Introduction

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of foundational skills for the broad practice of public health, as defined by the 10 Essential Public Health Services (EPHS). To ensure that the Core Competencies help build the skills necessary for the delivery of these services, the current version of the Core Competencies (2014) was mapped with the current version of the EPHS (2020) to illustrate the relationships between the two frameworks.

About the Core Competencies

The Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations.

The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals. The domains are **Analytical/Assessment Skills**; **Policy Development/Program Planning Skills**; **Communication Skills**; **Cultural Competency Skills**; **Community Dimensions of Practice Skills**; **Public Health Sciences Skills**; **Financial Planning and Management Skills**; and **Leadership and Systems Thinking Skills**.

Tiers	Description
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.

Presently, the Core Competencies are being reviewed and revised to help ensure they continue to meet the needs of the public health workforce. It is anticipated the revised version of the Core Competencies will be released in October 2021.

About the 10 EPHS

The 10 EPHS provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. The services are:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

The full text of the current 10 EPHS is listed in the Appendix at the end of this document.

The Futures Initiative: the 10 Essential Public Health Services
Alignment between the 10 Essential Public Health Services and the Core Competencies for Public Health Professionals
March 2021

Core Competency	10 EPHS									
1: Analytical/Assessment Skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1A1/1B1/1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	•	•	•	•	•	•	•	•	•	
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	•	•							•	
1B2/1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	•	•			•				•	
1A3/1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	•	•							•	
1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	•	•							•	
1A4/1B4/1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	•	•	•							
1A5. Selects valid and reliable data	•	•							•	
1B5. Analyzes the validity and reliability of data	•	•							•	
1C5. Evaluates the validity and reliability of data	•	•							•	
1A6. Selects comparable data (e.g., data being age- adjusted to the same year, data variables across datasets having similar definitions)	•	•							•	
1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	•	•							•	
1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	•	•							•	
1A7. Identifies gaps in data	•	•							•	
1B7/1C7. Resolves gaps in data	•	•							•	
1A8/1B8. Collects valid and reliable quantitative and qualitative data	•	•					•	•	•	
1C8. Ensures collection of valid and reliable quantitative and qualitative data	•	•					•	•	•	
1A9. Describes public health applications of quantitative and qualitative data	•	•							•	
1B9. Analyzes quantitative and qualitative data	•	•							•	
1C9. Determines trends from quantitative and qualitative data	•	•	•		•	•		•	•	
1A10. Uses quantitative and qualitative data	•	•							•	
1B10. Interprets quantitative and qualitative data	•	•							•	

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The Futures Initiative: the 10 Essential Public Health Services
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March 2021

Core Competency	10 EPHS									
1: Analytical/Assessment Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)	•	•			•		•	•	•	
1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	•	•							•	
1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	•	•	•	•	•		•		•	
1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	•	•	•	•	•	•	•	•	•	
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	•	•	•	•	•	•	•	•	•	
1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	•	•	•	•	•	•	•	•	•	
1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	•	•	•	•	•	•	•	•	•	
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	•	•	•						•	
1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	•	•				•				
1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources	•	•	•			•				
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making			•	•	•	•	•	•	•	
1B14/1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)		•	•	•	•	•	•	•	•	
1B15/1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)			•	•	•		•	•	•	
2: Policy Development/Program Planning Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)	•	•	•	•			•		•	

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March 2021

Core Competency	10 EPHS									
2: Policy Development/Program Planning Skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)	•	•	•	•	•		•	•	•	•
2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)	•	•	•	•	•		•	•	•	•
2A2. Contributes to development of program goals and objectives					•			•	•	•
2B2. Develops program goals and objectives	•	•			•			•	•	•
2C2. Develops organizational goals and objectives	•	•			•			•	•	•
2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)			•					•		•
2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)			•		•		•	•		•
2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization	•	•	•				•	•	•	•
2A4. Contributes to implementation of organizational strategic plan			•					•		•
2B4. Implements organizational strategic plan			•					•		•
2C4. Monitors implementation of organizational strategic plan			•		•		•	•		•
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	•	•		•	•				•	
2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	•	•		•	•				•	
2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning	•	•	•	•	•	•	•	•	•	•
2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	•	•	•	•	•			•		
2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	•	•	•	•	•			•		
2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	•	•	•	•	•	•	•	•		•
2A7. Describes implications of policies, programs, and services		•	•	•	•		•	•	•	

