



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

Guide to Understanding and Using Chronic Disease Competencies

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PURPOSE AND CONTENTS OF THE GUIDE

This Guide to Understanding and Using Chronic Disease Competencies (the Guide) is for every person who works to support the prevention and treatment of chronic disease throughout the country, and those who educate the public and promote population-based interventions and programs that reduce the risk of chronic diseases and their effects. People new to the field will appreciate the background that the Guide provides and will certainly benefit from the ability to do self-assessments and develop one’s own individual development plan (IDP) using the data that the assessment produces. Seasoned professionals will find the information and tools useful for their own professional assessment, as well as to support their roles as managers, helping to facilitate staff reviews and team assessments in addition to supporting the development of competency-based job descriptions and interview guides for hiring to the need of the organization or position. The Guide supports your agency and you in identifying strengths and areas of potential growth, both at the individual staff level and at the team level.

This page is a snapshot of the Guide’s structure and contents, for your reference. The Guide contains the following sections:

| | |
|--|---|
| Introduction | <ul style="list-style-type: none"> ✓ Reviews the background of the NACDD Competencies, and describes activities that produced the tools described in the Guide. ✓ Describes the audience for the Guide and defines competencies. |
| The NACDD Competencies | <ul style="list-style-type: none"> ✓ Introduces the Chronic Disease Practice Competencies and presents the Chronic Disease Competencies Framework. ✓ Highlights Health Equity Competencies. ✓ Illustrates NACDD Chronic Disease Competencies in relation to other public health competencies. |
| Adopting the Competencies in your Organization | <ul style="list-style-type: none"> ✓ Provides models for agencies to use. ✓ Describes activities to guide important planning before you establish a competency-supported staffing and professional development focus. |
| Assessment for Learning and Professional Development | <ul style="list-style-type: none"> ✓ Discusses the value of self-assessment in performance improvement and individual professional development. ✓ Introduces the NACDD Chronic Disease Competencies Assessment Tool and process. ✓ Describes steps to take to construct an Individual Development Plan (IDP). |
| Assessment to Support Team Management | <ul style="list-style-type: none"> ✓ Describes the process for linking individual and manager assessments to support informed dialog, resource allocation and support for team development. ✓ Introduces the use of the Chronic Disease Competencies Assessment Tool for team review. |
| Workplace Support Tools | <ul style="list-style-type: none"> ✓ Demonstrates how the Chronic Disease Competencies Assessment Tool and its results can be used to inform job description development and interview guidance, for better hiring processes aligned with team or agency needs. ✓ Includes checklists for building job descriptions and interview guidance. |

The Guide contains information, tools and references current as of November 2018. NACDD professional development leadership will revise the Guide as more resources are made available, and as the Chronic Disease Competencies themselves undergo review, as recommended in the [2016 Report](#)

[and Recommendations](#). We also anticipate that the Guide will be converted to a web-based tool to support professional development for all NACDD members.

We include resources to assist with the use of the Chronic Disease Competencies in [Appendix I](#).

INTRODUCTION

The Guide's Foundations:

The NACDD Core Competencies for Chronic Disease Professionals

The National Association of Chronic Disease Directors (NACDD) has a consistent history of supporting competencies for chronic disease professionals. In early 2007, NACDD developed and standardized a set of competencies that professionals in chronic disease prevention and control should have ([Slonim, 2010](#)). The Chronic Disease Competencies came out of an iterative, member-driven process, and seven competency areas emerged: *Build Support, Design and Evaluate Programs, Influence Policies and Systems Change, Lead Strategically, Manage People, Manage Programs and Resources, and Use Public Health Science*.

NACDD used the resulting Chronic Disease Competencies to identify training and professional development needs and help chronic disease agencies or divisions support human resources decisions and agency professional development. NACDD developed structures to support members in meeting these competencies in their own work and career development, including Chronic Disease Academies, webinars, and regional meetings focused on professional development. In addition, NACDD provided the Chronic Disease Competencies as guidance to its Councils, to help identify priorities for professional development within each of the specialty areas that the Councils serve.

In 2015, the Association's Professional Development Committee explored and updated the Chronic Disease Competencies to reflect changes in the profession, and the context of chronic disease prevention and health promotion. The Committee's [2016 Report and Recommendations](#) describes the process used to engage Association members, Consultants and Staff in the revision, and recommends changes to the sub-competencies contained in each Competency area. In general, the changes were suggested to recognize specific professional expectations related to *health equity*, and to include skills related to new *technology* now used in the field.¹

The Committee's recommendations also included the revision of the existing competencies assessment and human resources support tools that had been constructed for the 2007 Chronic Disease Competencies set, and that NACDD had made available to all Members. The revision of the Chronic Disease Competencies in 2016 represented an opportunity to take advantage of expanded technical capacity to convert the Chronic Disease Competencies Assessment Tool to include electronic

¹ The basic documents related to this report are here:

NACDD CORE CHRONIC DISEASE COMPETENCIES: 2016 Report and Recommendations

https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/professional_development/NACDD_Core_Compentencies_sm_o.pdf

2017 COMPETENCIES BRIEF

www.chronicdisease.org/resource/resmgr/professional_development/Competencies_standalone_1117.pdf

self-scoring products, as well as to reflect updates to the competencies. The technology-supported Chronic Disease Competencies Assessment Tool described in this Guide was developed by Concept Systems, Inc., a long-time service partner to NACDD.

Who should use this Guide?

This Guide to Understanding and Using Chronic Disease Competencies (the Guide) is for the chronic disease prevention and health promotion professional, team and agency to help align expectations for professional capacity at every level in the chronic disease prevention system.

For individuals, the Guide provides background and objectives for assessment and related professional development activities. **For managers** of chronic disease professionals, the Guide suggests a structure for articulating expectations in relation to the established Chronic Disease Competencies. **For the agency**, the Guide illustrates way in which these competencies and the related assessments and tools can support increased responsiveness, professional capacity building, advancement and succession planning.

At the system level, these competencies in chronic disease prevention and health promotion may serve any of the following objectives:

- underpinning future developments in health promotion training and course development,
- continuing professional development,
- systems of accreditation and development of professional standards,
- consolidation of health promotion as a specialized field of practice, and
- accountability to the public for the standards of health promotion practice.²

What are competencies?

Many professions related to public health and chronic disease prevention have specific sets of competencies that are expected of practitioners in that specific area.³ Competencies make up the “checklist” of capacities and applicable knowledge within a profession or application area. Competencies are the combination of observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced employee performance and ultimately result in organizational success. (Kane, 2017 Chronic Disease Academy Competencies Workshop). To make competencies useful in the day to day fulfillment of professional responsibilities and professional advancement, they should have:

- A clear and accepted set of specific *Competency Areas*, and embedded Sub-competencies that reflect the professional requirements of chronic disease prevention and health promotion.
- Clearly described and agreed to *roles and responsibilities* for a position via an accurate *job description*, and competencies identified that align with the job description.

² Barry, M. M., Allegrante, J. P., Lamarre, M.-C., Auld, M. E., & Taub, A. (2009). The Galway Consensus Conference: international collaboration on the development of core competencies for health promotion and health education. *Global Health Promotion*, 16(2), 05-11.

³ Examples of other public health-related competencies are found in the following section: [The Chronic Disease Competencies in Relation to Other Public Health Competencies](#)

- A structure for *self-assessment* to support the individual’s professional growth in the position, and potential for growth.
- A structure of *manager assessment* of the individual, to support the individual and team in their ability to fulfill requirements, and to plan for career advancement of specific individuals within the context of agency needs.
- An *agency, division or team structure* to review, align and customize the Competency Areas for each role within the organization to support the agency’s sustainable growth.

This Guide supports the professional and the manager through the process of acting on and completing each of these elements. The Guide is written for you, the chronic disease professional, to provide clear guidance on

- identifying your relevant competencies,
- assessing your levels of capacity,
- developing a relevant individual development plan (IDP) with timeframes and measurable milestones, and
- assessing progress over time, aligned with your goals.

The Guide is also written for you, the manager within a chronic disease prevention environment, to provide clear guidance on

- preparing job descriptions that reflect needed competencies,
- assessing the potential of a candidate to the position,
- assessing existing staff as individuals and as members of a team,
- contributing to the employee/staff dialog that is at the heart of a strong assessment structure, and
- providing input and advice to support a person’s IDP.

The Guide supports leadership in a department or agency to plan and implement human resource practices, resource planning and budgeting to ensure that the agency can meet its goals with a strong, well aligned workforce. The structure of Competencies-based assessment at the individual and team levels, if standardized, supports a system wide structure for resource and capacity alignment.

The Chronic Disease Competencies are expected to help identify existing learning opportunities specifically tied to increasing professional capacity at the individual or team level. At the system level, we hope that the Guide helps to increase quality and access to relevant learning and professional development opportunities for chronic disease professionals at all levels, building a system of learning that emerges from existing resources to meet the profession’s needs and the opportunity to develop a nimble approach to building a learning and professional development network.

In the section [Adopting the Chronic Disease Competencies in Your Organization](#), we share models and suggestions for managers to use as part of planning to adopt competencies, and some suggestions for activities with your team to develop insights that will inform competency adoption.

THE CHRONIC DISEASE COMPETENCIES

This section contains the Chronic Disease Competencies supported by the National Association for Chronic Disease Directors (NACDD) revised in 2016/2017. It is for Chronic Disease practitioners, partners in chronic disease prevention and health promotion, and interested others in promotion, planning and policy.

Each of the seven competency areas contains specific sub-competencies to guide professional development and career progression. It also includes a separate table highlighting the added sub-competencies per area relative to ensuring equity.

COMPETENCY AREA 1: Build Support

Chronic disease practitioners establish strong working relationships with stakeholders, including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention and control.

1. Establish and maintain linkages and/or partnerships with key stakeholders (including other programs, government agencies and nongovernmental lay, and professional groups) to build support for chronic disease prevention and control.
2. Use effective collaboration strategies to build meaningful partnerships.
3. Listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives.
4. Interact effectively with other major sectors and key stakeholders (including the healthcare industry, transportation, parks and recreation, education and private sector).
5. Facilitate integration between chronic disease programs and other state health-related programs (e.g., surveillance, oral health, maternal and child health, Medicaid, state employee health insurance, emergency service providers and planners).
6. Communicate effectively in writing for professional and lay audiences.
7. Communicate effectively verbally for professional and lay audiences.
8. Prepare and present the business case for chronic disease prevention effectively (e.g. ROI, Reimbursement Models and related language, communicating public health impact in non-public health terms).
9. Facilitate use of coalitions as effective change agents for chronic disease prevention and control.
10. Advocate for chronic disease programs and resources.
11. Work collaboratively with partners on data collection and interpretation.
12. Use the media, social media, advanced technologies, community networks and public relations concepts to communicate information.
13. Lead and participate in groups to address emerging chronic disease issues.
14. Facilitate group interactions, verbal exchange, roundtable discussions to support informed decision making.
15. Develop enough social capital and political savvy to navigate the appropriate organizational systems quickly.
16. Participate in national work groups to facilitate effective implementation of chronic disease programs.
17. Identify and describe the roles of the key stakeholders on a national level.

18. Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan.

COMPETENCY AREA 2: Design and Evaluate Programs

Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation to ensure on-going feedback and program effectiveness.

1. Use program evaluation findings to improve program performance.
2. Identify and use public health data as a tool to develop and prioritize interventions or policies for chronic disease.
3. Select appropriate program and intervention activities.
4. Develop evaluation plans for chronic disease programs and activities.
5. Apply principles of cultural appropriateness to program design.
6. Apply cost-effectiveness, cost-benefit, and cost-utility analyses as appropriate.
7. Identify a data analysis agenda for state chronic disease programs.
8. Identify program-specific content areas.
9. Apply and use scientifically sound evaluation techniques.
10. Present accurate demographic, statistical, programmatic, and scientific information effectively for professional and lay audiences.
11. Use and apply economic evaluation techniques.
12. Incorporate GeoMapping techniques into data analysis.
13. Report and communicate data effectively (visually and verbally).
14. Understand how to invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.
15. Develop skills to expand and transfer knowledge generated by research and evaluation for decision-making about policies, programs, and grant-making related to health disparities and health equity.

