NCCDPHP

CORE COMPETENCIES

FOR

STATE HEALTH DEPARTMENTS

Submitted by ICF International

March 2015

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

TTASC | **T**raining and **T**echnical **A**ssistance **S**upport **C**enter

TABLE OF CONTENTS

NCCDPHP CORE COMPETENCIES FOR STATE HEALTH DEPARTMENTS

Executive Summary

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at the Centers for Disease Control and Prevention (CDC) has launched a center-wide initiative to create a comprehensive training approach. As part of this initiative, NCCDPHP has contracted with ICF International (hereafter ICF) to assist in identifying core competencies for State health department chronic disease and health promotion staff working to support NCCDPHP's mission and goals. The competencies will provide a framework to help categorize and organize training resources for grantees funded under the State Public Health Actions for 1305 (1305) and for all other major State-based cooperative agreements focused on chronic disease prevention and health promotion. These competencies will also serve as an important filter for prioritizing, developing, and recommending training opportunities to NCCDPHP awardees and project officers. This document provides a summary of ICF's efforts in synthesizing existing public health practice competencies into a comprehensive list for the NCCDPHP Core Competencies for State health departments.

ICF reviewed seven existing competency lists developed by NCCDPHP stakeholder organizations. After reviewing the existing competencies, ICF worked with NCCDPHP to synthesize them into nine draft core competencies and developed accompanying descriptions for each (the Appendix). Staff from CDC then identified a number of individuals external to CDC with expertise in either developing or utilizing public health competencies. ICF contacted these individuals to assess their willingness and availability to review and provide feedback on the draft competencies. This feedback informed the revisions that resulted in the 11 competencies noted in Table 1 below.

Table 1. NCCDPHP Core Competencies

NCCDPHP Core Competency	Competency Description
1. Leadership and Systems Thinking	• Articulates and promotes a vision for chronic disease prevention and health promotion that serves as a catalyst for change • Describes and influences the dynamic interactions between political, financial, social, health, and environmental systems and their impact on chronic disease • Advocates for the role of public health in the prevention and management of chronic disease • Creates opportunities for coordination across chronic disease programs and other major health initiatives for maximum efficiency

Table 1. NCCDPHP Core Competencies (continued)

NCCDPHP Core Competency	Competency Description
2. Organizational and Financial Management	• Develops and sustains the necessary operational infrastructure, workforce, and financial resources to prevent and manage chronic disease in the population • Continuously engages in workforce development and capacity building for managers and staff. • Negotiates, implements, and monitors contracts, with particular emphasis on achieving outcomes • Uses available resources (e.g., financial data, budget information, financial management concepts, information systems, etc.) to increase program effectiveness by conducting analysis and developing viable solutions to complex program management issues
3. Partnership Engagement and Strategic Communication	• Identifies and engages, early on and continuously, appropriate and relevant partners that can influence chronic disease management and prevention • Reassesses partners along the way to ensure value and effectiveness of partnerships • Communicates with other practitioners, partners, and the public in a way and via various mediums that increases the demand for a public health approach to chronic disease prevention and control • Promotes policies and strategies for health improvement; and leverages opportunities to further the chronic disease prevention agenda statewide • Clearly communicates the impact of public health programs and strategies on the health and wellness of the population
4. Public Health Science and Programming	• Identifies and uses the best available evidence for making informed public health practice decisions in the prevention and management of chronic disease • Promotes understanding and use of the current body of research, evaluations, and evidence-based practices to assist others with program planning and action plan development • Contributes to the public health evidence base
5. Policy-Related Skills	• Effectively assesses and frames policy problems influenced by the social, economic, and physical factors of the environment • Uses policy analysis tools • Influences policy change processes • Implements enacted policies • Evaluates policy interventions to prevent and manage chronic disease

Table 1. NCCDPHP Core Competencies (continued)

NCCDPHP Core Competency	Competency Description
6. Sector-Wide and Systems Change	• Interacts and collaborates effectively with major sectors (including health care, transportation, extension services, aging services, parks and recreation, education, private sector) to implement evidence-based policies and programs to prevent and control chronic disease • Increases opportunities to collaborate with large sectors and systems to share data, promote access to services, and ensure conditions that support healthy choices
7. Health Equity	• Addresses root causes of poor health, historical and contemporary injustices, and the elimination of health and health care disparities in chronic disease • Incorporates diverse perspectives in developing, implementing, and evaluating chronic disease programs and policies • Considers the impact of decisions, programs, and policies on health disparities, including unintended consequences
8. Surveillance, Epidemiology, and Strategic Use of Data/Information	• Collects and maintains data that provide essential information on conditions of public health importance and on the health status of the population • Utilizes these critical data to inform priority setting and advance public health policy, processes, programs, or interventions • Leverages new health information technology and big data systems to improve the efficiency and timeliness of public health surveillance and epidemiology
9. Evaluation	• Understands a variety of evaluation designs (qualitative, quantitative, and economic) and develops and implements evaluation plans • Utilizes evaluation findings to monitor progress and achievement, improve performance, and inform future plans
10. Sustainability	• Integrates chronic disease prevention efforts across public health, education, health care, social, and environmental systems in such a way as to sustain desired population health outcomes achieved • Plans sustainability into all chronic disease prevention efforts from the beginning, and maintains it as an ongoing focus • Treats sustainability as more than a funding effort, instead as a way of working with and through partners to achieve and maintain long-term health impacts

