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SUGGESTED CITATION


The de Beaumont Foundation creates and invests in bold solutions that improve the health of communities across the country. Its mission is to advance policy, build partnerships, and strengthen public health to create communities where people can achieve their best possible health.
Why Strategic Skills?

This past year, the public health workforce has been faced with immense challenges. The COVID-19 pandemic proved how the health of the public is deeply connected to our economy, education system, social support systems, and much more.

In combination with the protests against systemic racism during the summer of 2020, the pandemic has made abundantly clear that we will never achieve health equity without racial equity. Now more than ever, the public health workforce requires skills that span public health disciplines and increase the scope of public health.

Since the release of the first set of Strategic Skills in 2017, the public health field and its work have evolved. To address new challenges and changing priorities, the de Beaumont Foundation sought to align the Strategic Skills with widely used public health assessments and competency sets. The resulting renewed Strategic Skills presented in this report address the new challenges and the constantly shifting focus of the workforce.

Using the Strategic Skills framework as a basis for workforce development, all public health professionals working to advance the 10 Essential Public Health Services and Foundational Public Health Services, regardless of discipline, focus area, or supervisory level, can learn to think strategically and systematically, manage change and resources, communicate effectively, create action from data, engage with the communities they serve, influence policy, form cross-sector partnerships, and strive for justice, equity, diversity, and inclusion.

The public health system must drive change in the public health workforce by prioritizing the Strategic Skills in workforce development, taking actionable steps to adopt the Strategic Skills framework throughout the field and building on the achievements that have already been made. Together, we can foster a strong and strategic public health workforce that achieves the best possible health for all.
The field of public health has an increasingly broad and ambitious agenda to promote an environment “in which all people can achieve their full potential for health and well-being across the lifespan,” as described in the Healthy People 2030 framework. Healthy People 2030 sets out quantifiable 10-year goals and objectives to advance public health’s mission and track progress. Fundamental activities needed to meet the goals and objectives of Healthy People 2030 are outlined in 10 Essential Public Health Services (10 EPHS) and Foundational Public Health Services (FPHS). To achieve these goals and conduct these services, public health professionals must have the skills, knowledge, and training to operate in a world fraught with health threats, undulating economic forces, and racism, discrimination, and oppression. Those working in public health must be highly trained in discipline-specific skills as well as cross-cutting, strategic skills to implement effective and ambitious interventions across diverse communities and sectors.

To achieve such a lofty mission, the public health field needs a shared understanding of what its workforce must know and do. Existing frameworks enumerate the skills a well-rounded, competent public health professional needs. An aligned and thoughtful model that highlights the overlaps and differences among skills frameworks will aid schools of public health; public health training centers; nonprofit organizations; federal, state, city, local, and Tribal health departments; and individual public health practitioners in focusing their learning and development plans to reach that vision.

FIGURE 1.
The Relationship between Skills, Services, and Healthy People 2030

Note: Similar to an ecological model, Healthy People 2030 is influenced by public health’s ability to carry out services, which is influenced and supported by the public health workforce’s skills, knowledge, and abilities. The Strategic Skills and Core Competencies support the workforce in achieving its ultimate goals.
Two key complementary frameworks that can be better aligned to prepare the workforce for the changing landscape of public health are the Core Competencies for Public Health Professionals (“Core Competencies”) and the Consortium Strategic Skills (see background below). While these two frameworks have distinct elements that make them unique, there are clear overlaps. The Core Competencies, developed by the Council on Linkages Between Academia and Public Health Practice, reflect both knowledge, skills, and abilities within and across public health programs and services. The Strategic Skills build on the Core Competencies by deepening the breadth of cross-cutting knowledge, skills, and abilities, and highlighting gaps in public health workforce development efforts.

Background on the Consortium Strategic Skills

In 2013, the de Beaumont Foundation convened more than 30 national public health membership associations, federal agencies, and public health workforce peer networks to create a common agenda for public health workforce development. Through a consensus-building process, the National Consortium for Public Health Workforce Development (the “Consortium”) identified eight cross-cutting skills applicable to the entire public health workforce, regardless of program area or topic. These stakeholders believed that these eight skills were crucial to public health achieving its goals as described in frameworks such as Healthy People and Public Health 3.0. In 2017, the de Beaumont Foundation and the Consortium released a report titled Building Skills for a More Strategic Public Health Workforce: A Call to Action (the “Consortium Report”). Since its release, the idea of supporting the development of cross-cutting skills, such as the Consortium Strategic Skills, has gained traction and interest among funders, researchers, and practitioners. In fact, in 2017, the Health Services Research Administration (HSRA) funding announcement based its training development areas for the Regional Public Health Training Centers (PHTCs) on the Consortium Report.

Note: The Consortium did not participate in the development of the renewed Strategic Skills presented in this report. The process did include input and feedback from those who were involved in the Consortium as well as others in the field. Please see “other contributors” in the acknowledgments section for the full list.

In recent years, the public health workforce has faced many challenges and frontiers, including the COVID-19 pandemic, systemic racism and discrimination, and the health consequences of climate change. These concerns highlight the need to regularly refresh and align public health skills frameworks to address new realities and better operationalize skills. This helps those responsible for public health workforce development to assess training needs and create improved training opportunities to respond to evolving challenges. This report presents refreshed definitions for the Strategic Skills and a crosswalk of these renewed Strategic Skills to the Core Competencies as a foundational first step toward advancing public health’s mission to support and improve the health of all people in a constantly changing environment.
Renewed Strategic Skills

The updated list of Strategic Skills presented in this report expands upon the original Consortium Strategic Skills.

