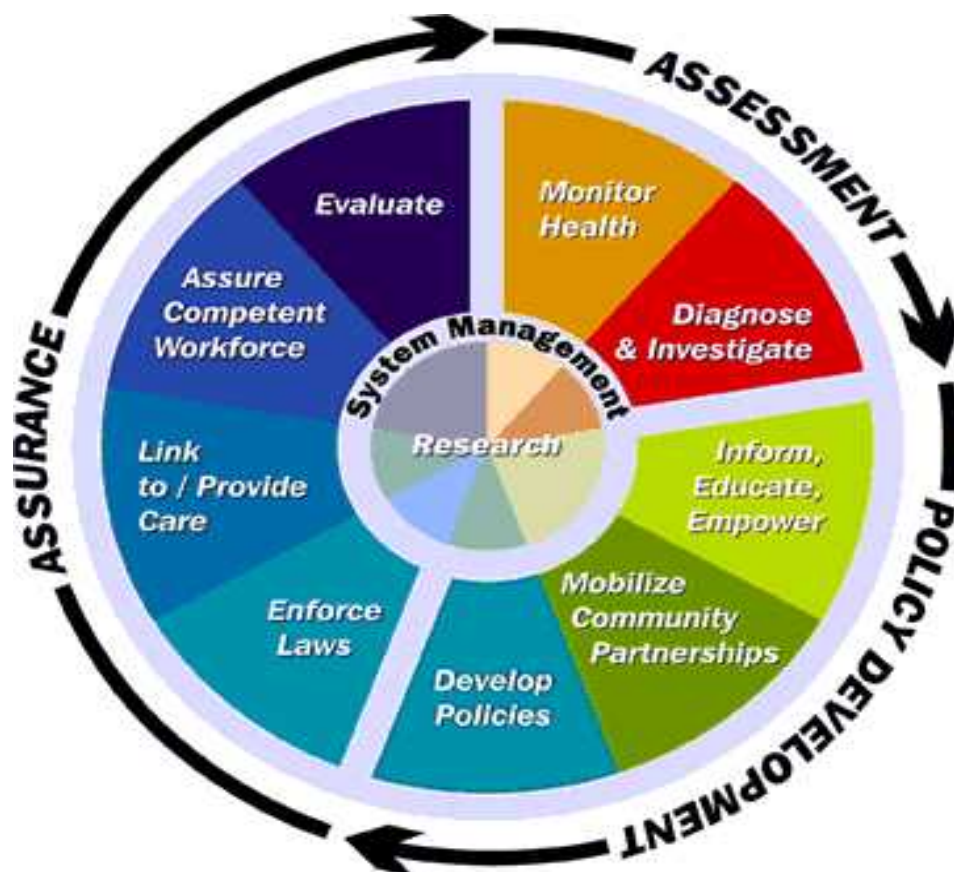


Improving Public Health in Kansas



Meeting Essential Services and Increasing Core Competencies

Core Functions:

In 1988, the Institutes of Medicine's, [The Future of Public Health](#), attempted to describe the things public health should be doing in three broad areas called core functions.

1. Assessment
2. Policy Development
3. Assurance

These functions correspond to the major phases of public problem-solving: identification of problems, mobilization of necessary effort and resources, and assurance that vital conditions are in place and that crucial services are received.

Though the three core functions of public health developed by the Institute of Medicine's report, *The Future of Public Health* (1988) were widely accepted among public health's policy and academic community, they did not explain to legislators or the general public what public health does.

The [Public Health in America](#) statement subsequently developed was reviewed and adopted by the Core Functions Working Group and Steering Committee. 1995, the name of this group was changed to the Public Health Functions Working Group and Steering Committee.

