

# Core Competencies for Public Health Practice – Lessons Learned (USA)

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# Session Objectives

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- ▶ Review the development of core competencies for public health practice in USA (1994 to 2010)
- ▶ Identify lessons learned in building consensus on core competencies
- ▶ Describe strategies for reinforcing use and adoption by multiple stakeholders.



# Core Competency Development

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- ▶ **1988** – Institute of Medicine (IOM) report on Future of Public Health
- ▶ **1989** – Public Health Faculty Forum initiates development of “universal” competencies for public health practice
- ▶ **2001** – Council on Linkages Between Academia and Practice (COL) publishes “Core Competencies for Public Health Practice”
- ▶ **2002** – IOM report of Public Health Workforce Development recommends competency-based education
- ▶ **2005** – Association of Schools of Public Health publish core competencies for MPH program
- ▶ **2008-10** – COL issues revised Core Competencies (Tiers 1, 2, and 3)





## **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**
- **Grew out of the Public Health Faculty / Agency Forum**

### **15 NATIONAL MEMBER ORGANIZATIONS**

American Association of Health Plans  
American College of Preventive Medicine  
American Public Health Association  
Association of Schools of Public Health  
Association of State and Territorial Health Officials  
Association of Teachers of Preventive Medicine  
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  
QUAD Council of Public Health Nursing Organizations  
Society for Public Health Education



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## **Competency Development: The Process**

- **Crosswalked existing literature**
- **Circulated to Council on Linkages**
- **Crosswalked 10 Essential Public Health Services**
- **Draft completed**
- **Public comment period**
- **List refined**
- **Adopted by Council on Linkages**
- **Released May 1, 2001**





## **Competency Development:** **Core Competencies for** **Public Health Professionals**

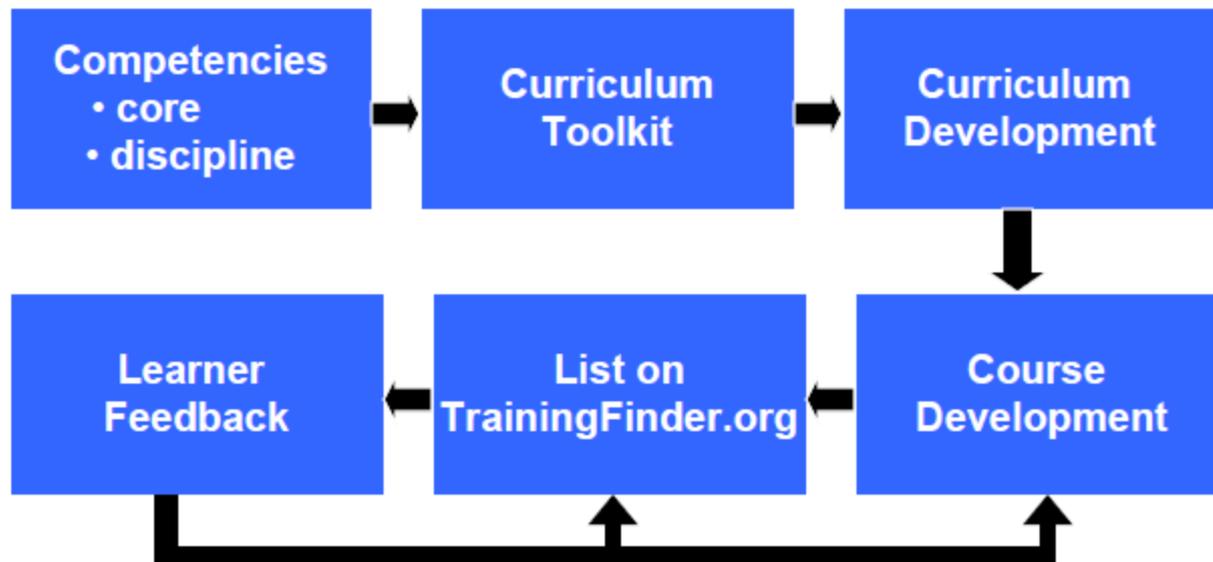
- Builds on a decade of work
- Reviewed by over 1,000 public health professionals during a public comment period
- Endorsed by Council, April 2001
- Online
  - View and print in HTML and PDF
  - Submit and view examples of uses
  - Provide user feedback