To create these renewed Strategic Skills, the de Beaumont Foundation compared the original list to the Public Health Workforce Interests and Needs Survey (PH WINS) instrument and other widely accepted public health curricula, skills, and competency sets, such as the Core Competencies. The foundation then engaged external stakeholders for guidance and recommendations on a final list (see Acknowledgments). A summary of renewed Strategic Skills and their relationship to the Consortium Strategic Skills is detailed in Table 1.

TABLE 1. Summary of Strategic Skills Changes

<table>
<thead>
<tr>
<th>Renewed Strategic Skills</th>
<th>Consortium Strategic Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Communication</td>
<td>Persuasive Communication</td>
</tr>
<tr>
<td>Data-Based Decision Making</td>
<td>Data Analytics</td>
</tr>
<tr>
<td>Justice, Equity, Diversity, and Inclusion</td>
<td>Diversity and Inclusion</td>
</tr>
<tr>
<td>Resource Management</td>
<td>Resource Management</td>
</tr>
<tr>
<td>Change Management</td>
<td>Change Management</td>
</tr>
<tr>
<td>Systems and Strategic Thinking</td>
<td>Systems Thinking</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>N/A</td>
</tr>
<tr>
<td>Cross-Sectoral Partnerships</td>
<td>N/A</td>
</tr>
<tr>
<td>Policy Engagement</td>
<td>Policy Engagement</td>
</tr>
<tr>
<td>N/A</td>
<td>Problem Solving*</td>
</tr>
</tbody>
</table>

*Problem Solving was incorporated into Change Management and Systems and Strategic Thinking in the renewed Strategic Skills.

de Beaumont Foundation staff conducted a literature review for each of the Strategic Skills, which included public health sources and sources from other fields, such as business, psychology, and computer science. Resources developed by the Public Health Foundation, Region 2 Public Health Training Center, and other academic partners were consulted in compiling the list of competencies that accompany each definition. For the Core Competencies specifically, two de Beaumont Foundation staff examined existing crosswalks of the competencies to the Consortium Strategic Skills and only removed the accompanying competency if:

1. the revised Strategic Skill definition changed enough that the Core Competency no longer matched
2. the Core Competency was not deemed essential by reviewers for proficiency in a Strategic Skill area
3. the Core Competency was deemed by reviewers as a specialized skill rather than a Strategic Skill

All Core Competencies included focused on Tier 2 or the managerial level. However, the Strategic Skills are meant for all employees—non-supervisors, supervisors, managers, and executives. At least one public health practitioner, such as an individual working in a health department or community-based organization, and one public health researcher or educator reviewed each definition and corresponding competency set. The resulting Strategic Skills are meant for public health professionals who are working to advance the 10 EPHS and FPHS.
Descriptions of these renewed Strategic Skills begin with a short, broad definition followed by a list of widely accepted competencies from curricula and the Core Competencies (see Appendix I):

**EFFECTIVE COMMUNICATION**
An interactive process of partnership and dialogue that leads to the exchange of information and ideas with a variety of groups in order to influence behaviors, policies, and social norms. Crafting effective communication requires centering an audience’s values, environment, and priorities and utilizing an array of formats well received by the target audience. Effective communication is participatory in its nature and seeks to empower intended groups and communities to create long-lasting and transformative change.

**JUSTICE, EQUITY, DIVERSITY, AND INCLUSION (JEDI)**
Advancing JEDI involves an ongoing, intentional effort to create an environment where everyone has a fair opportunity to thrive, enjoy good health, and wholly participate in a full range of life’s activities. Supporting JEDI calls for both personal accountability and collaborative group efforts to examine power structures, listen and act on the perspectives and voices of underrepresented/historically marginalized groups, and ensure that all people have real, meaningful access to necessary resources and support systems. (Definitions for justice, equity, diversity, and inclusion are provided in Appendix I.)

**DATA-BASED DECISION MAKING**
Encompasses collecting, interpreting, and leveraging data—including “big data”—to identify salient patterns, answer relevant questions, and make effective decisions. The insights generated during data analytics translate into tangible, real-world change and lead to informed action.

**RESOURCE MANAGEMENT**
A process through which current and future resources (including finances, staff, individuals with technical or subject expertise, technology, equipment, and any other component integral to organizational or programmatic operations) are strategically and efficiently allocated and deployed to the degree appropriate to achieve organizational and systems-level success and minimize waste.
CROSS-SECTORAL PARTNERSHIPS
Involves bringing together two or more distinct fields—such as health care and transportation—to yield greater impact and results. Public health professionals skilled in these types of partnerships will be able to foster and sustain meaningful, long-term collaborations that combine a unique set of resources, experience, and knowledge to more effectively and efficiently address complex, multifaceted issues (e.g., the social determinants of health). Public health is expertly positioned to convene these partnerships and help focus their efforts through a public health lens.

COMMUNITY ENGAGEMENT
Refers to an authentic, mutually beneficial, and collaborative process of working to address issues that affect the health and well-being of particular communities, which often involves prioritizing health equity. Community engagement exists on a spectrum; involves equitable distribution of decision-making power and a focus on community partnering and collaboration; and is rooted in trust and respect.

SYSTEMS AND STRATEGIC THINKING
A holistic and dynamic understanding of interrelated complex structures—such as public health and health care—as well as the ability to recognize those systems’ influences at multiple levels and use those insights to align resources to achieve goals. It involves designing interventions that help people see the overall structures, patterns, and cycles in systems and allows for the identification of solutions that simultaneously leverage improvement throughout the system.

