Title Page

**A Case Study of the 2018 Allegheny County Health Department Core Competency Assessment**

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Abstract

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**A Case Study of the 2018 Allegheny County Health Department Core Competency Assessment**

David A. Moffa II, MPH

University of Pittsburgh, 2019

**Abstract**

Maintaining a competent and qualified public health workforce is crucial to delivering the Ten Essential Services and three core functions of public health. The Core Competencies for Public Health Professionals reflect foundational skills applicable to the research and practice of public health. Core competencies are a piece in the public health accreditation process and serve as a starting point for workforce development at local, state, and tribal agencies. Through assessment of these competencies, and as part of the public health accreditation process, agencies can identify training needs and create a workforce development plan. The Allegheny County Health Department (ACHD) first assessed their staff against the core competencies, in 2014 during their initial application for accreditation. Recently, the same assessment tool was administered in 2018 to measure the impact of workforce development activities, as well as prepare ACHD for their upcoming reaccreditation application. Measuring the long-term outcomes of accreditation, through workforce development, is crucial for public health agencies. Through evidence-based results, agencies can describe the impact of accreditation, demonstrated by a competent qualified workforce able to meet the needs of the community, and deliver the Ten Essential Services, and three core functions of Public Health. ACHD adapted an assessment tool developed by the Public Health Foundation. The tool provided a baseline and comparative assessment in 2014, and 2018 respectively. Respondents were able to self-rate their perceived level of skill anonymously against each identified competency. The assessment period was conducted from September 4th-24th, 2018. In 2018, all active employees at ACHD during the assessment period completed the survey. Compared to the initial survey in 2014, the ACHD observed an increase in overall domain competencies across all 8 domains (D1-D8). ACHD staff ranked highest in Policy Development/Program Planning (D2, avg. 2.895), Communication Skills (D3, avg. 2.983), and Cultural Competency Skills (D4, avg. 2.971). Limitations of self-assessment data must be considered when using these results for workforce development planning. Self-assessment bias and workforce changes, such as internal job restructuring, were identified as limitations. Therefore, limiting the depth of the analysis. Regardless, the increase in competencies across the domains suggest workforce development at ACHD has been successful and should be continued.

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# Preface

I would like to take this opportunity to thank my advisor Gerald Barron, MPH for his continued support in my research and case study analysis at the Allegheny County Health Department. Also, for offering his guidance in my professional development as a student of Public Health. I would also like to thank Dr. Andrea Durst MS, DrPH, LCGC for her support in this case study and agreeing to sit as a member on my committee. I would like to also thank the Allegheny County Health Department for allowing me to conduct this case study analysis as they prepare for reaccreditation.

Finally, I would like to thank my research mentor and dear friend, Jamie Sokol, MPH for identifying this opportunity, and many others, which have contributed to my professional success as a student of Public Health.

*“My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style.”*

* *Maya Angelou*

# Introduction

## Allegheny County Health Department (ACHD) Overview

The Allegheny County Health Department (ACHD) was founded in 1957 in Pittsburgh, Pennsylvania. ACHD’s mission is to protect, promote, and preserve the health and well–being of all county residents, particularly the most vulnerable (Department, History of the Health Department, 2019). Over the past 62 years, the Allegheny County Health Department increased their scope of services to meet the health needs of its residents. Offering programs in human health, environmental health, policy, and administration, ACHD services the health needs of nearly 1.2 million people in Allegheny County.

The Allegheny County Board of Health is a nine-member governing board appointed by the Chief County Executive, subject to approval by the Allegheny County Council. Under Act 315, Pennsylvania’s Local Health Administration Law, ACHD receives funding to provide public health services as a semi-autonomous health department, given certain prescribed requirements are met. While Act 315 requires programing in the areas of administration, human health, and environmental health, it is up to the county or municipal health department to determine allocations for each of these program areas. Currently, ACHD is organized into five bureaus, and maintains a public health laboratory that reports to the director (Allegheny County Health Department, 2018). See Appendix B for the ACHD organizational structure.

Table 1 Allegheny County Health Department Programs and Services, 2019

|  |  |
| --- | --- |
| ACHD Bureau or Program | Programs and Services Provided |
| **Administration** | AmeriCorps, Budget and Fiscal Management, Facilities and Operations, Fee and Permit, Human Resources, Workforce Development, Information Technology, Payroll |
| **Assessment, Statistics, and Epidemiology** | Infectious Disease Epidemiology, Chronic Disease Epidemiology, Vital Statistics |
| **Community Health Promotion and Disease Prevention** | Chronic Disease Prevention, Dental, Immunization, Maternal and Child Health, Pharmacy, Sexually Transmitted Diseases, Traffic Safety, Tuberculosis, and Women, Infants, and Children |
| **Environmental Health** | Air Quality, Food Safety, Housing and Community Environment, Plumbing, and Water Pollution Control and Solid Waste Management |
| **Public Health Laboratory** | Clinical Bacteriology, Parasitology, Environmental Bacteriology, Virology |
| **Public Policy and Community Relations** | Emergency Preparedness and Response, Legal, Opioid Intervention, and Public Information |

## ACHD Workforce

As of March 2018, the Allegheny County Health Department employed 354 full time employees (FTE). Approximately 41% of FTEs were supported through grant funding or contracts in 2018. The female to male ratio was 7:5, with 78% of the workforce under the age of 60. ACHD turnover was at 8%, with 24% of FTE projected to be less than five years away from retirement (see below): Figure 1.

While the number of employees has remained relatively constant since 2014, ACHD has experienced many retirements across all bureaus. As employees retire, department leadership has carefully considered how vacancies should be filled, given changes to the community’s health needs, available funding, and changing public health priorities. In addition, staffing needs have changed significantly over time due to technological advances and the allocation of funding, through both Act 315 and grants received by ACHD. From 2014-2018, many clerical positions were eliminated throughout the department; in some cases, these positions were converted into professional or administrative roles.

Figure 1 ACHD Workforce Demographics (March 2018)

## Allegheny County Overview

Table 2 Allegheny County Demographics by Race

|  |  |
| --- | --- |
| Allegheny County Demographics by Race | Percent |
| White alone | 80.30% |
| Black or African American alone | 13.40% |
| American Indian and Alaska Native alone | 0.20% |
| Asian alone | 4.00% |
| Native Hawaiian and Other Pacific Islander alone | < 1% |
| Two or More Races | 2.20% |
| Hispanic or Latino | 2.10% |
| White alone, not Hispanic or Latino | 78.60% |

Table 3 Allegheny County Demographics by Age

|  |  |
| --- | --- |
| Allegheny County Age by Demographics | Percent |
| Persons under 5 years | 5.30% |
| Persons under 18 years | 18.80% |
| Persons 65 years and over | 18.40% |
| Female persons | 51.70% |
| Male persons | 48.3% |

Allegheny county is in southwestern Pa serving over 1.223M residents (Census, 2017). Allegheny county’s terrain is transected by the Allegheny and Monongahela Rivers which converge into the Ohio River. The three rivers boarder downtown Pittsburgh, the heart of Allegheny county. Due to the vast water ways ingrained within the county, Pittsburgh is known as the city of bridges; 446 to be exact. Which is more than any other city in the world (Cipriani, 2003). Throughout the iron city of bridges, Allegheny County is home to a variety of residents outlined in Tables 2 & 3 listed above (Census, 2017).

## Public Health Accreditation

Eligible organizations for public health accreditation must have primary responsibility for the delivery of public health services at the tribal, state, territorial, or local level (Board, 2018). These entities must operate in a manner consistent with federal, tribal, state, territorial, and local statutes. However, the Public Health Accreditation Board (PHAB) determines the health department’s eligibility based on the department’s ability to meet a set of standards and measures. (Public Health Accreditation Board, 2016). In 2017, the Allegheny County Health Department achieved national accreditation.

The goal of public health accreditation is to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments (Board, 2018). Through accreditation, health departments must demonstrate the workforce is able to competently deliver the Ten Essential Services of Public Health, Figure 2. The Ten Essential Services, along with the core functions of public health (assessment, policy development, and assurance), are the foundation for local public health practice. Through the initial accreditation process and subsequent reaccreditation, health departments can continually advance their infrastructure to meet the needs of the population served. During the accreditation process, health departments must provide supporting documentation to meet each indicated domain’s measures outlined by the Public Health Accreditation Board (Board, 2018).

A close up of a sign

Description generated with high confidence

Figure 2 Ten essential Services of Public Health[[1]](#footnote-1)

(Health C. f., The Future of Public Health , 1988)

## Benefits & Standards of Accreditation

The benefits of accreditation are unique to every health department. Accreditation is not required for health departments in the United States, nor for local and municipal health departments in Pennsylvania to receive funding under Act 315. Accreditation through PHAB is conducted voluntarily by the health department. However, common benefits from health department accreditation include improvements in: (Public Health Accreditation Board, 2016)

* *Quality improvement – quality and performance improvement opportunities;*
* *Accountability with external stakeholders;*
* *Relationships between health departments and community stakeholders; and*
* *The ability for health departments to identify strengths and weaknesses.*

For all health departments, the Public Health Accreditation Boards defines standards and measures that must be met in order to achieve accreditation. The standards and measures reflect the Ten Essential Services of Public Health (Figure 2) and three core functions; assessment, policy development, and assurance. In partnership with the Centers for Disease Control and Prevention, public health practitioners, and the Robert Wood Johnson Foundation, the Public Health Accreditation Board continually improves national accreditation measures and standards, adapting to the needs of the community and overall promotion of better health across the nation. Although the accreditation standards are revised to meet the needs of the community, they carry the same core ideals: (Board, 2018)

1. *Advance the collective public health practice*
2. *Describe a moderate level of capacity* 
   1. *Not minimum or maximum standards*
3. *Be clear, avoid redundancy, and minimize burden*
4. *Build quality improvement*
5. *Apply to all sizes of health departments and all forms of governance structure*
6. *Establish the same standards for tribal states and local departments* 
   1. *Same standards different measures*
7. *Be reflective of current and emerging public health issues and opportunities*
8. *Promote effective Internal and external collaborative partnerships.*

The PHAB standards and measures are divided into twelve domains that local public health departments must submit documentation for in the accreditation process. Each domain has a specific set of standards and measures that must be met to achieve accreditation. The twelve domains are the following: (Board, 2018)

*Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community*

*Domain 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community*

*Domain 3: Inform and Educate about Public Health Issues and Functions*

*Domain 4: Engage with the Community to Identify and Address Health Problems*

*Domain 5: Develop Public Health Policies and Plans*

*Domain 6: Enforce Public Health Laws*

*Domain 7: Promote Strategies to Improve Access to Health Care*

*Domain 8: Maintain a Competent Public Health Workforce*

*Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions*

*Domain 10: Contribute to and Apply the Evidence Base of Public Health*

*Domain 11: Maintain Administrative and Management Capacity*

*Domain 12: Maintain Capacity to Engage the Public Health Governing Entity*

## Accreditation Process

There are seven steps to the accreditation process indicated by PHAB.

1. Preparation

Health departments gather resources and prepare for the accreditation process. The appointment of a designated accreditation coordinator within the agency helps to facilitate all documentation. The coordinator simultaneously functions as the subject matter expert (SME) during the process; to increase operational efficiency and provide transparent communication between the applying health department and PHAB. Health departments also conduct a self-assessment of the standards and measures outlined by PHAB to identify strengths as weaknesses across the department. Furthermore, this step is where departments begin the documentation, development, and procurement process of assessment results, policies & procedures, and strategic plans. Most importantly, the health department must document proof of a workforce development plan, an all-hazards emergency operations plan, a performance management plan, and a quality improvement plan. These plans represent the interdisciplinary nature of public health practice and form the foundation for additional measures required by PHAB. Documentation procurement is assisted through the use of an accreditation checklist by which agencies can track their readiness moving forward in the application process. At the Allegheny County Health Department, an internal working group was convened to identify documentation for each standard and measure.

1. Registration and Application

The health department seeking accreditation applies through an online portal maintained by PHAB. Once the agency is registered and approved by PHAB, the application process can begin. The application must demonstrate that the health department is able to meet all standards and measures outlined by PHAB as well as comply with declarations agreeing to the accreditation process (including accuracy of the information being submitted). Before documentation submission begins, PHAB also requires mandatory accreditation training for the health department director and accreditation coordinator, in order to guide the agency during the application process.

1. Documentation Selection and Submission

Health departments must submit all documentation within 12 months of gaining access to the online submission portal. After documentation submission, PHAB checks the material for completeness and formatting prior to the site visit.