***[www.trainingfinder.org/competencies/](http://www.trainingfinder.org/competencies/)***



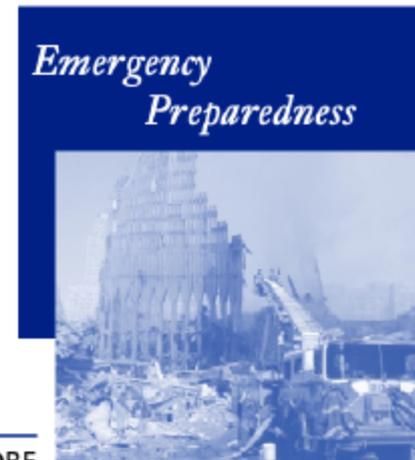
# Competency-based Learning





# Core Vs. Discipline Specific

- **Over 45 Sets of Core and Discipline specific competencies**
  - <http://www.trainingfinder.org/competencies/sources.htm>
- **Augmentation not duplication**
- **Organizational vs. Individual**
  - **Core Competencies for Public Health Professionals**
  - **Core Competency Handbook**
- **MPH Competencies**

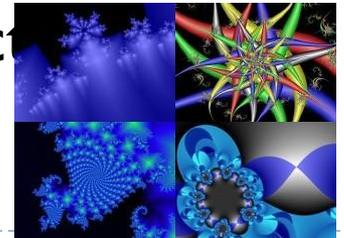


CORE  
COMPETENCIES  
FOR ALL PUBLIC  
HEALTH WORKERS

# Lessons Learned (from 2001)

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- ❏ Competencies are dynamic
- ❏ Core competencies come first.
- ❏ Discipline specific competencies are built upon core competencies.
- ❏ Discipline and content specific competencies are increasing in number.
- ❏ There has been no systematic crosswalk between workforce, instructional, and or discipline specific competencies.
- ❏ Prepared by K. Miner for COL Revision Project



# Competency Challenges

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1. **Partnering between academia and practice in the adoption and use of overarching competencies.**
2. **Translating the existing competency sets into a format that informs training and workforce preparation.**
3. **Selecting competency indicators.**
4. **Designing assessments that measure the competence of individuals and of groups.**
5. **Validating existing competencies.**
6. **Updating existing competencies.**





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- National Public Health Performance Standards Program
- Council on Linkages Between Academia & Public Health Practice
- Public Health Improvement Resource Center
- Community Health Status Indicators (CHSI) Project

## What is the Council on Linkages Between Academia and Public Health Practice?

The Council on Linkages Between Academia and Public Health Practice (the Council) is a coalition of representatives from 17 national public health organizations. Since 1992, the Council has worked to further academic/practice collaboration to assure a well-trained, competent workforce and a strong, evidence-based public health infrastructure. The Council is funded by the Centers for Disease Control and Prevention (CDC) and staffed by the Public Health Foundation.

Current projects of the Council include:

- Developing tools to assist with use of the Core Competencies for Public Health Professionals
- Surveying public health workers to determine how, when and why individuals enter, stay in, and leave the public health workforce

Among its past accomplishments, the Council has worked to:

- Foster linkages between academic institutions and practice agencies and organizations
- Develop the Core Competencies for Public Health Professionals to guide curriculum and workforce development
- Promote public health systems research to increase understanding of and improve public

### In this Section:

#### General

- What is the Council?
- Background of the Council
- Membership
- Objectives & Strategies
- Archives
- Contact the Council
- Council Flyers

#### Current Projects

- Mapping the Pipeline
- Core Competencies for Public Health Professionals

#### Past Projects

- Accomplishments
- Academic/Practice Linkages
- Core Competencies
- Public Health Systems Research
- Recruitment & Retention



www.TrainingFinder.org

# Competencies Project

## COUNCIL ON LINKAGES

- Home
- Council on Linkages
- Background and Prologue
- Competencies List
- Sources
- TrainingFinder.org
- Contact Us
- Submit Examples
- View Examples
- Comments

### Sources



The documents listed on this page were utilized in the synthesis of the [competencies list](#).