CHANGE MANAGEMENT
A process to guide individuals, organizations, and systems through the transition from a current state to a desired future state, with an emphasis on learning and resiliency at all levels. Public health professionals skilled in change management will be able to set an example, inspire a shared vision, challenge the status quo, manage uncertainty, and encourage strengths-based action while navigating ongoing challenges to successfully realize needed change.

POLICY ENGAGEMENT
Involves working to inform, influence, implement, and evaluate legislation strategies at federal, state, and local levels in order to leverage long-lasting systems changes to protect and improve the public’s health and well-being.
The Strategic Skills and Core Competencies

Public Health 3.0 calls for a “strong, diverse, and policy-oriented public health workforce” that “can work in new ways to build structured coalitions, leverage actionable data and evidence, and communicate new approaches within and outside of the traditional health sector.” The Strategic Skills are paramount to that charge. Just as Public Health 3.0 urges public health professionals to break out of traditional silos, these Strategic Skills cannot be employed individually.

The Strategic Skills are both intradependent and interdependent. To be most effective in one area, practitioners must rely on multiple Strategic Skills. For example, a public health practitioner who is skilled in policy engagement must also be able to think strategically and systematically about the implications of a policy, engage community stakeholders to identify policy solutions, and effectively communicate with stakeholders and policymakers throughout the policy design and implementation processes.

Practitioners and workforce development stakeholders should use the Core Competencies to determine the knowledge, skills, and abilities necessary for each of the Strategic Skills. Table 2 shows that multiple Core Competencies span multiple Strategic Skills. This illustrates the relationship between some of the Core Competencies and the Strategic Skills as well as the intradependence of the Strategic Skills. It also highlights the ways in which practitioners can build capacity for multiple Strategic Skills at once.

Synthesizing the Strategic Skills and Core Competencies in this way creates one cohesive framework to guide public health workforce development efforts. This helps to better prepare the workforce for success by providing both practitioners and workforce development stakeholders with a more comprehensive guide to build workforce capabilities.

Note: T-shaped employees have depth in specialized skills related to a specific program or topic area (e.g., communicable disease control, environmental public health, etc.) and breadth in cross-cutting skills that include the Strategic Skills and Core Competencies.

FIGURE 2.
The Public Health T: Complementing Specialized Skills with a Cohesive Cross-Cutting Skill Framework
### TABLE 2. - Core Competencies That Can Be Used for More Than One Strategic Skill*

<table>
<thead>
<tr>
<th>CORE COMPETENCIES</th>
<th>STRATEGIC SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The numbers represent the domain and tier as defined by the Council on Linkages.</strong></td>
<td><strong>Effective Communication</strong></td>
</tr>
<tr>
<td>1B6</td>
<td></td>
</tr>
<tr>
<td>1B7</td>
<td></td>
</tr>
<tr>
<td>1B8</td>
<td></td>
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<td>1B9</td>
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<td>1B10</td>
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<td>1B11</td>
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<td>1B12</td>
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<td>1B15</td>
<td></td>
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<tr>
<td>2B1</td>
<td></td>
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<tr>
<td>2B7</td>
<td></td>
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<tr>
<td>2B8</td>
<td></td>
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<tr>
<td>2B10</td>
<td></td>
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<tr>
<td>3B3</td>
<td></td>
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<tr>
<td>4B1</td>
<td></td>
</tr>
<tr>
<td>4B2</td>
<td></td>
</tr>
<tr>
<td>4B3</td>
<td></td>
</tr>
<tr>
<td>4B4</td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix I for a more comprehensive list of the Core Competencies that support each Strategic Skill. A full table can also be found [here](#).
The numbers represent the domain and tier as defined by the Council on Linkages.

### CORE COMPETENCIES

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Effective Communication</th>
<th>Data-Based Decision Making</th>
<th>Justice, Equity, Diversity, and Inclusion (JEDI)</th>
<th>Resource Management</th>
<th>Change Management</th>
<th>Systems and Strategic Thinking</th>
<th>Community Engagement</th>
<th>Cross-Sectoral Partnerships</th>
<th>Policy Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4B5</td>
<td>Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5B2</td>
<td>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)</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5B4</td>
<td>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)</td>
<td></td>
<td>✓</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5B7</td>
<td>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)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>5B8</td>
<td>Uses community input for developing, implementing, evaluating, and improving policies, programs, and services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6B7</td>
<td>Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>7B2</td>
<td>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)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8B2</td>
<td>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</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>8B3</td>
<td>Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>8B4</td>
<td>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)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8B5</td>
<td>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)</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8B8</td>
<td>Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8B9</td>
<td>Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix I for a more comprehensive list of the Core Competencies that support each Strategic Skill. A full table can also be found [here](#).*
Driving Change in the Public Health Workforce

Recommendations for Workforce Development

Uptake of the Strategic Skills requires coordination and partnership among public health leaders, practitioners, and others who support the workforce. The Strategic Skills must be packaged in a way that supports their interconnectedness and encourages the workforce to invest in developing all of them. The following five recommendations for workforce development were included in the Consortium Report and provide a road map for uptake of the Strategic Skills. There has been significant progress since the release of these recommendations in 2017, but more work remains.

ELEVATE THE IMPORTANCE OF STRATEGIC SKILLS

Strategic Skills must be coupled with specialized, discipline-specific skills to achieve public health’s goals. Workforce priorities and public health training, in school and on the job, should place importance on both types of skills. Strategic Skills should be featured in job descriptions, performance measures, and requirements for accreditation, certification, and continuing education.