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Core Competency	10 EPHS									
2: Policy Development/Program Planning Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services		•	•	•	•		•	•	•	
2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	•	•	•	•	•		•	•	•	
2A8/2B9. Implements policies, programs, and services	•	•	•	•	•	•	•	•		
2B8. Recommends policies, programs, and services for implementation	•	•	•	•	•	•	•	•		
2C8. Selects policies, programs, and services for implementation	•	•	•	•	•	•	•	•		
2A9/2B10/2C11. Explains the importance of evaluations for improving policies, programs, and services		•			•			•	•	
2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations			•	•	•	•	•	•		
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	•	•			•		•	•	•	
2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)	•	•	•	•	•	•	•		•	
2A11. Applies strategies for continuous quality improvement	•	•	•	•	•	•	•	•	•	
2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	•	•			•		•	•	•	
2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	•	•	•		•	•	•	•	•	
2B12. Implements strategies for continuous quality improvement	•	•	•	•	•	•	•	•	•	
2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)		•			•		•	•	•	
2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	•	•			•	•	•	•	•	•
2C13. Develops strategies for continuous quality improvement	•	•	•	•	•	•	•	•	•	
2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	•	•			•	•	•	•	•	•
3: Communications Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	•	•	•	•		•	•	•	•	•
3B1. Assesses the health literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	•	•	•	•		•	•	•	•	•

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Core Competency	10 EPHS									
3: Communications Skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services	•	•	•	•	•	•	•	•	•	•
3A2/3B2/3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)		•	•	•	•	•	•	•	•	•
3A3/3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community- based organizations, various populations served) for improving the health of a community	•		•	•	•	•	•	•	•	•
3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community- based organizations, various populations served) for improving the health of a community	•		•	•	•	•	•	•	•	•
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	•	•	•	•	•				•	•
3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	•	•	•	•	•		•	•	•	•
3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	•	•	•	•	•		•	•	•	•
3A5/3B5/3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)		•	•	•	•	•	•	•	•	•
3A6/3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)		•	•	•	•	•	•	•	•	•
3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	•	•	•	•	•	•	•	•	•	•
3A7/3B7/3C7. Facilitates communication among individuals, groups, and organizations		•	•	•	•		•	•	•	•
3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community		•	•	•	•	•	•	•	•	•
3B8/3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community		•	•	•	•	•	•	•	•	•
4: Cultural Competency Skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
4A1/4B1/4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	•	•	•	•	•	•	•	•	•	•
4A2/4B2/4C2. Describes the diversity of individuals and populations in a community	•	•	•	•	•	•	•	•	•	•

Core Competency	10 EPHS									
4: Cultural Competency Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community			•	•	•		•		•	•
4B3/4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community			•	•	•		•		•	•
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	•	•	•	•	•	•	•	•	•	•
4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	•	•	•	•	•	•	•	•	•	•
4C4 Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	•	•	•	•	•	•	•	•	•	•
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	•	•	•	•	•	•	•	•	•	•
4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	•	•	•	•	•	•	•	•	•	•
4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community	•	•	•	•	•	•	•	•	•	•
4A6. Describes the effects of policies, programs, and services on different populations in a community	•	•	•	•	•	•	•	•	•	•
4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)	•	•	•	•	•	•	•	•	•	•
4C6. Evaluates the effects of policies, programs, and services on different populations in a community	•	•	•	•	•	•	•	•	•	•
4A7/4B7. Describes the value of a diverse public health workforce	•	•	•	•	•	•	•	•	•	•
4C7. Demonstrates the value of a diverse public health workforce	•	•	•	•	•	•	•	•	•	•
4B8. Advocates for a diverse public health workforce			•	•	•	•	•	•	•	•
4C8. Takes measures to support a diverse public health workforce	•	•	•	•	•	•	•	•	•	•
5: Community Dimensions of Practice Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
5A1. Describes the programs and services provided by governmental and non- governmental organizations to improve the health of a community	•	•	•	•	•	•	•	•	•	
5B1. Distinguishes the roles and responsibilities of governmental and non- governmental organizations in providing programs and services to improve the health of a community	•	•	•	•	•	•	•	•	•	
5C1. Assesses the roles and responsibilities of governmental and non- governmental organizations in providing programs and services to improve the health of a community	•	•	•	•	•	•	•	•	•	•
5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	•	•	•	•	•		•		•	

