



# COUNCIL ON LINKAGES BETWEEN ACADEMIA AND PUBLIC HEALTH PRACTICE

---

## Meeting Minutes

Council on Linkages Between Academia and Public Health Practice

*Core Competencies Workgroup*

Via Conference Call

Wednesday, November 14, 2007, 2:00 p.m. – 3:00 p.m. ET

Members Present: Diane Downing, Mark Edgar, John Gwinn, Kathy Miner, Dawn Gentsch, Jeanne Matthews, Kristine Gebbie, Yolanda Savage, Nancy McKenney

Staff Present: Ron Bialek, Ruth Gelles

Agenda Item	Discussion	Next Steps
Introduction	Diane Downing started off by introducing herself, then calling on each member to introduce themselves.	
Purpose of Call	Ms. Downing thanked the Centers for Disease Control and Prevention for funding the Council on Linkages. Ron Bialek briefly discussed the rationale for updating/refining the Core Competencies. He mentioned the National Association of County and City Health Officials' survey showing that a significant number of local health departments are aware of and use the Core Competencies. He also discussed the Public Health Foundation survey which found significant usage by public health academic institutions. Because of this, the Council felt an obligation to keep Core Competencies current.	
Discussion of reasons for updating/revising Core Competencies	New Developments in the Field – Mr. Bialek discussed the amount of use of the Core Competencies and mentioned the recent Public Health Training Centers (PHTCs) meeting at the Health Resources and Services Administration (HRSA). PHTCs are extensive users of the Core Competencies, so we thought that going to that group and hearing from the academic side would be useful. Mr. Bialek briefly summarized what was learned during the PHTC meeting: <ul style="list-style-type: none"><li>- Generally, PHTCs found that the “awareness” tier was used the most.</li><li>- Participants discussed confusion in the field around what, exactly, a competency is, what the word means, and how a competency varies from a learning objective.</li><li>- Overall, the Core Competencies do a good job of capturing practice and helps PHTCs design</li></ul>	

	<p>curriculum.</p> <ul style="list-style-type: none"> <li>- More measurability would be helpful</li> <li>- Scenarios of how one might demonstrate competence in an area might be useful</li> <li>- Overall, there were 3 recommendations: add additional tiers, improve measurability, keep the current eight domains construct because adding/deleting domains could complicate use for those who have already incorporated the Core Competencies into their activities.</li> </ul> <p>John Lisco asked what tiers they meant. Ruth Gelles responded that the group members liked the idea of a continuum of learning, rather than individual tiers, and suggested a continuum from “novice” to “expert.”</p> <p>Mark Edgar asked if there was discussion about how Core Competencies are interfacing with MPH competencies. Mr. Bialek discussed the possibility of a Venn diagram that would show the area of overlap and distinguish between these two sets of competencies.</p> <p>Kathy Miner talked about crosswalking different sets of competencies with each other, but said that this is difficult when competencies are not stated well. She suggested that this may be too detailed of an undertaking for now.</p> <p>Dr. Edgar agreed that delaying a crosswalk with the MPH competencies would be a good idea.</p> <p>Ms. Downing transitioned to the topic of standardizing the language of the Core Competencies.</p> <p>Mr. Bialek mentioned that users of the Core Competencies feel that standardizing language across competencies would make them more useful.</p> <p>Dr. Miner discussed competency language in general, and the need to start with specific rules. If you start using a term, you want to use it the same way every time. When using a word like “define” or “describe” you have to understand the technical meaning. Words must mean the same thing in different domain areas.</p> <p>Ms. Downing asked if this should be part of the work</p>	
--	---	--

	<p>plan.</p> <p>Dr. Edgar agreed with Dr. Miner’s comments. There is not a need to recreate, but rather refine. Having the Core Competencies as a framework is useful.</p> <p>Yolanda Savage agreed.</p> <p>Ms. Downing asked for more comments/questions, and hearing none, moved to improving measurability.</p> <p>Ms. Downing asked Dr. Edgar to discuss his research with the Core Competencies.</p> <p>Dr. Edgar discussed his study of state and local health departments in Missouri. The study looked at the eight domains, job types, and education levels of users. There was generally good support for validity, particularly of the eight domains. There were half a dozen items that were identified as needing revisions, particularly the communication domain. There was good ability to discriminate between groups (job type and education). The needed revisions involved standardizing language and looking at wording. The science of health communication has proliferated and perhaps there needs to be more specificity in the communication domain.</p> <p>Ms. Downing asked for questions, and getting none, moved on.</p>	
<p>Reasons for and against improving measurability</p>	<p>Mr. Bialek supplied rationale for both sides.</p> <p>Against: The general agreement the first time was that having the Core Competencies be too measurable might be counterproductive because no one wanted them to be taken as they were and just inserted into performance standards. People wanted them kept and conveyed to the community as a framework that can be used to develop standards to use for specific needs.</p> <p>For: Over the years, we have received comments that it would be nice for the Core Competencies to be more measurable. As public health has become more sophisticated, as we move toward accreditation and credentialing, there is a sense that more measurability for whatever we do is a good thing.</p>	