COMPETENCY AREA 3: Influence Policies and Systems Change

Chronic disease practitioners implement strategies to change the health related policies of private organizations or governmental entities capable of affecting the health of targeted populations.

1. Assess the impact of public policies, laws, and regulations on chronic disease prevention and control.
2. Use health economics concepts and language to present chronic disease programs in a convincing manner to appropriate audiences.
3. Use policy as a tool in advancing chronic disease and control.
4. Build advocacy for policy and systems change.
5. Articulate relative risks of disease effectively.
6. Explain systems thinking and principles of systems change through ROI, payment reform and care coordination models.
7. Describe the historical development, structure, and interaction of public health and health care systems.
8. Identify local government structures. Demonstrate skill in engaging local government, health discussions, planning, etc.

9. Clearly articulate the impact of social determinants of health policies on health (include non-traditional partners such as housing, transportation and community design for example).
10. Ensure the availability of data of all racial populations and transferring knowledge related to racial, ethnic and underserved populations.

COMPETENCY AREA 4: Lead Strategically

Chronic disease practitioners articulate health needs and strategic vision, serve as a catalyst for change and demonstrate program accomplishments to ensure continued funding and support within their scope of practice.

1. Demonstrate critical thinking.
2. Leverage resources.
3. Apply effective problem-solving processes and methods.
4. Provide leadership to create key values and shared vision.
5. Create a culture of ethical standards within organizations and communities.
6. Educate decision makers on budget initiatives based on priorities.
7. Translate policy into organizational plans, structures and programs.
8. Respond with flexibility to changing needs.
9. Facilitate integration and coordination across chronic disease programs.
10. Create and/or identify policy agenda to align goals and measures for chronic disease programs.
11. Generate, share, and accept new ideas and incorporate them.
12. Oversee the development and implementation of a statewide chronic disease plan that incorporates named goals, measures of success, and actions to align goals and measures.
13. Identify individual and organizational responsibilities within the context of the Essential Public Health Services and core functions.
14. Demonstrate ability to build capacity at all levels of decision making to promote community solutions for ending health disparities.
15. Demonstrate ability to improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services.
16. Demonstrate ability to invest in young people to prepare them to be future leaders and practitioners to end health disparities.

COMPETENCY AREA 5: Manage People

Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.

1. Recruit and retain a diverse chronic disease workforce (culture, age, gender, race, etc.).
2. Manage a team of professional staff effectively.
3. Support professional and personal development for chronic disease program staff.
4. Recruit and mentor a diversely-skilled interdisciplinary team.
5. Motivate individuals and teams to achieve goals.
6. Implement processes so that staff from multiple programs can identify underlying common goals and outcomes.

7. Negotiate budgets and contract requirements/objectives with both funders and contractors.
8. Promote team and organizational learning and collaboration.
9. Practice effective time management.
10. Mediate and resolve conflicts effectively.
11. Conduct performance appraisals and give guidance/feedback to staff regularly.
12. Balance multiple tasks.
13. Match staff skills to tasks.
14. Navigate relevant fiscal systems effectively.
15. Prioritize work responsibilities of self and staff.
16. Employ effective interviewing and questioning strategies.
17. Effectively manage meetings and conferences.
18. Demonstrate ability to develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic services, program development, etc.
19. Demonstrate ability to increase diversity and competency of health workforce and related industries through recruitment, retention and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.

COMPETENCY AREA 6: Manage Programs and Resources

Chronic disease practitioners ensure the consistent administrative, financial, and staff support necessary to sustain successful implementation of planned activities and build opportunities.

1. Manage chronic disease programs within budget constraints.
2. Set program goals and objectives of chronic disease programs.
3. Monitor chronic disease program performance.
4. Apply strategies to transition from planning to implementation.
5. Navigate cooperative agreements with the CDC.
6. Balance needs, requirements, partnerships, work load, etc. for multiple projects/programs.
7. Assess an organization's implementation readiness, capacity and effectiveness.
8. Identify and assess potential funding opportunities.
9. Develop and justify a line-item budget that aligns with program activities.
10. Provide technical assistance to partners, subcontractors and others as needed.
11. Prepare proposals for funding from a variety of sources.
12. Conduct internal and external needs and assets assessments to inform program planning.
13. Adhere to public health laws, regulations, and policies related to chronic disease prevention and control.
14. Apply organizational theory to professional practice.
15. Apply current techniques in decision analysis and planning for chronic disease.
16. Understand basic principles and concepts of information system design and collaborate with others to develop a plan to collect and use data.
17. Conduct regular and purposeful site visits with grantees.
18. Develop and manage budgets that cross multiple award and funding cycles.

19. Apply project management principles.
20. Apply economic principles and concepts to program management.
21. Develop a diverse funding portfolio: federal and state, foundations, hospital community benefit and university-obtained grant dollars.
22. Demonstrate ability to implement strategies to promote health equity and investing the resources to that end.
23. Demonstrate ability to apply a health equity lens to the development, execution and evaluation of programs.

COMPETENCY AREA 7: Use Public Health Science

Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities and measure change.

1. Discuss the underlying causes and management of chronic diseases, including behavioral, medical, genetic, environmental and social factors using applied ethical principles.
2. Describe socioeconomic and behavioral determinants of health disparities.
3. Develop and adapt approaches to problems that take into account differences among populations.
4. Apply ethical principles to the collection, maintenance, use, and dissemination of data and information.
5. Recognize and apply current relevant scientific evidence.
6. Monitor and analyze chronic disease epidemiology and surveillance data to identify burden, trends and outcomes.
7. Articulate key chronic disease issues.
8. Identify relevant and appropriate data and information sources for chronic disease (GIS, electronic health records and other emerging methodologies).
9. Identify the factors that influence the delivery and use of public health programs and services.
10. Define and interpret non-traditional data to address chronic disease prevention and control (e.g. transportation data, electronic health records and cigarette sales).
11. Explain relevant inferences from quantitative and qualitative data.
12. Select and use appropriate data collection methods and maintain current standards of data collection.
13. Discuss issues of data integrity and comparability.
14. Know and apply the Chronic Disease Indicators.
15. Guide the translation of research into chronic disease programs and activities.
16. Discuss quantitative evaluation.
17. Discuss qualitative evaluation.
18. Implement social marketing strategies.
19. Maintain up-to-date knowledge on the development of genetic advances and technologies relevant to chronic diseases.
20. Explain basic clinical terms and etiology for chronic diseases.
21. Demonstrate a commitment to social justice and health equity.
22. Integrate principles of social justice into public health practice and promotion.
23. Demonstrate cultural sensitivity towards underserved populations.

Health Equity and Chronic Disease Competencies: At-a-Glance Guide

These sub-competencies are included in list of all competencies, above. They are provided here for ease of review.

| Competency Area | | Health Equity Related Sub-competency |
|-----------------|--|--|
| 1 | BUILD SUPPORT: Chronic disease practitioners establish strong working relationships with stakeholders, including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention. | Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan. |
| 2 | DESIGN AND EVALUATE PROGRAMS: Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation to ensure ongoing feedback and program effectiveness. | Understand how to invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities. |
| | | Develop skills to expand and transfer knowledge generated by research and evaluation for decision-making about policies, programs, and grant-making related disparities and health equity. |
| 3 | INFLUENCE POLICIES AND SYSTEMS CHANGE: Chronic disease practitioners implement strategies to change the health-related policies of private organizations or governmental entities capable of affecting the health of targeted populations. | Clearly articulate the impact of social determinants of health policies on health (include non-traditional partners such as housing, transportation, and community design for example). |
| | | Ensure the availability of data of all racial populations and transferring knowledge related to racial, ethnic and underserved populations. |
| 4 | LEAD STRATEGICALLY: Chronic disease practitioners articulate health needs and strategic vision, serve as a catalyst for change, and demonstrate program accomplishments to ensure continued funding and support within their scope of practice. | Demonstrate ability to build capacity at all levels of decision-making to promote community solutions for ending health disparities. |
| | | Demonstrate ability to improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services. |
| | | Demonstrate ability to invest in young people to prepare them to be future leaders and practitioners to end health disparities. |
| | MANAGE PEOPLE: Chronic disease practitioners oversee and support | Demonstrate ability to develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic services, program development, etc. |

| | | |
|---|--|---|
| 5 | the optimal performance and growth of program staff as well as themselves. | Demonstrate ability to increase diversity and competency of health workforce and related industries through recruitment, retention and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organization and systems. |
| 6 | MANAGE PROGRAMS AND RESOURCES: Chronic disease practitioners ensure the consistent administrative, financial, and staff support necessary to sustain successful implementation of planned activities and build opportunities. | Demonstrate ability to implement strategies to promote health equity and investing the resources to that end. |
| | | Demonstrate ability to apply a health equity lens to the development, execution and evaluation of programs. |
| 7 | USE PUBLIC HEALTH SCIENCE: Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities, and measure change. | Demonstrate a commitment to social justice and health equity. |
| | | Integrate principles of social justice into public health practice and promotion. |
| | | Demonstrate cultural sensitivity towards underserved populations. |

The Chronic Disease Competencies in Relation to Other Public Health Competencies

The NACDD Chronic Disease Competencies were compared to selected public health-related competency sets to determine alignment with others, and where the Chronic Disease Competencies occupied a unique position. The process used domain or competency area-level themes from eight frameworks.

| Org/Author | Document Title | # of items |
|---------------------|--|------------|
| NACDD | Chronic Disease Competencies | 7 |
| NCCDPHP | Core Competencies for State Health Departments | 11 |
| CDC | Four Domains of Chronic Disease Prevention | 4 |
| Brownson, et al | Fostering More Effective Public Health by Identifying Evidence-Based Practices | 23 |
| PHAB | Standards & Measures Version 1.5 | 12 |
| NACDD/Transtria | NACDD STAR Technical Assistance Report | 13 |
| Council on Linkages | Core Competencies for Public Health Professionals | 8 |
| Brownson | Mapping Success in Chronic Disease Prevention and Health Promotion | 12 |

NACDD leadership sorted these 90 domain-level competency areas into piles that were most similar to one another. This exercise developed a picture of public health related domains and identified where the Chronic Disease Competencies are most strongly represented, as well as other areas which are complementary to the competencies.



As seen in the figure above, the Chronic Disease Competencies are most strongly represented in Leadership, Resources Management, Evaluation, Collaboration, and Policy Governance. The table below denotes which of the seven Chronic Disease Competency Areas connect with these public health categories. Clusters are colored by region as follows:

- Orange: Workforce
- Yellow: Management
- Green: Program
- Blue: Process
- Gold: Policy and Governance

| Public Health Competency Category | Chronic Disease Competency Area |
|-----------------------------------|---|
| Policy Governance | Influence Policies and Systems Change |
| Leadership | Manage People Lead Strategically |
| Resources Management | Manage Programs and Resources |
| Evaluation | Use Public Health Science Design and Evaluate Programs |
| Collaboration | Build Support |

Upon review, leadership noted that *Communication* competencies run throughout the seven Chronic Disease Competency Areas. Additionally, *Workforce Development and Support* is the goal of the Chronic Disease Competencies and their associated tools.

ADOPTING THE CHRONIC DISEASE COMPETENCIES IN YOUR ORGANIZATION

The Chronic Disease Competencies can be used in any chronic disease practice environment. A program, unit or division can use these competencies strategically, programmatically and tactically.

Strategically, a program or division can use the Chronic Disease Competencies to develop a shared understanding among the workforce and leadership of the priorities that the unit or division may have at a specific point in time, relative to represented skills, knowledge and capacity, and align with policies that support recruitment and retention of high value professionals to support objectives.

