Public Health
Prevent. Promote. Protect.

Franklin County
Health Department

Franklin County Health Department

Workforce Development Plan

Adopted February 7, 2017
Revised April 17, 2017

Template adapted from the Ohio Public Health Training Center located in the College of Public Health at The Ohio State University.

Signature Page

This plan has been approved and adopted by the following individuals:

Judy A. Mattingly, MA
Public Health Director III

February 7, 2017

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by
3/7/17	1	Added detailed description of assessment results by Tier		Leadership Team
4/17/17	2	Added barriers to workforce development and strategies for overcoming those barriers		Leadership Team
4/17/17	3	Updated course descriptions and competencies addressed in the training plan		Leadership Team
6/20/17	4	Updated course descriptions, competencies addressed and FY 18 trainings in the training plan		Brittany Parker

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Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This plan serves as the foundation of the Franklin County Health Department's ongoing commitment to the training and development of its workforce.

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Agency Profile

Mission:

Prevent. Promote. Protect. Franklin County.

Vision:

Live. Work. Play. Pray. HEALTHY!

Values:

Accountability, Dedication, Empowerment, Equity, Excellence, Flexibility, Integrity and Respect

FCHD 2016 - 2021 Strategic Plan Goals include:

1. Increase FCHD's Branding Efforts.
2. Strengthen FCHD's Workforce Development Efforts.
    1. Objectives for this goal address:
        i. Staff Satisfaction
        ii. Job Descriptions/Evaluations
        iii. Worksite Wellness
        iv. Employee Trainings
3. Increase FCHD Funding/Revenue.
4. Improve FCHD's Infrastructure.
5. Build a Culture of Quality Improvement.
    a. Objectives for this goal address:
        i. QI Trainings
        ii. QI Projects

Governance

The Franklin County Board of Health composition is based upon 902 KAR 8:150 and specifies training for new Board of Health members including:

1. A new member appointed to the board shall receive training from the agency director or other appropriate agency representative.
2. The training shall include discussion or written materials on the following topics:
3. Statutory responsibilities and functions of the cabinet, agency, and the board;
4. Board laws, regulations, and local ordinances;
5. Board members' responsibilities and functions;
6. Agency services sites and the services provided at these sites;
7. Agency staff by discipline or profession;
8. Review of agency medical and environmental services, budget and annual report;
9. Board minutes for the last calendar year; and
10. Tour of the agency's main facility or, if feasible, a tour of satellite or remote site.

Current membership includes:

Name	Representation
Dr. Charles Bradshaw, DMD, Chair	Dentist Representative
Wayne Morris, RPH, Vice-Chair	Pharmacist Representative
Dr. Paula Hoover, OD, Treasurer	Optometrist Representative
Joseph F. Grider, PE	Engineer Representative
Stephen K. Hall, MD	Physician Representative
Arba Kenner, MD	Physician Representative
Denis King, DVM	Veterinarian Representative
Pamela J. Melton, RN	Nurse Representative
Constance E. Morgan, RN	Consumer Representative
Richard Tanner	Fiscal Court Representative
Mark Wainwright, MD	Physician Representative
Huston Wells, Judge/Executive	County Judge/Executive

Learning culture

FCHD is committed to a culture of Quality Improvement and considers itself to be a learning organization. This Workforce Development Plan contributes to this overall goal and encourages team members to develop knowledge and competence. All FCHD team members are provided between one percent and five percent of work time in their job description for the purpose of workforce/professional development. Job descriptions are reviewed annually during each employee's annual performance evaluation. The annual performance evaluation also includes objectives and goals for the next performance period as well as an employee development plan.

Quality Improvement Plan

FCHD's February 2016 – December 2020 Quality Improvement (QI) Plan also fosters a culture of quality improvement through continuous improvement of programs, services and administration. The QI Plan itself provides a basic introduction for all team members including definitions for key quality terms and a description of the Plan-Do-Check/Study-Act (PDC/SA) cycle. Also included are identified FCHD QI Projects addressing STD reduction, sixth grade immunizations, workforce development and revenue. The FCHD Accreditation and QI Policy is listed as an appendix to the QI Plan and further recognizes the knowledge and experience of team members and actively encourages them to participate in and request QI projects. The QI Plan also details QI trainings for all team members and leadership team members including a QI contributor's course, QI planning session, quarterly staff meeting trainings regarding QI tools and current projects, and just in time training for QI project teams.

Performance Management Plan

The FCHD FY 16-FY 20 Performance Management Plan also sets standards for our workforce that may be achieved through formal or informal employee education. The plan specifically includes goals for the completion of FCHD's annual training plan, increasing employee satisfaction with and understanding of the annual evaluation process, completing at least four QI projects, completing preparedness trainings and tests and updating training manuals.

Workforce Profile

Introduction: This section provides a description of our current and anticipated future workforce needs.

Current Workforce Demographics

The table below summarizes the demographics of our current workforce and Franklin County demographics as of February 1, 2017.

Category		# or %	Franklin County
Total # of Employees		73	50,560
	# of FT Merit	51	
	# of PT Merit	2	
	# of FT Contracts	1	
	# of PRN Contracts	19	
Gender	Female	67	51.7%
	Male	6	48.3%
Race	Hispanic	1	3.0%
	Non-Hispanic	0	
	American Indian / Alaska Native	0	
	Asian	1	
	African American	1	10.9%
	Hawaiian	0	
	Caucasian	68	84.3%
	More than One Race	2	
	Other	0	
Age	< 20	0	
	20 – 29	1	
	30 – 39	17	
	40 – 49	25	
	50 – 59	16	
	>60	14	
Primary Professional Disciplines/Credentials	Leadership/Administration (Professional Licenses duplicated below)	14	
	Support and Billing	16	
	Clinic Nurse	8	
	Home Health Nurse	11	
	School Health Nurse	13	
	Nursing Aide	3	
	Registered Sanitarian/EH Specialist	3	
	Epidemiologist	0	
	Health Educator	2	
	Dietician	2	
	Social Workers	1	
	Medical Director (Independent Contractor)	1	
	HANDS Family Support Workers (FSW)	4	
	HANDS Parent Visitor (RN)	1	
	Emergency Preparedness	1	
	Maintenance	1	
Retention for Past 5 Years	Resignations (10 Nurses, 1 Nursing Aide, 1 Maintenance)	12	
	Retirements	11	
	Dismissals	1	
	Layoffs	5	
Employees < 5 Years from Retirement	Management	3	
	Non-Management	6	

Future Workforce

FCHD anticipates a need to increase the number of staff trained in population health strategies such as health education and epidemiology. Whenever possible, FCHD is committed to training and mentoring current staff for the purpose of leadership succession planning and to maintain organizational knowledge. FCHD is also striving to increase workforce diversity to better reflect the population of our jurisdiction and is committed to being an Equal Opportunity Employer.

Competencies & Education Requirements

Core Competencies

FCHD has adopted the June 2014 Core Competencies for Public Health Professionals developed by The Council on Linkages Between Academia and Public Health Practice available at www.phf.org/corecompetencies and found in Appendix A of this Plan. The Core Competencies are organized into eight domains, reflecting skills areas within public health, and three tiers, representing career stages for public health professionals. The Domains are:

1. Analytical/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

Other Competencies

FCHD also recognizes that emergency preparedness is an integral part of all public health position descriptions and has adopted the CDC 2002 Bioterrorism & Emergency Readiness Competencies for all public health workers. The complete competencies are included in Appendix B and are organized into nine competencies:

1. Describe the public health role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")
2. Describe the chain of command in emergency response.
3. Identify and locate the agency emergency response plan (or the pertinent portion of the plan).
4. Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills.
5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)
6. Describe communication role(s) in emergency response
   - within the agency using established communication systems
   - with the media
   - with the general public
   - personal (with family, neighbors)
7. Identify limits to own knowledge/skill/authority and identify key system resources for referring matters that exceed these limits.
8. Recognize unusual events that might indicate an emergency and describe appropriate action (e.g., communicate clearly within the chain of command.)
9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken.

All staff are divided into four tiers for preparedness trainings:

Tier 1 – all staff that may potentially be involved in a public health response.

Tier 2 – staff assigned to respond during a public health response as a single resource (subject matter expert), strike team member or task force member (examples include: staff working at a POD (Point of Dispensing) or a shelter. LHDs/DHDs determine the best person for these roles – possibly first line supervisors.

Tiers 3 - staff assigned to respond during a public health response as a strike team or task force leader (examples include: the lead person at a POD (Point of Dispensing) or the leader of an environmental strike team. LHDs/DHDs determine the best person for these roles – possibly middle management.

Tier 4 – staff assigned to respond during a public health response in the local health department DOC (Department Operations Center), local EOC (Emergency Operations Center) as part of the Command or General staff (Incident Commander, Safety Officer, Liaison Officer, Public Information Officer, Planning Section Chief, Logistics Section Chief, Operations Section Chief or Finance Section Chief)

Preparedness Staff – staff who are paid or partially paid for with Preparedness funding. Staff members responsible for preparedness planning, training, exercises, or epidemiological response.

CE Required by Discipline

Licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	CE Requirements as of January 2017
Nursing	14 CEUs per year; October 31 renewal
Registered Sanitarian (RS)	10 CEUs per fiscal year; June 30 renewal
Healthy Homes Specialist (HHS)	15 contact hours every 2 years; June 1 renewal
Certified Lead Risk Assessor	8 hour Risk Assessor Refresher Training every 2 years
Pesticide	9 public health specific hours per year 3 general hours per year
Certified Social Worker (CSW)	30 CEUs every 3 years: 1.5 hours in Pediatric Abusive Head Trauma every 6 years 3 hours in Social Work Code of Ethics every 3 years 2vhours in HIV/AIDS every 9 years 3 hours in Domestic Violence in the initial 3 year cycle 6 hours of Suicide Prevention every 6 years
Registered Dietitian (RD)	15 CEUs per year
Licensed Dietitian (LD)	15 CEUs per year
Licensed Diabetes Educator (LDE)	15 CEUs per year, all diabetes related
Certified Diabetes Educator (CDE)	75 CEUs every 5 years, all diabetes related
Home Health Nursing Aide	12 hours of in-service per year Performance/competency review each year (visit by RN) Written competency test each year available from KHCA
Certified Lactation Counselor (CLC)	18 CEUs every 3 years
Occupational Therapist (OT)	12 CEUs every 2 years
HANDS (Health, Access, Nurturing and Development Services)	10 hours of wrap around training per year after 24 months of employment: 5 hours in red alert areas including mental health, substance abuse, domestic violence and child abuse and neglect

Training Needs

Introduction: This section provides an overview of our agency's identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps.

Competency Based Training Needs

FCHD utilizes the Tier 1, Tier 2 and Tier 3 Competency Assessments for Public Health Professionals 2014 version adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina). Provided by the Council on Linkages Between Academia and Public Health Practice.

The most recent assessment was completed by FCHD employees between January and February 2017 and the assessments are located in Appendix C. FCHD employees first completed a similar assessment in 2012 that was based on the same core competencies, but utilized a five point rating scale and questions adapted by the Kentucky and Appalachian Public Health Training Center.

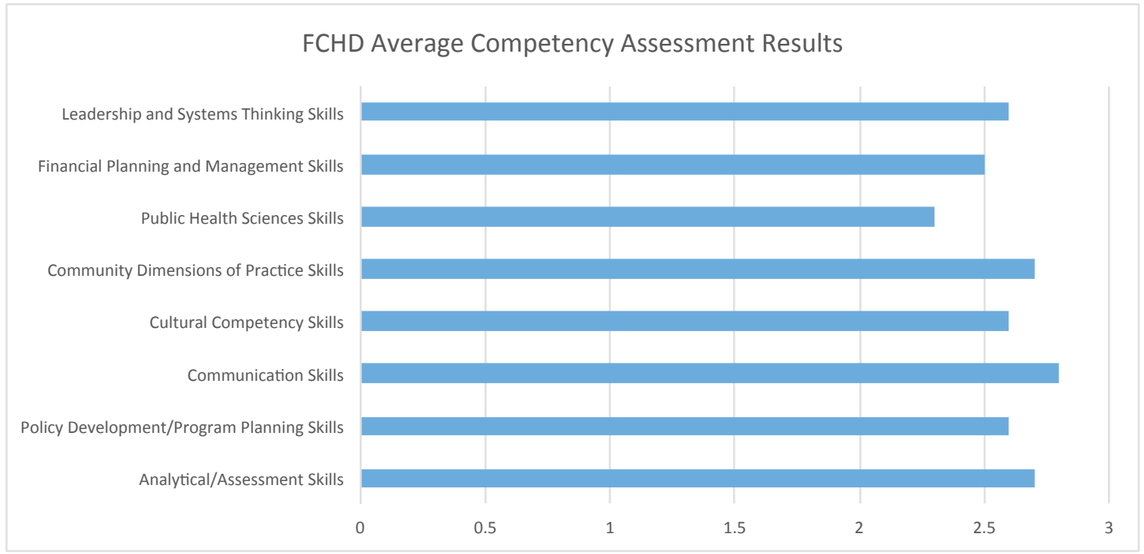
The 2017 FCHD assessment was completed by 64 employees:

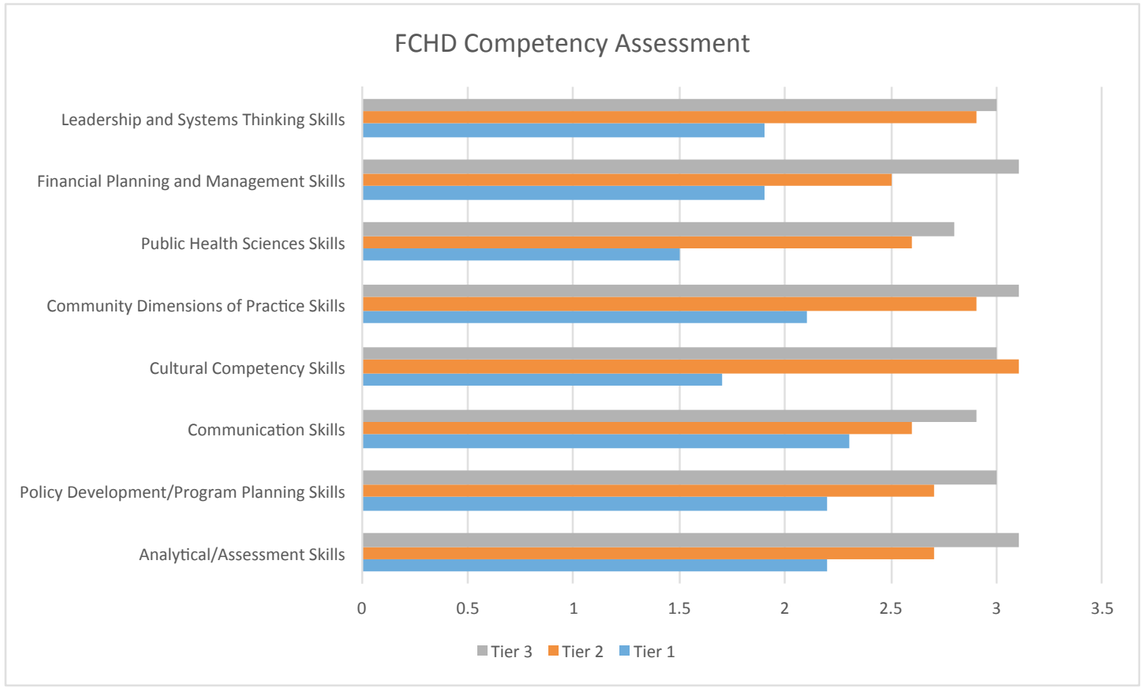
Tier 1- Front Line/Entry Level assessment was completed by 16 FCHD employees, but the final scores for 1 employee was not recorded.
Tier 2 - Program Management/Supervisory Level assessment was completed by 34 FCHD employees.
Tier 3 - Senior Management/Executive Level assessment was completed by 15 FCHD employees.

The rating system utilized was:

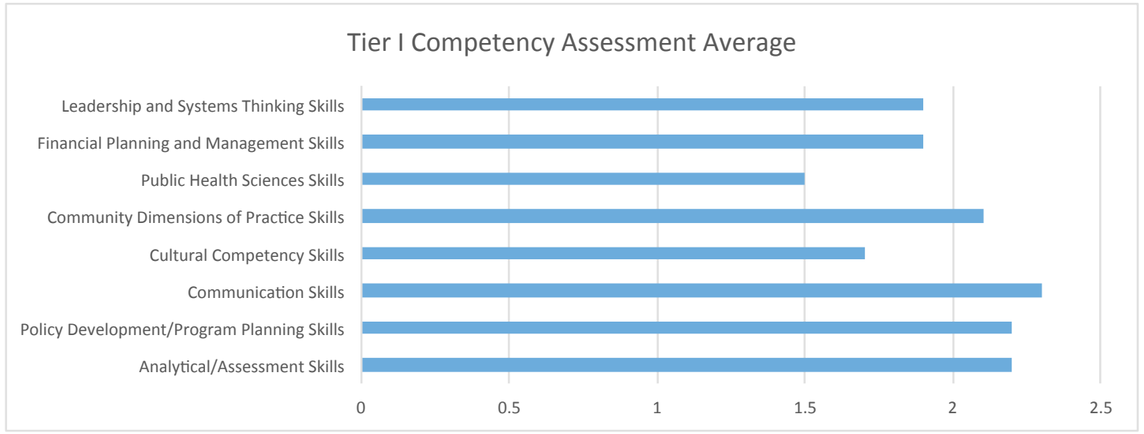
1 = None (I am unaware or have very little knowledge of the skill)
2 = Aware (I have heard of, but have limited knowledge or ability to apply the skill)
3 = Knowledgeable (I am comfortable with my knowledge or ability to apply the skill)
4 = Proficient (I am very comfortable, am an expert, or could teach this skill to others)

Average Scores	Tier 1	Tier 2	Tier 3	Avg.
Analytical/Assessment Skills	2.2	2.7	3.1	2.7
Policy Development/Program Planning Skills	2.2	2.6	3.0	2.6
Communication Skills	2.3	3.1	2.9	2.8
Cultural Competency Skills	1.7	3.1	3.0	2.6
Community Dimensions of Practice Skills	2.1	2.9	3.1	2.7
Public Health Science Skills	1.5	2.6	2.8	2.3
Financial Planning and Management Skills	1.9	2.5	3.1	2.5
Leadership and Systems Thinking Skills	1.9	2.9	3.0	2.6





The overall competency assessment results for FCHD are depicted in the graphs above. The greatest strength for FCHD is in the area of communication skills with an average score across all tiers of 2.8. The greatest opportunity for improvement across all tiers is in the area of public health science skills, which had an average score of 2.3.



Analytical/Assessment Skills: The overall average for this category was 2.2. The highest rated question in this category was, "Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information" with 12 respondents scoring this either a 3 or 4. The question scoring the lowest was, "Explain how community health assessments use information about health status, factors influencing health, and assets and resources."

Policy Development/Program Planning Skills: The overall average for this category was also 2.2. The highest scoring response was to the question, "Implement policies, programs, and services" and the lowest scoring response was tied between "Describe 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)" and "Contribute to implementation of organizational strategic plan."

Communication Skills: The overall average for this competency was the highest for Tier I at 2.3. The greatest strength was concerning the question "Solicit input from individuals and organizations (e.g. chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) to improve community health" and the greatest area for improvement is in regards to "Facilitate communication among individuals, groups, and organizations."

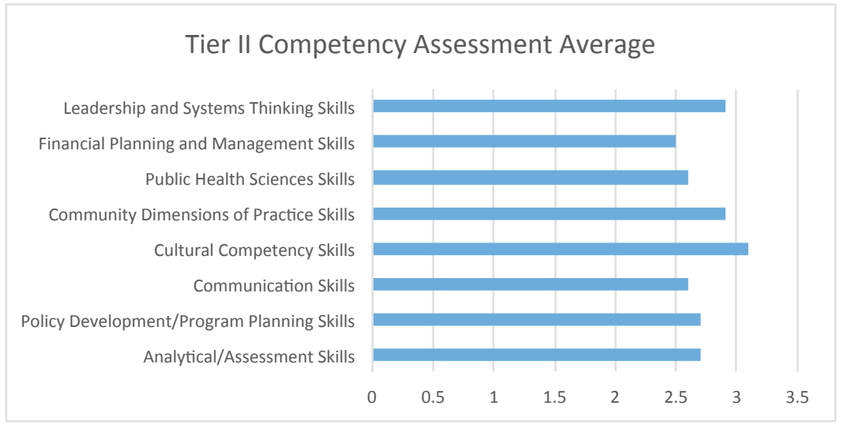
Cultural Competency Skills: The overall average for this competency was 1.7. The highest ranking question was "Describe the concept of diversity as it applies to individuals and populations (e.g. language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, etc.)." The response with the greatest opportunity for improvement in this competency category was "Describe the diversity of individuals and populations in a community."

Community Dimensions of Practice Skills: The average for this competency category was 2.1. The greatest strength was regarding the ability to "Suggest relationships that may be needed to improve health in a community" and the greatest area for growth was regarding the ability to "Collaborate with community partners to improve health in a community (e.g. participate in committees, share data and information, connect people to resources)."

Public Health Sciences Skills: The Tier I average for this competency was 1.5, representing the greatest opportunity for improvement for Tier I employees. The greatest strength for this competency was regarding the ability to "Recognize the limitations of evidence (e.g. validity, reliability, sample size, bias, generalizability)" and the greatest area for growth was regarding the ability to "Describe the scientific foundation of the field of public health."

Financial Planning and Management Skills: The overall average for this competency was 1.9. The greatest capacity for this competency was the ability to "Motivate colleagues for the purpose of achieving program and organizational goals (e.g. participating in teams, encouraging sharing of ideas, respecting different points of view)." The greatest area for improvement concerns the ability to "Contribute to development of program budgets."

Leadership and Systems Thinking Skills: The average score for this competency was 1.9. The greatest capacity was the ability to "Incorporate ethical standards of practice (e.g. Public Health Code of Ethics) into all interactions with individuals, organizations, and communities." The greatest area for improvement was the ability to "Contribute to development of a vision for a healthy community (e.g. emphasis on prevention, health equity for all, excellence and innovation)."



Analytical/Assessment Skills: The average score for this competency was 2.7. The greatest capacity for the competency was the ability to "Describe factors affecting the health of a community (e.g. equity, income, education, environment)." The greatest area for improvement was the ability to "Develop community health assessment using information about health status, factors influencing health, and assets and resources."