Achievements:

- **Public Health Foundation Competency-Based Job Descriptions and Workforce Development Plans:** The Public Health Foundation provides competency-based resources that health departments can adapt to their needs and helps public health professionals consider what Strategic Skills are needed for staff they hire and train.

- Strategic skills have been supported and advanced through numerous efforts that reach the public health workforce, such as the Public Health Performance Improvement Network and the Open Forum for Quality Improvement and Innovation.

INVEST IN STRATEGIC SKILLS DEVELOPMENT

Federal and other funders must place increased importance on the development of the Strategic Skills. Funding for training to develop the Strategic Skills and assessing gaps in the workforce must be recognized to support workforce development efforts. Additionally, those seeking funding for training programs could be required to include development of the Strategic Skills in their requests.

Achievements:

- HRSA awarded $90 million in federal funding to the Regional Public Health Training Centers (PHTC) Program. This investment in public health workforce development between 2018 and 2022 requires grantees to create training that at a minimum covers three Strategic Skills areas—systems thinking, change management, and persuasive communication.

- The Centers for Disease Control and Prevention (CDC) and the National Network of Public Health Institutes (NNPHI) are supporting a Strategic Scholars program to train health department teams in the Strategic Skills. The program began in 2018, and its fourth cohort started in March 2021.

- The de Beaumont Foundation continues to include the Strategic Skills in the Public Health Workforce Interests and Needs Survey (PH WINS) to better identify training needs and gaps. The PH WINS instrument will continue to evolve to align with the Strategic Skills framework.
BUILD SYSTEMS, NOT SILOS

The Strategic Skills, specifically those related to collaboration, communication, and management, support the public health workforce in fostering strong, sustainable partnerships with other sectors. Organizations can create a culture where collaboration is encouraged, provide Strategic Skills training in ways that allow workers to apply them in real time, and partner with other organizations to provide joint trainings.

Achievements:

• In 2020, the de Beaumont Foundation resumed the National Consortium for Public Health Workforce Development as a long-term collective impact initiative to address underlying challenges to public health workforce development issues, such as competence in health equity, recruitment and retention, advancement and mentorship, and Strategic Skill development. The problems are complex and the answers are not known; therefore, the Consortium brings several organizations together to align resources and authority to create the necessary change. The goal of the Consortium initiative is to develop a competent and diverse governmental workforce capable of equitably addressing the complex public health needs of all communities (see Appendix II).

• In 2020, de Beaumont released the PHRASES (Public Health Reaching Across Sectors) research and tools, which aim to enhance public health practitioners’ ability to effectively communicate their value for the purpose of fostering partnerships.

• The Council on Linkages Between Academia and Public Health Practice brings together 22 national organizations to improve performance within public health by fostering collaboration among the academic, public health practice, and health care sectors; promoting ongoing public health education and training for health professionals; and building and strengthening public health infrastructure. This group is responsible for periodically renewing Core Competencies and supporting partnerships between public health practice agencies, academic institutions, and health care organizations through its Academic Health Department Learning Community.

CREATE A COORDINATING MECHANISM

The entire public health system needs to come together to create a common public health workforce development agenda that honors and supports the Strategic Skills framework. Funders and other large convening organizations must invest in establishing an ongoing coordinating mechanism that serves this purpose.

Achievements:

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**DEVELOP EFFECTIVE AND ENGAGING TRAINING**

Strategic Skills trainings must continue to satisfy the training needs of the workforce in an effective and engaging way. Public health leaders and funders must work with academic programs and other partners to think creatively to develop and promote useful trainings that facilitate the growth and development of public health professionals. These trainings should be offered in a wide range of modalities to accommodate all learners.

**Achievements:**

**Strategic Skills Training Development and Provision:**

- PHTCs: HSRA funded the 10 regional Public Health Training Centers to provide or develop training specifically on systems thinking, change management, and persuasive communication. As an example, Region 2 PHTC has developed a [Strategic Skills training series](#).

- NNPHI and CDC established the [Strategic Scholars program](#) to teach health department staff the Strategic Skills through a blended learning approach. Participants engage in online and in-person training on the skills and participate in coaching before applying the skills to real-life projects.

- The National Association of County and City Health Officials (NACCHO) provides in-person [adaptive leadership trainings](#) to public health, health care, and other practitioners interested in learning techniques for addressing adaptive challenges and leading change.

- The de Beaumont Foundation and University of Miami launched the [Building Expertise in Administration and Management certificate program](#) (BEAM), an online certificate program in budgeting and financial management, the leading training need among public health professionals according to 2017 PH WINS data.

**Strategic Skills Training Search Functionality:**

- Public health workforce development stakeholders like the Region IV PHTC and NNPHI have created platforms where public health professionals can search for Strategic Skills training. Region IV PHTC’s training catalog includes [Strategic Skill search functionality](#) and trainings approved for NNPHI’s [Public Health Learning Navigator](#) can be sorted into Strategic Skills categories.