Programmatically, the Chronic Disease Competencies are ideal for helping units recognize strengths and align them with existing needs while at the same time identifying areas that may be new demands on the staff and organization. Professionals can also take these competencies into account when integrating programs for best use of resources and better impact.

Tactically, the Chronic Disease Competencies can help produce a team capacity check, inform job descriptions and support decisions regarding individual development plans.

For the purposes of this Guide, we use the word “unit” whenever referencing the contexts in general.

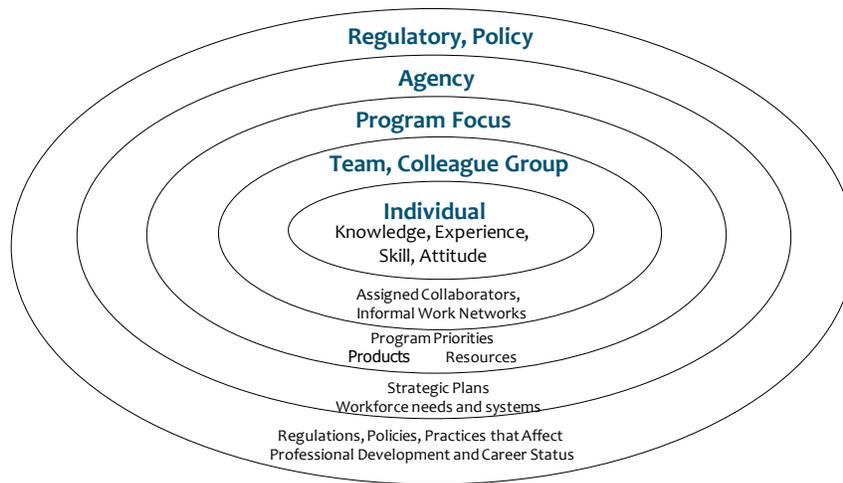
Planning in Context: Preparation is Key

It’s often said that “when you’ve seen one state public health department, you’ve seen one state health department!” Similarly, chronic disease programs within each state or locale may each have specific contexts, environments, populations and circumstances that affect how easily systems or standards, like competencies, might be accepted and used.

Before adopting competency-informed processes in your unit, planning is important to make sure the competencies are relevant, accepted and usable to advance the work of the unit. In this section, we offer some models adapted from relevant sources, to help you and the team think about the place of competencies in the system and ways to ensure their productive use.

First, using our trusty social-ecological model to look at the practitioner in the system of the chronic disease program or division, we can identify aspects of the system that can influence access to and ability to use the Chronic Disease Competencies. Here’s a model that can help us recognize issues or opportunities related to using competencies to facilitate good decisions and guard against adoption without considering contextual issues.

A Model of Uptake and Adoption Influences



Issues with adoption and use of Competencies in Chronic Disease

Like many fields related to public health, Chronic Disease professionals and agencies experience both opportunities to apply the Chronic Disease Competencies, and challenges to maintaining a competency-based workforce. As a planner, it is important for you and your team to be aware, in advance, of both.

Experience has taught us that tactics and plans at the individual and agency level must always take into account contextual issues; the work unit may have little control over these issues but is still required to respond to them.

For example, managers should think about how to broach the subject of Competencies and the value of Individual Development Plans (IDPs) with both staff and the Human Resources Department. You should prepare to explain how the data generated by the self-assessment can help define goals for the individual, and lead to standardized performance ratings for the whole team or department. Being aware of context issues like this while planning for adopting the Chronic Disease Competencies will make the effort more focused and productive.

You should think about each challenge, an action or solution that would address the challenge, and the potential opportunity that the action could produce. You can use the model above to consider what issues to adoption and use might be present at each level, and make plans to take them into account.

For each of the areas in the model above, we identify some general examples in the following table:

| Focus | Challenge | Action/Solution | Opportunity |
|-------------|------------------------------|---|---|
| Individual | Capacity building on the job | Training Professional development plan | Promotion or job expansion |
| Team, Group | Unanticipated deliverables | Team assessment of capacity | Peer learning and joint capacity building |

| | | | |
|--------------------|---|--|---|
| Program | Capacity integration across units | Team performance summaries linking capacity to competencies | Aligning staffing with program objectives |
| Agency | Priorities and resource limitations to support professional development | Inclusion competency based HR development plans in agency strategic plan | A system wide structure to support competency-driven professional development |
| Regulatory, Policy | Mandates, program reprioritization | | Ability to affect policy via higher professional quality |

SUGGESTION: Your team can use this frame and develop a “Challenges, Actions and Opportunities” table to reflect your own environment. Be specific: in your environment, what can you identify as challenges and opportunities at each level, to make you and the team aware of the context, and to help with planning of the use of the Chronic Disease Competencies? **Please see Appendix I for Exercise 1 - Planning to Adopt Competencies: Challenges, Actions and Opportunities.**

Mission Alignment

Ideally, the Chronic Disease Competencies align strategically with a state chronic disease program or specific disease unit’s stated goals and objectives. Tactically and programmatically, competencies should also affect how the objectives are met.

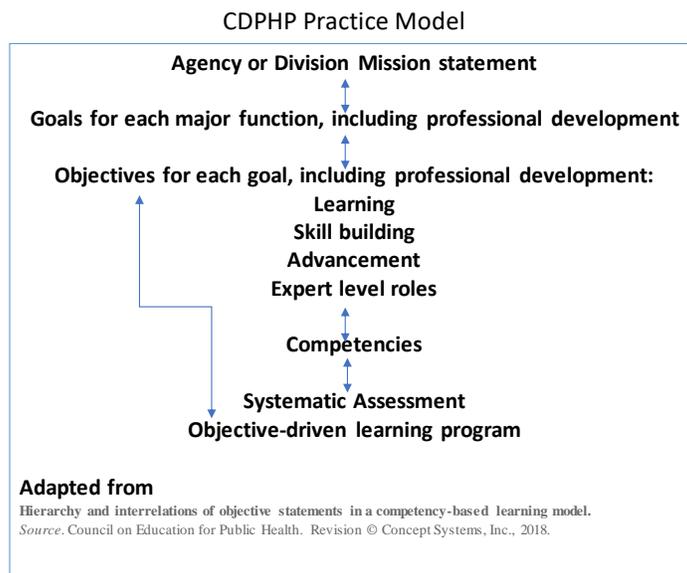
A strong competency-driven environment is led by alignment with mission. To illustrate the relationship of mission to competencies, we sought other related environments for a useful model.

The model developed for the schools of public health environment shows the linkage from Mission to learning objectives, through competencies for schools of public health, to the selection of specific learning opportunities.⁴



⁴ Council on Education for Public Health. Competencies and learning objectives. June 23, 2011. Available at: <https://ceph.org/assets/Competencies.pdf>

Adopting a model like that of the Council on Education in Public Health to a chronic disease practice model, we produced the following:



This model can help us plan, to facilitate units’ interest in and use of the Chronic Disease Competencies. Please note that we emphasize professional development as not only a means to fulfill mission critical work, but also as a work element of its own. When mission-aligned professional development is informed by a competencies framework, agencies can develop or adapt the systems necessary to integrate professional development into the landscape, adding value that supports all other programs.

Using a model like the one above, agencies or teams can drive toward competency-based and competency -informed practice and identify the types of learning paths required for their own contexts. As specific steps, an agency or team can use this model and do the following activities:

- **DEFINE:** Explore the team’s understanding of mission, goals and objectives of the unit; build and maintain the necessary processes to sustain team awareness.
- **ASSESS:** Use the model to conduct an internal alignment exercise, that would identify how well, both qualitatively and quantitatively, the Chronic Disease Competencies align with currently stated goals and objectives of the organization.
- **CLASSIFY:** Categorize the competencies to align with current job descriptions and relevant tiers in the unit; see *Suggestion*, below.
- **PLAN:** Establish a program- or division-wide system for aligning mission-defined learning objectives and opportunities, through alignment with competencies:
 - Which competencies are priorities for reflecting and actualizing objectives of the division?
 - How do those competencies point us to learning objectives, and the means to fulfill those objectives—e.g.: specific courses, learning events, self-directed study, mentor opportunities?
- **IMPLEMENT:** Commit to using the system to provide teams and individuals with structured and scheduled processes for self-assessment, team assessment and development planning.

- **EVALUATE:** Assess how the unit’s staff structure is reflected in the competencies and consider “coverage” of mission-reflecting priorities; plan for the long term.⁵

SUGGESTION: Your team can use the adapted model to conduct a planning assessment to help build team or unit understanding of the place of competencies in mission-aligned units. Exercise 2 is a worksheet you can use to start the conversation. **Please see [Appendix 1](#) for [Exercise 2: Building a Competency-Based Professional Development Function](#).**

Aligning Competencies to Tiers

Virtually all units, whether vertical, matrixed or lateral in their structures, define “tiers” or levels of capacity. They align specific roles, positions and job descriptions with those tiers, based on experience, tenure, level of complexity, authority and responsibility. We have adapted the Tier structure defined by the Council on Linkages⁶ to help define general levels or tiers in relevant in chronic disease units, whether at the team level or agency-wide.

A simple model is this three-tiered structure:

Tier 1: Front Line Staff/Entry Level; Task Level

Examples: data collection and analysis, fieldwork, program planning, outreach, communications, customer/client service, program support, technology development and use. Does not usually include management responsibilities.

Tier 2: Program Management/Supervisory Level

Examples: developing, implementing, evaluating programs, supervising staff, establishing and maintaining community partnerships, managing timelines and work plans, making policy recommendations, providing technical expertise. Does not usually include policy decisions or department/agency level responsibility.

Tier 3: Senior Management/Executive Level

Examples: organizational or program leadership, overseeing major programs and operations, setting vision and strategy, creating a culture of quality, working with the community to improve health.⁷

SUGGESTION: CD units can use the tiers defined by the Council on Linkages in relation to the Core Competencies for Public Health to start the process of understanding the placement of each competency in each tier. In some instances, a competency will be relevant to all three tiers; in many, the competency is specific to a certain tier. Doing this exercise with your team will help cement an understanding of how the competencies are relevant in your environment. **Please see [Appendix 1](#) for [Exercise 3: Matching Competencies to Tiers in your Unit](#).**

⁵ Concept Systems, Inc.: Planning for Professional Competencies Use. Presentation, accessed July 10, 2018.

⁶ The Council on Linkages Between Academia and Public Health Practice: Core Competencies for Public Health Professionals Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice: June 26, 2014. Available from phf.org/corecompetencies.

⁷ *ibid.*, p. 4, adapted for NACDD.

Resources

NACDD is a strong advocate for competency-based professional development, and mentoring and learning opportunities are regularly available. In addition, the chronic disease professional, as a public health professional, has access to many resources for targeted learning to support his or her learning and professional development. An Inventory of these Assets is being developed by Members of the Learning and Professional Development Committee (LPDC).

Funding for professional development is available through grant programs via Centers for Disease Control and Prevention as well as foundations and other sources that may provide such opportunities through either general operational support or to enhance specific skills and knowledge for which a gap has been identified. NACDD is a valuable resource for identifying and matching opportunities to contexts.⁸ In addition to these sites, peer learning and support is available through General Member Webinars and Councils that focus on specific chronic disease conditions or contexts.

In the next section, we will guide you through the process of using the NACDD Chronic Disease Competencies Assessment Tool, and link to online resources to support using the process to allow individual assessment and improvement, manager assessment of individuals or teams, and capacity to create customized job descriptions and interview protocols based on the needed Chronic Disease Competencies. The online employee and manager assessment tools are available through this website: [Chronic Disease Competencies Assessment Tool \(https://tools.chronicdisease.org/\)](https://tools.chronicdisease.org/).

