Core Competencies for Public Health Professionals: Overview and Application

NACCHO
Public Health Foundation
Columbus Public Health
Bloomington Public Health

December 11, 2014
Overview

I. Core Competencies for Public Health Professionals  
   *Kathleen Amos, PHF*

II. Why Public Health Competencies are Important to Local Health Departments  
   *Beth Ransopher, Columbus Public Health*

III. Workforce Development Training Needs Assessment  
   *Jim Jansen, Bloomington Public Health*
Catching Up on the Core Competencies

Kathleen Amos, MLIS
Council on Linkages Between Academia and Public Health Practice
Public Health Foundation

December 11, 2014
Overview

What are the Core Competencies for Public Health Professionals and how are they being used?

How have they changed?

Is there anyone out there who can help with their use?!?!
To improve public health practice, education, and research by:

- Fostering, coordinating, and monitoring links among academia and the public health and healthcare community;
- Developing and advancing innovative strategies to build and strengthen public health infrastructure; and
- Creating a process for continuing public health education throughout one’s career.

20 National Public Health Organizations:

- American Association of Colleges of Nursing
- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

Funded by Centers for Disease Control and Prevention

Staffed by Public Health Foundation
PHF Mission:
We improve the public’s health by strengthening the quality and performance of public health practice

www.phf.org

Healthy Practices
Healthy People
Healthy Places
Core Competencies for Public Health Professionals

- Are a set of skills desirable for the broad practice of public health

- Reflect characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community

- Are designed to serve as a starting point for practice and academic organizations to understand, assess, and meet training and workforce needs
Core Competencies for Public Health Professionals

8 Domains:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

3 Tiers:

- Tier 1 – Front Line Staff/Entry Level
- Tier 2 – Program Management/Supervisory Level
- Tier 3 – Senior Management/Executive Level
Who Uses the Core Competencies?

- ~26% of Local Health Departments (NACCHO, 2013)
- ~60% of State Health Departments (ASTHO, 2014)
- >90% of Academic Public Health Programs (Council on Linkages, 2006)
- Core Competencies are also used by:
  - CDC
  - HRSA’s Public Health Training Centers
  - TRAIN affiliates
  - Healthy People 2020
  - Public Health Accreditation Board
  - Others…….
Uses of the Core Competencies

- Job descriptions
- Performance objectives
- Performance reviews and evaluations
- Workforce competency/needs assessments
- Workforce development plans
- Training plans
- Course review and development
- Discipline-specific competencies
- Preparing for accreditation – PHAB Standards and Measures Domain 8
PHAB Accreditation

Version 1.0

Standard 8.2: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities

Measure 8.2.1 A: Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies

Version 1.5

Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment

Measure 8.2.1 A: Workforce development strategies
Brief History of the Core Competencies

- April 2001: Original set adopted
  - Specified skill levels
  - Difficult to measure – intentional
  - Decision to revisit every 3 years
  - Widespread use
  - Demonstrated benefits and validity

- May 2010: 1st revision adopted
  - Three tiers
  - More measurable
  - Turned focus to tool development

- June 2014: 2nd revision adopted
  - Addresses new concepts – accreditation and health reform
  - Clarifies and simplifies many competencies
Core Competencies Review and Revision Process

- **March 2013:** Council on Linkages votes to initiate review process
- **March 2013:** Public comment period begins
- **Sept 2013:** Council on Linkages votes to initiate revision process based on initial feedback
- **Dec 2013:** Public comment period ends
- **Jan 2014:** Core Competencies Workgroup begins revisions
- **Jan – May:** Feedback and drafts shared publicly
- **June 2014:** Council on Linkages unanimously adopts revised Core Competencies
Feedback Received – Over 1,000 Comments

- Retain 8 domains
- Clarify and simply individual competencies
- Assure each competency is truly only one competency
- Add new concepts – health reform, accreditation, social marketing
- Add more examples
- Reorder competencies in a more logical order
- Don’t move competencies from one domain to another
- Add another tier
- Help with use of the Core Competencies
Clarify and Simplify

