DOMAIN 6 INFORMATION AND DATA

Activity Guide

ACTIVITY 6.1

JOB TASK 6.1: COMPLY WITH DATA USE, SECURITY, AND DISSEMINATION POLICIES

Responsible Data Use in Practice

Format: Scenario-based analysis (individual or small group)
Purpose: Apply job task 6.1 by evaluating how data should be handled, shared, stored, and reported in accordance with public health data use, security, dissemination, and confidentiality policies.

Instructor Context

Public health professionals routinely work with sensitive data. Decisions about how data are stored, shared, and reported must balance transparency, utility, and the protection of individual privacy, while complying with organizational policies, legal requirements, and data sharing agreements. These decisions are often made within established protocols and may require consultation with supervisors, legal teams, or data governance staff. Misuse or mishandling of data can harm individuals and undermine public trust.

Instructions:

Scenario:
You are an entry-level analyst at a local health department. Your team has collected survey data as part of a community health assessment from residents about mental health needs, including age, ZIP code, and open-ended comments.

Student role:
Students are governmental public health analysts responsible for ensuring proper data use and protection in alignment with organizational policies and procedures.

Students will:
For each scenario, determine whether the action is:

- Appropriate as written
- Not appropriate
- Appropriate with changes

Then, explain your reasoning.

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Scenarios:

SCENARIO A

A colleague wants to share the raw dataset with a community partner via email without first confirming whether a data-sharing agreement or other authorization is required.

SCENARIO B

A supervisor asks you to create a public report that includes direct quotes from survey respondents that may contain identifiable or sensitive information.

SCENARIO C

You are asked to store the data on your personal laptop, rather than an approved secure system, so you can work from home.

Reflection questions:

- What risks exist for individuals represented in the data?
- What responsibilities do public health professionals have when handling sensitive data under data use policies, ethical standards, and legal requirements?

Deliverable:
A short written response (1–2 paragraphs per scenario).

Encourage students to consider:

- Identifiability (direct and indirect)
- Data sharing agreements and permissions
- Secure storage practices
- Ethical responsibilities beyond minimum compliance

ACTIVITY 6.2

JOB TASK 6.2: MANAGE THE USAGE OF DATA

Identifying Data Management Issues

Format: Structured table analysis (individual or small groups)
Purpose: Apply job task 6.2 by identifying strengths and weaknesses in how data are structured, documented, managed, and prepared for use in public health practice.

Instructor Context

Public health data are often reused across programs, teams, and reporting requirements. Poor data management–such as inconsistent formats, missing documentation, or unclear variable definitions–can limit data quality, usability, and the ability to accurately analyze, report, and act on findings. In governmental public health settings, staff turnover, multiple data systems, and evolving reporting requirements can make consistent data management especially challenging. Recognizing these issues is a key skill for public health professionals.

Instructions

Scenario:
You are given a dataset description from a previous governmental public health program, surveillance activity, or project. The original staff member has left the organization, and there is limited documentation available in shared systems. Instead of accessing the dataset directly, you are provided with descriptions of how the data are structured and recorded.

Some descriptions represent data management issues, while others reflect acceptable practices.

Student role:
Students are governmental public health analysts reviewing dataset quality, usability, and readiness for analysis and reporting.

For each data description in the table, students will:

1. Determine whether a data management issue is present, based on standard data management practices (Yes or No)
2. Explain why the issue is or is not present
3. If an issue exists, recommend how it should be addressed

#	Data Description	Issue Present (Y or N)	Why or Why Not?	Recommendation
1	The variable "Age" includes both exact ages (e.g., 27, 44) and age categories (e.g., "18–24", "65+") within the same column.			
2	All dates are recorded in MM/DD/YYYY format and include a note explaining the chosen format.			
3	A column labeled "Race" contains numeric values (1–5), but no codebook or explanation is provided.			
4	Participant IDs are unique, system-generated, and used consistently across all records.			
5	Several records appear to belong to the same individual but have small spelling differences in names and different ID numbers.			
6	Missing values are consistently coded as "NA" and described in a data dictionary.			
7	Location information is recorded only in open-text fields, resulting in many variations for the same place.			
8	A README file explains when the data were collected, by whom, and for what purpose.			
9	Dates are entered in multiple formats, including numbers, text (e.g., "Fall 2022"), and abbreviations.			
10	Variable names are short but clear (e.g., "svc_type" defined as service type in documentation).			