10 Essential Public Health Services:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws that protect health and ensure safety
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate personal and population based health services
10. Research for new solutions to health problems

Further explanation and examples of Core Functions and Essential Services can be found by reading: "[What is Public Health](#)"

Operational Definition of a Functional Local Health Department:

History

Over the past 15 years, several large-scale efforts have sought to strengthen public health in a variety of ways: by defining public health, measuring the performance of public health entities, setting public health goals, establishing the direction of public health policy, and determining how best to staff and fund public health activities. A pro-actively developed, shared definition of what people in any community can expect from their governmental local health department could serve to inform and lend consistency to ongoing and future efforts to strengthen public health practice. **In response, the National Association of County and City Health Officials (NACCHO) developed an operational definition of a local health department, based on the input and acceptance of interested parties including LHDs and representatives of state health departments, federal agencies, local boards of health, and state and local elected officials.**

Accreditation and Credentialing of the Public Health Workforce

Approaches to accreditation of local public health agencies in whole or in part are increasingly being recommended and/or pursued. Implementing these activities effectively would determine LHDs' programs, services, and workforce qualifications. On the other hand, **an operational definition of LHDs is intended to drive accreditation and credentialing efforts, providing the basis of what needs to be measured and promoted in LHDs.**

The operational definition provides the basis for accountability measures and clarifies what the public should expect from LHDs in terms of public health preparedness and responsiveness -- for bioterrorism as well as for other public health threats. Furthermore, at some point, funding for bioterrorism preparedness will diminish, and other funding mechanisms will need to be secured. **The operational definition provides a much-needed framework to assist in securing funds and establishing methods and measures of accountability.**

Opportunities

Currently, LHDs' size, structure, staffing, jurisdiction size and type, programs, and services offered vary widely. **Keeping that in mind, the operational definition describes what basic public health protections people in every community can expect from their local public health agency.**

With the [Operational Definition](#) developed, and a shared understanding of the role of local public health established, several initiatives are underway. The first is assessing the gap between the operational definition and existing LHD capacities; as mentioned above, current capacities vary widely. Another initiative includes gathering information on the various structures of LHDs that meet this definition. NACCHO is assisting LHDs in acquiring the capacities to meet the

operational definition through a variety of mechanisms such as model practices, technical assistance and workshops.

Kansas is currently increasing capacity to provide essential services through a **functional regionalization project** and a **multi-state learning collaborative (MLC- 2 and soon MLC- 3)**, with-in established public health regions. You can read more about these projects at the Kansas Association of Local Health Department's web site at: <http://www.kalhd.org/>

It is anticipated that all of these efforts will help achieve the Healthy People 2010 goal to "Ensure that Federal, Tribal, State, and local health departments have the infrastructure to provide **Essential Public Health Services** effectively."

Core Competencies for Public Health Professionals

Core Competencies for Public Health Professionals

The competencies are divided into the following **eight domains**:

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

[Council on Linkages between Academia and Public Health Practice](#)

Definitions

Core Competency:

The individual skills desirable for the delivery of [Essential Public Health Services](#). Intended levels of mastery, and therefore learning objectives for workers within each competency, will differ depending upon their backgrounds and job duties.

The list was adopted by the [Council on Linkages Between Academia and Public Health Practice](#) on April 11, 2001, after a lengthy review process that involved more than 1,000 public health professionals. It has been cross-walked with the **Essential Public Health Services** to ensure that the competencies help build the skills necessary for assuring the delivery of or providing these services.

Comments from 1,000 public health professionals in a broad array of disciplines and practice settings **have led to this** consensus set of Core Competencies **for guiding public health** workforce development efforts.

[Bioterrorism and Emergency Readiness: Competencies for all Public Health Workers](#) also lists additional competencies for leaders, professional, technical, and support staff.

Every functional area within public health should look at their structural unit to assure all Core Competency skill levels are included among their personnel.

Skill Levels

<u>Aware:</u>	Basic level of mastery of the Competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill.
<u>Knowledgeable:</u>	Intermediate level of mastery of the Competency. Individuals are able to apply and describe the skill.
<u>Advanced:</u>	Advanced level of mastery of the Competency. Individuals are able to synthesize, critique or teach the skill. <i>(Formerly used "proficient.")</i>

Job Categories

These job categories are defined broadly and the lines of distinction between them are not always clear. They are meant to be flexible and adaptable to the evolving profession.

Front Line Staff:

Individuals who carry out the bulk of day-to-day tasks (e.g. sanitarians, counselors, nurses and other clinicians, investigators, lab technicians, health educators). Responsibilities may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

Senior Level Staff:

Individuals with a specialized staff function but not serving as managers (e.g. epidemiologists, attorneys, biostatisticians, health planners, health policy analysts). They have increased technical knowledge of principles in areas such as epidemiology, program planning and evaluation, data collection, budget development, grant writing, etc. and may be responsible for coordination and/or oversight of pieces of projects or programs.

