

Updated July 2022

COMPETENCY AREA 1: BUILD SUPPORT

Chronic disease practitioners establish strong working relationships and communicate strategically with communities and other partners, including other programs, government agencies, nongovernmental lay and professional groups, and communities of focus to build support for chronic disease prevention and control.

# Competencies Establish and maintain key partnerships to build support for ending inequities in chronic disease and advancing equity in chronic disease outcomes. 1-2 Use effective collaboration strategies to build, nurture, and sustain meaningful partnerships. 1-3 Seek out, listen openly to, and create space for diverse opinions, perspectives and experiences. 1-4 Interact strategically with other major sectors and key organizational partners, such as health systems, the transportation sector, parks and recreation, education, and others. 1-5 Select and use facilitation tools and approaches that support co-design, joint decision-making, sharing power, and authentic engagement of all partners, including communities of focus. 1-6 Facilitate use of coalitions, key partners, and change agents for chronic disease prevention and control. 1-7 Facilitate integration of chronic disease programs and governmental agencies, departments, and divisions. 1-8 Effectively navigate organizational systems and apply institutional knowledge. 1-9 Identify and describe the roles of key organizations in chronic disease prevention nationally. 1-10 Communicate effectively verbally, visually, and in writing for both professional and general audiences. 1-11 Effectively present and communicate scientific information for both professional and lay audiences. 1-12 Use diverse media and technology to communicate information. 1-13 Effectively communicate the business case for chronic disease prevention. 1-14 Implement social marketing strategies. 1-15 Advocate for chronic disease programs and resources.	_	agencies, nongovernmental lay and professional groups, and communities of focus to build		
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	COMPETENCY AREA 2: DESIGN AND EVALUATE PROGRAMS
	Chronic disease practitioners develop and implement evidence-based interventions and
	conduct evaluation and qualitative improvement processes to ensure on-going feedback
	and program effectiveness.
#	Competencies
2-1	Use evidence-based decision-making principles to inform program selection,
	prioritization, planning, implementation, and evaluation.
2-2	Involve communities of focus, including individuals with lived experience, in the design of
	programs, policies, and other chronic disease prevention initiatives.
2-3	Identify and use public health and other data to develop, prioritize, and promote
	interventions and policies related to preventing chronic disease.
2-4	Use a systematic approach to design formative, process, outcome, and impact evaluation
	activities.
2-5	Use evaluation data to inform decisions about changing, continuing, scaling, or ending
	practices and programs.
2-6	Use research and evaluation findings to prioritize policies, programs, and grants that will
	advance racial and health equity.
2-7	Incorporate data and information from communities of focus, through strategies like
	community-based participatory research, data disaggregation, and evaluation of
	community- originated intervention strategies.
2-8	Collaborate with partners to collect and interpret data.
2-9	Apply ethical principles to the collection, storage, use, and dissemination of data and
	information.
2-10	Use economic evaluation techniques, including cost-effectiveness, cost-benefit, and/or
	cost- utility analyses as appropriate.
2-11	Plan and apply scientifically sound qualitative and quantitative evaluation techniques.

	COMPETENCY AREA 3: INFLUENCE POLICIES AND SYSTEMS CHANGE
	Chronic disease practitioners implement strategies to change public and organizational
	health-related policy that shapes the health of populations.
#	Competencies
3-1	Prioritize the use of policy as a tool to prevent and address chronic disease.
3-2	Articulate the impact of social determinants of health on chronic disease at the
	population and individual levels.
3-3	Assess the impact of public policies, laws, and regulations on chronic disease and chronic
	disease prevention and control.



3-4	Identify a policy agenda that aligns goals and measures for chronic disease prevention
	programs.
3-5	Explain and apply principles of systems thinking and systems change.
3-6	Navigate and engage with government systems at all levels (local, state, federal).
3-7	Apply an understanding of healthcare systems, public health systems, and the
	relationship between the two to systems change initiatives.
3-8	Build capacity for advocacy, such as educating public officials, submitting comments,
	testifying, and writing policy statements.

