

Public Health Law Competency Model: Version 1.0



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April 2016

CDC's Public Health Law Program (PHLP) created the Public Health Law Competency Model (PHLCM), Version 1.0, to provide a framework for the knowledge, skills, and abilities expected of entry-level, supervisory, and executive-level public health practitioners in public health law. Competencies are the building blocks upon which assessments of professional development are based. A competency model is a list of statements, often organized into groupings or domains, attributable to satisfactory or exceptional employee performance.

Currently, the types of institutions offering these public health law training and educational programs vary, and their programs differ in the objectives, quality, and outcomes expected of participants. As the number of organizations offering public health law training grows, and as the breadth of law-related curricula continues to increase, PHLP is uniquely situated to engage with stakeholders across the public health law field. PHLP has led the development of a competency model based on understanding law as a tool to advance public health and as the foundation of public health practice.

The current version of the PHLCM, Version 1.0, is depicted graphically in Figure 1. The model defines competencies as the knowledge and skills workers need to perform their work—a set of attributes that workers use to accomplish their work. The PHLCM includes two domains and six competency statements and is intended to be a set of broadly accepted guidelines for minimum competencies in law needed by public health practitioners working in state, tribal, local, and territorial health departments. The PHLCM competencies are tiered to describe how each competency is demonstrated as responsibilities become more complicated and demanding or as careers advance. Table 1 describes the PHLCM's domains, tiers, competencies, key behaviors, and training topics.

The PHLCM is a user-friendly model of law-specific skills and knowledge necessary to effectively use the law in public health practice. The initiative has three main goals:

- 1) Provide a common language that demonstrates the critical relationship between law and the day-to-day practice of public health
- 2) Drive the development of public health law-related curricula
- 3) Create a tool to complement the work being done by Changelab Solutions under a CDC capacity building cooperative agreement

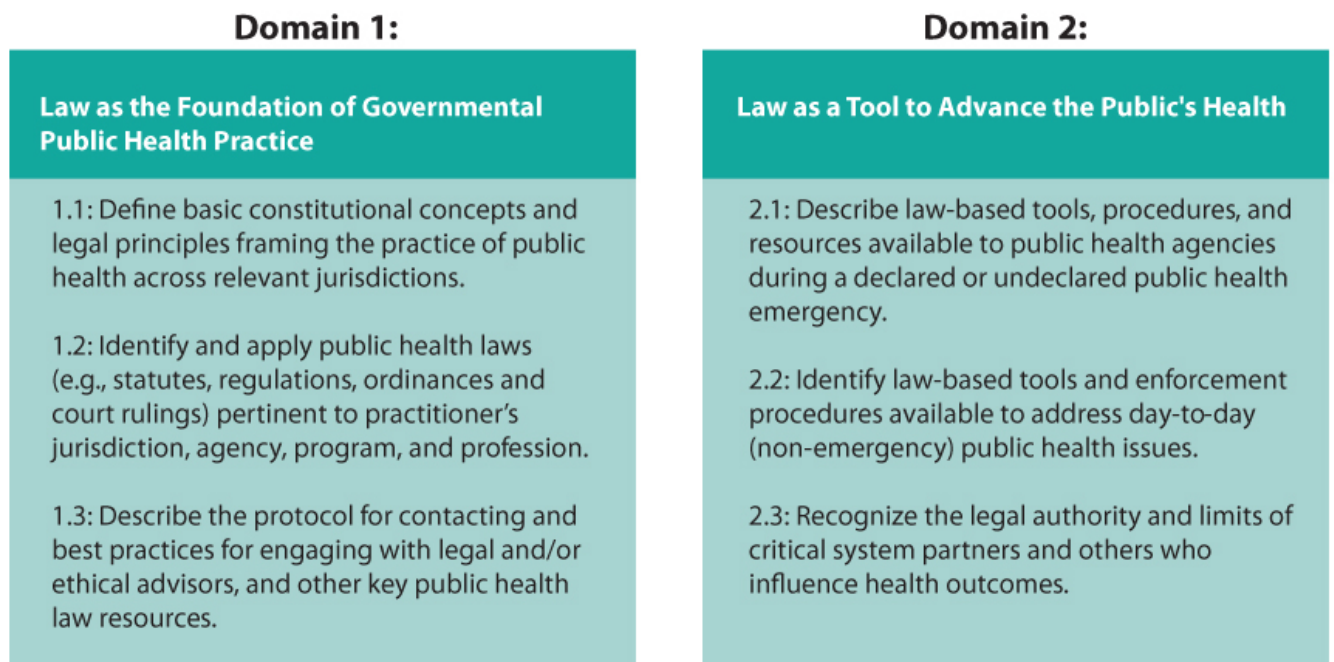
Under this umbrella cooperative agreement, ChangeLab Solutions has been tasked with developing a Public Health Law Academy (Academy). The Academy is a web-based learning portal connected to CDC TRAIN, which gives access to more than 1,300 courses developed by CDC programs, grantees, and

