

## Crosswalk of the 2021 and 2014 Core Competencies for Public Health Professionals

### Overview

This crosswalk of the 2021 and 2014 versions of the [Core Competencies for Public Health Professionals](#) (Core Competencies) illustrates the relationships between specific competencies within these two versions. It contains three competency maps – one for each of the [three tiers](#) comprising the Core Competencies – and can be used by public health professionals and organizations to help transition workforce development efforts that have been relying on the [2014 Core Competencies](#) to the [2021 version](#).

The 2021 version of the Core Competencies improves harmonization among efforts that impact the workforce by aligning with concepts from the 10 Essential Public Health Services, Public Health 3.0, Public Health Accreditation Board Standards and Measures, Council on Education for Public Health Accreditation Criteria, Certified in Public Health Domain Areas, Strategic Skills for the Governmental Public Health Workforce, and other competency and skill sets; adds and expands content focused on health equity, management and finance, environmental health and justice, emergency preparedness and response, policy and advocacy, and communication; and is reorganized into a new structure making the Core Competencies easier to use. This new simplified structure includes competency statements for all public health professionals, reduced jargon and unnecessary/overly complicated wording, reduced the number of competency statements from 92 to 56, and retained 8 domains and 3 tiers. Additionally, this new structure allows for added subcompetencies and updated examples meant to provide additional details relevant to public health practice.

Due to these changes:

- The Cultural Competency Domain in the 2014 version of the Core Competencies was renamed Health Equity Domain to reflect more relevant language and concepts of health equity.
- While there is a separate Health Equity Domain in the 2021 version of the Core Competencies, concepts of diversity, equity, inclusion, and justice have been woven throughout competency and subcompetency statements in all domains.
- Individual competencies or subcompetencies in the 2021 version may map to multiple competencies in the 2014 version. This typically occurred when narrow concepts were combined into a broader concept in the 2021 version or when competencies were found to be duplicative from the 2014 version.
- Multiple competencies or subcompetencies in the 2021 version may map to a single competency in the 2014 version. This typically occurred when a broad concept in the 2014 version of the Core Competencies was broken down into its component parts in the 2021 version.
- A competency or subcompetency in the 2021 version of the Core Competencies may have no equivalent competency in the 2014 version. This occurred when new competencies were added in response to feedback from the public health community or to round out concepts not adequately covered in the 2014 version.
- A competency in the 2014 version of the Core Competencies may have no equivalent competency or subcompetency in the 2021 version. The purpose of the revision process was to streamline the competencies relevant to the practice of public health for all public health professionals. Some 2014 competencies were deemed outdated or were folded

into broader concepts in the 2021 version. With the newly simplified structure there is not a one-to-one mapping of 2021 competencies to 2014 competencies.

Changes in Domain Names are reflected below:

<b>2014 Domains</b>	<b>2021 Domains</b>
<ul style="list-style-type: none"><li>• Analytical/Assessment Skills</li><li>• Policy Development/Program Planning Skills</li><li>• Communication Skills</li><li>• Cultural Competency Skills</li><li>• Community Dimensions of Practice Skills</li><li>• Public Health Sciences Skills</li><li>• Financial Planning and Management Skills</li><li>• Leadership and Systems Thinking Skills</li></ul>	<ul style="list-style-type: none"><li>• Data Analytics and Assessment Skills</li><li>• Policy Development and Program Planning Skills</li><li>• Communication Skills</li><li>• Health Equity Skills</li><li>• Community Partnership Skills</li><li>• Public Health Sciences Skills</li><li>• Management and Finance Skills</li><li>• Leadership and Systems Thinking Skills</li></ul>

When using this crosswalk to compare organizational competency assessments based on the 2021 and 2014 versions of the Core Competencies, caution should be used. Competencies in the 2021 version do not always directly align with competencies in the 2014 version, and the new concepts added may lead to increased expectations of competence. Therefore, scores for individual competencies and each of the eight domains may not be entirely comparable between assessments taken using the 2021 and 2014 versions of the Core Competencies.

The crosswalk of the 2021 and 2014 versions of the Core Competencies is also available in Excel format. For more information, please contact Mayela Arana at [marana@phf.org](mailto:marana@phf.org)

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Data Analytics and Assessment Skills		
2021		2014
Competency	Subcompetency	
1.1. Describes factors that affect the health of a community (e.g., income, education, laws, environment, climate change, resilience, homelessness, food security, access to healthcare, racial equity, distribution of resources and power, social and community engagement, changing demographics)		1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
	1.1.1. Identifies factors affecting the health of a community	New
	1.1.2. Describes factors affecting the health of a community	1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1.2. Accesses existing quantitative and qualitative data (e.g., community input, big data, vital statistics, electronic health records, transportation patterns, employment statistics, environmental monitoring, health equity impact assessments, revenue and expenditures)		1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community
	1.2.1. Identifies data needs (e.g., sub-county, real-time, trends, race and ethnicity, social determinants of health, surrounding jurisdictions, comparable jurisdictions for comparative purposes)	New
	1.2.2. Identifies sources of existing data (e.g., what is available, what is accessible, how to access)	1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community
	1.2.3. Analyzes the quality of existing data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	New
	1.2.4. Analyzes the comparability of existing data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions, trends over time, differences in data collection instruments)	1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
	1.2.5. Selects existing data	1A5. Selects valid and reliable data
	1.2.6. Identifies gaps in existing data	1A7. Identifies gaps in data
1.3. Collects quantitative and qualitative data		1A8. Collects valid and reliable quantitative and qualitative data
	1.3.1. Explains the importance of data collection for designing, implementing, evaluating, and improving policies, programs, and services	1A9. Describes public health applications of quantitative and qualitative data
	1.3.2. Selects methods and tools for collecting data	New
	1.3.3. Uses methods and tools for collecting data (e.g., using information technology, applying user experience principles, ensuring data integrity, leveraging national data standards and existing data systems, applying control techniques when handling data, providing real-time surveillance data, ensuring sufficient granularity to not hide disparities)	1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.4. Analyzes quantitative and qualitative data		New
	1.4.1. Explains the importance of data analysis for designing, implementing, evaluating, and improving policies, programs, and services	1A9. Describes public health applications of quantitative and qualitative data

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	1.4.2. Prepares data for analysis (e.g., coding data, cleaning data, structuring data, determining the quality of data, determining the comparability of data, de-identifying data)	New
	1.4.3. Selects methods and tools for analyzing data	New
	1.4.4. Uses methods and tools for analyzing data (e.g., using information technology, statistical software, Excel, qualitative data analysis software, GIS, spatial analysis; ensuring data integrity; applying control techniques when handling data; disaggregating data to not hide disparities)	1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.5. Manages quantitative and qualitative data		New
	1.5.1. Explains the importance of data management for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.5.2. Contributes to development of data management plans	New
	1.5.3. Implements data management plans	New
	1.5.4. Ensures protection of data (e.g., knowing what data are confidential, knowing what confidentiality entails, safeguarding confidential data, ensuring data integrity)	1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
	1.5.5. Ensures public availability of data (e.g., practicing FAIR principles, de-identifying data, implementing open data standards)	1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.6. Uses quantitative and qualitative data		1A10. Uses quantitative and qualitative data
	1.6.1. Describes public health applications of data	1A9. Describes public health applications of quantitative and qualitative data
	1.6.2. Considers limitations of data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	New
	1.6.3. Recognizes the context in which data were collected	New
	1.6.4. Interprets data	New
	1.6.5. Uses data to determine the root causes of health disparities and inequities	1A10. Uses quantitative and qualitative data
	1.6.6. Uses data to inform plans and operations (e.g., strategic plan, quality improvement plan, professional development)	1A10. Uses quantitative and qualitative data
1.7. Applies public health informatics in using data, information, and knowledge		2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)
	1.7.1. Explains the importance of public health informatics for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.7.2. Selects public health informatics methods and tools	New
	1.7.3. Uses public health informatics methods and tools	New
	1.7.4. Contributes to assessment of public health data systems	New
	1.7.5. Recommends improvements to public health data systems	New
1.8. Assesses community health status		1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable
	1.8.1. Explains the importance of assessing community health status	New

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	1.8.2. Assesses factors affecting health in a community (e.g., root causes of inequities; laws; access to affordable housing; access to transportation; access to healthy food; public health hazards; vulnerability and risks associated with climate change; quality, availability, accessibility, and use of health services; lead in housing; air and water quality; hazardous waste site location; extreme weather patterns; community resilience)	1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
	1.8.3. Identifies health needs in a community (e.g., housing, transportation, food, chronic disease, immunization rates, tobacco use)	New
	1.8.4. Identifies assets and resources for improving health in a community (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
	1.8.5. Identifies public health programs and organizations with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness, infectious disease outbreaks)	7A2. Describes government agencies with authority to impact the health of a community
	1.8.6. Identifies laws that impact public health programs and organizations	New
	1.8.7. Contributes to development of community health assessment	1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)

Policy Development and Program Planning Skills		
2021		2014
Competency	Subcompetency	
2.1. Develops policies, programs, and services		2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
	2.1.1. Contributes to development of options for policies, programs, and services	New
	2.1.2. Contributes to assessment of the feasibility and implications (e.g., fiscal, social, political, environmental, legal, geographic) of policies, programs, and services	2A7. Describes implications of policies, programs, and services
	2.1.3. Contributes to assessment of the equity of policies, programs, and services	New
	2.1.4. Contributes to development of the rationale for policies, programs, and services	2A7. Describes implications of policies, programs, and services
2.2. Implements policies, programs, and services (e.g., within the organization, external to the organization, in collaboration with others)		2A8. Implements policies, programs, and services
	2.2.1. Identifies individuals and organizations who can contribute to implementation of policies, programs, and services	New
	2.2.2. Contributes to development of goals, measurable objectives, targets, and timeframes for policies, programs, and services	2A2. Contributes to development of program goals and objectives
	2.2.3. Contributes to development of strategies for implementing policies, programs, and services	New
	2.2.4. Applies strategies for implementing policies, programs, and services	2A8. Implements policies, programs, and services
	2.2.5. Connects individuals to programs and services (e.g., helping individuals navigate systems, linking individuals to healthcare or social services)	5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)
	2.2.6. Contributes to monitoring of goals, measurable objectives, targets, and timeframes for policies, programs, and services	New
2.3. Evaluates policies, programs, services, and organizational performance (e.g., outputs, outcomes, processes, procedures, return on investment)		2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

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	2.3.1. Explains the importance of evaluation for improving policies, programs, services, and organizational performance	2A9. Explains the importance of evaluations for improving policies, programs, and services
	2.3.2. Selects evaluation methods and tools	New
	2.3.3. Implements evaluation methods and tools	New
2.4. Improves policies, programs, services, and organizational performance		5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services
	2.4.1. Uses evaluation results to improve policies, programs, services, and organizational performance	7A12. Uses evaluation results to improve program and organizational performance
	2.4.2. Explains the importance of quality improvement for improving policies, programs, services, and organizational performance	2A9. Explains the importance of evaluations for improving policies, programs, and services
	2.4.3. Selects quality improvement methods and tools (e.g., PDCA, Lean Six Sigma)	New
	2.4.4. Implements quality improvement methods and tools to improve policies, programs, services, and organizational performance (e.g., identifying opportunities to apply quality improvement, building a culture of quality, integrating quality improvement into daily work, sustaining improvement)	2A11. Applies strategies for continuous quality improvement
	2.4.5. Engages in continuous improvement of policies, programs, services, and organizational performance	New
2.5. Influences policies, programs, and services external to the organization (e.g., zoning, transportation, housing, education)		New
	2.5.1. Identifies opportunities to influence policies, programs, and services external to the organization	New
	2.5.2. Contributes to determination of priorities for influencing policies, programs, and services external to the organization	New
	2.5.3. Contributes to development of strategies to influence policies, programs, and services external to the organization	New
	2.5.4. Contributes to implementation of strategies to influence policies, programs, and services external to the organization	2A4. Contributes to implementation of organizational strategic plan
2.6. Engages in organizational strategic planning		2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)
	2.6.1. Contributes to development of organizational strategic plan	New
	2.6.2. Implements organizational strategic plan	2A4. Contributes to implementation of organizational strategic plan
	2.6.3. Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of organizational strategic plan	New
	2.6.4. Monitors impact of organizational strategic plan	New
	2.6.5. Contributes to adjustment of organizational strategic plan for continuous improvement	New
2.7. Engages in community health improvement planning		New
	2.7.1. Contributes to development of community health improvement plan	2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)
	2.7.2. Implements community health improvement plan	New
	2.7.3. Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of community health improvement	2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community
	2.7.4. Monitors impact of community health improvement plan	New
	2.7.5. Contributes to adjustment of community health improvement plan for continuous improvement	New

