Developing the National Tier 1 Core Public Health Competencies: Strengthening the Workforce Development Roadmap

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Abstract

The goal of my project was to develop the national Tier 1 (Entry Level/non MPH) Core Public Health Competencies. These will be used to create a roadmap for professional development from entry level to senior leadership, by more clearly defining the expected level of proficiency on a continuum. As part of this effort, I wanted to get a better understanding of how public health agencies were using competencies By better defining appropriate levels of competency on a professional development continuum and understanding what tools employers need, we can better assess and train new employees and build career ladders.

The core competency set developed by the Council on Linkages between Academia and Public Health Practice (COL) are the most established competency set for public health practitioners. The COL core competencies were developed to reflect the expected skills of Tier 2 (mid tier) or MPH graduates with five years of experience. Unfortunately, only about 20% of those working in traditional public health have any formal public health education. Over the past two years, the COL completed the process refining these competencies to better represent the skills of mid tier professionals. In refining and updating the competencies, the COL focused on the Tier 2 of public health workers –workers with an MPH (or related degree) and 5 years of work experience or individuals not having a public health degree but having at least 10 years of public health or public health-related work experience.

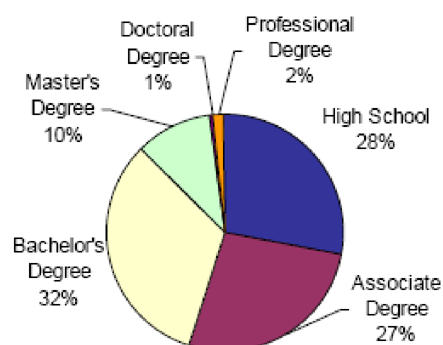
The end result is that while the Tier 2 core competencies are better defined. They represent a higher level of competency than is found in entry level or Tier 1 practitioners, particularly in the areas of policy development, management and leadership.

Over the past year, I assembled a national committee to modify the Tier 2 core competencies to better reflect the expected roles of those early in their career. The draft is now complete and awaiting the results of public comment. Due to the success in creating a draft of the Tier 1 competencies, an effort was made to expedite the development of the Tier 3 Senior Leadership competencies. I was fortunate to also be involved in that process. These will go out for public comment along with the Tier 1 core competencies.

Introduction / Background –

For this project, the community defined as the whole public health workforce. In 1980, the Health Services and Resources Administration (HRSA) found that only 1 in 5 public health workers had formal training in public health. Now almost 30 years later, there is little evidence to show that this has changed (Turnock, 2009). A 2003 NC public health training needs assessment performed by the NC Center for Public Health Preparedness found that only 13

Highest Educational Level of NC Public Health Employees 2003 (N=5067)



% of the workforce had a masters or above. This data mirrors that of other states.

In addition, formal public health programs tend to focus on focused disciplines such as epidemiology, biostatistics, health education, nursing etc, without including the cross cutting population health issues that define public health practice and infrastructure.

The COL is an umbrella initiative, facilitated by the Public Health Foundation (PHF) that brings together representatives from all the major public health related associations in order to build broader understanding of cross cutting issues. In 2001, COL completed work on the development of a national set of core public health competencies for all public health workers. This quickly became the most established competency set and was used as the foundation of other public health competency sets, such the Quad Council Public Health Nurse Competencies and the Public Health Informatics Competencies. These core competencies were considered to be Tier 2, focusing on those with MPHs and at least five years of experience or no MPH and 10 years of experience. The competencies used levels of proficiency to help define expected levels of competency for: 1) Front line workers, 2) Middle managers/Supervisors and 3) Senior leadership. The levels of proficiency were awareness, knowledgeable and proficient.

While these competencies were critical in helping to define public health workforce development, overtime, it became clear that there was a need for modification of the competencies. I had worked with the competencies for many years and had found some difficulty in the “one size fits all” skills, especially when it came to using them for skills assessment. This was echoed by the practice community. There were some competencies that simply did not reflect what someone new to public health or without formal training would do, such as certain skills relating to policy development, management and leadership.

In June 2009, the COL adopted the revised Tier 2 competencies, which took into account the challenges associated with the original set. I was part of the committee that revised them. Of the over 1,000 professionals providing public comment, the largest percentage (58%) represented federal, state and local health agencies. The work was designed to make the competencies much more clearly related to the expectations of those with MPHs and five years experience and who serve in middle management positions. The designations of awareness, knowledgeable and proficient were gone from the new version.

The revised Tier 2 competencies are much more clearly middle management MPH level competencies. This provided an opportunity and need to address the expected skills of someone without an MPH, especially those in entry level positions.