1. Site Visit

Once the documentation process is completed, PHAB conducts a two-part site visit. Part 1 is a pre-site review where documentation is examined beforehand, and questions are posed to the agency for further clarification or supporting documentation. PHAB then conducts an on-site visit to perform a comprehensive review of the documentation submitted against the standards and measures. The on-site visit engages health department leadership, key personnel, the governing entity, and community stakeholders to gain further insight into the documentation provided through the online portal.

1. Accreditation Decision

Accreditation status is determined by an accreditation committee of no less than 10 members with relevant health department experience. The committee reviews all supporting documentation provided by the applying health department to reach a non-biased decision. One of two application verdicts are reached: the department will gain approval for accreditation, termed at five years, or have their application denied with an opportunity to submit an action plan and apply again. The action plan must address the measures which failed to meet the committee’s standards. The applying health department can resubmit an action plan within one year of the committee’s decision. If the action plan is approved, the agency is granted accreditation. Health departments are also able to file appeals or complaints against PHAB about the rendered decision.

1. Annual Reports

The accredited health department must provide annual reporting on the following areas. Items 1-3 only apply to a small fraction of agencies, which function as precautionary items. Items 4-6 are mandated for all accredited health departments to report annually (Board, 2018).

1. *Anything that has occurred that would prevent the health department’s continued conformity with the Standards and Measures;*
2. *Whether the accreditation committee required the health department to address progress on specific measures in their annual reports;*
3. *Whether the health department had any adverse finding by funding agencies;*
4. *Evidence of continuous quality improvement and performance management;*
5. *Evidence of continual engagement on key processes (e.g., Community Health Assessment; Community Health Improvement Plan)*
6. *Preparations to be positioned to seek reaccreditation in a changing public health world.*
7. Reaccreditation

Reaccreditation takes place every five years and requires further reporting on the progress of the agency overtime. Allegheny County Health Department is currently beginning the application process for reaccreditation.

## Domain 8 of Accreditation: Public Health Workforce

Domain 8 of the accreditation process provides a set of standards and measures for health departments to maintain a qualified and competent public health workforce. A competent *and* qualified public health workforce is essential for health departments to meet the needs of their community. Working in public health not only requires expertise within the employee’s field of training, but also the ability to understand the role of community partners such as healthcare providers, hospitals, schools, and community-based organizations.

There are two standards within Domain 8, and each standard has a subsequent set of measures that support the standard. Standard 8.2.1 requires the health department to maintain and implement a workforce development plan that includes a staff assessment against the Core Competencies for Public Health Professionals. This must address the current capacity and capability of the workforce, identify gaps in workforce competencies, and provide strategies to address them.

The Core Competencies for Public Health Professionals are a set of skills desired for the broad practice of public health (Foundation, n.d.), and are created by the practitioners, agencies, and other key stakeholders who facilitate the health needs of the nation. Assessing staff competencies can identify strengths and weaknesses of the workforce and provide important insight into training needs at the local level. Findings can be used to strategically plan future trainings, resources, and other needs identified through a competency-based assessment. The remaining standards in Domain 8 relate specifically to human resources activities, such as recruitment and retention, and are thus not primary areas of focus for this case study.

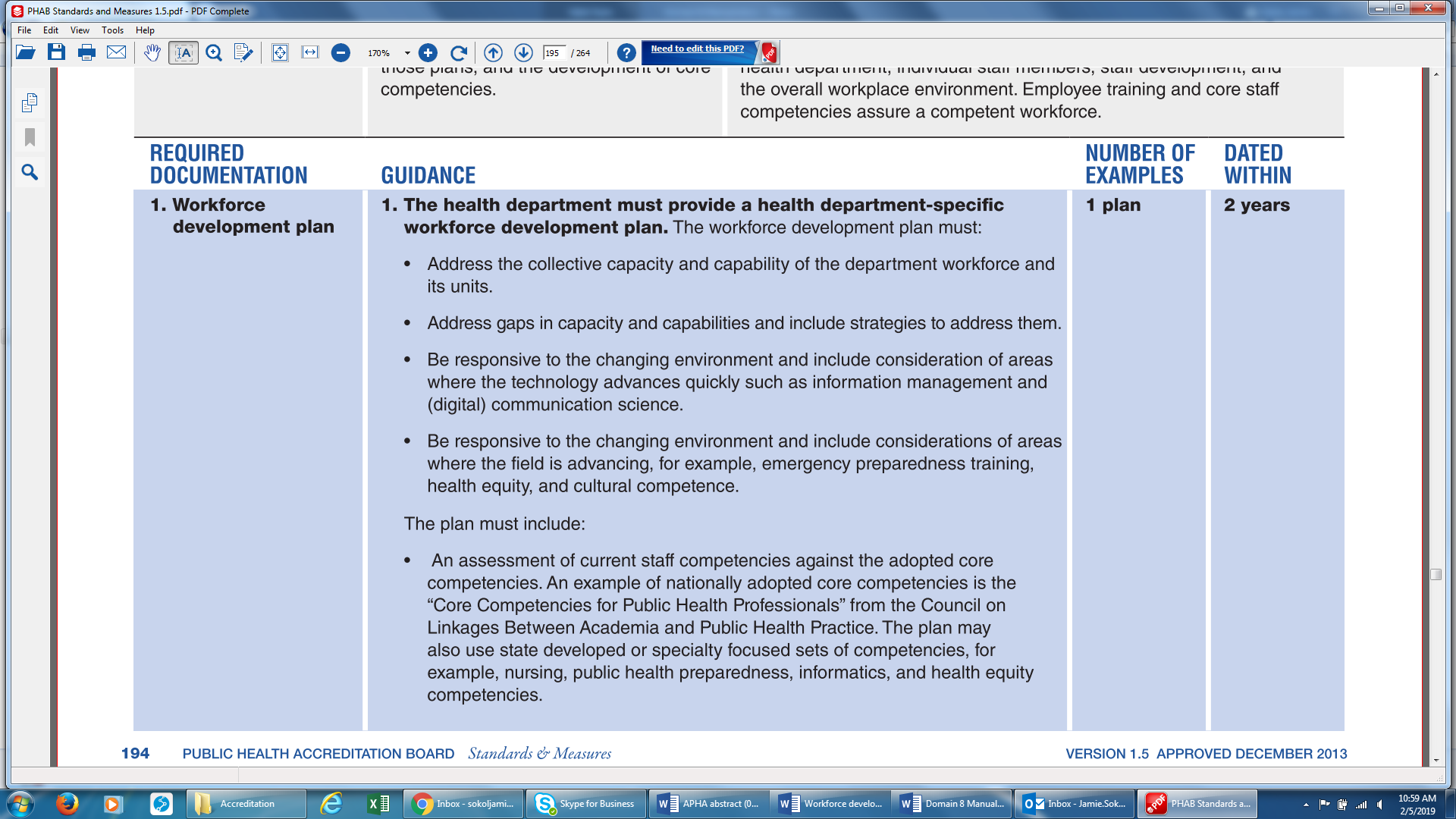


Figure 3 PHABA Measure 8.2.1: Workforce Development Plan

## 2014 Core Competency Assessment at ACHD

In 2014, ACHD adapted a self-assessment tool from the Public Health Foundation (PHF) to identify workforce training needs.  Through an iterative process, the tool was adapted to better capture the programs and services ACHD provides. The language used in the assessment tool was modified to help staff identify their role in each measure; in many cases, the link to the services staff provide at ACHD would not have been clear. This was particularly important because several of ACHD’s core areas of services are not included in PHAB’s umbrella of public health services (for example, clinical services and enforcement activities), and thus not reflected in the core competencies. Questions were formatted to be more reflective of certain roles in the health department, such as clerical and enforcement tasks.

However, the key components of each core competency were addressed in order to meet accreditation standards. ACHD also combined questions across competencies, shortening the survey from 74 questions to 34 questions. This eliminated the burden on staff by decreasing the time spent completing the survey. There are three tiers of jobs outlined by the Council on Linkages Between Academia and Public Health Practice. Each tier represents the career stages of public health individuals and the associated level of competency required to perform the job function. Tier 1 represents front line and entry level staff. Tier two represents professionals at the program management, and supervisory level.

Finally, tier 3 is reserved for senior management and executive level staff members at the health department. Increasing tier levels is also associated with a higher level of competency complexity outlined within each domain’s skill set. It should be noted, because this was ACHD’s initial assessment against the core competencies, ACHD leadership only chose to assess across Tier 1.

The 2014 Core Competency Assessment was completed for three main purposes: to establish a baseline at ACHD; to identify key gaps in competencies to establish training priorities in the department’s first workforce development plan; and to fulfill the accreditation requirement in Standard 8.2.1**.**

## Current State ACHD

Currently, ACHD is in the reaccreditation process after achieving initial accreditation in 2017. A re-assessment of the core competencies was conducted in 2018 utilizing the same self-assessment tool (see III. Methods). Results from the 2018 self-assessment are being used to measure the effectiveness of workforce development activities from 2014-2018, to identify training needs for 2020, and to support workforce development as part of their reaccreditation application.

## Workforce Development at ACHD

The Allegheny County Health Department maintains an annual workforce development plan based on several sources of data: the core competency assessment; qualitative interviews with leadership, program managers, and key informants; and evaluation results from prior trainings.

Qualitative interviews are completed on an annual basis and are used to complement the quantitative data from the core competency assessment. This is particularly necessary because the core competency assessment is a self-assessment. Self-assessment, although a useful tool for data collection, is associated with a high level of bias (Baxter & Norman, 2011). Sources of bias associated with self-assessment can be internal and external. Internal self-assessment bias can cause individuals to underestimate or overestimate their abilities. For more on bias in self-assessment, see Section 2.3, Reporting Bias in Self-Assessment tools. It should be noted, however, that the qualitative data collected through these interviews has continually supported the quantitative findings of both the 2014 and 2018 core competency assessments.

All health department employees participate in workforce development activities at ACHD on an annual basis. Recently, department-wide training priorities have included leadership development, computer and technology skills (including training on specific software), management skills, and training around performance management. Program-specific trainings are implemented as needed. In 2018, the emergency preparedness training plan was fully integrated into the overall workforce development plan to establish a comprehensive approach to training across the department.



Figure 4 Key Components of the ACHD Workforce Development Plan

# Literature Review

## History of Public Health Accreditation:

### **Establishing the vehicle of an effective public health system**

In 1988 the Institute of Medicine released, *The Future of the Public’s Health* created by the Committee for the Study of the Future of Public Health*.* The report defined public health and the associated conditions for a sustainable public health system (Boufford, et al.). In the report several key principles and recommendations were made such as the mission of public health agencies “fulfilling society's interest in assuring conditions in which people can be healthy,” and the roles of government in public health; assessment, policy development and assurance (Health C. f., The Future of Public Health.). The Committee for the Study of the Future of Public Health, through the Institute of Medicine, focused on strengthening the infrastructure of governmental public health, the backbone of the public health systems (Boufford, et al., 2002). Over time, deliberations after the report’s publication revealed governmental public health’s infrastructure narrowly tailored the scope of what an effective public health system should display. No consideration was given to population health, the organizational mechanism, which was in disarray (Boufford, et al., 2002).

As a result, a steering committee, The Committee on Assuring the Health of the Public in the 21st Century, was charged with describing a framework for assuring the public’s health in the new century. The committee’s report in 2002, *The Future of the Public’s Health in the 21st Century,* focused on the vison of Healthy People 2010 to increase quality and years of healthy life and to eliminate health disparities (Healthy People 2010 Final Review, 2012). The committee looked at governmental public health in congruence with population health highlighting six driving factors to ensure healthier communities (The Future of the Public's Health in the 21st Century, 2002);

1. *Adopting a population health approach that considers the multiple determinants of health*
2. *Strengthening the governmental public health infrastructure, the backbone of the public health system*
3. *Building a new generation of intersectoral partnerships*
4. *Requiring accountability from and among all sectors of the public health system*
5. *Making evidence the foundation of decision-making*
6. *Enhancing and facilitating communication within the public health system*

With the expanded framework in mind, a more inclusive vision for an effective public health system was established. This framework can be considered the vehicle which would drive the public health system into the 21st century. Now it was a matter of the committee to address the issue of *Who* would drive the vehicle?

