The Learning Community has more than 1,100 members, and the Learning Community and its resources and tools have been accessed more than 6,500 times so far in 2021. [Council on Linkages Between Academia and Public Health Practice](#) (Council) staff also continue to regularly receive requests for assistance related to AHD partnerships, responding to more than 20 requests from 16 organizations in 10 states and DC during that same time period.

AHD Resources

The [AHD Webinar Series](#) highlights successful AHD partnerships and other topics of interest for developing, sustaining, and expanding AHD partnerships. In December 2020, this series featured the [growing partnership](#) between the Pima County Health Department (PCHD) in Arizona and the University of Arizona Mel & Enid Zuckerman College of Public Health (MEZCOPH). This successful event led to the development of a [Field Notes](#) story by the [Centers for Disease Control and Prevention's](#) Center for State, Tribal, Local, and Territorial Support. Released in July 2021, [Partners in Arizona Help Prepare Future Workforce Through Model Internship Program](#) highlights the PCHD/MEZCOPH internship program, as well as MEZCOPH's AHD internship program. Additional details about both of these programs can be found in the archives of the [December 2020](#) and [May 2021](#) AHD Webinars.

Annual Meetings and Conferences

AHD partnerships were also the focus of sessions at the [Public Health Improvement Training \(PHIT\)](#) and [National Association of County and City Health Officials \(NACCHO\) 360 Conference](#) in June 2021. A two-hour deep dive workshop at PHIT featured speakers from PCHD, MEZCOPH, Pinal County Public Health Services District in Arizona, and Southern Nevada Health District (SNHD) in Nevada. Speakers from PCHD and MEZCOPH were joined by a representative of Graham County Health Department in Arizona for a pre-conference workshop at NACCHO 360. Later this month, an [American Public Health Association Annual Meeting](#) session will focus on how AHD partnerships have enhanced the COVID-19 response in communities across the country and can strengthen health departments as we envision and build the public health workforce of the future. [Envisioning and Building the Public Health Workforce of the Future: The Critical Role of Partnerships](#) will be held virtually on October 25, 2021 from 2-3:30pm MDT.

More information about the AHD Learning Community and its activities is available through the [AHD Learning Community](#) section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

5. Revising the Core Competencies for Public Health Professionals:

- **Core Competencies for Public Health Professionals Report**
- **Core Competencies for Public Health Professionals: Proposed Revisions**



Core Competencies for Public Health Professionals Report

October 12, 2021

Overview

The [Core Competencies for Public Health Professionals](#) (Core Competencies) reflect foundational or crosscutting knowledge and skills for professionals engaged in the practice, education, and research of public health. The Core Competencies have been undergoing an extensive and inclusive [revision process](#) for the past year. [Council on Linkages Between Academia and Public Health Practice](#) (Council) members have received the proposed revisions to the Core Competencies and been requested to vote via email on adoption. There will be an opportunity during this Council meeting to discuss and ask questions about the revisions.

Core Competencies Background and Use

The [current version of the Core Competencies](#) was released by the Council in June 2014, with a simplified [Modified Version of the Core Competencies](#) released in June 2017. The Core Competencies continue to be widely used within public health workforce development across the country. Data from the [Association of State and Territorial Health Officials](#), [National Indian Health Board](#), and [National Association of County and City Health Officials](#) show that [approximately 80% of state health departments](#), [60% of Tribal health organizations](#), [45% of local health departments](#), and [25% of territorial health departments](#) use the Core Competencies. To date in 2021, the Core Competencies and resources and tools designed to support implementation have been accessed online more than 55,000 times. Council staff have responded to 30 requests for assistance with the Core Competencies, serving 27 organizations in 17 states, DC, Guam, Japan, and Saudi Arabia.

Core Competencies Workgroup

Council efforts related to the Core Competencies are guided by the [Core Competencies Workgroup](#), which includes more than 110 members representing a variety of practice and academic organizations and interests within the public health field. Since November 2021, the Workgroup has been supporting revision of the Core Competencies.

Core Competencies Revision

The Core Competencies are regularly reviewed and revised to keep pace with changes in the field of public health and ensure they continue to meet the needs of the public health workforce. The [current revision](#) of the Core Competencies was begun in October 2020 and is anticipated to be completed in October 2021.

Revision of the Core Competencies is heavily informed by the public health community, with the initial stages of the revision process involving an open comment period to hear feedback on the Core Competencies. This open comment period occurred from October 2020-March 2021. Feedback received was used to develop a preliminary draft of revisions to the Core Competencies, which was released publicly in June 2021. This preliminary draft consisted of two components: proposed changes to the concepts included in the Core Competencies and proposed changes to the structure of the Core Competencies. A second open comment period was held from June-August 2021 to hear feedback on the preliminary draft revisions to inform further refinement of the revisions.

During both open comment periods, feedback was welcomed by email, online through website comments and an anonymous comment box, through social media, and during virtual meetings. Council staff and Core Competencies Workgroup leadership participated in 22 virtual town hall and other meetings to request and hear feedback. These efforts led to more than 1,500 engagements with the revision process, significant feedback that was instrumental in revising the Core Competencies, and the collection of more than 120 resources to inform the revision.

In particular, feedback highlighted a need to create better harmonization between efforts that impact the workforce and workforce development, add content in a variety of topic areas, and make it easier to use the Core Competencies.

To address the first area, numerous resources used in public health workforce development, including other competency and skill sets, the 10 Essential Public Health Services, the Public Health Accreditation Board and Council on Education for Public Health accreditation standards, and the Certified in Public Health exam, were consulted and efforts made to align concepts and wording. In addition, the Core Competencies Workgroup has been identifying resources related to the concepts within the Core Competencies. Once the Core Competencies are finalized, the intention is to create links to resources to supplement the content in the Core Competencies.

Feedback received about content that was missing or not well addressed in the Core Competencies led to the addition of new content, as well as the adjustment of existing content to better address those needs. Perhaps the most significant changes in this area were the explicit addition of content focused on health equity and the revamping of the competencies focused on management and finance. Other major areas that received considerable attention included environmental health, emergency preparedness and response, policy and advocacy, and communication. Subgroups of the Core Competencies Workgroup reviewed feedback and provided recommendations related to many of these areas that were critical in crafting revisions.

The request to make the Core Competencies easier to use was addressed in several ways. First, the Core Competencies were reorganized into a new structure and simplified. The revised Core Competencies include competency statements that apply to all public health professionals and have been simplified by reducing jargon and eliminating unnecessary or overly complicated wording. In addition, the number of competency statements has been reduced from 92 to 56. The new structure retains the eight domains and three tiers. Second, to assist with use of the Core Competencies, subcompetency statements have been added that provide guidance to help build competencies for each of the three tiers. Having fewer competency statements and adding subcompetencies will support both users who prefer a more general view of the knowledge and skills in the Core Competencies and those who desire a more detailed view. Third, as mentioned above, resources will be linked to the Core Competencies to supplement the content, and examples, which appear in the Core Competencies as e.g.s, have been updated to provide additional context where that was deemed useful. These resources and examples will also be updated over time to transform the Core Competencies into more of a living document. Additionally, opportunities are being explored for putting the Core Competencies online in a format that will provide users with options in terms of how they view the Core Competencies.

The proposed revisions to the Core Competencies are included in the meeting materials for Council discussion. More information about the Core Competencies revision process is available on the [revision webpage](#). Additional information about activities related to the Core Competencies can be found through the [Core Competencies](#) section of the Council website or by contacting Kathleen Amos at kamos@phf.org.

Core Competencies for Public Health Professionals

Proposed Revisions: October 2021

The Core Competencies for Public Health Professionals (Core Competencies) reflect knowledge and skills for delivering the 10 Essential Public Health Services. The Core Competencies contain 56 competency statements that apply across the public health workforce for those engaged in the practice, education, and research of public health. These competency statements are organized into eight domains representing skill areas within public health:

- Data Analytics and Assessment Skills
- Policy Development and Program Planning Skills
- Communication Skills
- Health Equity Skills
- Community Partnership Skills
- Public Health Sciences Skills
- Management and Finance Skills
- Leadership and Systems Thinking Skills

In addition, the Core Competencies include three tiers, which describe different types of responsibilities within public health organizations. Individuals working in public health often have responsibilities that cut across tiers. These tiers are:

- Tier 1: Front Line and Program Support Responsibilities
- Tier 2: Program Management and Supervisory Responsibilities
- Tier 3: Senior Management and Executive Leadership Responsibilities

The tiers are used to organize subcompetencies, which articulate more detailed knowledge and skills for individuals with responsibilities related to each tier.

This document contains two views of the Core Competencies:

- Competency Statements (begins on page 2)
- Competency Statements with Tiers, Subcompetencies, and Examples (begins on page 6)

Core Competencies for Public Health Professionals – Competency Statements

These competency statements apply across the public health workforce. Specific knowledge and skills related to these competency statements differ based on the responsibilities of an individual within an organization. These specifics are presented as subcompetencies starting on page 6.