[Essential Public Health Services](#) Adopted: Fall 1994, Source: Public Health Functions Steering Committee, Members (July 1995): Online [July 2000].

American Nurses Association (ANA). (undated). [Competencies for health professionals: A multicultural perspective in the promotion of breast cervical, colorectal, and skin health](#). Washington, DC: ANA.

Association of Community Health Nursing Educators Committee on Practice (ACHNE). (1993). [Differentiated nursing practice in community health](#). Lexington, KY: Association of Community Health Nursing Educators.

Association of Schools of Public Health Council of Public Health Practice Coordinators. (1999). [Demonstrating excellence in academic public health practice](#). Washington, DC: Association of Schools of Public Health.

Association of State and Territorial Directors of Nursing (ASTDN). (1998)

# Improving Competency Development Process

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- ▶ Dr. Kathleen Miner, Rollins School of Public Health at Emory University, Atlanta, Georgia provided consultation and direction to Council on Linkages Workgroup.
  - ▶ Consistent rules around competency statements
  - ▶ Use Blooms Taxonomy to specify hierarchical learning
  - ▶ Link competencies to instructional design/strategies
  - ▶ Identify performance indicators



# Competency Statement Parameters

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- ▶ Each statement may have only one verb.  
(Multiple verbs turn single competencies into multiple competencies)
  
- ▶ Each statement needs a verb that is measurable. A verb like understand can not be measured.  
(Understanding to one person is not understanding to another)