	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.
#	Competencies
4-1	Provide leadership to articulate clear values, mission, and vision.
4-2	Facilitate integration and coordination across chronic disease programs.
4-3	Oversee the development and implementation of a statewide chronic disease plan that includes goals, measures of success, and specific activities.
4-4	Align individual and organizational work with Essential Public Health Services and core
	functions.
4-5	Apply leadership and management theory to public health practice.
4-6	Create and maintain an action-oriented culture that values integrity and high-quality
	performance.
4-7	Create and sustain a culture of innovation where new ideas are supported.
4-8	Use and apply quality improvement tools and principles throughout chronic disease prevention and internal administrative activities.
4-9	Respond with flexibility to changing needs and emerging issues in chronic disease prevention.
4-10	Apply effective problem-solving processes and methods.
4-11	Operationalize policies by creating equitable organizational plans, procedures, and
	programs.
4-12	Demonstrate a commitment to integrating principles of social justice, health equity,
	diversity and inclusion into public health practice.
4-13	Demonstrate cultural humility.
4-14	Build capacity at all levels to identify and implement community solutions for ending health inequities.



4-15	Coordinate and collaborate with communities of focus to identify strategic directions in
	chronic disease prevention.
4-16	Educate decisionmakers on program priorities, forecasted challenges, and budgetary and
	other needs.

	COMPETENCY AREA 5: MANAGE PEOPLE
	Chronic disease practitioners oversee and support the optimal performance and growth
	of program staff as well as themselves.
#	Competencies
5-1	Facilitate team and organizational learning and reflection.
5-2	Motivate individuals and teams to achieve goals.
5-3	Support professional and personal development for chronic disease unit staff.
5-4	Effectively manage staff.
5-5	Facilitate connections across programs.
5-6	Recruit and retain a diverse chronic disease workforce with a wide range of skillsets.
5-7	Apply equitable and effective recruitment, hiring, and retention practices.
5-8	Conduct fair and equitable performance appraisals with actionable feedback to staff.
5-9	Forecast staffing needs and match staff skills with tasks.
5-10	Invest in emerging leaders and prepare them for sustained engagement in the field of
	public health.
5-11	Mediate and resolve conflicts.
5-12	Manage time and priorities.

	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.
#	Competencies
6-1	Apply evidence-based decision making tools and processes to chronic disease prevention
	practice.
6-2	Apply a health equity lens to the development, implementation, and evaluation of
	programs.
6-3	Implement strategies that promote health and racial equity.
6-4	Manage chronic disease programs within budget constraints.



6-5	Set and monitor chronic disease program goals and objectives.
6-6	Apply project management principles and tools.
6-7	Manage planning and implementation of meetings and conferences.
6-8	Conduct internal and external assessments of organizational readiness, capacity, and
	effectiveness.
6-9	Provide technical assistance to partners, subcontractors, and others.
6-10	Adhere to public health laws, regulations, and policies related to chronic disease
	prevention and control.
6-11	Manage the resources needed to ensure effectiveness of multiple programs.
6-12	Develop a flexible, sustainable, diverse funding portfolio.
6-13	Develop and manage complex program budgets.
6-14	Manage funding agreements.
6-15	Manage budgets and contracts with both funders and contractors.
6-16	Navigate relevant fiscal systems in support of effectively managing programs and their
	budgets.

	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.
#	Competencies
7-1	Identify and apply current relevant scientific evidence and findings from published
	literature.
7-2	Establish and support structures that facilitate adoption, institutionalization, and scaling
	of evidence-based interventions in practice settings.
7-3	Monitor and analyze chronic disease epidemiology and surveillance data to identify
	burden, trends, and outcomes.
7-4	Identify and interpret relevant and appropriate data and information to support chronic
	disease prevention activities, including data from other sectors and non-traditional
	sources.
7-5	Describe behavioral, economic, environmental, and social determinants of health.
7-6	Identify the factors that influence the delivery and use of public health programs and
	services.
7-7	Develop and adapt interventions to reach diverse communities of focus.
7-8	Articulate the medical and genetic factors that contribute to the development and
	management of chronic diseases.



7-9	Explain basic clinical terms and etiology for chronic diseases.
7-10	Make inferences from quantitative and qualitative data.
7-11	Identify credible epidemiological data sources about chronic disease.
7-12	Disaggregate data to measure health inequities.