Data Analytics and Assessment Skills Domain
Describes factors that affect the health of a community
Accesses existing quantitative and qualitative data
Collects quantitative and qualitative data
Analyzes quantitative and qualitative data
Manages quantitative and qualitative data
Uses quantitative and qualitative data
Applies public health informatics in using data, information, and knowledge
Assesses community health status
Policy Development and Program Planning Skills Domain
Develops policies, programs, and services
Implements policies, programs, and services
Evaluates policies, programs, services, and organizational performance
Improves policies, programs, services, and organizational performance
Influences policies, programs, and services external to the organization
Engages in organizational strategic planning

Engages in community health improvement planning
Communication Skills Domain
Determines communication strategies
Communicates with internal and external audiences
Responds to information, misinformation, and disinformation
Facilitates communication among individuals, groups, and organizations
Health Equity Skills Domain
Applies principles of ethics, diversity, equity, inclusion, and justice
Engages in continuous self-reflection about one's biases
Recognizes the diversity of individuals and populations
Reduces systemic and structural barriers that perpetuate health inequities
Implements organizational policies, programs, and services to achieve health equity and social and environmental justice
Contributes to achieving and sustaining a diverse, inclusive, and competent public health workforce
Advocates for health equity and social and environmental justice
Community Partnership Skills Domain
Describes conditions, systems, and policies affecting community health and resilience
Establishes relationships to improve community health and resilience
Maintains relationships that improve community health and resilience
Collaborates with community members and organizations

Shares power and ownership with community members and others
Public Health Sciences Skills Domain
Describes systems, policies, and events impacting public health
Applies public health sciences in delivering the 10 Essential Public Health Services
Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services
Contributes to the evidence base for improving health
Management and Finance Skills Domain
Describes factors that affect the health of an organization
Secures human resources
Manages human resources
Engages in professional development
Secures financial resources
Manages financial resources
Implements organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice
Manages programs and services
Engages in contingency planning
Applies critical thinking in decision making
Engages individuals and teams to achieve program and organizational goals
Facilitates collaboration among individuals, groups, and organizations

Engages in performance management
Leadership and Systems Thinking Skills Domain
Creates opportunities to achieve cross-sector alignment
Implements a vision for a healthy community
Addresses facilitators and barriers impacting delivery of the 10 Essential Public Health Services
Creates opportunities for creativity and innovation
Responds to emerging needs
Manages organizational change
Engages politicians, policymakers, and the public to support public health infrastructure
Advocates for public health

Core Competencies for Public Health Professionals – Competency Statements with Tiers, Subcompetencies, and Examples

The Core Competencies include three tiers, which describe different types of responsibilities within public health organizations. Individuals working in public health often have responsibilities that cut across tiers. These tiers are:

- Tier 1: Front Line and Program Support Responsibilities
- Tier 2: Program Management and Supervisory Responsibilities
- Tier 3: Senior Management and Executive Leadership Responsibilities

The tiers are used to organize subcompetencies, which articulate more detailed knowledge and skills for individuals with responsibilities related to each tier.

Tiers:

Tier 1: Front Line and Program Support Responsibilities. These may include responsibilities such as collecting and analyzing data, conducting restaurant inspections, assessing environmental hazards, providing health education, building community relationships, providing customer service, delivering services, coordinating meetings, organizing records, supporting programs, and providing technical expertise.

Tier 2: Program Management and Supervisory Responsibilities. These may include responsibilities such as developing, implementing, evaluating, and improving programs; supervising and mentoring staff; establishing and maintaining community partnerships; recruiting a diverse workforce; managing timelines, work plans, and budgets; advocating for program resources; making policy recommendations; and providing subject matter expertise.

Tier 3: Senior Management and Executive Leadership Responsibilities. These may include responsibilities such as overseeing major programs or operations of the organization, setting a strategy and vision for the organization, building an equitable and inclusive organization, creating a culture of quality within the organization, collaborating with policymakers and politicians, advocating for organizational resources, partnering with community leadership, and leading organizational efforts to achieve health equity and social and environmental justice.

Data Analytics and Assessment Skills Domain

Describes factors that affect the health of a community (e.g., income, education, laws, environment, climate change, resilience, homelessness, food security, access to healthcare, racial equity, distribution of resources and power, social and community engagement, changing demographics)

Tier 1 Subcompetencies:

Tier 2 Subcompetencies:

Tier 3 Subcompetencies:

Identifies factors affecting the health of a community

Identifies factors affecting the health of a community

Identifies factors affecting the health of a community

Describes factors affecting the health of a community

Describes factors affecting the health of a community

Describes factors affecting the health of a community

Accesses existing quantitative and qualitative data (e.g., community input, big data, vital statistics, electronic health records, transportation patterns, employment statistics, environmental monitoring, health equity impact assessments, revenue and expenditures)

Tier 1 Subcompetencies:

Tier 2 Subcompetencies:

Tier 3 Subcompetencies:

Identifies data needs (e.g., sub-county, real-time, trends, race and ethnicity, social determinants of health, surrounding jurisdictions, comparable jurisdictions for comparative purposes)

Determines data needs (e.g., sub-county, real-time, trends, race and ethnicity, social determinants of health, surrounding jurisdictions, comparable jurisdictions for comparative purposes)

Determines data needs (e.g., sub-county, real-time, trends, race and ethnicity, social determinants of health, surrounding jurisdictions, comparable jurisdictions for comparative purposes)

Identifies sources of existing data (e.g., what is available, what is accessible, how to access)

Determines sources of existing data (e.g., what is available, what is accessible, how to access)

Determines sources of existing data (e.g., what is available, what is accessible, how to access)

Analyzes the quality of existing data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)

Analyzes the quality of existing data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)

Evaluates the quality of existing data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)

Analyzes the comparability of existing data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions, trends over time, differences in data collection instruments)	Analyzes the comparability of existing data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions, trends over time, differences in data collection instruments)	Evaluates the comparability of existing data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions, trends over time, differences in data collection instruments)
Selects existing data	Selects existing data	Selects existing data
		Facilitates access to existing data
Identifies gaps in existing data	Identifies gaps in existing data	Identifies gaps in existing data
Collects quantitative and qualitative data		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of data collection for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of data collection for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of data collection for designing, implementing, evaluating, and improving policies, programs, and services
Selects methods and tools for collecting data	Selects methods and tools for collecting data	Selects methods and tools for collecting data
Uses methods and tools for collecting data (e.g., using information technology, applying user experience principles, ensuring data integrity, leveraging national data standards and existing data systems, applying control techniques when handling data, providing real-time surveillance data, ensuring sufficient granularity to not hide disparities)	Uses methods and tools for collecting data (e.g., using information technology, applying user experience principles, ensuring data integrity, leveraging national data standards and existing data systems, applying control techniques when handling data, providing real-time surveillance data, ensuring sufficient granularity to not hide disparities)	Uses methods and tools for collecting data (e.g., using information technology, applying user experience principles, ensuring data integrity, leveraging national data standards and existing data systems, applying control techniques when handling data, providing real-time surveillance data, ensuring sufficient granularity to not hide disparities)
		Ensures collection of data (e.g., ensuring data are valid, reliable, representative of community, equitable)

Analyzes quantitative and qualitative data		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of data analysis for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of data analysis for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of data analysis for designing, implementing, evaluating, and improving policies, programs, and services
Prepares data for analysis (e.g., coding data, cleaning data, structuring data, determining the quality of data, determining the comparability of data, de-identifying data)	Prepares data for analysis (e.g., coding data, cleaning data, structuring data, determining the quality of data, determining the comparability of data, de-identifying data)	Prepares data for analysis (e.g., organizing financial data, determining the quality of data, determining the comparability of data, de-identifying data)
Selects methods and tools for analyzing data	Selects methods and tools for analyzing data	Selects methods and tools for analyzing data
Uses methods and tools for analyzing data (e.g., using information technology, statistical software, Excel, qualitative data analysis software, GIS, spatial analysis; ensuring data integrity; applying control techniques when handling data; disaggregating data to not hide disparities)	Uses methods and tools for analyzing data (e.g., using information technology, statistical software, Excel, qualitative data analysis software, GIS, spatial analysis; ensuring data integrity; applying control techniques when handling data; disaggregating data to not hide disparities)	Uses methods and tools for analyzing data (e.g., using information technology, statistical software, Excel, qualitative data analysis software, GIS, spatial analysis; ensuring data integrity; applying control techniques when handling data; disaggregating data to not hide disparities)
		Ensures analysis of data
Manages quantitative and qualitative data		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of data management for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of data management for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of data management for designing, implementing, evaluating, and improving policies, programs, and services
Contributes to development of data management plans	Develops data management plans	Ensures development of data management plans
Implements data management plans	Implements data management plans	Ensures implementation of data management plans