One of the workforce development projects I manage is the HRSA-funded Southeast Public Health Training Center, one of 14 centers that comprise the National Public Health Training Center Network (NPHTCN). The role of the centers is to strengthen the public health workforce by providing access to training in the core or foundational public health skills. The network has always used the COL competencies in assessment and training design, and we have worked closely with the PHF. On a number of occasions at network meetings, I voiced the need for Tier 1 entry level/non MPH competencies, as they more adequately addressed the training needs and roles of our audiences. Ron Bialek, of the PHF, indicated that this was a goal of the COL. It became clear to me that this would be a good use of skills and knowledge of the NPHTCN. I continued to pursue the opportunity. Ron Bialek accepted my offer to chair a Tier 1 competency committee. Our goal was to assure that public health employers have realistic expectations of new employee abilities, so that they may better build on the appropriate baseline skills.

Project Description, Objectives and Methodology

The goal of my project was to develop the national Tier 1 Core Public Health Competencies. These will be used to create a roadmap for professional development from entry level to senior leadership, by more clearly defining the expected level of proficiency on a continuum. My objectives and methods were as follows:

- Assess the use of Tier 2 Competencies
    - Survey select academics and practitioners on use of competencies.
- Develop the Tier 1 Core Competencies
    - Assemble a national committee of academics and practitioners
    - Develop the first draft of the competencies
    - Solicit input from competency expert
    - Release the draft competencies for national public comment
    - Revise the draft competencies

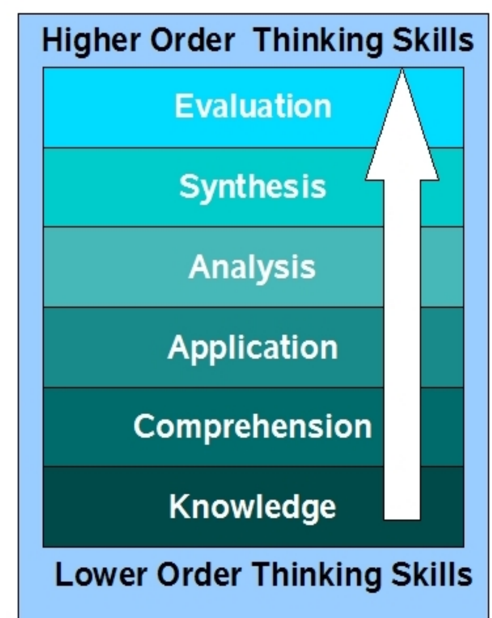
Methodology

The support of the PHF in this project was critical to its success. Pamela Saungweme of the PHF facilitated many of the activities. She helped me to identify committee members (Appendix A) and set up the conference calls. The goal was to have the first draft completed by Aug. 31st in time for a public comment period before presenting them at the Nov. APHA meeting. At the same time, Ron Bialek had requested that the public health training centers provide information about how the competencies are being used or if they are being used at all. This would focus on the original competencies, as the Revised version did not become available until June 2009.

Assessing current usage

To provide data to the PHF, I requested information from all the public health training centers about how they were using the competencies and then asked them to survey their practice partners on their use of the competencies and needs surrounding them.

While the sample was small, it did reflect patterns of usage. For the most part the PHTCs indicated that they used the competencies to develop core training. A few, including the Southeast Public Health Training Center uses them to assess skill levels. Practitioners most often used the competencies for orientation and job descriptions. Several said they would benefit on better tools for using the competencies effectively. What the data shows is that they are being used, but that there is room for modification. The results are attached (Appendix B). They are also available on the COL website.



Developing the Tier 1 Draft

The committee met nine times between March 1 and Aug. 31. On the first call, the purpose of the work and the development timeline were laid out. Throughout the process, the committee systematically reviewed each skill for entry level appropriateness. We used Bloom's Taxonomy (Figure on right) to identify the correct verb for each. In many cases, revision was simply a matter of changing a higher level verb to a lower level verb. In other

cases, they were rewritten and in several instances, competencies were removed. Where the Tier 2 competencies related to Application and Analysis, the Tier 1 competencies relate more to Knowledge, Comprehension and Analysis. Here is an example of several original competencies and their revised versions.

Figure 2: Comparison of 2000 Core Competencies with Draft 2009 Tier 1 Core Competencies			
Domain #2: Policy Development/Program Planning Skills			
Original Tier 2 Competencies 2000			
	Front Line Staff	**Supervisory and Management Staff**	**Senior Level Staff**
Utilizes current techniques in decision analysis and health planning	Aware	Knowledgeable to proficient	Proficient
Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps	Aware	Knowledgeable to proficient	Proficient
Translates policy into organizational plans, structures, and programs	Aware	Knowledgeable to proficient	Proficient
Revised Tier 2 June 2009	**Draft Tier 1 August 2009**		
5) Utilizes decision analysis for policy development and program planning	**Not done by Tier 1 staff - Removed**		
6) Manages public health programs consistent with public health laws and regulations	**Describes the public health laws and regulations governing public health programs**		
7) Develops a plan to implement policy and programs	**Describes a planning process to implement policy and programs**		

Results

The draft was complete on time and was sent for review to Kathy Miner at Emory University, a nationally recognized expert on competency development. Her comments were incorporated into the final draft.

