



## **Background Paper: Core Competencies Workgroup Activities**

(Updated November 2009)

### **Overview**

In 2007, the Council on Linkages Between Academia and Public Health Practice (Council) established the Council on Linkages Core Competencies Workgroup comprising of practitioners working in both academic and practice settings. This workgroup would update the Core Competencies in order to ensure that they reflect the skills and characteristics that practitioners at different stages of their career may desire to have. In *phase one* of the Core Competencies revision process (2007-2008), the Core Competencies Workgroup developed a Core Competencies draft for [Tier 2 \(Mid Tier\)](#) Public Health Professionals, using the original set of Core Competencies was used as a starting point.

In May 2008, the workgroup presented a final version of the Tier 2 Core Competencies draft to the Council. The Council approved the draft. Subsequently, this draft was posted on the Council's website giving practitioners throughout the public health community (in practice and academic settings) the opportunity to anonymously provide their input through a "feedback form" on the Council's website. Practitioners also provided feedback through a few other mechanisms: Town Hall Meetings, email communications, and letters sent to Council staff.

At the end of the public comment period, over 600 practitioners had provided more than 1,000 comments. Feedback received was addressed during a competency review and revision process that took place between January and March 2009. The Council adopted the Tier 2 Core Competencies in June 2009.

### **Current Activities**

Presently, the Core Competencies Workgroup is in *phase two* of its competency revision process. It is working on [Tier 1 and Tier 3](#) Core Competencies for Public Health Professionals. The Tier 1 Committee and other individual practitioners/competencies experts have assisted the Core Competencies Workgroup with developing and refining the drafts respectively. A public comment period for the Tier 1 and Tier 3 Core Competencies draft is underway and will end on **December 31, 2009**.

### **Core Competencies Users**

According to a [2009 report](#) by the Association of State and Territorial Health Officials (ASTHO) 60% of State Health Agencies (SHAs) are using the Core Competencies to: assess staff competencies, develop training plans, prepare job descriptions, and a number of other uses.

At least 22 states/[TRAIN](#) affiliates use the Core Competencies as part of their learning management system. (TRAIN is the learning management system developed by the Public Health Foundation. Currently, it has over 300,000 users nationwide.)

A 2005 survey by the National Association of County and City Health Officials (NACCHO) showed that 72% of local health departments are familiar with the Core Competencies, while 65% of those

departments that are aware of the Core Competencies use them.<sup>1</sup> Further, 91% of public health schools and programs that responded to a survey conducted by PHF in 2006 indicated that they incorporate the Core Competencies into their curricula.

### **Interviews**

The following questions were used in interviews with organizations that use the Core Competencies:

- 1) How long have you been using the Core Competencies?
- 2) How have you used them (i.e., assessment, policy development, etc.)?
- 3) Overall, have you found them helpful/useful?
- 4) In which areas have they been most useful?
- 5) In which areas have they been least useful?
- 6) Have they been more or less useful for a specific group of professionals (e.g., nurses, epidemiologists)?
- 7) What suggestions do you have for revising them?

A list of organizations to interview was compiled from [www.train.org](http://www.train.org), and NACCHO's 2005 *National Profile of Local Health Departments Study*.

### **Results of the Council's Research/Literature Review on Core Competencies Users**

Preliminary research conducted by PHF suggests that Core Competencies users fall into two groups:

1. Organizations that use the competencies in the way they were originally designed (i.e., to create job descriptions, perform assessments, etc.); and,
2. Organizations that have taken and adapted the Core Competencies to make competencies for a specific area of public health (i.e., public health nursing competencies, etc.). Examples of Core Competencies users that fall under the second category are listed below:
  - [Competencies for Applied Epidemiologists in Governmental Public Health Agencies](#): The Centers for Disease Control and Prevention (CDC) and the Council of State and Territorial Epidemiologists (CSTE) developed competencies for epidemiologists using the Council on Linkages Core Competencies framework.
  - [National Training Initiative for Injury and Violence Prevention](#): The National Training Initiative for Injury and training developed a list of Core Competencies for public health professionals that work in the injury and violence prevention sector. It used the Council on Linkages Core Competencies set as a starting point to develop its set of discipline-specific competencies!
  - [Quad Council Public Health Nurses Competencies](#): The Quad Council of Public Health Nursing Organizations developed a set of competencies for public health nurses using the Council on Linkages Core Competencies as a starting point.
  - [National Office of Public Health Genomics](#): The National Office of Public Health Genomics developed a set of Genomics Competencies for a number of different public health workers (e.g. public health leaders/administrators, public health professionals in clinical services etc.).

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<sup>1</sup> *The Local Health Department Workforce: Findings from the 2005 National Profile of Local Health Departments Study*, National Association of County and City Health Officials. January 2007. The full report is available at: [www.naccho.org/topics/workforce/upload/LHD\\_WorkforceFinal.pdf](http://www.naccho.org/topics/workforce/upload/LHD_WorkforceFinal.pdf)  
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For more information about the Core Competencies activities, contact Pam Saungweme at 202-218-4424 or [psaungweme@phf.org](mailto:psaungweme@phf.org)