Ensures protection of data (e.g., knowing what data are confidential, knowing what confidentiality entails, safeguarding confidential data, ensuring data integrity)	Ensures protection of data (e.g., knowing what data are confidential, knowing what confidentiality entails, safeguarding confidential data, ensuring data integrity)	Ensures protection of data (e.g., knowing what data are confidential, knowing what confidentiality entails, safeguarding confidential data, ensuring data integrity, identifying and implementing training and policies)
Ensures public availability of data (e.g., practicing FAIR principles, de-identifying data, implementing open data standards)	Ensures public availability of data (e.g., practicing FAIR principles, de-identifying data, implementing open data standards)	Ensures public availability of data (e.g., practicing FAIR principles, de-identifying data, implementing open data standards)
Uses quantitative and qualitative data		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Describes public health applications of data	Describes public health applications of data	Describes public health applications of data
Considers limitations of data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	Considers limitations of data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	Considers limitations of data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)
Recognizes the context in which data were collected	Recognizes the context in which data were collected	Recognizes the context in which data were collected
Interprets data	Interprets data	Interprets data
Uses data to determine the root causes of health disparities and inequities	Uses data to determine the root causes of health disparities and inequities	Uses data to determine the root causes of health disparities and inequities
Uses data to inform plans and operations (e.g., strategic plan, quality improvement plan, professional development)	Uses data to inform plans and operations (e.g., strategic plan, quality improvement plan, professional development)	Uses data to inform plans and operations (e.g., strategic plan, quality improvement plan, professional development)

Applies public health informatics in using data, information, and knowledge		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of public health informatics for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of public health informatics for designing, implementing, evaluating, and improving policies, programs, and services	Explains the importance of public health informatics for designing, implementing, evaluating, and improving policies, programs, and services
Selects public health informatics methods and tools	Selects public health informatics methods and tools	Selects public health informatics methods and tools
Uses public health informatics methods and tools	Uses public health informatics methods and tools	Uses public health informatics methods and tools
		Ensures use of public health informatics methods and tools
Contributes to assessment of public health data systems	Assesses public health data systems	Ensures assessment of public health data systems
Recommends improvements to public health data systems	Recommends improvements to public health data systems	Recommends improvements to public health data systems
	Implements improvements to public health data systems	Ensures implementation of improvements to public health data systems
Assesses community health status		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of assessing community health status	Explains the importance of assessing community health status	Explains the importance of assessing community health status

Assesses factors affecting health in a community (e.g., root causes of inequities; laws; access to affordable housing; access to transportation; access to healthy food; public health hazards; vulnerability and risks associated with climate change; quality, availability, accessibility, and use of health services; lead in housing; air and water quality; hazardous waste site location; extreme weather patterns; community resilience)	Assesses factors affecting health in a community (e.g., root causes of inequities; laws; access to affordable housing; access to transportation; access to healthy food; public health hazards; vulnerability and risks associated with climate change; quality, availability, accessibility, and use of health services; lead in housing; air and water quality; hazardous waste site location; extreme weather patterns; community resilience)	Ensures factors affecting health in a community are assessed (e.g., root causes of inequities; laws; access to affordable housing; access to transportation; access to healthy food; public health hazards; vulnerability and risks associated with climate change; quality, availability, accessibility, and use of health services; lead in housing; air and water quality; hazardous waste site location; extreme weather patterns; community resilience)
Identifies health needs in a community (e.g., housing, transportation, food, chronic disease, immunization rates, tobacco use)	Identifies health needs in a community (e.g., housing, transportation, food, chronic disease, immunization rates, tobacco use)	Ensures identification of health needs in a community (e.g., housing, transportation, food, chronic disease, immunization rates, tobacco use)
Identifies assets and resources for improving health in a community (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	Identifies assets and resources for improving health in a community (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	Ensures identification of assets and resources for improving health in a community (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)
Identifies public health programs and organizations with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness, infectious disease outbreaks)	Identifies public health programs and organizations with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness, infectious disease outbreaks)	Identifies public health programs and organizations with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness, infectious disease outbreaks)
Identifies laws that impact public health programs and organizations	Identifies laws that impact public health programs and organizations	Identifies laws that impact public health programs and organizations

Contributes to development of community health assessment	Develops community health assessment	Ensures development of community health assessment
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Policy Development and Program Planning Skills Domain		
Develops policies, programs, and services		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to development of options for policies, programs, and services	Develops options for policies, programs, and services	Develops options for policies, programs, and services
Contributes to assessment of the feasibility and implications (e.g., fiscal, social, political, environmental, legal, geographic) of policies, programs, and services	Assesses the feasibility and implications (e.g., fiscal, social, political, environmental, legal, geographic) of policies, programs, and services	Ensures assessment of the feasibility and implications (e.g., fiscal, social, political, environmental, legal, geographic) of policies, programs, and services
Contributes to assessment of the equity of policies, programs, and services	Assesses the equity of policies, programs, and services	Ensures assessment of the equity of policies, programs, and services
Contributes to development of the rationale for policies, programs, and services	Develops the rationale for policies, programs, and services	Justifies policies, programs, and services
	Recommends policies, programs, and services	Selects policies, programs, and services
Implements policies, programs, and services (e.g., within the organization, external to the organization, in collaboration with others)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies stakeholders who can contribute to implementation of policies, programs, and services	Identifies stakeholders who can contribute to implementation of policies, programs, and services	Identifies stakeholders who can contribute to implementation of policies, programs, and services
Contributes to development of goals, measurable objectives, targets, and timeframes for policies, programs, and services	Develops goals, measurable objectives, targets, and timeframes for policies, programs, and services	Develops goals, measurable objectives, targets, and timeframes for policies, programs, services, and the organization

Contributes to development of strategies for implementing policies, programs, and services	Develops strategies for implementing policies, programs, and services	Develops strategies for implementing policies, programs, and services
Applies strategies for implementing policies, programs, and services	Applies strategies for implementing policies, programs, and services	Applies strategies for implementing policies, programs, and services
	Ensures implementation of policies, programs, and services	Ensures implementation of policies, programs, and services
Connects individuals to programs and services (e.g., helping individuals navigate systems, linking individuals to healthcare or social services)	Connects individuals to programs and services (e.g., helping individuals navigate systems, linking individuals to healthcare or social services)	Ensures individuals are connected to programs and services (e.g., helping individuals navigate systems, linking individuals to healthcare or social services)
Contributes to monitoring of goals, measurable objectives, targets, and timeframes for policies, programs, and services	Monitors goals, measurable objectives, targets, and timeframes for policies, programs, and services	Monitors goals, measurable objectives, targets, and timeframes for policies, programs, services, and the organization
Evaluates policies, programs, services, and organizational performance (e.g., outputs, outcomes, processes, procedures, return on investment)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of evaluation for improving policies, programs, services, and organizational performance	Explains the importance of evaluation for improving policies, programs, services, and organizational performance	Explains the importance of evaluation for improving policies, programs, services, and organizational performance
Selects evaluation methods and tools	Selects evaluation methods and tools	Selects evaluation methods and tools
Implements evaluation methods and tools	Implements evaluation methods and tools	Implements evaluation methods and tools
		Ensures evaluation of policies, programs, services, and organizational performance

Improves policies, programs, services, and organizational performance		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Uses evaluation results to improve policies, programs, services, and organizational performance	Uses evaluation results to improve policies, programs, services, and organizational performance	Uses evaluation results to improve policies, programs, services, and organizational performance
Explains the importance of quality improvement for improving policies, programs, services, and organizational performance	Explains the importance of quality improvement for improving policies, programs, services, and organizational performance	Explains the importance of quality improvement for improving policies, programs, services, and organizational performance
Selects quality improvement methods and tools (e.g., PDCA, Lean Six Sigma)	Selects quality improvement methods and tools (e.g., PDCA, Lean Six Sigma)	Selects quality improvement methods and tools (e.g., PDCA, Lean Six Sigma)
Implements quality improvement methods and tools to improve policies, programs, services, and organizational performance (e.g., identifying opportunities to apply QI, building a culture of quality, integrating QI into daily work, sustaining improvement)	Implements quality improvement methods and tools to improve policies, programs, services, and organizational performance (e.g., identifying opportunities to apply QI, building a culture of quality, integrating QI into daily work, sustaining improvement)	Implements quality improvement methods and tools to improve policies, programs, services, and organizational performance (e.g., identifying opportunities to apply QI, building a culture of quality, integrating QI into daily work, sustaining improvement)
		Ensures implementation of quality improvement methods and tools to improve policies, programs, services, and organizational performance
Engages in continuous improvement of policies, programs, services, and organizational performance	Engages in continuous improvement of policies, programs, services, and organizational performance	Engages in continuous improvement of policies, programs, services, and organizational performance

Influences policies, programs, and services external to the organization (e.g., zoning, transportation, housing, education)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies opportunities to influence policies, programs, and services external to the organization	Identifies opportunities to influence policies, programs, and services external to the organization	Identifies opportunities to influence policies, programs, and services external to the organization
Contributes to determination of priorities for influencing policies, programs, and services external to the organization	Determines priorities for influencing policies, programs, and services external to the organization	Determines priorities for influencing policies, programs, and services external to the organization
Contributes to development of strategies to influence policies, programs, and services external to the organization	Develops strategies to influence policies, programs, and services external to the organization	Develops strategies to influence policies, programs, and services external to the organization
Contributes to implementation of strategies to influence policies, programs, and services external to the organization	Implements strategies to influence policies, programs, and services external to the organization	Implements strategies to influence policies, programs, and services external to the organization
Engages in organizational strategic planning		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to development of organizational strategic plan	Contributes to development of organizational strategic plan (e.g., including measurable objectives and targets; aligning with community health improvement plan, all hazards emergency operations plan, workforce development plan, quality improvement plan, climate action plan, and other plans)	Develops organizational strategic plan (e.g., including measurable objectives and targets; aligning with community health improvement plan, all hazards emergency operations plan, workforce development plan, quality improvement plan, climate action plan, and other plans)
		Engages governing body or administrative unit that oversees the organization in development of organizational strategic plan
Implements organizational strategic plan	Implements organizational strategic plan	Implements organizational strategic plan