Table 1. NCCDPHP Core Competencies (continued)

NCCDPHP Core Competency	Competency Description
11. Economic Analysis	• Uses economics to identify, measure, value, and compare the costs, benefits, and consequences of prevention strategies • Tracks costs of chronic diseases and conducts cost analyses of intervention/program • Designs and utilizes economic evaluations for comparing two or more interventions/programs in terms of costs or benefits; evaluations include cost-effectiveness, cost-benefit, and cost-utility analyses

Background

NCCDPHP's initiative to create a comprehensive training approach is intended to coordinate trainings across the center's many divisions. The NCCDPHP Core Competencies for State Health Departments is one component of several being developed in a larger effort that includes awardee training needs assessments, 2015 Training Roadmaps, 5-year training plans for State-Based Cooperative Agreement Awardees (both NCCDPHP-wide and 1305-specific), and an electronic Learning Management System (LMS) that will include an inventory of training materials.

Purpose

The NCCDPHP core competencies will be used to organize future training needs assessments, 5-year training plans and the LMS, and to prioritize training events and materials aimed at strengthening the capacity of State health departments to carry out the work of chronic disease prevention and health promotion across categorical areas. In addition, the core competencies will be used to assess, prioritize, and meet project officer training needs.

Methods

The NCCDPHP Core Competencies are not new. Instead, they are a distillation of existing public health practice competencies developed in a range of efforts to support public health professional development. The work to identify the core competencies can be categorized into two phases: Phase 1) Review and Draft Competencies Development, and Phase 2) Validation and Finalization. These phases are described below.

Phase 1: Review and Draft Competencies Development

ICF developed a matrix of the various existing competency lists. We used this matrix to conduct a crosswalk of competencies and classify them according to similarities. A synthesized draft list of competencies (see the Appendix) was developed using this matrix and included content common across existing competencies. The competency lists included in this crosswalk are noted in Table 2.

Table 2. NCCDPHP Core Competencies Sources by Title, Author/Organization, and Date Developed

Title	Author/Organization	Date
Core Competencies for Public Health Professionals www.phf.org/corecompetencies	The Council on Linkages Between Academia and Public Health Practice	June 2014
Center for Training and Research Translation Training Competencies	Center for Training and Research Translation	October 2010 (revised)
Foundational Skills and Practice	CDC's Division of Community Health	2012
Title	**Author/Organization**	**Date**
National Association of Chronic Disease Directors (NACDD) Domains and Competencies http://www.chronicdisease.org/?page=DomainsCompetencies#	National Association of Chronic Disease Directors	Retrieved from Web site November 22, 2014
Public Health Accreditation Board Standards: An Overview http://www.phaboard.org/wp-content/uploads/StandardsOverview1.5_Brochure.pdf	Public Health Accreditation Board	December 2013
Public Health Solutions Through Changes in Policies, Systems, and the Built Environment: Specialized Competencies for the Public Health Workforce http://c.ymcdn.com/sites/dhpe.site-ym.com/resource/resmgr/docs/hpec_comps_phase_final.pdf	Directors of Health Promotion and Education Funded by the CDC/NCCDPHP through a cooperative agreement Emery J, Crump C. Public health solutions through changes in policies, systems, and the built environment: Specialized competencies for the public health workforce. Directors of Health Promotion and Education. http://www.dhpe.org. Published 2006	2006
Training Needs and Supports for Evidence-Based Decision Making Among the Public Health Workforce in the United States http://www.biomedcentral.com/content/pdf/s12913-014-0564-7.pdf	Jacob, et al. Training needs and supports for evidence-based decision making among the public health workforce in the United States. *BMC Health Services Research*. 2014;14: 564.	November 2014

Phase 2: Validation and Finalization

Brief descriptions of the draft core competencies were developed and provided to five key informants that NCCDPHP identified. Key informants reviewed the draft competencies and were then interviewed by telephone to validate the core competencies. All key informants were public health professionals with expertise related to public health practice competencies and the professional development needs of State-level public health practitioners. Following are the key informants interviewed:

MaryCatherine Jones, MPH
Epidemiologist/Evaluator
Healthy Living through Environment Policy and
Improved Clinical Care Program (EPICC)
Utah Department of Health