Reflection questions:

- Which issues were easiest to identify? Which were more subtle?
- How could small data management problems create large downstream impacts on analysis, reporting, and decision-making?

Deliverable:
A completed table with explanations and recommendations

Encourage students to consider:

- Consistency across variables and datasets
- Importance of documentation, including codebooks or data dictionaries
- Risks for analysis and interpretation, including misclassification, bias, or incorrect conclusions
- Reusability of data across programs and reporting needs

ACTIVITY 6.3

JOB TASK 6.3: ENGAGE IN PRIMARY DATA COLLECTION

Designing a Primary Data Collection Plan

Format: Individual writing assignment (2–3 pages or equivalent)
Purpose: Apply job task 6.3 by designing a feasible, ethical, and actionable primary data collection approach to address a public health question.

Instructor context:

Public health professionals often collect primary data when existing data are insufficient to answer key questions. This requires selecting appropriate methods, designing clear questions, and ensuring ethical and responsible practices. In governmental public health settings, primary data collection must often be designed within constraints such as limited staff time, funding, and approval processes. The activity focuses on planning–rather than implementing–data collection in a real-world health department context.

Instructions

Scenario:

Your local health department wants to better understand barriers to accessing preventive health services, public health programs, or health-promoting resources among young adults (ages 18–29) to inform program improvements or outreach strategies. Existing data do not explain why utilization is low. You have been asked to propose a small, feasible primary data collection effort that could realistically be implemented by a health department.

Student role:
Students are governmental public health staff designing a primary data collection approach that could be implemented within a governmental public health setting.

Students will complete the following steps:

Step 1: Choose a Data Collection Method

a. Survey (paper, online, or text message-based)
b. Individual interviews
c. Focus groups

In 2–3 sentences, explain why this method is appropriate, given the population, question, and available resources.

Step 2: Define the Basics of the Data Collection Plan
Provide brief responses:

a. Target population: Who will you collect data from?
b. Setting/recruitment: Where or how will participants be reached?
c. Purpose: What decision or action will this data inform?

Step 3: Develop Data Collection Questions
Create 5–7 questions appropriate for your method.

Guidelines:

- Use clear, plain language
- Avoid leading or judgmental wording
- Align questions with your stated purpose
- Ensure communication is appropriate for the intended audiences

Include a mix of:

- Closed-ended questions
- Open-ended questions

Step 4: Consider Ethics, Privacy, and Accessibility
Address:

a. What sensitive topics might arise?
b. How will you protect privacy and confidentiality in alignment with public health policies and practices?
c. How will your approach identify and reduce barriers to participation for intended populations?

Step 5: Anticipate Data Use
Briefly describe:

a. What type of data you expect (quantitative, qualitative, or both)
b. One way the data could be used by the health department to inform programs, services, or decision-making

Reflection questions

- What trade-offs did you make when choosing your method?
- What challenges might arise during real-world data collection in a governmental public health setting?

Deliverable:
Submit a short, written data collection plan that includes:

- Method and justification
- Target population and recruitment strategy
- 5–7 data collection questions
- Ethical, privacy, and accessibility considerations
- Anticipated use of the data

Encourage students to consider:

- Feasibility in a real health department setting
- Participant burden and accessibility, including time, location, and format of participation
- Trust and willingness to participate, particularly among communities that may have historical or ongoing concerns about data collection
- Alignment between questions and decision-making needs

ACTIVITY 6.4

JOB TASK 6.4: ENGAGE IN SECONDARY DATA USAGE

Using Secondary Data for Public Health Decision-Making

Format: Individual written analysis (2–3 pages or equivalent)
Purpose: Apply job task 6.4 by identifying, evaluating, and using secondary data sources to inform public health decision-making in a governmental setting.