		Ensures implementation of organizational strategic plan
Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of organizational strategic plan	Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of organizational strategic plan	Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of organizational strategic plan
Monitors impact of organizational strategic plan	Monitors impact of organizational strategic plan	Monitors impact of organizational strategic plan
Contributes to adjustment of organizational strategic plan for continuous improvement	Contributes to adjustment of organizational strategic plan for continuous improvement	Adjusts organizational strategic plan for continuous improvement
Engages in community health improvement planning		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
	Uses community health assessment, community input, and other information to determine improvement priorities (e.g., stakeholder input; existing and proposed federal, state, and local legislation; standards and regulations; commitments from organizations to take action; community environmental health assessments)	Ensures use of community health assessment, community input, and other information to determine improvement priorities (e.g., stakeholder input; existing and proposed federal, state, and local legislation; standards and regulations; commitments from organizations to take action; community environmental health assessments)
Contributes to development of community health improvement plan	Develops community health improvement plan	Ensures development of community health improvement plan
Implements community health improvement plan	Implements community health improvement plan	Implements community health improvement plan
	Ensures implementation of community health improvement plan	Ensures implementation of community health improvement plan

Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of community health improvement plan	Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of community health improvement plan	Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of community health improvement plan
Monitors impact of community health improvement plan	Monitors impact of community health improvement plan	Monitors impact of community health improvement plan
Contributes to adjustment of community health improvement plan for continuous improvement	Adjusts community health improvement plan for continuous improvement	Ensures adjustment of community health improvement plan for continuous improvement

Communication Skills Domain		
Determines communication strategies		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies purposes and goals for disseminating public health data and information	Determines purposes and goals for disseminating public health data and information	Determines purposes and goals for disseminating public health data and information
Identifies public health data and information that need to be disseminated	Determines public health data and information that need to be disseminated	Determines public health data and information that need to be disseminated
Identifies audiences for public health data and information	Determines audiences for public health data and information	Determines audiences for public health data and information
Assesses the literacy of internal and external audiences (e.g., reading level; ability to obtain, interpret, and use health and other information; social media literacy; numeracy)	Assesses the literacy of internal and external audiences (e.g., reading level; ability to obtain, interpret, and use health and other information; social media literacy; numeracy)	Ensures the literacy of internal and external audiences is assessed (e.g., reading level; ability to obtain, interpret, and use health and other information; social media literacy; numeracy)
Assesses the communication needs and preferences of internal and external audiences (e.g., language, culture, values and beliefs, fears and concerns, previous experiences)	Assesses the communication needs and preferences of internal and external audiences (e.g., language, culture, values and beliefs, fears and concerns, previous experiences)	Ensures the communication needs and preferences of internal and external audiences are assessed (e.g., language, culture, values and beliefs, fears and concerns, previous experiences)
Develops messaging for disseminating public health data and information	Develops messaging for disseminating public health data and information	Develops messaging for disseminating public health data and information

Suggests approaches for disseminating public health data and information (e.g., email, letters, stories, press releases, infographics, social media/networks, peer-to-peer networks, news and entertainment outlets, newsletters, journals, town hall meetings, neighborhood gatherings, websites, webinars, podcasts, presentations, conferences, reports, data repositories)	Selects approaches for disseminating public health data and information (e.g., email, letters, stories, press releases, infographics, social media/networks, peer-to-peer networks, news and entertainment outlets, newsletters, journals, town hall meetings, neighborhood gatherings, websites, webinars, podcasts, presentations, conferences, reports, data repositories)	Selects approaches for disseminating public health data and information (e.g., email, letters, stories, press releases, infographics, social media/networks, peer-to-peer networks, news and entertainment outlets, newsletters, journals, town hall meetings, neighborhood gatherings, websites, webinars, podcasts, presentations, conferences, reports, data repositories)
Suggests messengers for disseminating public health data and information (e.g., public health professionals, scientists, healthcare workers, journalists, social influencers, celebrities, faith leaders, community health workers)	Selects messengers for disseminating public health data and information (e.g., public health professionals, scientists, healthcare workers, journalists, social influencers, celebrities, faith leaders, community health workers)	Selects messengers for disseminating public health data and information (e.g., public health professionals, scientists, healthcare workers, journalists, social influencers, celebrities, faith leaders, community health workers)
Communicates with internal and external audiences (e.g., staff, elected officials, students, volunteers, community-based organizations, healthcare professionals, the public)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Communicates with linguistic and cultural proficiency (e.g., tailoring messages for different audiences, using age-appropriate materials, incorporating images, using plain language, implementing CLAS Standards, ensuring accessibility for people with disabilities, engaging interpreters and translators)	Communicates with linguistic and cultural proficiency (e.g., tailoring messages for different audiences, using age-appropriate materials, incorporating images, using plain language, implementing CLAS Standards, ensuring accessibility for people with disabilities, engaging interpreters and translators)	Communicates with linguistic and cultural proficiency (e.g., tailoring messages for different audiences, using age-appropriate materials, incorporating images, using plain language, implementing CLAS Standards, ensuring accessibility for people with disabilities, engaging interpreters and translators)
Engages in active listening	Engages in active listening	Engages in active listening

Seeks input from internal and external audiences (e.g., populations served, coworkers, chambers of commerce, faith-based organizations, schools, social services organizations, hospitals, politicians, policymakers, government, community-based organizations, environmental agencies and organizations, businesses)	Seeks input from internal and external audiences (e.g., populations served, coworkers, chambers of commerce, faith-based organizations, schools, social services organizations, hospitals, politicians, policymakers, government, community-based organizations, environmental agencies and organizations, businesses)	Seeks input from internal and external audiences (e.g., populations served, coworkers, chambers of commerce, faith-based organizations, schools, social services organizations, hospitals, politicians, policymakers, government, community-based organizations, environmental agencies and organizations, businesses)
Communicates the impact of environmental factors, social factors, and individual actions on health (e.g., climate change, air and water quality, racism, smoking, littering, getting vaccinated, poverty, homelessness)	Communicates the impact of environmental factors, social factors, and individual actions on health (e.g., climate change, air and water quality, racism, smoking, littering, getting vaccinated, poverty, homelessness)	Communicates the impact of environmental factors, social factors, and individual actions on health (e.g., climate change, air and water quality, racism, smoking, littering, getting vaccinated, poverty, homelessness)
Engages in risk communication	Engages in risk communication	Engages in risk communication
Communicates information to influence behavior and improve health (e.g., promoting mask use, encouraging vaccinations, preparing for emergencies, discouraging tobacco use)	Communicates information to influence behavior and improve health (e.g., promoting mask use, encouraging vaccinations, preparing for emergencies, discouraging tobacco use)	Communicates information to influence behavior and improve health (e.g., promoting mask use, encouraging vaccinations, preparing for emergencies, discouraging tobacco use)
Communicates the roles and responsibilities of governmental public health, healthcare, and other partners in improving the health of a community	Communicates the roles and responsibilities of governmental public health, healthcare, and other partners in improving the health of a community	Communicates the roles and responsibilities of governmental public health, healthcare, and other partners in improving the health of a community
Responds to information, misinformation, and disinformation (e.g., through social media, town hall meetings, commentaries, letters to the editor)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Monitors information sources	Monitors information sources	Monitors information sources
	Ensures monitoring of information sources	Ensures monitoring of information sources

Identifies opportunities for responding to information, misinformation, and disinformation	Determines opportunities for responding to information, misinformation, and disinformation	Determines opportunities for responding to information, misinformation, and disinformation
Suggests approaches for responding to information, misinformation, and disinformation	Selects approaches for responding to information, misinformation, and disinformation	Selects approaches for responding to information, misinformation, and disinformation
Suggests messengers for responding to information, misinformation, and disinformation	Selects messengers for responding to information, misinformation, and disinformation	Selects messengers for responding to information, misinformation, and disinformation
Develops messaging for responding to information, misinformation, and disinformation	Develops messaging for responding to information, misinformation, and disinformation	Develops messaging for responding to information, misinformation, and disinformation
Disseminates messages in response to information, misinformation, and disinformation	Disseminates messages in response to information, misinformation, and disinformation	Disseminates messages in response to information, misinformation, and disinformation
	Ensures dissemination of messages in response to information, misinformation, and disinformation	Ensures dissemination of messages in response to information, misinformation, and disinformation
Facilitates communication among individuals, groups, and organizations		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies opportunities to facilitate communication	Identifies opportunities to facilitate communication	Identifies opportunities to facilitate communication
Fosters communication (e.g., building trust, engaging in active listening, conducting in-person and virtual meetings, considering language and accessibility needs, being clear and transparent)	Fosters communication (e.g., building trust, engaging in active listening, conducting in-person and virtual meetings, considering language and accessibility needs, being clear and transparent)	Fosters communication (e.g., building trust, engaging in active listening, conducting in-person and virtual meetings, considering language and accessibility needs, being clear and transparent)