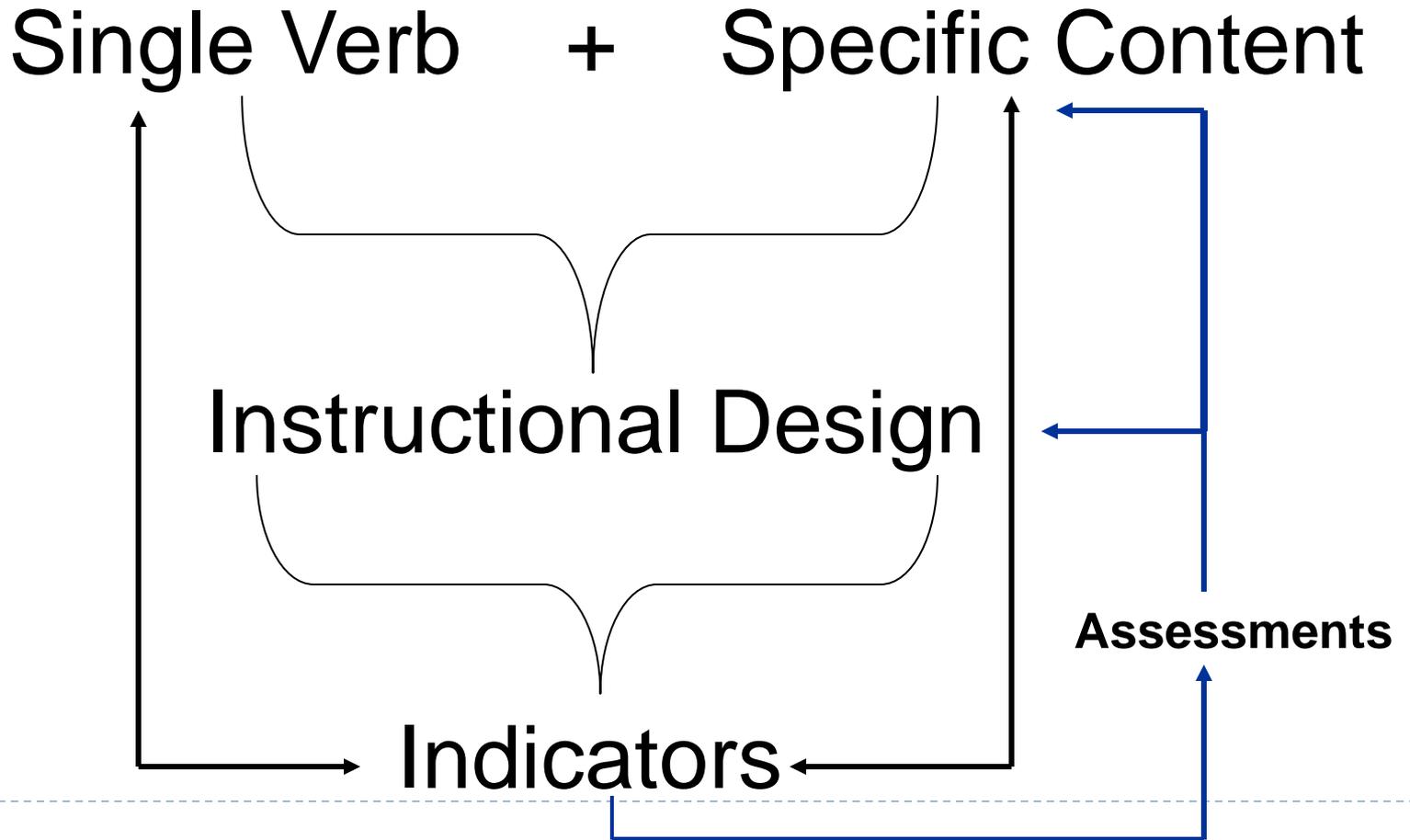
# Competency Statement Parameters

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- ▶ Each statement can have no hidden modifiers, such as adequate, appropriate, suitably, and the like.  
(Words, such, as these, imply standards that can vary. If there are standards, they need to be stated explicitly. From an instructional perspective, no one would be taught to perform a competency inadequately.)
- ▶ Each statement may appear only once in the framework.  
(Each domain needs to be able to stand alone.)