Policy Development/Program Planning Skills: The average score for this competency was 2.6. The greatest capacity in this competency was the ability to "Implement policies, programs, and services". The capability in greatest need for improvement is the ability to "Ensure 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; etc.)."

Communication Skills: This competency is tied for the greatest strength of Tier II employees with an average score of 3.1, which is also the highest score for this competency across all Tiers. The greatest strength in this category was the capacity to "Assess the literacy of populations served (e.g. ability to obtain, interpret, and use health and other information; social media literacy)." The greatest area for improvement was regarding the ability to "Suggest approaches for disseminating public health data and information (e.g. social media, newspapers, newsletters, journals, town hall meeting, libraries, neighborhood gatherings)."

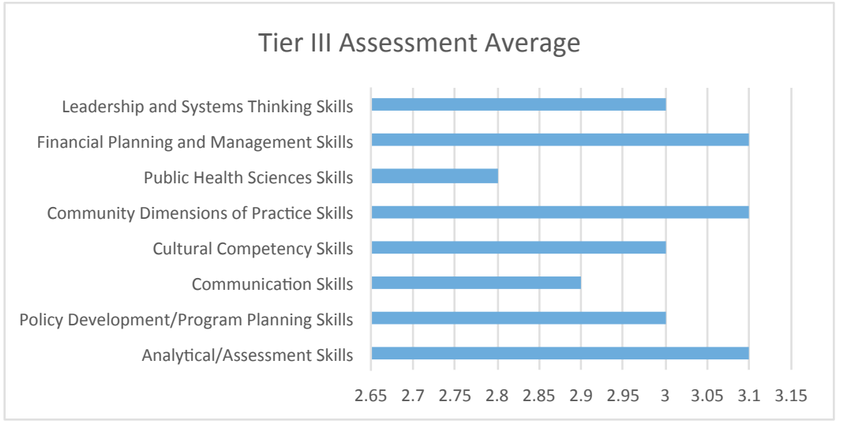
Cultural Competency Skills: This competency is tied for the greatest strength of Tier II employees with an average score of 3.1, which is also the highest score for this competency across all Tiers. The greatest ability in this competency was "Describe the concept of diversity as it applies to individuals and populations (e.g. language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, etc.)". The greatest opportunities for improvement were concerning the ability to "Ensure the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community" and "Assess 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)."

Community Dimensions of Practice Skills: The average score for this competency was 2.9. The greatest ability in this category was "Identify 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)." The greatest opportunities for improvement were concerning the ability to "Facilitate collaboration among partners to improve health in a community (e.g. coalition building)" and "Collaborate in community-based participatory research."

Public Health Sciences Skills: The average score for this competency was 2.6. The greatest strength is this competency category was the ability to "Apply public health sciences in the administration and management of programs." The greatest area for improvement was the ability to "Describe the scientific foundation of the field of public health."

Financial Planning and Management Skills: This competency is the greatest area for improvement for Tier II employees with an average score of 2.5. The strengths in this category were the abilities to "Motivate personnel 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)" and "Use evaluation results to improve program and organizational performance." The skill most in need of improvement is "Develop program budgets."

Leadership and Systems Thinking Skills: The average score for this competency was 2.9. The greatest ability in the competency area was "Explain the ways public health, health care, and other organizations can work together or individually to impact the health of a community." The largest opportunity for improvement was concerning the ability to "Modify organizational practices in consideration of changes (e.g. social, political, economic, scientific)."



Analytical/Assessment Skills: This competency was tied with two others for the greatest strengths of Tier III employees with an average score of 3.1. The greatest strength was the ability to "Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information." The greatest area for improvement was regarding the ability to "Make evidence-based decisions (e.g. determining research agendas, using recommendation from The Guide to Community Preventive Services in planning population health services)."

Policy Development/Program Planning Skills: The average score for this competency was 3.0. The greatest ability for this competency was to "Develop program goals and objectives" while the lowest response was concerning the ability to "Assess the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g. integrated data systems, electronic reporting, knowledgeable management systems, geographic information systems)."

Communication Skills: The average score for this competency was 2.9. The greatest strength was the ability to "Convey data and information to professionals and the public using a variety of approaches (e.g. reports presentations, email, letters, testimony, press interviews)." The greatest skill for improvement was the ability to "Evaluate strategies for communicating information to influence behavior and improve health (e.g. use social marketing methods, consider behavioral theories such as the Health Belief Model or Stages of Change Model)."

Cultural Competency Skills: The average score for this competency was 3.0. The strongest skills were the abilities to "-Describe 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, etc.)" and "Demonstrate the value of a diverse public health workforce." The skill most in need of improvement was "Advocate for the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community."

Community Dimensions of Practice Skills: This competency was tied with two others for the greatest strengths of Tier III employees with an average score of 3.1. The greatest strength was the ability to "Explain 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)." The skill most in need of improvement was the ability to "Engage the organization in community-based participatory research."

Public Health Sciences Skills: This competency area is the greatest in need of improvement for Tier III employees with an average score of 2.8. The greatest skill was the ability to "Ensure public health sciences (e.g. biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, etc.) are applied in the delivery of the 10 Essential Public Health Services." The skill most in need of improvement was the ability to "Critique the scientific foundation of the field of public health."

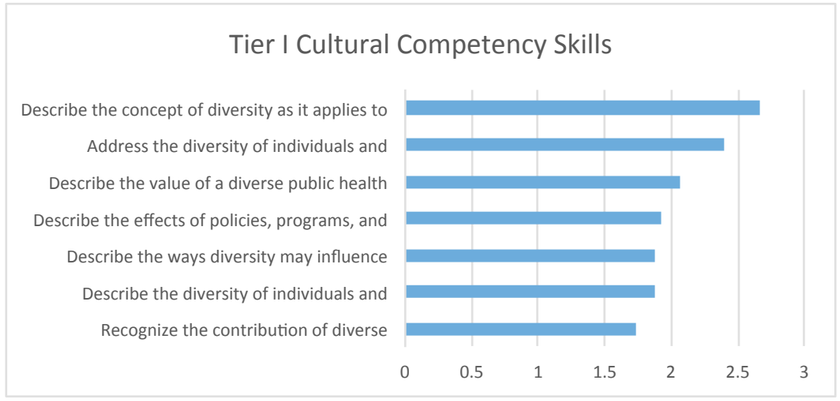
Financial Planning and Management Skills: This competency was tied with two others for the greatest strengths of Tier III employees with an average score of 3.1. The best skill in this category was the ability to "Ensure that programs are managed within current and projected budgets and staffing levels (e.g. sustaining a program when funding and staff are cut, recruiting and retaining staff)." The skill most in need of improvement was the ability to "Ensure the use of financial analysis methods used in making decisions about policies, programs, and services (e.g. cost-effectiveness, cost- benefit, cost-utility analysis, return on investment)."

Leadership and Systems Thinking Skills: The average score for this competency was 3.0. The greatest skill was the ability to "Incorporate ethical standard of practice (e.g. Public Health Code of Ethics) into all interactions with individuals, organizations, and communities." The skill with greatest room for improvement was the ability to "Take measures to minimize 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)."

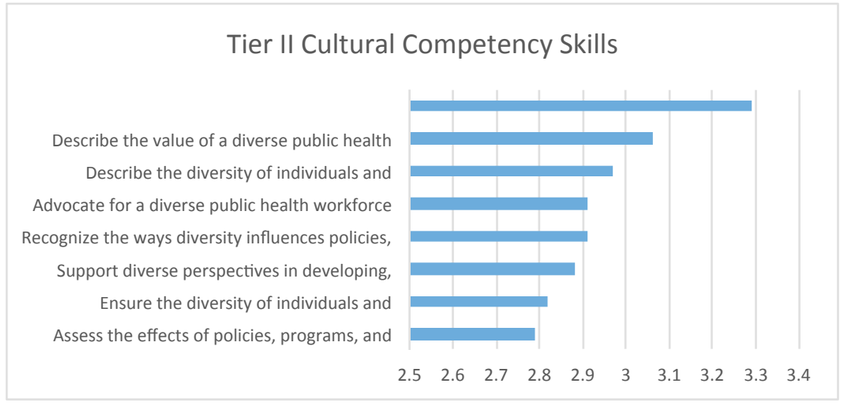
Complete results from the 2017 assessment are provided in Appendix D.

Cultural Competency and Health Equity Training Needs

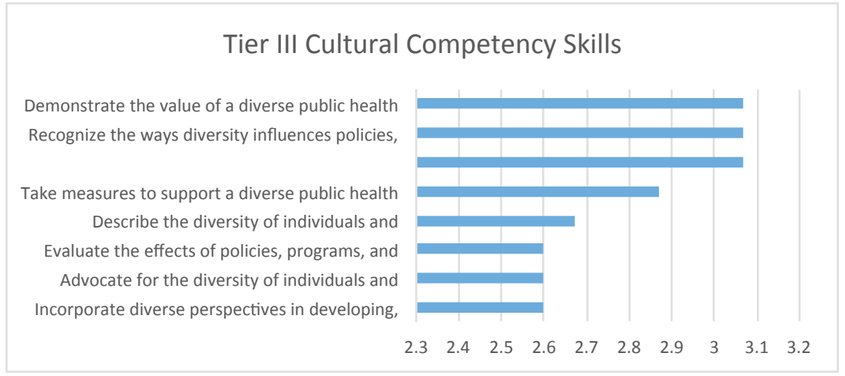
The FCHD 2017 public health core competency assessment for Tier 1, Tier 2 and Tier 3 public health professionals included a section assessing culturally competency skills. Summaries for cultural competency skills are located in the section above and the complete assessment results are located in Appendix D. The graphs below depict the specific cultural competency skills that were assessed for Tier I, II and III FCHD employees.



The average cultural competency score for Tier I was 1.7, which is approaching the level of awareness, but shows limited knowledge or ability to apply the skills.



The average cultural competency score for Tier II was 3.1, which was the highest score across all Tiers. This shows that Tier II FCHD employees are knowledgeable and comfortable with their ability to apply the skills.

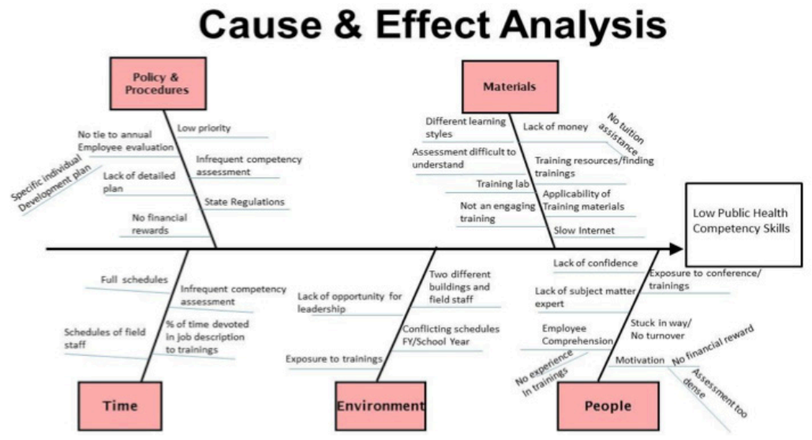


The average cultural competency score for Tier III was 3.0, again showing knowledge and comfort in the ability to apply cultural competency skills. However, across all Tiers FCHD is lacking staff that are proficient with cultural competency skills and that are able to teach or train other staff in these skills.

In addition, all FCHD staff annually complete two related online modules through ky.train.org. These are "Cultural Competency: The Impact on Health Equity" and "National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care." Each employee must repeat the module until a passing score is achieved in order to receive a certificate of completion. See the training plan below for specifics on these courses.

FCHD previously viewed the entire "Unnatural Causes: Is Inequality Making us Sick?" series, completed pre and post-tests and discussion questions regarding the series. FCHD is currently viewing "The Raising of America: Early Childhood and the Future of Our Nation" as well as completing discussion questions.

Barriers and Solutions



Whenever possible FCHD will research available and low cost trainings provided online, such as those provided by CDC and OSU. However, when not available and when FCHD experts have not been identified, FCHD will budget for outside speakers and experts to provide learning opportunities during staff meetings. FCHD will also begin to utilize internal staff to address areas, such as technology advances.

To address individual motivation, professional development as well as an individual development plan is being added to all FCHD position descriptions. Participation in such activities will also be considered in annual evaluation scores that may result in not only an annual increment, but also a lump sum payment. FCHD's leadership team is also exploring other employee recognition methods. Position descriptions are also being revised to include 1-5% of time for professional development activities for all staff. Staff who have never attended state and national conferences will be given first preference.

Workforce Development Goals

This section presents workforce development goals for our agency.

Goal	Measure	Timeframe	Responsible Parties
Establish tuition reimbursement policy for the agency.	Policy	2027	Board of Health Public Health Director
All employees have individual professional development plans (as part of the performance review process).	Completed individual development plans	May 1, 2018	HR, Employee and Supervisor
Identify and complete a new health equity training.	Identify training Schedule for all staff	June 20, 2018	Leadership Team
Increase competency assessment average scores.	Public health competency assessment scores.	Feb. 2022	Leadership Team
Update WFD plan every 2 years.	Plan updates	Feb. 2019	Leadership Team

Curriculum and Training Schedule

This section outlines the curricula and training schedule for February 2017 to February 2019.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
HIPAA Employee Orientation	Introduction and Orientation for New Employees regarding HIPAA regulations and compliance. Course Objectives: Who's impacted by this regulation? What is covered by this regulation? When did the regulation take effect? How did we comply with this regulation? Why should we comply with this regulation?	All Staff	• Mandate • Analytical/Assessment Skills • Policy Development/Program Planning Skills • Communication Skills • Public Health Sciences Skills • Leadership and Systems Thinking Skills • General Public Health • Legal / Ethical	New hire Annually	https://ky.train.org
Limited English Proficiency (LEP)	This module gives an overview of the Limited English Proficient (LEP) policy requirements and the importance of providing language access to all customers. This training is required of all Local Health Department (LHD) front-line staff, as well as any staff who have direct contact with customers of the agency. The information contained in this training applies to all Health Department units and all services that are provided by the Local Health Department to LEP persons, whether delivered by LHD staff directly or by contracted employees.	All Staff	• Mandate • Cultural Competency • Communication • Analytical/Assessment Skills • Access to Care (includes health insurance) • General Public Health • Legal/Ethical • Workforce Development	New hire Annually	https://ky.train.org

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
OSHA - Bloodborne Pathogen- Part I	This course was designed to review OSHA Bloodborne Pathogen Standards. The module identifies the three most commonly encountered blood borne pathogens, discusses their symptoms, and how the pathogens can be transmitted. This course stresses the importance of Standard Precautions and outlines the work practice controls that are in place to protect Local Health Department (LHD) employees.	All Staff	• Mandate • Environmental/ Industrial Health • Health/ Risk Communication • Injury/Violence Trauma • Occupational Health and Safety	New hire Annually	https://ky.train.org
OSH A- Bloodborne Pathogen- Part II	This course will discuss the appropriate use of personal protective equipment and how to properly handle blood and other potential infectious materials. It will include housekeeping procedures to reduce the risk of exposure and the steps to take if an exposure occurs	All Staff	• Mandate • Analytical/Assessment Skills • Community Dimensions of Practice Skills • Environmental Industrial Health • Health/Risk Communications • Injury/Violence/Trauma • Occupational Health and Safety	New hire Annually	https://ky.train.org
OSHA - TB- Part 1	This presentation provides a brief overview of OSHA's enforcement policy for occupational exposure to tuberculosis.	All Staff	• Mandate • Analytical/Assessment Skills • Policy Development/Program Planning Skills • Communication Skills • Cultural Competency Skills • Community Dimensions of Practice Skills • Public Health Sciences Skills • Chronic Diseases • General Public Health • Infectious Diseases/ Immunizations • Occupational Health and Safety	New hire Annually	https://ky.train.org
OSHA- TB- Part 2	This presentation provides a brief overview of OSHA's enforcement policy for occupational exposure to tuberculosis.	All Staff	• Mandate • Analytical/Assessment Skills • Policy Development/Program Planning Skills • Communication Skills • Cultural Competency Skills • Community Dimensions of Practice Skills • Public Health Sciences Skills • General Public Health • Infectious Diseases/ Immunizations • Occupational Health and Safety • Prevention/Promotion	New hire Annually	https://ky.train.org
Civil Rights	1. State the Civil Rights Act of 1964 and how it is to be incorporated in all health department programs. 2. Define the policies and procedures of the local health department regarding the HIPPA statue, confidentiality and the release, privacy and safeguarding of client information.	All Staff	• Mandate • Cultural Competency • Leadership and Systems Thinking Skills • Communication • Health/Risk Communications • Legal/Ethical • Minority Health/Health Disparities	New hire Annually	https://ky.train.org
Cultural Competency: The Impact on Health Equity	A brief introduction to key concepts surrounding health equity. This introduction will employ a health equity framework to address issues of cultural and linguistic competency, health disparities and social determinants of health.	All Staff	• Communication • Community dimensions of practice • Cultural competency • Health Disparities	New hire Annually	https://ky.train.org

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care	A brief introduction to key concepts surrounding health equity. This introduction will employ a health equity framework to address issues of cultural and linguistic competency, health disparities and social determinants of health.	All Staff	• Communication • Community dimensions of practice • Cultural competency	New hire Annually	https://ky.train.org
Active Shooter	This 6 minute video will assist employees and contractors of the Virginia Department of Health (VDH) in knowing how to respond during an active shooter event. We acknowledge the City of Houston Mayor's Office of Public Safety and Homeland Security for the development of this video. Video viewing permission has been rendered by the City of Houston Mayor's Office of Public Safety and Homeland Security.	All Staff	• Mandate • Injury/Violence/Trauma • Terrorism/Emergency Readiness Education/Training/ Exercises/Drills • Public Safety	New hire Annually	https://ky.train.org
Run, Hide, Fight	Active Shooter training	All Staff	• Analytical/assessment	May 2016	Kentucky State Police
Avoid, Deny, Defend	Active Shooter training	All Staff	• Analytical/assessment	May 2017	Frankfort Police Department
Human Trafficking	Recognition of human trafficking	All Staff	• Analytical/assessment • Communication • Cultural Competency	December 2016	Allyson Taylor, Special Attorney/ Director, Child Abuse and Exploitation Prevention Unit/ Office of the Kentucky Attorney General
Stress Management	Physical and emotional impacts of stress and coping mechanisms	All Staff		May 2016	Drs. Dayna Socha and Z (Align your Spine Chiropractic)
Kentucky Retirement Systems	Retirement Planning	All Staff		December 2016	KRS
Kentucky Deferred Comp	Retirement Planning	All Staff		December 2016	KDC
Cultural Competency	Cultural competency, stigma and power differentials	All Staff Syringe Exchange Staff	• Communication • Cultural Competency	May 2017	Matthew LaRocca, Louisville Department for Public Health and Wellness
Harm Reduction	Disease transmission, safe injection practices, stigma, syringe exchange	Syringe Exchange Staff	• Policy development/program planning • Communication • Cultural competency • Public health sciences • Leadership and systems thinking	2016	Kentucky harm reduction coalition In person
Freedom From Smoking (FFS)	Smoking Cessation facilitator training	Health Educators Other identified facilitators	• Communication • Policy development and program planning • Public health sciences • Leadership and systems thinking	New Hire Updated every 3 years	In person or online http://www.lung.org/stop- smoking/join-freedom-from-smoking/become-a-facilitator.html Recertification through free 1 hour webinar (notification of recertification webinar received by e-mail)
Kentucky Center for Smoke-free Policy (KCSP)	Discuss evidence- based policy advocacy model and ways to advance	Health Educators (Tobacco Coordinator)	• Mandate • Policy development/program planning	Annually (April)	Kentucky Center for Smoke-free Policy

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Annual Spring Conference	smoke-free partnerships and campaigns	Smoking cessation facilitators	• Community dimensions of practice • Communication • Public health sciences • Leadership and systems thinking skills • Analytical and assessment		http://www.uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy/spring-conference
Diabetes Self-Management Education	Is defined as a series of diabetes group classes (2 or more participants), of at least 8 hours in length, delivered over a period of no more than 3 months, utilizing the Kentucky Diabetes Prevention and Control Program's (KDPCP) curriculum.	RD or RN	• Communication • Community dimensions of practice • Analysis and assessment • Leadership and systems thinking	New Hire (annual state updates)	https://ky.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm
Diabetes Prevention Program	A CDC - recognized lifestyle change program is a structured program — in person or online — developed specifically to prevent type 2 diabetes. It is designed for people who have prediabetes or are at risk for type 2 diabetes, but who do not already have diabetes.	Health Educators LDE CDE	• Communication • Policy development and program planning • Analysis and assessment • Leadership and systems thinking • Public health sciences	New Hire	https://www. cdc.gov/diabetes/prevention/index.html
Kentucky Diabetes Symposium	Knowledge-based offering designed for healthcare providers involved in the care of people with diabetes	RD, RN, other healthcare professionals	• CE Opportunity • Communication • Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment	Annually	In-person
Falls and Osteoporosis Summit	• UK Cooperative Extension and Trauma Programs • Stand Up to Falling • Fall Risk Assessments from a Provider's Perspective • Home Modification, Aging In Place: A Path Forward • Falls and Vision Impairment • Discussion: Keys to Successful Community Fall Prevention Programs	Health Educators (Falls Prevention Coordinator)	• Mandate • Leadership and systems thinking • Public health sciences • Communication • Community dimensions of practice • Policy development and program planning • Analytical and assessment	Annually	KDPH
Positive Potential Training	Curriculum developed by A Positive Approach to Teen Health. This curricula encompasses a variety of age- appropriate subjects, such as bullying, self-confidence and risky behavior that are tailored to the students' needs as they grow and mature	Health Educators School Nurses	• Communication • Cultural competency • Policy development and program planning • Public health sciences • Leadership and systems thinking	New Hire	http://www.positiveteenhealth.org/positive-potential.html
NACCHO MAPP (Mobilizing for Action through Planning and Partnerships) Training	As a MAPP training participant, you will learn the nuts and bolts of the MAPP process, hear stories from the field from MAPP users, and gain concrete skills for engaging community organizations, partners, and community members in your MAPP process. Participants will also learn the MAPP Network and other resources for continued support after the training. This is an introductory level training.	Health Educators Accreditation Coordinator MAPP workgroup team members, including community partners	• Analytical/Assessment Skills • Policy Development/Program Planning Skills • Communication Skills • Public Health Sciences Skills • Leadership and Systems Thinking Skills	New hire	In-person