### **Drivers of the Public Health System**

A 2002 steering committee report created by the Committee on Assuring the Health of the Public in the 21st Century (CAHP), *Who will Keep the Public Healthy?: Educating Public Health Professionals for the 21st Century* addressed the how and who are the drivers of effective public health systems facing the challenges of the 21st century. As stated in the report (Gebbie, Rosenstick, Allan , & Bender, 2002)

*“The extent to which we are able to address the complex challenges of the 21st century and make additional improvements in the health of the public depends, in large part, upon the quality and preparedness of our public health workforce, which, in turn, is dependent upon the relevance and quality of public health education and training*.”

Drivers of an effective public health system, defined by the committee, were public health professionals in schools of public health, including programs and schools related to public health (i.e. schools of medicine, nursing, dentistry) and public health agencies. Included in the report were several recommendations for health agencies at the federal, state and local level. (Gebbie, Rosenstick, Allan , & Bender, 2002)

* *Health agencies should actively assess the public health workforce development needs in their own state or region.*
* *Engage in faculty and staff exchanges and collaborations with schools of public health and accredited public health education programs.*
* *Assure that those in public health leadership and management positions within federal, state, and local public health agencies are public health professionals with M.P.H. level education or experience in the ecological approach to public health.*
* *Federal agencies should provide increased funding for the development of curricula, fellowship programs, academic/practice partnerships, and the increased participation of public health professionals in the education and training activities of schools and pro- grams of public health.*

### **Creating sustainability and consistency across Public Health Systems**

Through continuing efforts by the CAHP steering committee, in 2005 the Exploring Accreditation Project was launched. The project was launched in a joint effort by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, and supported by other entities such as American Public Health Association (APHA), Association of State and Territorial Health officials (ASTHO), National Association of County and City Health Officials (NACCHO) , and National Association of Local Board of Health (NALBOH). After 10 months of work, an adoptive program model was developed which would guide health departments through a nationally recognized accreditation program that would focuses on the following (Bender, Benjamin, Fallon, & Gorenflo, 2007);

* *High performance and quality improvement*
* *Health department accountability to the public and policymakers*
* *Increase transparency of governmental public health*
* *Increase public health infrastructure*
* *Level set expectations for health departments from the public’s viewpoint.*

As a result of the steering committee, and workgroups comprised of public health professional the national Public Health Accreditation Board was founded in 2007, and the national accreditation program was launched in 2011 (Bender, Benjamin, Fallon, & Gorenflo, 2007). As of November 2018, 244 state and local health departments have gained accreditation through the PHAB process. (Nicolaus, 2018)

Figure 5 Accredited Health Departments in the USA

## Impact of Accreditation

Countless efforts have been conducted to prove the effectiveness and impact of health department accreditation. NORC at the University of Chicago is one of the largest independent organization for social research in the United States of America and has successfully proven the importance of accreditation (NORC at the University of Chicago, 2019). From January of 2013 to October of 2016 NORC surveyed health departments after their first year of accreditation. Over 50 health departments participated in the study during the three-year research period. In addition to assessing health departments, focus groups and individual interviews were conducted by NORC as part of the survey methodology (Kronstadt, et al., 2016). NORC concluded that over 90% of health departments that gained accreditation had an increase in performance improvement opportunities, quality improvement, accountability and transparency across their respective health department. As a result, accreditation was supported to strengthen the infrastructure of governmental public health departments. From the study, 98% of health departments assessed agreed or strongly agreed accreditation stimulated quality and performance improvement opportunities. 96% of health departments reported accreditation helped to better identify strengths and weaknesses. As well as 92% reported accreditation stimulated greater accountability and transparency within each health department (Kronstadt, et al., 2016).

## Impact of workforce development

As the number of accredited health departments increase, there is an ever-growing need to assess the impact of workforce development through accreditation. The world relies upon the public health workforce to battle chronic diseases, environmental threats, infectious diseases, and states of natural, biosocial, disasters. (Rosenstock, et al., 2008)

A recent study published in 2018, *Maintaining a Competent Public Health Workforce: Lessons Learned From Experiences With Public Health Accreditation Domain 8 Standards and Measures*, used deidentified accreditation data on local health departments provided by PHAB. Survey data from Domain 8 was provided by the PHAB from 134 state and local accredited health departments. The purpose of the study was to analyze the effectiveness of public health accreditation through workforce development by analyzing the various methods health departments use. The goal was to identify best practice methods promoting the development of a qualified public health workforce. The study supported health department workforce development as an effective tool through linked internship programs between accredited programs and schools of public health to health department agencies. Compared to the other workforce methods analyzed, this was the only approach which derived statistically significant results. As the world and its inhabitants evolve in complexity, so does the responsibilities of the public health workforce to prepare for this evolution. It is essential to have a workforce which is competent to current trends. Furthermore, identifies best practice methods for impactful workforce development.

Nearly 40% of governmental public health workers plan to leave the public health workforce by 2020 (Practice, 2015). Creating an inflow of public health professionals is critical to support the health needs of the nation. As the current workforce retires, a ready source of incoming public health professionals is needed to replace the workforce shortage. Creating health department pre-employment opportunities such as internships and fellowships with schools and programs of public health increases potential employment opportunities with the associated health department. This recruitment gives the health department a source of public health professionals while workforce development ensures the staff is competent to meet the health needs of the community.

Moreover, partnering with accredited schools, and programs of public health can facilitate the pipeline between educational institutions and employment in the public health sector. Currently there are 111 accredited graduate schools and programs of public health reported by ASPH (Association of Schools and Programs of Public Health, 2019). An additional 50 graduate schools and programs are seeking accreditation through the Council on Education for Public Health (Health C. o., 2018). Workforce development through accreditation grant health departments the ability to leverage turnover against employment. This ensures the workforce is competent in their knowledge, and skillset to meet the health needs of their community.

## Reporting Bias in Self-Assessment Tools

Assessment defined by the Cambridge Dictionary, is “the [act](https://dictionary.cambridge.org/us/dictionary/english/act) of [judging](https://dictionary.cambridge.org/us/dictionary/english/judge) or [deciding](https://dictionary.cambridge.org/us/dictionary/english/deciding) the [amount](https://dictionary.cambridge.org/us/dictionary/english/amount), [value](https://dictionary.cambridge.org/us/dictionary/english/value), [quality](https://dictionary.cambridge.org/us/dictionary/english/quality), or [importance](https://dictionary.cambridge.org/us/dictionary/english/importance) of something, or the j[udgment](https://dictionary.cambridge.org/us/dictionary/english/judgment) or [decision](https://dictionary.cambridge.org/us/dictionary/english/decision) that is made” (Cambridge Dictionary , n.d.). Through the use of a self-assessment tool researching bodies can value the knowledge or competence at the individual level. Self-assessment tools can successfully identify strengths, weaknesses, and trends based on the needs of the population. For local health departments this also provides direction for training, education, and workforce development. However, the use of self-assessment is subjected to different sources of bias. With self-reporting tools, there have been an identified gap in the individual’s response and actualized performance when assessed by a third party.

For example, nursing students self-assessed their performance in emergency situations in a 2007 study at McMaster University. A group of nursing students were given a pre-test and post-test during a simulated emergency simulation. The nursing students were able to self-report their ability to perform in a high stress simulation. Self-assessment results were compared to observed performance by university faculty. Results identified a gap in self-reported competencies and observed performance during the emergency simulation. The assessment consisted of 16 total objectives by which the students were assessed on. Findings from the studying indicated a negative correlation across 15 of the 16 assessment objectives. This is suggestive of no correlation between self-assessment and observed performance results (Baxter & Norman, 2011)

Similarly, in another study, self-assessment skills of pharmacists seeking licensure in Canada were measured against observed evaluator performance during an 8-station clinical examination. The overall goal of the study was to investigate the relationship between clinical competence and self-assessment capability. Candidates were assessed by two evaluators at each station. Subjects also had the opportunity to complete the same assessment tool evaluating their perceived competence. Results from the study found a discrepancy between self-reported and evaluator measurements across all performance criteria. Notably the largest gap in observed performance against self-reported skill were candidates who scored in the lowest quartile. This suggest those with the lowest level of competency may have the largest impairment when self-assessing. (Austin, Gregory , & Galli, 2007).

A final example was a three-year longitudinal study of over 400 second year pharmacy students. Faculty assessed student therapeutic communication skills through an oral assessment. Students were able to self-assess their performance of the oral assessment, which was compared to faculty evaluations of the assessment. Results found on average students to underestimate their therapeutic communication skills related to the faculty reports (Lundquist, 2013). This is in contrast to the previous studies discussed above. In this incidence, students were found to underestimate their ability while the other studies exemplified above discussed participates overestimating their self-perceived ability.

### Causes of Response Bias

Although self-assessment tools are an easy and effective way to gather data, the discussion above identified the presence of this associated bias. In the ACHD assessment tool, three potential sources of bias are identified as influencing factors in relation to this report; recall bias, sampling bias, and social desirability bias.

*Recall Bias*

Recall bias occurs when participants are unable to remember a particular experience accurately. Individuals can misinterpret a memory or omit details. This can cause a different response derived from the experience. (Spencer , Brassey, & Mahtani, 2017). Recall bias is often highly influenced by the time period. Generally, the longer the span of time from the occurrence, the higher the risk that details can be omitted, forgotten, or modified. For the core competency self-assessment tool used in this report, most skills assessed are generally conducted on a semi-regular basis. However, recall bias can be argued for assessed competencies outside of individual’s scope of practice and not part of their business as usual operations on a day-to-day basis.

*Sampling bias*

Sampling bias, also referred to as “selection” bias occurs when the sample population evaluated is not representative of the entire population. Sampling bias also occurs when the selected population was identified in search of a specific outcome. Sampling biased is arguably highly unlikely in the respect to the core competency assessment used in this report. All employees at the health department level were eligible to complete the assessment. Individuals were only excluded if they were on a leave of absence during the survey timeframe.

However, if the assessment was not inclusive of the entire health department, and focused on a specific program, bureau or job title, sampling bias could be argued. Sampling bias for the competency assessment at the ACHD achieved 100% participation of active full-time employees, therefore this type of bias is a highly unlikely influencing variable, but nonetheless relevant to mention.

*Social Desirability bias*

Social desirability bias occurs when individual’s present themselves favorably regarding social norms (Zerbe & Paulhus, 1987). Individuals under this form of bias will underestimate the likelihood of performing unfavorable actions and overestimate the likelihood of exhibiting favorable actions. Social desirability is arguably the strongest form of bias influencing the core competency assessment.

# Methods

## **Current State at the ACHD**

As the Allegheny County Health Department prepares for reaccreditation, the same core competency assessment tool administered in 2014 was administered to all full-time employees from September 4th – 24th, 2018. A comparative analysis of the 2018 survey results were conducted against the 2014 findings. The 2018 assessment results, in conjunction with qualitative data collected during summer 2018, can gauge the current workforce competency at the ACHD and provide important data to measure the impact of workforce development over the past four years. Results will directly impact workforce development planning and serve as supporting documentation for reaccreditation (See: Domain 8 of Accreditation: Public Health Workforce). All health department personnel who were present at work during the assessment period (n=343) completed the assessment through Checkbox ®, and online survey tool. One respondent incorrectly identified themselves as a deputy director and was removed from the analysis, making the reported population 342 health department personnel. A summary analysis of the assessment can be found in Appendix A.

The survey consisted of two main parts. The first part gathered information relative to the participant (job classification, bureau, program, years of experience in current job). The second part assessed the employee’s ability to carry out the competency described (Appendix A). Participants utilized the Public Health Foundation’s rating scale, which is used nationally by local health departments. figure 6.

Question Scale:

Please use the following scale to answer the questions below:  
1=None (I am unaware, or have very little knowledge of the item)  
2=Aware (I have heard of it; limited knowledge and/or ability to apply the skill)  
3=Knowledgeable (I am comfortable with knowledge or ability to apply the skill)  
4=Proficient (I am very comfortable, an expert; could teach this to others)

Figure 6 Public Health Foundation Question Scale

## **Modified Survey Tool**

The Public Health Foundation Core Competency Assessment Tool serves as guideline for health departments to develop and implement a self-assessment tool. The Allegheny County Health Department offers a wide variety of clinical services and enforcement programs outside the public health accreditation areas. Therefore, using a tool designed to support health departments in accreditation can be challenging to accommodate staff that work in these areas. Adapting the tool to encompass all service lines and programs helped to better define the self-reported competencies of ACHD staff. By adapting the core competency assessment tool, ACHD strategically abridged the survey from 77 to 34 questions. The survey met all original assessment criteria but grouped similar questions together. In some cases, multiple competencies were assessed in one question. A shorter survey tool eliminated the burden on staff and helped increase the completion rate. Furthermore, all questions had terminology defined within the body of the question. Therefore, the workforce can better understand the relevance of the question and how it impacts their job function.