⁸ <https://www.chronicdisease.org/page/Learningcenter> and <https://www.chronicdisease.org/page/LeadershipDevelopment>

ASSESSMENT FOR LEARNING AND PROFESSIONAL DEVELOPMENT

The Chronic Disease Competencies Assessment Tool is an update to the previous paper-based tool offered by NACDD. This updated tool is interactive with an easy to use interface. It also has the capability to save multiple assessments and organize them by the date of assessment completion. This provides the professional with the ability to review over time their own assessments, their managers' assessments and their individual development plans to ascertain growth, gaps and progress in meeting their stated goals.

The goal of this tool is to support NACDD's Members in developing, maintaining and sustaining a capable workforce in public health as it relates to chronic disease prevention and control. Members can use the Chronic Disease Competencies Assessment Tool to:

- establish a baseline of current skills in a new position,
- conduct periodic self-assessments to observe change,
- work with a manager to compare assessments, and
- develop Individual Development Plans to support ongoing progress and advancement.⁹

The updated assessment tool presents this data in several formats including:

- Individual view to review your individual assessment and related plan,
- Dual view to review an individual assessment and plan alongside your manager's assessment and their accompanying plan notes, and
- A Microsoft Excel export option to more easily compare multiple assessments and plans over time.

Completing a Self-Assessment

The Chronic Disease Competencies Assessment Tool uses 52 of the sub-competencies from the Chronic Disease Competencies. The subset of 52 was selected from the full set of 124 Sub-competencies, by following the guidelines for item selection from the 2007 version of the assessment tool.

The sub-competencies in the tool are not in competency-area order; they were randomized to decrease bias toward specific Competency Areas and give a truer assessment. This is also consistent with the 2007 version of the tool. Employees and Managers are both able to complete assessments of themselves within their associated portals.

Each sub-competency has a set of radio buttons for you to denote your competency at the item. The scale is from low to high:

- 1= no skill or competence in this sub-competency,
- 2= basic skill or competence level,
- 3= moderately competent,
- 4= demonstrated high level of skill or competence, and
- 5= expert, extremely skilled or competent.

⁹ NACDD General Member Webinar: Competencies for Chronic Disease Practice: Using Competencies for Assessment and Professional Development Planning, 5/24/2018. Available from <https://vimeo.com/274916241>

The last radio button (Not Relevant) allows you to mark sub-competencies that are not related to your position. Clicking this button will not affect your aggregate score for the overall Competency Area.

The Assessment is meant to be a single point in time reference for your skills on a certain date. Once you begin an assessment, you will need to complete all 52 items at that time in order to save your assessment. However, the review of your results and accompanying Individual Development Plan can be updated over time and do not need to be completed in one sitting.

If you click the “Submit” button at the end and have not assessed yourself on each item, the site will notify you that all items are required and must have a radio button checked. Complete all items (use “not relevant” if the item is not related to your work) and click the “Submit” button.

After the assessment is completed, you’ll have an option to add notes to your assessment. If you need to leave the site, you can complete this later. When you return to the site, click “Add Notes” in the left hand menu and find your most recent assessment by date. You can scroll through this screen to see the results of your assessment for each of the 7 Competency Areas.

To enter information into your Individual Development Plan, click the blue “Add Notes” button at the top of the screen. Once within the editor, open the Competency-Area you would like to add or edit information with-in. You may take your time when developing your plan and click the “Update” button at the bottom of the screen to save your edits. You may return to the site as needed to complete. This plan is also exportable to Microsoft Excel from the main “Add Notes” page.

Self-Assessment Step-by-Step Instructions

There are brief instructions throughout the Chronic Disease Competencies Assessment Tool. These expanded instructions can be used to gain a better understanding of the tool. These instructions can be opened as a separate document from the guide at this link [self-assessment instructions](#), which will download as a Microsoft Word document.

If you have questions about the tool or need technical assistance, please email info@chronicdisease.org.

To complete a self-assessment as an **employee** the first time:

1. Click this link: <https://tools.chronicdisease.org> and choose the **Employee Portal**.
2. Choose the **Create Account** option. Enter your email address and a password of your choice.
3. Please remember your password. Once you’ve done that, click **SUBMIT**.
4. In the Navigation Menu on the left or on the main screen under *Get Started!* click **Take Assessment** to begin the assessment. Instructions are at the top of the page.

To complete a self-assessment as a **manager** the first time:

1. Click this link: <https://tools.chronicdisease.org> and choose the **Manager Portal**.
2. Choose the **Create Account** option. Enter your email address and a password of your choice.
3. Please remember your password. Once you’ve done that, click **SUBMIT**.
4. On the left side of the screen, in the 3rd section *Self Assessments* choose **Self-Assessment**. Instructions are at the top of the page.

To start the assessment:

1. There are 52 sub-competencies randomized and split into sections. Please consider your competency level for each sub-competency provided and select the appropriate radio button:
 - 1 being “no skill or competence in this sub-competency”
 - 5 being “expert, extremely skilled or competent”
 - Choose “not relevant” if the sub-competency is not applicable to your current position
2. A radio button must be selected for each sub-competency.
3. When you’re finished, click **SUBMIT**.

To review and start the individual development plan:

1. After clicking **SUBMIT**, you will be taken to a screen *Success! “Your submission was successful!”* Click the **Add notes to the assessment** button.
 - If you logged-out after completing your assessment, but before completing your development plan:
 - **Employees** should click **Add Notes** in the Navigation Menu on the left to use the Individual Development Plan Builder.
 - **Managers** should click **Add Notes** in the Navigation Menu on the left. Under *Add Notes*, you will need to choose your email address from the drop-down menu and click **Search**.
2. You can open each Competency Area to the sub-competency level, in order to review strengths and areas for improvement, based on your ratings.
3. Answer the questions in each Competency Area: objectives, actions and timeframe.
4. When you’ve finished, scroll to the bottom of the page and click **UPDATE**.

When you have completed both the assessment and the associated individual development plan:

1. Click **View Assessments**.
2. You can review your assessment data and associated plan by scrolling down the page.
3. You can download the plan by clicking **Download Data** at the top of the screen under *Add notes*.

Constructing an Individual Development Plan

The Individual Development Plan is to be completed after a self-assessment. Your plan sets goals, strategies and outcomes of learning and training you want to complete.

The goal of the Individual Development Plan Builder is to provide a structured approach that connects with the sub-competencies to help people make **SMART** (Specific, Measurable, Achievable, Relevant, Time-bound) plans.

Specific plans are supported through the connection with the Chronic Disease Competencies Assessment Tool. The plan shows the sub-competencies that are strengths (rated 4 or 5) and areas for improvement (rated 1-3) under each Chronic Disease Competency. This allows the individual and their manager to target areas that need improvement.

The Chronic Disease Competencies Assessment Tool allows learning to be **measured** through multiple assessments over time. Therefore, you can complete an assessment and a plan, then six months to a year later you can complete another assessment and review how you have grown in that time frame.

The selection of **achievable** goals requires you to be in touch with what level you currently occupy at that time and what your preferred learning style is. For example, an entry level person would not want to sign up for a course meant for Directors. You also wouldn't want to select watching a recorded webinar if your preferred learning style is constructive (learning by building models/plans) or kinesthetic (learning by physical movement or observing motion); webinars would be a good choice for persons who prefer Auditory learning opportunities (learning by listening).

A **relevant** plan connects with an individual's goals for the future. You should consider your strengths and needs for improvement in light of your goals for the future. This can be accomplished by first stating what your goal(s) are. Next, review in each of the seven Chronic Disease Competency Areas your strengths and areas for improvement. Next, you should consider which sub-competencies are the highest value due to alignment with your pre-specified goals.

The plan has a specific field to ensure that both you and your manager set **time-bound** goals. This ensures that by the next review period (annual or bi-annual) you can measure how your growth and how the manager sees your growth as well. This will lead to more constructive conversations.

SUGGESTION: If you understand your current story (level of experience, current competency, future goals and preferred style of learning) then you can create a SMART plan with your manager using the Chronic Disease Competencies Assessment Tool and its Individual Development Plan builder. **Please see [Appendix I](#) for [Exercise 4: Preparing for your Individual Development Plan Understanding Your Story](#).**

ASSESSMENT TO SUPPORT TEAM MANAGEMENT

The Chronic Disease Competencies Assessment Tool has two portals, one for employees and one for managers. This design automates the process of comparing an employee's self-assessment and plan to a manager's assessment of that employee and notes leading to agreement on a SMART Individual Development Plan (IDP) for the employee.

The Manager Portal supports those who supervise employees in the completion of two important functions in increasing the capacity of the chronic disease prevention and health promotion workforce:

- Staff professional development evaluations and constructive IDP conversations, and
- Evaluations of teams to support professional development budgets and requests for additional hires.

Managing Professional Development Evaluations

Many units have noted their need to support staff professional development conversations with a well-designed tool. Using the Chronic Disease Competencies Assessment Tool and the Individual Development Plan builder can support these important conversations and lead to improvements in workforce capacity.

Previously, using the paper-based tool, it may have been difficult to compare a self-assessment to a manager assessment. However, the interactive Chronic Disease Competencies Assessment Tool uses the same scale and assessment items for both assessments and then automates the comparison using dual view and the export of results to Microsoft Excel. Differences in employee and manager ratings on specific sub-competencies can help the employee and manager to discuss behaviors and examples that qualified certain ratings.

Before beginning the process, it will be useful for you to revisit the [Planning in Context](#) section.

The first professional development conversation should be to “calibrate” the ratings between the employee and the manager. It can be useful when the persons involved in the conversation review the scale to ensure that they are as useful as possible and are appropriately reflective of this scale:

- 1= no skill or competence in this sub-competency,
- 2= basic skill or competence level,
- 3= moderately competent,
- 4= demonstrated high level of skill or competence,
- 5= expert, extremely skilled or competent, and
- Not Relevant.

This calibration discussion allows both the manager and employee to discuss and agree on answers to the following questions:

- Are we clear on what these descriptors mean?
- What are they intended to help us do, do better, or rely upon in terms of that skill?

After this discussion the manager and employee can revisit the assessments they completed and determine if there is anything that they would change.

It is important for a manager to frame professional development conversations to focus on constructive development opportunities and avoid negatives. This is why the tool uses the language “Areas for Improvement” rather than negative terms. A manager may want to review with the employee how their strengths can support growth in their areas for improvement.

It is important not only to identify areas that require attention, but also ways that the employee can use existing capacity either to better meet the job description or to contribute to the functioning of your team. When considering ways to grow in a specific area, it is important to consider the employee’s learning style and plan to take advantage of personal characteristics that can build success.

The manager and employee can also review the employee’s current job description and the description for the position at the next level or for a lateral position the employee has expressed interest or aptitude in transitioning to. By considering these areas, the professional development conversation can lead to a SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) plan.

Team Evaluations

The first step for managers is to develop a unique Team Name that employees can select to join when creating their account or that the manager can add an employee to by using the email address they used as their log-in. This will allow that manager to complete both individual and aggregate reviews of those who have completed assessments.

The review of Team Data is completed by clicking Download Team Data once each employee in the team has completed an assessment. Once the Manager ensures they have selected the Team they wish to review, they can review data within the tool in the section “View and download team data” or download data to a Microsoft Excel spreadsheet. The spreadsheet allows the manager to complete calculations to support professional development budgets or time for employees to attend supported learning experiences, such as NACDD Academies. Also, if a team requires improvement in all of the sub-competencies of a specific Chronic Disease Competency Area, the manager can utilize this information to request budget support for an additional hire to improve their team. They can use the sub-competencies to develop the frame for a proposed job description.

These manager assessment tools seek to support the decisions managers need to make, ensure constructive conversations leading to employee growth, and provide a way to collect data necessary for requesting either unit or external support for professional development and workforce development opportunities.