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
PV Core	The Parent Visitor training is a competency development seminar designed for staff (nurses and social workers) who initially reach out to offer every new parent access and support available in the community, including home visiting. The training will present the tools for actually implementing a successful Parent Survey process with families while building the philosophical foundation for our work with families and introduction to the overall program goals. This training will develop inter-rater reliability for the Parent Survey assessment. The assessment identifies areas that would benefit from intervention in order to achieve the HANDS goals: positive pregnancy outcomes, optimal child growth and development, children living in healthy and safe homes, and family self-sufficiency.	HANDS Professional Staff (RN and SW)	• Mandate • Communication • Cultural Competency	Prior to billable visits	
PV Core Supervisor	Family Support Worker Core Supervisor's Training provides information on managing and supervising your home visitation program. Areas of focus include program procedures and management systems; internal quality management; hiring and training staff; the parallel process in supervision; reflective strength-based supervision; and team building. This course is directed at the RN or Social Worker professional who provides reflective and administrative supervision for a HANDS program in an effort to ultimately improve maternal and child health and attachment outcomes. The course is designed to equip supervisors with leadership skills that will be used to improve the quality of the home visitors they manage which will improve the interventions provided by those home visitors in their work. This will ultimately increase the parenting skills of the families served by HANDS. This is the core of the strength-based concept of parallel process.	HANDS PV Supervisor	• Mandate • Communication Skills • Leadership and Systems Thinking Skills • Analysis and Assessment	Prior to providing PV Supervision	
FSW Core	HANDS Family Support Worker Core Training provides a solid base training program for all staff engaging in direct service or supervision in home-based family support programs.	HANDS Family Support Worker	• Mandate • Communication • Cultural competency	Prior to billable FSW visits	

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
FSW Core Supervisor	Family Support Worker Core Supervisor's Training provides information on managing and supervising your home visitation program. Areas of focus include program procedures and management systems; internal quality management; hiring and training staff; the parallel process in supervision; reflective strength-based supervision; and team building. This course is directed at the RN or Social Worker professional who provides reflective and administrative supervision for a HANDS program in an effort to ultimately improve maternal and child health and attachment outcomes. The course is designed to equip supervisors with leadership skills that will be used to improve the quality of the home visitors they manage which will improve the interventions provided by those home visitors in their work. This will ultimately increase the parenting skills of the families served by HANDS. This is the core of the strength-based concept of parallel process.	HANDS FSW Supervisor	• Mandate • Communication • Leadership and systems thinking • Analytical/assessment	Prior to providing FSW supervision	
Pediatric Abusive Head Trauma	Pediatric abusive head trauma is a type of inflicted traumatic brain injury that happens when a baby or young child is violently shaken with or without traumatic blunt impact of the head. It has been known by many terms over the years. Beginning in the early 1970s, the term whiplash-shaken infant syndrome was used to identify the association of intracranial injuries, retinal hemorrhage and long bone fractures attributable to child abuse among infants (Dias, et al., 2005). This severe form of child abuse (NIH, 2009) has also been called shaken baby syndrome or shaken infant syndrome, shaken impact syndrome, infant shaken impact syndrome, infant whiplash-shake injury syndrome, abusive head trauma and inflicted, non-accidental or intentional head injury (Dias, et al., 2005).	HANDS Home Visitors	• Mandate	Prior to billable visits	
FSW Core Level 1 Assignments	Assignments completed with supervisor to help new HANDS staff become familiar with curriculum and address quality program implementation.	HANDS FSW	• Mandate • Communication • Analytical/assessment	1 Mo Due Date	
PV Core Training Review	Follow up training for staff completing initial enrollment intakes with families.	HANDS PV	• Mandate • Communication • Analytical/assessment	1 Mo Due Date	

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
GGK Tier I	Growing Great Kids is a comprehensive curriculum training that supports the development of nurturing and empathetic parent- child relationships from birth - 3. The seminar has a primary focus on fostering the growth of parental skills aimed at building secure attachment relationships, developmentally enriched interactions and empathic parenting, while supporting families to reduce their stress and build protective buffers for their children. This course covers the basics of early childhood development and the specific interventions used by the HANDS programs to improve the lives of both the children and their families. Social workers and nurses will be supported in their leadership roles as they develop the skills necessary to ensure that all members of their staff are progressing in their skill development, ultimately ensuring the quality of care that families are receiving.	HANDS FSW Supervisor & FSW	• Mandate • Communication • Analytical/assessment • Cultural competency	3 Mo Due Date	
PV Core Sup Inter-rater Reliability Assignment	RN/SW staff submit both positive and negative surveys to HANDS trainer to review for feedback.	HANDS PV	• Mandate • Communication • Analytical/assessment	3 Mo Due Date	
FSW Core Level 2 Assignments	Involves continued practice with the Growing Great Kids and Growing Great Families modules as they are designed. Staff skills for effectively supporting growth and change in families are incrementally and progressively built by the following processes: Developing motivation for learning a new skill; creating many opportunities for practice; Acknowledging and accentuating skills that are demonstrated; Providing time for staff to reflect; Providing feedback for enhancements	HANDS Coordinator, FSW Supervisor & FSW	• Mandate	6 Mo Due Date	
HANDS Leadership	Additional training for supervisors to continue to support staff professional development.	HANDS FSW/PV Supervisor	• Mandate • Communication Skills • Leadership and Systems Thinking Skills	6 Mo Due Date	
Adult/Infant/Child CPR	Adult, infant and child CPR	HANDS Staff Nursing Staff	• Mandate	HANDS - 6 Mo Due Date Renew 2 years	
HANDS Goals	The HANDS curriculum supports staff in learning about what families value and the strengths and skills they possess. Knowledge of these values and competencies provides the framework for the FSW to motivate change, build parenting skills, and address concerns. This training covers skills workers need to support and assist parents with setting and working toward their goals.	HANDS FSW Supervisor & FSW	• Mandate • Communication Skills • Cultural Competency	12 Mo Due Date	

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
HANDS Basic Wraparound	Every year HANDS staff complete a minimum of 10 hours of continued education, with at least 5 of those hours in “red alert” areas (mental health, substance abuse, domestic violence, and child abuse and neglect). In the first 24 months of employment, specific wrap-around trainings are required including topics like Problem Solving, Family Visiting Safety, Personal Health, Postpartum Care, Working with Fathers, and Dealing with Loss.	HANDS Staff	• Mandate • Communication Skills • Legal and Ethical Skills • Leadership and Systems Thinking Skills • Cultural Competency • Analysis and Assessment	12 Mo Due Date	
Boundaries	This training assists staff with defining and recognizing boundary and ethical issues, supports and defines professional boundaries and reviews the HANDS Code of Ethics to guide practice standards.	HANDS Home Visitors	• Mandate • Communication Skills • Analysis and Assessment • Leadership and Systems Thinking Skills • Legal and Ethical Skills	24 Mo Due Date	
HANDS Tier III	Ongoing and effective use of the GGK curriculum involves continuing development of the Six Competencies. Transferring learning to job skills and maintaining effective practices is a process supported through individual supervision and ongoing training and reflection. This collection of activities focus on competency development for staff.	HANDS FSW Supervisor & FSW	• Mandate • Communication Skills • Cultural Competency • Analysis and Assessment	36 Mo Due Date	
HANDS Academy	Two Day Conference with offering for basic wrap-around training	HANDS Staff	• Mandate • Communication Skills • Analysis and Assessment • Leadership and Systems Thinking Skills • Legal and Ethical Skills	Every 2 years	In-person
Pediatric Well Child Assessment Training (23 sessions)	Provide comprehensive health & history screening & assessment of the physical, mental & social well-being of children.	School Nurses Clinic Nurses	• Mandate • Analytical/Assessment Skills • Public Health Sciences Skills • Community Dimensions of Practice Skills • Policy Development/Program Planning Skills	Initial Required to attend one update provided by the Well-Child program every three years or other 6 CE pediatric assessment	3 day UL Practicum Ky.train.org Code #3862 23
Pediatric Updates for the PH Nurse (sessions vary each year)	Updates on Pediatric Well Child Assessment (presented by different organizations: DPH, KDPH and University of Kentucky)	School Nurses Clinic Nurses	• Mandate • Analytical/Assessment Skills • Public Health Sciences Skills • Community Dimensions of Practice Skills • Policy Development/Program Planning Skills	Every 3 years after the initial Pediatric Well Child Assessment Training	Ky.train.org

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
New School Nurse Orientation (10 sessions with CE attached to 10th webcast)	Health Records FERPA/HIPPA Screening Programs Communicable Diseases Infinite Campus	School Nurses	• Mandate • CE Opportunity • Analytical /Assessment Skills • Policy Development/Program Planning Skills • Communication Skills • Cultural Competency Skills • Community Dimensions of Practice Skills	Initial	Ky.train.org http://education.ky.gov/districts/ SHS/Pages/School-Nurse-Video-Series.aspx
School Nurse Train-the-trainer Medication Administration Training Program (5 sessions)	704 KAR 4:020 requires that KDE provide a training manual on Medication Administration by Unlicensed School Personnel	School Nurses	• Mandate • Policy Development/Program Planning • Communication Skills • Community Dimensions of Practice Skills	Initial	http://education.ky.gov/districts/S HS/Documents/2012S SchoolNurseTrainthe TrainerMedication AdministrationTraining ProgramKYTRAIN CourseNumber
School Health Nursing KDE trainings (16 videos)	An overall perspective of the role of the school nurse in Kentucky as the leader to oversee school health policies and programs for both students and school staff is discussed. The type of health care providers and description of delivery models and the many health conditions, both chronic and acute illness and injuries are presented. A typical school nurse calendar year is included as an example	School Nurses	• KDE Requirement • Public Health Science Skills • Analytical/Assessment • Policy Development/Program Planning • Community Dimensions of Practice	Initial	Ky.train.org http://education.ky.gov/districts/S HS/Pages/School-Nurse-Video- Series.aspx
Kentucky School Nurse Association (KSNA) Conference	Kentucky school health issues and updates.	School Nurses	• CE Opportunity	Annually (July)	http://kysna.com/
Cancer Program Clinical Screening	Provides breast & cervical cancer screening & follow- up services to promote optimal outcomes for women.	Clinic Nurses	• DPH AR and CCSG requirement	New Hire After 1 year lapse in providing services Annual Updates	Training with preceptorship in CBE,Bimanual exam and Pap

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Family Planning	Provide FDA approved methods of birth control & counseling to reduce unplanned & mistimed pregnancies.	Clinic Nurses and Support	• DPH AR and CCSG requirement	Initial Orientation Annual Updates(hours for providers & 1 hour for support)	https://ky.train.org Inspiring Staff about Family Planning": TRAIN #1015638 Family Planning Basics: TRAIN # 1059854 Mandatory Reporting of Child/Adult Abuse, Neglect, Violence and Human Trafficking per Kentucky Statute TRAIN #1028362. Folic Acid Counseling: TRAIN# 1017232 FPNT Title X orientation: Program requirements: fpntc.org/.../title-x-orientation- program-requirements-for – title-x-funded-family-planning. Culturally Competent Nursing Care is now three individual 3 hour courses- one of these courses, or TRAIN #1042680, Cultural Competency: The Impact on Health Equity, is now "Required" once every three years. Refresher on TRAIN #1034386, Kentucky State Laws, plus one additional Cultural Competency course from the list provided. AND a minimum of 3 additional hours/180 minutes if training each fiscal year for RNs, APRNs. AND a minimum of one additional hour/60 minutes of training each fiscal year for support staff.
Immunization Program	Provides immunizations and immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases.	Clinic Nurses and Support Staff	• Mandate	Annual Update	www.cdc.gov/vaccines/pubs/video s-webcasts.htm www.cdc.gov/vaccines/pubs/textbks-manuals-guides.htm www.cdc.gov/vaccines/vpd- vac/default.htm

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Immunization Program	Provides immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases and assures the use of quality vaccine.	Immunization Coordinator and Clinic Nurse Supervisor	• Mandate	Initial and required updates	www.cdc.gov/vaccines/vpd-vac-default.htm In person training by Immunization Program Field Staff DPH Storage & Handling Webinars, conferences or trainings
Lead Program	Provides blood lead screening to identify elevated blood lead levels (EBLLs) & case management/ environ mental follow-up services for persons with elevated lead levels and lead poisoning.	Clinic Nurses All staff obtaining blood specimens	• Mandate	Initial Annual Updates	http://www.cdc.gov/nceh/lead/traini ng/blood_lead_samples.htm
Oral Health	Provide fluoride varnish application, fluoride supplies, supplements & training & water testing to reduce caries.	Clinic Nurses School Nurses	• Mandate	Initial	Kids Smile Fluoride Varnish Curriculum as presented by the Oral Health Program Staff at KDPH
Prenatal Program	Assures prenatal services either directly or by referral	Clinic Nurses	• Mandate	Initial Annual Updates	DPH approved one day Prenatal/ Postpartum Update
Reportable Disease	Provides surveillance, investigation & follow-up/ response for reportable conditions and outbreaks of non-reportable conditions	Clinic Nurses (ERRT Member)	• Mandate	Initial 2 day ERRT beginner training 4 hours annually	Application day exercise in first year as ERRT member Application day exercise once every 3 years 2 annual ERRT conferences within 4 years CDC Principles of Epidemiology in Public Health Practice course
STD Program	Provides education, surveillance, diagnosis, treatment, & contact follow up for sexually transmitted diseases.	Clinic Nurses	• Mandate	Initial Update every 2 years	HIV/AIDS Training

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
TB Program	Finding and managing persons who have or who are suspected of having active tuberculosis (TB) and ensuring completion of therapy. Finding and evaluating contacts of active TB patients and ensuring completion of appropriate treatment. Targeted tuberculin testing of persons in at risk groups and ensuring completion of treatment for latent tuberculosis infection (LTBI).	Clinic Nurses TB Coordinator	• Mandate	Initial- within 90 days Per community incidence: 1 or more case in each of last 5 years- complete within 6 mo. 1 or more cases in last 5 years, but not each year- within 9 mo. 0 cases in 5 years- within 12 mo.	CDC Self Study Modules (1-9) CDC MMWR Treatment of Tuberculosis. CDC MMWR Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care 4. CDC MMWR Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection,Settings, 2005. CDC MMWR Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis. CDC Interactive Core Curriculum on Tuberculosis: What the Clinician Should Know. http://www.cdc.gov/tb/pubs/corec urr/index.htm.
WIC	Provides nutrition education & healthy foods for income & risk eligible individuals.	Clinic Dietician, Nurses and Support Staff	• Mandate	Initial and updates	WIC 101 module number 1033155 on TRAIN is required for all new staff and as a refresher for all existing staff. Civil Rights module 1020093 on TRAIN is required annually. Saving the Children – the History of WIC video module TRAIN number 1052630 is recommended for all new staff providing WIC services and as a refresher for all existing staff. Pronto Non-invasive modules numbered 1041662 and 1043029 are available for any staff that conducts hematological measures for the WIC Program. Certifying Health Professional who are designated to approve exempt infant formulas must complete the State Agency WIC Program Formula Training.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Adult Preventive	Provides for age- appropriate health screening or service. Colon cancer screening interventions and outreach and education. Cardiovascular health program provides public & professional awareness, community education, quality improvement & community mobilization to reduce the incidence & complications of cardiovascular disease.	Clinic Nurses	• Mandate		Completion of STD training including reproductive health assessment, clinical breast exam and pap smear cancer screening modules and practicum.
Vital Statistics	Certificate covering requirements for registrars	Registrars	• Mandate	Initial and mandatory updates	Registrar Guidelines Book
Folic Acid	Provides counseling to prevent neural tube defects	Clinic Nurses	• Mandate	Initial	TRAIN #1017232 https://ky.train.org
Nutrition - MNT	Provides Medical Nutrition Therapy to individuals & groups to promote optimal nutrition.	RD, LD, Certified Nutritionist	• Mandate	Annual 15 CEUs	WIC and Nutrition Manual, AR, & Academy of Nutrition and Dietetics Nutrition Care Manual
Car Seat Training	Provides car seat installation and safety information to community to help eliminate preventable injuries in car accidents.	Clinic staff, health educators	• Community Dimensions of Practice Skills	Initial and Recertification every 2 years	www.safekids.org
DPH Coding Training	Review of ICD-10 and CPT codes, level of service, requirements for Patient Encounter Forms (PEFs) and coding compliance audits.	Clinic staff	• Financial planning and management • Analysis and assessment	Annually	DPH
OASIS Training	OASIS data collection rules, scoring practices and reimbursement procedures	Home Health Nurses	• Financial planning and management • Analysis and assessment • Policy development/program planning	1 year of hire and as needed for changes	
Kentucky Home Care Spring & Fall Conference	Home health industry updates	Home Health Staff	• Leadership and systems thinking • Policy development/program planning	Twice per year (May and November)	
Kentucky Public Home Health Alliance	Home health topics	Home Health Nurse Administrator and staff	• Analytical/assessment • Policy development/program planning • Community dimensions of practice • Financial planning and management • Leadership and systems thinking	Monthly	In person
Ndoc Nursing Documentation	Software training for Medicare-certified agencies to manage and improve patient outcomes and maximize efficiency	Home Health Nurses, Support and Therapists	• Analytical/Assessment • Financial Planning and management	New hire and as updated	CDP
Registered Sanitarian License	An applicant shall be required to pass a written examination in those subjects that the Cabinet prescribes.	Registered Sanitarians	• Policy development and program planning • Public health sciences • Analysis and assessment • Leadership and systems thinking	1 year of hire	DPH
Kentucky Environmental Health Association (KEHA) Conference	Environmental health topics	Registered Sanitarians	• CE Opportunity • Community dimensions of practice • Policy development and program planning • Public health sciences • Analysis and assessment • Leadership and systems thinking	Annually (February)	

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Train-the-Trainer Onsite	Annual course to certify onsite specialists to instruct certified installers on various topics for CEU renewal	Registered Sanitarians (Onsite specialists)	• Communication • Public Health Sciences • Leadership and systems thinking • Policy Development/Program Planning	Annually	DPH
Public Health Pesticide Applicator License	License to purchase and apply controlled pesticides in the treatment of public health nuisances	Registered Sanitarians (at least 2)	• Analytical/Assessment • Policy Development/Program Planning • Public Health Sciences • Leadership and Systems thinking	Annually	University of Kentucky KY Dept. of Agriculture
National Association of County and City Health Officials (NACCHO) Conference	The 2017 NACCHO Annual Conference, to be held July 11–13 in Pittsburgh, PA is the only national conference that speaks directly to the daily challenges and opportunities that local health officials and their staff face. The conference provides a venue for local public health department staff, partners, funders, and others who are interested and invested in local public health to share the latest research, ideas, strategies in local public health. Attendees will gain practical and effective tools, strategies, and concepts to confront the ongoing public health challenges facing local health departments today.	Public Health Director Other identified staff	• Communication • Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment • Financial planning and management • Leadership and systems thinking	Annually (July)	
National Association of Local Boards of Health (NALBOH) Conference	Addresses national public health issues.	Director Other identified staff Board of Health	• CE Opportunity • Communication • Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment • Financial planning and management • Leadership and systems thinking	Annually (August)	
Kentucky Association of Local Boards of Health (KALBOH) Meetings	Population Health Trainings and Public Health 3.0 Kentucky public health and legislative issues.	Board of Health Public Health Director	• Community dimensions of practice • Policy development and program planning • Public health sciences • Analysis and assessment • Financial planning and management • Leadership and systems thinking	Jan. 2017 Annually	
Kentucky Health Department Association (KHDA) Monthly Meetings, Educational sessions and Fall Conference	Addresses statewide and national public health issues.	Public Health Director	• Community dimensions of practice • Policy development and program planning • Public health sciences • Analysis and assessment • Financial planning and management • Leadership and systems thinking	Monthly Annually (October)	Every other monthly meeting is offered via webinar

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Kentucky Accreditation Coordinator Workgroup	Addresses PHAB requirements, presentations and reviews of documentation, quality improvement projects and performance management systems. Conducts mock site visits.	Accreditation/ QI Coordinator	• Analytical/Assessment Skills • Public Health Science Skills • Community Dimensions of Practice • Leadership and System thinking • Communication Skills • Policy Development/ Program Planning Skills	Monthly Meetings Annual Conference (October)	Monthly meetings are offered in- person or via webinar
Open Forum for Quality Improvement in Public Health	Offers various trainings in QI, performance management, strategic planning, workforce development and accreditation.	Accreditation/ QI Coordinator QI team members	• Policy development and program planning • Public health sciences • Analysis and assessment • Leadership and system thinking	Annually (April)	
FCHD Book Club	Addresses leadership, teamwork, public health and quality improvement.	Identified and/ or self- selected staff	• Communication • Policy development and program planning • Public health sciences • Financial planning and management • Leadership and systems thinking	Beginning FY 17	The Energy Bus How Full Is My Bucket
Public Health Accreditation Board (PHAB) Applicant Training	Covers requirements for PHAB accreditation.	Accreditation Coordinator Public Health Director	• Public health sciences • Analysis and assessment • Leadership and systems thinking	Initial	
PHAB Site Visitor Training	Covers requirements for reviewing and assessing PHAB documentation as well as those for conducting a site visit.	Director Accreditation Coordinator Other identified staff	• Public health sciences • Analysis and assessment • Leadership and systems thinking	Initial Annual Updates Annual Review	Apply at www.phaboard.org
Introduction to Quality Improvement	These materials are intended for LHOs to introduce the basics of QI to LHD staff. The information presented serves as a primer before delving into more in-depth information on how to use and apply QI in the agency.	All Staff	• Public health sciences • Analysis and assessment • Leadership and systems thinking • PHAB requirement	August 25, 2010 Staff Meeting	NACCHO training delivered by Accreditation/QI Coordinator
Continuous Quality Improvement Basics	Introduction to CQI basics	All Staff	• Public health sciences • Analysis and assessment • Leadership and systems thinking • PHAB requirement	FY 18 New Hire	www.cphplearn.org www.phf.org
Public Health 101	Introduction to Public Health	All Staff	• Public health sciences • Analysis and assessment • Leadership and systems thinking	FY 18 New Hires	www.cphplearn.org www.ohiopha.org
Quality Tools	Online course covering QI tools for identification and analyses including brainstorming, nominal group technique, flow charting, affinity diagrams, cause & effect diagrams, force field analysis, dot plots, tree diagrams, pareto charts, scatter diagrams and prioritization matrices.	Accreditation/ QI Coordinator	• Public health sciences • Analysis and assessment	July 2010 Initial	American Society for Quality courses/ certification LearnFirm.com