## Elimination of Tiers

Mentioned previously, 2014 was the initial assessment on core competencies for the Allegheny County Health Department. ACHD’s organizational structure did not support the broad application of the tiers assigned by the Public Health Foundation. See below for PHF assignment of tiers (Foundation, n.d.).

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

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

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

At ACHD, many Tier 1 staff members outlined by PHF qualified as Tier 2 members given the current infrastructure and job requirements at ACHD. For example, ACHD’s Public Health Program Representatives and Environmental Health Specialists fell between Tiers 1 and 2. Furthermore, it was challenging to classify clerical, technical and support staff across ACHD, as their respective job responsibilities did not fall within the scope of PHAB.

As a result, ACHD decided to assess the agency only on Tier 1 skills. Information pertaining to tiers 2 and 3 were gathered through a qualitative process involving interviews with leadership and program managers. As this format was developed for the baseline assessment, the same structure was utilized for the 2018 assessment; in order to ensure consistency and comparability. Finally, the demographic information included in the assessment tool, such as, job title, and years of experience, helped to compare similar populations within the Health Department. This provided important insight into different skills amongst different tiers while still utilizing the single-tier approach.

## Qualitative Data Integration

In addition to the quantitative data gathered through the self-assessment tool, qualitative data was gathered across management and other key personnel across ACHD. Qualitative interviews with deputy directors, program managers, and staff in key program areas (Chief Nursing Officer, IT Manager, and Solicitor) are conducted each summer by the Workforce Development Administrator. Deputy directors and managers speak to training needs for the employees in their programs; key informants provide important perspective on skills across the department. For example, the Chief Nursing Officer offers insight into training needs for nurses in all clinical program areas. Similarly, the Solicitor will help identify training needs relevant to local public health laws, policies, or internal legal practices. All needs expressed by management are compared to and integrated into the core competency results to identify training priorities for the following year.

## Assumptions

In order to proceed with the analysis of the core competency assessment, several assumptions were made due to timeliness of information and the need to ensure the most accurate data obtained. Since administration of the initial survey in 2014, ACHD has increased the number of full-time employees with undergraduate and graduate degrees in public health and related disciplines. Recruiting individuals with education and experience in public health likely increases the skill set and competency to deliver the Ten Essential Services. However, quantitative information on volume of candidates and education level were not able to be acquired.

Furthermore, job functions within ACHD’s infrastructure have changed. Since 2014, the number of clerical positions within the department has been reduced. This decrease in clerical positions has opened recruitment for more professional and administrative positions, which allows for the assumption that the competencies required for these jobs would increase on the assessment. This decision was in part to address the changing landscape of the workplace, as well as better serve the needs of the community. This is further exemplified in Figure 7 of the results, which shows a crosswalk of job functions between the 2014 and 2018 assessment.

# Results

The following results are a breakout of the 2018 Core Competency assessment findings. The tables included in this section are representative of the Allegheny County Health Department as a singular entity and the derived compete results from 2018 as it related to the 2014 assessment.

## Overall Domain Performance: ACHD

Table 4 Overall ACHD Domain Response

|  |  |  |  |
| --- | --- | --- | --- |
| Domain | 2014 Response | 2018 Response | Trend |
| ACHD Overall Domain 1 | 2.538 | 2.767 |  |
| ACHD Overall Domain 2 | 2.727 | 2.895 |  |
| ACHD Overall Domain 3 | 2.715 | 2.983 |  |
| ACHD Overall Domain 4 | 2.771 | 2.971 |  |
| ACHD Overall Domain 5 | 2.479 | 2.662 |  |
| ACHD Overall Domain 6 | 2.408 | 2.546 |  |
| ACHD Overall Domain 7 | 2.496 | 2.622 |  |
| ACHD Overall Domain 8 | 2.624 | 2.817 |  |

Across the 8 assessed domains, there was a noted increase in competency from 2014 to 2018. Staff were strongest in communication skills, Domain 4 (2.983) and demonstrated the largest improvement in competency within this same domain. However, ACHD showed the least improvement in Public Health sciences skills, Domain 6.

## ACHD Performance by Domain

Table 5 Domain 1: Analytical/Assessment Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Describe a community's overall level of health and the factors that affect community health (e.g. quality, availability of health services, economic circumstances, environment) | 2.395 | 2.62 |  |
| Identify sources of reliable public health data and information | 2.429 | 2.67 |  |
| Use information technology (e.g. computers, data bases) and other appropriate tools to collect, store, and use data and information. | 2.839 | 3.009 |  |
| Describe the use of data that measure public health conditions. | 2.283 | 2.509 |  |
| Collect, use, and share data and information in an ethical manner. | 2.745 | 3.026 |  |

Table 6 Domain 2: Policy Development/Programming Planning Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Gather information that can be used for policy decisions in your program (e.g. health information, fiscal information). | 2.568 | 2.731 |  |
| Understand laws, regulations, and policies relevant to your work at the health department (e.g. HIPAA). | 3.006 | 3.187 |  |
| Describe how policy can influence public health programs (e.g. funding, legal regulations). | 2.416 | 2.594 |  |
| Identify ways to improve the quality and effectiveness of your work. | 2.918 | 3.067 |  |

Table 7 Domain 3: Communication Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Identify the health literacy (understanding of health - related terms) of the populations your program serves. | 2.549 | 2.851 |  |
| Communicate clearly and with cultural understanding in writing, speaking, and through other formats (e.g. community presentations, webinars). | 2.64 | 2.936 |  |
| Use good communication skills with individuals and within groups (e.g conflict resolution, active listening, risk communication). | 2.957 | 3.161 |  |

Table 8 Domain 4: Cultural Competency Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Recognize that cultural, social, and behavioral factors impact how people access and use public health services. | 2.765 | 2.95 |  |
| Describe the need for a diverse public health workforce. | 2.673 | 2.918 |  |
| Work to interact effectively with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). | 2.945 | 3.123 |  |
| Respond to the diverse needs that might result from cultural differences. | 2.703 | 2.892 |  |

Table 9 Domain 5: Community Dimensions of Practice Skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** | |
| Identify stakeholders (people or organizations) and community assets that can help your program. | 2.358 | 2.561 | |  |
| Collaborate with the community and encourage community involvement within your program. | 2.459 | 2.573 | |  |
| Describe the role of governmental and non - governmental organizations in the delivery of public health services. | 2.336 | 2.579 | |  |
| Inform the population your program serves about policies, programs, and resources. | 2.761 | 2.933 | |  |

Table 10 Domain 6: Public Health Science Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Recognize the Core Public Health Functions and the Ten Essential Services of Public Health. | 2.151 | 2.418 |  |
| Follow laws and procedures for the ethical conduct of research (e.g. HIPAA). | 2.292 | 3.137 |  |
| Biostatistics | 2.63 | 2.263 |  |
| Epidemiology | 2.366 | 2.424 |  |
| Environmental Health | 2.305 | 2.801 |  |
| Health Services Administration | 2.291 | 2.383 |  |
| Social and Behavioral Health Sciences | 2.832 | 2.395 |  |

Table 11 Domain 7: Financial Planning and Management Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Follow all Allegheny County Health Department policies. | 2.422 | 2.526 |  |
| Describe the roles of local, state, and federal public health agencies. | 2.948 | 3.073 |  |
| Identify potential funding sources (e.g.  grants) that can help your program deliver services. | 2.018 | 2.079 |  |
| Prioritize tasks in order to operate within your program's budget. | 2.453 | 2.582 |  |
| Use feedback (individual and program) to improve performance. | 2.709 | 2.851 |  |
| Report program performance. | 2.428 | 2.62 |  |

Table 12 Domain 8: Leadership and Systems Thinking Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Recognize factors (both within and outside the health department) that affect the delivery of the Ten Essential Services of Public Health. | 2.153 | 2.284 |  |
| Interact in a professional manner with organizations, communities, and individuals. | 3.086 | 3.254 |  |
| Describe how public health operates within a larger social, political, and economic environment. | 2.379 | 2.67 |  |
| Participate in trainings and educational opportunities for personal and professional development. | 2.878 | 3.058 |  |

## 

## Average Domain Response by Years of Experience

Table 13 Overall Domain Response by Years of Experience

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 | Trend | 2014 | 2018 | Trend | 2014 | 2018 | Trend | 2014 | 2018 | Trend |
| Years | ***0-5yr*** | ***0-5yr*** |  | ***6-10yr*** | ***6-10yr*** |  | ***10-20yr*** | ***10-20yr*** |  | ***20+yr*** | ***20+yr*** |  |
| D1 | 2.660 | 2.892 |  | 2.545 | 2.710 |  | 2.397 | 2.537 |  | 2.444 | 2.603 |  |
| D2 | 2.843 | 3.004 |  | 2.772 | 2.675 |  | 2.634 | 2.760 |  | 2.574 | 2.809 |  |
| D3 | 2.916 | 3.121 |  | 2.681 | 2.883 |  | 2.575 | 2.729 |  | 2.534 | 2.823 |  |
| D4 | 2.988 | 3.158 |  | 2.812 | 2.813 |  | 2.561 | 2.656 |  | 2.548 | 2.750 |  |
| D5 | 2.640 | 2.741 |  | 2.496 | 2.638 |  | 2.360 | 2.474 |  | 2.295 | 2.582 |  |
| D6 | 2.596 | 2.659 |  | 2.367 | 2.489 |  | 2.221 | 2.277 |  | 2.290 | 2.449 |  |
| D7 | 2.641 | 2.717 |  | 2.457 | 2.450 |  | 2.456 | 2.431 |  | 2.333 | 2.591 |  |
| D8 | 2.839 | 2.946 |  | 2.641 | 2.694 |  | 2.465 | 2.594 |  | 2.385 | 2.676 |  |

## **Domain Response by Job Title**

Position classifications for the 2018 Core Competency Assessment were modified to more accurately reflect the organizational structure of ACHD. Titles were combined into “**Group Titles**,” to allow for a comparison of both survey years due to differences in organizational structure between 2014 and 2018, respectively.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2014 Titles** |  | **2018 Title** |  | **Group Titles** |  | **Abbreviation** |
| Administrator |  | Administrator |  | Administrator and Supervisor |  | ***A&S*** |
| Clinical/ Technical | Clerical | Clerical, technical, trades | ***CTT*** |
| Deputy Director/ Program Chief | Director, Deputy Director, Senior Leadership | Professional | ***Prof*** |
| Driver | Professional | Program Manager, Director, Dep Director, Senior Leadership | ***Mgt, SL*** |
| Professional | Program Manager |  |  |  |
|  | Supervisor |  |  |  |
|  | Technical or Trades |  |  |  |

Figure 7 ACHD Job Title Crosswalk

Table 14 Overall Domain Reponses by Job Title

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Title | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| Overall Domain 1 | 2.975 | 2.905 |  | 2.141 | 2.537 |  | 2.622 | 2.793 |  | 3.350 | 3.161 |  |
| Overall Domain 2 | 3.141 | 3.085 |  | 2.343 | 2.590 |  | 2.808 | 2.967 |  | 3.542 | 3.234 |  |
| Overall Domain 3 | 3.031 | 3.195 |  | 2.252 | 2.648 |  | 2.875 | 3.106 |  | 3.194 | 3.151 |  |
| Overall Domain 4 | 3.032 | 3.196 |  | 2.406 | 2.688 |  | 2.878 | 3.056 |  | 3.438 | 3.105 |  |
| Overall Domain 5 | 2.976 | 2.900 |  | 1.985 | 2.370 |  | 2.595 | 2.661 |  | 3.417 | 3.177 |  |
| Overall Domain 6 | 2.664 | 2.701 |  | 2.071 | 2.300 |  | 2.486 | 2.591 |  | 3.298 | 2.876 |  |
| Overall Domain 7 | 2.925 | 2.851 |  | 2.126 | 2.367 |  | 2.556 | 2.589 |  | 3.486 | 3.172 |  |
| Overall Domain 8 | 3.016 | 2.973 |  | 2.156 | 2.493 |  | 2.741 | 2.893 |  | 3.625 | 3.274 |  |

# Discussion

## Assessment Findings

Overall assessment results found an increase in self-reported competencies across all overall domains from 2014 to 2018. Across all competencies in the survey tool, 94.6% skills were found with a positive trend from 2014 to 2018. Only two skills, both under Domain 6 (Public Health Sciences) were calculated with a negative trend. The core competency assessment will be used by ACHD management and leadership to identify training needs for the next several years. Through the adaptation of the modified survey tool, ACHD successfully assessed all active employees during the assessment period in 2018. The restructured survey used in 2014 and 2018 had little impact on the day-to-day operations of ACHD, which can be supported by the 100% completion rate. It should be noted, however, that the Workforce Development Administrator devoted significant time to ensuring that staff completed the survey. Furthermore, with the consolidation of tiers in both assessment years, health department staff were able to be comparatively assessed at the same level between assessment years. The significance is noted in the reported competencies between both survey years listed in Section IV, results.

