

***Core Competencies for Public Health Professionals:  
Improving Health Teaching and Practice***

138<sup>th</sup> Annual APHA Conference, Denver CO  
Tuesday November 9, 2010  
8:30am - 10:00am MDT

**Diane Downing, RN, PhD**  
**Janet Place, MPH**  
**Ron Bialek, MPP, CQIA**  
**Pamela Saungweme, MPH**



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**Presenter Disclosures**

*Diane Downing, RN, PhD*  
*Janet Place, MPH*  
*Ron Bialek, MPP, CQIA*  
*Pamela Saungweme, MPH*

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

**No relationships to disclose.**

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**Overview**

- ▶ About the Council on Linkages Between Academia and Public Health Practice
- ▶ What are the Core Competencies for Public Health Professionals?
  - ▶ Why three tiers instead of one?
  - ▶ Process for updating them
  - ▶ Users and Uses
- ▶ Tools being developed to assist with use
- ▶ Comments? We want to hear from you!!



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**PHF's Mission**

*We improve the public's health by strengthening the quality and performance of public health practice.*



Healthy Practices  
Healthy People  
Healthy Places

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**Council's Mission**

To improve public health practice and education by:

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

Funded by CDC and HRSA  
Staffed by PHF



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**Council on Linkages Between Academia and Public Health Practice**

- › The overall objective of the Council is to improve the relevance of public health education to practice and to promote education throughout one's career
- › Grew out of the Public Health Faculty/Agency Forum
- › 17 national organizations

- › American College of Preventive Medicine
- › American Public Health Association
- › Association of Schools of Public Health
- › Association of State and Territorial Health Officials
- › Association of University Programs in Health Administration
- › Association for Prevention Teaching and Research
- › Centers for Disease Control and Prevention
- › Community-Campus Partnerships for Health
- › Council of Accredited Masters of Public Health Programs
- › 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 Network of Public Health Institutes
- › National Library of Medicine
- › Quad Council of Public Health Nursing Organizations
- › Society for Public Health Education



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## The 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 academic and practice organizations to understand, assess and meet, training and workforce needs



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## History of the Core Competencies



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## About the Core Competencies

- ▶ **Purpose:** to help strengthen public health workforce development
- ▶ Original set adopted (April 2001)
  - ▶ Specified skill levels
  - ▶ Difficult to measure—intentional
  - ▶ Decision to revisit every 3 years
  - ▶ Widespread use
  - ▶ Demonstrated benefits and validity
- ▶ Workgroup formed in September 2007 to begin refining and updating the Core Competencies
- ▶ Consensus set of skills desirable for the broad practice of public health
  - ▶ Approved by 17 national organizations (academic & practice)
- ▶ Extensive research went into their development

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**How we got where we are today...**

- › Draft Tier 2 Core Competencies put up for public comment (June 2008)
- › Tier 2 Core Competencies adopted by Council on Linkages (June 2009)
- › Logical next step – entailed drafting Tier 1 and Tier 3 Core Competencies, and putting them up for public comment (Fall 2009)
- › Public comment period for Tiers 1 and 3 (November—December 2009)
- › Extensive comment review process (February—April 2010)
- › Refinement and revision of Core Competencies by Workgroup (April 2010)
- › The Core Competencies Workgroup recommended to the Council:
  - › Adoption of Tier 1 and Tier 3 Core Competencies, as well as minor changes to Tier 2
  - › Permitting without a vote revisions to examples and footnotes embedded in individual competencies to reflect changes in practice and experience with use of the Core Competencies over time
- › Unanimous adoption by Council on Linkages (May 2010)
  - › Special thanks to APHA members and others for providing feedback!
- › Presently, tools are being developed to help practitioners use the Core Competencies

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**Why revise the original Core Competencies?**