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
KY QI Workshop	Public Health Foundation training covering the basis for quality improvement in public health, the PDCA cycle and numerous QI tools including flow charts, cause and effect diagrams, pareto charts, check sheets, histograms, scatter diagrams and control charts, the development of AIM statements, the importance of customer satisfaction data including the Kano model, survey methods, SIPOC, data analysis, sampling methods, research methods, types of data and team development.	Accreditation Coordinator Public Health Director	• Analytical/Assessment Skills • Policy development/program planning • Communication • Community dimensions of practice • Public Health Science skills • Leadership and Systems Thinking Skills	November 2011	In-person training offered by DPH. PHF presenters: Jack Moran and Harry Lenderman
QI Contributors Course	Using the Tell/Show/Do/Recycle learning approach, participants learn several improvement techniques followed by immediate application on their own work problem, in the classroom. They learn and apply the improvement cycle phases of establishing goals and measures; using data, identifying waste & value to understand the opportunities in current activities; performing cause and effect analysis to determine the root of the problems and identify solutions; testing and installing solutions.	All Staff	• Analysis and assessment • Public Health Science Skills • Leadership and Systems Thinking	FY 16 (February 2016) FY 18 (May 2017)	Continual Impact in person training (FY 16) Delivered by Accreditation/QI Coordinator
QI Tool Training	Use of QI tools.	All Staff	• Analytical/Assessment • Public Health Science Skills • Leadership and Systems Thinking	Staff meetings: Flowcharting 2/14/11 Fishbone 3/14/13 Affinity Diagram 12/18/14 Prioritization Matrix 9/19/15 Nominal Group Technique 5/25/17	Delivered by Accreditation/QI Coordinator.
QI Planning	QI Training	Leadership Team	• Public health sciences • Analysis and assessment	February 2016 May 2017 Annually	Continual Impact in person training
Kaizen Training	QI Training	Environmental Team Other identified staff	• Analysis and assessment • Leadership and systems thinking	August/ September 2015	Continual Impact in person training
Team Building Activities	Quick activities designed to educate and motivate staff.	All Staff	• Analytical/Assessment Skills • Communication Skills • Teamwork	Staff Meeting Internal Team Meetings	Books: Activities that Teach, More Activities that Teach, Still More Activities That Teach, Gamestorming, Totally Outrageous Health Education Teaching Techniques

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Health Equity Training	TBD: Prevention Institute's Health Equity Training Series or NACCHO Roots of Health Inequity	All Staff or identified and self-selected staff at various levels	• Communication • Community dimensions of practice • Cultural Competency • Public Health Sciences • Health Equity	FY 18	
"Unnatural Causes: Is Inequality Making Us Sick?"	(1) Increase public awareness of our alarming socioeconomic and racial/ethnic inequities in health and their human and financial costs; (2) Promote understanding of the various ways in which class, racism and disempowerment can get under the skin and influence health outcomes; (3) Illustrate how well-being is not just a matter of making good choices and having access to quality care; our outcomes are inextricably linked - for better and worse - to the social conditions that surround and shape our lives; (4) Demonstrate that health inequities affect all of us. On average, the bottom 80% of us have worse health than the rich and powerful. We all bear the financial burden for disease and disability: increased medical costs, lost economic activity, lowered business productivity; (5) Move health discussions "upstream" - beyond the individual-focused "repair shop" model of disease and illness to a preventive approach that looks to change the underlying conditions that shape whole group outcomes; (6) Link health discussions to social and economic policies - e.g., housing, racism, education, jobs and wages, community development, social supports and tax policy. Evaluate social and economic policies by their health impact, and press for more health-promoting measures; (7) Communicate hopeful solutions that draw public and policy maker attention to innovative and community-based initiatives for health equity.	All Staff	• Communication • Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment Leadership and systems thinking • Health Equity	FY 15 and 16 Staff Meetings	Video Series: In Sickness and In Wealth (56 min.) How does the distribution of power, wealth and resources shape opportunities for health? When the Bough Breaks (29 min.) Can racism become embedded in the body and affect birth outcomes? Becoming American (29 min.) Latino immigrants arrive healthy, so why don't they stay that way? Bad Sugar (29 min.) What are the connections between diabetes, oppression, and empowerment in two Native American communities? Place Matters (29 min.) Why is your street address such a strong predictor of your health? (This episode is available as a stand- alone DVD with English, Lao, Hmong, Vietnamese, Mandarin and Cantonese audio, as well as English and Mandarin subtitles.) Collateral Damage (29 min.) How do Marshall Islanders pay for globalization and U.S. military policy with their health? Not Just a Paycheck (30 min.) Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
"The Raising of America: Early Childhood and the Future of Our Nation"	The acclaimed five- part documentary series and companion tools illustrate how a strong start for all our kids can lead to better individual outcomes AND a healthier, safer, more prosperous and equitable America.	All Staff	• Communication • Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment Leadership and systems thinking • Health Equity	FY 17 and FY 18 Staff Meetings	Video Series: EPISODE 1: THE RAISING OF AMERICA The Signature Hour (58 min) The Signature Hour interweaves discoveries from neuroscience with the stories of families and communities doing all they can to provide the nurturing environments all babies and young children need to thrive— while too often hindered by social conditions. And when parents are pressed, babies pay the price. The consequences may last a lifetime, shaping both individual outcomes—learning, earning and mental and physical health—as well as the future health, prosperity and equity of the nation. Improving conditions for families with young children is perhaps the most prudent investment any nation can make. EPISODE 2: ONCE UPON A TIME When Childcare for All Wasn't Just a Fairy Tale (32 min) Imagine how things would be different today if high-quality childcare and pre-K was available to every family who wanted it for the past four decades. It almost happened! EPISODE 3: ARE WE CRAZY ABOUT OUR KIDS? (32 min) Economists are worried. Not because we're spending too much but we're investing too little where it matters most. Studies indicate that high quality early care and ed pays for itself in many ways and many times over.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
					EPISODE 4: WOUNDED PLACES Confronting Childhood PTSD in America's Shell-Shocked Cities (42 min) Too many of our children, especially children of color living in neighborhoods of concentrated poverty, have endured trauma and show symptoms that look very much like PTSD—except there is no post. How might they and their neighborhoods heal? EPISODE 5: DNA IS NOT DESTINY How the Outside Gets Under the Skin (35 min) Discoveries in the exciting new field of epigenetics suggest that fetal and early child environments literally become part of us. They alter not our genes but the epigenetic 'dimmer switches' which turn genes on and off— with enduring consequences for behaviors and mental and physical health.
CDC Public Health Ethics Training	Public Health Ethics and case studies	Leadership Team Identified Staff at various levels	• Communication • Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment Leadership and systems thinking	Sept. 2016	https://www.cdc.gov/od/science/integrity/phethics/trainingmaterials.htm
Kentucky Population Health Leadership Institute	This program focuses on health, leadership and public policy. Each participant works in a team to complete a change master project and one book review.	Self-selected staff	• Leadership and systems thinking • Public health sciences • Communication • Community dimensions of practice • Policy development and program planning • Analytical and assessment • Financial planning and management	Offered annually (year-long course)	

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Leadership Frankfort	Ten-month program focusing on our Community's challenges and opportunities in areas such as culture & history, emergency & disaster planning, the media, commerce & industry, health and human services, education, government & politics, the environment, law &justice and agri-tourism. Program also has strong emphasis on effective communication and leadership skills.	Identified and self-selected staff	• Community dimensions of practice • Cultural competency • Policy development and program planning • Public health sciences • Analysis and assessment Leadership and systems thinking.	Offered annually (10 month program)	In-person Facilitated by the Frankfort Area Chamber of Commerce
CPR Instructor Training	Instructor Training for Medical Professionals - Adult, Child, Pediatric CPR; AED; First Aid	American Heart Association Instructors	• Mandate	Initial Updates	
CPR Instructor Training	Instructor Training for Lay Professionals - Adult, Child, Pediatric CPR; AED; First Aid	American Red Cross Instructors	• Mandate	Teach 1 course every 2 years Recertification every 2 years Required Updates	
CPR	Adult, Child, Pediatric CPR; AED; First Aid	All staff involved in patient care: HANDS, Home Health, Clinic, Other identified staff	• Mandate	Every 2 years	
DPH Budget Training	Budget Requirements	Finance Department Public Health Director	• Financial planning and management	Annually	In-person or ITV
DPH Contract Training	Contract and billing requirements	Finance and Billing Staff Public Health Director Human Resource Manager	• Financial planning and management	Annually	In-person or ITV
Department for Local Government (DLG)	Audit and financial reporting requirements for Special Purpose Governmental Entities (SPGEs)	Finance Department	• Financial planning and management	FY 16	In-person
KEHP Insurance Coordinator Training	Addresses updates and changes in the Kentucky Employee Health Plan for upcoming enrollment period (required for Insurance Coordinators).	Human Resource Manager	• Communication • Community dimensions of practice • Cultural competency • Financial Planning and Management	Annually	KEHP & DEI – webinar or in- person
KEHP HIPPA Training	In-depth course on HIPPA guideline as it pertains to the role of the Insurance Coordinator	Human Resource Manager	• Communication • Cultural competency • Policy development and program planning	Annually	KEHP & DEI – webinar
KACo's Insurance Forum	Overview and updates on insurances such as Property, Auto, Liability, Workers Comp, Lines of Credit, Loss Reporting; Disaster & Emergency Recovery Services.	Human Resource Manager Building Manager Finance	• Financial Planning and Management	Every 2 years	In-person & facilitated by KACo

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Excel Training	Fred Pryor Seminar	Identified and self-selected staff	• Analytical and assessment • Financial planning and management	FY 17	In-person
E-Clinical Works	Electronic Health Records System including billing	Clinic provider support and billing School health nurses and support	• Analysis and assessment • Policy development/program planning • Financial planning and management	FY 18	
COOP Plan Training	An overview of the concepts and responsibilities of the staff in the FCHD COOP. Designation of Mission Essential Functions (MEFs).	All Staff	• Core Competencies 1, 2, 3, 4, 7, 8 and 9 • Policy development/program planning • Leadership and systems thinking	Bi-annual	
All Hazard Plan Training (Three for Free Event)	Exercise of the SNS distribution plan Full-scale, community-based exercise with local or state emergency and healthcare coalitions. Test capabilities for: Emergency Public Information and Warning, Medical Countermeasure Dispensing and Volunteer Management	All Staff Home Health	• Core Competencies 1, 2, 3, 4, 6, 7, 8 and 9 • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	Annually (October)	
Tabletop exercises	Exercises addressing various public health emergencies.	All Staff Home Health	• Core Competencies 1-9 Analytical/Assessment • Public Health Sciences Communication • Leadership and Systems Thinking • Community Dimensions of Practice • Policy Development/Program Planning • Financial Planning and Management	Coop plan tornado scenario February 3, 2016 FY 18	Facilitated by Region 15 Preparedness Coordinator and evaluated by Frankfort/Franklin County Office of Emergency Management
Emergency Preparedness Nuts and Bolts Training	Provide FCHD staff an overview of the State/Regional and local Preparedness Program. Provide health department staff with the major programs, task and deliverables of the preparedness program as required by the CDC.	All Staff	• Core Competencies 1-9 • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	June 2014	Facilitated by the Region 15 Preparedness Coordinator
Emergency Preparedness Local Plan Training	Provide annual up- date of new planning requirements addressed by the preparedness staff	All Staff	• Core Competencies 1-9 • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	Annually	
IS 100	ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).	All Staff	• Core Competencies 1, 2, 4, 6, 7, 8 and 9 • Analytical/assessment skills • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	New hire	https://training.fema.gov/is/

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
IS 700	This course introduces and overviews the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.	All Staff	• Core Competencies 1, 2, 4, 6, 7, 8 and 9 • Analytical/assessment skills • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	New hire	https://training.fema.gov/is/
IS 200	ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS- 200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS.	Tier 2, 3 and 4 preparedness staff	• Core Competencies 1, 2, 4, 7, 8 and 9 • Analytical/assessment skills • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	New hire	https://training.fema.gov/is/
IS 800	The course introduces participants to the concepts and principles of the National Response Framework	Tier 2, 3 and 4 preparedness staff	• Core Competences 1, 2, 4, 7, 8 and 9 • Analytical/assessment skills • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	New hire	https://training.fema.gov/is/
WebEOC Awareness or Tutorial	A course describing the use of WebEOC and how to obtain an account.	Tier 3 and 4 preparedness staff	• Core Competencies 5 and 6 • Communication skills	New hire and as needed	https://webeoc.chfs.ky.gov
ICS 300	This course provides training for personnel who require advanced application of the Incident Command System (ICS). This course expands upon information covered in the ICS 100 and ICS 200 courses. Functional, Support, or Unit Leader positions on Type 3 or 4 All-Hazards Incident Management Teams,	Tier 3 and 4 preparedness staff	• Core Competencies 1, 2, 4, 6, 7, 8 and 9 • Analytical/assessment skills • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	New hire	In-person, https://training.FEMA.gov
FAN Awareness	An overview of functional and access needs and identifying why planning for these needs is a public health focus.	Tier 3 and 4 preparedness staff	• Core Competencies 1, 2, 4, 5, 6, 7, 8 and 9 • Analytical/assessment • Policy development/program planning • Communication • Cultural competency • Community dimensions of practice • Leadership and systems thinking	New hire and as needed	https://ky.train.org/ TRAIN Course ID 1047529
ICS 400	This course provides training for personnel who require advanced application of the Incident Command System (ICS). This course expands upon information covered in ICS 100 through ICS 300 courses, which are prerequisites for the ICS 400 course.	Tier 4 preparedness staff	• Core Competencies 1, 2, 4, 6, 7, 8 and 9 • Analytical/assessment skills • Policy development/program planning • Community dimensions of practice • Leadership and systems thinking	When available (ASAP from hire date)	Region 15 Coordinator
Lab specimen training	Course designed to teach the proper procedures for the submission of laboratory specimens	1 staff	• Core Competencies 1, 2, 4, 7 • Analytical/assessment • Public health sciences	Every 2 years	State Lab Registration on TRAIN
ERRT Training	Annual update and training for the Epidemiology Rapid Response Team to remain current with outbreak response information.	ERRT Team members (at least 2 staff)	• Core Competencies 1, 2, 4, 7 • Analytical/assessment skills • Public health sciences • Leadership and systems thinking	Annually	

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
PIO Training	Course developed to prepare Public Information Officers to handle risk and emergency communication events.	PIO and other identified staff (at least 2 staff) Health Educators Human Resource	• Core Competencies 1, 2, 4, 6, 7, 8 and 9 • Communication • Leadership and systems thinking	FY 16 and 17 New hire	http:emergency.cdc.gov/cerc/training/basic/index.asp FEMA IS-702 FEMA G290 Basic Public Information Officer

Implementation and Monitoring

Introduction: This section provides information regarding communication, evaluation, tracking and monitoring/review of the plan.

Communication

FCHD's Workforce Development Plan along with other agency plans will be made available to all staff on the agency website, www.FCHD.org. FCHD's leadership team was responsible for the development of this plan that was presented to all employees in the July edition of News and Views and at the August 2017 staff meeting for their input and revisions. All new employees will be directed to the website to review and familiarize themselves with this plan. Like most of FCHD's plans, this is considered a living document in an effort to remain responsive to the changing environment including technology advances and emerging areas such as emergency preparedness, health equity and cultural competence.

Training Evaluation

Many of the online trainings offered through TRAIN as well as in-person trainings include a knowledge assessment. Ultimately increased competency will be measured by repeating the core public health competency assessment at least every five years. All employees are ultimately responsible for maintaining their professional licenses and will submit proof of license renewal to the FCHD Human Resource Manager as required by their discipline.

Tracking

Annual trainings required of all staff are tracked through the TRAIN system, which provides employees a certificate of completion for each course. The FCHD Human Resource Manager also annually issues a certificate of completion for the entire training series to each employee that is stored with their personnel files. Any trainings that have been assigned to particular staff as part of their annual evaluation objectives and goals for the next performance period or employee development plan will be reviewed during the employee's annual evaluation, which is based upon their month of hire. Sign-in sheets, agendas and training content for all staff meetings are maintained by the FCHD Director and/or Human Resource Manager. It is ultimately the responsibility of each team member to track and maintain record of any CE requirements for their professional license(s) and to issue proof of license renewal to the FCHD Human Resource Manager.

Roles and Responsibilities

FCHD's Workforce Development Plan is available to all employees on the agency website, www.FCHD.org. The FCHD Leadership Team is responsible for ensuring updates to the Workforce Development Plan. All FCHD employees are encouraged to contribute to this plan and their input will be actively sought during staff meetings. The annual budget approved by the Board of Health includes allotments for workforce development under salary, travel and registration fees.

Review and Maintenance

FCHD's Workforce Development Plan will be reviewed, and revised if needed, at least every two years. The FCHD Leadership Team will next conduct a review on or before February 2019. Reviews may include updates to the agency profile, progress towards achievement of workforce development goals, newly identified training needs, training curriculum schedules, changes in technology, emergency preparedness trainings, health equity and cultural competency. Revisions will also consider alignment with current FCHD Strategic, Quality Improvement and Performance Management Plans.

Appendix A: Core Competencies for Public Health Professionals

The Council on Linkages Between Academia and Public Health Practice

June 2014

Core Competencies for Public Health Professionals

Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice: June 26, 2014

Available from: phf.org/corecompetencies

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations that aims to improve public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum regarding increasing the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission

The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

Membership

Twenty national organizations are members of the Council on Linkages:

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

The Council on Linkages is funded by the Centers for Disease Control and Prevention. Staff support is provided by the Public Health Foundation.

For More Information

Additional information about the Council on Linkages can be found at phf.org/councilonlinkages. Questions or requests for information may be sent to councilonlinkages@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health.

The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies.

The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs.

Development of the Core Competencies

The Core Competencies grew from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of more than two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Transitioning from a general set of Universal Competencies to a more specific set of Core Competencies began in 1998 and involved public health professionals from across the country through Council on Linkages member organizations, the Council on Linkages' Core Competencies Workgroup, and a public comment period that resulted in over 1,000 comments. This extensive development process was designed to produce a set of foundational competencies that truly reflected the practice of public health. These competencies were organized into eight skill areas or "domains" that cut across public health disciplines. The first version of the Core Competencies was adopted by the Council on Linkages in April 2001, and the Council on Linkages committed to revisiting the Core Competencies every three years to determine if revisions were needed to ensure the continued relevance of the competency set.

The Core Competencies were reviewed in 2004, with the Council on Linkages concluding that there was inadequate evidence about use of the Core Competencies to support a significant revision. At the second review in 2007, the Council on Linkages decided that revision was warranted based on usage data, changes in the practice of public health, and requests to make the Core Competencies more measurable.

Similar to the development process, the revision process begun in 2007 was led by the Core Competencies Workgroup and involved the consideration of more than 800 comments from public health professionals. A major focus of the revision process was on improving measurability of the competencies, and the revisions both updated the content of the competencies within the eight domains and added three "tiers" representing stages of career development for public health professionals. The Council on Linkages adopted a revised version of the Core Competencies in May 2010.

Review of the May 2010 Core Competencies began in early 2013, and the Council on Linkages again decided to undertake revisions. In addition to updating the content of the competencies, this revision process was aimed at simplifying and clarifying the wording of competencies and improving the order and grouping of competencies to make the competency set easier to use. This revision process was guided by the Core Competencies Workgroup and over 1,000 comments from the public health community, and culminated in the adoption by the Council on Linkages of the current set of Core Competencies in June 2014.

Key Dates

Since development began in 1998, the Core Competencies have gone through three versions:

- 2001 version – Adopted April 11, 2001 *(original version)*
- 2010 version – Adopted May 3, 2010
- 2014 version – Adopted June 26, 2014 *(current version)*

Currently, the Core Competencies are on a three year review cycle and will next be considered for revision in 2017. This timing may change as a result of feedback that this can be too frequent for disciplines that base competency sets on the Core Competencies.

Organization of the Core Competencies

The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

These eight domains have remained consistent in all versions of the Core Competencies.

Tiers

- *Tier 1 – Front Line Staff/Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

During the 2014 revision of the Core Competencies, minor changes were made to clarify these tier definitions. In general, competencies progress from lower to higher levels of skill complexity both within each domain in a given tier and across the tiers. Similar competencies within Tiers 1, 2, and 3 are presented next to each other to show connections between tiers. In some cases, a single competency appears in multiple tiers; however, the way competence in that area is demonstrated may vary from one tier to another.

Core Competencies Resources and Tools

A variety of resources and tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. These include crosswalks of different versions of the Core Competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies resources and tools can be found online at phf.org/corecompetenciestools. Examples of how organizations have used the Core Competencies are available at phf.org/corecompetenciesexamples.

Feedback on the Core Competencies

The Council on Linkages thanks the public health community for its tremendous contributions to the Core Competencies and welcomes feedback about the Core Competencies. Examples illustrating how public health professionals and organizations are using the Core Competencies and tools that facilitate Core Competencies use are also appreciated. Feedback, suggestions, and resources can be shared by emailing competencies@phf.org.

For More Information

Additional information about the Core Competencies, including background on development and revisions, resources and tools to facilitate use, and current activities and events, can be found at phf.org/aboutcorecompetencies. Questions or requests for information may be sent to competencies@phf.org.