Manager Assessments of Employees/Teams Step-by-Step Instructions

There are brief instructions throughout the Chronic Disease Competencies Assessment Tool. These expanded instructions can be used to gain a better understanding of the tool. These instructions can be opened as a separate document from the guide at this link for the [manager](#) instructions, which will download as a Microsoft Word document.

If you have questions about the tool or need technical assistance, please email info@chronicdisease.org.

To enter the manager tools for the first time:

5. Click this link: <https://tools.chronicdisease.org> and choose the **Manager Portal**.
6. Choose the **Create Account** option. Enter your email address and a password of your choice.
7. Please remember your password. Once you've done that, click **SUBMIT**.

To create a team:

1. Click **Team Management** to expand the team management tabs on the left menu and click **Create Team**.
2. Think up a team name and then type the name into the "Team Name" box.
3. Click the **Submit** button below the box.
4. You may choose to email this team name to other team members later if you would like them to join the team after they create their own account.
5. If you know other employees have already created their account and you would like to add them to the team, click the **add employees** button. See instructions below for adding employees to the team.

To add employees and manage your team:

1. Click **Team Management** to expand the team management tabs if they are not already open on the left menu and click **Add Person to Team**.
2. Type the email of the person you are adding to the team into the "Type email" box.
3. Click the "Select team" drop down menu arrow, then select the appropriate team from the list of teams you manage.
4. If the person you are adding is an employee, leave the "Select team" role dropdown menu as the default "employee". Otherwise select the appropriate role from the dropdown menu.
 - An employee will be able to see their own results on the team and any manager assessments of them. They will not see other employee assessments.
 - A manager will be able to view and download all results of the team and assess any people on the team.
 - A team manager will have permission to add any existing accounts to the team.
 - A team leader has all the manager capabilities, plus the ability to change permissions of others on the team. By default, only the person who created the team is the team leader.
5. Click **Submit** at the bottom of the form to add the existing person to your team.
 - If you receive a "Values in one or more fields are invalid." error, the email does not exist in the system and the person will need to create their account first.
6. If you need to change the permissions of anyone on your team, click **Edit Team Permissions** on the left-hand menu.
7. Select the appropriate team from the "Select team" drop-down menu.

8. Then choose the person's email from the "Select email" drop-down menu.
9. Click the **Search** button and then click the **Edit** pencil on the right hand of the table result.
10. Below "Set Role Level" click the drop-down menu and choose the new appropriate role for the person then click the **Update** button.
11. You may view the person's newly assigned role under the "Current Role" text.

To review employees who have completed data:

12. Click **View Assessments** to review the assessment and plan completed by an employee.
13. Choose an employee email from the drop down menu and click **Search**. This will show an individual view of their previously completed assessment – you will see their self-ratings and the individual development plan they completed.
14. You may wish to export this result to refer to when completing the assessment and manager portion of the professional development plan for the employee. The export will be in Excel.
15. To provide a Manager Assessment of this employee, click **Assess Employee** in the menu on the left side of the screen.
16. Scroll down to **Select person to assess** and choose the employee whose data you just reviewed.
17. Enter ratings for the 52 items for that employee. Each item must have a radio button chosen.
18. When you're finished, click **Submit** at the bottom of the page.
19. To add notes to the Manager Assessment you just completed, click **Add Notes** in the left menu or use the link on the page accepting your successful assessment completion.
 - If you chose **Add Notes** in the left menu, ensure the Team Name is in the Dropdown Menu and select the employee email in the next drop down mean and click **Search**.
20. You will see the assessment you just completed for the employee. Above the Assessment Date, click **Add Notes**.
 - You may enter notes as you see fit. Scroll to the bottom and click **Update** to save.
21. **For other employees in your team, please go back to step 1 and complete the steps again.**

Once you have assessed your employees, the next step is to review your team:

1. Click **Download Team Data** in the menu to the left.
2. In the Teams window, click the team name. Ensure it is highlighted in blue, then click **Search**.
3. You can review each assessment on this screen by scrolling right or you can click **Download Data** under the section title "View and download team data" to review the data in Excel.

WORKPLACE SUPPORT TOOLS

In this section we describe the Human Resource Development Cycle within a unit that has adopted the Chronic Disease Competencies. Uses of the competencies within the unit evolve as current employees leave and new employees join the team, and as current employees grow as professionals.



The process begins with evaluating the unit itself: what its assets are and where there are gaps. Once a hiring need or opportunity is identified, the human resource cycle leads to the development or revision of a job description. If a new job is required to fill the need, then the job description is posted and interviews begin.

Once an employee is hired, the Chronic Disease Competencies Assessment Tool can be used to establish a baseline to assess the employee's skills and develop a connection to their manager and the professional development offerings and expectations. This begins the regular review and reporting that will allow that employee to grow and actively support the team. Then on an annual basis, management will review the team's capacity and the process begins again.

Job Descriptions

The NACDD Chronic Disease Competencies are designed to allow Chronic Disease Directors to incorporate functional competencies into state specific job description formats in order to enhance the value of the job description in recruiting, hiring, and evaluating employees. During professional development conversations following use of the Chronic Disease Competencies Assessment Tool, managers may realize that job descriptions can be improved or clarified using language from the Chronic Disease Competencies. Additionally, the team assessment option in the manager assessment tools may illuminate competency areas that require more than just professional development of existing team members and may suggest the need to develop new job descriptions for recruitment and hiring purposes.

It is important to note that there may be different levels of competency area and sub-competency relevance to different positions. Program managers who are not responsible for evaluation will find less relevance in that competency area but probably have day-to-day responsibilities in the competency area of “Manage Programs and Resources.”

SUGGESTION: The 52-item Chronic Disease Competencies Assessment Tool allows management to inventory the skills of their teams and better gauge where gaps in knowledge exist. If a team is weak in specific competency area(s), the manager’s next step is to review the other sub-competencies in those competency-areas to better consider the needs of their team. **Please see [Appendix I for Exercise 5: Chronic Disease Competencies-Based Job Description Builder](#)**¹⁰.

Interview Guides

Interview guides aligned with the Chronic Disease Competencies can assist a manager in selecting appropriate competency-related questions to guide their assessment of the proficiency of a job candidate. The questions selected should connect to the range of skills and knowledge identified by reviewing competencies necessary for the job description.

Based on the competency areas selected as part of a job description to fill a gap in a team, some questions will be more relevant to the position when you are interviewing applicants. When developing questions for an interview guide consider:

- What questions will elicit relevant information for this specific position?
- Is each question framed so that it can be successfully answered by candidates for this position?
- What answers do I need to hear from the applicant to help me make a well-informed decision?

You will then be able to modify the questions to suit the need. There are many other resources for framing interview questions available online as well.

Careful consideration of these questions will allow for modifications to the example questions included in this guide or to examples found elsewhere.

SUGGESTION: It is important to personalize questions to the position, the interviewer’s style, and to the experience level needed for the position. Each candidate should be asked the same questions to allow for a careful comparison of knowledge, skills, and communication abilities allowing for a fair and appropriate final selection process. **Please see [Appendix I for Exercise 6: Chronic Disease Competencies-Based Interview Builder](#)**¹¹.

¹⁰ Kane, 2017 Chronic Disease Academy Competencies Workshop

¹¹ Kane, 2017 Chronic Disease Academy Competencies Workshop

APPENDIX I – Resources

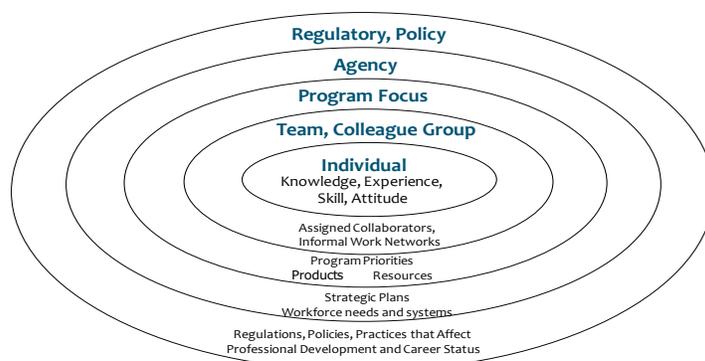
The resources in this section are exercises for the individual, team and manager to use to identify and activate a professional development approach to planning and use the Competencies to inform sustainable professional development.

Exercise 1: Planning to Adopt Competencies: Challenges, Actions and Opportunities

Instructions

Review the model below, to orient the group to a systems view of your department or unit. Name the authority at each level; for example, what team or colleague group are you focusing on? What regulatory agency has most authority over the prospect of adopting professional development supports in your environment? Look at the system through the lens of what it will take to adopt competencies by increasing team awareness of the context: what are the challenges, the actions/solutions, and the opportunities for adopting competencies?

A Model of Uptake and Adoption Influences



1. At each level, discuss and identify the specific team, program, agency, and/or policy source in the table below. Identifying an individual is not necessary at this stage.
2. Discuss and identify specific challenges to adopting a sustainable competency-based structure at each level.
3. Discuss and identify specific actions or solutions that can be taken to move toward adopting a sustainable competency-based structure at each level in the table below.
4. Discuss and identify specific opportunities that exist at each level for adopting a sustainable competency-based structure.
5. Discuss and begin developing a competency adoption plan by
 - a. Identifying how opportunities can be used to advantage for this purpose;
 - b. Identifying how challenges can be addressed, removed or accommodated in the planning.
6. Use this information to start positioning competency planning in your unit.

The worksheet to complete this exercise is provided on the next page.

Exercise 1: Planning to Adopt Competencies: Challenges, Actions and Opportunities Worksheet

| Focus | Challenge | Action/Solution | Opportunity |
|--------------------|-----------|-----------------|-------------|
| Individual | | | |
| Team, Group | | | |
| Program | | | |
| Agency | | | |
| Regulatory, Policy | | | |

Notes and next steps:

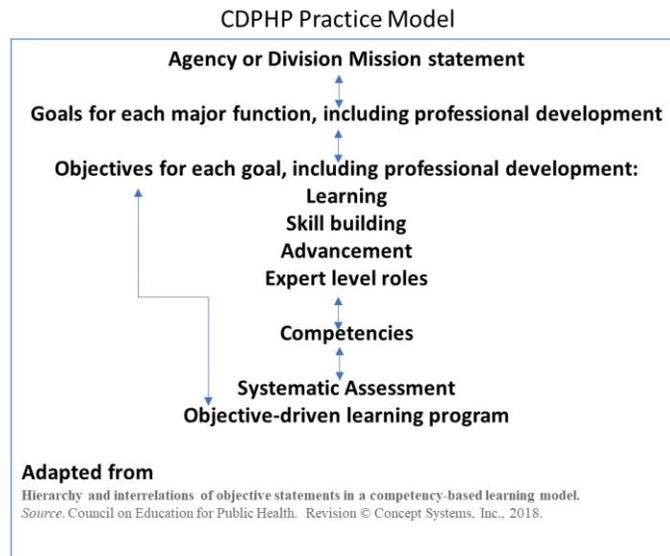
Exercise 2: Building a Competency-Based Professional Development Function

Instructions

You can use this worksheet, adapted to your context to

- Develop awareness and support of the **agency mission and goals**
- Build an organizational chart that reflects **current functions**
- Identify **professional development** as an organizational function
- Align **objectives with goals**
- Identify **roles and levels** to fulfill objectives, and identify **related competencies**
- Assess professional development **needs** and match to **resources**
- **Evaluate** professional development at all levels in the organization.

The model below can be used as a framework for this exercise.



The worksheet to complete this exercise is provided on the next page.