- **2010:** Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups (3B6)

- **2014:** Facilitates communication among individuals, groups, and organizations (3B7)
Add More E.G.s

2010: Negotiates for the use of community assets and resources (5B8)

2014: Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community (5B9)
Reduce Jargon

2010: Incorporates systems thinking into public health practice (8B2)

2014: Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community (8B3)
Add New Concepts

2010:

2014: Advocates for the role of public health in providing population health services (8B10)

2014: Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation) (2C1)
Expand on Concepts

2010: Develops mechanisms to monitor and evaluate programs for their effectiveness and quality (2B9)

2014: Explains the importance of evaluations for improving policies, programs, and services (2B10)

Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment) (2B11)

Implements strategies for continuous quality improvement (2B12)
Other Decisions

- Kept 8 domains – number and topic areas
- Reordered individual competencies
- Competencies were not moved from one domain to another
- Greater assurance that each competency only represents one competency
- Development of an additional tier – under discussion
- Tools are being revised and developed
Resources and Tools to Support Use

Existing:

- Crosswalk of 2010 and 2014 Core Competencies
- Self-assessment instruments
- Job descriptions
- Workforce development plans
- Examples of use

Coming Soon:

- Revised prioritization sequence
- Checklist for course providers
- FAQs
- Others?
Why the Public Health Competencies Are Important to Local Health Departments

Beth Ransopher, RS, MEP
Workforce Development Manager
Columbus Public Health (Columbus, OH)
Public Health Workforce Development Activities

- Core Competencies for Public Health Professionals
- Academic Health Department Learning Community
- Improving and Measuring the Impact of Public Health Training
- Recruitment and Retention Within the Health Department
Core Competencies for Public Health Professionals

- Help guide workforce development efforts vital for achieving high-performing public health organizations to protect and promote the public’s health.
- What we expect of public health workers in the specific tiered categories.
- Foundation for systems-wide organizational planning and development.
- Prepare for accreditation.
A formal affiliation between an academic health professions institution and a state or local health department.

Public Health professionals engage in knowledge sharing and collaboration.

AHD’s use public health competencies to develop and evaluate competency-based content and curricula.

AHD model helps to strengthen the link between academia and practice and to resolve gaps between the education of public health professionals and the practice of public health.
Improving and Measuring the Impact of Public Health Training

- **Individuals** access and meet their training needs.
- Assess knowledge and skill gaps at the **Program Level**.
- Identify competency needs to develop **Organizational** training plan for workforce development.
- Needs Assessment of Competencies = > Develop workforce development plan and training curriculum plan.
- When using TRAIN, can conduct a course search for trainings by competency.
- Training Evaluation Forms = > Return on Investment
Recruitment and Retention Within the Health Department

- Develop public health competency-based job descriptions.
- Recruit, Interview and Hire the right candidate.
- Develop competency-based annual staff performance measurement objectives.
- Use competencies to build team and/or organizational performance measures.
- Managers conduct staff coaching and performance reviews.
- Build bench of strength by guiding employees through tiers = professional development and quality improvement.
Summary

- Base foundation for workforce planning and development.
- Improve community partnerships and collaborations with academia to prepare public health ready graduates and high-performing employees.
- Identify gaps in workforce skills and develop training plans.
- Competencies are important to the overall workforce development cycle.
- Health Departments have an adequate number of skilled and competent workers for the future.
Workforce Development
Training Needs Assessment

Bloomington Public Health
Bloomington, MN
LHD Description

Service Area: Bloomington, Edina and Richfield, MN (167,000 people)

Workforce: 62 Total Employees
43 FTEs

In the Accreditation Process: Submission date: November 2015
LHD Description

- MSP International Airport
- Mall of America
Tool, Resources, and Guidance

PHF Core Competency guidance for the Council on Linkages Core Competencies for PH Professionals

Minnesota Department of Health Office of Performance Improvement Technical Assistance

Ohio State University Workforce Development Plan Template

Twin Cities Metro Accreditation and Performance Management Learning Community
Why we chose the core competencies from the Council on Linkages

- Consistent with departmental strategic goals
- Consistent with Essential Public Health Services
- Consistent with Accreditation Standards

Will help us to improve our alignment with the above over time
Training Needs Assessment

OUR PROCESS
Our Model

Used the Public Health Foundation 3 step Prioritization Sequence

I. Competency Gap Assessment
II. Competency Prioritization
III. High-Yield Competency Analysis
The Big Picture

- Competency Gap Assessment
  - What are we good at? | not so good at?