Communication Skills		
2021		2014
Competencies	Subcompetencies	

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3.1. Determines communication strategies		3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, <del>libraries, neighborhood gatherings</del> )
	3.1.1. Identifies purposes and goals for disseminating public health data and information	New
	3.1.2. Identifies public health data and information that need to be disseminated	New
	3.1.3. Identifies audiences for public health data and information	New
	3.1.4. Assesses the literacy of internal and external audiences (e.g., reading level; ability to obtain, interpret, and use health and other information; social media literacy; numeracy)	3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)
	3.1.5. Assesses the communication needs and preferences of internal and external audiences (e.g., language, culture, values and beliefs, fears and concerns, previous experiences)	New
	3.1.6. Develops messaging for disseminating public health data and information	3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
	3.1.7. Suggests approaches for disseminating public health data and information (e.g., email, letters, stories, press releases, infographics, social media/networks, peer-to-peer networks, news and entertainment outlets, newsletters, journals, town hall meetings, neighborhood gatherings, websites, webinars, podcasts, presentations, conferences, <del>reports, data repositories</del> )	3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)
	3.1.8. Suggests messengers for disseminating public health data and information (e.g., public health professionals, scientists, healthcare workers, journalists, social influencers, celebrities, faith leaders, community health workers)	New
3.2. Communicates with internal and external audiences (e.g., staff, elected officials, students, volunteers, community-based organizations, healthcare professionals, the public)		3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)
	3.2.1. Communicates with linguistic and cultural proficiency (e.g., tailoring messages for different audiences, using age-appropriate materials, incorporating images, using plain language, implementing CLAS Standards, ensuring accessibility for people with disabilities, engaging interpreters and translators)	3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
	3.2.2. Engages in active listening	New
	3.2.3. Seeks input from internal and external audiences (e.g., populations served, coworkers, chambers of commerce, faith-based organizations, schools, social services organizations, hospitals, politicians, policymakers, government, community-based organizations, environmental agencies and <del>organizations, businesses</del> )	3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
	3.2.4. Communicates the impact of environmental factors, social factors, and individual actions on health (e.g., climate change, air and water quality, racism, smoking, littering, getting vaccinated, poverty, homelessness)	New
	3.2.5. Engages in risk communication	New
	3.2.6. Communicates information to influence behavior and improve health (e.g., promoting mask use, encouraging vaccinations, preparing for emergencies, <del>discouraging tobacco use</del> )	3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
	3.2.7. Communicates the roles and responsibilities of governmental public health, healthcare, and other partners in improving the health of a community	3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community
3.3. Responds to information, misinformation, and disinformation (e.g., through social media, town hall meetings, <del>commentaries, letters to the editor</del> )		New
	3.3.1. Monitors information sources	New
	3.3.2. Identifies opportunities for responding to information, misinformation, and disinformation	New

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	3.3.3. Suggests approaches for responding to information, misinformation, and disinformation	New
	3.3.4. Suggests messengers for responding to information, misinformation, and disinformation	New
	3.3.5. Develops messaging for responding to information, misinformation, and disinformation	New
	3.3.6. Disseminates messages in response to information, misinformation, and disinformation	New
3.4. Facilitates communication among individuals, groups, and organizations		3A7. Facilitates communication among individuals, groups, and organizations
	3.4.1. Identifies opportunities to facilitate communication	New
	3.4.2. Fosters communication (e.g., building trust, engaging in active listening, conducting in-person and virtual meetings, considering language and accessibility needs, being clear and transparent)	New

Health Equity Skills		
Competencies	2021 Subcompetencies	2014
4.1 Applies principles of ethics, diversity, equity, inclusion, and justice (e.g., Public Health Code of Ethics, Health Insurance Portability and Accountability Act)		8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
	4.1.1. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services (e.g., collecting data, managing programs, ensuring transparency)	New
	4.1.2. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating and improving education and training (e.g., designing curricula for MPH students, onboarding)	New
	4.1.3. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving research (e.g., ensuring patient confidentiality, protecting human subjects, complying with the Americans with Disabilities Act)	6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
	4.1.4. Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities	New
4.2. Engages in continuous self-reflection about one's biases (e.g., perceptions, assumptions, stereotypes)		New
	4.2.1. Identifies one's biases	New
	4.2.2. Identifies how one's biases influence policies, programs, and services	New
4.3. Recognizes the diversity of individuals and populations		4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
	4.3.1. Describes the diversity of individuals and populations in a community (e.g., language, culture, values, socioeconomic status, geography, education, race, gender identity, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)  4A2. Describes the diversity of individuals and populations in a community
	4.3.2. Describes how diversity influences policies, programs, services, and the health of a community	4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community  4A6. Describes the effects of policies, programs, and services on different populations in a community
	4.3.3. Addresses the diversity of individuals and populations when developing, implementing, evaluating, and improving policies, programs, and	4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community
4.4. Reduces systemic and structural barriers that perpetuate health inequities (e.g., racism, sexism, bigotry, poverty, gender discrimination)		New



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	4.4.1. Collaborates with the community to identify systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies and practices, lack of affordable housing or public transportation, food deserts)	New
	4.4.2. Collaborates with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice: eliminating racism)	New
4.5. Implements organizational policies, programs, and services to achieve health equity and social and environmental		New
	4.5.1. Contributes to assessment of the impact of organizational policies, programs, and services on health equity and social and environmental justice	New
	4.5.2. Contributes to development of organizational policies, programs, and services to achieve health equity and social and environmental justice	New
	4.5.3. Contributes to implementation of organizational policies, programs, and services to achieve health equity and social and environmental	New
4.6. Contributes to achieving and sustaining a diverse, inclusive, and competent public health workforce		New
	4.6.1. Identifies opportunities for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.2. Identifies barriers to achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.3. Contributes to development of strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.4. Contributes to implementation of strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
4.7. Advocates for health equity and social and environmental justice (e.g., for reforming systems contributing to racism, advancing fair housing practices, changing labor laws and policies, protecting communities from environmental hazards)		New
	4.7.1. Identifies opportunities to advocate for health equity and social and environmental justice	New
	4.7.2. Engages in advocacy for health equity and social and environmental justice	New

Community Partnership Skills		
	2021	2014
Competencies	Subcompetencies	
5.1. Describes conditions, systems, and policies affecting community health and resilience (e.g., social and institutional inequities, determinants of health, structural racism, historical trauma, gender discrimination, power dynamics, natural disasters, poverty, housing, trust, local politics, competition, redlining)		1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
	5.1.1. Explains the importance of a healthy and resilient community	New
	5.1.2. Describes historical conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	New
	5.1.3. Describes current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	New

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5.2. Establishes relationships to improve community health and resilience (e.g., partnerships with organizations serving the same population, health departments, healthcare institutions, academic institutions, politicians and other policymakers, environmental agencies and organizations, emergency response organizations, businesses, financial institutions, housing authorities, public transit customers/clients)		New
	5.2.1. Identifies existing relationships affecting community health and resilience (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, environmental agencies and organizations, businesses, financial institutions, housing authorities, and other types of organizations)	5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
	5.2.2. Identifies relationships that may be needed to improve community health and resilience	5A3. Suggests relationships that may be needed to improve health in a community
	5.2.3. Builds relationships to improve community health and resilience	5A4. Supports relationships that improve health in a community
5.3. Maintains relationships that improve community health and resilience		5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
	5.3.1. Explains the impact relationships are having on community health and resilience	New
	5.3.2. Suggest relationships that should be maintained to improve community health and	5A3. Suggests relationships that may be needed to improve health in a community
	5.3.3. Contributes to development of strategies for maintaining relationships that improve community health and resilience	8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
	5.3.4. Implements strategies for maintaining relationships that improve community health and resilience	5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community
5.4. Collaborates with community members and organizations		5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)
	5.4.1. Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs	New
	5.4.2. Collaborates with community members and organizations to identify community health and resilience needs	New
	5.4.3. Collaborates with community members and organizations to identify assets and resources for improving community health and resilience (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
	5.4.4. Collaborates with community members and organizations to address community health and resilience needs (e.g., engaging diverse groups in developing and implementing plans and programs, engaging in asset-based community development, making decisions with the community, engaging community organizations in the delivery of services, coordinating emergency response, valuing critical	5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community
	5.4.5. Collaborates with community members and organizations to assess the impact of policies, programs, and services on community health and resilience	New
	5.4.6. Collaborates with community members and organizations to improve policies, programs, and services	5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services

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	5.4.7. Ensures accountability to the community (e.g., being transparent and inclusive, taking responsibility for decisions and their consequences)	New
5.5. Shares power and ownership with community members and others		New
	5.5.1. Recognizes the power and ownership that exist within a community	New
	5.5.2. Recognizes the power structure and dynamics within a community	New
	5.5.3. Ensures power and ownership are shared with community members and others	New

Public Health Sciences Skills		
	2021	2014
Competencies	Subcompetencies	
6.1. Describes systems, policies, and events impacting public health (e.g., slavery, colonialism, John Snow and the London cholera outbreak, smallpox eradication, development of vaccines, Tuskegee Syphilis Study, fluoridation of drinking water, Jim Crow laws, establishment of Medicare and Medicaid, Americans with Disabilities Act, seatbelt legislation, banning tobacco in public buildings, death penalty, gun violence, globalization, deforestation, climate change, COVID-19 pandemic)		6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
	6.1.1. Describes historical systems, policies, and events impacting public health	6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
	6.1.2. Describes current systems, policies, and events impacting public health	New
6.2. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health, health services administration, social and behavioral sciences, and public health informatics) in delivering the 10 Essential Public Health Services		6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services
	6.2.1. Uses public health sciences in delivering the 10 Essential Public Health Services	New
6.3. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services		6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services
	6.3.1. Accesses evidence from print and electronic sources to support decision making	6A4. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <i>Journal of Public Health Management and Practice</i> , <i>Morbidity and Mortality Weekly Report</i> , <i>The World Health Report</i> ) to support decision making
	6.3.2. Interprets evidence to support decision making	1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making
	6.3.3. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
	6.3.4. Applies evidence in developing, implementing, evaluating, and improving policies, programs, and services (e.g., translating research for practice, considering public perspectives and opinions, navigating power dynamics)	6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services
	6.3.5. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, in cross-sector collaborations, with health sciences libraries)	6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)
	6.3.6. Maintains partnerships that increase use of evidence in public health practice	New
6.4. Contributes to the evidence base for improving health		6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to
	6.4.1. Engages in community-based participatory research	5A10. Describes the importance of community-based participatory research

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	6.4.2. Participates in partnerships to produce evidence for improving the public's health (e.g., Public Health Practice-Based Research Networks, academic health department partnerships)	New
	6.4.3. Disseminates evidence for improving the public's health (e.g., writing journal articles, reviewing manuscripts, making data available to researchers, sharing research findings on social media, telling stories)	New