other funded partners. The Academy will be a central repository directing users toward innovative, interactive, high-quality, and engaging training to increase the law-related competency of the public health workforce. The PHLCM will be the standard to ensure that trainings submitted to the Academy are competency-based. The Academy is expected to be available by early 2017.

This document answers the following questions:

- How was the PHLCM developed?
- How is the PHLCM organized?
- How does the PHLCM relate to the 10 Essential Public Health Services and voluntary national accreditation?
- How will the PHLCM be used?
- What are the next steps?

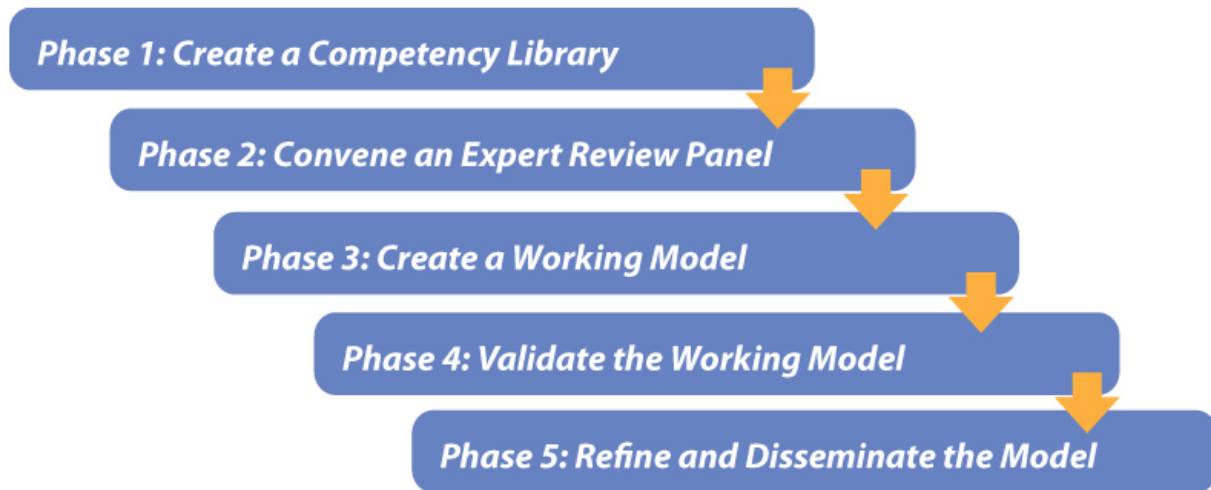
Figure 1. The Public Health Law Competency Model



How Was the PHLCM Developed?

The PHLCM developers followed best practices delineated by relevant academic and professional literature about competency modeling. A working model was developed through a deliberative process to build on and align with existing frameworks and models for competencies in the various public health professions and tracks. The project was completed over a three-year period, from 2013–2016, in the five phases presented in Figure 2.