	<p>Dr. Miner said she thinks measurability at some level is important; otherwise we cannot put together continuing education and training opportunities that are the same across the board. This is what gives public health a professional identity. The measurability does not have to be perfect, but at some level, it is needed; otherwise, we will not have the ability to have transferability of what public health means.</p>	
<p>Next Steps</p>	<p>Mr. Bialek discussed staff’s work gathering data and the need for the Workgroup to define and perfect the Core Competencies. Mr. Bialek’s thinking was that Workgroup staff will listen to the group , analyze information compiled about use of the Core Competencies, and then try to come up with a redraft of the Competencies.</p> <p>Dr. Miner suggested a webcast where she could give a Competency 101 tutorial. Although a lot of it seems simplistic, it might be helpful to have a little background on dos and don’ts to be watchful for. She mentioned the idea of initially only looking at one tier and doing some cutting. When you talk about tiers in the same competency, there is some redundancy. We need to ask ourselves “Who do we want competencies to be useful for?” She suggested that the group pick a tier and focus our energy, perhaps making use of Bloom’s Taxonomy.</p> <p>Dr. Edgar agreed and thought the webcast would be a good idea.</p> <p>Dr. Miner agreed to conduct the webcast.</p> <p>Mr. Lisco agreed with Dr. Edgar that doing some primer work would be a good idea.</p>	
<p>Setting a Timeline</p>	<p>Mr. Bialek discussed the timeline. A draft set of Core Competencies must be completed and presented to the Council on Linkages by May 31, 2008. This will be a pre-public comment period draft.</p> <p>Ms. Downing reiterated that the bulk of work will be around standardizing language and improving measurability.</p> <p>Dr. Edgar suggested that these two areas are really two</p>	

	<p>sides of the same coin. Also, it would seem that we would be remiss if we do not evaluate how the Core Competencies interact with other sets of competencies. We will need to have at least some comment from the field regarding this.</p> <p>Ms. Downing agreed with Dr. Edgar about the need for at least some kind of comment about overlap with other competencies.</p> <p>Nancy McKenney mentioned a group in Wisconsin that brings academics and practitioners together. The group includes representatives from 18 agencies and their next meeting is in February. She suggested that this group may be willing to review a draft of the updated Core Competencies.</p> <p>Mr. Bialek said that Ms. McKenney’s idea of passing out a rough draft of the updated Core Competencies to her group would be very helpful.</p> <p>Ms. Downing agreed.</p> <p>Mr. Bialek asked Dawn Gentsch to discuss difficulties using competencies by practitioners.</p> <p>Ms. Gentsch said she will provide some data.</p> <p>Jeanne Matthews said that the Quad Council would be interested in reviewing a draft of the updated Core Competencies.</p> <p>Ms. Downing said that this would be helpful and that the Quad Council could also look at overlap with nursing competencies.</p> <p>Ms. McKenney said that she could possibly poll the public health workforce in Wisconsin, possibly through an electronic survey.</p> <p>Mr. Bialek said early feedback would be great; however, an electronic survey may be going too far at this point in the process.</p> <p>Mr. Bialek asked Ms. Gentsch to talk about the specific language used in Iowa for competencies.</p>	
--	--	--

	<p>Ms. Gentsch said that the Core Competencies are used as written, but there is also a slightly revised version in their learning management system. Other sets are also in use.</p> <p>Mr. Bialek asked if we could get a copy.</p> <p>Ms. Gentsch said that would be fine.</p> <p>Dr. Edgar said he would find out what his co-authors would be willing to share, seeing as their article validating the Core Competencies has not yet been published.</p>	
<p>Next Steps</p>	<p>Mr. Bialek said staff would be talking to decide with which tier to start. Staff will provide some documents to the group for people to react to.</p> <p>Ms. Downing thanked everyone.</p> <p>Ms. Gentsch asked if there was a schedule for future meetings.</p> <p>Mr. Bialek explained that we would be setting some dates shortly for meetings and the webcast.</p> <p>Ms. Downing adjourned the meeting.</p>	