Health Equity Skills Domain		
Applies principles of ethics, diversity, equity, inclusion, and justice (e.g., Public Health Code of Ethics, Health Insurance Portability and Accountability Act)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services (e.g., collecting data, managing programs, ensuring transparency)	Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services (e.g., collecting data, managing programs, ensuring transparency)	Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services (e.g., collecting data, managing programs, ensuring transparency)
Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating and improving education and training (e.g., designing curricula for MPH students, onboarding staff)	Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating and improving education and training (e.g., designing curricula for MPH students, onboarding staff)	Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating and improving education and training (e.g., designing curricula for MPH students, onboarding staff)
Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving research (e.g., ensuring patient confidentiality, protecting human subjects, complying with the Americans with Disabilities Act)	Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving research (e.g., ensuring patient confidentiality, protecting human subjects, complying with the Americans with Disabilities Act)	Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving research (e.g., ensuring patient confidentiality, protecting human subjects, complying with the Americans with Disabilities Act)
Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities	Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities	Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities
Engages in continuous self-reflection about one's biases (e.g., perceptions, assumptions, stereotypes)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies one's biases	Identifies one's biases	Identifies one's biases

Identifies how one's biases influence policies, programs, and services	Identifies how one's biases influence policies, programs, and services	Identifies how one's biases influence policies, programs, and services
Recognizes the diversity of individuals and populations		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Describes the diversity of individuals and populations in a community (e.g., language, culture, values, socioeconomic status, geography, education, race, gender identity, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	Describes the diversity of individuals and populations in a community (e.g., language, culture, values, socioeconomic status, geography, education, race, gender identity, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	Describes the diversity of individuals and populations in a community (e.g., language, culture, values, socioeconomic status, geography, education, race, gender identity, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
Describes how diversity influences policies, programs, services, and the health of a community	Describes how diversity influences policies, programs, services, and the health of a community	Describes how diversity influences policies, programs, services, and the health of a community
Addresses the diversity of individuals and populations when developing, implementing, evaluating, and improving policies, programs, and services	Addresses the diversity of individuals and populations when developing, implementing, evaluating, and improving policies, programs, and services	Addresses the diversity of individuals and populations when developing, implementing, evaluating, and improving policies, programs, and services
	Ensures the diversity of individuals and populations is addressed in the organization's policies, programs, and services	Ensures the diversity of individuals and populations is addressed in the organization's policies, programs, and services

Reduces systemic and structural barriers that perpetuate health inequities (e.g., racism, sexism, bigotry, poverty, gender discrimination)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Collaborates with the community to identify systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies and practices, lack of affordable housing or public transportation, food deserts)	Collaborates with the community to identify systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies and practices, lack of affordable housing or public transportation, food deserts)	Collaborates with the community to identify systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies and practices, lack of affordable housing or public transportation, food deserts)
Collaborates with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice; eliminating racism)	Collaborates with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice; eliminating racism)	Collaborates with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice; eliminating racism)
Implements organizational policies, programs, and services to achieve health equity and social and environmental justice		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to assessment of the impact of organizational policies, programs, and services on health equity and social and environmental justice	Assesses the impact of organizational policies, programs, and services on health equity and social and environmental justice	Assesses the impact of organizational policies, programs, and services on health equity and social and environmental justice
		Ensures assessment of the impact of organizational policies, programs, and services on health equity and social and environmental justice
Contributes to development of organizational policies, programs, and services to achieve health equity and social and environmental justice	Develops organizational policies, programs, and services to achieve health equity and social and environmental justice	Develops organizational policies, programs, and services to achieve health equity and social and environmental justice

		Ensures development of organizational policies, programs, and services to achieve health equity and social and environmental justice
Contributes to implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice	Contributes to implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice	Contributes to implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice
	Ensures implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice	Ensures implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice
Contributes to achieving and sustaining a diverse, inclusive, and competent public health workforce		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies opportunities for achieving and sustaining a diverse, inclusive, and competent public health workforce	Identifies opportunities for achieving and sustaining a diverse, inclusive, and competent public health workforce	Identifies opportunities for achieving and sustaining a diverse, inclusive, and competent public health workforce
Identifies barriers to achieving and sustaining a diverse, inclusive, and competent public health workforce	Identifies barriers to achieving and sustaining a diverse, inclusive, and competent public health workforce	Identifies barriers to achieving and sustaining a diverse, inclusive, and competent public health workforce
Contributes to development of strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	Develops strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	Develops strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce
Contributes to implementation of strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	Implements strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	Implements strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce

Advocates for health equity and social and environmental justice (e.g., for reforming systems contributing to racism, advancing fair housing practices, changing labor laws and policies, protecting communities from environmental hazards)

<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies opportunities to advocate for health equity and social and environmental justice	Identifies opportunities to advocate for health equity and social and environmental justice	Identifies opportunities to advocate for health equity and social and environmental justice
Engages in advocacy for health equity and social and environmental justice	Engages in advocacy for health equity and social and environmental justice	Engages in advocacy for health equity and social and environmental justice

Community Partnership Skills Domain		
Describes conditions, systems, and policies affecting community health and resilience (e.g., social and institutional inequities, determinants of health, structural racism, historical trauma, gender discrimination, power dynamics, natural disasters, poverty, housing, trust, local politics, competition, redlining)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of a healthy and resilient community	Explains the importance of a healthy and resilient community	Explains the importance of a healthy and resilient community
Describes historical conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	Describes historical conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	Describes historical conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities
Describes current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	Describes current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	Describes current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities
Establishes relationships to improve community health and resilience (e.g., partnerships with organizations serving the same population, health departments, healthcare institutions, academic institutions, politicians and other policy makers, environmental agencies and organizations, emergency response organizations, businesses, financial institutions, housing authorities, public transit, customers/clients)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies existing relationships affecting community health and resilience (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, environmental agencies and organizations, businesses, financial institutions, housing authorities, and other types of organizations)	Identifies existing relationships affecting community health and resilience (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, environmental agencies and organizations, businesses, financial institutions, housing authorities, and other types of organizations)	Identifies existing relationships affecting community health and resilience (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, environmental agencies and organizations, businesses, financial institutions, housing authorities, and other types of organizations)

Identifies relationships that may be needed to improve community health and resilience	Identifies relationships that may be needed to improve community health and resilience	Identifies relationships that may be needed to improve community health and resilience
Builds relationships to improve community health and resilience	Builds relationships to improve community health and resilience	Builds relationships to improve community health and resilience
Maintains relationships that improve community health and resilience		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the impact relationships are having on community health and resilience	Explains the impact relationships are having on community health and resilience	Explains the impact relationships are having on community health and resilience
Suggest relationships that should be maintained to improve community health and resilience	Determines relationships that should be maintained to improve community health and resilience	Determines relationships that should be maintained to improve community health and resilience
Contributes to development of strategies for maintaining relationships that improve community health and resilience	Develops strategies for maintaining relationships that improve community health and resilience	Develops strategies for maintaining relationships that improve community health and resilience
Implements strategies for maintaining relationships that improve community health and resilience	Implements strategies for maintaining relationships that improve community health and resilience	Implements strategies for maintaining relationships that improve community health and resilience
Collaborates with community members and organizations		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs	Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs	Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs
Collaborates with community members and organizations to identify community health and resilience needs	Collaborates with community members and organizations to identify community health and resilience needs	Collaborates with community members and organizations to identify community health and resilience needs

Collaborates with community members and organizations to identify assets and resources for improving community health and resilience (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	Collaborates with community members and organizations to identify assets and resources for improving community health and resilience (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	Collaborates with community members and organizations to identify assets and resources for improving community health and resilience (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)
Collaborates with community members and organizations to address community health and resilience needs (e.g., engaging diverse groups in developing and implementing plans and programs, engaging in asset-based community development, making decisions with the community, engaging community organizations in the delivery of services, coordinating emergency response, valuing critical input)	Collaborates with community members and organizations to address community health and resilience needs (e.g., engaging diverse groups in developing and implementing plans and programs, engaging in asset-based community development, making decisions with the community, engaging community organizations in the delivery of services, coordinating emergency response, valuing critical input)	Collaborates with community members and organizations to address community health and resilience needs (e.g., engaging diverse groups in developing and implementing plans and programs, engaging in asset-based community development, making decisions with the community, engaging community organizations in the delivery of services, coordinating emergency response, valuing critical input)
Collaborates with community members and organizations to assess the impact of policies, programs, and services on community health and resilience	Collaborates with community members and organizations to assess the impact of policies, programs, and services on community health and resilience	Collaborates with community members and organizations to assess the impact of policies, programs, and services on community health and resilience
Collaborates with community members and organizations to improve policies, programs, and services	Collaborates with community members and organizations to improve policies, programs, and services	Collaborates with community members and organizations to improve policies, programs, and services
Ensures accountability to the community (e.g., being transparent and inclusive, taking responsibility for decisions and their consequences)	Ensures accountability to the community (e.g., being transparent and inclusive, taking responsibility for decisions and their consequences)	Ensures accountability to the community (e.g., being transparent and inclusive, taking responsibility for decisions and their consequences)

