

## **Core Competencies Workgroup Report**

September 17, 2013

#### Overview

The <u>Core Competencies Workgroup</u> was originally established to develop and update the <u>Core</u> <u>Competencies for Public Health Professionals</u> (Core Competencies). In addition to its role in the Core Competencies review process that is currently underway, the Workgroup is also developing tools to assist public health professionals and organizations in using the Core Competencies to better understand, assess, and meet workforce development and training needs.

## Status of Tools to Assist with Core Competencies Use

Three sets of tools have recently been updated and posted on the website for the Council on Linkages Between Academia and Public Health Practice (Council): competency-based job descriptions; examples to clarify the meaning of individual competencies; and examples demonstrating attainment of competence. In addition, workforce development plans are being collected that demonstrate use of the Core Competencies by health departments in workforce development planning.

- <u>Competency-based job descriptions</u> are being collected from public health organizations to provide examples to others interested in incorporating the Core Competencies into their organizations' job descriptions. Seventeen new job descriptions were recently added.
- Additional <u>examples to help clarify the meaning of individual competencies (or e.g.s)</u> have been developed. Over the past year, Core Competencies Workgroup members have created and reviewed suggestions for new e.g.s. in all of the eight domains.
- The <u>Examples Demonstrating Attainment of the Core Competencies for Public Health</u> <u>Professionals</u> draft document has been updated based on suggestions from Core Competencies Workgroup members. A number of new examples have been provided in the "Financial Planning and Management" and "Leadership and Systems Thinking" domains.
- Five workforce development plans have been collected that used the Core Competencies for assessing staff competence, identifying workforce development needs, integrating Core Competencies into job descriptions, and addressing other areas of workforce development planning. These and other workforce development plans will be posted on the Council website in the near future.

## **Core Competencies Review Process**

#### Timeline

The current version of the Core Competencies was adopted in 2010. The Council reviews the Core Competencies every three years to determine if there is a need for revisions and to ensure that the Core Competencies reflect evolving public health workforce roles, responsibilities, and functions. The Council voted on March 27, 2013 to begin reviewing the Core Competencies for potential revision, and that review process is now underway. Comments about the Core Competencies will be accepted from the public health community through December 2013. Should the Council decide to make changes to the Core Competencies, a revised version will be released in June 2014.

## Feedback Strategies

A process to collect feedback on the Core Competencies from the public health community has been developed. Feedback is being gathered through an <u>online feedback form</u>, which is currently available on the Council website. Feedback is also being received via email, at meetings and conferences, and by <u>Facebook</u> and <u>Twitter</u>. An in-person <u>town hall meeting on the Core Competencies</u> at the <u>American Public Health Association Annual Meeting</u> is scheduled for Tuesday, November 5, 2013, from 8:30–10:00 am (<u>Session 4013.0</u>). Virtual town hall meetings are also being considered.

The Core Competencies Workgroup met on July 31, 2013 to discuss the review process. Workgroup members were encouraged to reach out to their networks to solicit feedback on the Core Competencies. Council members are similarly encouraged to engage with their colleagues and networks to encourage members of the public health community to provide feedback on the Core Competencies.

In addition to Council member organizations, groups that the Council has been engaging or plans to engage include:

- Public Health Training Centers (PHTCs)
- Public Health Practice Coordinators Council of the Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials' Human Resources Directors
- Robert Wood Johnson Foundation
- de Beaumont Foundation
- Public Health Foundation Board of Directors
- TRAIN community
- Public Health Accreditation Board
- National Indian Health Board
- Performance Improvement Managers Network, part of the Centers for Disease Control and Prevention's National Public Health Improvement Initiative
- Various communities of practice through phConnect

## Initial Feedback on the Core Competencies

Initial feedback on the Core Competencies falls into three categories: the Core Competencies themselves; ways to promote use of the Core Competencies; and others to include in the feedback process. What follows is a brief summary of the feedback within each of the three categories.