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
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	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	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
1A3. Applies ethical principles 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	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A8. Collects valid and reliable quantitative and qualitative data	1B8. Collects valid and reliable quantitative and qualitative data	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1A9. Describes public health applications of quantitative and qualitative data	1B9. Analyzes quantitative and qualitative data	1C9. Determines trends from quantitative and qualitative data
1A10. Uses quantitative and qualitative data	1B10. Interprets quantitative and qualitative data	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
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)	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)	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)
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)	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)	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)
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in 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 services)	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)
	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)	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)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
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)	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)	2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)
2A2. Contributes to development of program goals and objectives	2B2. Develops program goals and objectives	2C2. Develops organizational goals and objectives
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)	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)	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 organization
2A4. Contributes to implementation of organizational strategic plan	2B4. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
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)	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	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)
2A7. Describes implications of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2B8. Recommends policies, programs, and services for implementation	2C8. Selects policies, programs, and services for implementation
2A8. Implements policies, programs, and services	2B9. Implements policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
2A9. Explains the importance of evaluations for improving policies, programs, and services	2B10. Explains the importance of evaluations for improving policies, programs, and services	2C11. Explains the importance of evaluations for improving policies, programs, and services
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2B11. Evaluates policies, programs, and services (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)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A11. Applies strategies for continuous quality improvement	2B12. Implements strategies for continuous quality improvement	2C13. Develops strategies for continuous quality improvement
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)	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)	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)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	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
3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
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	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	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
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)	3B5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)	3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
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)	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)	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)
3A7. Facilitates communication among individuals, groups, and organizations	3B7. Facilitates communication among individuals, groups, and organizations	3C7. Facilitates communication among individuals, groups, and organizations
3A8. Describes the roles of governmental public health, health care, 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	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
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)	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)	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)
4A2. Describes the diversity of individuals and populations in a community	4B2. Describes the diversity of individuals and populations in a community	4C2. Describes the diversity of individuals and populations in a community
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community	4B3. Recognizes the ways 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
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A6. Describes the effects of policies, programs, and services on different populations in 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)	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
4A7. Describes the value of a diverse public health workforce	4B7. Describes the value of a diverse public health workforce	4C7. Demonstrates the value of a diverse public health workforce
	4B8. Advocates for a diverse public health workforce	4C8. Takes measures to support a diverse public health workforce

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve 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 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
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)	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)	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)
5A3. Suggests relationships that may be needed to improve health in a community	5B3. Suggests relationships that may be needed to improve health in a community	5C3. Suggests relationships that may be needed to improve health in a community
	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)	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)
5A4. Supports relationships that improve health in a community	5B5. Maintains relationships that improve health in a community	5C5. Maintains relationships that improve health in a community
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	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)	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)
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services	5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services
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	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	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
5A9. Informs the public about policies, programs, and resources that improve health in a community	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)	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)
5A10. Describes the importance of community-based participatory research	5B11. Collaborates in community-based participatory research	5C11. Engages the organization in community-based participatory research

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
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
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)	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)	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)
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	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	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
	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
6A4. Retrieves 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	6B5. Retrieves 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	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

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. 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)
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services	6B7. 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
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)	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)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
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 researchers)	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; authoring articles; making data available to researchers)	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)
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, 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)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
7A2. Describes government agencies with authority to impact the health of a community	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
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)
7A4. Describes 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)	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 services
	7B5. Justifies programs for inclusion in organizational budgets	7C5. Determines priorities for organizational budgets
7A5. Contributes to development of program budgets	7B6. Develops program budgets	7C6. Develops organizational budgets
	7B7. Defends program budgets	7C7. Defends organizational budgets

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
7A7. Provides information for development of contracts and other agreements for programs and services	7B9. Negotiates contracts and other agreements for programs and services	7C9. Approves contracts and other agreements for 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)	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)	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)
7A9. Operates programs within budget	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)	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)
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)	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)	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)
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)	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)	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)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A12. Uses evaluation results to improve program and organizational performance	7B14. Uses evaluation results to improve program and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
7A13. Describes 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, training staff to use system)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
7A14. 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)	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)	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)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
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	8B2. 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	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8B3. Explains the ways public health, health care, and other organizations can 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
8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	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)	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)
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)	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, problem solving)	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)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)	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)
8A7. Participates in professional development opportunities	8B7. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices	8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)	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)
8A9. Describes ways to improve individual and program performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	8B10. Advocates for the role of public health in providing population health services	8C10. Advocates for the role of public health in providing population health services

Tier Definitions

Tier 1 – Front Line Staff/Entry Level
Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

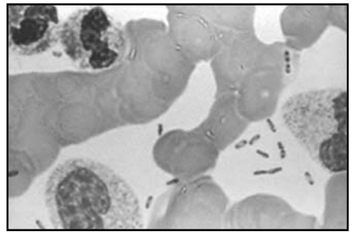
Tier 2 – Program Management/Supervisory Level
Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Tier 3 – Senior Management/Executive Level
Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

For more information about the Core Competencies, please contact Kathleen Amos at kamos@phf.org or 202.218.4418.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Bioterrorism & Emergency Readiness



COMPETENCIES FOR ALL PUBLIC HEALTH WORKERS

PUBLIC HEALTH READY

NACCHO

A Message from the Centers for Disease Control and Prevention

Dear Public Health Colleague,

A prepared workforce is an essential component in strengthening our national public health system. The Bioterrorism and Emergency Readiness: Competencies for All Public Health Workers outlined in this brochure provides a foundation from which to build locally relevant training, exercises and drills. The Centers for Disease Control and Prevention is pleased to share this important resource with you. Together we can achieve the vision of "every health department fully prepared; every community better protected."

Joseph M. Henderson
Associate Director,
Terrorism, Preparedness, and Response

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Columbia University School of Nursing Center for Health Policy
This project was supported by Centers for Disease Control and Prevention/Association of Teachers of Preventive Medicine Cooperative Agreement # TS 0740
Photos: CDC, FEMA

November 2002

Introduction

USING THESE COMPETENCIES

The role of public health in any emergency, including a bioterrorism event, is an extension of the general mission of public health:

> to promote physical and mental health and prevent disease, injury, and disability (*Public Health in America*).

The type of emergency and the emergency response plan for each jurisdiction will determine whether a public health agency is in the lead position, in a collaborative role, or in a secondary/supportive role. In order for the agency to fulfill its role, all staff must be competent[1] to carry out their responsibilities.

Competencies cannot replace the specific description of any job, nor the specific emergency plan for any public health organization. They can, if mastered, assure that the individual public health worker will be able to perform in emergency circumstances.

This document includes basic competencies in emergency preparedness AND bioterrorism (BT) readiness for all public health workers. Emergency response works best within a consistent system. Many of these BT competencies, with slight editing, also apply to other categories of emergency, including those related to chemical, nuclear or explosive devices. The application of any competency is always within the context of both agency and jurisdictional plans.

Emergency and bioterrorism competencies can be used for:

1. Updating/revising job descriptions:
   Does each job description include reference to emergency functions?
2. Outlining new employee orientation and employee training:
   The size of the jurisdiction and the agency plan will dictate how general or specific an individual's job may be.
3. Self-assessment by public health employees:
   Am I able to …

Initial orientation to these competencies can be done in a general way. Full training and measurement requires tailoring them to the structure and function of the agency, and the individual functional roles of workers during an emergency.

These competencies can be interpreted with varying levels of complexity.
Their use in training requires:

- assessment of the existing level of competency in the anticipated audience.
- determining the full set of knowledge, skills, and attitudes needed to fulfill each competency.

For example, an audience of public health professionals proficient in Core Competencies for Public Health Professionals[2] will require much less detail than an audience of newly-hired professionals inexperienced in public health. Likewise, training for technical and support staff will depend on the trainees' planned functional roles in a response—whether similar to their day-to-day jobs, or requiring additional skills.

[1] A competency is a complex combination of knowledge, skills and abilities demonstrated by organization members that are critical to the effective and efficient function of the organization (Nelson, Essien, Latoff, & Wiesner, 1997.)

[2] Council on Linkages Between Academia and Public Health Practice. (May, 2001). Core competencies for public health professionals. Available: http://www.trainingfinder.org/competencies

EMERGENCY PREPAREDNESS: CORE COMPETENCIES FOR ALL PUBLIC HEALTH WORKERS

(Originally adopted April, 2001)

CORE COMPETENCY 1. **Describe** the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

CORE COMPETENCY 2. **Describe** the chain of command in emergency response.

CORE COMPETENCY 3. **Identify** and **locate** the agency emergency response plan (or the pertinent portion of the plan).

CORE COMPETENCY 4. **Describe** his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

CORE COMPETENCY 5. **Demonstrate** correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. **Describe** communication role(s) in emergency response:

- within the agency using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. **Identify** limits to own knowledge/skill/authority and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. **Recognize** unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

CORE COMPETENCY 9. **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

. . . ADDITIONAL EMERGENCY PREPAREDNESS COMPETENCIES FOR LEADERS, PROFESSIONAL, TECHNICAL AND SUPPORT STAFF

Public Health Leaders/Administrators must also be competent to:

- **DESCRIBE** the chain of command and management system ("incident command system" or similar protocol) for emergency response in the jurisdiction.
- **COMMUNICATE** the public health information, roles, capacities, and legal authority to all emergency response partners — such as other public health agencies, other health agencies, other government agencies — during planning, drills and actual emergencies. (This includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)
- **MAINTAIN** regular communication with emergency response partners. (This includes maintaining a current directory of partners and identifying appropriate methods for contacting them in emergencies.)
- **ASSURE** that the agency (or agency unit) has a written, regularly updated plan for major categories of emergencies that respects the culture of the community and provides for continuity of agency operations.
- **ASSURE** that the agency (or agency unit) regularly practices all parts of emergency response.
- **EVALUATE** every emergency response drill (or actual response) to identify needed internal and external improvements.
- **ASSURE** that knowledge and skill gaps identified through emergency response planning, drills, and evaluation are addressed.

Public Health Professionals must also be competent to:

- **DEMONSTRATE** readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access, use and interpret surveillance data; access and use lab resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment.)
- **MAINTAIN** regular communication with partner professionals in other agencies involved in emergency response. (This includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)
- **PARTICIPATE** in continuing education to maintain up-to-date knowledge in areas relevant to emergency response. (e.g., emerging infectious diseases, hazardous materials, and diagnostic tests.)

Public Health Technical and Support Staff must also be competent to:

- **DEMONSTRATE** the use of equipment (including personal protective equipment) and skills associated with his/her functional role in emergency response during regular drills.
- **DESCRIBE** at least one resource for backup support in key areas of responsibility.

Bioterrorism & Emergency Readiness Competencies

PUBLIC HEALTH LEADERS

PUBLIC HEALTH OFFICIALS: Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, of direct individual departments or special phases of the agency's operations, or provide specialized consultation on a regional, district or area basis. Includes department heads, bureau chiefs, division chiefs, directors, and deputy directors.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

COMMUNICATE public health information, roles, capacities and legal authority accurately to all emergency response partners (other public health agencies, other health agencies, and other government agencies) during planning, drills and actual emergencies. (This includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

EVALUATE/REVIEW the public health laws of the jurisdiction on a regular schedule to assess that they are current and up-to-date in regards to bioterrorism (BT) events.

CORE COMPETENCY 2. Describe the chain of command in emergency response.

DESCRIBE the chain of command and management system (incident command system) for emergency response in the jurisdiction.

MAINTAIN regular communication with emergency response partners. (Includes maintaining a current directory of partners and identifying appropriate methods of contact in emergencies.)

MAINTAIN agreements with partners from within the jurisdiction and from other jurisdictions to allow the public health agency to secure assistance and other resources.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

ENSURE that the agency (or agency unit) has a written, updated plan for major categories of emergencies that respects the culture of the community and provides for continuity of agency operations.

IDENTIFY the needed components of a public health BT response plan that is integrated with overall emergency response plan for the agency.

ENSURE that all BT plan components are developed by appropriate and knowledgeable staff *by applying the following competencies:*

INTEGRATE the agency's BT response plan into the Incident Command or Unified Command System used by other responders (such as Fire, Police and EMS) in the jurisdiction.

DEFINE modifications to the agency's internal command notification and coordination structure required for BT response.

DESIGN BT-specific protocols for enhanced surveillance, including activating additional personnel (e.g., infection control practitioners, public health nurses, epidemiologists, and data entry clerks from other institutions, jurisdictions and/or agencies.)

ESTABLISH emergency communications roles and responsibilities for BT response.

ESTABLISH protocols for handling and distribution of the National Pharmaceutical Stockpile.

ESTABLISH protocols to address public health surge capacity, including use of volunteers.

IDENTIFY pharmaceutical, veterinary, or other resources required for consultation by the agency or jurisdiction during BT response.

USE risk assessment of potential biological, chemical or radiological hazards in the community to determine the roles and responsibilities of those involved in public health BT response.

GENERATE regulations that provide the authority to conduct risk assessments in BT events.

GENERATE plans to conduct risk assessments in public health emergencies.

SPECIFY safety measures to be taken by public health responders in a BT event, including use of personal protective equipment.

DISSEMINATE notifiable disease information, reporting requirements and procedures to healthcare providers on a periodic basis.

ENSURE that laboratories within the jurisdiction or agency have BT response plans:

IDENTIFY Level A laboratories serving the jurisdiction or agency.

ENSURE Level A laboratories can conduct "rule-out" testing, specimen packaging and handling, and referral of suspected biological threat agents to a higher level laboratory.

MAINTAIN contact and location information for Level B/C laboratories in the BT lab response network serving the jurisdiction.

MAINTAIN written plans for 24/7 availability of specific staff and specialists required during a BT event.

IDENTIFY specific resources needed for response to critical biologic agents. (Category A, B, C.)

CORE COMPETENCY 4. **Describe** his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan.

CORE COMPETENCY 5. **Demonstrate** correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.).

CORE COMPETENCY 6. **Describe** communication role(s) in emergency response within the agency, using established communication systems:

ESTABLISH a public health communication infrastructure that receives and transmits data and information for decision support during a BT event.

ESTABLISH secure communication pathways for use in a BT event, including computer security policies and safeguards against data loss.

ESTABLISH redundant communication mechanisms for immediate and reliable voice and secure data communication during a public health emergency.

TEST protocols for BT-specific communication and agency interaction at regular intervals with BT response partner agencies.

CORE COMPETENCY 6A. **Describe** communication role(s) in emergency response with the media and with the general public.

ENSURE development and delivery of accurate event-specific, science-based risk communication messages to the public, to health care providers, to the media, and to the response community during a BT event.

CORE COMPETENCY 6B. **Describe** personal communication role(s) in emergency response with family or neighbors.

ENSURE that the agency (or agency unit) regularly practices all parts of emergency response.

CONDUCT workforce BT preparedness programs.

EVALUATE every emergency response drill to identify needed internal/external improvements.

ENSURE that knowledge/skill gaps identified through emergency response planning, drills and evaluation are filled.

CORE COMPETENCY 7. **Identify** limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. **Recognize** unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

II. Response and Mitigation

IMPLEMENT the public health emergency response plan.

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

USE the agency BT Incident Command management structure.

ACTIVATE emergency public health and infection control measures specific to the BT event.

ACTIVATE enhanced active surveillance protocols to track the scope of the exposure or outbreak.

IDENTIFY persons potentially exposed to a specific BT agent in need of public health and/or medical intervention.

ACTIVATE the laboratory BT response plan.

ENSURE functioning of a system for rapid rule-out testing, referral, identification, confirmation, and characterization of biological threat agents, including rapid reporting of results, during a BT event.

PROVIDE public health support as needed for victims and responders within the jurisdiction's response.

ACTIVATE a call-down roster using 24-hour contact information to reach BT response staff and consultants.

COMMUNICATE the need for assistance during a BT event to appropriate resources.

USE the agency's BT-specific public information plans, protocols and materials in a BT event.

USE established communication systems for coordination among the response community during a BT event.

ACTIVATE redundant communication mechanisms for immediate and reliable voice and secure data communication during a public health emergency including two-way emergency communications.

USE event-specific information and scientific principles of risk communication to inform the public, the media, health care providers and the response community during a BT event.

DESIGNATE a media spokesperson during a BT event.

PERFORM your individual communication responsibilities during a BT event.

III. Recovery and Evaluation

APPLY appropriate science-based public health measures to ensure continued population protection appropriate to the biological threat involved.

EVALUATE every emergency response to identify needed internal/external improvements.

ENSURE that knowledge/skill gaps identified through emergency response evaluation are filled.

PUBLIC HEALTH COMMUNICABLE DISEASE STAFF

PUBLIC HEALTH COMMUNICABLE DISEASE STAFF: Occupations in which employees collect, investigate, describe and analyze the distribution and determinants of disease, disability, and other health outcomes, and develop the means for their prevention and control; investigates, describes and analyzes the efficacy of programs and interventions, advising local health departments and the health care community on outbreak investigations, immunization data, disease identification, reporting, and prevention. Includes individuals specifically trained as epidemiologists, and those trained in other disciplines (e.g., medicine, nursing, environmental health, veterinary medicine) working as epidemiologists under job titles such as nurse epidemiologist.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public health role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

CORE COMPETENCY 2. Describe the chain of command in emergency response.

MAINTAIN regular communication with emergency response partners. (Includes maintaining a current directory of partners and identifying appropriate methods for contact in emergencies.)

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

GENERATE a public health bioterrorism (BT) response plan for epidemiology and surveillance that is integrated with the emergency response plan for the agency by applying the following competencies:

DEFINE modifications to the agency's internal command notification and coordination structure that are required for BT response.

ESTABLISH protocols for handling and distribution of the National Pharmaceutical Stockpile.

MAINTAIN written plans for 24/7 availability of specific staff and specialists required during a BT event.

DESIGN BT-specific protocols for enhanced surveillance, including activating additional personnel (e.g., infection control practitioners, public health nurses, epidemiologists, and data entry clerks from other institutions, jurisdictions and/or agencies.)

GENERATE plans to conduct risk assessments in public health emergencies.

ESTABLISH written policies and procedures for rapid specimen identification and electronic reporting of results.

ESTABLISH emergency communications roles and responsibilities for BT response.

ESTABLISH data collection protocols that systematically monitor community health indicators (e.g., aberrations in utilization trends or syndromic surveillance.)

ENSURE a system is established and functioning that provides rapid rule-ot testing, referral, identification, confirmation, and characterization of biological threat agents including rapid reporting of results, during a BT event.

CONDUCT workforce BT preparedness programs in epidemiology and surveillance.

IDENTIFY specific resources needed for BT response to crucial biologic agents (Category A, B, C.)

USE risk assessment of potential biological, chemical, or radiological hazards in the community to determine roles and responsibilities of those involved in public health BT response.

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan.

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access , use and interpret surveillance data; access and use lab resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment.)

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication. (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

DISSEMINATE notifiable disease information and reporting requirements and procedures to healthcare providers on a periodic basis.

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action. (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response. (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken.

APPLY algorithms that trigger further epidemiological investigation.

IDENTIFY the indicators, signs and symptoms for exposure to critical biologic agents (Category A, B, C) or to nuclear or chemical agents.

ACTIVATE enhanced active surveillance protocols to track the scope of the exposure or outbreak.

REQUEST implementation of the public health emergency response plan.

COLLECT timely patient-based and health care utilization data on critical biological agents (Category A, B, C.)

IDENTIFY persons potentially exposed to a specific BT agent in need of public health and/or medical intervention.

DEMONSTRATE proper safety and personal protection equipment procedures.

USE established communication systems for coordination among the response community during a BT event, including those for privileged information.

CONTRIBUTE to the development of accurate event-specific science-based risk communication to the public, the media, health care providers and response community in a BT event.

III. Recovery and Evaluation

DEFINE algorithms that trigger further epidemiological investigation.

APPLY appropriate science-based public health measures to ensure continued population protection appropriate to the biological threat involved, including follow up of those exposed, vaccinated, or quarantined.

PUBLIC HEALTH CLINICAL STAFF

CLINICAL STAFF: Public Health staff with clinical education such as nurse, dentist, physician, employed to give direct clinical care in a PH program or whose functional role in an emergency includes such duties.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

MAINTAIN regular communication with partner professionals in other agencies involved in emergency response. (Includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

CORE COMPETENCY 2. Describe the chain of command in emergency response.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

ESTABLISH protocols to address public health surge capacity.

SPECIFY safety measures to be taken by public health responders in a BT event, including use of personal protective equipment.

CONDUCT workforce BT preparedness programs.

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan. (including, as appropriate, protocols for administration of medication, equipment and supplies.)

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access, use and interpret surveillance data; access and use lab resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment.)

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication. (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

As appropriate to the specific emergency situation:

IDENTIFY persons potentially exposed to a specific BT agent in need of public health and/or medical intervention.

IDENTIFY the indicators, signs and symptoms for exposure to critical biological agent (Category A, B, C.)

COLLECT timely patient-based and health care utilization data on critical biological agent (Category A, B, C.)

ESTABLISH and/or **SUPERVISE** and/or **PERFORM** effective assessment, stabilization, diagnosis, and treatment or referral of victims of specific types of BT incidents involving a variety of agents, as appropriate to your functional role.

ESTABLISH a system of triage for victims of BT events using incident-specific triage guidelines.
and/or

SUPERVISE the triage of victims of BT events using incident-specific triage guidelines.
and/or

TRIAGE victims of BT events using incident-specific triage guideline.

ISOLATE and contain victims of a BT event as appropriate.

PROVIDE public health support as needed for victims and responders within the jurisdiction's response plan.

USE proper safety and personal protection procedures and equipment.

APPLY appropriate techniques for preserving possible evidence at an incident site or medical facility.

USE established communication systems for coordination among the response community during a BT event.

III. Recovery and Evaluation

RECOGNIZE and **TREAT** the psychological impact of a BT event on victims and health care professionals, as appropriate to the event.

ENVIRONMENTAL HEALTH STAFF

ENVIRONMENTAL HEALTH STAFF: Occupations in which employees apply biological, chemical, and public health principles to control, eliminate, ameliorate, and/or prevent environmental health hazards. Includes environmental researcher, environmental health specialist, food scientists, soil and plant scientist, air pollution specialist, hazardous materials specialist, toxicologist, water/waste water specialist, sanitarian, and entomologist.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

MAINTAIN regular communication with partner professionals in other agencies involved in emergency response. (Includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

CORE COMPETENCY 2. Describe the chain of command in emergency response.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

GENERATE a public health bioterrorism (BT) response plan for environmental health staff that is integrated with the emergency response plan for the agency by applying the following competencies:

DEVELOP protocols for risk assessment of potential biological, chemical or radiological hazards in the community to determine roles and responsibilities of those involved in public health BT response.

DELINEATE protocols for patient decontamination and environmental remediation, including populations with special needs.

MAINTAIN written plans for 24/7 availability of specific staff and specialists required during a BT event.

SPECIFY safety measures to be taken by public health responders in a BT event, including use of personal protective equipment.

CONDUCT workforce BT preparedness programs in environmental health.

IDENTIFY specific resources needed for BT response to critical biologic agents (Category A, B, C.)

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan.

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access, use and interpret surveillance data; access and use lab resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment.)

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits .

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

USE the agency BT Incident Command management structure.

USE established communication systems for coordination among the response community during a BT event.

CONTRIBUTE to the development of accurate event-specific science-based risk communication to the public, media, health care providers and response community during a BT event.

III. Recovery and Evaluation

APPLY appropriate science-based public health measures to ensure continued population protection appropriate to the biological threat involved.

PUBLIC HEALTH LABORATORY STAFF

LABORATORY PROFESSIONAL: Occupations with responsibilities to plan, design and implement laboratory procedures to identify and quantify agents in the environment which may be hazardous to human health, biological agents believed to be involved in the etiology of diseases in animals or humans, such as bacteria, viruses and parasites, or other physical, chemical and biological hazards. May be involved in research and the development or production of anti-microbial agents. Includes microbiologist, chemist, toxicologist, physicist, virologist, entomologist and non-specified laboratory professionals. Laboratory staff with less than baccalaureate level education are not included.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

CORE COMPETENCY 2. Describe the chain of command in emergency response.