Instructor context:

In governmental public health, professionals often rely on existing (secondary) data sources due to time, cost, or feasibility constraints, as well as reporting requirements and existing data system availability. Understanding how to assess data quality, limitations, and appropriate use is essential for responsible and accurate decision-making.

Instructions

Scenario:

Your supervisor asks you to provide a data-informed snapshot of chronic disease trends in your jurisdiction to support program planning, funding decisions, or reporting to leadership. You are not able to collect new data due to time, resource, or feasibility constraints, and must rely entirely on existing data sources.

Student role:
Students are governmental public health analysts responsible for identifying and evaluating secondary data sources to support program, policy, or funding decisions.

Students will complete the following steps:

Step 1: Clarify the Public Health Question
Review the question:

What do current data suggest about the burden of chronic disease among adults in our jurisdiction?

Briefly describe:
- What outcomes or conditions you would examine
- What population(s) you would prioritize

Step 2: Identify Appropriate Secondary Data Sources
Identify two relevant data sources, such as CDC systems, state or local surveillance systems, or administrative datasets. For each source, describe:
- Type of data included
- Population covered
- Frequency of updates

Step 3: Evaluate Data Quality and Fit
For each data source:
- Identify one strength
- Identify one limitation or gap

Step 4: Assess Appropriateness for Decision-Making
- What decisions could this data support?
- What questions would remain unanswered?
- What cautions should be communicated to leadership, partners, or the public?

Step 5: Compare and Recommend
- Which data source would you prioritize, based on data quality, relevance, and intended use?
- Would you use both together? Why or why not?

Deliverable:
A brief written analysis that includes:
- Public health question and focus
- Overview of two data sources
- Strengths and limitations
- Recommendation for use

Reflection questions:

- How does reliance on secondary data shape what public health can address?
- When might secondary data reinforce or obscure inequities?

Encourage students to consider:

- Timeliness versus completeness of data
- Representativeness of populations, including populations that may be underrepresented or missing
- Data gaps affecting decision-making and how those gaps may influence conclusions or recommendations
- How data limitations should be communicated to leadership, partners, and other collaborators

ACTIVITY 6.5

JOB TASK 6.5: CONDUCT PROGRAM EVALUATIONS

Building a Logic Model for Program Evaluation

Format: Individual or small group assignment
Purpose: Apply job task 6.5 by developing a logic model that clarifies how a public health program is intended to produce outcomes and supports evaluation, reporting, and program improvement efforts.

Instructor context:

Program evaluation in governmental public health often begins with developing a logic model. Logic models help clarify program goals, assumptions, and expected outcomes, ensuring that evaluation efforts are focused, meaningful, aligned with intended impact, and responsive to leadership and funding requirements. In governmental public health settings, logic models are often used to support grant reporting, program planning, and communication with leadership and partners.

Instructions

Scenario:

Your county health department operates a community-based nutrition education program serving adults in underserved neighborhoods. The program includes nutrition classes, referrals to food assistance resources, and partnerships with community organizations.

Leadership would like to evaluate the program to assess effectiveness, inform improvements, and meet reporting or funding requirements, but first needs a clear and shared understanding of how the program is intended to lead to improved outcomes.

Student role:
Students are governmental public health staff developing a logic model to support program evaluation and decision making.

Students will complete the following steps:

Step 1: Identify Program Components
List key elements of the program:
- Inputs: Resources needed, including staff time, funding, materials, and partnerships
- Activities: What the program does
- Outputs: Direct products of activities (e.g., number of classes, participants reached)

Step 2: Identify Expected Outcomes
List intended changes:
- Short-term outcomes: Changes in knowledge or awareness
- Intermediate outcomes: Changes in behavior or practices
- Long-term outcomes: Improvements in health outcomes or conditions

Step 3: Construct the Logic Model
Organize inputs, activities, outputs, and outcomes in a format that could be shared with leadership or partners.
Ensure:
- Clear connections between each component
- Logical flow from activities to outcomes

Step 4: Reflect on Evaluation Value
Briefly respond:
- How does this logic model clarify what should be evaluated?
- What challenges might arise if evaluation occurred without a logic model?

