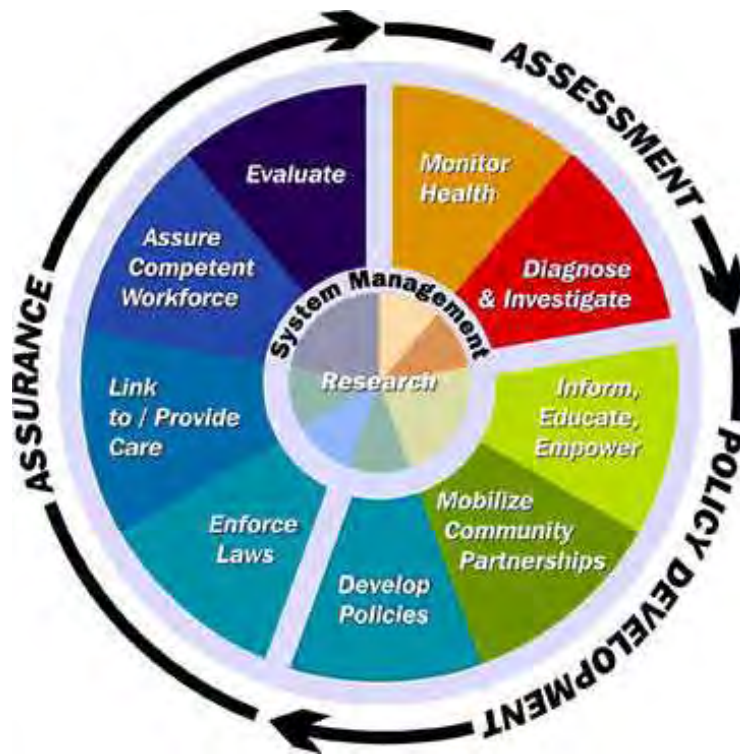


Meeting Essential Services and Increasing Core Competencies

A Training Model for Kansas



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 participated in a project to build capacity to provide essential services through a **Functional Regionalization Project** and a **Multi-State Learning Collaborative (MLC)**, 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/>

The Multi-State Learning Collaborative program, or MLC, provides grants sponsored by the Robert Wood Johnson Foundation to help states compare and contrast their public health systems in order to prepare for national accreditation. Kansas joined the MLC in its second phase through a partnership between KALHD, KDHE, and the Kansas Health Institute (KHI). The main components of their project included:

- Quality Improvement (QI) training
- Three regional pilot projects to implement QI techniques
- **Identification of regional core competencies and competency based training** - This began the development of the **Essential Services Tool**.

Ten regional local health department teams and a State health department team are currently involved in the final MLC-3, phase two project. The goals for this project include:

- To learn and practice basic concepts on community health assessment and improvement planning
- To increase knowledge and skills on quality improvement tools
- To support agency readiness for accreditation

Public Health Accreditation Standards

In order to improve the health of the public, the [Public Health Accreditation Board](#) (PHAB) is developing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

From fall 2009 through the end of 2010, 30 public health departments throughout the United States will participate in a test of the national voluntary public health accreditation program. Kansas is conducting a Public Health Accreditation Pilot during this time as well. It is a local-state collaboration supporting public health accreditation readiness in Kansas. Accreditation Pilot Objectives include:

- To identify the organizational capacity and resources necessary to attain accreditation
- To clarify state and local agency roles in national public health standards
- To clarify roles of partner organizations in national public health standards
- To support and inform national standards and accreditation through PHAB

- To increase system readiness for national public health accreditation in Kansas

Information and lessons learned from the Kansas Pilot will be shared with State and national partners. Resources from the Essential Services Tool can be used by State and local health departments in their capacity building work across each of the standard domains.

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

Core Competencies: Background

The Core Competencies for Public Health Professionals is a set of skills, knowledge, and attitudes necessary for the broad practice of public health. The original list was adopted by the [Council](#) on Linkages between Public Health Practice and Academia in 2001, following a lengthy review process that involved over 1,000 public health professionals. In 2007-2008, the Core Competencies Workgroup began updating and refining the [Core Competencies](#) for mid tier public health practitioners, following recommendations from Council members and the public. These competencies were adopted in June 2009. Tier 1 Core Competencies, for entry level public health professionals and tier 3, Core Competencies for leaders of public health organizations are currently in draft form. A matrix showing the adopted Tier 2 (Mid Tier) Core Competencies for Public Health Professionals (Core Competencies) and drafts of Tier 1 and Tier 3 Core Competencies can be found at <http://www.phf.org/link/CCs-matrix.pdf>. While the “Guidance Definitions” do not apply to everyone, they highlight the general skills and job duties of some individuals in the various Tiers.

The Core Competencies can help:

- Course providers develop and evaluate competency-based training content and curricula

- Learners assess and meet their training needs
- Practice organizations craft job descriptions
- Practice organizations implement staff performance reviews
- Assess knowledge and skill gaps of individual employees or of entire organizations
- Develop discipline-specific competencies
- Prepare for accreditation
- Draft workforce development plans
- Create training plans

To learn more about the core competencies and the different tier levels, please read these [Definitions](#).

The Essential Services Tool

The Local Health Section of the Bureau of Local and Rural Health at the Kansas Department of Health and Environment led in the development of the Essential Services Tool. It serves as a resource for increasing capacity for accreditation and can be used as a resource for the following:

- Employee orientation
- Job descriptions
- Training plans
- Community health assessment
- Find public health data

You may access information about each Essential Service, by clicking on that section of the Essential Service Tool.

References:

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

Websites:

<http://www.health.gov/phfunctions/Default.htm> “Public Health Functions Project Site”

<http://www.uic.edu/sph/prepare/courses/ph410/resources/ephs.pdf> “What is Public Health?”

<http://www.naccho.org/topics/infrastructure/documents/OperationalDefinitionBrochure.pdf> Operational Definition of a Functional Local Health Department.

<http://www.naccho.org/topics/infrastructure/operationaldefinition/development.cfm> NACCHO Operational Definition of a Functional Local Health Department.

<http://www.nursing.hs.columbia.edu/chphsr/pdf/toolkit.pdf> “Competency to Curriculum Tool Kit”

<http://www.phf.org/Link/compgrid.pdf> “A Collection of Competency Sets for Public Health Related Occupations and Professions”

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“Bioterrorism and Emergency Preparedness: Competencies for all Public Health Workers

<http://www.kalhd.org/> Kansas Association of Local Health Departments

<http://www.phf.org/Link.htm> Council on Linkages between Academia and Public Health Practice

<http://www.phaboard.org/> Public Health Accreditation Board

<http://www.phf.org/link/CCs-matrix.pdf> *CORE COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS - TIERS 1 THROUGH 3* (Last Updated October 2009)