Financial Planning and Management Skills		
2021		2014
Competencies	Subcompetencies	
7.1. Describes factors that affect the health of an organization (e.g., equitable and fair treatment of employees, support from the governing body and community, sustainability of funding, training of managers)		New
	7.1.1. Identifies factors affecting the health of an organization	New
	7.1.2. Describes factors affecting the health of an organization	New
7.2. Secures human resources (e.g., staff, interns, consultants, volunteers)		New
	7.2.1. Contributes to determination of human resources needed for organizational infrastructure, programs, and services	New
	7.2.2. Contributes to development of strategies to recruit a diverse, inclusive, and competent workforce	New
	7.2.3. Contributes to implementation of strategies to recruit a diverse, inclusive, and competent workforce	New
	7.2.4. Contributes to recruitment of a diverse, inclusive, and competent workforce	New
7.3. Manages human resources		New
	7.3.1. Contributes to development of strategies to retain a diverse, inclusive, and competent workforce	New
	7.3.2. Contributes to implementation of strategies to retain a diverse, inclusive, and competent workforce	New
	7.3.3. Contributes to monitoring of workforce satisfaction	New
	7.3.4. Contributes to development of strategies to improve workforce satisfaction	New
	7.3.5. Contributes to implementation of strategies to improve workforce satisfaction	New
	7.3.6. Contributes to development of individual professional development plans	8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)
	7.3.7. Engages in continuous improvement of individual performance	8A9. Describes ways to improve individual and program performance
	7.3.8. Fosters a healthy work environment (e.g., prioritizing diversity, inclusivity, and belonging; creating a safe space for diverse perspectives; encouraging sharing of ideas; respecting different points of view; motivating colleagues; resolving conflicts; supporting colleague mental and physical health needs; addressing burnout)	New
7.4. Engages in professional development (e.g., training, mentoring, peer advising, coaching, drills, exercises)		8A7. Participates in professional development opportunities
	7.4.1. Recognizes one's own professional development needs (e.g., determining knowledge and skills needed for success in one's job, identifying gaps in desired knowledge and skills)	8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)
	7.4.2. Participates in professional development opportunities	8A7. Participates in professional development opportunities
	7.4.3. Collaborates with individuals and teams to determine professional development needs	New
	7.4.4. Supports individuals and teams in engaging in professional development (e.g., promoting a culture of lifelong learning, identifying training opportunities, encouraging peer-to-peer learning)	8A9. Describes ways to improve individual and program performance
7.5. Secures financial resources		New

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	7.5.1. Contributes to determination of financial resources needed for organizational infrastructure, programs, and services	7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
	7.5.2. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)
	7.5.3. Contributes to justification of programs for inclusion in organizational budgets	New
	7.5.4. Contributes to development of program budgets	7A5. Contributes to development of program budgets
	7.5.5. Contributes to development of strategies to secure financial resources (e.g., preparing proposals for funding, providing data, seeking input from partners)	7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)
	7.5.6. Contributes to implementation of strategies to secure financial resources	New
7.6. Manages financial resources		New
	7.6.1. Contributes to determination of how financial resources are distributed	7A5. Contributes to development of program budgets
	7.6.2. Contributes to development of contracts and other agreements for products and services	7A7. Provides information for development of contracts and other agreements for programs and
	7.6.3. Contributes to monitoring of program budgets	7A9. Operates programs within budget
7.7. Implements organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice		New
	7.7.1. Contributes to assessment of the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice	New
	7.7.2. Contributes to development of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
	7.7.3. Contributes to implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
7.8. Manages programs and services		New
	7.8.1. Contributes to development of work plans	New
	7.8.2. Contributes to implementation of work plans	New
	7.8.3. Contributes to monitoring of work plans	New
7.9. Engages in contingency planning (e.g., for emergencies, succession, cross-training staff, continuity of operations, economic downturns)		New
	7.9.1. Contributes to development of contingency plans	New
	7.9.2. Contributes to implementation of contingency plans	New
7.10. Applies critical thinking in decision making		New
	7.10.1. Determines how data and information can be used in decision making	1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making
	7.10.2. Considers factors (e.g., fiscal, social, political, environmental, legal, geographic) influencing decisions	8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices
	7.10.3. Considers potential unintended consequences of decisions	New
	7.10.4. Demonstrates the importance of using evidence in decision making	New
	7.10.5. Makes evidence-informed decisions	New
7.11. Engages individuals and teams to achieve program and organizational goals		7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.1. Identifies individuals with the expertise to achieve program and organizational goals	New
	7.11.2. Engages individuals to achieve program and organizational goals	New
	7.11.3. Describes how diverse and inclusive teams help achieve program and organizational goals	7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)

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	7.11.4. Participates in teams to achieve program and organizational goals (e.g., collaborating across departments)	7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, <del>respecting different points of view</del> )
	7.11.5. Engages teams to achieve program and organizational goals (e.g., identifying when to bring a team into a project, recognizing when to lead and when to follow, <del>leading a team</del> )	7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, <del>respecting different points of view</del> )
7.12. Facilitates collaboration among individuals, groups, and organizations		5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)
	7.12.1. Identifies opportunities for collaboration	New
	7.12.2. Fosters collaboration (e.g., building trust, engaging in active listening, convening interested parties)	New
7.13. Engages in performance management		7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <del>Healthy People objectives, sustaining accreditation</del> )
	7.13.1. Explains the importance of performance management for program, organizational, and community health improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation, ensuring accountability, managing grants and contracts, <del>determining collective impact of community initiatives</del> )	New
	7.13.2. Describes program performance standards and measures	7A13. Describes program performance standards and measures
	7.13.3. Implements performance management system	7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <del>Healthy People objectives, sustaining accreditation</del> )

Leadership and Systems Thinking Skills		
2021		2014
Competencies	Subcompetencies	
8.1. Creates opportunities to achieve cross-sector alignment (e.g., community coalitions, academic health department partnerships)		New
	8.1.1. Explains the importance of public health, healthcare, and other organizations working together to impact the health of a community	8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community
	8.1.2. Describes how governmental public health programs and organizations are structured and function	7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations
	8.1.3. Describes the programs and services provided by governmental and non-governmental organizations that impact the health of a community	5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community
	8.1.4. Describes the ways public health, healthcare, and other organizations can work together or individually to impact the health of a community	8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community
	8.1.5. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8A2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8.2. Implements a vision for a healthy community		New
	8.2.1. Collaborates with individuals and organizations to develop a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation, building <del>community resilience after emergencies</del> )	8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
	8.2.2. Collaborates with individuals and organizations to implement a vision for a healthy	New
8.3. Addresses facilitators and barriers impacting delivery of the 10 Essential Public Health Services		8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)

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	8.3.1. Identifies internal and external facilitators impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)
	8.3.2. Identifies internal and external barriers impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)
	8.3.3. Contributes to development of strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New
	8.3.4. Contributes to implementation of strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New
	8.3.5. Contributes to development of strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	New
	8.3.6. Contributes to implementation of strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	New
8.4. Creates opportunities for creativity and innovation		New
	8.4.1. Identifies opportunities for creativity and innovation	New
	8.4.2. Fosters creativity and innovation (e.g., inviting diverse perspectives, challenging assumptions, learning from successes and failures)	8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8.5. Responds to emerging needs		New
	8.5.1. Identifies emerging needs (e.g., using surveillance data, tracking hospital admissions, listening to the community, monitoring social media and Google Trends)	New
	8.5.2. Addresses emerging needs (e.g., identifying resources, adapting, pivoting rapidly, being flexible, reducing disparities, collaborating with the community, working with governmental agencies, taking action with incomplete information, maintaining operations during emergencies, supporting resilience and	New
8.6. Manages organizational change		New
	8.6.1. Explains the importance of organizational change	8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices
	8.6.2. Contributes to development of a shared vision	New
	8.6.3. Participates in the change process	New
	8.6.4. Identifies changes needed to implement a shared vision	New
	8.6.5. Manages uncertainty (e.g., navigating challenges, addressing concerns, displaying empathy, recognizing facilitators and barriers, minimizing disruption)	New
	8.6.6. Contributes to implementation of a shared vision	8A4. Contributes to the development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8.7. Engages politicians, policymakers, and the public to support public health infrastructure (e.g., funding, workforce, legal authority, facilities, data systems)		New
	8.7.1. Explains the importance of engaging with politicians, policymakers, and the public to support public health infrastructure	New
	8.7.2. Demonstrates the essential role of governmental public health in promoting and protecting health in a community	5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community
	8.7.3. Demonstrates the essential role of diversity, equity, inclusion, and justice in promoting and protecting health in a community	4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community
	8.7.4. Builds public confidence and trust in public health professionals and messages (e.g., demonstrating empathy, validating fears and concerns, acknowledging mistakes, framing messages for different audiences, addressing misinformation and disinformation)	New

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	8.7.5. Demonstrates how politicians, policymakers, and the public can support public health infrastructure	New
8.8. Advocates for public health		New
	8.8.1. Explains the importance of engaging in advocacy	New
	8.8.2. Describes the differences between educating and lobbying	New
	8.8.3. Advocates for the role of public health (e.g., in providing population health services, preparing for and responding to emergencies, working with others to address determinants of health)	New
	8.8.4. Advocates for policies, programs, and services to improve community health and resilience	New
	8.8.5. Advocates for a diverse, inclusive, and competent public health workforce	4A7. Describes the value of a diverse public health workforce
	8.8.6. Advocates for flexible and sustainable resources for public health	New



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Data Analytics and Assessment Skills		
	2021	2014
Competencies	Subcompetencies	
1.1. Describes factors that affect the health of a community (e.g., income, education, laws, environment, climate change, resilience, homelessness, food security, access to healthcare, racial equity, distribution of resources and power, social and community engagement, changing demographics)		1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
	1.1.1. Identifies factors affecting the health of a community	New
	1.1.2. Describes factors affecting the health of a community	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1.2. Accesses existing quantitative and qualitative data (e.g., community input, big data, vital statistics, electronic health records, transportation patterns, employment statistics, environmental monitoring, health equity impact assessments, revenue and expenditures)		1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
	1.2.1. Determines data needs (e.g., sub-county, real-time, trends, race and ethnicity, social determinants of health, surrounding jurisdictions, comparable jurisdictions for comparative purposes)	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
	1.2.2. Determines sources of existing data (e.g., what is available, what is accessible, how to access)	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
	1.2.3. Analyzes the quality of existing data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	1B5. Analyzes the validity and reliability of data
	1.2.4. Analyzes the comparability of existing data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions, trends over time, differences in data collection instruments)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
	1.2.5. Selects existing data	New
	1.2.6. Identifies gaps in existing data	1B7. Resolves gaps in data
1.3. Collects quantitative and qualitative data		1B8. Collects valid and reliable quantitative and qualitative data
	1.3.1. Explains the importance of data collection for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.3.2. Selects methods and tools for collecting data	New
	1.3.3. Uses methods and tools for collecting data (e.g., using information technology, applying user experience principles, ensuring data integrity, leveraging national data standards and existing data systems, applying control techniques when handling data, providing real-time surveillance data, ensuring sufficient granularity to not hide disparities)	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information 1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.4. Analyzes quantitative and qualitative data		1B9. Analyzes quantitative and qualitative data
	1.4.1. Explains the importance of data analysis for designing, implementing, evaluating, and improving policies, programs, and services	New

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	1.4.2. Prepares data for analysis (e.g., coding data, cleaning data, structuring data, determining the quality of data, determining the comparability of data, de-identifying data)	New
	1.4.3. Selects methods and tools for analyzing data	New
	1.4.4. Uses methods and tools for analyzing data (e.g., using information technology, statistical software, Excel, qualitative data analysis software, GIS, spatial analysis; ensuring data integrity; applying control techniques when handling data; disaggregating data to not hide disparities)	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.5. Manages quantitative and qualitative data		New
	1.5.1. Explains the importance of data management for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.5.2. Develops data management plans	New
	1.5.3. Implements data management plans	New
	1.5.4. Ensures protection of data (e.g., knowing what data are confidential, knowing what confidentiality entails, safeguarding confidential data, ensuring data integrity)	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
	1.5.5. Ensures public availability of data (e.g., practicing FAIR principles, de-identifying data, implementing open data standards)	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.6. Uses quantitative and qualitative data		New
	1.6.1. Describes public health applications of data	New
	1.6.2. Considers limitations of data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	1B5. Analyzes the validity and reliability of data
	1.6.3. Recognizes the context in which data were collected	New
	1.6.4. Interprets data	1B10. Interprets quantitative and qualitative data
	1.6.5. Uses data to determine the root causes of health disparities and inequities	New
	1.6.6. Uses data to inform plans and operations (e.g., strategic plan, quality improvement plan, professional development)	New
1.7. Applies public health informatics in using data, information, and knowledge		2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)
	1.7.1. Explains the importance of public health informatics for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.7.2. Selects public health informatics methods and tools	New
	1.7.3. Uses public health informatics methods and tools	2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)
	1.7.4. Assesses public health data systems	New
	1.7.5. Recommends improvements to public health data systems	New
	1.7.6. Implements improvements to public health data systems	New
1.8. Assesses community health status		1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
	1.8.1. Explains the importance of assessing community health status	New