Figure 2. Process used to develop PHLCM



Phase 1: Create a Competency Library

The first phase of the project focused on conducting a literature review of competencies from varying public health professions, as well as from medical, public health, and social science peer-reviewed journals. This included a review of existing competency statements in varying disciplines, performance benchmarks, and other related standards of performance for the public health workforce. Results of this review were compiled into a Competency Library. More than 20 competency models were identified for inclusion in the Competency Library. Appendix A lists the competency models reviewed. The final PHLCM is not limited to concepts from the Competency Library, but the library provided a common conceptual framework and helped with categorizing initial ideas about which law-based knowledge, skills, and abilities should be included in the final model.

Phase 2: Convene an Expert Review Panel

During the second phase, a 20-member multi-disciplinary, Expert Review Workgroup (ERW) was convened. See Appendix B for a list of ERW members. The ERW met monthly from April through August 2013, and guided the competency model development process. The ERW was tasked with reviewing each model and competency statement included in the Competency Library. The goal was to prioritize the relative importance of each of competency statement and delete any that were seen as unrelated to law-based knowledge, skills, and abilities, unimportant, or infrequently used in public health practice.

Phase 3: Create a Working Model

During the third phase, ERW members, competency model end users, and CDC staff participated in an iterative process to create a working draft of the competency model. ERW members used the prioritized statements from the Competency Library to identify themes that emerged and create a skeletal structure for the model. During monthly calls, ERW members offered comments about competency statements most critical to increasing the legal competency of the public health workforce.

The information was used to prepare a draft competency model including competency statements, behavioral indicators across three tiers of career development, and potential training or knowledge topics. The ERW reviewed and edited the draft model to identify key dimensions of each competency statement, develop an extensive list of knowledge and training topics associated with each competency statement, and highlight effective behavioral indicators associated with each competency statement, across each tier. The two guiding questions during this phase were 1) Do the statements accurately portray law-based knowledge, skills, and abilities needed to effectively practice public health, regardless of public health subject matter? and 2) Are the statements clear and concise?

The resulting delineation of six competency statements, in two domains, were incorporated into the prototype PHLCM ultimately shared for piloting and validation.

Phase 4: Validate the Working Model

The purpose of the validation process was to verify the competency model and investigate the accuracy and relevance of the working PHLCM's content. Although the model was developed through an extensive review of the literature and based on subject matter expert (SME) input, content validation was necessary to provide additional quantitative data about the content of the model from a large sample of public health practitioners.

The Northwest Center for Public Health Practice—through a contract with ChangeLab Solutions under the umbrella cooperative agreement with CDC—validated application of the competency model to public health law-related training. In-person pilot trainings were evaluated, and key informant interviews with curriculum developers and SMEs were conducted. The evaluation's goal was to validate the extent to which application of the competency model framework assisted in the development and delivery of law-related curriculum and increased the self-reported competency of the participants. Key informant interviews were conducted to solicit feedback from scholars on the competency model's structure and framework and identify gaps. The validation's findings demonstrate that the competencies provide a good framework for improving the relevance of public health law-related training in the workplace and improving the consistency of training outcomes. The three recommendations from the validation process (i.e., use plain language, provide guidance on use, and track the ongoing use to ensure all competencies are being applied) have been incorporated in the new draft attached herein or will be monitored going forward via the Public Health Law Academy.

Phase 5: Refine and Disseminate the Model

The model was refined using the validation results and input from SMEs and target users. The results of the validation phase provided evidence that the six competency statements in the PHLCM provide a good framework for which to improve the relevance of public health law training opportunities. One

key recommendation from an SME included drafting competency statements that are succinct and written to ensure they can be used by the broader public health practice community.