- › Response to major changes in public health (9/11, new technologies, aging workforce etc.)
  - › Desire to make them more relevant to practice
- › Wide spread use
  - › State Health Departments (SHDs)
    - › ASTHO reported in 2009 that more than half of the SHDs were using the Core Competencies
  - › Local Health Departments (LHDs)
    - › NACCHO's 2008 profile study noted that over 30% of LHDs are using the Core Competencies
  - › Academe
    - › Results of a 2006 COL survey showed that over 90% of academic public health programs use the Core Competencies

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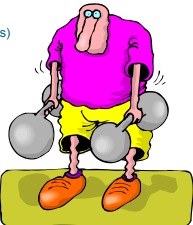
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**Other Core Competencies Power Users**

- › CDC for competency development
- › HRSA's Public Health Training Centers (PHTCs)
- › TRAIN affiliates
  - › 23 states
  - › 2 national organizations
- › Many public health disciplines




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## The Core Competencies are helping organizations

### Develop

- › Job descriptions
- › Workforce competency assessments
- › Discipline-specific competencies
- › Training plans
- › Workforce development plans
- › Performance objectives
- › Curricula

### Conduct

- › Curricula review and development
- › Performance reviews/evaluations

- › They can also help you **prepare for accreditation**

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## Future Uses

### › Accreditation

- › Core Competencies are incorporated into the Public Health Accreditation (PHAB) Standards

### › Healthy People 2020 Objectives (Final Draft)

- › **PHI-1:** Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.
- › **PHI-2:** (Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals.
- › **PHI-3:** Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula.

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## The New Core Competencies

- › Maintain the original 8 domain framework
- › Designed for Tier 1, Tier 2 and Tier 3 public health professionals
- › Follow rules for competency development:
  - › One verb per statement
  - › No internal modifiers
  - › Each competency statement placed in one domain
    - › Makes each competency more manageable
    - › Makes each competency more measurable



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## Developers of the Core Competencies Tools



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## Core Competencies Workgroup

### Workgroup Chair

- ▶ Diane Downing, Arlington Department of Human Services

### Members

- ▶ Joan Cioffi, Centers for Disease Control and Prevention
- ▶ Mark Edgar, University of Illinois at Springfield
- ▶ Kristine Gebbie, Center for Health Policy, Columbia University School of Nursing
- ▶ John Gwinn, University of Akron
- ▶ Lisa Lang, National Library of Medicine
- ▶ John Lisco, Centers for Disease Control and Prevention
- ▶ Jeanne Matthews, Georgetown University School of Nursing and Health Studies
- ▶ Nancy McKeeney, Wisconsin Department of Health and Family Services
- ▶ Kathy Miner, Rollins School of Public Health, Emory University
- ▶ Janet Place, North Carolina Public Health Academy, University of North Carolina
- ▶ Yolanda Savage, National Association of Local Boards of Health



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## Competencies to Practice Toolkit Subgroup

### Workgroup Chair

- ▶ Janet Place, North Carolina Public Health Academy, University of North Carolina, NC

### Members

- ▶ Sonya Ambruster, Sedwick County Health Department, KS
- ▶ Noel Barakat, Los Angeles Public Health, CA
- ▶ Dawn Beck, Olmsted County Public Health Services, MN
- ▶ Tom Burke, Johns Hopkins University School of Public Health, MD
- ▶ Marilyn Deling, Olmsted County Public Health Services, MN
- ▶ Joan Ellison, Livingston County Department of Health, NY
- ▶ Rachel Florin, University of California - Los Angeles, CA
- ▶ Linda Frazee, Kansas Department of Health and Environment, KS
- ▶ Kari Guida, Minnesota Department of Health, MN
- ▶ Louise Kent, Northern Kentucky Health Department, KY
- ▶ David Knapp, Department of Health, Frankfort, KY
- ▶ Lynn Maitlen, Indiana State Department of Health, IN
- ▶ Kim McCoy, Minnesota Department of Health, MN
- ▶ Nancy McKeeney, Wisconsin Department of Health Services, WI
- ▶ Beth Resnick, Johns Hopkins University School of Public Health, MD
- ▶ Chris Stan, Connecticut Department of Public Health, CT
- ▶ Lillian Upton-Smith, Arnold School of Public Health, SC
- ▶ Judy Voss, Olmsted County Public Health Services, MN