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	1.8.2. Assesses factors affecting health in a community (e.g., root causes of inequities; laws; access to affordable housing; access to transportation; access to healthy food; public health hazards; vulnerability and risks associated with climate change; quality, availability, accessibility, and use of health services; lead in housing; air and water quality; hazardous waste site location; extreme weather patterns; community resilience)	1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
	1.8.3. Identifies health needs in a community (e.g., housing, transportation, food, chronic disease, immunization rates, tobacco use)	New
	1.8.4. Identifies assets and resources for improving health in a community (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
	1.8.5. Identifies public health programs and organizations with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness, infectious disease outbreaks)	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
	1.8.6. Identifies laws that impact public health programs and organizations	New
	1.8.7. Develops community health assessment	1B13. Develops community health assessments using

Policy Development and Program Planning Skills		
2021		2014
Competencies	Subcompetencies	
2.1. Develops policies, programs, and services		2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
	2.1.1. Develops options for policies, programs, and services	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
	2.1.2. Assesses the feasibility and implications (e.g., fiscal, social, political, environmental, legal, geographic) of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2.1.3. Assesses the equity of policies, programs, and services	New
	2.1.4. Develops the rationale for policies, programs, and services	New
	2.1.5. Recommends policies, programs, and services	2B8. Recommends policies, programs, and services for implementation
2.2. Implements policies, programs, and services (e.g., within the organization, external to the organization, in collaboration with others)		2B9. Implements policies, programs, and services
	2.2.1. Identifies individuals and organizations who can contribute to implementation of policies, programs, and services	New
	2.2.2. Develops goals, measurable objectives, targets, and timeframes for policies, programs, and services	2B2. Develops program goals and objectives
	2.2.3. Develops strategies for implementing policies, programs, and services	New
	2.2.4. Applies strategies for implementing policies, programs, and services	2B9. Implements policies, programs, and services
	2.2.5. Ensures implementation of policies, programs, and services	New
	2.2.6. Connects individuals to programs and services (e.g., helping individuals navigate systems, linking individuals to healthcare or social services)	New
	2.2.7. Monitors goals, measurable objectives, targets, and timeframes for policies, programs, and services	New
2.3. Evaluates policies, programs, services, and organizational performance (e.g., outputs, outcomes, processes, procedures, return on investment)		2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

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	2.3.1. Explains the importance of evaluation for improving policies, programs, services, and organizational performance	2B10. Explains the importance of evaluations for improving policies, programs, and services
	2.3.2. Selects evaluation methods and tools	New
	2.3.3. Implements evaluation methods and tools	New
2.4. Improves policies, programs, services, and organizational performance		2B12. Implements strategies for continuous quality improvement
	2.4.1. Uses evaluation results to improve policies, programs, services, and organizational performance	7B14. Uses evaluation results to improve program and organizational performance
	2.4.2. Explains the importance of quality improvement for improving policies, programs, services, and organizational performance	New
	2.4.3. Selects quality improvement methods and tools (e.g., PDCA, Lean Six Sigma)	New
	2.4.4. Implements quality improvement methods and tools to improve policies, programs, services, and organizational performance (e.g., identifying opportunities to apply quality improvement, building a culture of quality, integrating quality improvement into daily work, sustaining improvement)	New
	2.4.5. Engages in continuous improvement of policies, programs, services, and organizational performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
2.5. Influences policies, programs, and services external to the organization (e.g., zoning, transportation, housing, education)		New
	2.5.1. Identifies opportunities to influence policies, programs, and services external to the organization	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2.5.2. Determines priorities for influencing policies, programs, and services external to the organization	2B8. Recommends policies, programs, and services for implementation
	2.5.3. Develops strategies to influence policies, programs, and services external to the organization	New
	2.5.4. Implements strategies to influence policies, programs, and services external to the organization	2B9. Implements policies, programs, and services
2.6. Engages in organizational strategic planning		2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)
	2.6.1. Contributes to development of organizational strategic plan (e.g., including measurable objectives and targets; aligning with community health improvement plan, all hazards emergency operations plan, workforce development plan, quality improvement plan, climate action plan, and other plans)	2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)
	2.6.2. Implements organizational strategic plan	2B4. Implements organizational strategic plan
	2.6.3. Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of organizational strategic plan	New
	2.6.4. Monitors impact of organizational strategic plan	New
	2.6.5. Contributes to adjustment of organizational strategic plan for continuous improvement	New
2.7. Engages in community health improvement planning		New
	2.7.1. Uses community health assessment, community input, and other information to determine improvement priorities (e.g., input from individuals and organizations; existing and proposed federal, state, and local legislation; standards and regulations; commitments from organizations to take action; community environmental health assessments)	2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)
	2.7.2. Develops community health improvement plan	New
	2.7.3. Implements community health improvement plan	New
	2.7.4. Ensures implementation of community health improvement plan	New
	2.7.5. Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of community health improvement plan	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community
	2.7.6. Monitors impact of community health improvement plan	New
	2.7.7. Adjusts community health improvement plan for continuous improvement	New

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Communication Skills		
Competencies	2021 Subcompetencies	2014
3.1. Determines communication strategies		3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)
	3.1.1. Determines purposes and goals for disseminating public health data and information	New
	3.1.2. Determines public health data and information that need to be disseminated	New
	3.1.3. Determines audiences for public health data and information	New
	3.1.4. Assesses the literacy of internal and external audiences (e.g., reading level; ability to obtain, interpret, and use health and other information; social media literacy; numeracy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)
	3.1.5. Assesses the communication needs and preferences of internal and external audiences (e.g., language, culture, values and beliefs, fears and concerns, previous experiences)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
	3.1.6. Develops messaging for disseminating public health data and information	New
	3.1.7. Selects approaches for disseminating public health data and information (e.g., email, letters, stories, press releases, infographics, social media/networks, peer-to-peer networks, news and entertainment outlets, newsletters, journals, town hall meetings, neighborhood gatherings, websites, webinars, podcasts, presentations, conferences, reports, data repositories)	New
	3.1.8. Selects messengers for disseminating public health data and information (e.g., public health professionals, scientists, healthcare workers, journalists, social influencers, celebrities, faith leaders, community health workers)	New
3.2. Communicates with internal and external audiences (e.g., staff, elected officials, students, volunteers, community-based organizations, healthcare professionals, the public)		3B5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)
	3.2.1. Communicates with linguistic and cultural proficiency (e.g., tailoring messages for different audiences, using age-appropriate materials, incorporating images, using plain language, implementing CLAS Standards, ensuring accessibility for people with disabilities, engaging interpreters and translators)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
	3.2.2. Engages in active listening	New
	3.2.3. Seeks input from internal and external audiences (e.g., populations served, coworkers, chambers of commerce, faith-based organizations, schools, social services organizations, hospitals, politicians, policymakers, government, community-based organizations, environmental agencies and organizations, businesses)	3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
	3.2.4. Communicates the impact of environmental factors, social factors, and individual actions on health (e.g., climate change, air and water quality, racism, smoking, littering, getting vaccinated, poverty, homelessness)	New
	3.2.5. Engages in risk communication	New
	3.2.6. Communicates information to influence behavior and improve health (e.g., promoting mask use, encouraging vaccinations, preparing for emergencies, discouraging tobacco use)	3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
	3.2.7. Communicates the roles and responsibilities of governmental public health, healthcare, and other partners in improving the health of a community	3B8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community
3.3. Responds to information, misinformation, and disinformation (e.g., through social media, town hall meetings, commentaries, letters to the editor)		New
	3.3.1. Monitors information sources	New

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	3.3.2. Ensures monitoring of information sources	New
	3.3.3. Determines opportunities for responding to information, misinformation, and disinformation	New
	3.3.4. Selects approaches for responding to information, misinformation, and disinformation	New
	3.3.5. Selects messengers for responding to information, misinformation, and disinformation	New
	3.3.6. Develops messaging for responding to information, misinformation, and disinformation	New
	3.3.7. Disseminates messages in response to information, misinformation, and disinformation	New
	3.3.8. Ensures dissemination of messages in response to information, misinformation, and disinformation	New
3.4. Facilitates communication among individuals, groups, and organizations		3B7. Facilitates communication among individuals, groups, and organizations
	3.4.1. Identifies opportunities to facilitate communication	New
	3.4.2. Fosters communication (e.g., building trust, engaging in active listening, conducting in-person and virtual meetings, considering language and accessibility needs, being clear and transparent)	New

Health Equity Skills		
2021		2014
Competencies	Subcompetencies	
4.1 Applies principles of ethics, diversity, equity, inclusion, and justice (e.g., Public Health Code of Ethics, Health Insurance Portability and Accountability Act)		8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
	4.1.1. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services (e.g., collecting data, managing programs, ensuring transparency)	New
	4.1.2. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating and improving education and training (e.g., designing curricula for MPH students, onboarding)	New
	4.1.3. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving research (e.g., ensuring patient confidentiality, protecting human subjects, complying with the Americans with Disabilities Act)	6B8. Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
	4.1.4. Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities	New
4.2. Engages in continuous self-reflection about one's biases (e.g., perceptions, assumptions, stereotypes)		New
	4.2.1. Identifies one's biases	New
	4.2.2. Identifies how one's biases influence policies, programs, and services	New
4.3. Recognizes the diversity of individuals and populations		4B1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
	4.3.1. Describes the diversity of individuals and populations in a community (e.g., language, culture, values, socioeconomic status, geography, education, race, gender identity, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4B2. Describes the diversity of individuals and populations in a community
	4.3.2. Describes how diversity influences policies, programs, services, and the health of a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a
	4.3.3. Addresses the diversity of individuals and populations when developing, implementing, evaluating, and improving policies, programs, and services	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community  4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)

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	4.3.4. Ensures the diversity of individuals and populations is addressed in the organization's policies, programs, and services	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community
4.4. Reduces systemic and structural barriers that perpetuate health inequities (e.g., racism, sexism, bigotry, poverty, gender discrimination)		New
	4.4.1. Collaborates with the community to identify systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies and practices, lack of affordable housing or public transportation, food deserts)	New
	4.4.2. Collaborates with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice: eliminating racism)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
4.5. Implements organizational policies, programs, and services to achieve health equity and social and environmental justice		New
	4.5.1. Assesses the impact of organizational policies, programs, and services on health equity and social and environmental justice	New
	4.5.2. Develops organizational policies, programs, and services to achieve health equity and social and environmental justice	New
	4.5.3. Contributes to implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice	New
	4.5.4. Ensures implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice	New
4.6. Contributes to achieving and sustaining a diverse, inclusive, and competent public health workforce		New
	4.6.1. Identifies opportunities for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.2. Identifies barriers to achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.3. Develops strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.4. Implements strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
4.7. Advocates for health equity and social and environmental justice (e.g., for reforming systems contributing to racism, advancing fair housing practices, changing labor laws and policies, protecting communities from environmental hazards)		New
	4.7.1. Identifies opportunities to advocate for health	New
	4.7.2. Engages in advocacy for health equity and social and environmental justice	New

Community Partnership Skills		
Competencies	2021	2014
	Subcompetencies	
5.1. Describes conditions, systems, and policies affecting community health and resilience (e.g., social and institutional inequities, determinants of health, structural racism, historical trauma, gender discrimination, power dynamics, natural disasters, poverty, housing, trust, local politics, competition, redlining)		1B12: Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
	5.1.1. Explains the importance of a healthy and resilient community	New
	5.1.2. Describes historical conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	New
	5.1.3. Describes current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	New