While it was intended that the Tier 1 competencies would go out for public comment at the time at which they were ready, the COL felt it would be better to wait and send out the Tier 1 and Tier 3 (Leadership) at the same time. Work immediately began on the Tier 3 competencies. Learning from the work of the Tier 1 and Tier 2 competency committees, Ron Bialek and Pamela Saungweme of the PHF created a draft of the Tier 3 competencies, which was sent out to leadership experts for input. I was fortunate to also have input into that process. The Tier 3 competencies will go out for review with the Tier 1 competencies as a way of demonstrating the professional development continuum. The success of the Tier 1 project in many ways led the faster development of the draft Tier 3 competencies.

The two new competency sets will be announced during a session at the American Public Health Association conference in Nov. 2009, though the draft versions will not be finalized until after the public comment and revisions are approved by the Tier 1 Committee, the COL Core Competencies Committee and the COL as a whole. I will be presenting the draft competencies at the annual meeting of the National Public Health Training Center Network, also in Nov. 2009. Other than this change from the original schedule, the process went very smoothly. The committee members were very insightful and pleased to be part of a national initiative.

Example of New Core Competency Continuum		
Draft Tier 1	**Revised Tier 2**	**Draft Tier 3**
Policy Development and Program Planning Skills		
Describes the public health laws and regulations governing public health programs	Manages public health programs consistent with public health laws and regulations	Ensures public health programs are consistent with public health laws and regulations.
Applies strategies for continuous quality improvement	Develops strategies for continuous quality improvement	Implements organizational – or system wide strategies for continuous quality improvement
Financial Planning and Management Skills		
Describes the organizational structures, functions and authorities of local, state and federal public health agencies	Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	Explains the organizational structures, functions and authorities of local, state and federal public health agencies for public health program management
Training and Education Suggestions for Moving Along Career Continuum		
• Introduction to Public Health in NC online • Plan Do Check Act training • UNC Certificate in Core Public Health • MPH • Annual NC Public Health Law Conference	• Management Academy for Public Health • Certificate in Health Management • Univ. of Michigan Online Advance Level Budgeting Course • Training from the NC Center for Public Health Quality	• SEPHLI • National Public Health Leadership Institute • UNC Certificate in Public Health Leadership

Through the process of refining and comparing the competencies, it became clear that it is sometimes problematic to focus on educational levels. Clearly there are practitioners with MPHs in entry level positions and there are senior leaders who do not have any formal public health training. In these cases the skills are based on experience. While the established professional degree is the MPH, it has already been established that only 20 percent of practitioners hold this degree. As a result, draft definitions of the three Tiers have now been drafted and hopefully, these will also help practitioners better use the competencies.

Draft Competency Tier Definitions		
Tier 1 Entry Level	**Tier 2 Middle Management**	**Tier 3 Senior Leadership**
Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks. In general, an individual at the tier 1 level may be educated at the baccalaureate level, or educated at a higher level with limited experience as a public health professional.	Tier 2 (mid tier) Core Competencies apply to individuals with program management responsibilities and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc. In general, tier 2 competencies apply to individuals who have earned an MPH (or related degree) and have at least 5 years of career experience in public health or a related field, or individuals who do not have an MPH (or related degree), but have at least 10 years of experience working in the public health field.	Tier 3 Core Competencies apply to individuals at a senior/management level and leaders of public health organizations. In general, an individual who is responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and/or building the organization's culture can be considered to be a tier 3 public health professional. Tier 3 public health professionals (e.g. health officers, executive directors, CEOs etc.) typically have staff that report to them, and are educated at a similar or higher level than their tier 2 counterparts.

Ron Bialek was my SEPHLI mentor. I have known Ron for years, and he was the natural choice to guide me through this project. Ron's role was very much of a supportive one. He never failed to voice his appreciation of the work I was doing, as it had been an interest of the COL, but somewhat on a back burner. His credibility in this field made it easy to move forward. He always included me in discussions on the competency development process and plans for both Tier 1 and Tier 3. The most important thing I got out of the mentoring relationship was the understanding that I was already seen as a leader in workforce development nationally. It is often easy to lose sight of where one fits in the larger picture.