Exercise 2: Building a Competency-Based Professional Development Function Worksheet

In the table below, respond to the prompting verb phrase to help build an organizational focus on mission-aligned professional development through using Competencies.

| Element | Action | How | Who |
|-----------------------------------|--|-----|-----|
| Mission | Define | | |
| | Communicate in agency | | |
| | Refer to in planning | | |
| Goals | Assess alignment to mission | | |
| | Revise | | |
| | Communicate | | |
| Objectives | Assess alignment to goals | | |
| | Assess programs alignment to objectives | | |
| Current Functions | Define | | |
| | Align with objectives | | |
| Professional development function | Define | | |
| | Assess needs related to each function | | |
| Roles, levels | Define, aligned with each function | | |
| | Assess team and individual capacity | | |
| | Revise descriptions | | |
| | Develop development plans | | |
| Competencies | Define for each role and level | | |
| | Align staff capacity to competencies | | |
| | Assess performance aligned with mission, goals | | |
| Professional Development | Align learning and improvement resources to required competencies per role/level | | |
| | Support individual learning and professional development | | |

You can use the results of this exercise as the basis for a plan with milestones to support program and budget development.

Exercise 3: Matching Competencies to Tiers in Your Unit

Instructions

This exercise is intended to give you some guidance about how the Competency areas and Sub-competencies are relevant to the levels of staff that exist in your organization, so that you can plan for use of the Competencies with this information in hand.

Here are brief definitions of the levels or tiers in most organizations.

Tier 1: Front Line Staff/Entry Level; Task Level

Examples: data collection and analysis, fieldwork, program planning, outreach, communications, customer/client service, program support, technology development and use. Does not usually include management responsibilities.

Tier 2: Program Management/Supervisory Level

Examples: developing, implementing, evaluating programs, supervising staff, establishing and maintaining community partnerships, managing timelines and work plans, making policy recommendations, providing technical expertise. Does not usually include policy decisions or department/agency level responsibility.

Tier 3: Senior Management/Executive Level

Examples: organizational or program leadership, overseeing major programs and operations, setting vision and strategy, creating a culture of quality, working with the community to improve health.

Instructions:

- ✓ Provide copies of this worksheet to your team.
- ✓ Review the Sub-competencies under each of the Competency areas.
- ✓ Make a judgement about whether you think the sub-competency is Tier 1, 2, 3 or more than one of these. For those tiers that you think that sub-competency is necessary for a successful employee to have at that level, mark that column with an X or check. If that sub-competency is relevant to more than one tier, mark all that are relevant.
- ✓ After you are finished, discuss with your team members, and determine the *main tier* for each of the *Competency areas* by identifying the majority of checks in each of the Competency areas.
- ✓ Discuss how this information can help you plan for using the Competencies most productively in your unit.

The worksheet to complete this exercise is provided on the next pages.

Exercise 3: Matching Competencies to Tiers in Your Unit: Worksheet

COMPETENCY AREA 1: Build Support

Chronic disease practitioners establish strong working relationships with stakeholders, including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention and control.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|---|--------|--------|--------|
| 1. Establish and maintain linkages and/or partnerships with key stakeholders (including other programs, government agencies and nongovernmental lay, and professional groups) to build support for chronic disease prevention and control. | | | |
| 2. Use effective collaboration strategies to build meaningful partnerships. | | | |
| 3. Listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives. | | | |
| 4. Interact effectively with other major sectors and key stakeholders (including the healthcare industry, transportation, parks and recreation, education and private sector). | | | |
| 5. Facilitate integration between chronic disease programs and other state health-related programs (e.g., surveillance, oral health, maternal and child health, Medicaid, state employee health insurance, emergency service providers and planners). | | | |
| 6. Communicate effectively in writing for professional and lay audiences. | | | |
| 7. Communicate effectively verbally for professional and lay audiences. | | | |
| 8. Prepare and present the business case for chronic disease prevention effectively (e.g. ROI, Reimbursement Models and related language, communicating public health impact in non-public health terms). | | | |
| 9. Facilitate use of coalitions as effective change agents for chronic disease prevention and control. | | | |
| 10. Advocate for chronic disease programs and resources. | | | |
| 11. Work collaboratively with partners on data collection and interpretation. | | | |

| | | | |
|--|--|--|--|
| 12. Use the media, social media, advanced technologies, community networks and public relations concepts to communicate information. | | | |
| 13. Lead and participate in groups to address emerging chronic disease issues. | | | |
| 14. Facilitate group interactions, verbal exchange, roundtable discussions to support informed decision making. | | | |
| 15. Develop enough social capital and political savvy to navigate the appropriate organizational systems quickly. | | | |
| 16. Participate in national work groups to facilitate effective implementation of chronic disease programs. | | | |
| 17. Identify and describe the roles of the key stakeholders on a national level. | | | |
| 18. Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan. | | | |

COMPETENCY AREA 2: Design and Evaluate Programs

Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation to ensure on-going feedback and program effectiveness.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|---|--------|--------|--------|
| 1. Use program evaluation findings to improve program performance. | | | |
| 2. Identify and use public health data as a tool to develop and prioritize interventions or policies for chronic disease. | | | |
| 3. Select appropriate program and intervention activities. | | | |
| 4. Develop evaluation plans for chronic disease programs and activities. | | | |
| 5. Apply principles of cultural appropriateness to program design. | | | |
| 6. Apply cost-effectiveness, cost-benefit, and cost-utility analyses as appropriate. | | | |
| 7. Identify a data analysis agenda for state chronic disease programs. | | | |

| | | | |
|---|--|--|--|
| 8. Identify program-specific content areas. | | | |
| 9. Apply and use scientifically sound evaluation techniques. | | | |
| 10. Present accurate demographic, statistical, programmatic, and scientific information effectively for professional and lay audiences. | | | |
| 11. Use and apply economic evaluation techniques. | | | |
| 12. Incorporate GeoMapping techniques into data analysis. | | | |
| 13. Report and communicate data effectively (visually and verbally). | | | |
| 14. Understand how to invest in community-based participatory research and evaluation of community- originated intervention strategies in order to build capacity at the local level for ending health disparities. | | | |
| 15. Develop skills to expand and transfer knowledge generated by research and evaluation for decision- making about policies, programs, and grant-making related to health disparities and health equity. | | | |

COMPETENCY AREA 3: Influence Policies and Systems Change

Chronic disease practitioners implement strategies to change the health related policies of private organizations or governmental entities capable of affecting the health of targeted populations.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|--|--------|--------|--------|
| 1. Assess the impact of public policies, laws, and regulations on chronic disease prevention and control. | | | |
| 2. Use health economics concepts and language to present chronic disease programs in a convincing manner to appropriate audiences. | | | |
| 3. Use policy as a tool in advancing chronic disease and control. | | | |
| 4. Build advocacy for policy and systems change. | | | |
| 5. Articulate relative risks of disease effectively. | | | |
| 6. Explain systems thinking and principles of systems change through ROI, payment reform and care coordination models. | | | |
| 7. Describe the historical development, structure, and interaction of public health and health care systems. | | | |

| | | | |
|---|--|--|--|
| 8. Identify local government structures. Demonstrate skill in engaging local government, health discussions, planning, etc. | | | |
| 9. Clearly articulate the impact of social determinants of health policies on health (include non-traditional partners such as housing, transportation and community design for example). | | | |
| 10. Ensure the availability of data of all racial populations and transferring knowledge related to racial, ethnic and underserved populations. | | | |

COMPETENCY AREA 4: Lead Strategically

Chronic disease practitioners articulate health needs and strategic vision, serve as a catalyst for change and demonstrate program accomplishments to ensure continued funding and support within their scope of practice.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|---|--------|--------|--------|
| 1. Demonstrate critical thinking. | | | |
| 2. Leverage resources. | | | |
| 3. Apply effective problem-solving processes and methods. | | | |
| 4. Provide leadership to create key values and shared vision. | | | |
| 5. Create a culture of ethical standards within organizations and communities. | | | |
| 6. Educate decision makers on budget initiatives based on priorities. | | | |
| 7. Translate policy into organizational plans, structures and programs. | | | |
| 8. Respond with flexibility to changing needs. | | | |
| 9. Facilitate integration and coordination across chronic disease programs. | | | |
| 10. Create and/or identify policy agenda to align goals and measures for chronic disease programs. | | | |
| 11. Generate, share, and accept new ideas and incorporate them. | | | |
| 12. Oversee the development and implementation of a statewide chronic disease plan that incorporates named goals, measures of success, and actions to align goals and measures. | | | |
| 13. Identify individual and organizational responsibilities within the context of the Essential Public Health Services and core functions. | | | |

| | | | |
|--|--|--|--|
| 14. Demonstrate ability to build capacity at all levels of decision making to promote community solutions for ending health disparities. | | | |
| 15. Demonstrate ability to improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services. | | | |
| 16. Demonstrate ability to invest in young people to prepare them to be future leaders and practitioners to end health disparities. | | | |

COMPETENCY AREA 5: Manage People

Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|--|--------|--------|--------|
| 1. Recruit and retain a diverse chronic disease workforce (culture, age, gender, race, etc.). | | | |
| 2. Manage a team of professional staff effectively. | | | |
| 3. Support professional and personal development for chronic disease program staff. | | | |
| 4. Recruit and mentor a diversely-skilled interdisciplinary team. | | | |
| 5. Motivate individuals and teams to achieve goals. | | | |
| 6. Implement processes so that staff from multiple programs can identify underlying common goals and outcomes. | | | |
| 7. Negotiate budgets and contract requirements/objectives with both funders and contractors. | | | |
| 8. Promote team and organizational learning and collaboration. | | | |
| 9. Practice effective time management. | | | |
| 10. Mediate and resolve conflicts effectively. | | | |
| 11. Conduct performance appraisals and give guidance/feedback to staff regularly. | | | |
| 12. Balance multiple tasks. | | | |
| 13. Match staff skills to tasks. | | | |
| 14. Navigate relevant fiscal systems effectively. | | | |
| 15. Prioritize work responsibilities of self and staff. | | | |
| 16. Employ effective interviewing and questioning strategies. | | | |

| | | | |
|--|--|--|--|
| 17. Effectively manage meetings and conferences. | | | |
| 18. Demonstrate ability to develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic services, program development, etc. | | | |
| 19. Demonstrate ability to increase diversity and competency of health workforce and related industries through recruitment, retention and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems. | | | |

COMPETENCY AREA 6: Manage Programs and Resources

Chronic disease practitioners ensure the consistent administrative, financial, and staff support necessary to sustain successful implementation of planned activities and build opportunities.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|--|--------|--------|--------|
| 1. Manage chronic disease programs within budget constraints. | | | |
| 2. Set program goals and objectives of chronic disease programs. | | | |
| 3. Monitor chronic disease program performance. | | | |
| 4. Apply strategies to transition from planning to implementation. | | | |
| 5. Navigate cooperative agreements with the CDC. | | | |
| 6. Balance needs, requirements, partnerships, work load, etc. for multiple projects/programs. | | | |
| 7. Assess an organization’s implementation readiness, capacity and effectiveness. | | | |
| 8. Identify and assess potential funding opportunities. | | | |
| 9. Develop and justify a line-item budget that aligns with program activities. | | | |
| 10. Provide technical assistance to partners, subcontractors and others as needed. | | | |
| 11. Prepare proposals for funding from a variety of sources. | | | |
| 12. Conduct internal and external needs and assets assessments to inform program planning. | | | |
| 13. Adhere to public health laws, regulations, and policies related to chronic disease prevention and control. | | | |
| 14. Apply organizational theory to professional practice. | | | |

| | | | |
|--|--|--|--|
| 15. Apply current techniques in decision analysis and planning for chronic disease. | | | |
| 16. Understand basic principles and concepts of information system design and collaborate with others to develop a plan to collect and use data. | | | |
| 17. Conduct regular and purposeful site visits with grantees. | | | |
| 18. Develop and manage budgets that cross multiple award and funding cycles. | | | |
| 19. Apply project management principles. | | | |
| 20. Apply economic principles and concepts to program management. | | | |
| 21. Develop a diverse funding portfolio: federal and state, foundations, hospital community benefit and university-obtained grant dollars. | | | |
| 22. Demonstrate ability to implement strategies to promote health equity and investing the resources to that end. | | | |
| 23. Demonstrate ability to apply a health equity lens to the development, execution and evaluation of programs. | | | |