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## Core Competencies tools being developed



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## Core Competencies tools

- ▶ Purpose – to help practitioners meet their *workforce development needs*
  
- ▶ Tools under development
  - ▶ Domain definitions
  - ▶ Competencies to Practice Toolkit
    - ▶ Tools
      - ▶ Self assessment
      - ▶ QI techniques
    - ▶ Example
      - ▶ Job descriptions
      - ▶ Workforce development plan
  - ▶ Examples of how one can demonstrate competence
  - ▶ Develop more "e.g.s" to help practitioners understand what individual competencies mean
  - ▶ Scenario-based assessment tool



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## Four tools we will discuss today

- ▶ Examples of how one can demonstrate attainment of specific competencies
  
- ▶ Sample job description
  
- ▶ 360 assessment tool
  
- ▶ Radar Chart



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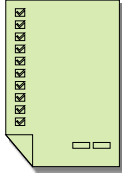
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## Your questions and comments are needed!!

- Are these tools useful?
- What's missing from our tools?
- What other tools should we be developing?




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## How can one demonstrate attainment of specific competencies?




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## Example of how one can demonstrate competence

Analytical/Assessment Skills		
Tier 1	Tier 2 (Mid Tier)	Tier 3
<p>1A1. Identifies the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, the quality, availability and use of health services)</p> <p>➤ Given a particular geographic location, the professional is asked to search the Internet and published reports for population based health indicators and select those that are associated with a community.</p>	<p>1B1. Assesses the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, availability and use of health services)</p> <p>➤ Provided with a number of resources that include current and historic population based chronic disease indicators, the professional is asked to propose priority actions for a community.</p>	<p>1C1. Reviews the health status of populations and their related determinants of health and illness conducted by the organization (e.g. factors contributing to health promotion and disease prevention, availability and use of health services)</p> <p>➤ Provided with the priority action plans from the chronic disease and infectious disease branches of the public health agency, the professional is asked to assess the merits and priorities of each for a community.</p>

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**Example of how to demonstrate competence - Exercise I**

Analytical/Assessment Skills		
Tier 1	Tier 2 (Mid Tier)	Tier 3
1A2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)	1B2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)	1C2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)
▶	▶	▶

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**Example of how one can demonstrate competence**

Communication Skills		
Tier 1	Tier 2	Tier 3
3A5. Participates in the development of demographic, statistical, programmatic and scientific presentations	3B5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	3C5. Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
<p>▶ Given a data printout and draft manuscript by a program director, the professional is asked to reformat the material into a draft poster presentation for use at a public health conference.</p>	<p>▶ During Public Health Week all program managers are expected to do outreach into the community on their work. The professional is asked to translate population-based scientific data into a presentation to 8<sup>th</sup> graders.</p>	<p>▶ The state senate subcommittee on health and community well-being is holding a hearing on the importance of public health in the state. The public health profession is asked to prepare a five minute presentation on the rationale for population-based health.</p>

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**Example of how to demonstrate competence - Exercise II**

Communication Skills		
Tier 1	Tier 2	Tier 3
3A1. Identifies the health literacy of populations served	3B1. Assesses the health literacy of populations served	3C1. Ensures that the health literacy of populations served is considered throughout all communication strategies
▶	▶	▶

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### 360° competency assessment tool




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### Competency assessment tool

- ▶ Purpose - to help individuals and organizations assess gaps in skills and knowledge, and meet training needs
- ▶ Will have a 360° review
  - ▶ Self assessment
  - ▶ Peer review
  - ▶ Supervisor review




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### Snippet from Tier 2 self assessment tool