Shares power and ownership with community members and others		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Recognizes the power and ownership that exist within a community	Recognizes the power and ownership that exist within a community	Recognizes the power and ownership that exist within a community
Recognizes the power structure and dynamics within a community	Recognizes the power structure and dynamics within a community	Recognizes the power structure and dynamics within a community
Ensures power and ownership are shared with community members and others	Ensures power and ownership are shared with community members and others	Ensures power and ownership are shared with community members and others

Public Health Sciences Skills Domain		
Describes systems, policies, and events impacting public health (e.g., slavery, colonialism, John Snow and the London cholera outbreak, smallpox eradication, development of vaccines, Tuskegee Syphilis Study, fluoridation of drinking water, Jim Crow laws, establishment of Medicare and Medicaid, Americans with Disabilities Act, seatbelt legislation, banning tobacco in public buildings, war on drugs, death penalty, gun violence, globalization, deforestation, climate change, COVID-19 pandemic)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Describes historical systems, policies, and events impacting public health	Describes historical systems, policies, and events impacting public health	Describes historical systems, policies, and events impacting public health
Describes current systems, policies, and events impacting public health	Describes current systems, policies, and events impacting public health	Describes current systems, policies, and events impacting public health
Applies public health sciences (e.g., biostatistics, epidemiology, environmental health, health services administration, social and behavioral sciences, and public health informatics) in delivering the 10 Essential Public Health Services		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
	Describes how public health sciences are used in the delivery of the 10 Essential Public Health Services	Describes how public health sciences are used in the delivery of the 10 Essential Public Health Services
Uses public health sciences in delivering the 10 Essential Public Health Services	Uses public health sciences in delivering the 10 Essential Public Health Services	Uses public health sciences in delivering the 10 Essential Public Health Services
	Ensures use of public health sciences in delivering the 10 Essential Public Health Services	Ensures use of public health sciences in delivering the 10 Essential Public Health Services
Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Accesses evidence from print and electronic sources to support decision making	Accesses evidence from print and electronic sources to support decision making	Accesses evidence from print and electronic sources to support decision making

Interprets evidence to support decision making	Interprets evidence to support decision making	Interprets evidence to support decision making
Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
Applies evidence in developing, implementing, evaluating, and improving policies, programs, and services (e.g., translating research for practice, considering public perspectives and opinions, navigating power dynamics)	Applies evidence in developing, implementing, evaluating, and improving policies, programs, and services (e.g., translating research for practice, considering public perspectives and opinions, navigating power dynamics)	Applies evidence in developing, implementing, evaluating, and improving policies, programs, and services (e.g., translating research for practice, considering public perspectives and opinions, navigating power dynamics)
	Ensures evidence is applied in developing, implementing, evaluating, and improving policies, programs, and services	Ensures evidence is applied in developing, implementing, evaluating, and improving policies, programs, and services
Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, in cross-sector collaborations, with health sciences libraries)	Develops partnerships to increase use of evidence for improving the public's health (e.g., between practice and academic organizations, in cross-sector collaborations, with health sciences libraries)	Develops partnerships to increase use of evidence for improving the public's health (e.g., between practice and academic organizations, in cross-sector collaborations, with health sciences libraries)
Maintains partnerships that increase use of evidence in public health practice	Maintains partnerships that increase use of evidence in public health practice	Maintains partnerships that increase use of evidence in public health practice
Contributes to the evidence base for improving health		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Engages in community-based participatory research	Engages in community-based participatory research	Ensures the organization engages in community-based participatory research

Participates in partnerships to produce evidence for improving the public's health (e.g., Public Health Practice-Based Research Networks, academic health department partnerships)	Participates in partnerships to produce evidence for improving the public's health (e.g., Public Health Practice-Based Research Networks, academic health department partnerships)	Ensures the organization participates in partnerships to produce evidence for improving the public's health (e.g., Public Health Practice-Based Research Networks, academic health department partnerships)
Disseminates evidence for improving the public's health (e.g., writing journal articles, reviewing manuscripts, making data available to researchers, sharing research findings on social media, telling stories)	Disseminates evidence for improving the public's health (e.g., writing journal articles, reviewing manuscripts, making data available to researchers, sharing research findings on social media, telling stories)	Disseminates evidence for improving the public's health (e.g., writing journal articles, reviewing manuscripts, making data available to researchers, sharing research findings on social media, telling stories)

Management and Finance Skills Domain		
Describes factors that affect the health of an organization (e.g., equitable and fair treatment of employees, support from the governing body and community, sustainability of funding, training of managers)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies factors affecting the health of an organization	Identifies factors affecting the health of an organization	Identifies factors affecting the health of an organization
Describes factors affecting the health of an organization	Describes factors affecting the health of an organization	Describes factors affecting the health of an organization
Secures human resources (e.g., staff, interns, consultants, volunteers)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to determination of human resources needed for organizational infrastructure, programs, and services	Determines human resources needed for organizational infrastructure, programs, and services	Determines human resources needed for organizational infrastructure, programs, and services
Contributes to development of strategies to recruit a diverse, inclusive, and competent workforce	Develops strategies to recruit a diverse, inclusive, and competent workforce	Develops strategies to recruit a diverse, inclusive, and competent workforce
Contributes to implementation of strategies to recruit a diverse, inclusive, and competent workforce	Implements strategies to recruit a diverse, inclusive, and competent workforce	Implements strategies to recruit a diverse, inclusive, and competent workforce
		Ensures implementation of strategies to recruit a diverse, inclusive, and competent workforce
Contributes to recruitment of a diverse, inclusive, and competent workforce	Recruits a diverse, inclusive, and competent workforce	Ensures recruitment of a diverse, inclusive, and competent workforce

Manages human resources		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to development of strategies to retain a diverse, inclusive, and competent workforce	Develops strategies to retain a diverse, inclusive, and competent workforce	Develops strategies to retain a diverse, inclusive, and competent workforce
Contributes to implementation of strategies to retain a diverse, inclusive, and competent workforce	Implements strategies to retain a diverse, inclusive, and competent workforce	Implements strategies to retain a diverse, inclusive, and competent workforce
		Ensures implementation of strategies to retain a diverse, inclusive, and competent workforce
Contributes to monitoring of workforce satisfaction	Monitors workforce satisfaction	Monitors workforce satisfaction
Contributes to development of strategies to improve workforce satisfaction	Develops strategies to improve workforce satisfaction	Develops strategies to improve workforce satisfaction
Contributes to implementation of strategies to improve workforce satisfaction	Implements strategies to improve workforce satisfaction	Implements strategies to improve workforce satisfaction
	Evaluates individual performance	Evaluates individual performance
Contributes to development of individual professional development plans	Develops individual professional development plans	Develops individual professional development plans
Engages in continuous improvement of individual performance	Engages in continuous improvement of individual performance	Engages in continuous improvement of individual performance

Fosters a healthy work environment (e.g., prioritizing diversity, inclusivity, and belonging; creating a safe space for diverse perspectives; encouraging sharing of ideas; respecting different points of view; motivating colleagues; resolving conflicts; supporting colleague mental and physical health needs; addressing burnout)	Fosters a healthy work environment (e.g., prioritizing diversity, inclusivity, and belonging; creating a safe space for diverse perspectives; providing opportunities for participating in teams; encouraging sharing of ideas; respecting different points of view; motivating staff; resolving conflicts; supporting staff mental and physical health needs; addressing burnout)	Fosters a healthy work environment (e.g., prioritizing diversity, inclusivity, and belonging; creating a safe space for diverse perspectives; providing opportunities for participating in teams; encouraging sharing of ideas; respecting different points of view; motivating staff; resolving conflicts; supporting staff mental and physical health needs; addressing burnout)
Engages in professional development (e.g., training, mentoring, peer advising, coaching, drills, exercises)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Recognizes one's own professional development needs (e.g., determining knowledge and skills needed for success in one's job, identifying gaps in desired knowledge and skills)	Recognizes one's own professional development needs (e.g., determining knowledge and skills needed for success in one's job, identifying gaps in desired knowledge and skills)	Recognizes one's own professional development needs (e.g., determining knowledge and skills needed for success in one's job, identifying gaps in desired knowledge and skills)
Participates in professional development opportunities	Participates in professional development opportunities	Participates in professional development opportunities
Collaborates with individuals and teams to determine professional development needs	Collaborates with individuals and teams to determine professional development needs	Collaborates with individuals and teams to determine professional development needs
Supports individuals and teams in engaging in professional development (e.g., promoting a culture of lifelong learning, identifying training opportunities, encouraging peer-to-peer learning)	Supports individuals and teams in engaging in professional development (e.g., promoting a culture of lifelong learning, providing time and resources for training, identifying training opportunities, encouraging peer-to-peer learning)	Supports individuals and teams in engaging in professional development (e.g., promoting a culture of lifelong learning, providing time and resources for training, identifying training opportunities, encouraging peer-to-peer learning)
	Ensures use of professional development opportunities by individuals and teams	Ensures use of professional development opportunities by individuals and teams