COMPETENCY AREA 7: Use Public Health Science

Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities and measure change.

| Sub-competency | Tier 1 | Tier 2 | Tier 3 |
|---|--------|--------|--------|
| 1. Discuss the underlying causes and management of chronic diseases, including behavioral, medical, genetic, environmental and social factors using applied ethical principles. | | | |
| 2. Describe socioeconomic and behavioral determinants of health disparities. | | | |
| 3. Develop and adapt approaches to problems that take into account differences among populations. | | | |
| 4. Apply ethical principles to the collection, maintenance, use, and dissemination of data and information. | | | |
| 5. Recognize and apply current relevant scientific evidence. | | | |
| 6. Monitor and analyze chronic disease epidemiology and surveillance data to identify burden, trends and outcomes. | | | |

| | | | |
|--|--|--|--|
| 7. Articulate key chronic disease issues. | | | |
| 8. Identify relevant and appropriate data and information sources for chronic disease (GIS, electronic health records and other emerging methodologies). | | | |
| 9. Identify the factors that influence the delivery and use of public health programs and services. | | | |
| 10. Define and interpret non-traditional data to address chronic disease prevention and control (e.g. transportation data, electronic health records and cigarette sales). | | | |
| 11. Explain relevant inferences from quantitative and qualitative data. | | | |
| 12. Select and use appropriate data collection methods and maintain current standards of data collection. | | | |
| 13. Discuss issues of data integrity and comparability. | | | |
| 14. Know and apply the Chronic Disease Indicators. | | | |
| 15. Guide the translation of research into chronic disease programs and activities. | | | |
| 16. Discuss quantitative evaluation. | | | |
| 17. Discuss qualitative evaluation. | | | |
| 18. Implement social marketing strategies. | | | |
| 19. Maintain up-to-date knowledge on the development of genetic advances and technologies relevant to chronic diseases. | | | |
| 20. Explain basic clinical terms and etiology for chronic diseases. | | | |
| 21. Demonstrate a commitment to social justice and health equity. | | | |
| 22. Integrate principles of social justice into public health practice and promotion. | | | |
| 23. Demonstrate cultural sensitivity towards underserved populations. | | | |

Exercise 4: Preparing for your Individual Development Plan

Instructions and Worksheet

This exercise is for you as an individual employee to assess your role, your goals, and your preferred learning styles. It will also help you identify your preferred ways of accessing knowledge to support your learning, and produce a learning plan that is SMART.

1. Consider your professional experience. Put a check in the box that best describes yourself at this time:

| LEVEL | Selection |
|-------------------|--------------------------|
| Entry Level | <input type="checkbox"/> |
| Mid-Career | <input type="checkbox"/> |
| Director | <input type="checkbox"/> |
| Expert Consultant | <input type="checkbox"/> |

2. What are your learning and professional development goals?

| GOAL(s) |
|---------|
| |
| |
| |

3. What is your preferred learning style? Mark your first preference with a 1 and second with a 2.

| Preference | Style | Description |
|------------|--------------|---|
| | Abstract | Learning by generalizing from your personal knowledge or observed events |
| | Auditory | learning by listening; recalling by auditory cues |
| | Concrete | Learning by manipulating physical objects |
| | Constructive | Learning by building models or plans |
| | Oral | learning by saying or hearing/repeating; recalling by speaking or preparing to speak |
| | Kinesthetic | learning by physical movement or observing motion |
| | Visual | Learning by observing, creating and explaining visual representations or patterns; recalling by rendering representations |

4. The list below contains a range of learning opportunities, from casual to formal. Identify those that you would be most likely to take advantage of, and why.

| Learning and Professional Development Activity | | |
|--|--------------------------|-------------------------|
| | select | Why interesting to you? |
| Connecting with a mentor | <input type="checkbox"/> | |
| Being a mentor | <input type="checkbox"/> | |
| Online Courses | <input type="checkbox"/> | |
| Individual online research | <input type="checkbox"/> | |

| | | |
|---|--------------------------|--|
| Attending webinars/viewing recorded webinars | <input type="checkbox"/> | |
| Developing a Best Practice Model | <input type="checkbox"/> | |
| Participating in an NACDD Council/Committee | <input type="checkbox"/> | |
| Taking a local course | <input type="checkbox"/> | |
| Reading an educational book/article | <input type="checkbox"/> | |
| Traveling to take a course | <input type="checkbox"/> | |
| Traveling to participate in a conference | <input type="checkbox"/> | |
| Preparing a research report and presenting it to outside colleagues | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | |

5. How do you plan to measure your growth from those opportunities?

| Selected opportunity | Measurement of progress or growth from the experience |
|----------------------|---|
| | |
| | |
| | |
| | |

6. How will you balance time required to plan for these opportunities? Whose assistance will you enlist?

| Time issues | Assistance |
|-------------|------------|
| | |
| | |
| | |
| | |

Conclusion

By considering the answers to the questions above, you should be able to make a SMART Plan. In most cases, you will want to review your IDP with your manager.

Specific – targeted to the Competency Area(s) that need improvement

Measureable – the tools provide a framework to show your plan, completion and growth

Achievable – the opportunities you select are connected to your learning style and available time

Relevant – the plan connects with the goals you set for yourself

Time-bound – targeted to the timeframe set by yourself and your manager

Exercise 5: Chronic Disease Competencies-Based Job Description Builder Instructions and Worksheet

As a manager, you can use this template to construct or revise a job description in response to unit or agency needs.

| |
|---|
| Date: |
| Job Description Design for Job Title: |
| If no active Job Title, Priority Delivery Area: |
| Completed by: |

| Role: Select the best fitting level/role, or identify under “other” | Select |
|---|--------------------------|
| Agency Senior/Executive | <input type="checkbox"/> |
| Agency Senior/Management | <input type="checkbox"/> |
| Agency Mid-management | <input type="checkbox"/> |
| Agency or Department Staff, Specialist | <input type="checkbox"/> |
| Department/Division Senior Management | <input type="checkbox"/> |
| Department/Division Mid-management | <input type="checkbox"/> |
| Program Management or Program Director | <input type="checkbox"/> |
| Program Staff, Specialist | <input type="checkbox"/> |
| Program Staff, Coordinator | <input type="checkbox"/> |
| Research Management or Specialist | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

Instructions:

| |
|--|
| <p>1. Review the 7 Competency Areas by title below. Select those that you believe are most relevant to the role defined above. In each of those areas, review the sub-competencies and check “include” to include that item in the job description.</p> |
| <p>2. Then scan the other competency areas for items that might be relevant. Select items for inclusion through this process, and mark in the “Include” column.</p> |
| <p>3. Finally, weight the ones flagged as “include” by indicating whether they are</p> <ul style="list-style-type: none"> a. 1 essential, b. 2 relevant but not essential c. 3 relatively low priority for this position <p>Those selected as essential or relevant form the basis of the job description.</p> |

| COMP 1 BUILD SUPPORT | Include | 1,2,3 |
|--|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Develop linkages and/or partnerships with key stakeholders | <input type="checkbox"/> | |
| 2. Have effective collaboration strategies | <input type="checkbox"/> | |
| 3. Respect points of view, promote diverse opinions | <input type="checkbox"/> | |
| 4. Interact effectively with other major sectors and key stakeholders | <input type="checkbox"/> | |
| 5. Integrate between chronic disease programs and other state health-related programs | <input type="checkbox"/> | |
| 6. Communicate effectively in writing | <input type="checkbox"/> | |
| 7. Communicate effectively verbally | <input type="checkbox"/> | |
| 8. Prepare and present the business case | <input type="checkbox"/> | |
| 9. Facilitate use of coalitions | <input type="checkbox"/> | |
| 10. Advocate for programs and resources | <input type="checkbox"/> | |
| 11. Work with partners on data collection and interpretation | <input type="checkbox"/> | |
| 12. Communicate information (through all media) | <input type="checkbox"/> | |
| 13. Lead and participate in groups | <input type="checkbox"/> | |
| 14. Facilitate group interactions (for) decision making | <input type="checkbox"/> | |
| 15. Navigate the appropriate organizational systems quickly | <input type="checkbox"/> | |
| 16. Participate in national work groups | <input type="checkbox"/> | |
| 17. Identify and describe the roles of the key stakeholders | <input type="checkbox"/> | |
| 18. Develop and support partnerships among public, nonprofit and private entities to end health disparities and achieve equity | <input type="checkbox"/> | |

| COMP 2 DESIGN AND EVALUATE PROGRAMS | Include | 1,2,3 |
|--|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Use program evaluation findings | <input type="checkbox"/> | |
| 2. Identify and use public health data | <input type="checkbox"/> | |
| 3. Select appropriate program and intervention activities | <input type="checkbox"/> | |
| 4. Develop evaluation plans | <input type="checkbox"/> | |
| 5. Apply principles of cultural appropriateness | <input type="checkbox"/> | |
| 6. Apply cost-effectiveness, benefit, and utility analyses | <input type="checkbox"/> | |
| 7. Identify a data analysis agenda | <input type="checkbox"/> | |
| 8. Identify program-specific content areas | <input type="checkbox"/> | |

| | | |
|---|--------------------------|--|
| 9. use scientifically sound evaluation techniques | <input type="checkbox"/> | |
| 10. Present accurate information effectively | <input type="checkbox"/> | |
| 11. Use and apply economic evaluation | <input type="checkbox"/> | |
| 12. Incorporate GeoMapping | <input type="checkbox"/> | |
| 13. Report and communicate data effectively | <input type="checkbox"/> | |
| 14. Understand how to invest in community-based participatory research and evaluation | <input type="checkbox"/> | |
| 15. (Use) research and evaluation generated knowledge for decisions related to health disparities and health equity | <input type="checkbox"/> | |

| COMP 3 INFLUENCE POLICIES AND SYSTEMS CHANGE | Include | 1,2,3 |
|---|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Assess the impact of public policies, laws and regulations | <input type="checkbox"/> | |
| 2. Use health economics concepts and language | <input type="checkbox"/> | |
| 3. Use policy as a tool | <input type="checkbox"/> | |
| 4. Build advocacy for policy and systems change | <input type="checkbox"/> | |
| 5. Articulate relative risks of disease effectively | <input type="checkbox"/> | |
| 6. Explain systemstinking and principles of systems change | <input type="checkbox"/> | |
| 7. Describe interaction of public health and health care systems | <input type="checkbox"/> | |
| 8. Identify local government structures | <input type="checkbox"/> | |
| 9. Articulate the impact of social determinants of health policies on health | <input type="checkbox"/> | |
| 10. Ensure the availability of data of all racial populations and underserved populations | <input type="checkbox"/> | |

| COMP 4 LEAD STRATEGICALLY | Include | 1,2,3 |
|---|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Demonstrate critical thinking | <input type="checkbox"/> | |
| 2. Leverage resources | <input type="checkbox"/> | |
| 3. Apply effective problem-solving processes and methods | <input type="checkbox"/> | |
| 4. Provide leadership to create key values/vision | <input type="checkbox"/> | |
| 5. Create a culture of ethical standards | <input type="checkbox"/> | |
| 6. Educate decision makers on budget initiatives | <input type="checkbox"/> | |
| 7. Translate policy into organizational plans, structures and programs | <input type="checkbox"/> | |
| 8. Respond with flexibility to changing needs | <input type="checkbox"/> | |
| 9. Facilitate integration and coordination across programs | <input type="checkbox"/> | |
| 10. Create and/or identify policy agenda to align goals and measures | <input type="checkbox"/> | |
| 11. Generate, share, and accept new ideas | <input type="checkbox"/> | |
| 12. Oversee developing and implementing a statewide chronic disease plan | <input type="checkbox"/> | |
| 13. Identify individual and organizational responsibilities (EPHS and core functions) | <input type="checkbox"/> | |