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5.2. Establishes relationships to improve community health and resilience (e.g., partnerships with organizations serving the same population, health departments, healthcare institutions, academic institutions, politicians and other policymakers, environmental agencies and organizations, emergency response organizations, businesses, financial institutions, housing authorities, public		5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
	5.2.1. Identifies existing relationships affecting community health and resilience (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, environmental agencies and organizations, businesses, financial institutions, housing authorities, and other types of	5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
	5.2.2. Identifies relationships that may be needed to improve community health and resilience	5B3. Suggests relationships that may be needed to improve health in a community
	5.2.3. Builds relationships to improve community health and resilience	5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5.3. Maintains relationships that improve community health and resilience		5B5. Maintains relationships that improve health in a community
	5.3.1. Explains the impact relationships are having on community health and resilience	8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community
	5.3.2. Determines relationships that should be maintained to improve community health and	New
	5.3.3. Develops strategies for maintaining relationships that improve community health and resilience	New
	5.3.4. Implements strategies for maintaining relationships that improve community health and resilience	New
5.4. Collaborates with community members and organizations		5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services
	5.4.1. Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs	New
	5.4.2. Collaborates with community members and organizations to identify community health and resilience needs	5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)
	5.4.3. Collaborates with community members and organizations to identify assets and resources for improving community health and resilience (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	5B9. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community
	5.4.4. Collaborates with community members and organizations to address community health and resilience needs (e.g., engaging diverse groups in developing and implementing plans and programs, engaging in asset-based community development, making decisions with the community, engaging community organizations in the delivery of services, coordinating emergency response, valuing critical	5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
	5.4.5. Collaborates with community members and organizations to assess the impact of policies, programs, and services on community health and resilience	New
	5.4.6. Collaborates with community members and organizations to improve policies, programs, and services	New
	5.4.7. Ensures accountability to the community (e.g., being transparent and inclusive, taking responsibility for decisions and their consequences)	New
5.5. Shares power and ownership with community members and others		New



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	5.5.1. Recognizes the power and ownership that exist within a community	New
	5.5.2. Recognizes the power structure and dynamics within a community	New
	5.5.3. Ensures power and ownership are shared with community members and others	New

Public Health Sciences Skills		
	2021	2014
Competencies	Subcompetencies	
6.1. Describes systems, policies, and events impacting public health (e.g., slavery, colonialism, John Snow and the London cholera outbreak, smallpox eradication, development of vaccines, Tuskegee Syphilis Study, fluoridation of drinking water, Jim Crow laws, establishment of Medicare and Medicaid, Americans with Disabilities Act, seatbelt legislation, banning tobacco in public buildings, death penalty, gun violence, globalization, deforestation, climate change, COVID-19 pandemic)		6B2. Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
	6.1.1. Describes historical systems, policies, and events impacting public health	6B2. Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
	6.1.2. Describes current systems, policies, and events impacting public health	New
6.2. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health, health services administration, social and behavioral sciences, and public health informatics) in delivering the 10 Essential Public Health Services		6B3. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services
	6.2.1. Describes how public health sciences are used in the delivery of the 10 Essential Public Health Services	New
	6.2.2. Uses public health sciences in delivering the 10 Essential Public Health Services	6B3: Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services
	6.2.3. Ensures use of public health sciences in delivering the 10 Essential Public Health Services	New
6.3. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services		6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services
	6.3.1. Accesses evidence from print and electronic sources to support decision making	6B5. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <i>Journal of Public Health Management and Practice</i> , <i>Morbidity and Mortality Weekly Report</i> , <i>The World Health Report</i> ) to support decision making
	6.3.2. Interprets evidence to support decision making	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from The Guide to Community Preventive Services in planning population health)
	6.3.3. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
	6.3.4. Applies evidence in developing, implementing, evaluating, and improving policies, programs, and services (e.g., translating research for practice, considering public perspectives and opinions, navigating power dynamics)	6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services
	6.3.5. Ensures evidence is applied in developing, implementing, evaluating, and improving policies, programs, and services	New
	6.3.6. Develops partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, in cross-sector collaborations, with health sciences libraries)	6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)
	6.3.7. Maintains partnerships that increase use of evidence in public health practice	New

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6.4. Contributes to the evidence base for improving health		6B9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; <del>authoring articles; making data available to</del>
	6.4.1. Engages in community-based participatory research	5B11. Collaborates in community-based participatory research
	6.4.2. Participates in partnerships to produce evidence for improving the public's health (e.g., Public Health Practice-Based Research Networks, academic <del>health department partnerships</del> )	New
	6.4.3. Disseminates evidence for improving the public's health (e.g., writing journal articles, reviewing manuscripts, making data available to researchers, sharing research findings on social media, telling stories)	New

Financial Planning and Management Skills		
	2021	2014
Competencies	Subcompetencies	
7.1. Describes factors that affect the health of an organization (e.g., equitable and fair treatment of employees, support from the governing body and community, <del>sustainability of funding, training of</del>		New
	7.1.1. Identifies factors affecting the health of an organization	New
	7.1.2. Describes factors affecting the health of an organization	New
7.2. Secures human resources (e.g., staff, <del>interns, consultants, volunteers</del> )		New
	7.2.1. Determines human resources needed for <del>organizational infrastructure, programs, and services</del>	New
	7.2.2. Develops strategies to recruit a diverse, <del>inclusive, and competent workforce</del>	New
	7.2.3. Implements strategies to recruit a diverse, <del>inclusive, and competent workforce</del>	New
	7.2.4. Recruits a diverse, inclusive, and competent workforce	New
7.3. Manages human resources		7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
	7.3.1. Develops strategies to retain a diverse, <del>inclusive, and competent workforce</del>	New
	7.3.2. Implements strategies to retain a diverse, <del>inclusive, and competent workforce</del>	New
	7.3.3. Monitors workforce satisfaction	New
	7.3.4. Develops strategies to improve workforce satisfaction	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, <del>respecting different points of view</del> )
	7.3.5. Implements strategies to improve workforce satisfaction	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, <del>respecting different points of view</del> )
	7.3.6. Evaluates individual performance	New
	7.3.7. Develops individual professional development plans	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, <del>mentoring, peer advising, coaching</del> )
	7.3.8. Engages in continuous improvement of individual performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting <del>programs to achieve better results</del> )
	7.3.9. Fosters a healthy work environment (e.g., prioritizing diversity, inclusivity, and belonging; creating a safe space for diverse perspectives; encouraging sharing of ideas; respecting different points of view; motivating colleagues; resolving conflicts; supporting colleague mental and physical health needs; <del>addressing burnout</del> )	New
7.4. Engages in professional development (e.g., training, mentoring, peer advising, <del>coaching, drills, exercises</del> )		8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)

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	7.4.1. Recognizes one's own professional development needs (e.g., determining knowledge and skills needed for success in one's job, identifying gaps in desired knowledge and skills)	New
	7.4.2. Participates in professional development opportunities	New
	7.4.3. Collaborates with individuals and teams to determine professional development needs	New
	7.4.4. Supports individuals and teams in engaging in professional development (e.g., promoting a culture of lifelong learning, identifying training opportunities, encouraging peer-to-peer learning)	New
	7.4.5. Ensures use of professional development opportunities by individuals and teams	8B7. Ensures use of professional development opportunities by individuals and teams
7.5. Secures financial resources		New
	7.5.1. Determines financial resources needed for organizational infrastructure, programs, and services	New
	7.5.2. Explains public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)
	7.5.3. Justifies programs for inclusion in organizational budgets	7B5. Justifies programs for inclusion in organizational budgets
	7.5.4. Develops program budgets	7B6. Develops program budgets
	7.5.5. Defends program budgets	7B7. Defends program budgets
	7.5.6. Develops strategies to secure financial resources (e.g., preparing proposals for funding, providing data, seeking input from partners)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)
	7.5.7. Implements strategies to secure financial resources	New
7.6. Manages financial resources		New
	7.6.1. Determines how financial resources are distributed	7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
	7.6.2. Negotiates contracts and other agreements for products and services	7B9. Negotiates contracts and other agreements for programs and services
	7.6.3. Monitors program budgets	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
	7.6.4. Adjusts program budgets to address changing needs	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7.7. Implements organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice		New
	7.7.1. Assesses the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice	New
	7.7.2. Develops organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
	7.7.3. Contributes to implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
	7.7.4. Ensures implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
7.8. Manages programs and services		7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
	7.8.1. Develops work plans	New
	7.8.2. Implements work plans	New
	7.8.3. Monitors work plans	New
	7.8.4. Adjusts work plans for continuous improvement	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	7.8.5. Manages programs and services within current and projected resources	New

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7.9. Engages in contingency planning (e.g., for emergencies, succession, cross-training staff, continuity of operations, economic downturns)		New
	7.9.1. Develops contingency plans	New
	7.9.2. Implements contingency plans	New
	7.9.3. Adjusts contingency plans to address changing needs	New
7.10. Applies critical thinking in decision making		New
	7.10.1. Determines how data and information can be used in decision making	New
	7.10.2. Considers factors (e.g., fiscal, social, political, environmental, legal, geographic) influencing decisions	New
	7.10.3. Considers potential unintended consequences of decisions	New
	7.10.4. Demonstrates the importance of using evidence in decision making	1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)
	7.10.5. Makes evidence-informed decisions	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from <i>The Guide to Community Preventive Services</i> in planning population health)
7.11. Engages individuals and teams to achieve program and organizational goals		7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.1. Identifies individuals with the expertise to achieve program and organizational goals	New
	7.11.2. Engages individuals to achieve program and organizational goals	New
	7.11.3. Ensures engagement of individuals to achieve program and organizational goals	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.4. Explains how diverse and inclusive teams help achieve program and organizational goals	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a
	7.11.5. Establishes diverse and inclusive teams with the expertise to achieve program and organizational goals (e.g., valuing and including different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline; leveraging staff skills and expertise; rapidly forming and reconfiguring teams to respond to emergencies)	7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
	7.11.6. Participates in teams to achieve program and organizational goals (e.g., collaborating across departments)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.7. Engages teams to achieve program and organizational goals (e.g., identifying when to bring a team into a project, recognizing when to lead and when to follow, leading a team)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.8. Ensures engagement of teams to achieve program and organizational goals	New
7.12. Facilitates collaboration among individuals, groups, and organizations		5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)
	7.12.1. Identifies opportunities for collaboration	New
	7.12.2. Fosters collaboration (e.g., building trust, engaging in active listening, convening interested parties)	New
7.13. Engages in performance management		7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)
	7.13.1. Explains the importance of performance management for program, organizational, and community health improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation, ensuring accountability, managing grants and contracts, determining collective impact of community initiatives)	New

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	7.13.2. Describes performance management principles (e.g., identifying performance standards and measures, reporting on progress, using data to improve programs, engaging leadership in supporting <u>performance management</u> )	New
	7.13.3. Develops program performance standards and measures	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, <u>training staff to use system</u> )
	7.13.4. Identifies performance management systems (e.g., Excel spreadsheet, scorecard, dashboard)	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, <u>training staff to use system</u> )
	7.13.5. Selects performance management system	New
	7.13.6. Implements performance management system	7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <u>Healthy People</u> objectives, sustaining accreditation)
	7.13.7. Ensures implementation of performance management system (e.g., visible leadership, performance standards, performance measurement, <u>reporting progress, quality improvement</u> )	New

Leadership and Systems Thinking Skills		
Competencies	2021	2014
	Subcompetencies	
8.1. Creates opportunities to achieve cross-sector alignment (e.g., community coalitions, academic health department partnerships)		New
	8.1.1. Explains the importance of public health, healthcare, and other organizations working together <u>to impact the health of a community</u>	8B2. Describes public health as part of a larger inter-related system of organizations that influence the <u>health of populations at local, national, and global</u>
	8.1.2. Describes how governmental public health programs and organizations are structured and function	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations
	8.1.3. Describes the programs and services provided by governmental and non-governmental organizations that impact the health of a community	5B1. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the <u>health of a community</u>
	8.1.4. Creates opportunities for public health, healthcare, and other organizations to work together <u>or individually to impact the health of a community</u>	8B3. Explains the ways public health, health care, and other organizations can work together or individually to <u>impact the health of a community</u>
	8.1.5. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels	New
8.2. Implements a vision for a healthy community		New
	8.2.1. Collaborates with individuals and organizations to develop a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation, building <u>community resilience after emergencies</u> )	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
	8.2.2. Collaborates with individuals and organizations to implement a vision for a healthy	New
8.3. Addresses facilitators and barriers impacting delivery of the 10 Essential Public Health Services		8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, <u>problem solving</u> )
	8.3.1. Identifies internal and external facilitators impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in <u>problem solving</u> )	New
	8.3.2. Identifies internal and external barriers impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in <u>problem solving</u> )	New
	8.3.3. Develops strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New