Conclusion

The process of this project was very successful. What started as development of the Tier 1 Entry Level competencies and resulted in the development of a competency continuum (Appendix C). In particular:

1. The Tier 1 draft was completed on schedule
2. Due to the success of the Tier 1 project, Tier 3 development was expedited.
3. The three tiers are better defined to roles rather than educational levels.
4. There are now better tools for practitioners with regard to performance improvement

There is considerable interest in the results for the purpose of better assessing skills, writing job descriptions and developing training, etc. In addition, there is more data to show that the core competencies are used, but that stakeholders need better tools for using the competencies more effectively. The PHF is establishing a subcommittee for the development of tools for competency use that will be widely disseminated. I have been asked to be part of that process. One tool in particular that needs to be developed is a "Competency to Practice Toolkit". In addition, these competencies will be very important for initiatives looking at public health career ladders.

I plan to develop is a customized career road maps such as the one below. I also intend to create Tier based self assessment tools. These will also be available through the COL website.

Leadership Development

My leadership project was successful in many ways. Those of us who focus our work on public health workforce development have better tools for assessing needs and guiding career paths. That is the national impact. What I feel is most important is the impact of the project on my personal development. This project began as a means for developing a set of competencies that more clearly reflect the core public health competencies of entry level practitioners and those without MPHs. The end result is the new three tier national competency continuum that reflects practitioner roles rather than educational levels. I am reminded of the British film, "The Man who Went Up a Hill and Came Down a Mountain."

In addition to the Core Competency project, I also chose to build additional leadership skills by co-chairing the Healthy Chatham Affordable Health Care Task Force. I live in Chatham County and want to make an impact locally and not just nationally. The major project that we undertook in the county was to hold a health fair and to develop an affordable health care resource guide.

I have been reflecting on how these activities helped me meet my personal goals and SEPHLI goals.

Awareness and Personal Development: This has been an incredible growth year for me. I work in academia without a doctorate. Thus it becomes easy to feel less qualified to lead, despite having over 25 years of experience in global, national and local public health. Now I have a new level of confidence. I have an incredible feeling that the work I am doing will make a huge contribution to national dialogue on public health workforce development. Interestingly, one of the comments that I have received many times, and which was also noted on my 360 is that I do not know what a leader I am, or that I do not know how to promote myself. While I am very aware of the incredible contributions so many people made to the success of this project, I can say that I was the leader.

When I began talking about Tier 1 competencies among the 14 Public Health Training Centers, there was not universal agreement on the value of the effort. Now that the draft is completed and a continuum has been developed, my colleagues have been very enthusiastic about the potential for better workforce development tools. On a recent conference call of the PHTC Principal Investigators, I was publicly acknowledged for the important contribution that will now enhance all our programs.

Critical Thinking - Systems Thinking, Problem Solving: I have always been a big picture person, but SEPHLI has honed this skill even more. I was not content with focusing on just one set of competencies, but wanted that set to be part of a continuum. I had worked with the COL Core Competencies for years, but found I often had difficulties using them in ways that were most appropriate for the audience. In addition, health department staff wanted to use them in principle, but also had difficulty applying them to the entire staff. Workforce development is a major component of the public health infrastructure and addressing workforce develop challenges takes a systems approach. These competencies can now contribute to better planning around practitioner preparation, recruitment, retention and life-long learning.

Partnerships and Collaborative Efforts As noted, the competency project required partnership with the Public Health Foundation, the National Public Health Training Center Network and academics and practitioners from around the country. I needed the support and

input from all these stakeholders to make this project a success. The partnership will continue to develop competency-based tools for practitioners.

The Healthy Chatham Task Force work honed my skills in leading coalitions. Many community partners contributed in the health fair held Sept. 26, 2009. This included local non-profits, the Piedmont Community Health Center, Chatham Hospital and the Chatham County Health Department. The event drew a wide group of visitors, many of whom had no health insurance. These people were immediately linked the Community Health Center and the health department as medical homes.

Communication. One of the areas that I wanted to work on this year was my communication skills. I have never been short on works or enthusiasm. The challenge for me as always been to leave room for others to contribute. I know I do not always have to get my way, and this project was very much as consensus exercise which required compromise. I made a point in soliciting input from everyone.

One way that I chose to help me in building my communication skills was to study mindfulness. The challenge I have always had in working effectively with groups is that my mind is going too fast to take time to listen to others. The mindfulness training has really helped me to slow my thoughts down and remain in the present.

Political and Social Change my growth in this area came in several ways. First, my experience in developing the Tier 1 competencies showed me that I am able to win support for changing something that is not working as it should. One of the challenges these competencies was to get academics to think beyond MPH level education and to accept that the majority of public health practitioners in the United States do not have formal training. This being the case, there was a critical need to do a better job of targeting workforce development initiatives to the appropriate audience.