Domain 1 self-reported competencies increased from 5.99%-10.24%, Domain 2 increased by (5.11% to 7.37%). Domain three ranged from (6.90% to 11.85%). Domain 4 ranged from (6.04% to 9.17%), Domain 5 (4.64 to 10.40%), Domain 6 (-15.43% to 36.87%), Domain 7 (3.02% to 7.91%), and finally Domain 8 ranged from (6.08% to 12.23%). It was noted that Domain 6 was found with a decrease in reported competencies across two skills. Reported competency in Biostatistics reduced by 13.95%, while Social and Behavioral Health Sciences reduced by 15.43%. These trends were derived from overall ACHD results; therefore, a closer examination of these competencies amongst staff who routinely work with this skillset is recommended. Regardless, the indicated overall positive trend suggests workforce development activities have had a significant impact on staff competencies. The results from this preliminary report are highly suggestive that the annual workforce development plan at ACHD is targeted to the appropriate gaps in competencies and skills. Furthermore, the methodology used to identify workforce training needs is a meaningful process and should be continued.

## **Training Recommendations**

Recommendations for continued development and training are essential to ensure this trend continues. Overall, ACHD was found the weakest self-reported competencies in Domains 6 (Public Health Science Skills), and Domain 7 (Financial Planning and Management Skills). Overall, Domain 6 was observed with an average competency of 2.546 in 2018, a 0.138 increase from the 2014 baseline. In 2018, Domain 7 was observed with an average competency of 2.622, a 0.126 increase from the 2014 baseline. Therefore, emphasis for future workforce development planning can be tailored around strengthening these competencies as a priority, both for the department as a whole, and for staff directly utilizing theses skills on a daily basis. Identified training recommendations based on overall ACHD assessment results are as follows:

Figure 8 ACHD 2019 Training Recommendations

# Limitations

The assessment period and data collection were subjected to several limitations. The first is the use of self-assessment tools. As mentioned earlier, self-reported data is associated with confounding reporting biases that can impact the validity of the data collected. There are several types of bias that can influence self-assessment data. Through defining terminology within the tool, and sampling the entire agency staff, ACHD adequately prepared for utilization of a self-assessment tool. However, ACHD cannot control for the how the participants respond; some employees may over rank or under rank their perceived abilities.

Another limitation is that specific data about the changes in the ACHD workforce from 2014 to 2018 was not available at the time of the analysis. While the number of staff remained consistent, there must be further analysis completed to identify any additional contributing factors to the upward trend in competencies that are related to the makeup of the staff. Finally, the analysis did not assess trends at the induvial response level. It should be noted the decision to preserve anonymity of the respondents was made carefully by ACHD leadership for a variety of reasons (most specifically, to ensure that staff felt comfortable reporting their abilities without fear of disciplinary action and/or reflection on annual performance reviews).

Finally, the 2014 core competency assessment corresponded with the launch of a formal, competency-based workforce development program at ACHD (January 2015). Therefore, the 2018 assessment provides an important step towards longitudinally tracking the impact and purpose of workforce development through assessment of core competencies.

# Conclusion

The results of the 2018 core competency assessment suggest that the impact of workforce development activities at ACHD has been meaningful. The comparative analysis of core competencies from 2014 to 2018 found an increase across 94.6% of the assessed domains.

Creating a modern public health workforce that can competently deliver the Ten Essential Services and the three core functions of public health is critical. The upward trend on competencies at the Allegheny County Health Department has demonstrated that workforce development, when implemented within the framework of public health accreditation, can increase a health department’s ability to meet the core competencies. As ACHD recruits more candidates with formal education and experience in public health, it is expected that this trend will continue. ACHD can use this report as supporting documentation to gain reaccreditation. As the public health needs of the community constantly changes, it is the responsibility of health departments to adapt to this everchanging, unpredictable environment. Having a competent workforce is crucial for health departments to better match these variables. Through workforce development, health department can create a sustainable workforce to fight against the uncertainty to continually provide the best level of public health services possible.

* + - * 1. 2018 Core Competency Assessment Results (Chapter 1)
* Below is the first chapter of the core competency analysis report completed in December of 2018. For a full report of the 2018 assessment, please contact the Allegheny County Health Department

Introduction

The workforce development plan at the Allegheny County Health Department was created in 2014 in compliance with national accreditation standards established by the Public Health Accreditation Board (PHAB). Training and workforce development ensure health department staff, at the state or local level, can deliver the ten essential services of public health.

In compliance with the PHAB, and part of ACHD’s accreditation application, a self-assessment tool was developed in 2014. The assessment tool was administered to ACHD staff in 2014 identifying training needs and beginning the workforce development process.

As the Allegheny County Health Department prepares for reaccreditation, the same assessment tool was administered to personnel in September of 2018. A comparative analysis was conducted, and all findings included in the following report. Gaps identified can guide in the planning process for future training strategies and workforce development at ACHD.

*ACHD Training Assessment:*

The Competency Assessment tool is a 40-question electronic survey. Personnel complete the assessment, anonymously, through secure online platform, self-evaluating their level of skill. Below is a high-level summary of the assessed population and response options for questions 4-40. Questions 1-3 inquired administrative demographics; years of experience, job title, and associated bureau/program the member is assigned. The remainder of the survey assessed traits and skills categorized into 8 core domains required for a competent workforce to deliver the 10 essential services of Public Health.

Number of respondents: 343

Number of outliers: 1

2018 Population Assessed: 342

Days of assessment: September 4th-24th, 2018

Question Scale:

Please use the following scale to answer the questions below:  
1=None (I am unaware, or have very little knowledge of the item)  
2=Aware (I have heard of it; limited knowledge and/or ability to apply the skill)  
3=Knowledgeable (I am comfortable with knowledge or ability to apply the skill)  
4=Proficient (I am very comfortable, an expert; could teach this to others)

Assessment Layout:

Assessment results were analyzed accordingly:

1. Allegheny County Health Department, Overall

2. By Years of Experience

3. By Job Title

4. By Bureau

5. By Program

Items 1-3 were analyzed by overall domain average. A comparative analysis was conducted from the baseline survey in 2014 to current 2018 results. Findings are categorized by overall domain average, for assessed skill and average response within the respective domain. Items 4 and 5 compared 2014 to 2018 by domain only. 2018 assessment findings were further extrapolated by question as it relates to job title.

Level of significance:

Character icons used in this document provide a visual aid which are indicative of defined levels of significance.

|  |  |
| --- | --- |
| Icon | Significance |
| Line Arrow: StraightArrow: Clockwise curve | Net positive change from 2014-2018, >0.001% |
| Repeat | Net negative change from 2014-2018, 0.000-4.999% |
| Line Arrow: StraightArrow: Clockwise curve | Net negative change from 2014-2018, >/=5.000% |

Chapter 1: Allegheny County Health Department Overview

The following is a performance breakout of the Core Competency Assessment conducted at the Allegheny County Health Department (ACHD) in Pittsburgh, Pennsylvania administered September 10-24th, 2018.

Results are 2018 survey responses in comparison to the baseline survey conducted from June 30, 2014-August 1, 2014.

Section 1: Overall performance results of ACHD.

Average Domain Response of the Allegheny County Health Department 2018 progress compared to baseline 2014 assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| Domain | 2014 Response | 2018 Response | Trend |
| ACHD Overall Domain 1 | 2.538 | 2.767 | Arrow: Clockwise curve |
| ACHD Overall Domain 2 | 2.727 | 2.895 | Arrow: Clockwise curve |
| ACHD Overall Domain 3 | 2.715 | 2.983 | Arrow: Clockwise curve |
| ACHD Overall Domain 4 | 2.771 | 2.971 | Arrow: Clockwise curve |
| ACHD Overall Domain 5 | 2.479 | 2.662 | Arrow: Clockwise curve |
| ACHD Overall Domain 6 | 2.408 | 2.546 | Arrow: Clockwise curve |
| ACHD Overall Domain 7 | 2.496 | 2.622 | Arrow: Clockwise curve |
| ACHD Overall Domain 8 | 2.624 | 2.817 | Arrow: Clockwise curve |

Section 1.1: 2018 Identified Gaps: Allegheny County Health Department Overall

Below are identified gaps identified from 2018 survey results. The identified gaps in competencies can be used to guide future workforce development and training at the Allegheny County Health Department.

Section 1.2: Allegheny County Health Department Overall Performance by Domain

Domain 1: Analytical/Assessment Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Describe a community's overall level of health and the factors that affect community health (e.g. quality, availability of health services, economic circumstances, environment) | 2.395 | 2.62 | Line Arrow: Straight |
| Identify sources of reliable public health data and information | 2.429 | 2.67 | Line Arrow: Straight |
| Use information technology (e.g. computers, data bases) and other appropriate tools to collect, store, and use data and information. | 2.839 | 3.009 | Line Arrow: Straight |
| Describe the use of data that measure public health conditions. | 2.283 | 2.509 | Line Arrow: Straight |
| Collect, use, and share data and information in an ethical manner. | 2.745 | 3.026 | Line Arrow: Straight |

Domain 2: Policy Development/Programming Planning Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Gather information that can be used for policy decisions in your program (e.g. health information, fiscal information). | 2.568 | 2.731 | Line Arrow: Straight |
| Understand laws, regulations, and policies relevant to your work at the health department (e.g. HIPAA). | 3.006 | 3.187 | Line Arrow: Straight |
| Describe how policy can influence public health programs (e.g. funding, legal regulations). | 2.416 | 2.594 | Line Arrow: Straight |
| Identify ways to improve the quality and effectiveness of your work. | 2.918 | 3.067 | Line Arrow: Straight |

Domain 3: Communication Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Identify the health literacy (understanding of health - related terms) of the populations your program serves. | 2.549 | 2.851 | Line Arrow: Straight |
| Communicate clearly and with cultural understanding in writing, speaking, and through other formats (e.g. community presentations, webinars). | 2.64 | 2.936 | Line Arrow: Straight |
| Use good communication skills with individuals and within groups (e.g conflict resolution, active listening, risk communication). | 2.957 | 3.161 | Line Arrow: Straight |

Domain 4: Cultural Competency Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Recognize that cultural, social, and behavioral factors impact how people access and use public health services. | 2.765 | 2.95 | Line Arrow: Straight |
| Describe the need for a diverse public health workforce. | 2.673 | 2.918 | Line Arrow: Straight |
| Work to interact effectively with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). | 2.945 | 3.123 | Line Arrow: Straight |
| Respond to the diverse needs that might result from cultural differences. | 2.703 | 2.892 | Line Arrow: Straight |

Domain 5: Community Dimensions of Practice Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Identify stakeholders (people or organizations) and community assets that can help your program. | 2.358 | 2.561 | Line Arrow: Straight |
| Collaborate with the community and encourage community involvement within your program. | 2.459 | 2.573 | Line Arrow: Straight |
| Describe the role of governmental and non - governmental organizations in the delivery of public health services. | 2.336 | 2.579 | Line Arrow: Straight |
| Inform the population your program serves about policies, programs, and resources. | 2.761 | 2.933 | Line Arrow: Straight |

Domain 6: Public Health Science Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Recognize the Core Public Health Functions and the Ten Essential Services of Public Health. | 2.151 | 2.418 | Line Arrow: Straight |
| Follow laws and procedures for the ethical conduct of research (e.g. HIPAA). | 2.292 | 3.137 | Line Arrow: Straight |
| Biostatistics | 2.63 | 2.263 | Line Arrow: Straight |
| Epidemiology | 2.366 | 2.424 | Line Arrow: Straight |
| Environmental Health | 2.305 | 2.801 | Line Arrow: Straight |
| Health Services Administration | 2.291 | 2.383 | Line Arrow: Straight |
| Social and Behavioral Health Sciences | 2.832 | 2.395 | Line Arrow: Straight |