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	8.3.4. Implements strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New
	8.3.5. Develops strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	New
	8.3.6. Implements strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	New
8.4. Creates opportunities for creativity and innovation		New
	8.4.1. Identifies opportunities for creativity and innovation	New
	8.4.2. Fosters creativity and innovation (e.g., inviting diverse perspectives, challenging assumptions, learning from successes and failures)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8.5. Responds to emerging needs		New
	8.5.1. Identifies emerging needs (e.g., using surveillance data, tracking hospital admissions, listening to the community, monitoring social media and Google Trends)	New
	8.5.2. Addresses emerging needs (e.g., identifying resources, adapting, pivoting rapidly, being flexible, reducing disparities, collaborating with the community, working with governmental agencies, taking action with incomplete information, maintaining operations during emergencies, supporting resilience and	New
8.6. Manages organizational change		8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)
	8.6.1. Explains the importance of organizational change	New
	8.6.2. Develops a shared vision	New
	8.6.3. Engages staff in the change process	New
	8.6.4. Determines changes needed to implement a shared vision	New
	8.6.5. Manages uncertainty (e.g., navigating challenges, addressing concerns, displaying empathy, recognizing facilitators and barriers, minimizing disruption)	New
	8.6.6. Implements a shared vision	New
8.7. Engages politicians, policymakers, and the public to support public health infrastructure (e.g., funding, workforce, legal authority, facilities, data systems)		5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
	8.7.1. Explains the importance of engaging with politicians, policymakers, and the public to support public health infrastructure	New
	8.7.2. Mentors staff on how to engage politicians, policymakers, and the public to support public health infrastructure	New
	8.7.3. Describes how policy is made within the organization and community	New
	8.7.4. Demonstrates the essential role of governmental public health in promoting and protecting health in a community	5B1. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
	8.7.5. Demonstrates the essential role of diversity, equity, inclusion, and justice in promoting and protecting health in a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
	8.7.6. Builds public confidence and trust in public health professionals and messages (e.g., demonstrating empathy, validating fears and concerns, acknowledging mistakes, framing messages for different audiences, addressing misinformation and disinformation)	New
	8.7.7. Demonstrates how politicians, policymakers, and the public can support public health infrastructure	New
8.8. Advocates for public health		8B10. Advocates for the role of public health in providing population health services
	8.8.1. Explains the importance of engaging in advocacy	New
	8.8.2. Describes the differences between educating and lobbying	New
	8.8.3. Mentors staff on how to advocate	New

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	8.8.4. Advocates for the role of public health (e.g., in providing population health services, preparing for and responding to emergencies, working with others to address determinants of health)	8B10. Advocates for the role of public health in providing population health services
	8.8.5. Advocates for policies, programs, and services to improve community health and resilience	5B10. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
	8.8.6. Advocates for a diverse, inclusive, and competent public health workforce	4B8. Advocates for a diverse public health workforce
	8.8.7. Advocates for flexible and sustainable resources for public health	New

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Data Analytics and Assessment Skills		
	2021	2014
Competencies	Subcompetencies	
1.1. Describes factors that affect the health of a community (e.g., income, education, laws, environment, climate change, resilience, homelessness, food security, access to healthcare, racial equity, distribution of resources and power, social and community engagement, changing demographics)		1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
	1.1.1. Identifies factors affecting the health of a community	New
	1.1.2. Describes factors affecting the health of a community	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1.2. Accesses existing quantitative and qualitative data (e.g., community input, big data, vital statistics, electronic health records, transportation patterns, employment statistics, environmental monitoring, health equity impact assessments, revenue and expenditures)		1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
	1.2.1. Determines data needs (e.g., sub-county, real-time, trends, race and ethnicity, social determinants of health, surrounding jurisdictions, comparable jurisdictions for comparative purposes)	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
	1.2.2. Determines sources of existing data (e.g., what is available, what is accessible, how to access)	New
	1.2.3. Evaluates the quality of existing data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	1C5. Evaluates the validity and reliability of data
	1.2.4. Evaluates the comparability of existing data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions, trends over time, differences in data collection instruments)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
	1.2.5. Selects existing data	New
	1.2.6. Facilitates access to existing data	New
	1.2.7. Identifies gaps in existing data	1C7. Resolves gaps in data
1.3. Collects quantitative and qualitative data		1C8. Ensures collection of valid and reliable quantitative and qualitative data
	1.3.1. Explains the importance of data collection for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.3.2. Selects methods and tools for collecting data	New
	1.3.3. Uses methods and tools for collecting data (e.g., using information technology, applying user experience principles, ensuring data integrity, leveraging national data standards and existing data systems, applying control techniques when handling data, providing real-time surveillance data, ensuring sufficient granularity to not hide disparities)	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
	1.3.4. Ensures collection of data (e.g., ensuring data are valid, reliable, representative of community, equitable)	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1.4. Analyzes quantitative and qualitative data		1C9. Determines trends from quantitative and qualitative data
	1.4.1. Explains the importance of data analysis for designing, implementing, evaluating, and improving policies, programs, and services	New



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	1.4.2. Prepares data for analysis (e.g., coding data, cleaning data, structuring data, determining the quality of data, determining the comparability of data, de-identifying data)	New
	1.4.3. Selects methods and tools for analyzing data	New
	1.4.4. Uses methods and tools for analyzing data (e.g., using information technology, statistical software, Excel, qualitative data analysis software, GIS, spatial analysis; ensuring data integrity; applying control techniques when handling data; disaggregating data to not hide disparities)	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
	1.4.5. Ensures analysis of data	New
1.5. Manages quantitative and qualitative data		New
	1.5.1. Explains the importance of data management for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.5.2. Ensures development of data management	New
	1.5.3. Ensures implementation of data management plans	New
	1.5.4. Ensures protection of data (e.g., knowing what data are confidential, knowing what confidentiality entails, safeguarding confidential data, ensuring data integrity)	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
	1.5.5. Ensures public availability of data (e.g., practicing FAIR principles, de-identifying data, implementing open data standards)	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1.6. Uses quantitative and qualitative data		New
	1.6.1. Describes public health applications of data	New
	1.6.2. Considers limitations of data (e.g., accuracy, bias, completeness, validity, reliability, integrity, credibility, source, relevance, timeliness, applicability, generalizability)	1C5. Evaluates the validity and reliability of data
	1.6.3. Recognizes the context in which data were collected	New
	1.6.4. Interprets data	1C9. Determines trends from quantitative and qualitative data
	1.6.5. Uses data to determine the root causes of health disparities and inequities	New
	1.6.6. Uses data to inform plans and operations (e.g., strategic plan, quality improvement plan, professional development)	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
1.7. Applies public health informatics in using data, information, and knowledge		2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)
	1.7.1. Explains the importance of public health informatics for designing, implementing, evaluating, and improving policies, programs, and services	New
	1.7.2. Selects public health informatics methods and tools	New
	1.7.3. Uses public health informatics methods and tools	New
	1.7.4. Ensures use of public health informatics methods and tools	New
	1.7.5. Ensures assessment of public health data systems	New
	1.7.6. Recommends improvements to public health data systems	New
	1.7.7. Ensures implementation of improvements to public health data systems	New
1.8. Assesses community health status		1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
	1.8.1. Explains the importance of assessing community health status	New

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	1.8.2. Ensures factors affecting health in a community are assessed (e.g., root causes of inequities; laws; access to affordable housing; access to transportation; access to healthy food; public health hazards; vulnerability and risks associated with climate change; quality, availability, accessibility, and use of health services; lead in housing; air and water quality; hazardous waste site location; extreme weather patterns; community resilience)	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources
	1.8.3. Ensures identification of health needs in a community (e.g., housing, transportation, food, chronic disease, immunization rates, tobacco use)	New
	1.8.4. Ensures identification of assets and resources for improving health in a community (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
	1.8.5. Identifies public health programs and organizations with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness, infectious disease outbreaks)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
	1.8.6. Identifies laws that impact public health programs and organizations	New
	1.8.7. Ensures development of community health assessment	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Policy Development and Program Planning Skills		
	2021	2014
Competencies	Subcompetencies	
2.1. Develops policies, programs, and services		2C6: Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
	2.1.1. Develops options for policies, programs, and services	New
	2.1.2. Ensures assessment of the feasibility and implications (e.g., fiscal, social, political, environmental, legal, geographic) of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2.1.3. Ensures assessment of the equity of policies, programs, and services	New
	2.1.4. Justifies policies, programs, and services	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
	2.1.5. Recommends policies, programs, and services	2C8. Selects policies, programs, and services for implementation
2.2. Implements policies, programs, and services (e.g., within the organization, external to the organization, in collaboration with)		New
	2.2.1. Identifies individuals and organizations who can contribute to implementation of policies, programs, and services	New
	2.2.2. Develops goals, measurable objectives, targets, and timeframes for policies, programs, services, and the organization	2C2. Develops organizational goals and objectives
	2.2.3. Develops strategies for implementing policies, programs, and services	New
	2.2.4. Applies strategies for implementing policies, programs, and services	New
	2.2.5. Ensures implementation of policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
	2.2.6. Ensures individuals are connected to programs and services (e.g., helping individuals navigate systems, linking individuals to healthcare or social services)	New
	2.2.7. Monitors goals, measurable objectives, targets, and timeframes for policies, programs, and services	New

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2.3. Evaluates policies, programs, services, and organizational performance (e.g., outputs, outcomes, processes, procedures, return on investment)		2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)
	2.3.1. Explains the importance of evaluation for improving policies, programs, services, and organizational performance	2C11. Explains the importance of evaluations for improving policies, programs, and services
	2.3.2. Selects evaluation methods and tools	New
	2.3.3. Implements evaluation methods and tools	New
	2.3.4. Ensures evaluation of policies, programs, services, and organizational performance	2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)
2.4. Improves policies, programs, services, and organizational performance		2C13. Develops strategies for continuous quality improvement
	2.4.1. Uses evaluation results to improve policies, programs, services, and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
	2.4.2. Explains the importance of quality improvement for improving policies, programs, services, and organizational performance	2C11. Explains the importance of evaluations for improving policies, programs, and services
	2.4.3. Selects quality improvement methods and tools (e.g., PDCA, Lean Six Sigma)	New
	2.4.4. Implements quality improvement methods and tools to improve policies, programs, services, and organizational performance (e.g., identifying opportunities to apply quality improvement, building a culture of quality, integrating quality improvement into daily work, sustaining improvement)	New
	2.4.5. Ensures implementation of quality improvement methods and tools to improve policies, programs, services, and organizational performance	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	2.4.6. Engages in continuous improvement of policies, programs, services, and organizational	2C13. Develops strategies for continuous quality improvement
2.5. Influences policies, programs, and services external to the organization (e.g., zoning, transportation, housing, education)		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
	2.5.1. Identifies opportunities to influence policies, programs, and services external to the organization	New
	2.5.2. Determines priorities for influencing policies, programs, and services external to the organization	New
	2.5.3. Develops strategies to influence policies, programs, and services external to the organization	New
	2.5.4. Implements strategies to influence policies, programs, and services external to the organization	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
2.6. Engages in organizational strategic planning		2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the
	2.6.1. Develops organizational strategic plan (e.g., including measurable objectives and targets; aligning with community health improvement plan, all hazards emergency operations plan, workforce development plan, quality improvement plan, climate action plan, and other plans)	2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the
	2.6.2. Engages governing body or administrative unit that oversees the organization in development of organizational strategic plan	7C9. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
	2.6.3. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
	2.6.4. Ensures implementation of organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
	2.6.5. Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of organizational strategic plan	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning
	2.6.6. Monitors impact of organizational strategic	New
	2.6.7. Adjusts organizational strategic plan for continuous improvement	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)

