

PHTC Core Competency Usage Survey Results, July 2009

In what ways do you use the Core Public Health Competencies in your work?	How have the Core Competencies been helpful to your organization for staff development?
<p>Practitioners</p> <p>We have devised our Performance Review and Planning (annual staff evaluations) using the eight core competencies. From there, we developed job descriptions, ads for job openings, interview questions, etc incorporating the CC. We hold eight in-services each year and attempt to present on at least four CC every year. We devised an orientation manual for new staff based on the CC. Everyone, regardless of position in the agency, must complete this global public health orientation to their roles. We have located supporting videos, etc that break up the six hours of competency explanations. Explanations are given as to how the competencies are utilized in various programs... They give us an avenue to discuss cultural competencies and why our staff needs to be diverse and needs to honor our differences.</p>	<p>Practitioners</p> <p>Orientation and in-services as noted in #1. When we saw how much is on our PRPs (above) under some competencies and how little under others, we could readily identify our weak areas!</p>
<p>Policy development yearly or when needed for the agency and health of the population. Assessment used in identifying of community needs, clarify problems and identifying strengths and resources daily. It also mobilizes community partnerships to identify and solve problems on daily, weekly or monthly time frame.</p>	<p>The core competencies are a key component in the orientation program for both staff and for nursing students pursuing a community health experience at our organization.</p>
<p>We have focused the training plan, orientation, mandatory training around the competencies. Training requests ask to what competencies the training will contribute. Program enhancements are often prioritized around core competencies that require support. My specific programs use Domains 1, 2, 3, 4, 5, 6, 7, 8, 9 (EP) and research.</p>	<p>They help the service delivery staff understand the pure public health activities. They came in handy when Emergency Preparedness made all of them essential personnel for some emergent condition.</p>
<p>As a broad understanding of basic public health services.</p>	<p>They have been used in performance evaluation but not in the exact format as outlined in the included pdf.</p>
<p>Development of Department of Health Strategic Plan Exploring how the Department will use Core Competencies in developing Core Funding proposals for the state in future years. Leadership team meeting in October to re-evaluate core services. The Core Competencies will be one tool used in the evaluation. Newly established Quality Assurance Program will utilize as format for setting standards and evaluating programs in addition to other QA clinical standards of care.</p>	<p>Many of the competencies are included in staff development required by individual disciplines. The Core Competencies are particular useful for setting an agency wide standard in addition to individual disciplines. For professional staff (e.g. outreach workers and human services assistants) that do not have a licensure or other certification, the Core Competencies provide a uniform staff development framework</p>
<p>Seek information about benchmark of where my staff and I should be in our knowledge, skills, and abilities.</p>	<p>They have been very helpful again as a guide as to what knowledge, skills and abilities we should have and lend themselves to ready identification of gaps and training needs.</p>
<p>The NYC DOHMH does not formally use the core public health competencies for strategic planning. However, we have focused on some of the competencies through work done in individual bureaus and units. With over 6000 employees, the agency has taken a decentralized approach to training.</p>	<p>From the New York City Dept. of Health and Mental Hygiene: The agency recently launched a new staff development program that addresses some public health competencies and professional managerial competencies. Prior to being launched, previous iterations of the staff development program focused heavily on public health competencies. The final product focuses heavily on professional managerial competencies, a priority of DOHMH's senior leadership.</p>