The second way I built these skills was through the Affordable Health Care Taskforce. It is very clear that most people believe they can only get health care from private practitioners. Our efforts helped to raise public awareness of the resources available through the health department and the community health center. We were also able to market the services of non-profits dealing with HIV/STDs, child care, stroke and heart attack prevention, dental care. We also raised awareness about how people could get assistance filing for Medicaid. These efforts touched a wide range of demographics. Chatham County, like many NC counties, has a vocal anti-immigrant population. Thus many Latinos were afraid to approach local services regardless of whether or not they are documented.

This was a very successful year for me. I am thrilled that I will be continuing to work on both these initiatives in the future.

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Appendix 1 Tier One Competency Project Committee

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In what ways do you use the Core Public Health Competencies in your work?	How have the Core Competencies been helpful to your organization for staff development?
Practitioners	Practitioners
Very limited at this point in time -	Have been used very little
During orientation process. Beyond that hardly at all.	No
We have devised our Performance Review and Planning (annual staff evaluations) using the eight core competencies. From there, we developed job descriptions, ads for job openings, interview questions, etc incorporating the CC. We hold eight in-services each year and attempt to present on at least four CC every year. We devised an orientation manual for new staff based on the CC. Everyone, regardless of position in the agency, must complete this global public health orientation to their roles. We have located supporting videos, etc that break up the six hours of competency explanations. Explanations are given as to how the competencies are utilized in various programs... They give us an avenue to discuss cultural competencies and why our staff needs to be diverse and needs to honor our differences.	Orientation and in-services as noted in #1. When we saw how much is on our PRPs (above) under some competencies and how little under others, we could readily identify our weak areas!
Policy development yearly or when needed for the agency and health of the population. Assessment used in identifying of community needs, clarify problems and identifying strengths and resources daily. It also mobilizes community partnerships to identify and solve problems on daily, weekly or monthly time frame.	The core competencies are a key component in the orientation program for both staff and for nursing students pursuing a community health experience at our organization.
We have focused the training plan, orientation, mandatory training around the competencies. Training requests ask to what competencies the training will contribute. Program enhancements are often prioritized around core competencies that require support. My specific programs use Domains 1, 2, 3, 4, 5, 6, 7, 8, 9 (EP) and research.	They help the service delivery staff understand the pure public health activities. They came in handy when Emergency Preparedness made all of them essential personnel for some emergent condition. I
As a broad understanding of basic public health services	They have been used in performance evaluation but not in the exact format as outlined in the included pdf.
Development of Department of Health Strategic PlanExploring how the Department will use Core Competencies in developing Core Funding proposals for the state in future years. Leadership team meeting in October to re-evaluate core services. The Core Competencies will be one tool used in the evaluation. Newly established Quality Assurance Program will utilize as format for setting standards and evaluating programs in addition to other QA clinical standards of care	Many of the competencies are included in staff development required by individual disciplines. The Core Competencies are particular useful for setting an agency wide standard in addition to individual disciplines. For professional staff (e.g. outreach workers and human services assistants) that do not have a licensure or other certification, the Core Competencies provide a uniform staff development framework
Seek information about benchmark of where my staff and I should be in our knowledge, skills, and abilities.	They have been very helpful again as a guide as to what knowledge, skills and abilities we should have and lend themselves to ready identification of gaps and training needs.
The NYC DOHMH does not formally use the core public health competencies for strategic planning. However, we have focused on some of the competencies through work done in individual bureaus and units.	**From the New York City Dept. of Health and Mental Hygiene**: The agency recently launched a new staff development program that addresses some

With over 6000 employees, the agency has taken a decentralized approach to training.	public health competencies and professional managerial competencies. Prior to being launched, previous iterations of the staff development program focused heavily on public health competencies. The final product focuses heavily on professional managerial competencies, a priority of DOHMH's senior leadership. **From the New York State Department of Health:** The Core Competencies have been used to guide the development of required continuing education programs for staff at local health departments in New York State. The Core Competencies are reviewed in the context of certain job titles. Appropriate competencies are selected and used to identify relevant distance learning opportunities. This strengthens the ability of the public health workforce to provide essential services throughout the state.
Training Centers	**Training Centers (not applicable)**
The **NYNJ** PHTC uses the COL Competencies to guide the development of our training programs. The competencies are used as a basis for the intended learning outcomes. The learning level and competencies for all of our original web-based programs are entered into a database on our website (called our Continuing Education Plan: http://www.nynj-phtc.org/pages/findtraining.cfm) that public health workers can search by Competency Domain or Core Competency (or also by subject area, keyword, or training format). Trainings developed by other organizations are reviewed (to assess the training's quality and the competencies it covers) and listed in this database as well. The Center for Public Health Continuing Education (CPHCE) at the University at Albany also assigns competencies when we enter training activities into the NYS Department of Health LMS (NYLearnsPH.com). The competencies in the LMS are those available in the CADE system (developed by the University of Illinois-Chicago) and are very similar to the COL Competencies. The Quad Council Public Health Nursing Competencies (based on the COL Competencies) have been the basis for an ongoing project to identify courses to be recommended to public health nurses in local health departments as part of a curriculum that will help them fulfill new continuing education requirements in the NYS Sanitary Code.	
The **Mid Atlantic** Public Health Training Center uses the Core Competencies to make sure we are offering trainings that cover the full spectrum of public health competencies. We also use the Competencies to assess training needs, by listing needed skills and potential trainings according to the eight Core Competencies	
The Southeast Public Health Training Center uses the core competencies for curriculum design and skills assessment. We have also worked extensively with the competencies for other public health disciplines that were based on the core competencies. These have been used to create self scoring self assessment instruments for local health departments.	