Ross C. Brownson, PHD
Director, Prevention Research Center
Washington University in St. Louis

Madeleine Solomon, MPH
Director of Policy and Community Programs
Tobacco Technical Assistance Consortium
Emory Centers for Training and Technical
Assistance

Ginny Furshong
Program Manager
Montana Comprehensive Cancer Control
Program

Amy Slonim
Senior Program Officer
Robert Wood Johnson Foundation Office

Results

Feedback provided by the five key informants was both thorough and thoughtful. Suggested revisions varied from minor editorial changes (e.g., deletion or addition of a word or phrase) to more substantive, conceptual modifications (e.g., splitting and reframing an existing competency into multiple competencies). Key informants also suggested the addition of the following new competencies to the list:

- Sustainability
- Collaboration
- Learning by doing
- Economics/cost
- Root causes of poor health/high rates of chronic disease
- Coordination/integration

In considering the feedback provided, both sustainability and financial management/economics were added to the final list of NCCDPHP competencies. In developing the financial management/economics competency, we drew from Public Health Financial Management Competencies developed by Honoré and Costich.[1] Elements of the remaining competencies suggested as additions were incorporated into the existing competencies.

Broader feedback provided by the key informants included the thought that, within the competencies, chronic disease prevention-focused organizations should play a larger role in data sharing across sectors and in exploring financial mechanisms to fund chronic disease prevention efforts in other sectors, as well. This feedback was integrated into the Sector-Wide and Systems Change competency in the final list.

Some key informants suggested additional sets of competencies and relevant journal publications for future review.

Additional competencies:

- Competencies for Applied Epidemiologists in Governmental Public Health Agencies, developed by the Council of State and Territorial Epidemiologists (CSTE) (in conjunction with CDC). Available from http://www.cdc.gov/AppliedEpiCompetencies/#1
- Institute for Alternative Futures. *Public Health 2030: A Scenario Exploration*. Alexandria, VA. May 2014. Available from www.altfutures.org/pubs/PH2030/IAF-PublicHealth2030Scenarios.pdf

Additional relevant journal articles:

- Allen P, Sequeira S, Best L, Jones E, Baker EA, Brownson RC. Perceived Benefits and Challenges of Coordinated Approaches to Chronic Disease Prevention in State Health Departments. *Prev Chronic Dis.* 2014;11.
- Brownson RC, Allen P, Duggan K, Stamatakis KA, Erwin PC. Fostering more-effective public health by identifying administrative evidence-based practices: a review of the literature. *Am J Prev Med.* 2012;43:309-319.
- Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. *Annu Rev Public Health.* 2009;30:175-201.
- Elliott L, McBride TD, Allen P, et al. Health Care System Collaboration to Address Chronic Diseases: A Nationwide Snapshot From State Public Health Practitioners. *Prev Chronic Dis.* 2014;11:140075.

The CSTE competencies were reviewed and considered in drafting the final list of competencies. Finally, during the interviews, key informants were asked for their thoughts or suggestions on ways that NCCDPHP could use these competencies, they responded with the following:

---

[1] Honoré P, Costich J. Public health financial management competencies. *JPHMP*. 2009;15: 311-318.

- *Utilize the competencies in onboarding new CDC and, possibly, State staff* – NCCDPHP could develop a 1-year onboarding schedule that breaks down expectations at period intervals throughout the year (e.g., 1 month, 3 months, 6 months). Onboarding would be the responsibility of each supervisor. A checklist of resources and competencies could be provided for each interval of onboarding. Project officers also could have checklists and schedules to follow as their State contacts turn over and new staff need to improve their knowledge and skills.
- *Incorporate the competencies into grant announcements, performance tracking, capacity building activities, and technical support* –The competencies should serve as benchmarks of progress and work.
- *Link the competencies more explicitly with the NCCDPHP domains*–Make a visual connection between each domain and where the competencies fit in to help make people most effective in their work.
- *Align the competencies with CDC's project officer program* – Ensure that the competencies are integrated into the skills of those that support State chronic disease programs. The competencies should be used as a focal point in the work among project officers working with States. The competencies could be a tool for those staff to think about States and areas where they need to evolve and ways to support States around these core areas.

Other suggestions included integrating and/or applying the competencies in workforce recruitment, hiring standards, performance evaluations, and professional development.