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

Do you feel that the Core Competencies are realistic expectations for all of your staff or training audience?	What tools would be useful to you in being able to better utilize the competencies?
Practitioners	
Absolutely. Until clear standards for public health performance and credentialing have been developed and implemented the core competencies provide the clearest explanation of the functions of public health.	Job description templates utilizing the core competencies.
Yes, To a degree we have tried to tailor the level of expectation not on supervisory but on implementation status. We use aware, knowledgeable, and proficient as the levels.	The challenge has been to wrestle these very big, very broad academic concepts down to the thinking and tasks that we work with (or should be working with) on a daily basis. The question is always, "HOW do we know this person is competent? What can we evaluate in THEIR job role at the local level that tells us this employee is competent at a certain level?" The original eight competencies were a nightmare with language that no one in the trenches could really embrace. The May 2008 version, while still a little stuffy in places, is much more usable. We have been able to incorporate many of those concepts into our PRPs. They will always be a work in progress, but we finally, after seven years, have a versatile document that is easily and quickly adjusted to meet the many changes in public health. Our list is in #1 for the tools, which are many. The PRP was our biggest need and challenge... One can understand why many/most local PHA simply utilize a 10 question form that deals only with home care... which is getting public health nowhere. But it's simple and quick, and doesn't grow any staff. At this point, I can't think of any tools, but in a few months, who knows?!?!?
Yes, I just wish we were better at deliberately using them. We use parts of them not all.	Tools that have practical application to practice on the local level.
Yes – for front line staff, non-clinical support services there will need to be specific	Concrete everyday Examples, for use in training, of challenge situations/emergent conditions that need simple tools for domain 1, 3, 4, 6, and 8. The PH Memory Jogger is excellent, but more examples couched as exercises would be helpful.
Training that relates to their work role in the agency.	Better integration of them in existing state job descriptions and a streamlining document of the domains and competencies – there is some repetition.
For new staff they seem appropriate - for staff who have done public health for a long time it is challenging to move them in this direction.	Best practices from agencies for each of the Domains.
	More locally available training courses. Course that could be done on-site in one-hour increments to reduce schedule disruption. Training could also be web-based. Practical applications for programs in my health department would be more useful.
From the New York City Dept. of Health and Mental Hygiene: Yes	

Training Centers	
<p>NYNJ PHTC Yes – effective training programs can improve staff competency in many, if not all, of the core competencies.</p> <p>There are challenges to using the competencies, however. The competencies are written in such a way that they are not all mutually exclusive from one another; some are narrow, others are very broad. This can make it difficult to assign competencies to a given training program, when you are choosing between multiple competencies that may be covered at different learning levels within the course.</p> <p>The core competencies also do not necessarily relate to people's roles and the kind of training they need to carry out those roles.</p>	<p>It can be confusing for many people to understand the difference between the 10 Essential Services and the Core Competencies. In NJ, the Public Health Practice Standards are based on the 10 Essential Services.</p> <p>In our work to disseminate a curricula based on a different set of competencies to public health leaders in local health departments in New York State, we have found that people have some general difficulties interpreting and using competency sets (e.g. understanding the purposes of the competency set in relation to a self-assessment tool). We have considered developing some basic educational material about competency sets and their purpose to address this issue.</p> <p>It would be useful to have a way to more specifically relate competencies to specific job requirements.</p>
<p>Mid-Atlantic Many of the core competencies are not realistic for all of our training audience, but we don't feel that all the competencies have to be appropriate for everyone since we don't rely exclusively on the list of competencies to identify training needs. Many of our trainings are developed in response to a stated need/request from public health professionals in the Mid Atlantic region. We provide some training that is appropriate for nurses, epidemiologists, or sanitarians, and other training that is appropriate for support staff. We ensure that we offer trainings that cover the breadth of the competencies.</p>	<p>We could better utilize the competencies if public health practitioners were better acquainted with the core competencies. We have found that many leaders in the public health community are unfamiliar with the competencies, making it more difficult for them to assess training needs and understand the need for some of our trainings.</p>
<p>Southeast We have found that the core competencies can be problematic in assessing the skills of non-public health prepared local health department workers. Many of these workers find the Tier 2 competencies are not realistic in their current positions.</p>	<p>We could better use the competencies to assess local health department staff by having clear examples of training requirements for new and non-MPH workers, MPH prepared workers and those in leadership from which to build a training continuum for lifelong learning.</p>