Core Competencies Workgroup Virtual Meeting



The Council on Linkages Between Academia and Public Health Practice

April 1, 2021

Welcome to Our Zoom Meeting!

- Audio:
 - ▷ Computer audio
 - ▷ Phone call
 - Please keep your audio on mute when you are not speaking
- Feel free to use the Chat box to share comments or questions
- → We are recording this meeting





Agenda

- Welcome and Overview of Agenda
- Overview of Core Competencies Feedback
- Planning for Developing First Draft of Revised Core Competencies
 - ▷ Subgroups
 - ▷ Timeline
 - Guiding Principles and Competency Rules
- Next Steps
 - Proposed Subgroups





Council on Linkages

To improve the performance of individuals and organizations within public health by:

- Fostering, coordinating, and monitoring \triangleright collaboration among the academic, public health practice, and healthcare communities
- Promoting public health education and training for health professionals throughout their careers
- Developing and advancing innovative \triangleright strategies to build and strengthen public health infrastructure

22 National Public Health Organizations:

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



Staffed by the Public Health Foundation



Core Competencies Workgroup

- Supports Council on Linkages activities related to the Core Competencies for Public Health Professionals
- Instrumental in developing and refining the Core Competencies
- **Charge**:
 - Periodically reviewing and revising the Core Competencies to ensure these competencies continue to reflect the skills needed to provide the 10 Essential Public Health Services
 - Creating resources to facilitate use of the Core Competencies

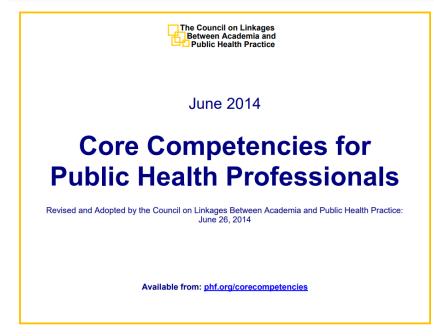




Overview of Core Competencies Feedback

Core Competencies for Public Health Professionals

- Consensus set of crosscutting knowledge and skills for all public health professionals
- Often used with disciplinespecific competencies







Core Competencies Use

- Used by:
 - > ~80% of state health departments
 - ➤ ~60% of tribal health organizations
 - ► ~45% of local health departments
 - ► ~25% of territorial health departments
 - ~90% of academic public healthfocused programs

- Used in developing:
 - Competency/needs assessments
 - Education and training
 - Workforce development plans
 - Job descriptions
 - Performance objectives
 - Discipline-specific competency sets





National Initiatives

Healthy People 2030

Public Health Infrastructure Objectives: Increase the proportion of state/local/tribal/territorial public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel

Accreditation

PHAB Domain 8/Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment

CEPH: Core Competencies were used in developing foundational competencies for accreditation criteria

TRAIN Learning Network

10 Essential Public Health Services

Course providers can select competencies aligned with their courses and learners can search by competencies to build their knowledge and skills





Open Comment Period: October 2020-March 2021

- More than 1,400 "engagements" with the open comment period
- 17 virtual town halls/meetings
- ~1,000 meeting participants
 - ▷ 49 states, DC, 2 territories
- More than 100 resources





4 Feedback Takeaways

- Create better harmonization between efforts that impact the workforce and workforce development
- Address a variety of "topic" areas:
 - Cultural competency, health equity, racism, social justice
 - Environmental health, climate change, sustainability
 - Emergency preparedness, management, response
 - Administration, management
 - Policy, advocacy, lobbying
 - Make it easier to use the Core Competencies
 - It may potentially be okay to make big changes





Possible Changes

- Addition of new content (competencies, examples, links to other resources)
- Changes to the domains (more, less, different names)
- Changes to the tiers (more, less, none at all)
- Ways to make the Core Competencies less intimidating (interactive version, visual representation, companion documents)





Planning for Developing First Draft of Revised Core Competencies

Workgroup Charge

Provide guidance and recommendations to the Council on Linkages (via staff) for how the Core Competencies should be revised to meet the needs of the public health community





Subgroups

- Cultural Competency/Health Equity/Racism/Social Justice
- Environmental Health/Climate Change/Sustainability
- Emergency Preparedness/Management/Response
- Policy/Advocacy/Lobbying





Timeline

- April 1st: Workgroup planning meeting
- April: Subgroups work on topics
- Early May: Subgroups make recommendations; Workgroup meeting to discuss
- May: Integrate content and develop first draft
- Late May: Council on Linkages meeting; release first draft for comment





Core Competencies Purpose and Audience

- Articulate the knowledge and skills needed to deliver the Essential Public Health Services
- Set of crosscutting or foundational competencies designed to reflect generalist knowledge and skills for working in public health and not specialist skills unique to specific disciplines
- Guide workforce development for all public health professionals regardless of discipline
- Serve as a foundation or framework for the development and use of discipline-specific competencies
- Meet needs of all public health professionals, regardless of whether they are working in practice, education, or research and regardless of discipline or specialty





Guiding Principles

- Too many changes to the Core Competencies may be disruptive for current users.
- When feasible and appropriate, address desired content without adding multiple new competency statements (for example, by adding e.g.s or connections/links to other resources). Competency statements may also be removed if the concept is adequately addressed elsewhere or no longer relevant.
 - A competency statement consists of a verb and specific content statement that captures a concept. Focus first on articulating the concept, second on the verb.
 - Use the simplest language that will accurately and adequately communicate a concept.





Guiding Principles

- Be consistent in how concepts are described across different competency statements, domains, and tiers.
- When feasible, use definitions of concepts from widely used/accepted sources rather than creating new definitions. Widely used/accepted sources include, but are not limited to, EPHS, Healthy People, CDC, NAS, PHAB, and CEPH.
- Focus first on revisions to Tier 2 competencies.
- If uncertain whether an item belongs in the Core Competencies, put it in a "parking lot" for future discussion. This could include, for example, concepts, practices, or tools that would be useful to accompany the Core Competencies.





Competency Rules

- Competency Statement = Single Verb + Specific Content Statement
- Each statement may have only one verb.
 - Multiple verbs turn single competencies into multiple competencies.
- Each statement needs a verb that is measurable or observable.
 - A verb like "understand" cannot be measured. Understanding to one person is not understanding to another.
- Verbs can be found in general lists or professional practice lists. The Core Competencies use Blooms Taxonomy for verbs.
 - The verb should reflect expected level of mastery for the person performing the content statement associated with the competency.





Competency Rules

- Each statement should have no hidden modifiers, such as adequate, appropriate, suitably, etc.
 - Adjectives, such as these, imply standards that are subjective. If there are standards, they need to be widely agreed upon (e.g., PHAB, CEPH, JCAHO). From an instructional perspective, no one would be taught to be perform a competency inadequately.
- If there are competency domains, each competency should be listed only once in the domain framework.
 - Each domain needs to be able to stand alone or it is not a domain.





Next Steps

Revision Timeline

- April-May: Draft revised competencies
- June-July: Open comment period
 - Feedback on draft revisions
- August-October: Finalize revised competencies
- October: Release revised competencies





Volunteers Needed!

- Proposed subgroups:
 - Cultural Competency/Health Equity/Racism/Social Justice
 - Environmental Health/Climate Change/Sustainability
 - Emergency Preparedness/Management/Response
 - Policy/Advocacy/Lobbying





Thank You!

More Info: <u>www.phf.org/competenciesrevision</u>

Questions: Kathleen Amos at <u>kamos@phf.org</u>