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2.7. Engages in community health improvement planning		2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for
	2.7.1. Ensures use of community health assessment, community input, and other information to determine improvement priorities (e.g., input from individuals and organizations; existing and proposed federal, state, and local legislation; standards and regulations; commitments from organizations to take action; community environmental health assessments)	New
	2.7.2. Ensures development of community health improvement plan	New
	2.7.3. Implements community health improvement plan	New
	2.7.4. Ensures implementation of community health improvement plan	New
	2.7.5. Monitors events and trends (e.g., health, fiscal, social, political, environmental) impacting implementation of community health improvement plan	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning
	2.7.6. Monitors impact of community health improvement plan	New
	2.7.7. Ensures adjustment of community health improvement plan for continuous improvement	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)

Communication Skills		
2021		2014
Competencies	Subcompetencies	
3.1. Determines communication strategies		New
	3.1.1. Determines purposes and goals for disseminating public health data and information	New
	3.1.2. Determines public health data and information that need to be disseminated	New
	3.1.3. Determines audiences for public health data and information	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)
	3.1.4. Ensures the literacy of internal and external audiences is assessed (e.g., reading level; ability to obtain, interpret, and use health and other information; social media literacy; numeracy)	3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services
	3.1.5. Ensures the communication needs and preferences of internal and external audiences is assessed (e.g., language, culture, values and beliefs, fears and concerns, previous experiences)	New
	3.1.6. Develops messaging for disseminating public health data and information	New
	3.1.7. Selects approaches for disseminating public health data and information (e.g., email, letters, stories, press releases, infographics, social media/networks, peer-to-peer networks, news and entertainment outlets, newsletters, journals, town hall meetings, neighborhood gatherings, websites, webinars, podcasts, presentations, conferences, reports, data repositories)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)
	3.1.8. Selects messengers for disseminating public health data and information (e.g., public health professionals, scientists, healthcare workers, journalists, social influencers, celebrities, faith leaders, community health workers)	New
3.2. Communicates with internal and external audiences (e.g., staff, elected officials, students, volunteers, community-based organizations, healthcare professionals, the public)		3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
	3.2.1. Communicates with linguistic and cultural proficiency (e.g., tailoring messages for different audiences, using age-appropriate materials, incorporating images, using plain language, implementing CLAS Standards, ensuring accessibility for people with disabilities, engaging interpreters and translators)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
	3.2.2. Engages in active listening	New

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	3.2.3. Seeks input from internal and external audiences (e.g., populations served, coworkers, chambers of commerce, faith-based organizations, schools, social services organizations, hospitals, politicians, policymakers, government, community-based organizations, environmental agencies and organizations, businesses)	3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
	3.2.4. Communicates the impact of environmental factors, social factors, and individual actions on health (e.g., climate change, air and water quality, racism, smoking, littering, getting vaccinated, poverty, homelessness)	New
	3.2.5. Engages in risk communication	New
	3.2.6. Communicates information to influence behavior and improve health (e.g., promoting mask use, encouraging vaccinations, preparing for emergencies, discouraging tobacco use)	3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
	3.2.7. Communicates the roles and responsibilities of governmental public health, healthcare, and other partners in improving the health of a community	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community
3.3. Responds to information, misinformation, and disinformation (e.g., through social media, town hall meetings, commentaries, letters to the editor)		New
	3.3.1. Monitors information sources	New
	3.3.2. Ensures monitoring of information sources	New
	3.3.3. Determines opportunities for responding to information, misinformation, and disinformation	New
	3.3.4. Selects approaches for responding to information, misinformation, and disinformation	New
	3.3.5. Selects messengers for responding to information, misinformation, and disinformation	New
	3.3.6. Develops messaging for responding to information, misinformation, and disinformation	New
	3.3.7. Disseminates messages in response to information, misinformation, and disinformation	New
	3.3.8. Ensures dissemination of messages in response to information, misinformation, and disinformation	New
3.4. Facilitates communication among individuals, groups, and organizations		3C7. Facilitates communication among individuals, groups, and organizations
	3.4.1. Identifies opportunities to facilitate communication	New
	3.4.2. Fosters communication (e.g., building trust, engaging in active listening, conducting in-person and virtual meetings, considering language and accessibility needs, being clear and transparent)	New

Health Equity Skills		
2021		2014
Competencies	Subcompetencies	
4.1 Applies principles of ethics, diversity, equity, inclusion, and justice (e.g., Public Health Code of Ethics, Health Insurance Portability and Accountability Act)		8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
	4.1.1. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services (e.g., collecting data, managing programs, ensuring transparency)	New
	4.1.2. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating and improving education and training (e.g., designing curricula for MPH students, onboarding)	New
	4.1.3. Applies principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving research (e.g., ensuring patient confidentiality, protecting human subjects, complying with the Americans with Disabilities Act)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
	4.1.4. Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities	New

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4.2. Engages in continuous self-reflection about one's biases (e.g., perceptions, assumptions, stereotypes)		New
	4.2.1. Identifies one's biases	New
	4.2.2. Identifies how one's biases influence policies, programs, and services	New
4.3. Recognizes the diversity of individuals and populations		4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
	4.3.1. Describes the diversity of individuals and populations in a community (e.g., language, culture, values, socioeconomic status, geography, education, race, gender identity, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4C2. Describes the diversity of individuals and populations in a community
	4.3.2. Describes how diversity influences policies, programs, services, and the health of a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
	4.3.3. Addresses the diversity of individuals and populations when developing, implementing, evaluating, and improving policies, programs, and services	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
	4.3.4. Ensures the diversity of individuals and populations is addressed in the organization's policies, programs, and services	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community
4.4. Reduces systemic and structural barriers that perpetuate health inequities (e.g., racism, sexism, bigotry, poverty, gender)		New
	4.4.1. Collaborates with the community to identify systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies and practices, lack of affordable housing or public transportation, food deserts)	New
	4.4.2. Collaborates with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice; eliminating racism)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
4.5. Implements organizational policies, programs, and services to achieve health equity and social and environmental justice		New
	4.5.1. Assesses the impact of organizational policies, programs, and services on health equity and social and environmental justice	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
	4.5.2. Ensures assessment of the impact of organizational policies, programs, and services on health equity and social and environmental justice	New
	4.5.3. Develops organizational policies, programs, and services to achieve health equity and social and environmental justice	New
	4.5.4. Ensures development of organizational policies, programs, and services to achieve health equity and social and environmental justice	New
	4.5.5. Contributes to implementation of organizational policies, programs, and services to achieve health equity and social and environmental	New
	4.5.6. Ensures implementation of organizational policies, programs, and services to achieve health equity and social and environmental justice	New
4.6. Contributes to achieving and sustaining a diverse, inclusive, and competent public health workforce		4C7. Demonstrates the value of a diverse public health workforce 4C8. Takes measures to support a diverse public health workforce
	4.6.1. Identifies opportunities for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.2. Identifies barriers to achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.3. Develops strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	New
	4.6.4. Implements strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce	New

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4.7. Advocates for health equity and social and environmental justice (e.g., for reforming systems contributing to racism, advancing fair housing practices, changing labor laws and policies, protecting communities from environmental hazards)		4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community
	4.7.1. Identifies opportunities to advocate for health equity and social and environmental justice	New
	4.7.2. Engages in advocacy for health equity and social and environmental justice	New

Community Partnership Skills		
2021		2014
Competencies	Subcompetencies	
5.1. Describes conditions, systems, and policies affecting community health and resilience (e.g., social and institutional inequities, determinants of health, structural racism, historical trauma, gender discrimination, power dynamics, natural disasters, poverty, housing, trust, local politics, competition, redlining)		1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
	5.1.1. Explains the importance of a healthy and resilient community	New
	5.1.2. Describes historical conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
	5.1.3. Describes current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities	New
5.2. Establishes relationships to improve community health and resilience (e.g., partnerships with organizations serving the same population, health departments, healthcare institutions, academic institutions, politicians and other policymakers, environmental agencies and organizations, emergency response organizations, businesses, financial institutions, housing authorities, public transit, customers/clients)		5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
	5.2.1. Identifies existing relationships affecting community health and resilience (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, environmental agencies and organizations, businesses, financial institutions, housing authorities, and other types of organizations)	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
	5.2.2. Identifies relationships that may be needed to improve community health and resilience	5C3. Suggests relationships that may be needed to improve health in a community
	5.2.3. Builds relationships to improve community health and resilience	5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5.3. Maintains relationships that improve community health and resilience		5C5. Maintains relationships that improve health in a community
	5.3.1. Explains the impact relationships are having on community health and resilience	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
	5.3.2. Determines relationships that should be maintained to improve community health and resilience	New
	5.3.3. Develops strategies for maintaining relationships that improve community health and resilience	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
	5.3.4. Implements strategies for maintaining relationships that improve community health and resilience	5C5. Maintains relationships that improve health in a community
5.4. Collaborates with community members and organizations		5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services

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	5.4.1. Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs	New
	5.4.2. Collaborates with community members and organizations to identify community health and resilience needs	New
	5.4.3. Collaborates with community members and organizations to identify assets and resources for improving community health and resilience (e.g., community coalitions, community-based organizations, public libraries, hospitals, businesses, faith-based organizations, community organizers, community development financial institutions, civic groups, advocacy groups, academic institutions, federal grants, fellowship programs, environmental agencies and organizations)	5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
	5.4.4. Collaborates with community members and organizations to address community health and resilience needs (e.g., engaging diverse groups in developing and implementing plans and programs, engaging in asset-based community development, making decisions with the community, engaging community organizations in the delivery of services, coordinating emergency response, valuing critical	5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
	5.4.5. Collaborates with community members and organizations to assess the impact of policies, programs, and services on community health and resilience	New
	5.4.6. Collaborates with community members and organizations to improve policies, programs, and services	New
	5.4.7. Ensures accountability to the community (e.g., being transparent and inclusive, taking responsibility for decisions and their consequences)	New
5.5. Shares power and ownership with community members and others		New
	5.5.1. Recognizes the power and ownership that exist within a community	New
	5.5.2. Recognizes the power structure and dynamics within a community	New
	5.5.3. Ensures power and ownership are shared with community members and others	New

Public Health Sciences Skills		
	2021	2014
Competencies	Subcompetencies	
6.1. Describes systems, policies, and events impacting public health (e.g., slavery, colonialism, John Snow and the London cholera outbreak, smallpox eradication, development of vaccines, Tuskegee Syphilis Study, fluoridation of drinking water, Jim Crow laws, establishment of Medicare and Medicaid, Americans with Disabilities Act, seatbelt legislation, banning tobacco in public buildings, death penalty, gun violence, globalization, deforestation, climate change, COVID-19 pandemic)		6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
	6.1.1. Describes historical systems, policies, and events impacting public health	6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
	6.1.2. Describes current systems, policies, and events impacting public health	New
6.2. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health, health services administration, social and behavioral sciences, and public health informatics) in delivering the 10 Essential Public Health Services		6C3: Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services
	6.2.1. Describes how public health sciences are used in the delivery of the 10 Essential Public Health Services	New



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	6.2.2. Uses public health sciences in delivering the 10 Essential Public Health Services	New
	6.2.3. Ensures use of public health sciences in delivering the 10 Essential Public Health Services	6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences, and public health informatics) are applied in the delivery of the 10
6.3. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services		6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
	6.3.1. Accesses evidence from print and electronic sources to support decision making	6C5. Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report) to support decision making
	6.3.2. Interprets evidence to support decision making	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from The Guide to Community Preventive Services in planning population health
	6.3.3. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
	6.3.4. Applies evidence in developing, implementing, evaluating, and improving policies, programs, and services (e.g., translating research for practice, considering public perspectives and opinions, navigating power dynamics)	New
	6.3.5. Ensures evidence is applied in developing, implementing, evaluating, and improving policies, programs, and services	6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
	6.3.6. Develops partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, in cross-sector collaborations, with health sciences libraries)	New
	6.3.7. Maintains partnerships that increase use of evidence in public health practice	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)
6.4. Contributes to the evidence base for improving health		6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)
	6.4.1. Ensures the organization engages in community-based participatory research	5C11. Engages the organization in community-based participatory research
	6.4.2. Ensures the organization participates in partnerships to produce evidence for improving the public's health (e.g., Public Health Practice-Based Research Networks, academic health department partnerships)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)
	6.4.3. Disseminates evidence for improving the public's health (e.g., writing journal articles, reviewing manuscripts, making data available to researchers, sharing research findings on social media, telling stories)	New