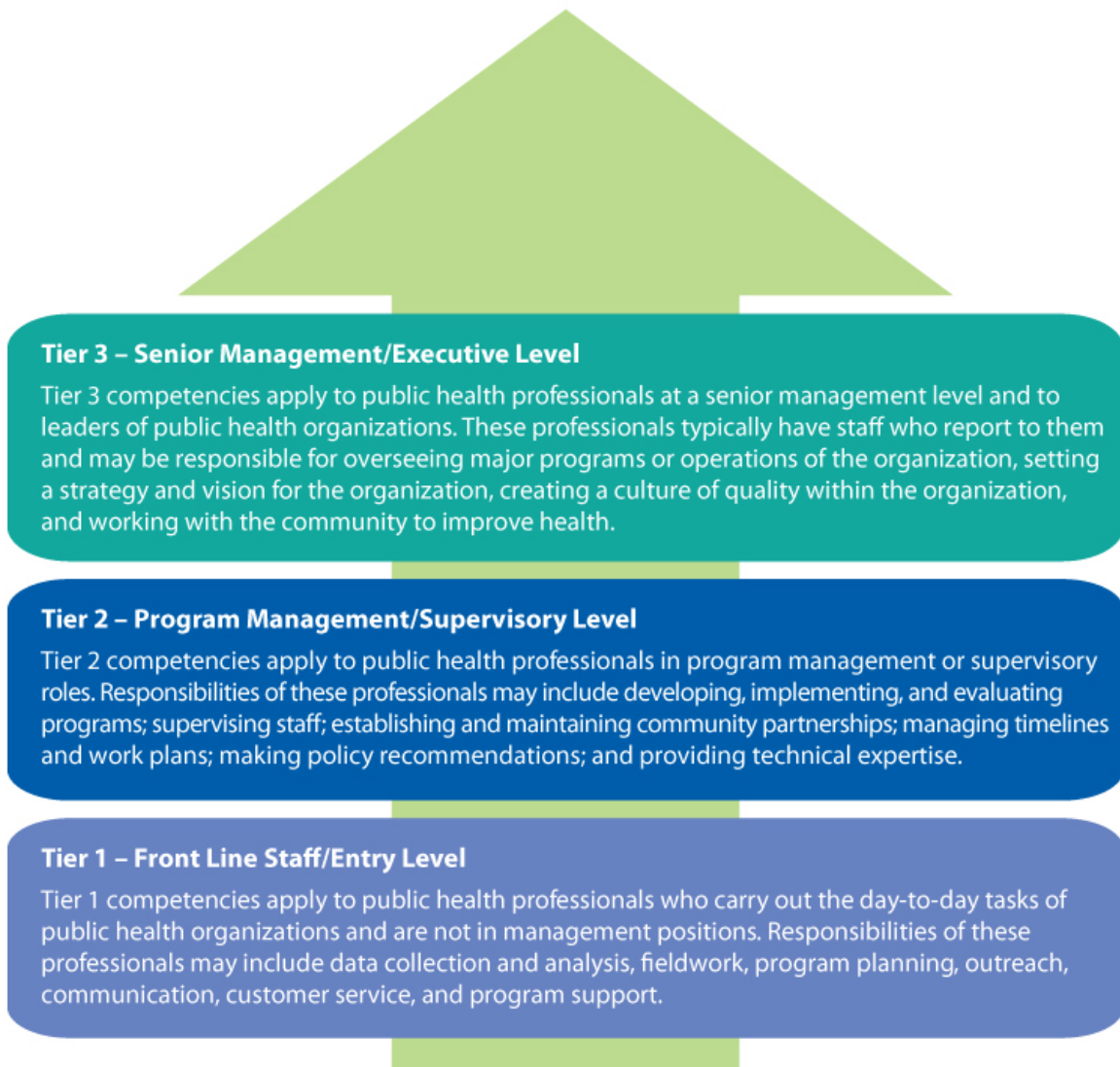
The PHLCM was revised to reflect this and other recommendations. Before finalizing the model for dissemination, the refined model was shared with stakeholders who provided input during each phase of the model development. The final vetting of the PHLCM was conducted by a team of reviewers from CDC's Office for State, Tribal, Local and Territorial Support and from partner organizations, including the Association for State and Territorial Health Officials, the American Public Health Association, the National Conference of State Legislatures, the National Association of County and City Health Officials, ChangeLab Solutions, and the Network for Public Health Law.