Recommended Next Steps

At the time of this report submission, the core competencies presented here are already informing the organization of the 2015 NCCDPHP State Health Department Grantee Training Roadmaps and the conceptualization of grantee and project officer needs assessments. The competencies also will be used to inform a 5-year Training Plan for NCCDPHP Grantees later this year. In addition to these applications already in progress, we recommend the following next steps:

1. <u>Dissemination</u>: Now that the core competencies have been developed, it is time to disseminate them to the NCCDPHP Training Workgroup, leadership across the NCCDPHP divisions, project officers, State health departments, and NCCDPHP's partner organizations (e.g., NACDD). Dissemination may include sharing this report along with a brief PowerPoint presentation or Webinar to discuss the intention, process, and next steps for applying the core competencies to varied stakeholder groups. The plan also may include translation and implementation plans, as well as a forum for stakeholder feedback to be integrated into future versions of the competencies.
2. <u>Translation and Implementation:</u> The key informants engaged to validate these competencies contributed several strategic suggestions that require translation to be applicable to work at the national, State, and local levels (see Results section of this report). The NCCDPHP leadership, Training Workgroup, NACDD, and others have varied perspectives. Each should be engaged to translate these core competencies for public

health professionals working across geographies to prevent chronic disease. Once translated, plans to implement the core competencies, as suggested by key informants, can be made for the following areas:

- **Workforce**:

  - <u>Recruitment</u>: The core competencies may inform job descriptions used to recruit for chronic disease-focused staff positions.
  - <u>Staff development</u>: The core competencies may inform staff development opportunities at the unit or individualized levels.
  - <u>Ongoing performance monitoring</u>: The core competencies may inform annual performance reviews and goal development for staff.

- **Grant opportunities**:

  - <u>Program development</u>: The core competencies may inform program development at the national, state, and local levels.
  - <u>Guidance</u>: The core competencies may inform grantee guidance.
  - <u>Technical assistance</u>: The core competencies may inform the technical assistance offered to grantees.

3. <u>**Continued Refinement**</u>**:** Due to the dynamic nature of public health practice, these core competencies will require regular examination for relevance and refinement to be of long-term use. Key informant feedback included a request for the competencies to be linked more explicitly to the NCCDPHP domains. As the emergent work around Domains 3 and 4 (Health Care System Interventions and Community Programs Linked to Clinical Services) especially, continues to evolve, operationalizing the competencies to achieve this work will be an ongoing process, as well.

APPENDIX. NCCDPHP CORE COMPETENCIES DRAFT LIST SHARED WITH KEY INFORMANTS FOR FEEDBACK

Leadership and Systems Thinking: Articulates and promotes a vision for chronic disease prevention and health promotion that serves as a catalyst for change; describes and influences the dynamic interactions between political, financial, social, and environmental systems and their impact on chronic disease, and advocates for the role of public health in the prevention and management of chronic disease.

Organizational Management: Develops and sustains the necessary operational infrastructure, workforce, and financial resources to prevent and manage chronic disease in the population; creates opportunities for coordination across chronic disease programs for maximum efficiency.

Partnership Engagement and Strategic Communication: Identifies and engages appropriate and relevant partners early on that can influence chronic disease management and prevention; communicates with other practitioners, partners, and the public in a tailored way and in various mediums; promotes policies and strategies for health improvement; and leverages opportunities to further the chronic disease prevention agenda statewide.

Public Health Science and Programming: Identifies and uses the best available evidence for making informed public health practice decisions in the prevention and management of chronic disease; promotes understanding and use of the current body of research, evaluations, and evidence-based practices to assist others with program planning and action plan development; and contributes to the public health evidence base.[1]

Policy-Related Skills: Effectively assesses and frames policy problems, uses policy analysis tools, influences the policy change process, implements enacted policies, and evaluates policy interventions to prevent and manage chronic disease.[2]

Sector-wide change/Cross-sector change: Interacts effectively with other major sectors (including health systems, transportation, parks and recreation, education, private sector) to implement evidence-based policies and programs that provide data, promote access to services, and support the prevention and management of chronic diseases.

---

[1] Public Health Accreditation Standards

[2] Emery J, Crump C. Public health solutions through changes in policies, systems, and the built environment: Specialized competencies for the public health workforce. Directors of Health Promotion and Education. Available at http://www.dhpe.org.

[3] Bauer, U, et al. Prevention of chronic disease in the 21st century: Elimination of the leading preventable causes of premature death and disability in the USA. *Lancet.* 2004;384:45-52.

Health equity: Addresses avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities in chronic disease; incorporates diverse perspectives in developing, implementing, and evaluating chronic disease programs and policies; and considers the impact of decisions, programs, and policies on health disparities, including unintended consequences.

Surveillance, Epidemiology, and Strategic Use of Data/Information: Collects and maintains data that provide essential information on conditions of public health importance and on the health status of the population; utilizes these critical data to inform priority setting and advance public health policy, processes, programs, or interventions.[1, 3]

Evaluation: Understands a variety of evaluation designs (qualitative, quantitative, and economic) and develops and implements evaluation plans; utilizes evaluation findings to monitor progress and achievement, improve performance, and inform future plans.