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The Futures Initiative: the 10 Essential Public Health Services
Alignment between the 10 Essential Public Health Services and the Core Competencies for Public Health Professionals
March 2021

Core Competency	10 EPHS									
5: Community Dimensions of Practice Skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	•	•	•	•	•		•		•	•
5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	•	•	•	•	•		•		•	•
5A3/5B3/5C3. Suggests relationships that may be needed to improve health in community	•	•	•	•	•		•	•	•	•
5A4. Supports relationships that improve health in a community	•	•	•	•	•		•	•		•
5B4/5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)			•	•	•		•	•		•
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	•	•	•	•	•		•	•	•	•
5B5/5C5. Maintains relationships that improve health in a community	•	•	•	•	•		•	•		•
5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	•	•	•	•	•	•	•		•	
5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	•	•	•	•	•		•		•	•
5C6. Establishes written agreements (e.g., memoranda-of- understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships	•	•	•	•	•		•		•	•
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services		•		•	•	•		•		
5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	•	•	•	•	•	•	•		•	
5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	•	•	•	•	•	•	•		•	
5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	•	•		•			•		•	•
5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	•	•		•	•		•		•	
5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services	•	•		•	•		•		•	
5A9. Informs the public about policies, programs, and resources that improve health in a community			•	•	•	•				

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The Futures Initiative: the 10 Essential Public Health Services
Alignment between the 10 Essential Public Health Services and the Core Competencies for Public Health Professionals
March 2021

Core Competency	10 EPHS									
5: Community Dimensions of Practice Skills	1	2	3	4	5	6	7	8	9	10
5B9. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	•	•		•			•		•	•
5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community				•	•	•	•	•		•	•
5A10. Describes the importance of community-based participatory research				•	•					
5B10. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	•			•	•	•	•		•	•
5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	•			•	•	•	•		•	•
5B11. Collaborates in community- based participatory research				•	•	•		•		•	
5C11. Engages the organization in community-based participatory research				•	•	•		•		•	
6: Public Health Sciences Skills	1	2	3	4	5	6	7	8	9	10
6A1. Describes the scientific foundation of the field of public health			•					•	•	•
6B1. Discusses the scientific foundation of the field of public health			•					•	•	•
6C1. Critiques the scientific foundation of the field of public health			•					•	•	•
6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)								•	•	
6B2. Distinguishes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)				•				•	•	
6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)				•				•	•	
6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services				•				•	•	•
6B3. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services	•	•						•	•	•

The Futures Initiative: the 10 Essential Public Health Services
Alignment between the 10 Essential Public Health Services and the Core Competencies for Public Health Professionals
March 2021

Core Competency	10 EPHS									
6: Public Health Sciences Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services	•	•						•	•	•
6A4/6B5. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report*) to support decision making	•	•			•			•	•	
6A4/6B5. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report*) to support decision making	•	•			•			•	•	
6B4. Applies public health sciences in the administration and management of programs	•	•	•	•	•	•	•		•	•
6C4. Applies public health sciences in the administration and management of the organization	•	•	•	•	•	•	•	•	•	•
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	•	•						•		
6C5. Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report*) to support decision making	•				•			•	•	
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services		•			•				•	
6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	•	•							•	
6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	•	•							•	
6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)					•	•			•	
6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	•	•			•				•	
6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services	•	•			•				•	
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	•	•	•					•	•	
6B8. Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)					•	•			•	
6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)					•	•			•	
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)				•					•	•

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Core Competency	10 EPHS									
6: Public Health Sciences Skills	1	2	3	4	5	6	7	8	9	10
6B9/6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	•	•	•					•	•	
6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)				•	•				•	•
6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	•	•	•	•	•		•	•	•	•
7: Financial Planning and Management Skills	1	2	3	4	5	6	7	8	9	10
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations			•					•	•	•
7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations			•					•	•	•
7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations	•							•	•	•
7A2. Describes government agencies with authority to impact the health of a community			•		•			•	•	•
7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	•			•	•		•	•	•	•
7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)		•	•	•	•	•	•	•	•	•
7A3. Adheres to organizational policies and procedures						•		•	•	•
7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)					•	•		•	•	•
7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)					•	•		•	•	•
7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)			•					•	•	•
7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)			•					•	•	•
7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services						•	•	•	•	•
7A5. Contributes to development of program budgets	•	•								
7B5. Justifies programs for inclusion in organizational budgets	•	•	•	•	•	•	•	•	•	•
7C5. Determines priorities for organizational budgets	•	•	•	•	•	•	•	•	•	•