Appendix C: Draft Council on Linkages Core Public Health Competency Continuum

Tier 1 (Entry Level) Draft [i] (Examples to be added)	Tier 2 (Mid Tier) [ii] Adopted June 2009 (Includes examples)	Tier 3 (Senior Leadership) Draft [iii] (Examples to be added)
Analytical/Assessment Skills		
1. Identifies the health status of populations and their related determinants of health and illness	1. 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)	1. Assesses the health status of populations and their related determinants of health and illness
2. Describes the characteristics of a population-based health problem	2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)	2. Describes the characteristics of a population-based health problem
3. Recognizes variables that measure public health conditions	3. Selects variables that measure public health conditions	3. Selects variables that measure public health conditions
4. Uses valid and reliable methods and instruments for collecting quantitative and qualitative data	4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	4. Critiques methods and instruments for collecting valid and reliable quantitative and qualitative data
5. Identifies sources of public health data and information	5. References sources of public health data and information	5. References sources of public health data and information
6. Recognizes the integrity and comparability of data	6. Evaluates the integrity and comparability of data	6. Evaluates the integrity and comparability of data
7. Identifies gaps in data sources	7. Identifies gaps in data sources	7. Identifies gaps in data sources

8. Applies ethical principles in the collection, maintenance, use, and dissemination of data and information	8. Employs ethical principles in the collection, maintenance, use, and dissemination of data and information	8. Ensures the application of ethical principles in the collection, maintenance, use, and dissemination of data and information
9. Describes the public health applications of quantitative and qualitative data	9. Interprets quantitative and qualitative data	9. Interprets quantitative and qualitative data
10. Makes community-specific associations from quantitative and qualitative data	10. Makes community-specific inferences from quantitative and qualitative data (e.g. risks and benefits to the community, health and resource needs)	10. Reviews community-specific inferences from quantitative and qualitative data
11. Uses information technology to collect, store, and retrieve data	11. Uses information technology to collect, store, and retrieve data	11. Uses information technology to collect, store, and retrieve data
12. Describes how data are used to address scientific, political, ethical, and social public health issues	12. Utilizes data to address scientific, political, ethical, and social public health issues	12. Synthesizes data to address scientific, political, ethical, and social public health issues
		13. Identifies the resources to meet community health needs

Policy Development/Program Planning Skills

Tier 1 Draft (Examples to be added)	**Tier 2 Adopted June 2009 (Includes examples)**	**Tier 3 Draft (Examples to be added)**
1. Discusses information relevant to specific public health policy issues	1. Analyzes information relevant to specific public health policy issues	1. Analyzes information relevant to specific public health policy issues
2. Discusses policy options	2. Articulates policy options	2. Decides the policy for the public health organization
3. Recognizes the expected outcomes of policy options	3. Determines the feasibility and expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical,	3. Contrasts the feasibility and expected outcomes of various policy options

	social, political)	
4. Gathers information that will inform policy decisions	4. Articulates the implications of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	4. Defends selected policy
	5. Utilizes decision analysis for policy development and program planning	5. Critiques decision analyses that result in policy development and program planning
5. Describes the public health laws and regulations governing public health programs	6. Manages public health programs consistent with public health laws and regulations	6. Ensures public health programs are consistent with public health laws and regulations
6. Describes a planning process to implement policy and programs	7. Develops a plan to implement policy and programs	7. Implements programs consistent with policy
7. Incorporates policy into organizational plans, structures, and programs	8. Incorporates policy into organizational plans, structures, and programs	8. Ensures the consistency of policy integration into organizational plans, structures, and programs
8. Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality	9. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	9. Develops mechanisms to evaluate programs for their effectiveness and quality
9. Describes the importance of informatics to public health	10. Incorporates public health informatics practices (e.g. use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)	10. Oversees public health informatics practices
10. Applies strategies for continuous quality improvement	11. Develops strategies for continuous quality improvement	11. Implements organizational – or system-wide strategies for continuous quality improvement