Self-Assessment for Tier 2 Public Health Professionals					
Policy Development and Program Planning					
Knowledge	I am conscious of and use this knowledge of the best				
Skills	I have heard of it. Applied knowledge and/or ability to apply the skill				
Self-Confidence	I am comfortable with knowledge or ability to apply the skill				
Self-Perceived	I am confident that, at least, could teach this to others				
To what degree are you able to effectively ...					
1	Analyze information relevant to specific public health policy issues	1	2	3	4
2	Analyze policy options for public health programs	1	2	3	4
3	Determine the feasibility and expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	1	2	3	4
4	Describe the implications of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	1	2	3	4
5	Use decision analysis for policy development and program planning	1	2	3	4
6	Manage public health programs consistent with public health laws and regulations	1	2	3	4
7	Develop plans to implement policies and programs	1	2	3	4

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**Let's develop a State Health Officer Job Description!!**



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**State Health Officer (SHO) Job Description**

- ▶ Purpose of exercise – to help you give your Governor direction about what to look for when selecting a candidate for this position
- ▶ How will we accomplish this?
  - ▶ Review the Core Competencies
  - ▶ Determine **5-10** Core Competencies that someone in this position needs to have



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**State Health Officer (SHO) Job Description**

- Position Summary:
- ▶ The SHO will report to the Governor of **X State**. The ideal candidate for this position should be able to:
- 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
  - 7.
  - 8.
  - 9.
  - 10.

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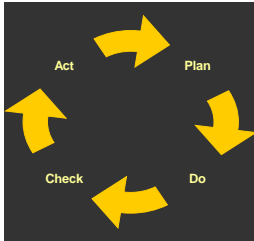
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## Using Quality Improvement Methods in Public Health



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## How can one define QI in Public Health?

- ▶ *Quality Improvement in Public Health is characterized by the use of a deliberate and defined improvement process, such as, Plan-Do-Check-Act, that is focused on activities leading to improved population and individual health*
- ▶ *It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, quality, performance, and outcomes of services or processes with the goal of improving the health of the community*

Accreditation Coalition Quality Improvement Subgroup Consensus Agreement on 3/26/09  
Les Beltsch, Ron Bialek, Abby Cofsky, Liza Corso, Jack Moran, William Riley and Pamela Russo



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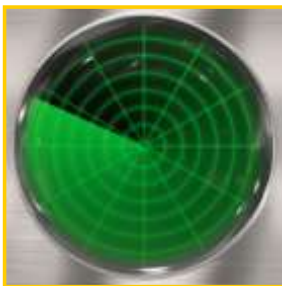
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## So, what's a Radar Chart?



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### Radar Chart (Spider Chart/Star Chart) is...

- A graphic that can depict strengths and weaknesses together
  - Circular graph used primarily as a data comparison tool
  - Can also be displayed as a polygon
  - Unlike most other chart types, does not plot an X value
- Gives a clear concise picture of current and desired future states
- Consensual picture – captures the group agreement



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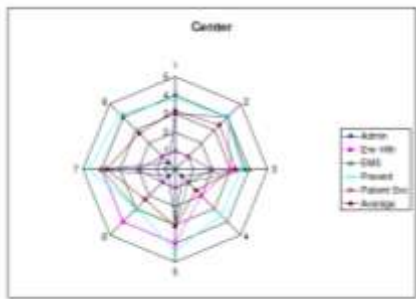
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### Radar Chart Example - Livingston County, NY



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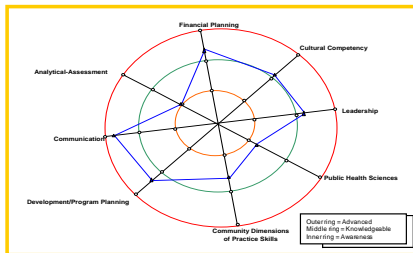
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### Radar Chart Example - Olmsted County, MN



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**Radar Chart Construction – (helps to work in teams) ☺**



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**Radar Chart Construction**

- › Draw a circle and divide it into as many spokes as they are categories to chart
- › Best not to have more than 8 categories since more make it difficult to visualize



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**Radar Chart Construction**

- › Determine the measurement scale
- › The farther from the center the better the score
- › Types of measurement scales:
  - › quantitative (e.g. 1-5)
  - › qualitative (e.g. SA, A, D, SD)