Supervisory and Management Staff:

Individuals responsible for major programs or functions of an organization, with staff who report to them. Increased skills can be expected in program development, program implementation, program evaluation, community relations, writing, public speaking, managing timelines and work plans, presenting arguments and recommendations on policy issues.

While Core Competencies for clerical or support staff are also important, **they are beyond the scope of the current effort**. Front office workers may fall into the category of front line staff when their job duties expand to include tasks outlined within that category.

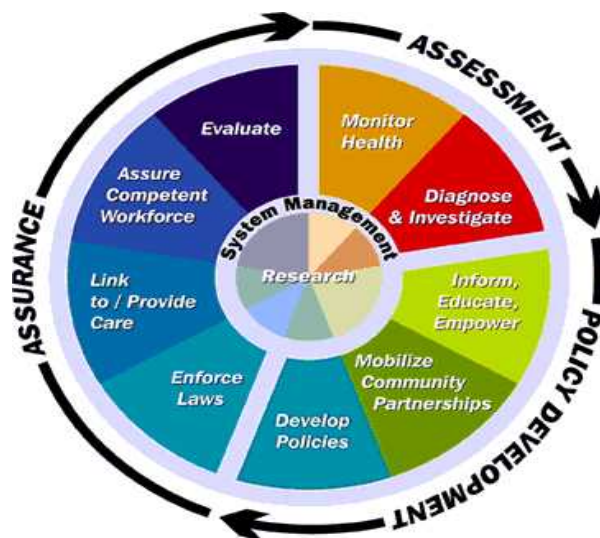
Competencies in all domains were reviewed. Those **highlighted in yellow** may be present at the advanced level only regionally when the Essential Service is being provided as a **regional effort**.

When two consecutive skill levels for a particular competency received nearly the same number of votes from reviewers, the Council reports both skill levels to indicate that the actual level of skill falls along the continuum **between the two**. Although skill levels do vary by job category, **all public health professionals should at least be aware of these Core Competencies**.

Educational level and years of experience are not included in the job category definitions because they do not necessarily dictate function within an organization.

How to Use This Tool

You may locate information for each Essential Service by clicking on the Essential Service you are interested in on the wheel located at the initial web page.



Each Essential Service area has **training listed for the Essential Service** at the **Awareness** and **Knowledgeable** levels. **Indicators** are listed as evidence that learning has taken place and activities involving these indicators would further one's knowledge to a more **Advanced level**.

Also available are **Resources for each Essential Service**. These resources are also helpful when completing the Local Public Health System Performance Assessment Instrument.

Finally, there is a list of **training and web sites pertaining to multiple essential services**, and **public health associations of interest to multiple essential services**.

These resources may be useful for creating training plans, writing job descriptions, completing the Local Public Health System Performance Assessment Instrument, and as data resources for community health assessment.

References:

1. Institute of Medicine (1988), The Future of Public Health, Washington, D.C.: National Academy Press.

Websites:

1. <http://www.health.gov/phfunctions/Default.htm> "Public Health Functions Project Site"
2. <http://www.uic.edu/sph/prepare/courses/ph410/resources/ephs.pdf> "What is Public Health?"
3. <http://www.naccho.org/topics/infrastructure/documents/OperationalDefinitionBrochure.pdf> Operational Definition of a Functional Local Health Department.
4. <http://www.naccho.org/topics/infrastructure/operationaldefinition/development.cfm> NACCHO Operational Definition of a Functional Local Health Department.
5. <http://www.nursing.hs.columbia.edu/chphsr/pdf/toolkit.pdf> "Competency to Curriculum Tool Kit"
6. <http://www.phf.org/Link/compgrid.pdf> "A Collection of Competency Sets for Public Health Related Occupations and Professions"
7. <http://www.cumc.columbia.edu/dept/nursing/chphsr/pdf/btcomps.pdf> "Bioterrorism and Emergency Preparedness: Competencies for all Public Health Workers"
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9. <http://www.phf.org/Link.htm> Council on Linkages Between Academia and Public Health Practice