- Competency Prioritization
  - What is good for us?

- High-Yield Competency Analysis
  - What should we do first?
Competency Assessment (Three Tiers)

Competencies assessed by Tier

Bloomington Tier Categories:

Tier 1: Front line staff (including administrative staff)
Tier 2: Program coordinators and non management supervisors including accountant
Tier 3: Managers and administrator

Staff took assessment through an online survey
Competency Gap Assessment

Bloomington All Tiers
Core Competency Assessment Domain Average

Analytical Assessment Skills 2.70
Leadership and Systems Thinking Skills 2.81
Policy Development/Program Planning Skills 2.50
Financial Planning and Management Skills 2.39
Communication Skills 2.90
Public Health Sciences Skills 2.55
Cultural Competency Skills 2.98
Community Dimensions of Practice Skills 2.65

The Council on Linkages Between Academia and Public Health Practice
NACCHO
National Association of County & City Health Officials
## Competency Gap Assessment (in detail)

### Bloomington Tier 1 Domain 7:
**Financial Planning and Management Skills Response Average**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Response Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Describe how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making</td>
<td>1.81</td>
</tr>
<tr>
<td>12. Participate in the development of contracts and other agreements for the provision of services</td>
<td>1.78</td>
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<tr>
<td>11. Demonstrate public health informatics skills to improve program and business operations (e.g., performance management and improvement)</td>
<td>1.89</td>
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<tr>
<td>10. Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts</td>
<td>2.74</td>
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<tr>
<td>9. Contribute to the preparation of proposals for funding from external sources</td>
<td>1.81</td>
</tr>
<tr>
<td>8. Translate evaluation report information into program performance improvement action steps</td>
<td>1.93</td>
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<tr>
<td>7. Report program performance</td>
<td>2.11</td>
</tr>
<tr>
<td>6. Identify strategies for determining budget priorities based on federal, state, and local financial contributions</td>
<td>1.74</td>
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<tr>
<td>5. Operate programs within current and forecasted budget constraints</td>
<td>1.93</td>
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<tr>
<td>4. Participate in the development of a programmatic budget</td>
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<tr>
<td>3. Adhere to the organization's policies and procedures</td>
<td>2.89</td>
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<tr>
<td>2. Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies</td>
<td>2.19</td>
</tr>
<tr>
<td>1. Describe the local, state, and federal public health and health care systems</td>
<td>2.33</td>
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</table>
### Prioritization

#### BLOOMINGTON - Core Competency Prioritization Matrix (02/07/2014)

<table>
<thead>
<tr>
<th></th>
<th>Analytical Assessment</th>
<th>Policy Development Program Planning</th>
<th>Communication</th>
<th>Cultural Competency</th>
<th>Community Practice Dimensions</th>
<th>PH Sciences</th>
<th>Financial Planning Management</th>
<th>Leadership Systems Thinking</th>
<th>SCORE</th>
<th>RANK</th>
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<td>0.2</td>
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<td>27.2</td>
<td>2</td>
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</tbody>
</table>

**Notes:**
- The matrix ranks competencies based on their importance and feasibility.
- Higher scores indicate higher priority.
- The final score is calculated by multiplying the importance by the feasibility for each competency.

**Sources:**
- The Council on Linkages Between Academia and Public Health Practice
- Public Health Foundation (PHF)
- National Association of County & City Health Officials (NACCHO)
Prioritization + Competency = Rank

**Matrix Key**

I **Develop:** Higher priority areas where competency is still relatively low

II **Leverage:** Higher priority areas where competency is relatively high

IV **De-emphasize:** Lower priority areas where competency is relatively low.