MAINTAIN regular communication with partner professionals in other agencies involved in emergency response. (Includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

GENERATE a bioterrorism (BT) response plan for the public health lab that is integrated with the emergency response plan for the agency, by applying the following competencies:

PREPARE public health personnel responding to a BT event regarding procedures of crime scene preservation, proper handling, transportation and storage of criminal evidence.

MAINTAIN written plans for 24/7 availability of specific staff and specialists required during a BT event.

SPECIFY safety measures to be taken by public health responders in a BT event, including use of personal protective equipment.

CONDUCT workforce BT preparedness programs, including hospital and lab staff in the community.

IDENTIFY specific resources needed for BT response to crucial biologic agents (Category A, B, C.)

ENSURE that laboratories within the jurisdiction or agency have BT response plans.

IDENTIFY Level A, B and C laboratories serving the jurisdiction or agency.

ENSURE Level A laboratories can conduct "rule-out" testing, specimen packaging and handling, and referral of suspected biological threat agents to a higher level laboratory.

ENSURE that Level B and Level C laboratories have the capacity and proficiency to identify and confirm biological threat agents and can refer specimens to higher level laboratories for further characterization.

MAINTAIN contact and location information for Level B and Level C laboratories in the BT Laboratory Response Network serving the agency or jurisdiction.

MAINTAIN ongoing training to ensure specimen security, including transportation of specimens, limiting access to reference cultures, isolates, etc.

ESTABLISH written Laboratory Response Network approved protocols.

MAINTAIN agent identification protocols to be used in the laboratory.

ESTABLISH written policies and procedures for rapid identification and electronic reporting of results.

DEFINE laboratory communication plans and protocols for disseminating information to emergency response partners during a public health emergency.

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan.

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access, use and interpret surveillance data; access and use lab resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment.)

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

ENSURE functioning of a system for rapid rule-out testing, referral, identification, confirmation, and characterization of biological threat agents including rapid reporting of results during a BT event.

IMPLEMENT Laboratory Response Network approved protocols.

FOLLOW written policies and plans in performing rule-out testing and referral in a BT event.

USE established communication systems for coordination among the response community during a BT event.

MEDICAL EXAMINER/CORONER

MEDICAL EXAMINER OR CORONER: The staff responsible for investigating sudden or violent deaths and for providing accurate, legally defensible determinations of the causes of these deaths.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

MAINTAIN regular communication with partner professionals in other agencies, including law enforcement, involved in emergency response. (Includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

CORE COMPETENCY 2. Describe the chain of command in emergency response.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

GENERATE a public health bioterrorism (BT) response plan for the medical examiner's office that is integrated with the emergency response plan for the jurisdiction and includes a surge capacity plan.

PREPARE public health personnel responding to a BT event regarding procedures of crime scene preservation, proper handling, transportation and storage of criminal evidence.

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access, use and interpret surveillance data; access and use lab resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment.)

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IDENTIFY nuclear, biological or chemical agents from signs, clinical history, autopsy and other evidence.

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

HANDLE human remains appropriately, addressing safety, psycho-social, and forensic needs.

USE event-specific information and scientific principles of risk communication to develop and deliver information to the public, the media, health care providers and the response community during a BT event.

III. Recovery and Evaluation

ENSURE ongoing support for the psychological impact of a BT or weapons of mass destruction event on the families of victims.

PUBLIC HEALTH INFORMATION STAFF

PUBLIC INFORMATION STAFF: Occupations which represent public health issues to the media and public, acts as a spokesperson for public health agencies, engages in promoting public health organizations by writing or selecting publicity material and releasing it through various communications media, prepares and arranges displays, makes speeches, and performs related publicity efforts. In addition to the job titles associated with media spokesperson, this category also includes titles associated with other aspects of public relations, media and information technology.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

MAINTAIN regular communication with partner professionals in other agencies involved in emergency response. (Includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

CORE COMPETENCY 2. Describe the chain of command in emergency response.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of the plan).

GENERATE a bioterrorism (BT) response plan for the public health public information staff that is integrated with the emergency response plan for the agency by applying the following competencies:

ESTABLISH emergency communications roles and responsibilities for BT response.

MAINTAIN an up-to-date directory of materials and resources on bioterrorism.

MAINTAIN written plans for 24/7 availability of staff and specialists required during a BT event.

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan.

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills (e.g., Access, use and interpret data; access and use appropriate resources.)

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

USE the agency BT Incident Command management structure.

COMMUNICATE decontamination and triage information on a specific BT event to partners in the response, as directed by PH Official or PH Incident Commander.

C**OMMUNICATE** the need for assistance during a BT event to appropriate resources as directed by PH Official or PH Incident Commander.

DESIGNATE, or serve as, a media spokesperson during a BT event, as directed by PH Official or PH Incident Commander.

USE established communication systems for coordination among the response community during a BT event, as directed by PH Official or PH Incident Commander.

COORDINATE the development and delivery of event-specific information based on scientific principles of risk communication to inform the public, the media, health care providers and members of the response community during a BT event.

INITIATE appropriate and coordinated communication with the public, the media, and health care providers and the response community during an incident.

III. Recovery and Evaluation

MAINTAIN the delivery of appropriate and accurate information to the public, the media, health care providers and the response community as required by the specific event.

OTHER PUBLIC HEALTH PROFESSIONAL STAFF

OTHER PUBLIC HEALTH PROFESSIONAL STAFF: Professional occupations not described above, such as health educators, legal professionals, financial officers, and others.

I. Preparedness and Planning

CORE COMPETENCY 1. **Describe** the public heath role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

MAINTAIN regular communication with partner professionals in other agencies involved in emergency response. (Includes contributing to effective community-wide response through leadership, team building, negotiation and conflict resolution.)

CORE COMPETENCY 2. **Describe** the chain of command in emergency response.

CORE COMPETENCY 3. **Identify** and **locate** the agency emergency response plan (or the pertinent portion of the plan).

CORE COMPETENCY 4. **Describe** his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your functional role in the agency's BT response plan.

DEMONSTRATE readiness to apply professional skills to a range of emergency situations during regular drills. (e.g., Access, use and interpret data; access and use appropriate resources.)

CORE COMPETENCY 5. **Demonstrate** correct use of all communication equipment used for emergency communication. (phone, fax, radio, etc.)

CORE COMPETENCY 6. **Describe** communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. **Identify** limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. **Recognize** unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

PARTICIPATE in continuing education to maintain up-to-date knowledge in areas relevant to emergency response (e.g., emerging infectious diseases, hazardous materials, diagnostic tests, etc.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. **Apply** creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

PUBLIC HEALTH TECHNICAL AND SUPPORT STAFF

TECHNICAL AND SUPPORT STAFF: Technical occupations involve non-routine work and typically are associated with a professional field such as in the laboratory or clinical area, and involve extensive on-the-job experience. Support occupations involve structured work performed according to established policies, including laboratory support, clerical staff and computer entry staff.

I. Preparedness and Planning

CORE COMPETENCY 1. Describe the public heath role in emergency response in a range of emergencies that might arise. (e.g.,"This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

CORE COMPETENCY 2. Describe the chain of command in emergency response.

CORE COMPETENCY 3. Identify and **locate** the agency emergency response plan (or the pertinent portion of plan).

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and **demonstrate** his/her role(s) in regular drills.

IDENTIFY your individual functional role in the agency's BT response plan.

DEMONSTRATE the use of equipment (including personal protective equipment) and skills associated with his/her functional role in emergency response during regular drills.

DESCRIBE at least one resource for backup/support in key areas of responsibility.

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency, using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge, skill, and authority, and **identify** key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and **describe** appropriate action (e.g., communicate clearly within the chain of command.)

II. Response and Mitigation

IMPLEMENT your individual BT response functional role.

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and **evaluate** effectiveness of all actions taken.

DEFINITIONS OF PUBLIC HEALTH STAFF CATEGORIES

1. **Public Health Officials:** Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, of direct individual departments or special phases of the agency's operations, or provide specialized consultation on a regional, district or area basis. Includes department heads, bureau chiefs, division chiefs, directors, and deputy directors.

2. **Clinical Staff:** Public Health staff with clinical education such as nurse, dentist, physician, employed to give direct clinical care in a PH program or whose functional role in an emergency includes such duties.

3. **Public Health Communicable Disease Staff:** Occupations in which employees collect, investigate, describe and analyze the distribution and determinants of disease, disability, and other health outcomes, and develop the means for their prevention and control; investigates, describes and analyzes the efficacy of programs and interventions, advising local health departments and the health care community on outbreak investigations, immunization data, disease identification, reporting, and prevention. Includes individuals specifically trained as epidemiologists, and those trained in other disciplines (e.g., medicine, nursing, environmental health) working as epidemiologists under job titles such as nurse epidemiologist.

4. **Environmental Health Staff:** Occupations in which employees apply biological, chemical, and public health principles to control, eliminate, ameliorate, and/or prevent environmental health hazards. Includes environmental researcher, environmental health specialist, food scientists, soil and plant scientist, air pollution specialist, hazardous materials specialist, toxicologist, water/waste water specialist, sanitarian, and entomologist.

5. **Laboratory Professional:** Occupations with responsibilities to plan, design and implement laboratory procedures to identify and quantify agents in the environment which may be hazardous to human health, biological agents believed to be involved in the etiology of diseases in animals or humans, such as bacteria, viruses and parasites, or other physical, chemical and biological hazards. May be involved in research and the development or production of anti-microbial agents. Includes microbiologist, chemist, toxicologist, physicist, virologist, entomologist and non-specified laboratory professionals. Laboratory staff with less than baccalaureate level education are not included.

6. **Medical Examiner:** The staff responsible for investigating sudden or violent deaths and for providing accurate, legally defensible determinations of the causes of these deaths.

7. **Public Information Staff:** Occupations which represent public health issues to the media and public, acts as a spokesperson for public health agencies, engages in promoting public health organizations by writing or selecting publicity material and releasing it through various communications media, prepares and arranges displays, makes speeches, and performs related publicity efforts. In addition to the job titles associated with media spokesperson, this category also includes titles associated with other aspects of public relations, media and information technology.

8. **Other Public Health Professional Staff:** Professional occupations not described above such as, health educators, legal professionals, financial officers, and others.

9. **Technical and Support Staff:** Technical occupations involve non-routine work and typically are associated with a professional field such as in the laboratory or clinical area, and involve extensive on-the-job experience. Support occupations involve structured work performed according to established policies, including laboratory support, clerical staff and computer entry staff.

US OFFICE OF PERSONNEL MANAGEMENT DEFINITIONS

1. **Leader/Administrative occupations** involve the exercise of analytical ability, judgment, discretion, personal responsibility, and the application of a substantial body of knowledge of principles, concepts, and practices applicable to one or more fields of administration or management.
NB: Public health leaders/administrators may also be public health professionals serving in a leadership/administrative capacity.

2. **Professional occupations** require knowledge in a field of science or learning characteristically acquired through education or training equivalent to a bachelors degree or higher with majority study in or pertinent to the specialized field. The work of a professional occupation requires the exercise of discretion, judgment, and personal responsibility for the application of an organized body of knowledge that is constantly studied to make new discoveries and interpretations, and to improve data, materials, and methods.

3. **Technical occupations** involve non-routine work and are typically associated with, and supportive of, a professional or administrative field. Such occupations involve extensive practical knowledge gained through on-the-job experience or training less than that represented by college graduation and involve substantial elements of the work of the professional or administrative field, but requires less than full competence in the field involved.

4. **Clerical/Support occupations** involve structured work in support of office, business, or fiscal operations; duties performed according to established policies or techniques and require training, experience, or working knowledge related to the tasks to be performed.

November 2002

The Columbia University School of Nursing Center for Health Policy
www.nursing.hs.columbia.edu
The text of *Bioterrorism and Emergency Readiness* may be downloaded from website.

Bioterrorism and Emergency Readiness Competencies

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Appendix C: FCHD 2017 Competency Assessments

Public Health
Prevent. Promote. Protect.
Franklin County Health Department

FCHD 2017 Competency Assessment - Tier 1 Public Health Professionals (2014 Version)

Tier 1 Assessment Instructions

Tier 1 - Front Line Staff/Entry Level: Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer services, and program support.

Adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina. Provided by the Council on Linkages between Academia and Public Health Practice. May be modified as needed).

INTRODUCTION

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of foundational skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. The Core Competencies are organized into eight skill areas or domains that cut across public health disciplines. The purpose of this assessment is to help you explore your level of competence within these eight domains. A competency is any knowledge or skill of an individual or organization that has been shown to cause or predict outstanding performance. A collection of competencies makes up a behavioral roadmap that is directly related to booth individual and organizational performance. By assessing your level of knowledge or skill for each competency statement described, you will be able to prioritize your learning time to focus on those areas that are most important to you and to concentrate where the need for training and learning may be greatest.

HOW TO COMPLETE THIS COMPETENCY ASSESSMENT

The competency assessment should take about 20 minutes to complete. It is divided into the following eight domains: 1)Analytical/Assessment Skills 2)Policy Development/ Program Planning Skills, 3) Communication Skills, 4) Cultural Competency Skills, 5) Community Dimensions of Practice Skills, 6) Public Health Sciences Skills, 7) Financial Planning and Management Skills, and 8) Leadership and Systems Thinking Skills

DIRECTIONS:

1. Read each competency statement listed within a domain.
2. In each domain, and for each competency statement, think about the level at which you are currently able to perform the skill. Then rate your level of proficiency on each competency statement by selecting the number on the continuum from “None” (1) to “Proficient” (4) that best describes your self-reported level of expertise for that statement. Note: The competency statements listed in each domain should be interpreted as broadly as possible to apply to your position and principal setting of employment.
3. At the end of each domain there is a place to write any comments you have. For example, if you feel like an expert buy may still want training or learning opportunities in a particular skill, please enter your comments in the comments section. You may also want to share this assessment with your supervisor, colleagues, or others and ask them to add comments as well. These comments may be helpful to you and your supervisor in planning for your professional development.
4. After you have entered your responses for each domain, calculate your “Total Score” and your “Average Score”.
5. Review your results and follow the guidance offered in the “Interpreting Your Results” section to determine your next steps.

Analytical/Assessment Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

1. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe factors affecting the health of a community (e.g. equity, income, education, environment)	◯	◯	◯	◯
Identify quantitative and qualitative data and information (e.g. vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) used for assessing the health of communities	◯	◯	◯	◯
Apply ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	◯	◯	◯	◯
Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	◯	◯	◯	◯
Select valid and reliable data	◯	◯	◯	◯
Select comparable data (e.g. data being age-adjusted to the same year, data variables across datasets having similar definitions)	◯	◯	◯	◯
Identify gaps in data	◯	◯	◯	◯
Collect valid and reliable quantitative and qualitative data	◯	◯	◯	◯
Describe public health applications of quantitative and qualitative data	◯	◯	◯	◯
Use quantitative and qualitative data	◯	◯	◯	◯
Describe assets and resources that can be used for improving the health of a community (e.g. Boys and Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	◯	◯	◯	◯
Contribute 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).	◯	◯	◯	◯
Explain how community health assessments use information about health status, factors influencing health, and assets and resources	◯	◯	◯	◯
Describe how evidence (e.g. data, findings reported in peer- reviewed literature) is used in decision making	◯	◯	◯	◯

2. Total Score (Add all scores from Question 1 and enter total here)

3. Average Score (Divide the "Total Score" from Questions 2 above by 14 and enter the result here and into the corresponding row of the "Your Results" Section)

4. Comments

Policy Development/Program Planning Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

5. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Contribute to state/Tribal/community health improvement planning (e.g. providing data to supplement community health assessments, communicating observations from work in the field)	○	○	○	○
Contribute to development of program goals and objectives	○	○	○	○
Describe 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)	○	○	○	○
Contribute to implementation of organizational strategic plan	○	○	○	○
Identify current trends (e.g. health, fiscal, social, political, environmental) affecting the health of a community	○	○	○	○
Gather information that can inform options for policies, programs, and services (e.g. secondhand smoking policies, data use policies, HR policies, immunization programs, foods safety programs)	○	○	○	○
Describe implications of policies, programs, and services	○	○	○	○
Implement policies, programs, and services	○	○	○	○
Explain the importance of evaluations for improving policies, programs, and services	○	○	○	○
Gather information for evaluating policies, programs, and services (e.g. outputs, outcomes, processes, procedures, return on investment)	○	○	○	○
Apply strategies for continuous quality improvement	○	○	○	○
Describe 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)	○	○	○	○

6. Total Score (Add all scores from Question 5 and enter total here)

7. Average Score (Divide the "Total Score" from Questions 6 above by 12 and enter the result here and into the corresponding row of the "Your Results" Section)

8. Comments

Communication Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

9. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Identify the literacy of populations served (e.g. ability to obtain, interpret, and use health and other information; social media literacy)	○	○	○	○
Communicate in writing and orally with linguistic and cultural proficiency (e.g. using age- appropriate materials, incorporating images)	○	○	○	○
Solicit input from individuals and organizations (e.g. chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) to improve community health	○	○	○	○
Suggest approaches for disseminating public health data and information (e.g. social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	○	○	○	○
Convey data and information to professionals and the public using a variety of approaches (e.g. reports presentations, email, letters)	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Communicate information to influence behavior and improve health (e.g. use social marketing methods, consider behavioral theories such as the Health Belief Model or Stages of Change Model)	◯	◯	◯	◯
Facilitate communication among individuals, groups, and organizations	◯	◯	◯	◯
Describe the roles of governmental public health, health care and other partners in improving the heatlh of a community	◯	◯	◯	◯

10. Total Score (Add all scores from Question 9 and enter total here)

11. Average Score (Divide the "Total Score" from Questions 10 above by 8 and enter the result here and into the corresponding row of the "Your Results" Section)

12. Comments

Cultural Competency Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

13. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe 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, etc.)	◯	◯	◯	◯
Describe the diversity of individuals and populations in a community	◯	◯	◯	◯
Describe the ways diversity may influence policies, programs, services, and the health of a community	◯	◯	◯	◯
Recognize the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	◯	◯	◯	◯
Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	◯	◯	◯	◯

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe the effects of policies, programs, and services on different populations in a community	◯	◯	◯	◯
Describe the value of a diverse public health workforce	◯	◯	◯	◯

14. Total Score (Add all scores from Question 13 and enter total here)

15. Average Score (Divide the "Total Score" from Questions 14 above by 7 and enter the result here and into the corresponding row of the "Your Results" Section)

16. Comments

Community Dimensions of Practice Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

17. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe the programs and services provided by governmental and non-governmental organizations to improve the health of a community	◯	◯	◯	◯
Recognize 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)	◯	◯	◯	◯
Suggest relationships that may be needed to improve health in a community	◯	◯	◯	◯
Support relationships that improve health in a community	◯	◯	◯	◯
Collaborate with community partners to improve health in a community (e.g. participate in committees, share data and information, connect people to resources)	◯	◯	◯	◯
Engage community members (e.g. focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	◯	◯	◯	◯
Provide input for developing, implementing, evaluating, and improving policies, programs, and services	◯	◯	◯	◯

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Use assets and resources (e.g. Boys and Girls Clubs, public libraries, hospitals, faith- based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	○	○	○	○
Inform the public about policies, programs, and resources that improve health in a community	○	○	○	○
Describe the importance of community-based participatory research	○	○	○	○

18. Total Score (Add all scores from Question 17 and enter total here)

19. Average Score (Divide the "Total Score" from Questions 18 above by 10 and enter the result here and into the corresponding row of the "Your Results" Section)

20. Comments

Public Health Sciences Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

21. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe the scientific foundation of the field of public health	○	○	○	○
Identify prominent events in the history of public health (e.g. smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene/hand washing, access to health care for people with disabilities)	○	○	○	○
Describe 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 10 Essential Public Health Services	○	○	○	○
Retrieve 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) to support decision making	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Recognize limitations of evidence (e.g. validity, reliability, sample size, bias, generalizability)	○	○	○	○
Describe evidence used in developing, implementing, evaluating, and improving policies, programs, and services	○	○	○	○
Describe the laws, regulations, policies, and procedures for the ethical conduct of research (e.g. patient confidentiality, protection of human subjects, Americans with Disabilities Act)	○	○	○	○
Contribute 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 researchers)	○	○	○	○
Suggest partnerships that may increase use of evidence in public health practice (e.g. between practice and academic organizations, with health sciences libraries)	○	○	○	○

22. Total Score (Add all scores from Question 21 and enter total here)

23. Average Score (Divide the "Total Score" from Questions 22 above by 9 and enter the result here and into the corresponding row of the "Your Results" Section)

24. Comments

Financial Planning & Management Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

25. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe the structures, functions, and authorizations of governmental public health programs and organizations	○	○	○	○
Describe government agencies with authority to impact the health of a community	○	○	○	○
Adhere to organizational policies and procedures	○	○	○	○
Describe public health funding mechanisms (e.g. categorical grants, fees, third-party reimbursement, tobacco taxes)	○	○	○	○
Contribute to development of program budgets	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Provide information for proposals for funding (e.g. foundations, government agencies, corporations)	○	○	○	○
Provide information for development of contracts and other agreements for programs and services	○	○	○	○
Describe financial analysis methods used in making decisions about policies, programs, and services (e.g. cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	○	○	○	○
Operate programs within budget	○	○	○	○
Describe 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)	○	○	○	○
Motivate colleagues for the purpose of achieving program and organizational goals (e.g. participating in teams, encouraging sharing of ideas, respecting different points of view)	○	○	○	○
Use evaluation results to improve program and organizational performance	○	○	○	○
Describe program performance standards and measures	○	○	○	○
Use performance management services for program and organizational improvement (e.g. achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)	○	○	○	○

26. Total Score (Add all scores from Question 25 and enter total here)

27. Average Score (Divide the “Total Score” from Questions 25 above by 14 and enter the result here and into the corresponding row of the “Your Results” Section)

28. Comments

Leadership and Systems Thinking Skills - Tier 1

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

29. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Incorporate ethical standard of practice (e.g. Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	○	○	○	○
Describe public health as part of a larger inter- related systems of organizations that influence the health of populations at local, national, and global levels	○	○	○	○
Describe the ways public health, health care, and other organizations can work together or individually to impact the health of a community	○	○	○	○
Contribute to development of a vision for a healthy community (e.g. emphasis on prevention, health equality for fall, excellence and innovation)	○	○	○	○
Identify 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)	○	○	○	○
Describe needs for professional development (e.g. training, mentoring, peer advising, coaching)	○	○	○	○
Participate in professional development opportunities	○	○	○	○
Describe the impact of changes (e.g. social, political, economic, scientific) on organizational practices	○	○	○	○
Describe ways to improve individual and program performance	○	○	○	○

30. Total Score (Add all scores from Question 29 and enter total here)

31. Average Score (Divide the “Total Score” from Questions 30 above by 9 and enter the result here and into the corresponding row of the “Your Results” Section)

32. Comments

Your Results - Tier 1

33. Enter the “Average Total” from each domain in the corresponding row below:

Analytical/Assessment Skills (refer to Question 3)	
Policy Development/Program Planning Skills (refer to Question 7)	
Communication Skills (refer to Question 11)	
Cultural Competency Skills (refer to Question 15)	
Community Dimensions of Practice Skills (refer to Question 19)	
Public Health Sciences Skills (refer to Question 23)	
Financial Planning and Management Skills (refer to Question 27)	
Leadership and Systems Thinking Skills (refer to Question 31)	

INTERPRETING YOUR RESULTS

Based on the averages you have for each domain in the “Your Results” section above, you are now ready to identify the strengths in your practice and the areas that you would like to improve or strengthen.