# The Anatomy of an Instructional/ Individual Competency Statement



# Competency examples

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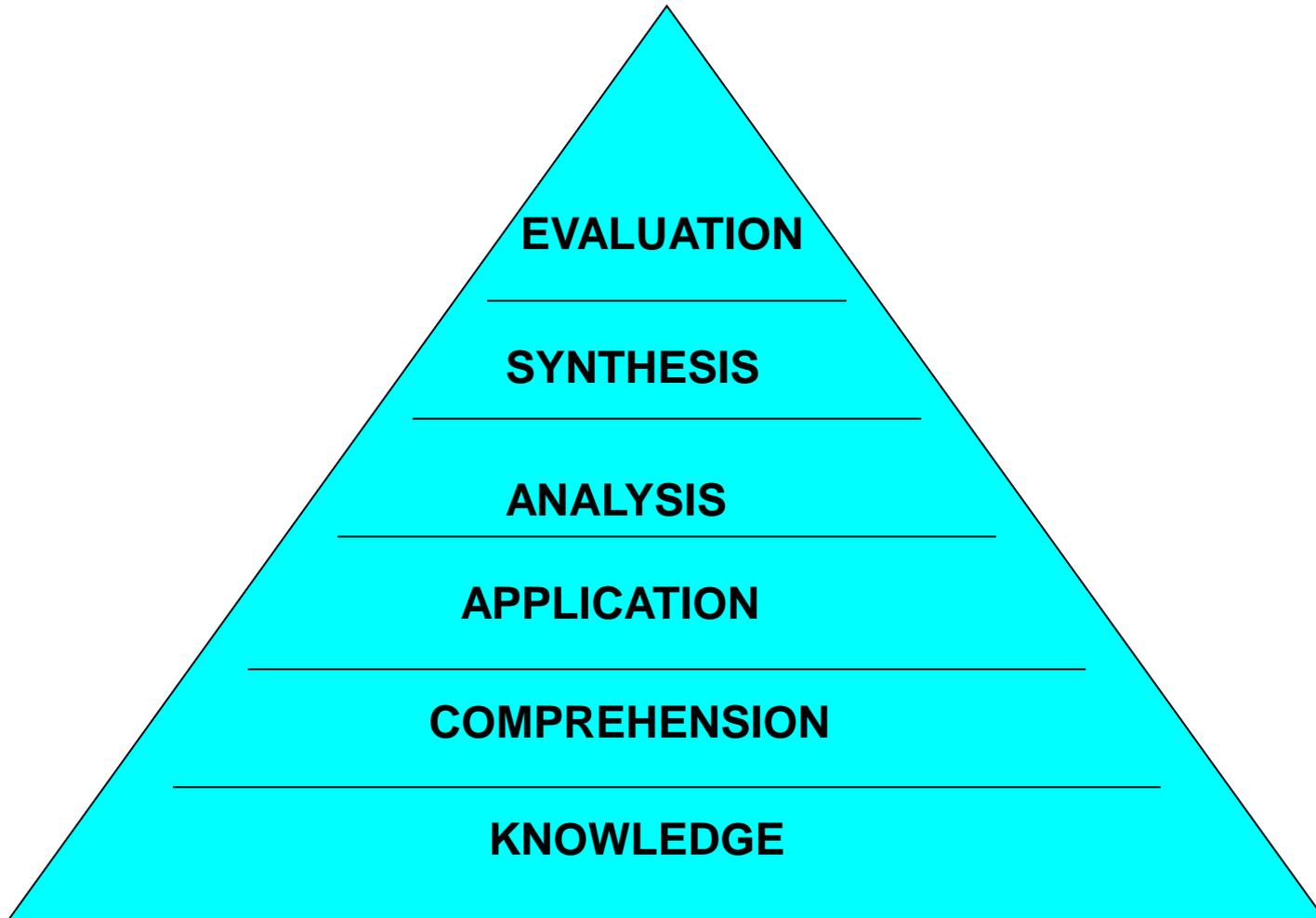
Makes community-specific inferences from quantitative and qualitative data

Translates policy into organizational plans, structures, and programs



# Bloom's Taxonomy

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# Sample Skills by Bloom's Taxonomy

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**Knowledge:** name, list, arrange, relate, specify, enumerate, define, recall, label, cite, repeat, copy, order, record

**Comprehension:** describe, iterate, recognize, summarize, explain, discuss, locate, input, translate, paraphrase, itemize

**Application:** practice, calculate, compute, sketch, illustrate, interview, operate, simulate, demonstrate, apply, schedule, utilize, relate, diversify

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# Sample Skills by Bloom's Taxonomy

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**Analysis:** interpret, test, differentiate, scrutinize, investigate, interpret, compare, contrast, discriminate, distinguish, question, manipulate, dissect, estimate, measure

**Synthesis:** compose, construct, predict, reason, hypothesize, design, formulate, manage, develop, assemble, propose, theorize, invent, attribute, simplify

**Evaluation:** judge, assess, recommend, determine, criticize, argue, defend, estimate, appraise, justify, feedback, review

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# Competency Framework

Domain Area: (8 domains)

Topic Area:

## Competency A

Learning Objective 1

Indicator(s)

Learning Objective 2

Indicator(s)

## Competency B

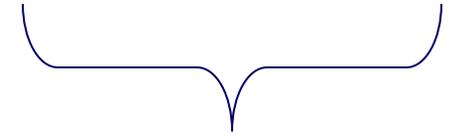
Learning Objective 1

Indicator(s)

Learning Objective 2

Indicator(s)

Essential  
Important  
Suggested  
NA



Job  
relevance



# Essential Public Health Services (USA Context)

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- ▶ Monitor health status to identify community health problems
- ▶ Diagnose investigate health problems and hazards in communities
- ▶ Inform educate and empower people on health issues
- ▶ Mobilize community partnerships to solve problems
- ▶ Develop policies and plans
- ▶ Enforce laws and regulations that protect health and safety
- ▶ Assure the provision of health care when otherwise not available
- ▶ Assure a competent public health and personal health care workforce
- ▶ Evaluate effectiveness, accessibility and quality of personal and population-based health services
- ▶ Research for new insights