Domain 7: Financial Planning and Management Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Follow all Allegheny County Health Department policies. | 2.422 | 2.526 | Line Arrow: Straight |
| Describe the roles of local, state, and federal public health agencies. | 2.948 | 3.073 | Line Arrow: Straight |
| Identify potential funding sources (e.g.  grants) that can help your program deliver services. | 2.018 | 2.079 | Line Arrow: Straight |
| Prioritize tasks in order to operate within your program's budget. | 2.453 | 2.582 | Line Arrow: Straight |
| Use feedback (individual and program) to improve performance. | 2.709 | 2.851 | Line Arrow: Straight |
| Report program performance. | 2.428 | 2.62 | Line Arrow: Straight |

Domain 8: Leadership and Systems Thinking Skills

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **2014 Response** | **2018 Response** | **Trend** |
| Recognize factors (both within and outside the health department) that affect the delivery of the Ten Essential Services of Public Health. | 2.153 | 2.284 | Line Arrow: Straight |
| Interact in a professional manner with organizations, communities, and individuals. | 3.086 | 3.254 | Line Arrow: Straight |
| Describe how public health operates within a larger social, political, and economic environment. | 2.379 | 2.67 | Line Arrow: Straight |
| Participate in trainings and educational opportunities for personal and professional development. | 2.878 | 3.058 | Line Arrow: Straight |

Section 2: Results categorized by Years of Experience, ACHD Overall

2.1 Average Domain Response by Years of Experience

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 | Trend | 2014 | 2018 | Trend | 2014 | 2018 | Trend | 2014 | 2018 | Trend |
| Years | ***0-5yrs*** | ***0-5yrs*** |  | ***6-10yrs*** | ***6-10yrs*** |  | ***10-20yrs*** | ***10-20yrs*** |  | ***20+yrs*** | ***20+yrs*** |  |
| Domain 1 | 2.660 | 2.892 | Arrow: Clockwise curve | 2.545 | 2.710 | Arrow: Clockwise curve | 2.397 | 2.537 | Arrow: Clockwise curve | 2.444 | 2.603 | Arrow: Clockwise curve |
| Domain 2 | 2.843 | 3.004 | Arrow: Clockwise curve | 2.772 | 2.675 | Repeat | 2.634 | 2.760 | Arrow: Clockwise curve | 2.574 | 2.809 | Arrow: Clockwise curve |
| Domain 3 | 2.916 | 3.121 | Arrow: Clockwise curve | 2.681 | 2.883 | Arrow: Clockwise curve | 2.575 | 2.729 | Arrow: Clockwise curve | 2.534 | 2.823 | Arrow: Clockwise curve |
| Domain 4 | 2.988 | 3.158 | Arrow: Clockwise curve | 2.812 | 2.813 | Arrow: Clockwise curve | 2.561 | 2.656 | Arrow: Clockwise curve | 2.548 | 2.750 | Arrow: Clockwise curve |
| Domain 5 | 2.640 | 2.741 | Arrow: Clockwise curve | 2.496 | 2.638 | Arrow: Clockwise curve | 2.360 | 2.474 | Arrow: Clockwise curve | 2.295 | 2.582 | Arrow: Clockwise curve |
| Domain 6 | 2.596 | 2.659 | Arrow: Clockwise curve | 2.367 | 2.489 | Arrow: Clockwise curve | 2.221 | 2.277 | Arrow: Clockwise curve | 2.290 | 2.449 | Arrow: Clockwise curve |
| Domain 7 | 2.641 | 2.717 | Arrow: Clockwise curve | 2.457 | 2.450 | Repeat | 2.456 | 2.431 | Repeat | 2.333 | 2.591 | Arrow: Clockwise curve |
| Domain 8 | 2.839 | 2.946 | Arrow: Clockwise curve | 2.641 | 2.694 | Arrow: Clockwise curve | 2.465 | 2.594 | Arrow: Clockwise curve | 2.385 | 2.676 | Arrow: Clockwise curve |

Section 2.2 Allegheny County Health Department Performance by Domain Years of Experience

**DOMAIN 1**

Domain 1: Analytical/Assessment Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 1 | Describe a community's overall level of health and the factors that affect community health (e.g. quality, availability of health services, economic circumstances, environment) |
| 2 | Identify sources of reliable public health data and information |
| 3 | Use information technology (e.g. computers, data bases) and other appropriate tools to collect, store, and use data and information. |
| 4 | Describe the use of data that measure public health conditions. |
| 5 | Collect, use, and share data and information in an ethical manner. |

Domain 1: Analytical/Assessment Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 1 | 2.444 | 2.716 | Line Arrow: Straight | 2.478 | 2.525 | Line Arrow: Straight | 2.276 | 2.521 | Line Arrow: Straight | 2.333 | 2.469 | Line Arrow: Straight |
| 2 | 2.556 | 2.763 | Line Arrow: Straight | 2.362 | 2.650 | Line Arrow: Straight | 2.362 | 2.500 | Line Arrow: Straight | 2.333 | 2.531 | Line Arrow: Straight |
| 3 | 3.000 | 3.142 | Line Arrow: Straight | 2.826 | 2.975 | Line Arrow: Straight | 2.638 | 2.771 | Line Arrow: Straight | 2.744 | 2.813 | Line Arrow: Straight |
| 4 | 2.355 | 2.611 | Line Arrow: Straight | 2.333 | 2.525 | Line Arrow: Straight | 2.190 | 2.146 | Repeat | 2.192 | 2.469 | Line Arrow: Straight |
| 5 | 2.944 | 3.226 | Line Arrow: Straight | 2.725 | 2.875 | Line Arrow: Straight | 2.517 | 2.750 | Line Arrow: Straight | 2.615 | 2.734 | Line Arrow: Straight |

**DOMAIN 2**

Domain 2: Policy Development/Programming Planning Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 6 | Gather information that can be used for policy decisions in your program (e.g. health information, fiscal information). |
| 7 | Understand laws, regulations, and policies relevant to your work at the health department (e.g. HIPAA). |
| 8 | Describe how policy can influence public health programs (e.g. funding, legal regulations). |
| 9 | Identify ways to improve the quality and effectiveness of your work. |

Domain 2: Policy Development/Programming Planning Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 6 | 2.653 | 2.868 | Line Arrow: Straight | 2.652 | 2.500 | Line Arrow: Straight | 2.448 | 2.563 | Line Arrow: Straight | 2.449 | 2.594 | Line Arrow: Straight |
| 7 | 3.145 | 3.268 | Line Arrow: Straight | 3.072 | 2.975 | Repeat | 2.879 | 3.083 | Line Arrow: Straight | 2.821 | 3.156 | Line Arrow: Straight |
| 8 | 2.565 | 2.689 | Line Arrow: Straight | 2.449 | 2.400 | Repeat | 2.397 | 2.458 | Line Arrow: Straight | 2.167 | 2.531 | Line Arrow: Straight |
| 9 | 3.008 | 3.189 | Line Arrow: Straight | 2.913 | 2.825 | Repeat | 2.810 | 2.938 | Line Arrow: Straight | 2.859 | 2.953 | Line Arrow: Straight |

**DOMAIN 3**

Domain 3: Communication Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 10 | Identify the health literacy (understanding of health - related terms) of the populations your program serves. |
| 11 | Communicate clearly and with cultural understanding in writing, speaking, and through other formats (e.g. community presentations, webinars). |
| 12 | Use good communication skills with individuals and within groups (e.g. conflict resolution, active listening, risk communication). |

Domain 3: Communication Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 10 | 2.610 | 2.963 | Line Arrow: Straight | 2.594 | 2.750 | Line Arrow: Straight | 2.448 | 2.646 | Line Arrow: Straight | 2.487 | 2.734 | Line Arrow: Straight |
| 11 | 2.943 | 3.089 | Line Arrow: Straight | 2.551 | 2.850 | Line Arrow: Straight | 2.431 | 2.604 | Line Arrow: Straight | 2.397 | 2.781 | Line Arrow: Straight |
| 12 | 3.195 | 3.311 | Line Arrow: Straight | 2.899 | 3.050 | Line Arrow: Straight | 2.845 | 2.938 | Line Arrow: Straight | 2.718 | 2.953 | Line Arrow: Straight |

**DOMAIN 4**

Domain 4: Cultural Competency Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 13 | Recognize that cultural, social, and behavioral factors impact how people access and use public health services. |
| 14 | Describe the need for a diverse public health workforce. |
| 15 | Work to interact effectively with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). |
| 16 | Respond to the diverse needs that might result from cultural differences. |

Domain 4: Cultural Competency Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  |  | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 13 | 2.951 | 3.137 | Line Arrow: Straight | 2.812 | 2.825 | Line Arrow: Straight | 2.561 | 2.604 | Line Arrow: Straight | 2.577 | 2.734 | Line Arrow: Straight |
| 14 | 2.935 | 3.100 | Line Arrow: Straight | 2.681 | 2.775 | Line Arrow: Straight | 2.404 | 2.563 | Line Arrow: Straight | 2.449 | 2.734 | Line Arrow: Straight |
| 15 | 3.146 | 3.337 |  | 2014 | 2.875 | Line Arrow: Straight | 2.737 | 2.833 | Line Arrow: Straight | 2.705 | 2.859 | Line Arrow: Straight |
| 16 | 2.919 | 3.058 | Line Arrow: Straight | 2.725 | 2.775 | Line Arrow: Straight | 2.544 | 2.625 | Line Arrow: Straight | 2.462 | 2.672 | Line Arrow: Straight |

**DOMAIN 5**

Domain 5: Community Dimensions of Practice Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 17 | Identify stakeholders (people or organizations) and community assets that can help your program. |
| 18 | Collaborate with the community and encourage community involvement within your program. |
| 19 | Describe the role of governmental and non - governmental organizations in the delivery of public health services. |
| 20 | Inform the population your program serves about policies, programs, and resources. |

Domain 5: Community Dimensions of Practice Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 17 | 2.528 | 2.653 | Line Arrow: Straight | 2.319 | 2.550 | Line Arrow: Straight | 2.298 | 2.250 | Repeat | 2.167 | 2.531 | Line Arrow: Straight |
| 18 | 2.626 | 2.616 | Repeat | 2.493 | 2.600 | Line Arrow: Straight | 2.351 | 2.458 | Line Arrow: Straight | 2.244 | 2.516 | Line Arrow: Straight |
| 19 | 2.528 | 2.689 | Line Arrow: Straight | 2.362 | 2.600 | Line Arrow: Straight | 2.193 | 2.292 | Line Arrow: Straight | 2.115 | 2.453 | Line Arrow: Straight |
| 20 | 2.878 | 3.005 | Line Arrow: Straight | 2.812 | 2.800 | Repeat | 2.596 | 2.896 | Line Arrow: Straight | 2.654 | 2.828 | Line Arrow: Straight |

**DOMAIN 6**

Domain 6: Public Health Science Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 21 | Recognize the Core Public Health Functions and the Ten Essential Services of Public Health. |
| 22 | Follow laws and procedures for the ethical conduct of research (e.g. HIPAA). |
| 23 | Biostatistics |
| 24 | Epidemiology |
| 25 | Environmental Health |
| 26 | Health Services Administration |
| 27 | Social and Behavioral Health Sciences |

Domain 6: Public Health Science Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 21 | 2.303 | 2.479 | Line Arrow: Straight | 2.043 | 2.300 | Line Arrow: Straight | 1.982 | 2.229 | Line Arrow: Straight | 2.130 | 2.453 | Line Arrow: Straight |
| 22 | 2.496 | 3.279 | Line Arrow: Straight | 2.174 | 2.925 | Line Arrow: Straight | 2.035 | 2.938 | Line Arrow: Straight | 2.263 | 3.000 | Line Arrow: Straight |
| 23 | 2.777 | 2.337 | Line Arrow: Straight | 2.612 | 2.275 | Line Arrow: Straight | 2.564 | 2.000 | Line Arrow: Straight | 2.461 | 2.234 | Line Arrow: Straight |
| 24 | 2.512 | 2.563 | Line Arrow: Straight | 2.333 | 2.400 | Line Arrow: Straight | 2.232 | 2.021 | Line Arrow: Straight | 2.260 | 2.328 | Line Arrow: Straight |
| 25 | 2.537 | 2.884 | Line Arrow: Straight | 2.275 | 2.875 | Line Arrow: Straight | 2.070 | 2.604 | Line Arrow: Straight | 2.132 | 2.656 | Line Arrow: Straight |
| 26 | 2.488 | 2.484 | Repeat | 2.261 | 2.300 | Line Arrow: Straight | 2.123 | 2.167 | Line Arrow: Straight | 2.128 | 2.297 | Line Arrow: Straight |
| 27 | 3.057 | 2.584 | Line Arrow: Straight | 2.870 | 2.350 | Line Arrow: Straight | 2.544 | 1.979 | Line Arrow: Straight | 2.654 | 2.172 | Line Arrow: Straight |