Financial Planning and Management Skills		
2021		2014
Competencies	Subcompetencies	
7.1. Describes factors that affect the health of an organization (e.g., equitable and fair treatment of employees, support from the governing body and community, sustainability of funding, training of managers)		New
	7.1.1. Identifies factors affecting the health of an organization	New
	7.1.2. Describes factors affecting the health of an organization	New
7.2. Secures human resources (e.g., staff, interns, consultants, volunteers)		New
	7.2.1. Determines human resources needed for organizational infrastructure, programs, and services	New
	7.2.2. Develops strategies to recruit a diverse, inclusive, and competent workforce	New

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	7.2.3. Implements strategies to recruit a diverse, inclusive, and competent workforce	New
	7.2.4. Ensures implementation of strategies to recruit a diverse, inclusive, and competent workforce	New
	7.2.5. Ensures recruitment of a diverse, inclusive, and competent workforce	4C8. Takes measures to support a diverse public health workforce
7.3. Manages human resources		7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
	7.3.1. Develops strategies to retain a diverse, inclusive, and competent workforce	New
	7.3.2. Implements strategies to retain a diverse, inclusive, and competent workforce	New
	7.3.3. Ensures implementation of strategies to retain a diverse, inclusive, and competent workforce	4C8. Takes measures to support a diverse public health workforce
	7.3.4. Monitors workforce satisfaction	New
	7.3.5. Develops strategies to improve workforce satisfaction	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.3.6. Implements strategies to improve workforce satisfaction	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.3.7. Evaluates individual performance	New
	7.3.8. Develops individual professional development plans	New
	7.3.9. Engages in continuous improvement of individual performance	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	7.3.10. Fosters a healthy work environment (e.g., prioritizing diversity, inclusivity, and belonging; creating a safe space for diverse perspectives; encouraging sharing of ideas; respecting different points of view; motivating colleagues; resolving conflicts; supporting colleague mental and physical health needs; addressing burnout)	New
7.4. Engages in professional development (e.g., training, mentoring, peer advising, coaching, drills, exercises)		8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)
	7.4.1. Recognizes one's own professional development needs (e.g., determining knowledge and skills needed for success in one's job, identifying gaps in desired knowledge and skills)	New
	7.4.2. Participates in professional development opportunities	New
	7.4.3. Collaborates with individuals and teams to determine professional development needs	New
	7.4.4. Supports individuals and teams in engaging in professional development (e.g., promoting a culture of lifelong learning, identifying training opportunities, encouraging peer-to-peer learning)	New
	7.4.5. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
7.5. Secures financial resources		New
	7.5.1. Determines financial resources needed for organizational infrastructure, programs, and services	New
	7.5.2. Explains public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	New
	7.5.3. Determines priorities for organizational	7C5. Determines priorities for organizational budgets
	7.5.4. Develops organizational budgets	7C6. Develops organizational budgets
	7.5.5. Defends organizational budgets	7C7. Defends organizational budgets
	7.5.6. Develops strategies to secure financial resources (e.g., preparing proposals for funding, providing data, seeking input from partners)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
	7.5.7. Implements strategies to secure financial resources	New
	7.5.8. Ensures implementation of strategies to secure financial resources	New
7.6. Manages financial resources		New

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	7.6.1. Determines how financial resources are distributed	7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
	7.6.2. Negotiates contracts and other agreements for products and services	7C9. Approves contracts and other agreements for programs and services  5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships
	7.6.3. Monitors organizational budgets	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
	7.6.4. Adjusts organizational budgets to address changing needs	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7.7. Implements organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice		New
	7.7.1. Assesses the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice	New
	7.7.2. Ensures assessment of the impact of organizational policies, programs, and services on diversity, equity, inclusion, and justice	New
	7.7.3. Develops organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
	7.7.4. Ensures development of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
	7.7.5. Contributes to implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
	7.7.6. Ensures implementation of organizational policies, programs, and services to achieve diversity, equity, inclusion, and justice	New
7.8. Manages programs and services		7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
	7.8.1. Ensures development of work plans	New
	7.8.2. Ensures implementation of work plans	New
	7.8.3. Ensures monitoring of work plans	New
	7.8.4. Ensures adjustment of work plans for continuous improvement	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	7.8.5. Manages the organization within current and projected resources	New
7.9. Engages in contingency planning (e.g., for emergencies, succession, cross-training staff, continuity of operations, economic downturns)		New
	7.9.1. Develops contingency plans	New
	7.9.2. Implements contingency plans	New
	7.9.3. Ensures implementation of contingency plans	New
	7.9.4. Adjusts contingency plans to address changing needs	New
	7.9.5. Ensures adjustment of contingency plans to address changing needs	New
7.10. Applies critical thinking in decision		New
	7.10.1. Determines how data and information can be used in decision making	New
	7.10.2. Considers factors (e.g., fiscal, social, political, environmental, legal, geographic) influencing decisions	New
	7.10.3. Considers potential unintended consequences of decisions	New
	7.10.4. Demonstrates the importance of using evidence in decision making	1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)

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	7.10.5. Makes evidence-informed decisions	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from <i>The Guide to Community Preventive Services</i> in planning population health)
7.11. Engages individuals and teams to achieve program and organizational goals		7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.1. Identifies individuals with the expertise to achieve program and organizational goals	New
	7.11.2. Engages individuals to achieve program and organizational goals	New
	7.11.3. Ensures engagement of individuals to achieve program and organizational goals	New
	7.11.4. Explains how diverse and inclusive teams help achieve program and organizational goals	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a
	7.11.5. Establishes diverse and inclusive teams with the expertise to achieve program and organizational goals (e.g., valuing and including different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline; leveraging staff skills and expertise; rapidly forming and reconfiguring teams to respond to emergencies)	7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
	7.11.6. Participates in teams to achieve program and organizational goals (e.g., collaborating across departments)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.7. Engages teams to achieve program and organizational goals (e.g., identifying when to bring a team into a project, recognizing when to lead and when to follow, leading a team)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
	7.11.8. Ensures engagement of teams to achieve program and organizational goals	New
7.12. Facilitates collaboration among individuals, groups, and organizations		New
	7.12.1. Identifies opportunities for collaboration	New
	7.12.2. Fosters collaboration (e.g., building trust, engaging in active listening, convening interested parties)	New
7.13. Engages in performance management		7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)
	7.13.1. Explains the importance of performance management for program, organizational, and community health improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation, ensuring accountability, managing grants and contracts, determining collective impact of community initiatives)	New
	7.13.2. Describes performance management principles (e.g., identifying performance standards and measures, reporting on progress, using data to improve programs, engaging leadership in supporting performance management)	New
	7.13.3. Develops organizational performance standards and measures	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
	7.13.4. Identifies performance management systems (e.g., Excel spreadsheet, scorecard, dashboard)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
	7.13.5. Selects performance management system	New
	7.13.6. Implements performance management system	7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)
	7.13.7. Ensures implementation of performance management system (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)

### Crosswalk of the 2021 and 2014 Core Competencies for Public Health Professionals - Tier 3

Leadership and Systems Thinking Skills		
2021		2014
Competencies	Subcompetencies	
8.1. Creates opportunities to achieve cross-sector alignment (e.g., community coalitions, academic health department partnerships)		8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
	8.1.1. Explains the importance of public health, healthcare, and other organizations working together to impact the health of a community	New
	8.1.2. Describes how governmental public health programs and organizations are structured and function	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
	8.1.3. Assesses the impact of programs and services provided by governmental and non-governmental organizations that impact the health of a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
	8.1.4. Creates opportunities for public health, healthcare, and other organizations to work together or individually to impact the health of a community	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
	8.1.5. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8.2. Implements a vision for a healthy community		New
	8.2.1. Collaborates with individuals and organizations to develop a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation, building community resilience after emergencies)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
	8.2.2. Collaborates with individuals and organizations to implement a vision for a healthy community	New
8.3. Addresses facilitators and barriers impacting delivery of the 10 Essential Public Health Services		8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)
	8.3.1. Identifies internal and external facilitators impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	New
	8.3.2. Identifies internal and external barriers impacting delivery of the 10 Essential Public Health Services (e.g., conducting a SWOT analysis, mind mapping, using root cause analysis, engaging in problem solving)	New
	8.3.3. Develops strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New
	8.3.4. Implements strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New
	8.3.5. Ensures implementation of strategies to enhance facilitators impacting delivery of the 10 Essential Public Health Services	New
	8.3.6. Develops strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	New
	8.3.7. Implements strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)
	8.3.8. Ensures implementation of strategies to reduce barriers impacting delivery of the 10 Essential Public Health Services	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)
8.4. Creates opportunities for creativity and innovation		New
	8.4.1. Identifies opportunities for creativity and innovation	New

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	8.4.2. Fosters creativity and innovation (e.g., inviting diverse perspectives, challenging assumptions, learning from successes and failures)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8.5. Responds to emerging needs		New
	8.5.1. Identifies emerging needs (e.g., using surveillance data, tracking hospital admissions, listening to the community, monitoring social media and Google Trends)	New
	8.5.2. Addresses emerging needs (e.g., identifying resources, adapting, pivoting rapidly, being flexible, reducing disparities, collaborating with the community, working with governmental agencies, taking action with incomplete information, maintaining operations during emergencies, supporting resilience and	New
8.6. Manages organizational change		8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)
	8.6.1. Explains the importance of organizational change	New
	8.6.2. Develops a shared vision	New
	8.6.3. Engages staff in the change process	New
	8.6.4. Determines changes needed to implement a shared vision	New
	8.6.5. Manages uncertainty (e.g., navigating challenges, addressing concerns, displaying empathy, recognizing facilitators and barriers, minimizing disruption)	New
	8.6.6. Implements a shared vision	New
8.7. Engages politicians, policymakers, and the public to support public health infrastructure (e.g., funding, workforce, legal authority, facilities, data systems)		5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
	8.7.1. Explains the importance of engaging with politicians, policymakers, and the public to support public health infrastructure	New
	8.7.2. Mentors staff on how to engage politicians, policymakers, and the public to support public health infrastructure	New
	8.7.3. Describes how policy is made within the organization and community	New
	8.7.4. Demonstrates the essential role of governmental public health in promoting and protecting health in a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
	8.7.5. Demonstrates the essential role of diversity, equity, inclusion, and justice in promoting and protecting health in a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
	8.7.6. Builds public confidence and trust in public health professionals and messages (e.g., demonstrating empathy, validating fears and concerns, acknowledging mistakes, framing messages for different audiences, addressing misinformation and disinformation)	New
	8.7.7. Demonstrates how politicians, policymakers, and the public can support public health infrastructure	New
8.8. Advocates for public health		8C10. Advocates for the role of public health in providing population health services
	8.8.1. Explains the importance of engaging in advocacy	New
	8.8.2. Describes the differences between educating and lobbying	New
	8.8.3. Mentors staff on how to advocate	New
	8.8.4. Advocates for the role of public health (e.g., in providing population health services, preparing for and responding to emergencies, working with others to address determinants of health)	8C10. Advocates for the role of public health in providing population health services
	8.8.5. Advocates for policies, programs, and services to improve community health and resilience	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
	8.8.6. Advocates for a diverse, inclusive, and competent public health workforce	New

**Crosswalk of the 2021 and 2014 Core Competencies for Public Health Professionals - Tier 3**

	8.8.7. Advocates for flexible and sustainable resources for public health	New
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## 2014 Core Competencies for Public Health Professionals - Unmapped in Crosswalk

Tier 1	Tier 2	Tier 3
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources		
	4B7. Describes the value of a diverse public health workforce	
5A9. Informs the public about policies, programs, and resources that improve health in a community		
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
	6B4. Applies public health sciences in the administration and management of programs	6C4. Applies public health sciences in the administration and management of the organization
7A3. Adheres to organizational policies and procedures	7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)	7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
		7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health