		12. Integrates emerging trends into the fiscal, social and political environment in public health strategic planning
Communication Skills		
Tier 1 Draft (Examples to be added)	**Tier 2 Adopted June 2009 (Includes examples)**	**Tier 3 Draft (Examples to be added)**
1. Identifies the health literacy of populations served	1. Assesses the health literacy of populations served	1. Ensures that the health literacy of populations served is considered throughout all communication strategies
2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3. Solicits input from individuals and organizations	3. Solicits input from individuals and organizations	3. Ensures that the public health organization seeks input from other organizations and individuals
4. Provides public health information using a variety of approaches	4. Utilizes a variety of approaches to disseminate public health information (e.g. social networks, media, blogs)	4. Ensures a variety of approaches are considered and used to disseminate public health information
5. Supports the development of demographic, statistical, programmatic and scientific presentations	5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
6. Applies communication strategies in interactions with individuals and groups	6. Applies communication strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	6. Applies communication strategies in interactions with individuals and groups

		7. Communicates the role of public health within the overall health system
Cultural Competency Skills		
Tier 1 Draft (Examples to be added)	**Tier 2 Adopted June 2009 (Includes examples)**	**Tier 3 Draft (Examples to be added)**
1. Incorporates strategies for interacting with persons from diverse backgrounds	1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, ethnic, sexual orientation, professional)	1. Incorporates strategies for interacting with persons from diverse backgrounds
2. Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	2. Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	2. Ensures the consideration of the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
3. Responds to diverse needs that are the result of cultural differences	3. Responds to diverse needs that are the result of cultural differences	3. Responds to diverse needs that are the result of cultural differences
4. Describes the dynamic forces that contribute to cultural diversity	4. Explains the dynamic forces that contribute to cultural diversity	4. Assesses the dynamic forces that contribute to cultural diversity
5. Describes the need for a diverse public health workforce	5. Describes the need for a diverse public health workforce	5. Assesses the need for a diverse public health workforce
6. Participates in the assessment of the cultural competence of the public health organization	6. Assesses the public health organization for its cultural competence	6. Assesses the public health organization for its cultural competence

		7. Ensures the public health organization's cultural competence
Community Dimensions of Practice Skills		
Tier 1 Draft (Examples to be added)	**Tier 2 Adopted June 2009 (Includes examples)**	**Tier 3 Draft (Examples to be added)**
1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health	1. Assesses community linkages and relationships among multiple factors (or determinants) affecting health	1. Evaluates the community linkages and relationships among multiple factors (or determinants) affecting health
2. Describes community-based participatory research efforts	2. Collaborates in community-based participatory research efforts	2. Encourages community-based participatory research efforts within the public health organization
	3. Establishes linkages with key stakeholders	3. Establishes linkages with key stakeholders
3. Collaborates with community partners to promote the health of the population	4. Facilitates collaboration and partnerships to ensure participation of key stakeholders	4. Ensures the collaboration and partnerships of key stakeholders
4. Maintains partnerships with key stakeholders	5. Maintains partnerships with key stakeholders	5. Maintains partnerships with key stakeholders
5. Uses group processes to advance community involvement	6. Uses group processes to advance community involvement	6. Advances community involvement through the use of group processes
6. Describes the role of governmental and non-governmental organizations in the delivery of community health services	7. Describes the role of governmental and non-governmental organizations in the delivery of community health services	7. Teaches others the role of governmental and non-governmental organizations in the delivery of community health services

7. Identifies community assets and resources	8. Negotiates for the use of community assets and resources	8. Negotiates for the use of community assets and resources
8. References community input to policymakers and program developers when developing public health policies and programs	9. Uses community input when developing public health policies and programs	9. Ensures community input when developing public health policies and programs
9. Promotes public health policies, programs, and resources	10. Promotes public health policies, programs, and resources	10. Defends the use of public health policies, programs, and resources
		11. Evaluates effectiveness of community engagement strategies on public health policies, programs, and resources
Public Health Sciences Skills		
Tier 1 Draft (Examples to be added)	**Tier 2 Adopted June 2009 (Includes examples)**	**Tier 3 Draft (Examples to be added)**
1. Describes the scientific foundation of the field of public health	1. Describes the scientific foundation of the field of public health	1. Describes the scientific foundation of the field of public health
2. Identifies prominent events in the history of the public health profession	2. Identifies prominent events in the history of the public health profession	2. Explains prominent events in the history of the public health profession
3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	3. Incorporates the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences

4. Identifies the basic public health sciences[1](including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)	4. Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	4. Applies the basic public health sciences[2](including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs
5. Describes the scientific evidence related to a public health issue, concern, or, intervention	5. Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or, intervention	5. Integrates a review of the scientific evidence related to a public health issue, concern, or, intervention into the practice of public health
6. Retrieves scientific evidence from a variety of text and electronic sources	6. Retrieves scientific evidence from a variety of text and electronic sources	6. Synthesizes scientific evidence from a variety of text and electronic sources
7. Discusses the limitations of research findings	7. Determines the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)	7. Critiques the limitations of research findings
8. Describes the laws, regulations, policies and procedures for the ethical conduct of research	8. Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)	8. Advises on the laws, regulations, policies and procedures for the ethical conduct of research
9. Partners with other public health professionals in building the scientific base of public health	9. Contributes to building the scientific base of public health	9. Contributes to building the scientific base of public health
Financial Planning and Management Skills		