For example, if you have scored a “1” in any domain, you will want to consider focusing your time and energy toward achieving the competencies in that domain, followed by domains in which you scored a “2”, with a lower priority given to domains in which you scored a “3” or higher.

Once you have identified your priorities, you can use the information to guide you in developing a learning plan with one or more personal professional goals for the next year; in engaging in a discussion with your supervisor, mentor, or coach; and in choosing learning opportunities that will help you reach your goals and meet the requirements for continuing competence in your occupation or discipline.

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FCHD 2017 Competency Assessment - Tier 2 Public Health Professionals (2014 Version)

Tier 2 Assessment Instructions

Tier 2 - Program Management/Supervisory Level: Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include: developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina. Provided by the Council on Linkages between Academia and Public Health Practice. May be modified as needed).

INTRODUCTION

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of foundational skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. The Core Competencies are organized into eight skill areas or domains that cut across public health disciplines. The purpose of this assessment is to help you explore your level of competence within these eight domains. A competency is any knowledge or skill of an individual or organization that has been shown to cause or predict outstanding performance. A collection of competencies makes up a behavioral roadmap that is directly related to booth individual and organizational performance. By assessing your level of knowledge or skill for each competency statement described, you will be able to prioritize your learning time to focus on those areas that are most important to you and to concentrate where the need for training and learning may be greatest.

HOW TO COMPLETE THIS COMPETENCY ASSESSMENT

The competency assessment should take about 20 minutes to complete. It is divided into the following eight domains: 1)Analytical/Assessment Skills 2)Policy Development/ Program Planning Skills, 3) Communication Skills, 4) Cultural Competency Skills, 5) Community Dimensions of Practice Skills, 6) Public Health Sciences Skills, 7) Financial Planning and Management Skills, and 8) Leadership and Systems Thinking Skills

DIRECTIONS:

1. Read each competency statement listed within a domain.
2. In each domain, and for each competency statement, think about the level at which you are currently able to perform the skill. Then rate your level of proficiency on each competency statement by selecting the number on the continuum from “None” (1) to “Proficient” (4) that best describes your self-reported level of expertise for that statement. Note: The competency statements listed in each domain should be interpreted as broadly as possible to apply to your position and principal setting of employment.
3. At the end of each domain there is a place to write any comments you have. For example, if you feel like an expert buy may still want training or learning opportunities in a particular skill, please enter your comments in the comments section. You may also want to share this assessment with your supervisor, colleagues, or others and ask them to add comments as well. These comments may be helpful to you and your supervisor in planning for your professional development.
4. After you have entered your responses for each domain, calculate your “Total Score” and your “Average Score”.
5. Review your results and follow the guidance offered in the “Interpreting Your Results” section to determine your next steps.

Analytical/Assessment Skills - Tier 2

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

1. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe factors affecting the health of a community (e.g. equity, income, education, environment)	○	○	○	○
Describe 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 health of communities	○	○	○	○
Apply ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	○	○	○	○
Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	○	○	○	○
Analyze validity and reliability of data	○	○	○	○
Analyze the comparability data (e.g. data being age-adjusted to the same year, data variables across datasets having similar definitions)	○	○	○	○
Resolve gaps in data	○	○	○	○
Collect valid and reliable quantitative and qualitative data	○	○	○	○
Analyze quantitative and qualitative data	○	○	○	○
Interpret quantitative and qualitative data	○	○	○	○
Identify assets and resources that can be used for improving the health of a community (e.g. Boys and Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	○	○	○	○
Assess community health status and factors influencing health in a community (e.g. quality, availability, accessibility, and use of health services; access to affordable housing).	○	○	○	○
Develop community health assessments using information about health status, factors influencing health, and assets and resources	○	○	○	○
Make evidence-based decisions (e.g. determining research agendas, using recommendation from *The Guide to Community Preventive Services* in planning population health services)	○	○	○	○
Advocate for the use of evidence in decision making that effects the health of a community (e.g. helping policy makers understand community health needs demonstrating the impact of programs)	○	○	○	○

2. Total Score (Add all scores from Question 1 and enter total here)

3. Average Score (Divide the "Total Score" from Questions 2 above by 15 and enter the result here and into the corresponding row of the "Your Results" Section)

4. Comments

Policy Development/Program Planning Skills - Tier 2

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

5. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Ensure 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; etc.)	○	○	○	○
Develop program goals and objectives	○	○	○	○
Contribute 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)	○	○	○	○
Implement organizational strategic plan	○	○	○	○
Monitor current and projected trends (e.g. health, fiscal, social, political, environmental) representing the health of a community	○	○	○	○
Develop options for policies, programs, and services (e.g. secondhand smoking policies, data use policies, HR policies, immunization programs, foods safety programs)	○	○	○	○
Estimate the feasibility (e.g. fiscal, social, political, legal, geographic) and implication of policies, programs, and services.	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Recommend policies, programs, and services for implementation	○	○	○	○
Implement policies, programs, and services	○	○	○	○
Explain the importance of evaluations for improving policies, programs, and services	○	○	○	○
Evaluate policies, programs, and services (e.g. outputs, outcomes, processes, procedures, return on investment)	○	○	○	○
Implement strategies for continuous quality improvement	○	○	○	○
Use 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)	○	○	○	○

6. Total Score (Add all scores from Question 5 and enter total here)

7. Average Score (Divide the "Total Score" from Questions 6 above by 13 and enter the result here and into the corresponding row of the "Your Results" Section)

8. Comments

Communication Skills - Tier 2

1 = None I am unaware or have very little knowledge of the skill

2 = Aware I have heard of, but have limited knowledge or ability to apply the skill

3 = Knowledgeable I am comfortable with my knowledge or ability to apply the skill

4 = Proficient I am very comfortable, am an expert, or could teach this skill to others

9. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Assess the literacy of populations served (e.g. ability to obtain, interpret, and use health and other information; social media literacy)	○	○	○	○
Communicate in writing and orally with linguistic and cultural proficiency (e.g. using age- appropriate materials, incorporating images)	○	○	○	○
Solicit input from individuals and organizations (e.g. chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) to improve community health	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Suggest approaches for disseminating public health data and information (e.g. social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	○	○	○	○
Convey data and information to professionals and the public using a variety of approaches (e.g. reports presentations, email, letters, press releases)	○	○	○	○
Communicate information to influence behavior and improve health (e.g. use social marketing methods, consider behavioral theories such as the Health Belief Model or Stages of Change Model)	○	○	○	○
Facilitate communication among individuals, groups, and organizations	○	○	○	○
Communicate the roles of governmental public health, health care, and other partners in improving the health of a community	○	○	○	○

10. Total Score (Add all scores from Question 9 and enter total here)

11. Average Score (Divide the "Total Score" from Questions 10 above by 8 and enter the result here and into the corresponding row of the "Your Results" Section)

12. Comments

Cultural Competency Skills - Tier 2

1 = None I am unaware or have very little knowledge of the skill

2 = Aware I have heard of, but have limited knowledge or ability to apply the skill

3 = Knowledgeable I am comfortable with my knowledge or ability to apply the skill

4 = Proficient I am very comfortable, am an expert, or could teach this skill to others

13. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe 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, etc.)	○	○	○	○
Describe the diversity of individuals and populations in a community	○	○	○	○
Recognize the ways diversity influences policies, programs, services, and the health of a community	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Support diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	○	○	○	○
Ensure the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	○	○	○	○
Assess 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)	○	○	○	○
Describe the value of a diverse public health workforce	○	○	○	○
Advocate for a diverse public health workforce	○	○	○	○

14. Total Score (Add all scores from Question 13 and enter total here)

15. Average Score (Divide the "Total Score" from Questions 14 above by 8 and enter the result here and into the corresponding row of the "Your Results" Section)

16. Comments

Community Dimensions of Practice Skills - Tier 2

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

17. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Distinguish the roles and responsibilities of governmental and non- governmental organizations in providing programs and services to improve the health of a community	○	○	○	○
Identify 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)	○	○	○	○
Suggest relationships that may be needed to improve health in a community	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Establish relationships that improve health in a community (e.g. partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	○	○	○	○
Maintain relationships that improve health in a community	○	○	○	○
Facilitate collaborations among partners to improve health in a community (e.g. coalition building)	○	○	○	○
Engage 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).	○	○	○	○
Use community input for developing, implementing, evaluating, and improving policies, programs, and services	○	○	○	○
Explain the ways assets and resources (e.g. Boys and Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	○	○	○	○
Advocate 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)	○	○	○	○
Collaborate in community-based participatory research	○	○	○	○

18. Total Score (Add all scores from Question 17 and enter total here)

19. Average Score (Divide the "Total Score" from Questions 18 above by 11 and enter the result here and into the corresponding row of the "Your Results" Section)

20. Comments

Public Health Sciences Skills - Tier 2

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

21. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe the scientific foundation of the field of public health	◯	◯	◯	◯
Describe prominent events in the history of public health (e.g. smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene/hand washing, access to health care for people with disabilities)	◯	◯	◯	◯
Apply 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	◯	◯	◯	◯
Apply public health sciences in the administration and management of programs	◯	◯	◯	◯
Retrieve 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) to support decision making	◯	◯	◯	◯
Determine limitations of evidence (e.g. validity, reliability, sample size, bias, generalizability)	◯	◯	◯	◯
Use evidence used in developing, implementing, evaluating, and improving policies, programs, and services	◯	◯	◯	◯
Identify the laws, regulations, policies, and procedures for the ethical conduct of research (e.g. patient confidentiality, protection of human subjects, Americans with Disabilities Act)	◯	◯	◯	◯
Contribute 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 researchers)	◯	◯	◯	◯
Develop partnerships that may increase use of evidence in public health practice (e.g. between practice and academic organizations, with health sciences libraries)	◯	◯	◯	◯

22. Total Score (Add all scores from Question 21 and enter total here)

23. Average Score (Divide the "Total Score" from Questions 22 above by 10 and enter the result here and into the corresponding row of the "Your Results" Section)

24. Comments

Financial Planning & Management Skills - Tier 2

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

25. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Explain the structures, functions, and authorizations of governmental public health programs and organizations	◯	◯	◯	◯
Identify government agencies with authority to address specific community health needs (e.g. lead in housing, water fluoridation, bike lanes, emergency preparedness)	◯	◯	◯	◯
Implement 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)	◯	◯	◯	◯
Explain 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)	◯	◯	◯	◯
Justify programs for inclusion in organizational budgets	◯	◯	◯	◯
Develop program budgets	◯	◯	◯	◯
Defend program budgets	◯	◯	◯	◯
Prepare proposals for funding (e.g. foundations, government agencies, corporations)	◯	◯	◯	◯
Negotiate contracts and other agreements for programs and services	◯	◯	◯	◯
Use financial analysis methods used in making decisions about policies, programs, and services (e.g. cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	◯	◯	◯	◯
Manage programs within current and projected budgets and staffing levels (e.g. sustaining a program when funding and staff are cut, recruiting and retaining staff)	◯	◯	◯	◯

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Establish 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)	○	○	○	○
Motivate personnel 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)	○	○	○	○
Use evaluation results to improve program and organizational performance	○	○	○	○
Develop performance management systems (e.g. using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)	○	○	○	○
Use 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)	○	○	○	○

26. Total Score (Add all scores from Question 25 and enter total here)

27. Average Score (Divide the "Total Score" from Questions 26 above by 16 and enter the result here and into the corresponding row of the "Your Results" Section)

28. Comments

Leadership and Systems Thinking Skills - Tier 2

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

29. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Incorporate ethical standard of practice (e.g. Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	○	○	○	○
Describe public health as part of a larger inter- related systems of organizations that influence the health of populations at local, national, and global levels	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Explain the ways public health, health care, and other organizations can work together or individually to impact the health of a community	○	○	○	○
Collaborate with individuals and organizations in developing a vision for a healthy community (e.g. emphasis on prevention, health equality for fall, excellence and innovation)	○	○	○	○
Analyze 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)	○	○	○	○
Provide opportunities for professional development (e.g. training, mentoring, peer advising, coaching)	○	○	○	○
Ensure use of professional development opportunities by individuals and teams	○	○	○	○
Modify organizational practices in consideration of changes (e.g. social, political, economic scientific)	○	○	○	○
Contribute to continuous improvement of individual, program, and organizational performance (e.g. mentoring, monitoring progress, adjusting programs to achieve better results)	○	○	○	○
Advocate for the role of public health in providing population health services.	○	○	○	○

30. Total Score (Add all scores from Question 29 and enter total here)

31. Average Score (Divide the "Total Score" from Questions 30 above by 10 and enter the result here and into the corresponding row of the "Your Results" Section)

32. Comments

Your Results - Tier 2

33. Enter the “Average Total” from each domain in the corresponding row below:

Analytical/Assessment Skills (refer to Question 3)	
Policy Development/Program Planning Skills (refer to Question 7)	
Communication Skills (refer to Question 11)	
Cultural Competency Skills (refer to Question 15)	
Community Dimensions of Practice Skills (refer to Question 19)	
Public Health Sciences Skills (refer to Question 23)	
Financial Planning and Management Skills (refer to Question 27)	
Leadership and Systems Thinking Skills (refer to Question 31)	

INTERPRETING YOUR RESULTS

Based on the averages you have for each domain in the “Your Results” section above, you are now ready to identify the strengths in your practice and the areas that you would like to improve or strengthen.

For example, if you have scored a “1” in any domain, you will want to consider focusing your time and energy toward achieving the competencies in that domain, followed by domains in which you scored a “2”, with a lower priority given to domains in which you scored a “3” or higher.

Once you have identified your priorities, you can use the information to guide you in developing a learning plan with one or more personal professional goals for the next year; in engaging in a discussion with your supervisor, mentor, or coach; and in choosing learning opportunities that will help you reach your goals and meet the requirements for continuing competence in your occupation or discipline.

Public Health
Prevent. Promote. Protect.
Franklin County
Health Department

FCHD 2017 Competency Assessment - Tier 3 Public Health Professionals (2014 Version)

Tier 3 Assessment Instructions

Tier 3 - Sennior Management/Executive Level: Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs and operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina. Provided by the Council on Linkages between Academia and Public Health Practice. May be modified as needed).

INTRODUCTION

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of foundational skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. The Core Competencies are organized into eight skill areas or domains that cut across public health disciplines. The purpose of this assessment is to help you explore your level of competence within these eight domains. A competency is any knowledge or skill of an individual or organization that has been shown to cause or predict outstanding performance. A collection of competencies makes up a behavioral roadmap that is directly related to booth individual and organizational performance. By assessing your level of knowledge or skill for each competency statement described, you will be able to prioritize your learning time to focus on those areas that are most important to you and to concentrate where the need for training and learning may be greatest.

HOW TO COMPLETE THIS COMPETENCY ASSESSMENT

The competency assessment should take about 20 minutes to complete. It is divided into the following eight domains: 1)Analytical/Assessment Skills 2)Policy Development/ Program Planning Skills, 3) Communication Skills, 4) Cultural Competency Skills, 5) Community Dimensions of Practice Skills, 6) Public Health Sciences Skills, 7) Financial Planning and Management Skills, and 8) Leadership and Systems Thinking Skills

DIRECTIONS:

1. Read each competency statement listed within a domain.
2. In each domain, and for each competency statement, think about the level at which you are currently able to perform the skill. Then rate your level of proficiency on each competency statement by selecting the number on the continuum from “None” (1) to “Proficient” (4) that best describes your self-reported level of expertise for that statement. Note: The competency statements listed in each domain should be interpreted as broadly as possible to apply to your position and principal setting of employment.
3. At the end of each domain there is a place to write any comments you have. For example, if you feel like an expert buy may still want training or learning opportunities in a particular skill, please enter your comments in the comments section. You may also want to share this assessment with your supervisor, colleagues, or others and ask them to add comments as well. These comments may be helpful to you and your supervisor in planning for your professional development.
4. After you have entered your responses for each domain, calculate your “Total Score” and your “Average Score”.
5. Review your results and follow the guidance offered in the “Interpreting Your Results” section to determine your next steps.

Analytical/Assessment Skills - Tier 3

1 = None — **I am unaware or have very little knowledge of the skill**

2 = Aware — **I have heard of, but have limited knowledge or ability to apply the skill**

3 = Knowledgeable — **I am comfortable with my knowledge or ability to apply the skill**

4 = Proficient — **I am very comfortable, am an expert, or could teach this skill to others**

1. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe factors affecting the health of a community (e.g. equity, income, education, environment)	○	○	○	○
Describe 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 health of communities	○	○	○	○
Ensure ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	○	○	○	○
Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	○	○	○	○
Evaluate the validity and reliability of data	○	○	○	○
Evaluate the comparability data (e.g. data being age-adjusted to the same year, data variables across datasets having similar definitions)	○	○	○	○
Resolve gaps in data	○	○	○	○
Ensure collection of valid and reliable quantitative and qualitative data	○	○	○	○
Determine trends from quantitative and qualitative data	○	○	○	○
Integrate findings from quantitative and qualitative data into organizational plans and operations (e.g. strategic plan, quality improvement plan, professional development)	○	○	○	○
Assess assets and resources that can be used for improving the health of a community (e.g. Boys and Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	○	○	○	○
Determine community health status and factors influencing health in a community (e.g. quality, availability, accessibility, and use of health services; access to affordable housing).	○	○	○	○
Ensure development of community health assessments using information about health status, factors influencing health, and assets and resources	○	○	○	○
Make evidence-based decisions (e.g. determining research agendas, using recommendation from The Guide to Community Preventive Services in planning population health services)	○	○	○	○
Advocate for the use of evidence in decision making that effects the health of a community (e.g. helping policy makers understand community health needs demonstrating the impact of programs)	○	○	○	○

2. Total Score (Add all scores from Question 1 and enter total here)

3. Average Score (Divide the "Total Score" from Questions 2 above by 15 and enter the result here and into the corresponding row of the "Your Results" Section)

4. Comments

Policy Development/Program Planning Skills - Tier 3

1 = None — **I am unaware or have very little knowledge of the skill**

2 = Aware — **I have heard of, but have limited knowledge or ability to apply the skill**

3 = Knowledgeable — **I am comfortable with my knowledge or ability to apply the skill**

4 = Proficient — **I am very comfortable, am an expert, or could teach this skill to others**

5. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Ensure 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; etc.)	○	○	○	○
Develop program goals and objectives	○	○	○	○
Develop 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/admin	○	○	○	○
Monitor implementation of organizational strategic plan	○	○	○	○
Integrate current and projected trends (e.g. health, fiscal, social, political, environmental) into organizational strategic planning	○	○	○	○
Select options for policies, programs, and services (e.g. secondhand smoking policies, data use policies, HR policies, immunization programs, foods safety programs)	○	○	○	○
Determine the feasibility (e.g. fiscal, social, political, legal, geographic) and implication of policies, programs, and services.	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Select policies, programs, and services for implementation				
Ensure implementation of policies, programs, and services is consistent with laws and regulations	○	○	○	○
Influence policies, programs, and services external to the organization that affect the health of the community (e.g. zoning, transportation routes)	○	○	○	○
Explain the importance of evaluations for improving policies, programs, and services	○	○	○	○
Ensure the evaluation of policies, programs, and services (e.g. outputs, outcomes, processes, procedures, return on investment)	○	○	○	○
Develop strategies for continuous quality improvement	○	○	○	○
Assess the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g. integrated data systems, electronic reporting, knowledgeable management systems, geographic information systems)	○	○	○	○

6. Total Score (Add all scores from Question 5 and enter total here)

7. Average Score (Divide the "Total Score" from Questions 6 above by 14 and enter the result here and into the corresponding row of the "Your Results" Section)

8. Comments

Communication Skills - Tier 3

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

9. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Ensure 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	○	○	○	○
Communicate in writing and orally with linguistic and cultural proficiency (e.g. using age- appropriate materials, incorporating images)	○	○	○	○

Ensure that the organization seeks input from other organizations and individuals (e.g. chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, etc.) for improving the health of a community	○	○	○	○
Evaluate approaches for disseminating public health data and information (e.g. social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	○	○	○	○
Convey data and information to professionals and the public using a variety of approaches (e.g. reports presentations, email, letters, testimony, press interviews)	○	○	○	○
Evaluate strategies for communicating information to influence behavior and improve health (e.g. use social marketing methods, consider behavioral theories such as the Health Belief Model or Stages of Change Model)	○	○	○	○
Facilitate communication among individuals, groups, and organizations	○	○	○	○
Communicate the roles of governmental public health, health care, and other partners in improving the health of a community	○	○	○	○

10. Total Score (Add all scores from Question 9 and enter total here)

11. Average Score (Divide the "Total Score" from Questions 10 above by 8 and enter the result here and into the corresponding row of the "Your Results" Section)

12. Comments

Cultural Competency Skills - Tier 3

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

13. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Describe 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, etc.)	○	○	○	○
Describe the diversity of individuals and populations in a community	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Recognize the ways diversity influences policies, programs, services, and the health of a community	○	○	○	○
Incorporate diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	○	○	○	○
Advocate for the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	○	○	○	○
Evaluate the effects of policies, programs, and services on different populations in a community	○	○	○	○
Demonstrate the value of a diverse public health workforce	○	○	○	○
Take measures to support a diverse public health workforce	○	○	○	○

14. Total Score (Add all scores from Question 13 and enter total here)

15. Average Score (Divide the "Total Score" from Questions 14 above by 8 and enter the result here and into the corresponding row of the "Your Results" Section)