Secures financial resources		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to determination of financial resources needed for organizational infrastructure, programs, and services	Determines financial resources needed for organizational infrastructure, programs, and services	Determines financial resources needed for organizational infrastructure, programs, and services
Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	Explains public health and healthcare funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	Explains public health and healthcare funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)
Contributes to justification of programs for inclusion in organizational budgets	Justifies programs for inclusion in organizational budgets	Determines priorities for organizational budgets
Contributes to development of program budgets	Develops program budgets	Develops organizational budgets
	Defends program budgets	Defends organizational budgets
Contributes to development of strategies to secure financial resources (e.g., preparing proposals for funding, providing data, seeking input from partners)	Develops strategies to secure financial resources (e.g., developing proposals for funding, seeking venture capital, identifying new funding streams, working with community development financial institutions)	Develops strategies to secure financial resources (e.g., developing proposals for funding, seeking venture capital, identifying new funding streams, working with community development financial institutions)
Contributes to implementation of strategies to secure financial resources	Implements strategies to secure financial resources	Implements strategies to secure financial resources
		Ensures implementation of strategies to secure financial resources

Manages financial resources		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to determination of how financial resources are distributed	Determines how financial resources are distributed (e.g., ensuring equitable allocation of resources, using financial analysis methods in decision making, working with minority-owned businesses)	Determines how financial resources are distributed (e.g., ensuring equitable allocation of resources, using financial analysis methods in decision making, working with minority-owned businesses)
Contributes to development of contracts and other agreements for products and services	Negotiates contracts and other agreements for products and services	Negotiates contracts and other agreements for products and services
Contributes to monitoring of program budgets	Monitors program budgets	Monitors organizational budgets
	Adjusts program budgets to address changing needs	Adjusts organizational budgets to address changing needs
Implements organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to assessment of the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice	Assesses the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice	Assesses the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice
		Ensures assessment of the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice
Contributes to development of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	Develops organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	Develops organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice

		Ensures development of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice
Contributes to implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	Contributes to implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	Contributes to implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice
	Ensures implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	Ensures implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice
Manages programs and services		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to development of work plans	Develops work plans	Ensures development of work plans
Contributes to implementation of work plans	Implements work plans	Ensures implementation of work plans
Contributes to monitoring of work plans	Monitors work plans	Ensures monitoring of work plans
	Adjusts work plans for continuous improvement	Ensures adjustment of work plans for continuous improvement
	Manages programs and services within current and projected resources	Manages the organization within current and projected resources
Engages in contingency planning (e.g., for emergencies, succession, cross-training staff, continuity of operations, economic downturns)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Contributes to development of contingency plans	Develops contingency plans	Develops contingency plans

Contributes to implementation of contingency plans	Implements contingency plans	Implements contingency plans
		Ensures implementation of contingency plans
	Adjusts contingency plans to address changing needs	Adjusts contingency plans to address changing needs
		Ensures adjustment of contingency plans to address changing needs
Applies critical thinking in decision making		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Determines how data and information can be used in decision making	Determines how data and information can be used in decision making	Determines how data and information can be used in decision making
Considers factors (e.g., fiscal, social, political, environmental, legal, geographic) influencing decisions	Considers factors (e.g., fiscal, social, political, environmental, legal, geographic) influencing decisions	Considers factors (e.g., fiscal, social, political, environmental, legal, geographic) influencing decisions
Considers potential unintended consequences of decisions	Considers potential unintended consequences of decisions	Considers potential unintended consequences of decisions
Demonstrates the importance of using evidence in decision making	Demonstrates the importance of using evidence in decision making	Demonstrates the importance of using evidence in decision making
Makes evidence-informed decisions	Makes evidence-informed decisions	Makes evidence-informed decisions
Engages individuals and teams to achieve program and organizational goals		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies individuals with the expertise to achieve program and organizational goals	Identifies individuals with the expertise to achieve program and organizational goals	Identifies individuals with the expertise to achieve program and organizational goals

Engages individuals to achieve program and organizational goals	Engages individuals to achieve program and organizational goals	Engages individuals to achieve program and organizational goals
	Ensures engagement of individuals to achieve program and organizational goals	Ensures engagement of individuals to achieve program and organizational goals
Describes how diverse and inclusive teams help achieve program and organizational goals	Explains how diverse and inclusive teams help achieve program and organizational goals	Explains how diverse and inclusive teams help achieve program and organizational goals
	Establishes diverse and inclusive teams with the expertise to achieve program and organizational goals (e.g., valuing and including different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline; leveraging staff skills and expertise; rapidly forming and reconfiguring teams to respond to emergencies)	Establishes diverse and inclusive teams with the expertise to achieve program and organizational goals (e.g., valuing and including of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline; leveraging staff skills and expertise; rapidly forming and reconfiguring teams to respond to emergencies)
Participates in teams to achieve program and organizational goals (e.g., collaborating across departments)	Participates in teams to achieve program and organizational goals (e.g., collaborating across departments)	Participates in teams to achieve program and organizational goals (e.g., collaborating across departments)
Engages teams to achieve program and organizational goals (e.g., identifying when to bring a team into a project, recognizing when to lead and when to follow, leading a team)	Engages teams to achieve program and organizational goals (e.g., identifying when to bring a team into a project, recognizing when to lead and when to follow, leading a team)	Engages teams to achieve program and organizational goals (e.g., identifying when to bring a team into a project, recognizing when to lead and when to follow, leading a team)
	Ensures engagement of teams to achieve program and organizational goals	Ensures engagement of teams to achieve program and organizational goals
Facilitates collaboration among individuals, groups, and organizations		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies opportunities for collaboration	Identifies opportunities for collaboration	Identifies opportunities for collaboration

Fosters collaboration (e.g., building trust, engaging in active listening, convening stakeholders)	Fosters collaboration (e.g., building trust, engaging in active listening, convening stakeholders)	Fosters collaboration (e.g., building trust, engaging in active listening, convening stakeholders)
Engages in performance management		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of performance management for program, organizational, and community health improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation, ensuring accountability, managing grants and contracts, determining collective impact of community initiatives)	Explains the importance of performance management for program, organizational, and community health improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation, ensuring accountability, managing grants and contracts, determining collective impact of community initiatives)	Explains the importance of performance management for program, organizational, and community health improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation, ensuring accountability, managing grants and contracts, determining collective impact of community initiatives)
	Describes performance management principles (e.g., identifying performance standards and measures, reporting on progress, using data to improve programs, engaging leadership in supporting performance management)	Describes performance management principles (e.g., identifying performance standards and measures, reporting on progress, using data to improve programs, engaging leadership in supporting performance management)
Describes program performance standards and measures	Develops program performance standards and measures	Develops organizational performance standards and measures
	Identifies performance management systems (e.g., Excel spreadsheet, scorecard, dashboard)	Identifies performance management systems (e.g., Excel spreadsheet, scorecard, dashboard)
	Selects performance management system	Selects performance management system
Implements performance management system	Implements performance management system	Implements performance management system

	<p>Ensures implementation of performance management system (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)</p>	<p>Ensures implementation of performance management system (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)</p>
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Leadership and Systems Thinking Skills Domain

Creates opportunities to achieve cross-sector alignment (e.g., community coalitions, academic health department partnerships)

<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of public health, healthcare, and other organizations working together to impact the health of a community	Explains the importance of public health, healthcare, and other organizations working together to impact the health of a community	Explains the importance of public health, healthcare, and other organizations working together to impact the health of a community
Describes how governmental public health programs and organizations are structured and function	Describes how governmental public health programs and organizations are structured and function	Describes how governmental public health programs and organizations are structured and function
Describes the programs and services provided by governmental and non-governmental organizations that impact the health of a community	Describes the programs and services provided by governmental and non-governmental organizations that impact the health of a community	Assesses the impact of programs and services provided by governmental and non-governmental organizations on the health of a community
Describes the ways public health, healthcare, and other organizations can work together or individually to impact the health of a community	Creates opportunities for public health, healthcare, and other organizations to work together or individually to improve the health of a community	Creates opportunities for public health, healthcare, and other organizations to work together or individually to improve the health of a community
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	Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels	Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels

Implements a vision for a healthy community		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Collaborates with individuals and organizations to develop a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation, building community resilience after emergencies)	Collaborates with individuals and organizations to develop a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation, building community resilience after emergencies)	Collaborates with individuals and organizations to develop a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation, building community resilience after emergencies)
Collaborates with individuals and organizations to implement a vision for a healthy community	Collaborates with individuals and organizations to implement a vision for a healthy community	Collaborates with individuals and organizations to implement a vision for a healthy community
Addresses facilitators and barriers impacting delivery of the 10 Essential Public Health Services		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies internal and external facilitators impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	Identifies internal and external facilitators impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	Identifies internal and external facilitators impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)
Identifies internal and external barriers impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	Identifies internal and external barriers impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	Identifies internal and external barriers impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)
Contributes to development of strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	Develops strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	Develops strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services
Contributes to implementation of strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	Implements strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	Implements strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services