- The [TRAIN Learning Network](#) makes it possible for public health professionals to access training related to the Strategic Skills, including the [Strategic Skills Training Series](#) and a [Health Equity Learning Bundle](#) and to search for training using any of the Core Competencies that relate to a Strategic Skill. Health departments can develop training plans focused on the specific Strategic Skills needed to achieve their organizational mission, disseminate those training plans to learners, and track staff development of Strategic Skills through the training completed.
Actions for Adopting Strategic Skills

Ensuring adoption, and thus institutionalization, of Strategic Skills development among the public health workforce requires a coordinated effort by public health agencies, funders, affiliate organizations, and training developers. To achieve that coordinated effort, the original convening of the National Consortium for Public Health Workforce Development in 2013 created a list of actions to be implemented by these actors. Although some of these actions have been completed or are in progress, keeping the momentum in each of these areas will ensure that the entire public health system receives the necessary training and support to achieve adoption of the Strategic Skills. Further, making visible the connections between the Strategic Skills and corresponding competencies, such as Core Competencies, may also help to accomplish these actions.

Following are some of the ways that the public health field can embrace and adopt the Strategic Skills. These actions are reprinted from the 2017 Consortium Report.

STATE, TERRITORIAL, TRIBAL, AND LOCAL PUBLIC HEALTH AGENCIES

1. Include the Strategic Skills in all relevant job descriptions.

2. Include knowledge, skills, and abilities in the Strategic Skills as a preference in hiring.

3. Establish reward systems and incentives for current employees to improve their Strategic Skills.

4. Include the Strategic Skills in performance standards and evaluation metrics for all relevant employees.

5. Ensure that the Strategic Skills are reflected in needs assessments of public health workforce development skills across disciplines and job positions.

6. Establish policies and practices to ensure that employees are provided with time and other support to take advantage of available training.

7. Recognize that the development of the Strategic Skills is needed to prepare staff for public health agency accreditation and is a by-product of successful accreditation.

8. Establish workforce policies and practices that encourage training and development, retention of key staff, and succession/transition planning to ensure continuity.

FUNDERS

1. Support the development and demonstration of strategic workforce development skills by highlighting and leveraging expectations within national standards (e.g., Public Health Accreditation Board), programmatic requirements, and grant requirements.

2. Maintain and continue to build training in the Strategic Skills into programs like the CDC’s Public Health Associate Program and Epidemic Intelligence Service and the Public Health Foundation’s TRAIN learning management system to reinforce the importance of these skills and to build future leadership in public health.

3. Include Strategic Skills training as an allowable expense in all federal grants.

4. Support the development of high-quality training, including Strategic Skills training, and identify programs and locations where such training is still needed.

5. Develop a joint approach for coordinating federal support for strategic training.

6. Dedicate specific resources to allow public health training centers and state and local governmental public health agencies to develop and deploy training programs that focus on the Strategic Skills.
**EMPLOYEES**

1. Access available training resources to find and complete training on the Strategic Skills.
2. Prioritize training on and experience with the Strategic Skills in performance reviews and promote broad agency support.
3. Advocate for support of the Strategic Skills as a component of all grant applications.
4. Encourage peer learning and cross-training.

**TRAINING AND DEVELOPMENT PROGRAMS**

1. Develop and organize academic curricular offerings within academic public health programs for public health worker preparation in the Strategic Skills.
2. Focus on the development of the Strategic Skills in training-in-place activities and programs (e.g., academic and public health agency partnerships) for existing staff, especially people moving up the supervisory ladder.
3. Follow quality learning standards that are designed to engage adult learners.
4. Align vetted training plans across learning management systems that include the Strategic Skills to enable governmental public health agencies and individuals to identify high-quality training (both content and method of delivery).
5. Make continuous education and skills-building opportunities such as mentoring, just-in-time training, and web-based training available in the workplace.
6. Include the Strategic Skills as a key component of all leadership training programs.

**MEMBERSHIP ASSOCIATIONS**

1. Actively coordinate and promote the development of specific Strategic Skills development training.
2. Include the Strategic Skills as a key component of association programs, such as new member orientations, annual conferences, and workforce development activities.
3. Advance the expectation that members of discipline-based organizations should develop skills in these strategic areas and participate in efforts to advance such training among peers.
4. Ensure that all member surveys and training needs assessments include an evaluation of the Strategic Skills.
Sustaining Momentum

Public health’s fundamental goal of promoting health for all remains constant, as does the field’s need for a highly trained workforce.

At the same time, public health and its core organizational frameworks will continue to evolve as the field rises to meet new challenges and fight against systems of oppression that negatively affect health. The complex nature of this changing landscape requires public health practitioners to develop knowledge, skills, and abilities that go beyond traditional areas of public health practice. The combination of discipline-specific skills along with knowledge, skills, and abilities that span public health programs and services is essential to create a well-rounded, impactful workforce that can rise to meet these challenges.

Updating the Strategic Skills and aligning them to the Core Competencies provides the workforce with a set of tangible knowledge, skills, and abilities to work toward. Supporting development of the Strategic Skills is just the first step, however. The public health system must make substantial investments in the workforce to create a culture of lifelong learning among public health professionals and workforce development stakeholders. This report serves as a call to action to prioritize this charge and build on the significant work that already is being done to foster a strong, able, and smart public health workforce.
EFFECTIVE COMMUNICATION

An interactive process of partnership and dialogue that leads to the exchange of information and ideas with a variety of groups in order to influence behaviors, policies, and social norms. Crafting effective communication requires centering an audience’s values, environment, and priorities and utilizing an array of formats well received by the target audience. Effective communication is participatory in its nature and seeks to empower intended groups and communities to create long-lasting and transformative change.