- The Core Competencies themselves
  - Simplify some of the language of individual competencies
  - Keep the <u>eight domains</u>
  - Create an additional tier to come before the current Tier 1 as Tier 1 may not be well suited for administrative and clerical staff (if a new tier is developed, it will be released on a different timeline from other revisions)
  - Limit revisions because the Core Competencies already address changing roles of public health professionals that may be due to health reform, budget cuts, technology, and other factors
  - Crosswalk the Core Competencies with the Foundational Capabilities in the Institute of Medicine report, <u>For the Public's Health: Investing in a Healthier</u> <u>Future</u>, and the Trust for America's Health report, <u>A Healthier America 2013</u>: <u>Strategies to Move from Sick Care to Health Care in Four Years</u>

- Ensure that the Communication Skills domain addresses clear and culturally and linguistically appropriate communication
- Ways to promote use of the Core Competencies
  - Add more examples of what is meant by each competency
  - Develop more examples of how to measure competencies
- Others to include in the Core Competencies feedback process
  - The private sector (some PHTCs have agreed to reach out to the private sector using their existing relationships)
  - Emerging public health professional groups, such as community health workers

## **Next Steps**

Feedback about the Core Competencies will be used by the Core Competencies Workgroup to develop and recommend potential revisions for consideration by the Council. The Workgroup will continue to expand Core Competencies examples of attainment and e.g.s. It also will collect more job descriptions that incorporate the Core Competencies and workforce development plans that use the Core Competencies to identify and meet workforce development and training needs. If you have additional feedback on the Core Competencies or examples of use, please submit them to Jonathan Munetz at <u>imunetz@phf.org</u>.

# **Core Competencies Workgroup Members**

#### Co-Chairs:

- > Diane Downing, School of Nursing and Health Studies, Georgetown University
- > Janet Place, Public Health Practice Consultant, Chapel Hill (NC)

#### Members:

- > Nor Hashidah Abd Hamid, Upper Midwest Public Health Training Center
- > Geri Aglipay, Mid-America Public Health Training Center
- > Sonja Armbruster, College of Health Professions, Wichita State University
- > Noel Barakat, County of Los Angeles (CA) Department of Public Health
- > Dawn Beck, Olmsted County (MN) Public Health Services
- > Linda Beuter, Livingston County (NY) Department of Health
- > Michael S. Bisesi, Ohio Public Health Training Center
- > Tom Burke, Bloomberg School of Public Health, Johns Hopkins University
- > Candy Cates, Oregon Health Authority
- > Marita Chilton, Public Health Accreditation Board
- > Joan Cioffi, Centers for Disease Control and Prevention
- > Judith Compton, Michigan Public Health Training Center
- > Michelle Cravetz, School of Public Health, University at Albany
- > Marilyn Deling, Olmsted County (MN) Public Health Services
- > Mark Edgar, Wisconsin Center for Public Health Education and Training
- > Dena Fife, Upper Midwest Public Health Training Center
- Rachel Flores, University of California Los Angeles
- > Kristine Gebbie
- > Kari Guida, Minnesota Department of Health
- > John Gwinn, University of Akron
- > Larry Jones, Independence (MO) City Health Department
- > Vinitsa Karatsu, County of Los Angeles (CA) Department of Public Health
- > Louise Kent, Northern Kentucky Health Department
- > David Knapp, Kentucky Department for Public Health
- > Denise Koo, Centers for Disease Control and Prevention
- > Keri White Kozlowski, Metro Public Health Department (Nashville, TN)
- > Rajesh Krishnan, The Preventiv
- > Cynthia Lamberth, College of Public Health, University of Kentucky
- > Lisa Lang, National Library of Medicine
- > John Lisco, Centers for Disease Control and Prevention
- > Erin Louis, Kentucky and Appalachia Public Health Training Center
- > Kathleen MacVarish, New England Alliance for Public Health Workforce Development
- > Lynn Maitlen, Indiana State Department of Health
- > Bryn Manzella, Jefferson County (AL) Department of Health
- > Jeanne Matthews, School of Nursing and Health Studies, Georgetown University
- > Nancy McKenney, Wisconsin Department of Health Services
- > Nadine Mescia, Florida Public Health Training Center
- > Kathy Miner, Rollins School of Public Health, Emory University
- > Sophi Naji, Mid-America Public Health Training Center
- > Kate Nicholson, Indiana Public Health Training Center
- > Beth Resnick, Bloomberg School of Public Health, Johns Hopkins University
- > Chris Stan, Connecticut Department of Public Health
- > Douglas Taren, Arizona Public Health Training Center
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- Karen A. Tombs, New Hampshire Public Health Training Center
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