III **Maintain:** Lower priority areas where competency is relatively high

**All Tiers**

- **Financial Planning and Management Skills**
- **Community Dimensions of Practice Skills**
- **Policy Development/Program Planning Skills**

- **Cultural Competency Skills**
- **Leadership and Systems Thinking Skills**
- **Communication Skills**

- **Analytical Assessment Skills**

**Priority for future success**

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**Current Competency**
Prioritization + Competency = Rank

**Priority for future success**

**Current Competency**

- **Tier 1**
  - Financial Planning and Management Skills
  - Analytical Assessment Skills
  - Public Health Sciences Skills
  - Policy Development/Program Planning Skills
  - Cultural Competency Skills
  - Communication Skills
  - Leadership and Systems Thinking Skills
  - Community Dimensions of Practice Skills

- **Tier 2**
  - Financial Planning and Management Skills
  - Cultural Competency Skills
  - Public Health Sciences Skills
  - Policy Development/Program Planning Skills
  - Communication Skills
  - Leadership and Systems Thinking Skills
  - Community Dimensions of Practice Skills
  - Analytical Assessment Skills

- **Tier 3**
  - Cultural Competency Skills
  - Financial Planning and Management Skills
  - Policy Development/Program Planning Skills
  - Public Health Sciences Skills
  - Leadership and Systems Thinking Skills
  - Communication Skills
  - Community Dimensions of Practice Skills
  - Analytical Assessment Skills

**NACCHO**

National Association of County & City Health Officials

The Council on Linkages Between Academia and Public Health Practice

Discrete High-Yield Analysis

Bloomington Tier 1 Domain 7:
Financial Planning and Management Skills Response Average

1. Describe the local, state, and federal public health and healthcare systems
2. Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies
3. Adhere to the organization’s policies and procedures
4. Participate in the development of a programmatic budget
5. Operate programs within current and forecasted budget constraints
6. Identify strategies for determining budget priorities based on federal, state, and local financial contributions
7. Report program performance
8. Translate evaluation report information into program performance improvement action steps
9. Contribute to the preparation of proposals for funding from external sources
10. Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts
11. Demonstrate public health informatics skills to improve program and business operations (e.g., performance management and improvement)
12. Participate in the development of contracts and other agreements for the provision of services
13. Describe how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making

Scores:
- 1: 2.33
- 2: 2.19
- 3: 2.89
- 4: 1.70
- 5: 1.93
- 6: 1.74
- 7: 2.11
- 8: 1.93
- 9: 1.81
- 10: 1.89
- 11: 1.78
- 12: 1.81
- 13: 1.61

NACCHO
National Association of County & City Health Officials
Public Health
Prevent. Promote. Protect.
The Council on Linkages Between Academia and Public Health Practice
From Assessment to Curricula

- No central training resource

- Trainings pulled from various sources: MNTRAIN, Minnesota Department of Health, New York Department of Health, and others

- Experiences staff review trainings from their respective areas and provide recommendations for inclusion

- Managers review recommendations and provide final approval for additions

- Staff track trainings using self report and CE certificates
## Introduction

This section describes the curricula and training schedule for Bloomington Public Health.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Target Audience</th>
<th>Competencies Addressed</th>
<th>Schedule</th>
<th>Length</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Equity: A Public Health Essential</td>
<td>Disparities in health among income, racial, and ethnic groups in the U.S. are significant and, by many measures, expanding. This course serves as a primer for illustrating the root causes that shape health and health disparities. In addition to describing the complex interplay of social conditions associated with health disparities, it also provides a framework for exploring public and community health frameworks for addressing health equity.</td>
<td>All staff</td>
<td>Program Planning Skills, Cultural Competency Skills, Community Dimensions of Practice Skills, Public Health Science Skills</td>
<td>Upon hiring</td>
<td>1.5 hours</td>
<td><a href="http://www.phtc-online.org/learning/pages/catalog/equity/default.cfm">http://www.phtc-online.org/learning/pages/catalog/equity/default.cfm</a></td>
</tr>
<tr>
<td>Introduction to Performance Management</td>
<td>Module is designed to be one part of a comprehensive approach to integrate QI into the culture of the agency. Performance Management can be defined in many different ways, and can</td>
<td>All Staff</td>
<td>Leadership and Systems Thinking Skills, Financial Planning and management</td>
<td>20-30 minutes</td>
<td></td>
<td><a href="http://www.phtc-online.org/learning/pages/catalog/pm-intro/default.cfm">http://www.phtc-online.org/learning/pages/catalog/pm-intro/default.cfm</a></td>
</tr>
</tbody>
</table>
Workforce Development Policy and Procedures