Corresponding Competencies

MPH:
- Select communication strategies for different audiences and sectors
- Communicate audience-appropriate public health content, both in writing and through oral presentation
- Describe the importance of cultural competence in communicating public health content

DrPH:
- Employ evidence-based communication program models for disseminating research and evaluation outcomes
- Create informational and persuasive communications
- Prepare dissemination plans for communication programs and evaluations
- Propose recommendations for improving communication processes
- Communicate an organization’s mission, shared vision, and values to stakeholders

CPH:
- Propose recommendations for improving communication processes
- Communicate effectively, and convey information in a manner that is easily understood by diverse audiences (e.g., including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing)
- Choose communication tools and techniques to facilitate discussions and interactions
- Set communication goals, objectives, and priorities for a project
- Communicate the role of public health within the overall health system (e.g., national, state, county, local government) and its impact on the individual
- Communicate with other health professionals in a responsive and responsible manner that supports a team approach to maintaining health of individuals and populations
- Provide a rationale for program proposals and evaluations to lay, professional, and policy audiences

Core Competencies:
- Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) (3B1)
- Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images) (3B2)
- Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings) (3B4)
• Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases) (3B5)
• 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)
• Facilitates communication among individuals, groups, and organizations (3B7)
• Discusses the scientific foundation of the field of public health (6B1)
• 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) (6B2)
• 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)

DATA-BASED DECISION MAKING

Encompasses collecting, interpreting, and leveraging data—including "big data"—to identify salient patterns, answer relevant questions, and make effective decisions. The insights generated during data analytics translate into tangible, real-world change and lead to informed action.

Corresponding Competencies

MPH:
• Select quantitative and qualitative data collection methods appropriate for a given public health context
• Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
• Interpret results of data analysis for public health research, policy or practice

DrPH:
• Develop health surveillance systems to monitor population health, health equity, and public health services
• Synthesize information from multiple sources for research and practice
• Use informatics principles in the design and implementation of information systems
• Guide organizational decision making and planning based on internal and external environmental research

Core Competencies:
• 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 (1B2)
• Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information (1B4)
• Analyzes the validity and reliability of data (1B5)
• Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions) (1B6)
• Resolves gaps in data (1B7)
• Collects valid and reliable quantitative and qualitative data (1B8)
• Analyzes quantitative and qualitative data (1B9)
• Interprets quantitative and qualitative data (1B10)
• 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) (1B12)
• Makes evidence-based decisions (e.g., determining research agendas, using recommendations from The Guide to Community Preventive Services in planning population health services) (1B14)
• 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) (1B15)
• Explains the importance of evaluations for improving policies, programs, and services (2B10)
• 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) (2B13)
• Describes the diversity of individuals and populations in a community (4B2)
• Applies public health sciences in the administration and management of programs (6B4)
• 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)
• Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability) (6B6)
• Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services (6B7)
Advancing JEDI involves an ongoing, intentional effort to create an environment where everyone has a fair opportunity to thrive, enjoy good health, and wholly participate in a full range of life’s activities. Supporting JEDI calls for both personal accountability and collaborative group efforts to examine power structures, listen and act on the perspectives and voices of underrepresented/historically marginalized groups, and ensure that all people have real, meaningful access to necessary resources and support systems. Below are the individual definitions for justice, equity, diversity, and inclusion, principles that should underlie all public health activities.

**Justice** is both a process and a goal. In a just society, all people have a genuine right to fair and equitable treatment, support, and resources. When justice is in place, social actors can control their own choices and destiny and accept the responsibility to ensure that other people also experience agency and opportunity. Justice is restorative, strengthening communities and allowing people to live peacefully by understanding each other better. A just environment is one in which all members can thrive physically, psychologically, economically, and socially.

**Equity** means that fair treatment, access, opportunity, and advancement are guaranteed to everyone in an organization, institution, community, or system. Equity is distinct from “equality” in that it acknowledges unbalanced conditions. Equity includes, for example, undertaking deliberative action to identify and remove systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, in order to create justice.

**Diversity** refers to the psychological, physical, cognitive, and social differences that occur among any and all individuals (race, color, ethnicity, nationality, religion, sexuality, socioeconomic status, veteran status, education, marital status, language, age, gender, gender expression, gender identity, etc.). Cultural diversity can exist in multiple dimensions and includes differences that are not immediately visible. Diversity is present, in a group, organization, or geographic location, when a variety of characteristics interact in a just and equitable way.

**Inclusion** refers to the act of creating environments such that any individual or group feels valued and involved, and experiences belonging, respect, and support. Inclusive spaces empower individuals to participate and share their authentic selves fully and meaningfully.

**Corresponding Competencies**

**MPH:**
- Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels

**DrPH:**
- Weigh risks, benefits, and unintended consequences of research and practice
- Assess ethical considerations in developing communications and promotional initiatives
- Demonstrate cultural sensitivity in ethical discourse and analysis

**CPH:**
- Analyze the availability, acceptability, and accessibility of public health services and activities across diverse populations
- Address health disparities in the delivery of public health services and activities
- Conduct culturally appropriate risk and resource assessment, management, and communication with individuals and populations
- Incorporate strategies for interacting and collaborating with persons from diverse backgrounds
- Include representatives of diverse constituencies in partnerships

**Core Competencies:**
- Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information (1B3)
- 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) (1B11)
- 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 diversity of individuals and populations in a community (4B2)
- Recognizes the ways diversity influences policies, programs, services, and the health of a community (4B3)
- Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community (4B4)
- Ensures the diversity of individuals and populations is
addressed in policies, programs, and services that affect the health of a community (4B5)

- Describes the value of a diverse public health workforce (4B7)
- Advocates for a diverse public health workforce (4B8)
- 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) (5B7)
- Uses community input for developing, implementing, evaluating, and improving policies, programs, and services (5B8)
- Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities (8B1)

**RESOURCE MANAGEMENT**

A process through which current and future resources (including finances, staff, individuals with technical or subject expertise, technology, equipment, and any other component integral to organizational or programmatic operations) are strategically and efficiently allocated and deployed to the degree appropriate to achieve organizational and systems-level success and minimize waste.