How Is the PHLCM Organized?

The competencies are organized into two major categories or domains: 1) Foundational Public Health Law and 2) Law as Public Health Tool. The Foundational Public Health Law domain includes statements related to public health authority and sources of law and includes information about seeking legal advice. The Law as a Public Health Tool domain focuses on knowledge of law-based tools and resources used by public health officials to promote and protect the public's health.

The organization of the PHLCM in three tiers of career development reflects three distinct stages of public health career development as defined by the Public Health Foundation's Council on Linkages; it provides a guide to identify appropriate competencies for the relevant career stage. The three tiers of career development, as defined in Figure 3, are meant to build on each other and describe law-based knowledge and skills necessary for practitioners at progressive stages of their careers. Key behaviors are also offered to reflect each competency statement, across each tier. Key behaviors are those associated with each competency that the most competent public health practitioners will use while performing their jobs.

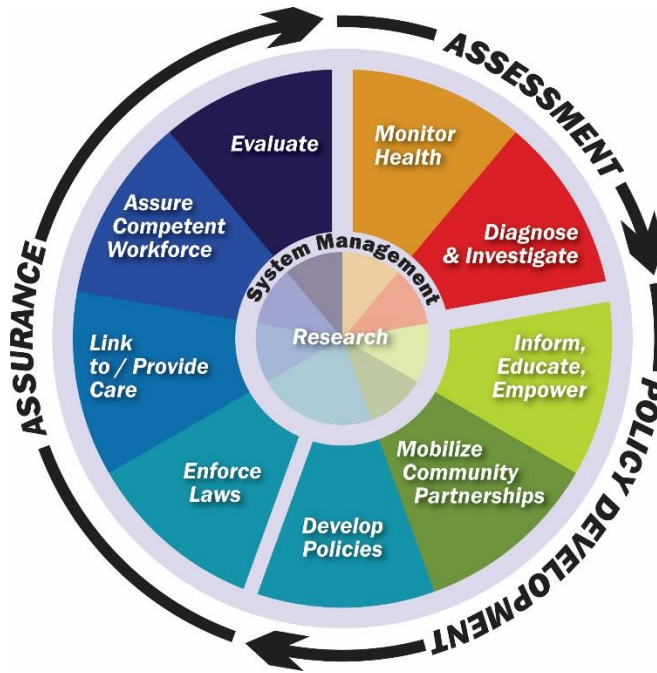
Figure 3: Three Tiers of Career Development in Public Health Practice



How Do the Public Health Law Competencies Relate to the 10 Essential Public Health Services and Voluntary Accreditation?

The public health system performs the three functions of assessment, policy development, and assurance by delivering 10 Essential Public Health Services to citizens (Figure 4). The Public Health Law Competency Model can help state, tribal, local, and territorial public health agencies provide the services that are concerned with developing policies and plans (#5), enforcing laws and regulations that protect health and ensure safety (#6), ensuring a competent workforce (#8), and evaluating the effectiveness, accessibility, and quality of personal and population based health services (#9). Public health practitioners who become proficient in the public health law competencies will be able to assess problems that need a policy or legal solution and will have the necessary skills to propose solutions grounded in law. With these skills, practitioners working in public health agencies will be able to help those agencies demonstrate staff competence for using law as a tool to advance public health.