# Domains (from 2001)

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The competencies are divided into the following **eight domains**:

*Analytic/Assessment Skills*

*Policy Development/Program Planning Skills*

*Communication Skills*

*Cultural Competency Skills*

*Community Dimensions of Practice Skills*

*Basic Public Health Sciences Skills*

*Financial Planning and Management Skills*

*Leadership and Systems Thinking Skills*

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**Crosswalk of the Core Competencies for Tier 1 Public Health Professionals and the Essential Services**

<i>Analytic/Assessment Skills</i>	ESSENTIAL PUBLIC HEALTH SERVICES									
	1 Monitor	2 Diagnose Investigate	3 Educate	4 Partner	5 Policies	6 Enforce	7 Link People	8 Competent Workforce	9 Evaluation	10 Research
1A1. Identifies the health status of populations and their related determinants of health and illness	X	X	X	X	X	X	X	X	X	X
1A2. Describes the characteristics of a population-based health problem	X	X	X	X	X	X	X	X	X	X
1A3. Uses variables that measure public health conditions	X	X								X
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	X	X					X	X	X	X
1A5. Identifies sources of public health data and information	X	X							X	X
1A6. Recognizes the integrity and comparability of data	X	X							X	X
1A7. Identifies gaps in data sources	X	X							X	X

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Analytic/Assessment Skills	
New Core Competencies (Adopted May 2010)	Original Core Competencies (Adopted April 2001)
1A1. Identifies the health status of populations and their related determinants of health and illness	<ul style="list-style-type: none"> <li>Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services (Original # 2 in the Basic Public Health Sciences domain)</li> <li>Develops, implements and evaluates a community public health assessment (Original #7 in the Community Dimensions of Practice domain)</li> </ul>
1A2. Describes the characteristics of a population-based problem	<ul style="list-style-type: none"> <li>Defines a problem</li> </ul>
1A3. Uses variables that measure public health conditions	<ul style="list-style-type: none"> <li>Selects and defines variables relevant to defined public health problems</li> </ul>
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	<ul style="list-style-type: none"> <li>Determines appropriate uses and limitations of both quantitative and qualitative data</li> </ul>
1A5. Identifies sources of public health data and information	<ul style="list-style-type: none"> <li>Identifies relevant and appropriate data and information sources</li> </ul>
1A6. Recognizes the integrity and comparability of data	<ul style="list-style-type: none"> <li>Evaluates the integrity and comparability of data and identifies gaps in data sources</li> </ul>
1A7. Identifies gaps in data sources	<ul style="list-style-type: none"> <li>Evaluates the integrity and comparability of data and</li> </ul>

# Quotes from Practitioners:

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- ▶ *“The Core Competencies are a roadmap for public health career development, performance assessment and improvement.”*

Janet Place, MPH, Director, Southeast Public Health Training Center, North Carolina Institute for Public Health, University of North Carolina

- ▶ *"The competencies represent a universal tool that allows all of us to comprehensively assess and improve the skills of individual public health workers."*

Jeff Gunzenhauser, MD, MPH, Medical Director, Los Angeles County Department of Public Health

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# Competency-To-Curriculum Toolkit



March 2008

# Report on Healthy People 2010 Mid Course Review

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- ▶ **Objective 23-9: 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 in the Essential Public Health Services into curricula. (Note: *Healthy People 2010 now*)
- ▶ **Data Source: Survey conducted in May/June 2006 Council on Linkages Between Academia and Practice** -Received responses from 101 schools of public health, graduate programs, and nursing programs, out of 237 institutions surveyed. (Response rate = 43%)
- ▶ **Results: 91% of schools and programs that responded to the survey said they integrated the Core Competencies into their curricula.**