**Corresponding Competencies**

**MPH:**

- Explain basic principles and tools of budget and resource management

**DrPH:**

- Develop financial and business plans for health programs and services
- Apply principles of human resource management

**CPH:**

- Utilize critical analysis to prioritize and justify actions and allocation of resources
- Evaluate personnel and material resources
- Develop program or organizational budgets with justification
- Defend a programmatic or organizational budget
- Operate programs within current and forecasted budget constraints
- Respond to changes in financial resources
- Develop proposals to secure financial support
- Participate in the development of contracts or other agreements for the provision of services
- Ensure implementation of contracts or other agreements for the provision of services
- Leverage existing resources for program management
- Identify methods for assuring health program sustainability

**Core Competencies:**

- 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) (7B4)
- Justifies programs for inclusion in organizational budgets (7B5)
- Develops program budgets (7B6)
- Defends program budgets (7B7)
- Prepares proposals for funding (e.g., foundations, government agencies, corporations) (7B8)
- Negotiates contracts and other agreements for programs and services (7B9)
- Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost effectiveness, cost-benefit, cost-utility analysis, return on investment) (7B10)
- 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) (7B11)
- 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) (7B12)
- 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) (7B13)
- 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) (7B15)
- Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching) (8B6)
- Ensures use of professional development opportunities by individuals and teams (8B7)
- Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results) (8B9)
**Change Management**

A process to guide individuals, organizations, and systems through the transition from a current state to a desired future state, with an emphasis on learning and resiliency at all levels. Public health professionals skilled in change management will be able to set an example, inspire a shared vision, challenge the status quo, manage uncertainty, and encourage strengths-based action while navigating ongoing challenges to successfully realize needed change.

**Corresponding Competencies**

**MPH:**
- Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making
- Apply negotiation and mediation skills to address organizational or community challenges

**DrPH:**
- Apply principles of human resource management
- Prepare professional plans incorporating lifelong learning, mentoring, and continued career progression strategies
- Create a shared vision
- Guide organizational decision-making and planning based on internal and external environmental research
- Influence others to achieve high standards of performance and accountability

**CPH:**
- Implement strategies to support and improve team performance

**Core Competencies:**
- Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions) (1B6)
- Resolves gaps in data (1B7)
- Collects valid and reliable quantitative and qualitative data (1B8)
- Analyzes quantitative and qualitative data (1B9)
- Interprets quantitative and qualitative data (1B10)
- 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) (2B1)
- Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community (2B5)
- Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services (2B7)
- Recommends policies, programs, and services for implementation (2B8)
- Implements strategies for continuous quality improvement (2B12)
- 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 (2B9)
- Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community (4B4)
- Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community (4B5)
- 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) (5B2)
- Suggests relationships that may be needed to improve health in a community (5B3)
- 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) (5B7)
- Uses community input for developing, implementing, evaluating, and improving policies, programs, and services (5B8)
- Uses evaluation results to improve program and organizational performance (7B14)
- 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)
- 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) (8B4)
- 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) (8B5)
- Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific) (8B8)
- Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results) (8B9)
SYSTEMS AND STRATEGIC THINKING

A holistic and dynamic understanding of interrelated complex structures—such as public health and health care—as well as the ability to recognize those systems’ influences at multiple levels and use those insights to align resources to achieve goals. It involves designing interventions that help people see the overall structures, patterns, and cycles in systems and allows for the identification of solutions that simultaneously leverage improvement throughout the system.

Corresponding Competencies

MPH:
- Apply systems thinking tools to a public health issue
- Compare the organization, structure, and function of health care, public health and regulatory systems across national and international settings

DrPH:
- Evaluate the performance and impact of health programs, policies, and systems
- Implement strategic planning processes
- Develop capacity-building strategies at the individual, organizational, and community level

CPH:
- Guide organizational decision-making and planning based on internal and external assessments
- Develop and implement a continuous quality improvement plan
- Evaluate organizational performance in relation to strategic and defined goals
- Implement organizational strategic planning processes

Core Competencies:
- 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) (1B12)
- 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) (2B3)
- Implements organizational strategic plan (2B4)
- Implements strategies for continuous quality improvement (2B12)
- 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 diversity of individuals and populations in a community (4B2)
- Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community (5B1)
- 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) (5B2)
- 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 (5B9)
- Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services (6B7)
- Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness) (7B2)
- 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)
- Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community (8B3)
- 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) (8B5)
- Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific) (8B8)
- Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results) (8B9)

COMMUNITY ENGAGEMENT

Refers to an authentic, mutually beneficial, and collaborative process of working to address issues that affect the health and well-being of particular communities, which often involves prioritizing health equity. Community engagement exists on a spectrum; involves equitable distribution of decision-making power and a focus on community partnering and collaboration; and is rooted in trust and respect.