• Management will prioritize Public Health Core Competency Domains every five years to follow the development of the agency Strategic Plan.

• Staff will complete a core competency assessment annually.

• The core competency assessment results will be compared against the most recent domain prioritizations to determine agency training priorities.

• A Workforce Development Plan will be updated every five years based on the core competency assessments, domain priorities and training gaps.

• All staff training will be provided annually based on the Workforce Development Plan.
Benefits

Unexpected advantages

- Fueled the conversation around our workforce priorities and realities
- Added structure to our training selection process
- Provided self-reflection for staff
Opportunities

What might be improved

• Add competencies for administrative staff
• Increased staff participation in process
• Improved training assessment process
Thank You and Good Luck!

Jim Jansen, MPH
Health Planner | Accreditation Coordinator
City of Bloomington Public Health Division
jjansen@bloomingtonmn.gov
You’ve Heard From Us… Now It’s Your Turn!

1. How are you or your organization using the Core Competencies?

2. What questions do you have about the revised Core Competencies?

3. What would help you or your organization use the Core Competencies?
Still Have Questions?

➢ Upcoming Webinars:
   ➢ ASTHO – December 12th, 1-2 pm EST
   ➢ ASPPH – January 28th, 2-3 pm EST

➢ Stay Informed:
   ➢ Council on Linkages Update – jnichols@phf.org
   ➢ PHF E-News –
     www.phf.org/AboutUs/Pages/Email_Newsletters.aspx

➢ Email Questions: kamos@phf.org
TECHNICAL ASSISTANCE & TRAINING
Performance management, quality improvement, and workforce development services
• Customized onsite workshops and retreats
• Strategic planning, change facilitation, accreditation preparation
• Tools, case stories, articles, and papers

LEARNING RESOURCE CENTER
Where public health, health care, and allied health professionals find high quality training materials at an affordable price
• Comprehensive selection of publications
• Many consumer-oriented health education publications
• Stories and webinars on using The Guide to Community Preventive Services

LEARNING MANAGEMENT NETWORK
The nation’s premier learning management network for professionals helping to protect the public’s health – over 875,000 registered learners and 29,000 courses

ACADEMIC PRACTICE LINKAGES
Furthering academic/practice collaboration to assure a well-trained, competent workforce and strong, evidence-based public health infrastructure
• Council on Linkages Between Academia and Public Health Practice
• Core Competencies for Public Health Professionals
• Academic Health Department Learning Community

www.phf.org/qiservices
www.phf.org/resourcestools

www.phf.org/qiservices
www.phf.org/resourcestools

www.phf.org/councilonlinkages
www.phf.org/corecompetencies

www.bookstore.phf.org
www.phf.org/communityguide
NACCHO
The National Connection
For Local Public Health

- NACCHO Workforce Development and Training Website
  *Explore the Workforce Resource Center.*
  - [www.naccho.org/topics/workforce](http://www.naccho.org/topics/workforce)

- NACCHO University
  *Access courses to help LHD staff develop knowledge and competencies.*
  - [www.naccho.org/university](http://www.naccho.org/university)

- NACCHO Accreditation Preparation and Quality Improvement Website
  *Find tools, resources, and training opportunities to assist with accreditation preparation.*
  - [www.naccho.org/topics/infrastructure/accreditation](http://www.naccho.org/topics/infrastructure/accreditation)
Thank You!

www.phf.org/corecompetencies