[1]Council on Education for Public Health (CEPH). *Public Health Program Criteria - Amended June 2005 (PDF file).* Retrieved March 13, 2009 from: http://www.ceph.org/files/public/PHP-Criteria-2005.SO5.pdf
[2]Council on Education for Public Health (CEPH). *Public Health Program Criteria - Amended June 2005 (PDF file).* Retrieved March 13, 2009 from: http://www.ceph.org/files/public/PHP-Criteria-2005.SO5.pdf

Tier 1 Draft (Examples to be added)	Tier 2 Adopted June 2009 (Includes examples)	Tier 3 Draft (Examples to be added)
1. Describes the local, state, and federal public health and health care systems	1. Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	1. Leverages financial, human and technical resources through the interrelationships of local, state, and federal public health and health care systems for public health program management
2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies	2. Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	2. Explains the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management
3. Uses the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	3. Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	3. Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events
	4. Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	4. Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization
4. Participates in the development of a programmatic budget	5. Develops a programmatic budget	5. Defends a programmatic and organizational budget
5. Operates programs within current and forecasted budget constraints	6. Manages programs within current and forecasted budget constraints	6. Ensures that programs are managed within current and forecasted budget constraints
6. Identifies strategies for determining budget priorities	7. Develops strategies for determining budget priorities	7. Critiques strategies for determining budget priorities

7. Reports program performance	8. Evaluates program performance	8. Evaluates program performance
8. Translates evaluation report information into performance improvement action steps	9. Uses evaluation results to improve performance	9. Uses evaluation results to improve performance
9. Contributes to the preparation of proposals for funding from external sources	10. Prepares proposals for funding from external sources	10. Prepares proposals for funding from external sources
10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	11. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	11. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts
11. Describes public health informatics skills to improve program and business operations	12. Applies public health informatics skills to improve program and business operations (e.g. business process analysis, enterprise-wide information planning)	12. Integrates public health informatics skills into program and business operations
12. Participates in the development of contracts and other agreements for the provision of services	13. Negotiates contracts and other agreements for the provision of services	13. Approves contracts and other agreements for the provision of services
13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making	14. Utilizes cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	14. Demonstrates the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making
		15. Synthesizes data and information to improve organizational processes and performance

		16. Establishes a performance management system
Leadership and Systems Thinking Skills		
Tier 1 Draft (Examples to be added)	**Tier 2 Adopted June 2009 (Includes examples)**	**Tier 3 Draft (Examples to be added)**
1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
2. Describes how public health operates within a larger system	2. Incorporates systems thinking into public health practice	2. Integrates systems thinking into public health practice
3. Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	3. Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	3. Partners with stakeholders to determine key values and a shared vision as guiding principles for community action
4. Identifies internal and external problems that may affect the delivery of essential public health services	4. Identifies internal and external problems that may affect the delivery of essential public health services	4. Rectifies internal and external problems that may affect the delivery of essential public health services
5. Uses individual, team and organizational learning opportunities for personal and professional development	5. Promotes individual, team and organizational learning opportunities	5. Promotes individual, team and organizational learning opportunities
	6. Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	6. Promotes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce
6. Contributes to the measuring, reporting and continuous improvement of organizational performance	7. Contributes to the measuring, reporting and continuous improvement of organizational performance	7. Contributes to the measuring, reporting and continuous improvement of organizational performance

7. Recognizes the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	8. Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	8. Ensures organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment
		9. Ensures the management of organizational change

[i] Tier 1 Core Competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks. In general, an individual at the Tier 1 level may be educated at the baccalaureate level, or educated at a higher level with limited experience as a public health professional.

[ii] Tier 2 (Mid Tier) Core Competencies apply to individuals with program management and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc. In general, Tier 2 competencies apply to individuals who have earned an MPH or related degree and have at least 5 years of work experience in public health or a related field (combined pre and post master's degree) or individuals who do not have an MPH or related degree, but have at least 10 years of experience working in the public health field.

[iii] Tier 3 Core Competencies apply to individuals at a senior/management level and leaders of public health organizations. In general, an individual who is responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and/or building the organization's culture can be considered to be a Tier 3 public health professional. Tier 3 public health professionals (e.g. health officers, executive directors, CEOs etc.) typically have staff that report to them, and are educated at a similar or higher level than their Tier 2 counterparts.