		Ensures implementation of strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services
Contributes to development of strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	Develops strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	Develops strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services
Contributes to implementation of strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	Implements strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	Implements strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services
		Ensures implementation of strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services
Creates opportunities for creativity and innovation		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies opportunities for creativity and innovation	Identifies opportunities for creativity and innovation	Identifies opportunities for creativity and innovation
Fosters creativity and innovation (e.g., inviting diverse perspectives, challenging assumptions, learning from successes and failures)	Fosters creativity and innovation (e.g., inviting diverse perspectives, challenging assumptions, learning from successes and failures, encouraging and providing time for experimentation)	Fosters creativity and innovation (e.g., inviting diverse perspectives, challenging assumptions, learning from successes and failures, encouraging and providing time for experimentation)
Responds to emerging needs		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Identifies emerging needs (e.g., using surveillance data, tracking hospital admissions, listening to the community, monitoring social media and Google Trends)	Identifies emerging needs (e.g., using surveillance data, tracking hospital admissions, listening to the community, monitoring social media and Google Trends)	Identifies emerging needs (e.g., using surveillance data, tracking hospital admissions, listening to the community, monitoring social media and Google Trends)

Addresses emerging needs (e.g., identifying resources, adapting, pivoting rapidly, being flexible, reducing disparities, collaborating with the community, working with governmental agencies, taking action with incomplete information, maintaining operations during emergencies, supporting resilience and recovery)	Addresses emerging needs (e.g., identifying resources, adapting, pivoting rapidly, being flexible, reducing disparities, collaborating with the community, working with governmental agencies, taking action with incomplete information, maintaining operations during emergencies, supporting resilience and recovery)	Addresses emerging needs (e.g., identifying resources, adapting, pivoting rapidly, being flexible, reducing disparities, collaborating with the community, working with governmental agencies, taking action with incomplete information, maintaining operations during emergencies, supporting resilience and recovery)
Manages organizational change		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of organizational change	Explains the importance of organizational change	Explains the importance of organizational change
Contributes to development of a shared vision	Develops a shared vision	Develops a shared vision
Participates in the change process	Engages staff in the change process (e.g., seeking input, listening to concerns, building trust, keeping staff informed, providing guidance)	Engages staff in the change process (e.g., seeking input, listening to concerns, building trust, keeping staff informed, providing guidance)
Identifies changes needed to implement a shared vision	Determines changes needed to implement a shared vision (e.g., identifying priorities, restructuring programs, adjusting budgets, building new skills)	Determines changes needed to implement a shared vision (e.g., identifying priorities, restructuring programs, adjusting budgets, building new skills)
Manages uncertainty (e.g., navigating challenges, addressing concerns, displaying empathy, recognizing facilitators and barriers, minimizing disruption)	Manages uncertainty (e.g., navigating challenges, addressing concerns, displaying empathy, recognizing facilitators and barriers, minimizing disruption)	Manages uncertainty (e.g., navigating challenges, addressing concerns, displaying empathy, recognizing facilitators and barriers, minimizing disruption)
Contributes to implementation of a shared vision	Implements a shared vision (e.g., motivating staff, setting an example, adjusting as needed)	Implements a shared vision (e.g., motivating staff, setting an example, adjusting as needed)

Engages politicians, policymakers, and the public to support public health infrastructure (e.g., funding, workforce, legal authority, facilities, data systems)		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of engaging with politicians, policymakers, and the public to support public health infrastructure	Explains the importance of engaging with politicians, policymakers, and the public to support public health infrastructure	Explains the importance of engaging with politicians, policymakers, and the public to support public health infrastructure
	Mentors staff on how to engage politicians, policymakers, and the public to support public health infrastructure	Mentors staff on how to engage politicians, policymakers, and the public to support public health infrastructure
	Describes how policy is made within the organization and community	Describes how policy is made within the organization and community
Demonstrates the essential role of governmental public health in promoting and protecting health in a community	Demonstrates the essential role of governmental public health in promoting and protecting health in a community	Demonstrates the essential role of governmental public health in promoting and protecting health in a community
Demonstrates the essential role of diversity, equity, inclusion, and justice in promoting and protecting health in a community	Demonstrates the essential role of diversity, equity, inclusion, and justice in promoting and protecting health in a community	Demonstrates the essential role of diversity, equity, inclusion, and justice in promoting and protecting health in a community
Builds public confidence and trust in public health professionals and messages (e.g., demonstrating empathy, validating fears and concerns, acknowledging mistakes, framing messages for different audiences, addressing misinformation and disinformation)	Builds public confidence and trust in public health professionals and messages (e.g., demonstrating empathy, validating fears and concerns, acknowledging mistakes, framing messages for different audiences, addressing misinformation and disinformation)	Builds public confidence and trust in public health professionals and messages (e.g., demonstrating empathy, validating fears and concerns, acknowledging mistakes, framing messages for different audiences, addressing misinformation and disinformation)
Demonstrates how politicians, policymakers, and the public can support public health infrastructure	Demonstrates how politicians, policymakers, and the public can support public health infrastructure	Demonstrates how politicians, policymakers, and the public can support public health infrastructure

Advocates for public health		
<i>Tier 1 Subcompetencies:</i>	<i>Tier 2 Subcompetencies:</i>	<i>Tier 3 Subcompetencies:</i>
Explains the importance of engaging in advocacy	Explains the importance of engaging in advocacy	Explains the importance of engaging in advocacy
Describes the differences between educating and lobbying	Describes the differences between educating and lobbying	Describes the differences between educating and lobbying
	Mentors staff on how to advocate	Mentors staff on how to advocate
Advocates for the role of public health (e.g., in providing population health services, preparing for and responding to emergencies, working with others to address determinants of health)	Advocates for the role of public health (e.g., in providing population health services, preparing for and responding to emergencies, working with others to address determinants of health)	Advocates for the role of public health (e.g., in providing population health services, preparing for and responding to emergencies, working with others to address determinants of health)
Advocates for policies, programs, and services to improve community health and resilience	Advocates for policies, programs, and services to improve community health and resilience	Advocates for policies, programs, and services to improve community health and resilience
Advocates for a diverse, inclusive, and competent public health workforce	Advocates for a diverse, inclusive, and competent public health workforce	Advocates for a diverse, inclusive, and competent public health workforce
Advocates for flexible and sustainable resources for public health	Advocates for flexible and sustainable resources for public health	Advocates for flexible and sustainable resources for public health

6. Rebuilding the Public Health Workforce:

- **Rebuilding the Public Health Workforce**



Rebuilding the Public Health Workforce

October 12, 2021

Overview

In response to COVID-19, considerable [new federal funding](#) is available to support development of governmental public health infrastructure. There are opportunities for state, tribal, local, and territorial health departments to enhance and rebuild their public health workforce. The [Centers for Disease Control and Prevention](#) has issued an [FAQ](#) that clearly states that “training is an integral component of this funding” (see page 5, question 31).

There also are challenges, such as rapidly recruiting and hiring staff, providing training, and navigating funding streams. Fortunately, there are efforts underway to provide assistance in these and other areas, including the de Beaumont Foundation’s National Consortium for Public Health Workforce Development, American Public Health Association’s [Alliance for Disease Prevention and Response](#), and Bipartisan Health Policy Task Force.

The [Council on Linkages Between Academia and Public Health Practice](#) (Council) brings together 24 national organizations engaged in public health practice and academia. Member organizations, individually and collectively, have much to contribute to our nation’s efforts to rebuild and enhance the public health workforce. During this meeting, updates on current initiatives in this area will be shared to enable members to learn from one another about actions being taken. This information can be used by Council members to build on current efforts, explore opportunities for collaboration, and individually and collectively contribute to enhancing and rebuilding our nation’s public health workforce.

7. Supplemental Materials:

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



**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 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 of Public Health Nursing Organizations (CPHNO)
- Council of State and Territorial Epidemiologists (CSTE) – Preliminary Member Organization
- 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 Board of Public Health Examiners (NBPHE) – Preliminary Member Organization
- National Environmental Health Association (NEHA)
- National Library of Medicine (NLM)
- National Network of Public Health Institutes (NNPHI)
- Public Health Accreditation Board (PHAB) – Preliminary Member Organization
- Society for Public Health Education (SOPHE)
- Veterans Health Administration (VHA) – Preliminary Member Organization

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 RESPONSIBILITIES:

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:
Article III.B. Member Organizations Updated:

October 7, 2016
September 6, 2013; March 31,
2014; August 19, 2015; January
20, 2016; August 18, 2016; May
1, 2017; October 18, 2017;
December 20, 2017; May 11,
2021; May 19, 2021; September
23, 2021

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



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.

- 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.