**DOMAIN 7**

Domain 7: Financial Planning and Management Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 28 | Follow all Allegheny County Health Department policies. |
| 29 | Describe the roles of local, state, and federal public health agencies. |
| 30 | Identify potential funding sources (e.g.  grants) that can help your program deliver services. |
| 31 | Prioritize tasks in order to operate within your program's budget. |
| 32 | Use feedback (individual and program) to improve performance. |
| 33 | Report program performance. |

Domain 7: Financial Planning and Management Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 28 | 2.520 | 2.611 | Line Arrow: Straight | 2.362 | 2.400 | Line Arrow: Straight | 2.421 | 2.333 | Repeat | 2.321 | 2.500 | Line Arrow: Straight |
| 29 | 3.098 | 3.142 | Line Arrow: Straight | 2.957 | 2.875 | Repeat | 2.895 | 3.042 | Line Arrow: Straight | 2.744 | 3.016 | Line Arrow: Straight |
| 30 | 2.114 | 2.121 | Line Arrow: Straight | 2.087 | 2.050 | Repeat | 2.018 | 1.896 | Line Arrow: Straight | 1.808 | 2.109 | Line Arrow: Straight |
| 31 | 2.642 | 2.689 | Line Arrow: Straight | 2.319 | 2.375 | Line Arrow: Straight | 2.421 | 2.375 | Repeat | 2.295 | 2.547 | Line Arrow: Straight |
| 32 | 2.927 | 3.021 | Line Arrow: Straight | 2.609 | 2.600 | Repeat | 2.596 | 2.563 | Repeat | 2.538 | 2.719 | Line Arrow: Straight |
| 33 | 2.545 | 2.716 | Line Arrow: Straight | 2.406 | 2.400 | Repeat | 2.386 | 2.375 | Repeat | 2.295 | 2.656 | Line Arrow: Straight |

**DOMAIN 8**

Domain 8: Leadership and Systems Thinking Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 34 | Recognize factors (both within and outside the health department) that affect the delivery of the Ten Essential Services of Public Health. |
| 35 | Interact in a professional manner with organizations, communities, and individuals. |
| 36 | Describe how public health operates within a larger social, political, and economic environment. |
| 37 | Participate in trainings and educational opportunities for personal and professional development. |

Domain 8: Leadership and Systems Thinking Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***0-5yrs*** | ***0-5yrs*** | Trend | ***6-10yrs*** | ***6-10yrs*** | Trend | ***10-20yrs*** | ***10-20yrs*** | Trend | ***20+yrs*** | ***20+yrs*** | Trend |
| 34 | 2.358 | 2.321 | Repeat | 2.072 | 2.325 | Line Arrow: Straight | 2.070 | 2.146 | Line Arrow: Straight | 1.962 | 2.250 | Line Arrow: Straight |
| 35 | 3.325 | 3.400 | Line Arrow: Straight | 3.116 | 3.125 | Line Arrow: Straight | 2.842 | 3.063 | Line Arrow: Straight | 2.859 | 3.047 | Line Arrow: Straight |
| 36 | 2.618 | 2.805 | Line Arrow: Straight | 2.348 | 2.575 | Line Arrow: Straight | 2.228 | 2.479 | Line Arrow: Straight | 2.141 | 2.469 | Line Arrow: Straight |
| 37 | 3.057 | 3.258 | Line Arrow: Straight | 3.029 | 2.750 | Line Arrow: Straight | 2.719 | 2.688 | Repeat | 2.577 | 2.938 | Line Arrow: Straight |

Section 3: Results Categorized by Title, ACHD Overall

Section 3.1: Title Reorganization Chart

Position titles for the 2018 Core Competency Assessment were modified to more accurately reflect the hierarch of ACHD. Titles were combined in “**Group Titles**,” to allow for a comparison of both survey years.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2014 Titles** |  | **2018 Title** |  | **Group Titles** |  | **Abbreviation** |
| Administrator |  | Administrator |  | Administrator and Supervisor |  | ***A&S*** |
| Clinical/ Technical | Clerical | Clerical, technical, trades | ***CTT*** |
| Deputy Director/ Program Chief | Director, Deputy Director, Senior Leadership | Professional | ***Prof*** |
| Driver | Professional | Program Manager, Director, Dep Director, Senior Leadership | ***Mgt, SL*** |
| Professional | Program Manager |  |  |  |
|  | Supervisor |  |  |  |
|  | Technical or Trades |  |  |  |

Section 3.2: Average Domain Response by Title

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Title | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| Overall Domain 1 | 2.975 | 2.905 | Repeat | 2.141 | 2.537 | Arrow: Clockwise curve | 2.622 | 2.793 | Arrow: Clockwise curve | 3.350 | 3.161 | Arrow: Clockwise curve |
| Overall Domain 2 | 3.141 | 3.085 | Repeat | 2.343 | 2.590 | Arrow: Clockwise curve | 2.808 | 2.967 | Arrow: Clockwise curve | 3.542 | 3.234 | Arrow: Clockwise curve |
| Overall Domain 3 | 3.031 | 3.195 | Arrow: Clockwise curve | 2.252 | 2.648 | Arrow: Clockwise curve | 2.875 | 3.106 | Arrow: Clockwise curve | 3.194 | 3.151 | Repeat |
| Overall Domain 4 | 3.032 | 3.196 | Arrow: Clockwise curve | 2.406 | 2.688 | Arrow: Clockwise curve | 2.878 | 3.056 | Arrow: Clockwise curve | 3.438 | 3.105 | Arrow: Clockwise curve |
| Overall Domain 5 | 2.976 | 2.900 | Repeat | 1.985 | 2.370 | Arrow: Clockwise curve | 2.595 | 2.661 | Arrow: Clockwise curve | 3.417 | 3.177 | Arrow: Clockwise curve |
| Overall Domain 6 | 2.664 | 2.701 | Arrow: Clockwise curve | 2.071 | 2.300 | Arrow: Clockwise curve | 2.486 | 2.591 | Arrow: Clockwise curve | 3.298 | 2.876 | Arrow: Clockwise curve |
| Overall Domain 7 | 2.925 | 2.851 | Repeat | 2.126 | 2.367 | Arrow: Clockwise curve | 2.556 | 2.589 | Arrow: Clockwise curve | 3.486 | 3.172 | Arrow: Clockwise curve |
| Overall Domain 8 | 3.016 | 2.973 | Repeat | 2.156 | 2.493 | Arrow: Clockwise curve | 2.741 | 2.893 | Arrow: Clockwise curve | 3.625 | 3.274 | Arrow: Clockwise curve |

**DOMAIN 1**

Domain 1: Analytical/Assessment Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 1 | Describe a community's overall level of health and the factors that affect community health (e.g. quality, availability of health services, economic circumstances, environment) |
| 2 | Identify sources of reliable public health data and information |
| 3 | Use information technology (e.g. computers, data bases) and other appropriate tools to collect, store, and use data and information. |
| 4 | Describe the use of data that measure public health conditions. |
| 5 | Collect, use, and share data and information in an ethical manner. |

Domain 1: Analytical/Assessment Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 1 | 2.781 | 2.738 | Repeat | 2.000 | 2.426 | Line Arrow: Straight | 2.478 | 2.623 | Line Arrow: Straight | 3.333 | 3.032 | Line Arrow: Straight |
| 2 | 3.000 | 2.785 | Line Arrow: Straight | 2.010 | 2.426 | Line Arrow: Straight | 2.495 | 2.696 | Line Arrow: Straight | 3.333 | 3.161 | Line Arrow: Straight |
| 3 | 3.156 | 3.108 | Repeat | 2.606 | 2.843 | Line Arrow: Straight | 2.871 | 3.036 | Line Arrow: Straight | 3.417 | 3.258 | Repeat |
| 4 | 2.781 | 2.692 | Repeat | 1.808 | 2.241 | Line Arrow: Straight | 2.392 | 2.514 | Line Arrow: Straight | 3.167 | 3.032 | Repeat |
| 5 | 3.156 | 3.200 | Line Arrow: Straight | 2.283 | 2.750 | Line Arrow: Straight | 2.871 | 3.094 | Line Arrow: Straight | 3.500 | 3.323 | Line Arrow: Straight |

**DOMAIN 2**

Domain 2: Policy Development/Programming Planning Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 6 | Gather information that can be used for policy decisions in your program (e.g. health information, fiscal information). |
| 7 | Understand laws, regulations, and policies relevant to your work at the health department (e.g. HIPAA). |
| 8 | Describe how policy can influence public health programs (e.g. funding, legal regulations). |
| 9 | Identify ways to improve the quality and effectiveness of your work. |

Domain 2: Policy Development/Programming Planning Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 6 | 3.031 | 3.031 | Repeat | 2.040 | 2.324 | Line Arrow: Straight | 2.704 | 2.768 | Line Arrow: Straight | 3.583 | 3.355 | Line Arrow: Straight |
| 7 | 3.281 | 3.277 | Repeat | 2.737 | 2.981 | Line Arrow: Straight | 3.065 | 3.297 | Line Arrow: Straight | 3.583 | 3.226 | Line Arrow: Straight |
| 8 | 3.031 | 2.862 | Line Arrow: Straight | 1.949 | 2.250 | Line Arrow: Straight | 2.489 | 2.645 | Line Arrow: Straight | 3.500 | 3.000 | Line Arrow: Straight |
| 9 | 3.219 | 3.169 | Repeat | 2.646 | 2.806 | Line Arrow: Straight | 2.973 | 3.159 | Line Arrow: Straight | 3.500 | 3.355 | Repeat |

**DOMAIN 3**

Domain 3: Communication Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 10 | Identify the health literacy (understanding of health - related terms) of the populations your program serves. |
| 11 | Communicate clearly and with cultural understanding in writing, speaking, and through other formats (e.g. community presentations, webinars). |
| 12 | Use good communication skills with individuals and within groups (e.g. conflict resolution, active listening, risk communication). |

Domain 3: Communication Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 10 | 2.906 | 3.046 | Line Arrow: Straight | 2.092 | 2.537 | Line Arrow: Straight | 2.704 | 2.986 | Line Arrow: Straight | 2.917 | 2.935 | Line Arrow: Straight |
| 11 | 2.938 | 3.169 | Line Arrow: Straight | 2.102 | 2.556 | Line Arrow: Straight | 2.828 | 3.072 | Line Arrow: Straight | 3.333 | 3.161 | Line Arrow: Straight |
| 12 | 3.250 | 3.369 | Line Arrow: Straight | 2.561 | 2.852 | Line Arrow: Straight | 3.091 | 3.261 | Line Arrow: Straight | 3.333 | 3.355 | Line Arrow: Straight |

**DOMAIN 4**

Domain 4: Cultural Competency Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 13 | Recognize that cultural, social, and behavioral factors impact how people access and use public health services. |
| 14 | Describe the need for a diverse public health workforce. |
| 15 | Work to interact effectively with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). |
| 16 | Respond to the diverse needs that might result from cultural differences. |

Domain 4: Cultural Competency Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 13 | 3.000 | 3.123 | Line Arrow: Straight | 2.398 | 2.667 | Line Arrow: Straight | 2.876 | 3.029 | Line Arrow: Straight | 3.417 | 3.226 | Line Arrow: Straight |
| 14 | 3.032 | 3.169 | Line Arrow: Straight | 2.347 | 2.620 | Line Arrow: Straight | 2.731 | 2.957 | Line Arrow: Straight | 3.500 | 3.258 | Line Arrow: Straight |
| 15 | 3.226 | 3.323 | Line Arrow: Straight | 2.531 | 2.861 | Line Arrow: Straight | 3.075 | 3.225 | Line Arrow: Straight | 3.583 | 3.161 | Line Arrow: Straight |
| 16 | 2.871 | 3.169 | Line Arrow: Straight | 2.347 | 2.602 | Line Arrow: Straight | 2.828 | 3.014 | Line Arrow: Straight | 3.250 | 2.774 | Line Arrow: Straight |

**DOMAIN 5**

Domain 5: Community Dimensions of Practice Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 17 | Identify stakeholders (people or organizations) and community assets that can help your program. |
| 18 | Collaborate with the community and encourage community involvement within your program. |
| 19 | Describe the role of governmental and non - governmental organizations in the delivery of public health services. |
| 20 | Inform the population your program serves about policies, programs, and resources. |