Figure 4. 10 Essential Public Health Services



Understanding law and policy is also critical to the nation’s efforts to support public health department accreditation. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. The Public Health Accreditation Board’s process seeks to advance quality and performance within all state, tribal, local, and territorial health departments by outlining standards that are grouped in 11 domains and that define the expectations for health departments seeking to become accredited. The PHLCM can advance accreditation goals as agencies seeking accreditation consider the standards under Domain 6, which expressly focuses on understanding and enforcing public health laws. Standard 6.2 specifically requires that health departments seeking accreditation “educate individuals and organizations on the meaning, purpose, and benefit of public health laws, and how to comply.” Practitioners who lead accreditation efforts for their jurisdiction should find the PHLCM useful for ensuring that public health law-related training and educational efforts are competency based.

How Will the PHLCM Be Used?

Ideally, public health practitioners in the field will use the PHLCM to 1) identify skill and competency gaps more efficiently; 2) incorporate elements of public health law into existing and future public health law curricula; 3) recruit, select, and evaluate performance more effectively; and 4) develop career ladders, employee development/training plans, and position descriptions. In addition to graduate schools of public health and law, it is also anticipated that faculty and students in schools across a broad range of institutions—including schools of international relations/affairs, business schools, schools of information, and other health professions’ schools, such as those in medicine and nursing—will find value in this competency model.

What Are the Next Steps?

This is a living document that describes the competencies in law needed by public health practitioners to do their work effectively. Input, evaluation, and feedback from end users is critical to ensuring that the PHLCM becomes a valuable tool that meets the needs of an evolving public health workforce. The next steps are to

- Disseminate the model
- Develop competency-based training opportunities to reach federal, state, local, tribal, and territorial public health practitioners
- Develop the Public Health Law Academy

PHLP is seeking opportunities to expand the model's use and welcomes discussion of collaborative projects. The PHLCM can also be used to initiate conversations and reflection about essential law based knowledge, skills, and abilities in public health practice across career stages and across public health professions.

Acknowledgments and Disclaimers

This document was developed by Montrece McNeill Ransom, JD, MPH, team lead for Public Health Law Training and Workforce Development, with PHLP within the CDC's Office for State, Tribal, Local and Territorial Support. For further assistance with the PHLCM, please contact PHLP at phlawprogram@cdc.gov. PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with questions regarding the application of law to a specific circumstance. The findings and conclusions in this summary are those of the authors and do not necessarily represent the official views of CDC.

Table 1. Public Health Law Competency Model, Version 1.0: Domains, Competencies, Key Behaviors, and Training Topics