| | | |
|---|--------------------------|--|
| 14. Demonstrate ability to build capacity at all decision-making levels promoting community solutions to end health disparities | <input type="checkbox"/> | |
| 15. Improve coordination, collaboration, and opportunities for soliciting community input | <input type="checkbox"/> | |
| 16. Invest in young people to be future leaders and practitioners | <input type="checkbox"/> | |

| COMP 5 MANAGE PEOPLE | Include | 1,2,3 |
|---|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Recruit and retain a diverse chronic disease workforce | <input type="checkbox"/> | |
| 2. Manage a team of professional staff | <input type="checkbox"/> | |
| 3. Support professional and personal development | <input type="checkbox"/> | |
| 4. Recruit and mentor a diversely-skilled interdisciplinary team | <input type="checkbox"/> | |
| 5. Motivate individuals and teams | <input type="checkbox"/> | |
| 6. (Support) staff to identify underlying common goals and outcomes | <input type="checkbox"/> | |
| 7. Negotiate budgets and contract requirements with funders and contractors | <input type="checkbox"/> | |
| 8. Promote team and organizational learning and collaboration | <input type="checkbox"/> | |
| 9. Practice effective time management | <input type="checkbox"/> | |
| 10. Mediate and resolve conflicts effectively | <input type="checkbox"/> | |
| 11. Conduct performance appraisals with regular guidance/feedback | <input type="checkbox"/> | |
| 12. Balance multiple tasks | <input type="checkbox"/> | |
| 13. Match staff skills to tasks | <input type="checkbox"/> | |
| 14. Navigate relevant fiscal systems effectively | <input type="checkbox"/> | |
| 15. Prioritize work responsibilities of self and staff | <input type="checkbox"/> | |
| 16. Employ effective interviewing and questioning strategies | <input type="checkbox"/> | |
| 17. Effectively manage meetings and conferences | <input type="checkbox"/> | |
| 18. Develop and support the health workforce to promote cultural and linguistic services, programs etc. | <input type="checkbox"/> | |
| 19. Increase diversity and competency of health workforce and related industries | <input type="checkbox"/> | |

| COMP 6 MANAGE PROGRAMS AND RESOURCES | Include | 1,2,3 |
|--|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Manage chronic disease programs within budget constraints | <input type="checkbox"/> | |
| 2. Set program goals and objectives | <input type="checkbox"/> | |
| 3. Monitor chronic disease program performance | <input type="checkbox"/> | |
| 4. Transition from planning to implementation | <input type="checkbox"/> | |
| 5. Navigate cooperative agreements with the CDC | <input type="checkbox"/> | |
| 6. Balance needs, requirements for multiple projects/programs | <input type="checkbox"/> | |
| 7. Assess implementation readiness, capacity and effectiveness | <input type="checkbox"/> | |
| 8. Identify and assess potential funding opportunities | <input type="checkbox"/> | |
| 9. Develop and justify an aligned line-item budget | <input type="checkbox"/> | |

| | | |
|---|--------------------------|--|
| 10. Provide technical assistance to partners | <input type="checkbox"/> | |
| 11. Prepare proposals for funding | <input type="checkbox"/> | |
| 12. Conduct internal and external needs and assets assessments | <input type="checkbox"/> | |
| 13. Adhere to public health laws, regulations, and policies | <input type="checkbox"/> | |
| 14. Apply organizational theory to professional practice | <input type="checkbox"/> | |
| 15. Apply current techniques in decision analysis | <input type="checkbox"/> | |
| 16. Understand basic principles and concepts of information system design | <input type="checkbox"/> | |
| 17. Conduct regular and purposeful grantee site visits | <input type="checkbox"/> | |
| 18. Develop and manage budgets that cross multiple cycles | <input type="checkbox"/> | |
| 19. Apply project management principles | <input type="checkbox"/> | |
| 20. Apply economic principles to management | <input type="checkbox"/> | |
| 21. Develop a diverse funding portfolio | <input type="checkbox"/> | |
| 22. Implement strategies to promote health equity | <input type="checkbox"/> | |
| 23. Apply a health equity lens to program development, execution and evaluation | <input type="checkbox"/> | |

| COMP 7: USE PUBLIC HEALTH SCIENCE | Include | 1,2,3 |
|--|--------------------------|--------------|
| Sub-Competency Phrase | | |
| 1. Discuss the underlying causes and management of chronic diseases | <input type="checkbox"/> | |
| 2. Describe socioeconomic and behavioral determinants of health disparities | <input type="checkbox"/> | |
| 3. Develop/adapt approaches to take into account differences among populations | <input type="checkbox"/> | |
| 4. Apply ethical principles to (developing and using) data and information | <input type="checkbox"/> | |
| 5. Recognize/apply current relevant scientific evidence | <input type="checkbox"/> | |
| 6. Monitor and analyze chronic disease epidemiology and surveillance data | <input type="checkbox"/> | |
| 7. Articulate key chronic disease issues | <input type="checkbox"/> | |
| 8. Identify data and information sources (including emerging technologies) | <input type="checkbox"/> | |
| 9. Identify the factors that influence program and services delivery and use | <input type="checkbox"/> | |
| 10. Define and interpret non-traditional data (consumer data, EHR) | <input type="checkbox"/> | |
| 11. Explain relevant inferences from quantitative and qualitative data | <input type="checkbox"/> | |
| 12. Use appropriate data collection methods, maintain data collection standards | <input type="checkbox"/> | |
| 13. Discuss issues of data integrity and comparability | <input type="checkbox"/> | |
| 14. Know and apply the Chronic Disease Indicators | <input type="checkbox"/> | |
| 15. Guide translation of research into programs and activities | <input type="checkbox"/> | |
| 16. Discuss quantitative evaluation | <input type="checkbox"/> | |
| 17. Discuss qualitative evaluation | <input type="checkbox"/> | |
| 18. Implement social marketing strategies | <input type="checkbox"/> | |
| 19. (Have) knowledge on the development of genetic advances, technologies | <input type="checkbox"/> | |
| 20. Explain basic clinical terms and etiology | <input type="checkbox"/> | |
| 21. Demonstrate a commitment to social justice and health equity | <input type="checkbox"/> | |
| 22. Integrate principles of social justice into public health practice and promotion | <input type="checkbox"/> | |
| 23. Demonstrate cultural sensitivity towards underserved populations | <input type="checkbox"/> | |

Exercise 6: Chronic Disease Competencies-Based Interview Builder

Instructions and Worksheet

BEFORE THE INTERVIEW:

1. Review the essential and desired competencies from the Job Description Builder.
2. Identify the Competency Areas below that most represent the position's essential or standard requirements.
3. Consider the questions that best suit the job title, the candidate and the relationship of this position to others in the team or agency. Do they need to be modified?
4. Choose interview questions that will guide your assessment of the proficiency of the candidate across a range of skills and knowledge identified as specific to leading and managing chronic disease programs in the current context.

| |
|---|
| Date: |
| Candidate: |
| Candidate Materials Received Date: |
| Job Description Design for Job Title: |
| If no active Job Title, Priority Delivery Area: |
| Completed by: |

1. BUILD SUPPORT: Establish strong working relationships with stakeholders, including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention.

- Tell me about a recent experience in building partnerships with a variety of stakeholders for a program or project. What strategies did you use to build the partnerships?
- Have you had an opportunity to integrate a chronic disease program or project with another state health related program?
- What experience(s) have you had in educating and informing policy makers about chronic disease programs?
- Have you had the opportunity to speak on chronic disease issues in a group setting? Lead a group discussion?
- Have you authored or published presentations, guidance or publications on chronic disease issues?

2. DESIGN AND EVALUATE PROGRAMS: Develop and implement evidence-based interventions and conduct evaluation to ensure ongoing feedback and program effectiveness.

- Tell me about a program you have designed, including intervention activities. What steps did you take to design the program?
- Describe a time you needed to address cultural issues in program design, and what you considered in order to do so.
- How have you used program evaluation findings in a recent program? Describe the evaluation methods used.
- Tell me how you use data in your present or past jobs in public health to prioritize program activities.

3. INFLUENCE POLICIES AND SYSTEMS CHANGE: Implement strategies to change the health-related policies of private organizations or governmental entities capable of affecting the health of targeted populations.

- In your opinion, what impact do current public policies or regulations have on chronic disease prevention and control, specifically AREA OF INTEREST FOR THIS POSITION?
- When you are reviewing a proposed policy related to your area of responsibility, what issues do you consider?
- Systems approaches to public health are critical. How do you engage in planning purposefully to support systems engagement and systems thinking?

4. LEAD STRATEGICALLY: Articulate health needs and strategic vision, serve as a catalyst for change, and demonstrate program accomplishments to ensure continued funding and support within their scope of practice.

- What characteristics do you feel are important to being a successful leader? How do these differ from the characteristics of a successful manager?
- Tell me about a time you have been the leader of a program, project, or group over time. What was rewarding? Successful? What were the challenges?
- Describe a situation in which you were responsible for making significant change in a program, staff or work environment that impacted a group of employees or colleagues. How did you plan for a successful transition? What would you do differently?
- Have you ever been part of chronic disease program (or other) strategic planning process? What was the outcome of that process?
- What are some steps you'd take to cut a program budget by 25%, due to agency requirements and funding limits? What would you consider while weighing your recommendation?

5. MANAGE PEOPLE: Oversee and support the optimal performance and growth of program staff as well as themselves.

- Describe a staff management problem you have experienced, and how you handled it. Would you do anything differently if the same situation arose now?
- Have you managed staff with greater subject matter expertise than you? How did you support their work? And assist them to align with other requirements?
- Tell me about a process you might have used to build an interdisciplinary team. How did it go? What are some steps you could take to recruit employees from diverse racial/ethnic, socioeconomic, gender, or other varying backgrounds? Why is this important?
- If a contractor (or employee) is not performing according to their contract (employee) work plan, what steps do you take to improve their performance?

6. MANAGE PROGRAMS AND RESOURCES: Ensure the consistent administrative, financial, and staff support necessary to sustain successful implementation of planned activities and build opportunities.

- Tell me about a chronic disease program you have developed and managed. How large was the budget? What problems did you have (budget, resourcing), and how did you address them?
- Have you ever managed more than one program at a time? What was your experience?

- In your experience managing cooperative agreements with CDC or with other partners, how did you balance the funder versus state funding requirements?
- Have you had opportunities in your career to seek private funding for public agency projects? Were you successful at creating strong proposals?
- Program monitoring can be difficult to do, but is a great source of knowledge for the manager. Are there examples of how you monitored chronic disease program(s) performance? Have you ever adjusted program direction or priorities? If so, what processes were used?
- What do you think the components of a good work plan and the process you would use to develop it? [Interviewer guidance: setting program goals and objectives, identifying activities, assigning tasks, setting deadlines, deliverables or indicators, including evaluation.]

7. USE PUBLIC HEALTH SCIENCE: Gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities, and measure change.

- How do you keep updated on chronic disease issues?
- Have you ever adapted a program that was developed to reach one population (e.g., African-Americans) for use with another population (e.g., Latinos)? What program, and what did you do to adapt the program? If not, think of an example of how this might happen and what steps you would take to make the adaptation.
- Describe the important considerations in developing programs addressing health disparities.
- Define “social determinants of health” and provide some examples. Give an example of a program that has addressed a social determinant of health in combination with individual or population-based health behavior change.
- Give an example of an evidence-based program currently implemented for chronic disease prevention, and describe the evidence base.

APPENDIX II – Acknowledgements

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- The 2016 Professional Development Committee co-chaired by Heather Borski and Jon Lowry
- The 2017-2018 Learning and Professional Development Committee chaired by Jack Miller
- The 2018 Learning and Professional Development Advisory Group led by Mehul Dalal
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- The staff at Concept Systems, Incorporated including Mary Kane and Jennifer Royer-Barnett

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