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The Futures Initiative: the 10 Essential Public Health Services

Alignment between the 10 Essential Public Health Services and the Core Competencies for Public Health Professionals
March 2021

Core Competency	10 EPHS									
7: Financial Planning and Management Skills	1	2	3	4	5	6	7	8	9	10
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	•	•		•	•		•	•	•	•
7B6. Develops program budgets	•	•								
7C6. Develops organizational budgets	•	•	•	•	•	•	•	•	•	•
7A7. Provides information for development of contracts and other agreements for programs and services				•	•	•				
7B7. Defends program budgets			•		•	•			•	•
7C7. Defends organizational budgets	•	•	•	•	•	•	•	•	•	•
7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)						•			•	•
7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	•	•	•	•	•		•	•	•	
7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)	•	•	•	•	•		•	•	•	
7A9. Operates programs within budget						•				•
7B9. Negotiates contracts and other agreements for programs and services			•	•	•	•				
7C9. Approves contracts and other agreements for programs and services				•	•	•				
7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)	•	•	•	•	•		•	•	•	
7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)						•			•	•
7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)						•			•	•
7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	•	•	•	•	•		•	•	•	•
7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting, and retaining staff)						•		•	•	•
7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting, and retaining staff)						•		•	•	•
7A12/7B14. Uses evaluation results to improve program and organizational performance	•	•			•	•		•	•	•
7B12/7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)	•	•	•	•	•		•	•	•	•
7A13. Describes program performance standards and measures			•					•	•	
7B13/7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	•	•	•	•	•		•	•	•	

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The Futures Initiative: the 10 Essential Public Health Services
Alignment between the 10 Essential Public Health Services and the Core Competencies for Public Health Professionals
March 2021

Core Competency	10 EPHS									
7: Financial Planning and Management Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
7A14/7B16/7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	•	•	•	•	•	•	•	•	•	•
7C14. Oversees the use of evaluation results to improve program and organizational performance	•	•	•	•	•	•	•	•	•	•
7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying, and incorporating performance standards and measures, training staff to use system)	•	•	•	•	•	•	•	•	•	•
7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)	•	•	•	•	•	•	•	•	•	•
8: Leadership and Systems Thinking Skills	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
8A1/8B1/8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	•	•	•	•	•	•	•	•	•	•
8A2/8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels			•	•	•	•	•	•		•
8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels			•	•	•	•	•	•		•
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community			•	•	•	•	•	•		•
8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community			•	•	•	•	•	•		•
8C3. Creates opportunities for organizations to work together or individually to improve the health of a community			•	•	•	•	•	•		•
8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence, and innovation)	•	•	•	•	•	•	•	•	•	•
8B4/8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence, and innovation)	•	•	•	•	•	•	•	•	•	•
8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	•	•	•	•	•	•	•	•	•	
8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	•	•	•	•	•	•	•	•	•	•

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Core Competency	10 EPHS									
8: Leadership and Systems Thinking Skills	1	2	3	4	5	6	7	8	9	10
8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	•	•	•	•	•	•	•	•	•	•
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)			•					•	•	•
8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)					•			•	•	•
8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)					•			•	•	•
8A7. Participates in professional development opportunities								•	•	•
8B7. Ensures use of professional development opportunities by individuals and teams					•			•	•	•
8C7. Ensures use of professional development opportunities throughout the organization					•			•	•	•
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices			•	•	•	•				•
8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)			•	•	•	•		•	•	•
8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)			•	•	•	•		•	•	•
8A9. Describes ways to improve individual and program performance								•	•	•
8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	•	•	•	•	•	•	•	•	•	•
8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	•	•	•	•	•	•	•	•	•	•
8B10/8C10. Advocates for the role of public health in providing population health services			•		•		•	•	•	•