Domain 5: Community Dimensions of Practice Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 17 | 2.968 | 2.877 | Repeat | 1.806 | 2.185 | Line Arrow: Straight | 2.478 | 2.529 | Line Arrow: Straight | 3.417 | 3.355 | Repeat |
| 18 | 2.968 | 2.846 | Repeat | 1.929 | 2.315 | Line Arrow: Straight | 2.586 | 2.551 | Repeat | 3.500 | 3.000 | Line Arrow: Straight |
| 19 | 2.839 | 2.723 | Repeat | 1.878 | 2.315 | Line Arrow: Straight | 2.435 | 2.580 | Line Arrow: Straight | 3.250 | 3.194 | Repeat |
| 20 | 3.129 | 3.154 | Line Arrow: Straight | 2.327 | 2.667 | Line Arrow: Straight | 2.882 | 2.986 | Line Arrow: Straight | 3.500 | 3.161 | Line Arrow: Straight |

**DOMAIN 6**

Domain 6: Public Health Science Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 21 | Recognize the Core Public Health Functions and the Ten Essential Services of Public Health. |
| 22 | Follow laws and procedures for the ethical conduct of research (e.g. HIPAA). |
| 23 | Biostatistics |
| 24 | Epidemiology |
| 25 | Environmental Health |
| 26 | Health Services Administration |
| 27 | Social and Behavioral Health Sciences |

Domain 6: Public Health Science Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 21 | 2.419 | 2.569 | Line Arrow: Straight | 1.853 | 2.250 | Line Arrow: Straight | 2.188 | 2.377 | Line Arrow: Straight | 3.250 | 2.871 | Line Arrow: Straight |
| 22 | 2.548 | 3.215 | Line Arrow: Straight | 1.865 | 2.944 | Line Arrow: Straight | 2.419 | 3.210 | Line Arrow: Straight | 3.083 | 3.323 | Line Arrow: Straight |
| 23 | 2.742 | 2.400 | Line Arrow: Straight | 2.211 | 2.000 | Line Arrow: Straight | 2.773 | 2.333 | Line Arrow: Straight | 3.500 | 2.581 | Line Arrow: Straight |
| 24 | 2.677 | 2.615 | Repeat | 2.062 | 2.120 | Line Arrow: Straight | 2.416 | 2.493 | Line Arrow: Straight | 3.250 | 2.774 | Line Arrow: Straight |
| 25 | 2.613 | 2.954 | Line Arrow: Straight | 1.948 | 2.500 | Line Arrow: Straight | 2.398 | 2.899 | Line Arrow: Straight | 2.917 | 3.097 | Line Arrow: Straight |
| 26 | 2.742 | 2.523 | Line Arrow: Straight | 1.898 | 2.204 | Line Arrow: Straight | 2.344 | 2.362 | Line Arrow: Straight | 3.500 | 2.806 | Line Arrow: Straight |
| 27 | 2.903 | 2.631 | Line Arrow: Straight | 2.663 | 2.083 | Line Arrow: Straight | 2.860 | 2.464 | Line Arrow: Straight | 3.583 | 2.677 | Line Arrow: Straight |

**DOMAIN 7**

Domain 7: Financial Planning and Management Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 28 | Follow all Allegheny County Health Department policies. |
| 29 | Describe the roles of local, state, and federal public health agencies. |
| 30 | Identify potential funding sources (e.g.  grants) that can help your program deliver services. |
| 31 | Prioritize tasks in order to operate within your program's budget. |
| 32 | Use feedback (individual and program) to improve performance. |
| 33 | Report program performance. |

Domain 7: Financial Planning and Management Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 28 | 2.871 | 2.754 | Repeat | 2.000 | 2.204 | Line Arrow: Straight | 2.511 | 2.551 | Line Arrow: Straight | 3.333 | 3.065 | Line Arrow: Straight |
| 29 | 3.194 | 3.123 | Repeat | 2.653 | 2.954 | Line Arrow: Straight | 3.032 | 3.101 | Line Arrow: Straight | 3.417 | 3.258 | Repeat |
| 30 | 2.419 | 2.308 | Repeat | 1.673 | 1.861 | Line Arrow: Straight | 2.070 | 2.007 | Repeat | 3.000 | 2.677 | Line Arrow: Straight |
| 31 | 3.000 | 2.815 | Line Arrow: Straight | 2.071 | 2.380 | Line Arrow: Straight | 2.473 | 2.471 | Repeat | 3.833 | 3.290 | Line Arrow: Straight |
| 32 | 3.161 | 3.092 | Repeat | 2.306 | 2.546 | Line Arrow: Straight | 2.785 | 2.870 | Line Arrow: Straight | 3.667 | 3.323 | Line Arrow: Straight |
| 33 | 2.903 | 3.015 | Line Arrow: Straight | 2.051 | 2.259 | Line Arrow: Straight | 2.468 | 2.536 | Line Arrow: Straight | 3.667 | 3.419 | Line Arrow: Straight |

**DOMAIN 8**

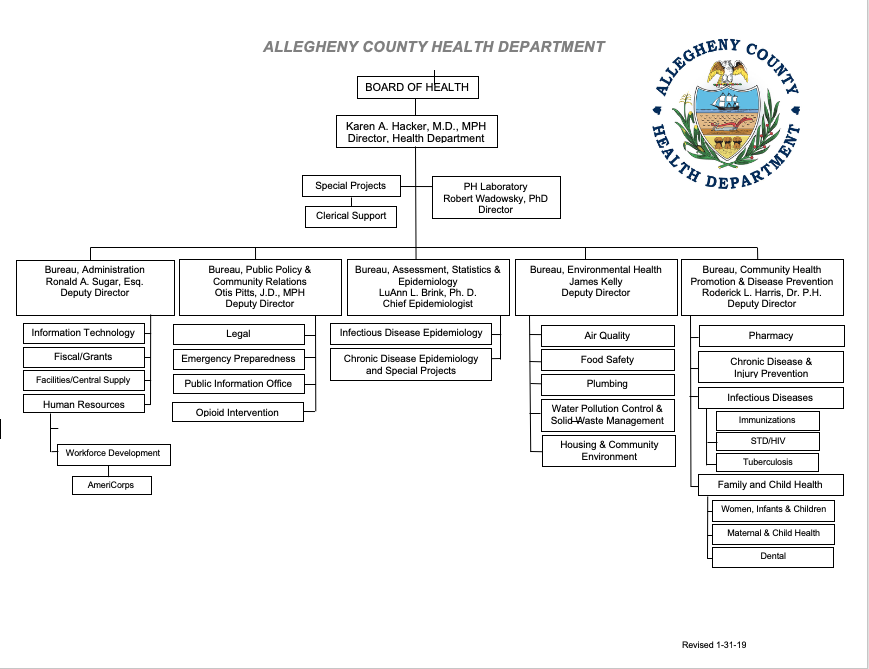
Domain 8: Leadership and Systems Thinking Skills ***Questions***

|  |  |
| --- | --- |
| **Reference** | **Question** |
| 34 | Recognize factors (both within and outside the health department) that affect the delivery of the Ten Essential Services of Public Health. |
| 35 | Interact in a professional manner with organizations, communities, and individuals. |
| 36 | Describe how public health operates within a larger social, political, and economic environment. |
| 37 | Participate in trainings and educational opportunities for personal and professional development. |

Domain 8: Leadership and Systems Thinking Skills ***Results***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  | 2014 | 2018 |  |
| Question | ***A&S*** | ***A&S*** | Trend | ***CTT*** | ***CTT*** | Trend | ***Prof*** | ***Prof*** | Trend | ***Mgt, SL*** | ***Mgt, SL*** | Trend |
| 34 | 2.516 | 2.400 | Repeat | 1.776 | 2.037 | Line Arrow: Straight | 2.215 | 2.297 | Line Arrow: Straight | 3.333 | 2.839 | Line Arrow: Straight |
| 35 | 3.355 | 3.431 | Line Arrow: Straight | 2.612 | 2.935 | Line Arrow: Straight | 3.242 | 3.341 | Line Arrow: Straight | 3.833 | 3.613 | Line Arrow: Straight |
| 36 | 2.903 | 2.846 | Repeat | 1.857 | 2.296 | Line Arrow: Straight | 2.489 | 2.768 | Line Arrow: Straight | 3.583 | 3.161 | Line Arrow: Straight |
| 37 | 3.290 | 3.215 | Repeat | 2.378 | 2.704 | Line Arrow: Straight | 3.016 | 3.167 | Line Arrow: Straight | 3.750 | 3.484 | Line Arrow: Straight |

* + - * 1. Allegheny County Organizational Chart



* + - * 1. Core Competency Survey Questions

|  |  |  |
| --- | --- | --- |
| **Core Competency Survey Questions** | | |
| **ACHD Demographic Questions** | | |
| A | 1 | |  | | --- | | In what ACHD program do you work? | |
| A | 2 | Which of the following best describes you job duties? |
| A | 3 | How many years have you been working in your current position? |
| **Domain 1 Analytical/ Assessment Skills** | | |
| D1 | 1 | Describe a community's overall level of health and the factors that affect community health (e.g. quality, availability of health services, economic circumstances, environment) |
| D1 | 2 | Identify sources of reliable public health data and information |
| D1 | 3 | Use information technology (e.g. computers, data bases) and other appropriate tools to collect, store, and use data and information. |
| D1 | 4 | Describe the use of data that measure public health conditions. |
| D1 | 5 | Collect, use, and share data and information in an ethical manner. |
| **Domain 2: Policy Development/Programming Planning Skills** | | |
| D2 | 6 | Gather information that can be used for policy decisions in your program (e.g. health information, fiscal information). |
| D2 | 7 | Understand laws, regulations, and policies relevant to your work at the health department (e.g. HIPAA). |
| D2 | 8 | Describe how policy can influence public health programs (e.g. funding, legal regulations). |
| D2 | 9 | Identify ways to improve the quality and effectiveness of your work. |
| **Domain 3: Communication Skills** | | |
| D3 | 10 | Identify the health literacy (understanding of health - related terms) of the populations your program serves. |
| D3 | 11 | Communicate clearly and with cultural understanding in writing, speaking, and through other formats (e.g. community presentations, webinars). |
| D3 | 12 | Use good communication skills with individuals and within groups (e.g. conflict resolution, active listening, risk communication). |
| **Domain 4: Cultural Competency Skills** | | |
| D4 | 13 | Recognize that cultural, social, and behavioral factors impact how people access and use public health services. |
| D4 | 14 | Describe the need for a diverse public health workforce. |
| D4 | 15 | Work to interact effectively with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities). |
| D4 | 16 | Respond to the diverse needs that might result from cultural differences. |
| **Domain 5: Community Dimensions of Practice Skills** | | |
| D5 | 17 | Identify stakeholders (people or organizations) and community assets that can help your program. |
| D5 | 18 | Collaborate with the community and encourage community involvement within your program. |
| D5 | 19 | Describe the role of governmental and non - governmental organizations in the delivery of public health services. |
| D5 | 20 | Inform the population your program serves about policies, programs, and resources. |
| **Domain 6: Public Health Science Skills** | | |
| D6 | 21 | Recognize the Core Public Health Functions and the Ten Essential Services of Public Health. |
| D6 | 22 | Follow laws and procedures for the ethical conduct of research (e.g. HIPAA). |
| D6 | 23.1 | Biostatistics |
| D6 | 23.2 | Epidemiology |
| D6 | 23.3 | Environmental Health |
| D6 | 23.4 | Health Services Administration |
| D6 | 23.5 | Social and Behavioral Health Sciences |
| **Domain 7: Financial Planning and Management Skills** | | |
| D7 | 24 | Follow all Allegheny County Health Department policies. |
| D7 | 25 | Describe the roles of local, state, and federal public health agencies. |
| D7 | 26 | Identify potential funding sources (e.g.  grants) that can help your program deliver services. |
| D7 | 27 | Prioritize tasks in order to operate within your program's budget. |
| D7 | 28 | Use feedback (individual and program) to improve performance. |
| D7 | 29 | Report program performance. |
| **Domain 8: Leadership and Systems Thinking Skills** | | |
| D8 | 30 | Recognize factors (both within and outside the health department) that affect the delivery of the Ten Essential Services of Public Health. |
| D8 | 31 | Interact in a professional manner with organizations, communities, and individuals. |
| D8 | 32 | Describe how public health operates within a larger social, political, and economic environment. |
| D8 | 33 | Participate in trainings and educational opportunities for personal and professional development. |

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1. Graphic design of Figure 2, Ten Essential Services of Public Health was created by the Allegheny County Health Department, Pittsburgh Pa. [↑](#footnote-ref-1)