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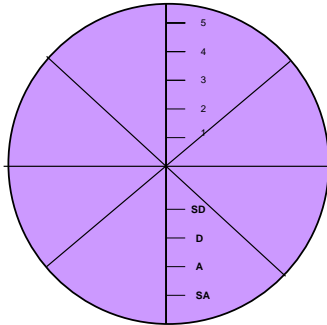
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## Radar Chart - Measurement Scale

SD—Strongly Disagree  
 D—Disagree  
 A—Agree  
 SA—Strongly Agree

0—Nothing In Place  
 1—Investigating  
 2—Minimal  
 3—Basics Are In Place  
 4—Using It On Selected Projects  
 5—Agency-Wide Use With Good Results




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## Radar Chart Construction

- ▶ Show the range of scores on each measurement criteria – see where the consensus score came out
- ▶ Connect the scores and a pattern will develop




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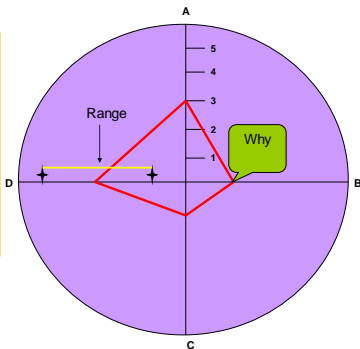
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## Radar Chart Example

A public health agency decided to rate itself on how well it was doing on Performance Management. The agency rated itself using a (0-5) quantitative scale, where: 0=(nothing in place) 5=(outstanding)

The agency rated itself on the four criteria below:

- A. Performance Standards
- B. Performance Measures
- C. Reporting of Progress
- D. Quality Improvement




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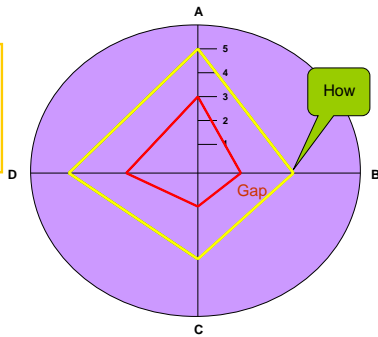
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## Radar Chart Example

The public health agency came up with an **improvement goal** for the next 12 months and added it to their radar chart.




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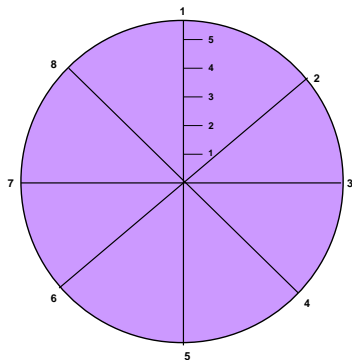
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## Competencies Skills Radar Chart

1. Analytic/Assessment Skills
2. Policy Development/ Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Basic Public Health Science Skills
7. Financial Planning & Management Skills
8. Leadership and Systems Thinking Skills

- 1 – Low Skills
- 3 – Medium Skills
- 5 – High Skills




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## Once you've set your goal

- Revisit this chart on a regular basis and plot improvement gains
- Also, observe if the gap is closing between the current and desired future states

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## The Radar Chart can help you and your team

- › Develop a baseline
- › Obtain a visual consensus
- › Capture the range of feelings or perceptions of team members
- › Identify areas for improvement
- › Identify areas of **excellence**
- › Visually show improvement goals and performance gaps



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## Recap – Summary of tools

- › We've discussed 4 tools that are under development:
  - › Examples of how one can demonstrate attainment of specific competencies
  - › Sample job description
  - › 360 assessment tool
  - › Radar Chart
- › What else is needed?



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## Next Steps



- › Continue to develop tools
- › Provide tools online
  - › We will keep the public health community informed
  - › Join our Council "Friends list" to keep track of our progress
- › Send additional feedback to [psaungweme@phf.org](mailto:psaungweme@phf.org)

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**Thank You!**



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