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Appendix: 10 Essential Public Health Services Framework

EPHS #1: Assess and monitor population health status, factors that influence health, and community needs and assets.
− Maintaining an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
− Using data and information to determine the root causes of health disparities and inequities
− Working with the community to understand health status, needs, assets, key influences, and narrative
− Collaborating and facilitating data sharing with partners, including multi-sector partners
− Using innovative technologies, data collection methods, and data sets
− Utilizing various methods and technology to interpret and communicate data to diverse audiences
− Analyzing and using disaggregated data (e.g., by race) to track issues and inform equitable action
− Engaging community members as experts and key partners
EPHS #2: Investigate, diagnose, and address health problems and hazards affecting the population.
− Anticipating, preventing, and mitigating emerging health threats through epidemiologic identification
− Monitoring real-time health status and identifying patterns to develop strategies to address chronic diseases and injuries
− Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards
− Using public health laboratory capabilities and modern technology to conduct rapid screening and high-volume testing
− Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status
− Identifying, analyzing, and distributing information from new, big, and real-time data sources
EPHS #3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
− Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners
− Communicating with accuracy and necessary speed
− Using appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations
− Developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials
− Employing the principles of risk communication, health literacy, and health education to inform the public, when appropriate
− Actively engaging in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies
− Ensuring public health communications and education efforts are asset-based when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations
EPHS #4: Strengthen, support, and mobilize communities and partnerships to improve health.
− Convening and facilitating multi-sector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.)
− Fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population
− Authentically engaging with community members and organizations to develop public health solutions
− Learning from, and supporting, existing community partnerships and contributing public health expertise

EPHS #5: Create, champion, and implement policies, plans, and laws that impact health.
– Developing and championing policies, plans, and laws that guide the practice of public health
– Examining and improving existing policies, plans, and laws to correct historical injustices
– Ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health
– Providing input into policies, plans, and laws to ensure that health impact is considered
– Continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience
– Collaborating with all partners, including multi-sector partners, to develop and support policies, plans, and laws
– Working across partners and with the community to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans
EPHS #6: Utilize legal and regulatory actions designed to improve and protect the public's health.
– Ensuring that applicable laws are equitably applied to protect the public's health
– Conducting enforcement activities that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
– Licensing and monitoring the quality of healthcare services (e.g., laboratory, nursing homes, and home healthcare)
– Reviewing new drug, biologic, and medical device applications
– Licensing and credentialing the healthcare workforce
– Including health considerations in laws from other sectors (e.g., zoning)
EPHS #7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
– Connecting the population to needed health and social services that support the whole person, including preventive services
– Ensuring access to high-quality and cost-effective healthcare and social services, including behavioral and mental health services, that are culturally and linguistically appropriate
– Engaging health delivery systems to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health
– Addressing and removing barriers to care
– Building relationships with payers and healthcare providers, including the sharing of data across partners to foster health and well-being
– Contributing to the development of a competent healthcare workforce
EPHS #8: Build and support a diverse and skilled public health workforce.
– Providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills
– Ensuring that the public health workforce is the appropriate size to meet the public's needs
– Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility
– Incorporating public health principles in non-public health curricula
– Cultivating and building active partnerships with academia and other professional training programs and schools to assure community-relevant learning experiences for all learners
– Promoting a culture of lifelong learning in public health
– Building a pipeline of future public health practitioners
– Fostering leadership skills at all levels

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EPHS #9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
– Building and fostering a culture of quality in public health organizations and activities
– Linking public health research with public health practice
– Using research, evidence, practice-based insights, and other forms of information to inform decision-making
– Contributing to the evidence base of effective public health practice
– Evaluating services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm
– Establishing and using engagement and decision-making structures to work with the community in all stages of research
– Valuing and using qualitative, quantitative, and lived experience as data and information to inform decision-making
EPHS #10: Build and maintain a strong organizational infrastructure for public health
– Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)
– Ensuring that appropriate, needed resources are allocated equitably for the public's health
– Exhibiting effective and ethical leadership, decision-making, and governance
– Managing financial and human resources effectively
– Employing communications and strategic planning capacities and skills
– Having robust information technology services that are current and meet privacy and security standards
– Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice

Refer to this Glossary of Terms for definitions on some of the terms used in the 10 EPHS.

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