Domain 1: Law as the Foundation of Governmental Public Health Practice

| Competency Statement 1.1: Define basic constitutional concepts and legal principles framing the practice of public health across relevant jurisdictions | | |
|--|--|---|
| Tier 1: Entry Level | Tier 2: Supervisory | Tier 3: Executive |
| <ul style="list-style-type: none"> Describes the public health laws and regulations governing public health program and related practices | <ul style="list-style-type: none"> Manages public health programs and practices in a way that is consistent with public health laws and regulations | <ul style="list-style-type: none"> Ensures public health programs and agency practices are consistent with public health laws and regulations |
| <p><i>Training toward this competency might address</i></p> <ul style="list-style-type: none"> Legal framework for US public health practice Constitutional rights implicated through public health practice such as equal protection Federalism, preemption, and police powers Sources of civil versus criminal law exposure in public health practice Federal Indian law principles (sovereignty, trust responsibility, etc.) Privacy and confidentiality Local, state, and federal legislative process Rule-making roles and processes | | |
| Competency Statement 1.2: Identify and apply public health laws (e.g., statutes, regulations, ordinances, and court rulings) pertinent to practitioner's jurisdiction, agency, program, and profession | | |
| Tier 1: Entry Level | Tier 2: Supervisory | Tier 3: Executive |
| <ul style="list-style-type: none"> Describe public health authority and the limits on that authority relevant to the practitioner's scope of work Apply basic provisions of the state and local health code within a particular area of practice | <ul style="list-style-type: none"> Describe jurisdictional public health authority and the limits on that authority Apply basic provisions of the state and local health code within a particular area of practice | <ul style="list-style-type: none"> Describe jurisdictional public health authority and limits on that authority Establish public health programs and agency practices that are consistent with laws and regulations Apply public health authority to advance public health goals and improve community health status |
| <p><i>Training toward this competency might address</i></p> <ul style="list-style-type: none"> Major federal, state, and local statutes, case law, regulations, and executive orders Laws and regulations related to public health financing, data collection, sharing, reporting, and anti-lobbying Impact of social, economic, and legislative changes on federal and state health programs Manage and implement programs and practices that are consistent with public health laws and regulations Basic provisions of the governmental unit's health code and regulations within the particular area of practice Evaluation of the impact of law and legal interventions Social determinants of health Social justice/equity Distinction between general and specific public health authority | | |
| Competency Statement 1.3: Describe the protocol for contacting and best practices for engaging with legal and/or ethical advisors, and other key public health law resources | | |
| Tier 1: Entry Level | Tier 2: Supervisory | Tier 3: Executive |
| <ul style="list-style-type: none"> Follow protocols for contacting and engaging with public health legal counsel and other public health law resources | <ul style="list-style-type: none"> Communicate and manage protocols for contacting and engaging public health legal counsel and other public health law resources | <ul style="list-style-type: none"> Establish and maintain protocols, in consultation with legal counsel, for contacting and engaging public health legal counsel and other public health law resources |
| <p><i>Training toward this competency might address</i></p> <ul style="list-style-type: none"> Working legally at a local, state, or federal public health agency Preparing for and/or avoiding litigation Articulating public health objectives and framing legal questions | | |

Domain 2: Law as a Tool to Advance the Public’s Health

| Competency Statement 2.1: Describe law-based tools, procedures, and resources available to public health agencies during a declared or undeclared public health emergency | | |
|--|--|---|
| Tier 1: Entry Level | Tier 2: Supervisory | Tier 3: Executive |
| <ul style="list-style-type: none"> Apply relevant legal information, tools, procedures, and remedies, including injunctions, closing orders, and abatement orders | <ul style="list-style-type: none"> Manage changes in authority during a declared emergency Communicate legal authority and procedures to emergency response partners | <ul style="list-style-type: none"> Issue, and work with partners to enforce, relevant orders during a public health emergency Manage emergency preparedness programs that are consistent with relevant federal and state laws and regulations, and local ordinances and policies |
| <p><i>Training toward this competency might address</i></p> <ul style="list-style-type: none"> Use of injunctions, closing orders, or abatement orders in an emergency Searches, seizures, and destruction of property for public health purposes during a public health emergency Authorities related to the distribution and dispensation of medical supplies during a public health emergency Social distancing, evacuation, quarantine and isolation orders, closure of public places, and curfews State and federal laws related to preparing for and responding to public health emergencies Changes in legal landscape upon declaration of an emergency | | |
| Competency Statement 2.2: Identify law-based tools and enforcement procedures available to address day-to-day (non-emergency) public health issues | | |
| Tier 1: Entry Level | Tier 2: Supervisory | Tier 3: Executive |
| <ul style="list-style-type: none"> Describe how law and legal practices contribute to the current health status of the population Apply legal tools and enforcement mechanisms that aim to advance jurisdictional public health goals | <ul style="list-style-type: none"> Apply legal tools to address jurisdictional public health goals and program priorities Manage the application of selected legal interventions and enforcement mechanisms, and ensure they are consistent with current science, and federal and state laws | <ul style="list-style-type: none"> Implement the use of legal tools to address specific public health goals within the agency’s legal authority, jurisdiction, and operational plan Issue, and work with partners to develop practical and legally sustainable enforcement strategies |
| <p><i>Training toward this competency might address</i></p> <ul style="list-style-type: none"> Direct regulation of persons, professionals, and businesses How law can be used to alter the informational, socioeconomic, and built environments The US tort system Pursuing legal and administrative remedies Use of taxing and spending powers to influence public health | | |
| Competency Statement 2.3: Recognize the legal authority and limits of critical system partners and others who influence health outcomes | | |
| Tier 1: Entry Level | Tier 2: Supervisory | Tier 3: Executive |
| <ul style="list-style-type: none"> Distinguish public health agency powers and responsibilities from those of other governmental agencies, executive offices, police, legislatures, and courts | <ul style="list-style-type: none"> Distinguish public health agency powers and responsibilities from those of other governmental agencies, executive offices, police, legislatures, and courts | <ul style="list-style-type: none"> Coordinate with the legal authorities of other governmental agencies, executive offices, police, legislatures, and courts Provide guidance on current and potential political and other influences on public health programs and practice |
| <p><i>Training toward this competency might address</i></p> <ul style="list-style-type: none"> Communicating with legislators Education versus advocacy Urban planning Working with urban planning, transportation, and agricultural systems The judiciary and public health | | |