16. Comments

Community Dimensions of Practice Skills - Tier 3

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

17. To what degree are you able to effectively…

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Assess the roles and responsibilities of governmental and non- governmental organizations in providing programs and services to improve the health of a community	○	○	○	○
Explain 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)	○	○	○	○
Suggest relationships that may be needed to improve health in a community	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Establish relationships that improve health in a community (e.g. partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	○	○	○	○
Maintain relationships that improve health in a community				
Establish written agreements (e.g. memorandum-of-understanding [MOUs], contracts, letters of endorsements) that describe the purpose and scope of partnerships	○	○	○	○
Ensure 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).	○	○	○	○
Ensure that community input is used for developing, implementing, evaluating, and improving policies, programs, and services	○	○	○	○
Negotiate for use of assets and resources (e.g. Boys and Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	○	○	○	○
Defend 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)	○	○	○	○
Engage the organization in community-based participatory research	○	○	○	○

18. Total Score (Add all scores from Question 17 and enter total here)

19. Average Score (Divide the "Total Score" from Questions 18 above by 11 and enter the result here and into the corresponding row of the "Your Results" Section)

20. Comments

Public Health Science Skills - Tier 3

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

21. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Critique the scientific foundation of the field of public health	◯	◯	◯	◯
Explain 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/hand washing, etc.)	◯	◯	◯	◯
Ensure public health sciences (e.g. biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, etc.) are applied in the delivery of the 10 Essential Public Health Services	◯	◯	◯	◯
Apply public health sciences in the administration and management of programs	◯	◯	◯	◯
Synthesize 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) to support decision making	◯	◯	◯	◯
Explain limitations of evidence (e.g. validity, reliability, sample size, bias, generalizability)	◯	◯	◯	◯
Ensure the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services	◯	◯	◯	◯
Ensure the ethical conduct of research (e.g. patient confidentiality, protection of human subjects, Americans with Disabilities Act)	◯	◯	◯	◯
Contribute 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 researchers)	◯	◯	◯	◯
Maintain partnerships that may increase use of evidence in public health practice (e.g. between practice and academic organizations, with health sciences libraries)	◯	◯	◯	◯

22. Total Score (Add all scores from Question 21 and enter total here)

23. Average Score (Divide the "Total Score" from Questions 22 above by 10 and enter the result here and into the corresponding row of the "Your Results" Section)

24. Comments

Financial Planning and Management Skills - Tier 3

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

25. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Assess the structures, functions, and authorizations of governmental public health programs and organizations	◯	◯	◯	◯
Engage government agencies with authority to address specific community health needs (e.g. lead in housing, water fluoridation, bike lanes, emergency preparedness)	◯	◯	◯	◯
Manage 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)	◯	◯	◯	◯
Leverage 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 services	◯	◯	◯	◯
Determine priorities for organizational budgets	◯	◯	◯	◯
Develop organizational budgets	◯	◯	◯	◯
Defend organizational budgets	◯	◯	◯	◯
Approve proposals for funding (e.g. foundations, government agencies, corporations)	◯	◯	◯	◯
Approve contracts and other agreements for programs and services	◯	◯	◯	◯
Ensure the use of financial analysis methods used in making decisions about policies, programs, and services (e.g. cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	◯	◯	◯	◯

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Ensure 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)	○	○	○	○
Establish 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)	○	○	○	○
Motivate personnel for the purpose of achieving program and organizational goals (e.g. participating in teams, encouraging sharing of ideas, respecting different points of view)	○	○	○	○
Oversee the use of evaluation results to improve program and organizational performance	○	○	○	○
Establish performance management systems (e.g. visible leadership, performance standards, performance measurement, reporting progress, quality improvement)	○	○	○	○
Use 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)	○	○	○	○

26. Total Score (Add all scores from Question 25 and enter total here)

27. Average Score (Divide the "Total Score" from Questions 26 above by 16 and enter the result here and into the corresponding row of the "Your Results" Section)

28. Comments

Leadership and Systems Thinking Skills - Tier 3

1 = None	**I am unaware or have very little knowledge of the skill**
2 = Aware	**I have heard of, but have limited knowledge or ability to apply the skill**
3 = Knowledgeable	**I am comfortable with my knowledge or ability to apply the skill**
4 = Proficient	**I am very comfortable, am an expert, or could teach this skill to others**

29. To what degree are you able to effectively...

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Incorporate ethical standard of practice (e.g. Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	○	○	○	○
Interact with larger inter- related systems of organizations that influence the health of populations at local, national, and global levels	○	○	○	○

	1 = None	2 = Aware	3 = Knowledgeable	4 = Proficient
Create opportunities for organizations can work together or individually to impact the health of a community	○	○	○	○
Collaborate with individuals and organizations in developing a vision for a healthy community (e.g. emphasis on prevention, health equality for fall, excellence and innovation)	○	○	○	○
Take measures to minimize 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)	○	○	○	○
Ensure availability (e.g. assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g. training, mentoring, peer advising, coaching)	○	○	○	○
Ensure use of professional development opportunities throughout the organization	○	○	○	○
Ensure 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)	○	○	○	○
Ensure continuous improvement of individual, program, and organizational performance (e.g. mentoring, monitoring progress, adjusting programs to achieve better results)	○	○	○	○
Advocate for the role of public health in providing population health services.	○	○	○	○

30. Total Score (Add all scores from Question 29 and enter total here)

31. Average Score (Divide the "Total Score" from Questions 30 above by 10 and enter the result here and into the corresponding row of the "Your Results" Section)

32. Comments

Your Results - Tier 3

33. Enter the "Average Total" from each domain in the corresponding row below:

Analytical/Assessment Skills (refer to Question 3)	
Policy Development/Program Planning Skills (refer to Question 7)	
Communication Skills (refer to Question 11)	
Cultural Competency Skills (refer to Question 15)	
Community Dimensions of Practice Skills (refer to Question 19)	
Public Health Sciences Skills (refer to Question 23)	
Financial Planning and Management Skills (refer to Question 27)	
Leadership and Systems Thinking Skills (refer to Question 31)	

INTERPRETING YOUR RESULTS

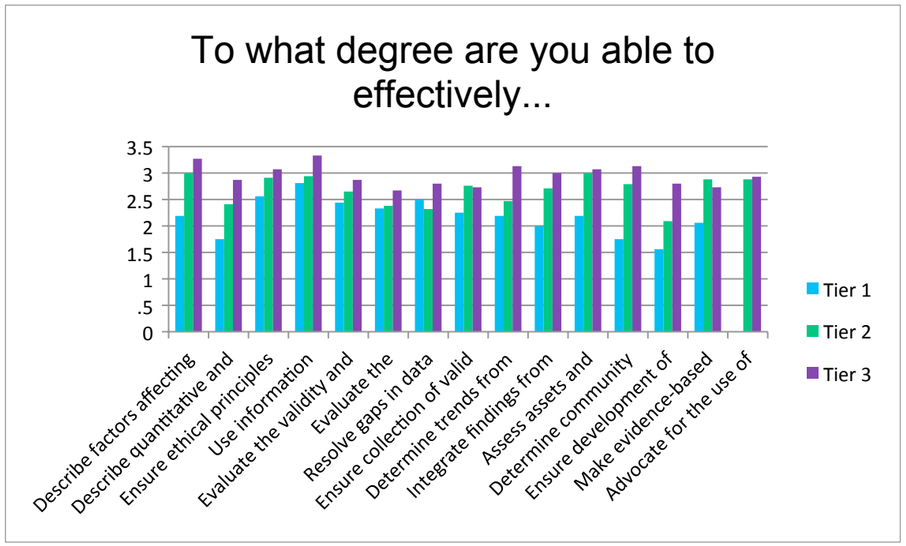
Based on the averages you have for each domain in the "Your Results" section above, you are now ready to identify the strengths in your practice and the areas that you would like to improve or strengthen.

For example, if you have scored a "1" in any domain, you will want to consider focusing your time and energy toward achieving the competencies in that domain, followed by domains in which you scored a "2", with a lower priority given to domains in which you scored a "3" or higher.

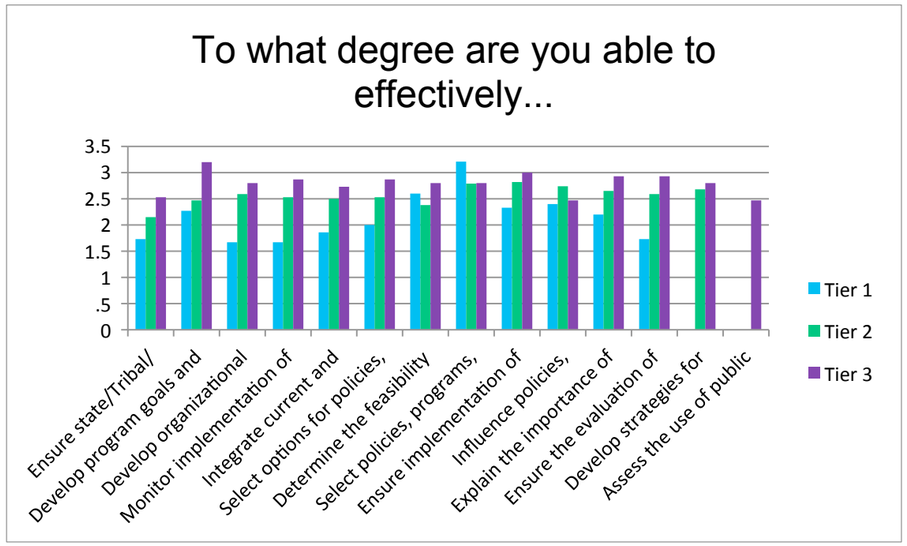
Once you have identified your priorities, you can use the information to guide you in developing a learning plan with one or more personal professional goals for the next year; in engaging in a discussion with your supervisor, mentor, or coach; and in choosing learning opportunities that will help you reach your goals and meet the requirements for continuing competence in your occupation or discipline.

Appendix D: FCHD 2017 Competency Assessment Results

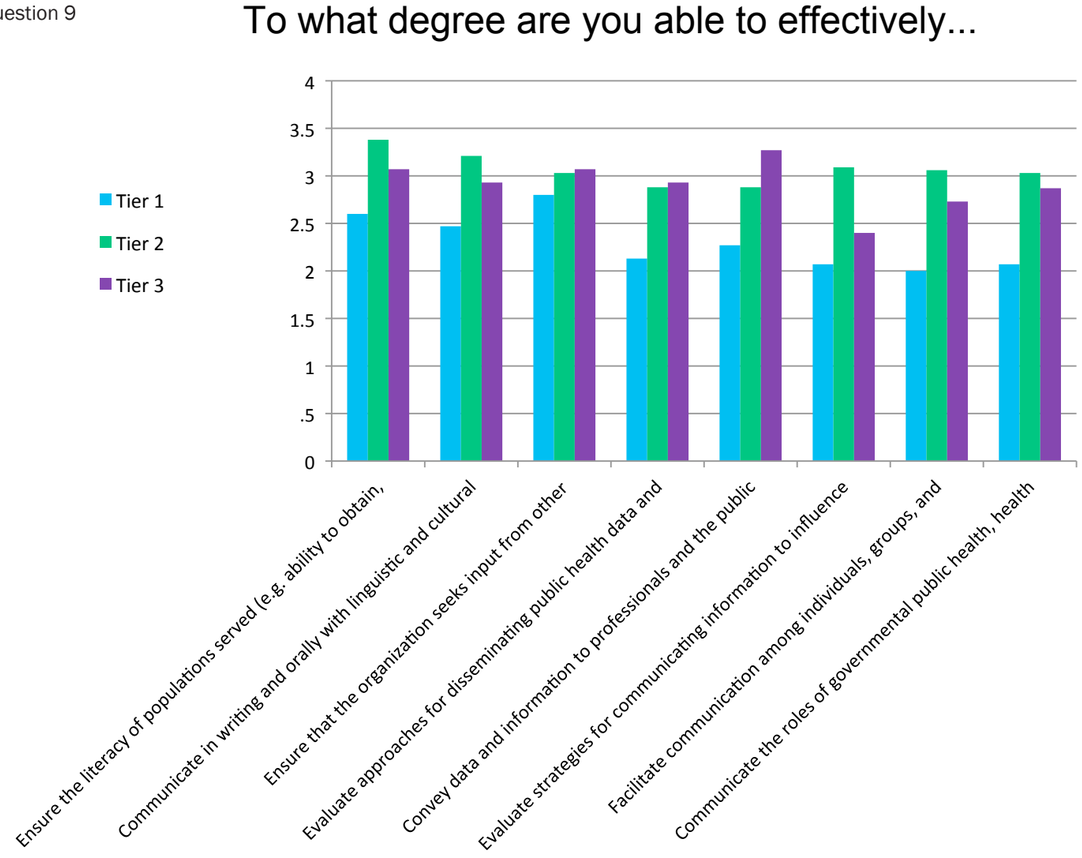
Question 1



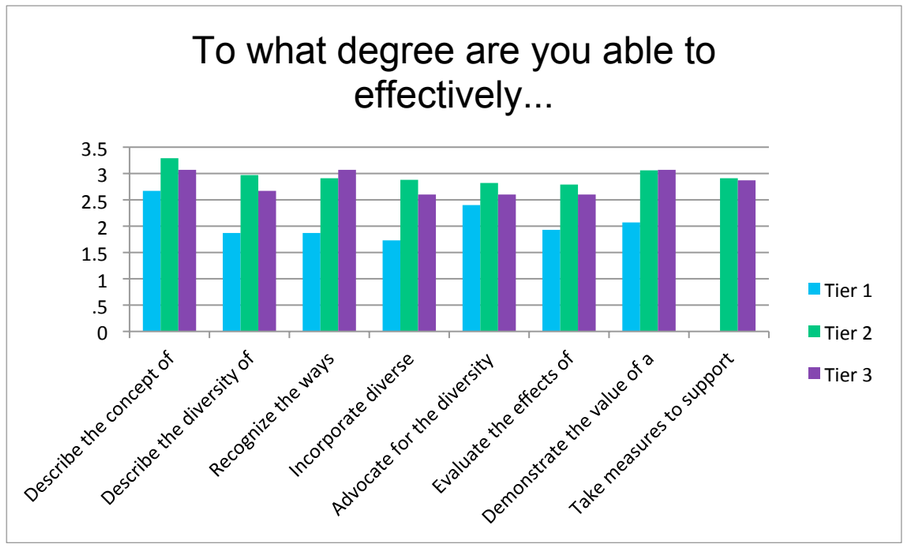
Question 5



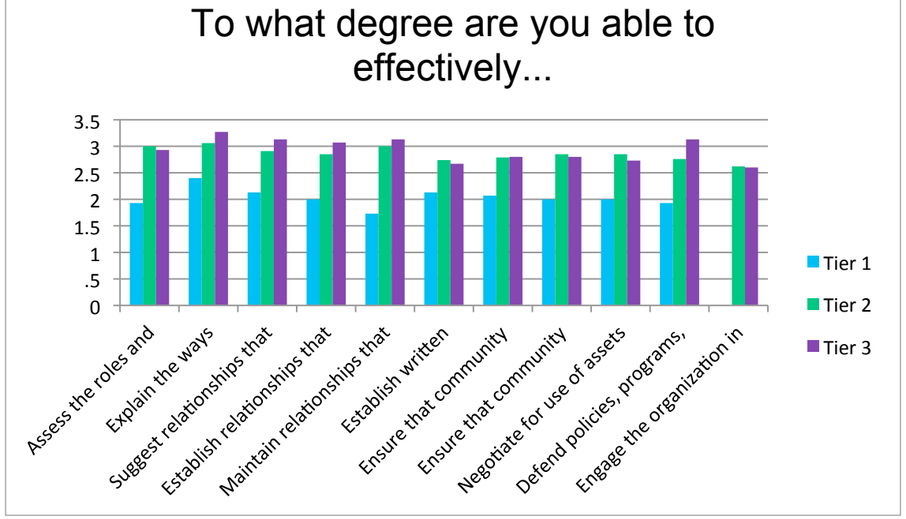
Question 9



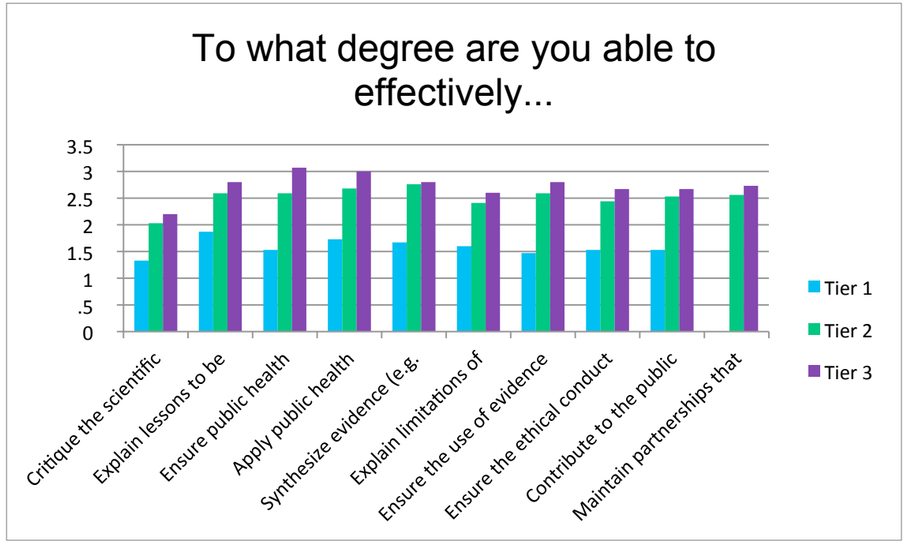
Question 13



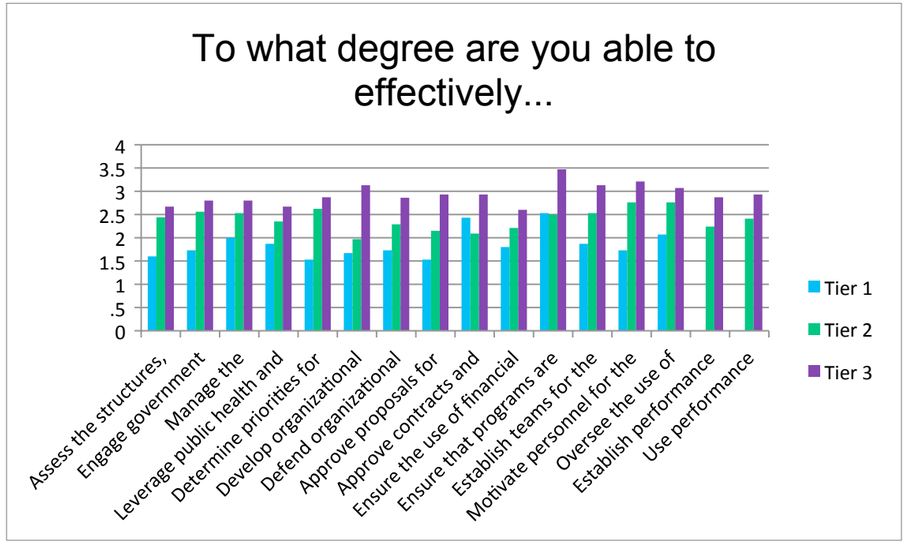
Question 17



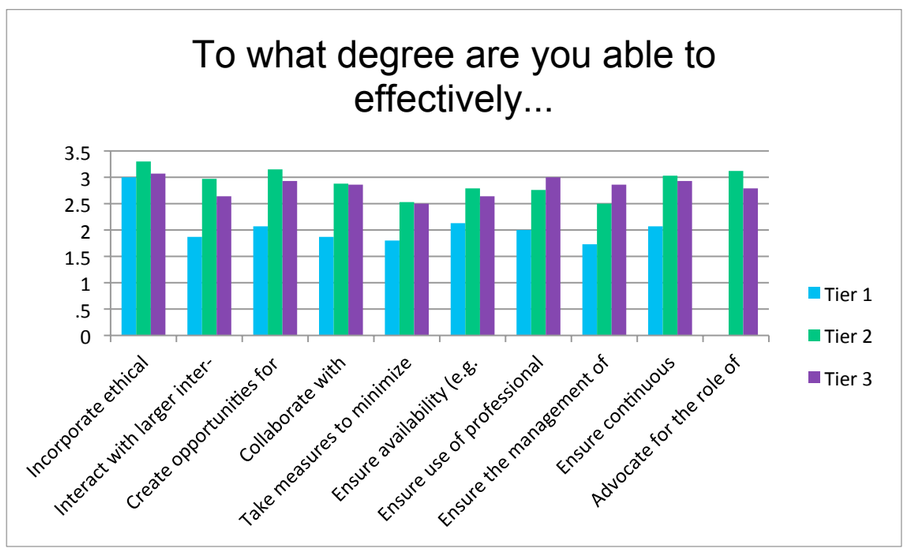
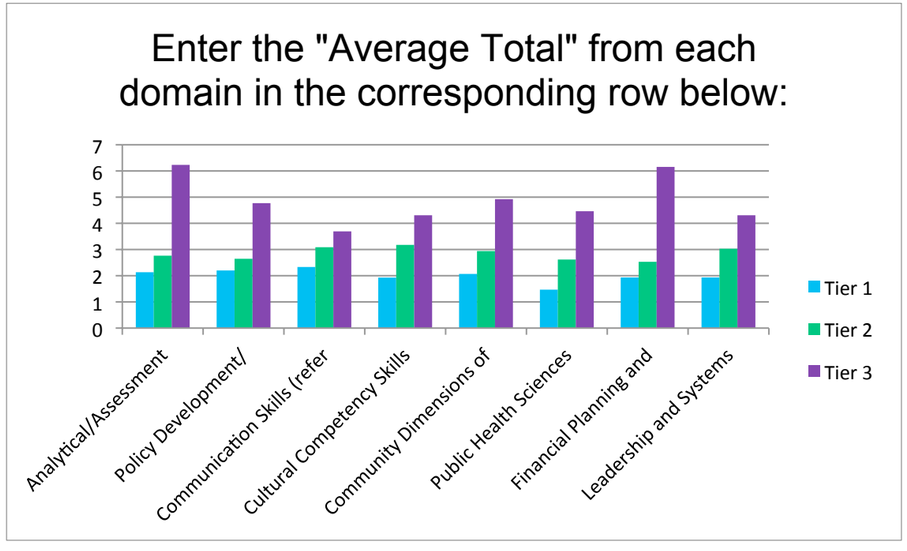
Question 21



Question 25



Question 29



Question 33