

ABSTRACT FOR

PUBLIC HEALTH PRACTICE-BASED COMPETENCIES AND  
WORKFORCE DEVELOPMENT APPLICATIONS

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## **Public Health Practice-Based Competencies and Workforce Development Applications**

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a. Development of a public health practice-based competency set for use by local public health agencies and their employees to aid in the development of a training plan and other workforce development activities. Scott County Health Department, Iowa Association of Local Public Health Agencies (I-ALPHA) and The University of Iowa College of Public Health (UI CPH) Institute for Public Health Practice (IPHP).

b. In Iowa, local public health practitioners have been actively engaged with staff from the IPHP in the development of a practice-based public health competency set. This includes piloting the three competency sets on a learning management system (LMS) where learners can indicate their level of competence. This project began in the summer of 2004 and validation is currently in progress during spring of 2006.

The practice-based competencies were identified by staff of IPHP and then competency sets for three major workforce categories were developed: management, front line, and resource staff. To start the entire process, focus groups and reviews of position descriptions were conducted to identify specific skills that are general to and necessary to perform the tasks as a public health professional. The 76 specific skills identified were termed “units of skill” and categorized under the ten essential public health services. An extensive review of competency sets in public health was conducted and any potential competency statement was linked to units of skill. This initial linkage contained over 300 competencies, duplicated. Feedback obtained from Scott County necessitated that 45 new competency statements be developed as the linked competencies from known sets did not seem to be adequate or relevant. Multiple meetings were conducted in a very methodical approach to validate and consider each competency within a larger system’s perspective using NACCHO’s operational definition of a functional local health department, and CDC’s local public health performance standards as a review or comparison tool.

The competencies were reviewed and modified by the I-ALPHA Public Health Workforce Committee. Their work further identified three more units of skill and resulted in merging or editing over 30 different competency statements. The full set of competencies were then prioritized and categorized under one or any combination of the three workforce categories. I-ALPHA recommended a core set of 91 competencies. Scott County staff indicated that this smaller set created limitations and would not yield a training plan representative of specific needs. Thus a final pilot set of 156 competencies was generated. Employees of the Scott County Health Department, I-ALPHA and four other local agencies piloted these competency sets. Over 100 people participated in the pilot and 82% completed an evaluation survey. The current competency sets will be ready for release and utilization through the Prepare Iowa LMS later this spring.

c. The first unexpected and successful outcome of this project was because of the extreme interest by local public health in participating with the project. The second outcome is the candid and productive feedback received by local public health professionals regarding the competency wording, specificity and application. Existing competency sets are not inclusive when assessing the overall units of skill required to perform public health activities at the local level from a broad based perspective. This competency set and units of skill are applicable to multiple topics/content and disciplines within public health. A primary obstacle came about during the pilot and in generating the subsequent agency reports. The Prepare Iowa LMS had programming problems that made this process challenging. University staff members were quite concerned during the pilot phase about the number of competencies that needed to be assessed in comparison to other sets and the time required for completion.

d. The public health workforce issues with a focus on accountability demonstrate that this project can be very practical. Practitioners can use these competency sets for self-assessment. The individual and aggregate data can be used for employee performance and review, agency training plans and priorities as well as other workforce development applications. Eventually agencies could use the data to help develop position descriptions and recruit personnel with certain skills, knowledge or abilities that “rounds” out their agency from a systems perspective. A state public health department initiative known as “Redesigning Public Health in Iowa” is also interested in using this competency set and the related LMS to help local public health agencies meet the workforce standards that have been identified. Furthermore, the elements of this project are uniquely positioned to support future national or state efforts regarding workforce development, including human resource application and efforts regarding credentialing of individuals and agency accreditation.