Appendix A: Competency Models and Performance Standards Reviewed for the Competency Library

1. American Nurses Association. [Principles of Environmental Health for Nursing Practice with Implementation Strategies](#). Updated August 2007.
2. Association of Schools and Programs of Public Health. [Masters of Global Health Competency Model](#) [website]. Updated October 31, 2011.
3. Association of Schools and Programs of Public Health. [MPH Core Competency Model](#). Updated August 2006.
4. Association of State and Territorial Dental Directors. [Competencies for State Oral Health Programs](#). Updated September 2009.
5. CDC. [Competencies for Informaticians](#). Updated September 2009.
6. CDC. Management and Program Analyst GS-343 Competencies. Atlanta GA: US Department of Health and Human Services; 2015.
7. CDC. Public Health Analyst GS-365 Competencies. Atlanta GA: US Department of Health and Human Services; 2015.
8. CDC. [Bioterrorism and Emergency Readiness: Competencies for All Public Health Workers](#). Updated November 2002.
9. CDC. [Environmental Health Competency Project: Recommendation for Core Competencies for Local Environmental Health Practitioners](#). Updated May 2001.
10. CDC. Epidemiologist Positions GS-602 Competencies. Atlanta GA: US Department of Health and Human Services; 2015.
11. CDC. [Genomics Competencies for the Public Health Workforce](#). Updated December 21, 2000.
12. CDC. [Legal Preparedness for Public Health Emergencies: A Model for Minimum Competencies for Mid-Tier Public Health Professionals](#). Updated September 17, 2012.
13. Center for Law and the Public's Health. [Core Legal Competencies for Public Health Professionals](#). Updated September 7, 2001.
14. Community Health Nurses of Canada. [Public Health Nursing Discipline Specific Competencies](#). Updated May 2009.
15. US Department of Health and Human Services. [HHS Competency Framework](#) [website].
16. US Department of Health and Human Services. [The Public Health Workforce: An Agenda for the 21st Century, Statement of Competencies for the Public Health Workforce](#). Updated September 1994.
17. Minnesota Department of Health Center for Public Health Nursing. [Entry Level Population-Based Public Health Nursing Competencies](#). Updated March 2003.

18. Murphy DM, Hanchett M, Olmsted RN, et al. [Competency in infection prevention: A conceptual approach to guide current and future practice](#). *American Journal of Infection Control* 2012;40: 296–303.
19. National Association of Local Boards of Health. [Six Functions of Public Health Governance](#) [website]. Updated November 2012.
20. National Public Health Leadership Development Network. [Public Health Leadership Competency Framework](#). Updated 2005.
21. Public Health Foundation Council on Linkages Between Academia and Public Health Practice. [Core Competencies for Public Health Professionals](#) [website]. Updated June 2014.

Appendix B: Expert Review Workgroup Members and PHLP PHLCM Project Staff, April–August 2013

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