Corresponding Competencies

MPH:
- Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

DrPH:
- Engage communities in creating evidence-based,
culturally competent programs
• Conduct community-based participatory intervention and research projects
• Design action plans for enhancing community and population-based health
• Assess cultural, environmental, and social justice influences on the health of communities
• Implement culturally and linguistically appropriate programs, services, and research

CPH:
• Identify environmental, social justice and other factors that contribute to health disparities
• Apply social justice and human rights principles when addressing community needs
• Engage community partners in actions that promote a healthy environment and healthy behaviors

Core Competencies:
• 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) (1B11)
• Develops community health assessments using information about health status, factors influencing health, and assets and resources (1B13)
• 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) (2B1)
• 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)
• Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community (4B4)
• Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community (4B5)
• 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) (5B4)
• 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) (5B7)
• Uses community input for developing, implementing, evaluating, and improving policies, programs, and services (5B8)

• Collaborates in community-based participatory research (5B11)
• 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) (8B4)

CROSS-SECTORAL PARTNERSHIPS
Involve bringing together two or more distinct fields—such as health care and transportation—to yield greater impact and results. Public health professionals skilled in these types of partnerships will be able to foster and sustain meaningful, long-term collaborations that combine a unique set of resources, experience, and knowledge to more effectively and efficiently address complex, multifaceted issues (e.g., the social determinants of health). Public health is expertly positioned to convene these partnerships and help focus their efforts through a public health lens.

Corresponding Competencies

MPH:
• Perform effectively on inter-professional teams

DrPH:
• Utilize consensus-building, negotiation, and conflict avoidance and resolution techniques
• Develop collaborative partnerships with communities, policy makers, and other relevant groups
• Collaborate with diverse groups
• Establish a network of relationships, including internal and external collaborators

CPH:
• Identify opportunities to partner with health and public health professionals across sectors and related disciplines
• Identify key stakeholders
• Develop collaborative and partnership agreements with various stakeholders on specific projects
• Establish roles, responsibilities, and action steps of key stakeholders in order to meet project goals and objectives
• Engage key stakeholders in problem solving and policy development
• Manage partnerships with agencies within the national, state, or local levels of government that have authority over public health situations or with specific issues, such as emergency events
• Apply relationship-building values and principles of team dynamics to plan strategies and deliver population health services
• Develop procedures for managing health partnerships
• Implement methods of shared accountability and performance measurement with multiple organizations
• Develop strategies for collaboration and partnership among diverse organizations to achieve common public health goals
• Implement strategies for collaboration and partnership among diverse organizations to achieve common public health goals
• Identify critical stakeholders for the planning, implementation, and evaluation of health programs, policies, and interventions

Core Competencies:
• Communicates the roles of governmental public health, health care, and other partners in improving the health of a community (3B8)
• 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) (5B4)
• Maintains relationships that improve health in a community (5B5)
• Facilitates collaborations among partners to improve health in a community (e.g., coalition building) (5B6)
• 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) (7B12)
• Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community (8B3)
• 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) (8B4)

POLICY ENGAGEMENT
Involves working to inform, influence, implement, and evaluate legislation strategies at federal, state, and local levels in order to leverage long-lasting systems changes to protect and improve the public’s health and well-being.

Corresponding Competencies

MPH:
• Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
• Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
• Advocate for political, social, or economic policies and programs that will improve health in diverse populations
• Evaluate policies for their impact on public health and health equity

DrPH:
• Influence health policy and program decision making based on scientific evidence, stakeholder input, and public opinion data
• Analyze the impact of legislation, judicial opinions, regulations, and policies on population health
• Establish goals, timelines, funding alternatives, and strategies for influencing policy initiatives
• Design action plans for building public and political support for programs and policies
• Develop evidence-based strategies for changing health law and policy

Core Competencies:
• 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) (1B15)
• Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs) (2B6)
• Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services (2B7)
• Recommends policies, programs, and services for implementation (2B8)
• Implements policies, programs, and services (2B9)
• Explains the importance of evaluations for improving policies, programs, and services (2B10)
• Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment) (2B11)
• Recognizes the ways diversity influences policies, programs, services, and the health of a community (4B3)
• Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community (4B4)
• Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community (4B5)
• 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) (4B6)
• Uses community input for developing, implementing, evaluating, and improving policies, programs, and services (5B8)
• 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) (5B10)
• Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services (6B7)
• Advocates for the role of public health in providing population health services (8B10)
The purpose of the National Consortium for Public Health Workforce Development is to fundamentally change the public health system. It aims to shift the underlying conditions that plague the public health workforce, therefore, preventing the adequate delivery of public health services to communities. The Consortium is collaboratively working to produce a common workforce agenda and implement action plans that allow for flexibility over time to address the systemic problems impeding public health workforce development in order to ensure the well-being of all communities.

The National Consortium picks up where *Building Skills for a More Strategic Public Health Workforce: A Call to Action* left off. The National Consortium continues to prioritize strategic skills development. Perhaps equally important as strategic skills development, the National Consortium is committed to a long-term collaborative approach to help organizations working on public health workforce development coordinate more broadly to support their efforts in both the short- and long-term.

The 2021 National Consortium will focus its efforts on the governmental public health workforce — state, Tribal, local, and territorial. These health departments, which have primary responsibility for the health of their communities, have been neglected and are in urgent need of attention. This focus provides a tangible place for the 2021 National Consortium to begin.

The time is right for change. COVID-19 has laid bare and exacerbated gaps in the workforce. Persistent health disparities highlight the need to ensure that the public health workforce is able to support communities. COVID-19 has also increased public awareness of public health, which has led to increased political will to invest in change. A period of uncertainty is a moment for reimagining and innovation.

To monitor the activities and progress of the National Consortium for Public Health Workforce Development or to join the efforts, visit *debeaumont.org/phworkforcesurvey*. 

APPENDIX II

2021 National Consortium for Public Health Workforce Development