Deliverable:
- Completed logic model (table or diagram)
- Brief reflection (1 page or less)

Encourage students to consider:
- Whether outcomes are realistic and measurable
- Alignment between activities and outcomes
- How the model could guide indicator selection and evaluation planning
- How the model would be explained to leadership, partners, or funders

Example Logic Models:
University of Kansas, Work Group for Community Health and Development. (n.d.). Examples: Developing a logic model or theory of change. Community Tool Box. Retrieved February 3, 2026, from https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/example

ACTIVITY 6.6

JOB TASK 6.6: CONDUCT ONGOING AND/OR NEW SURVEILLANCE ANALYSES TO MONITOR EMERGING HEALTH TRENDS

Interpreting Surveillance Data for Public Health Action

Format: Small-group discussion and report-out
Purpose: Apply job task 6.6 by interpreting surveillance data, identifying meaningful trends, and translating findings into potential public health action or decision-making.

Instructor context:

In governmental public health, staff often review surveillance data prepared by others and are responsible for identifying trends and communicating their significance. This requires interpreting patterns—not performing calculations—and connecting findings to potential public health action, decision-making, or communication. This work often occurs under time pressure and may inform leadership briefings, situational awareness, or response planning.

Instructions

Scenario:
Students will work in small groups to review provided surveillance tables (e.g., by time, location, or population group), similar to those used in routine governmental public health surveillance and reporting. Important: the goal is not to calculate statistics, but to interpret what the data are showing and determine what matters for public health action or decision-making.

Student role:
Students are governmental public health staff reviewing surveillance data and briefing a team or leadership on emerging trends.

About the data used in this activity:
The surveillance data in this activity are fictional and provided for instructional purposes only. They are designed to simulate realistic surveillance trends for students to interpret and use in considering potential public health actions.

Students will discuss:

1. What trends do you observe? (e.g., seasonal patterns, increases over time, differences by population or geography)
2. Which trend is most concerning or actionable? Why? Consider potential impact and urgency.
3. Who appears to be most affected or at highest risk? Consider age, location, or time period.
4. What additional information or data sources would help? What data gaps limit interpretation?
5. What is one reasonable public health response, next step, or decision?

Report-out:
Each group will briefly present the following, as if briefing leadership or a response team:

- Key trend identified
- Population most affected
- Recommended next step

Encourage students to consider:

- Differences between statistical significance and practical importance
- Early signals versus confirmed trends and the level of confidence in the data
- How findings would be communicated to leadership, partners, or the public
- Uncertainty and limitations in the data

Deliverable:
Participation in group discussion and verbal report-out.

Table 1. Emergency Department Visits for Respiratory-Related Illness

Rate per 10,000 residents

Month	Rate
October	5.1
November	5.6
December	6.4
January	8.2
February	9.7
March	10.4

Table 2. Respiratory-Related ED Visits by Age Group

Rate per 10,000 residents (Winter Season)

Age Group	Rate
0–4	14.6
5–17	6.2
18–64	5.9
65+	18.3

Overall jurisdiction rate: 7.8 per 10,000

Table 3. Respiratory-Related ED Visits by Region (January–March)

Rate per 10,000 residents

Region	January	February	March
North	7.4	8.1	8.6
Central	8.0	9.5	10.2
South	10.8	13.1	14.7

ACTIVITY 6.7

JOB TASK 6.7: CREATE AND/OR MAINTAIN DATA VISUALIZATIONS

Designing Data Visualizations for Public Health Decision-Making

Format: Individual written analysis or structured worksheet
Purpose: Apply job task 6.7 by selecting, designing, and justifying data visualizations that effectively communicate public health information to different audiences to support decision-making and action.

Instructor context:

Public health professionals must translate data into visuals that are accurate, understandable, and appropriate for different audiences. Visualization decisions influence how data are interpreted and used for decision-making and may inform leadership briefings, policy discussions, or public communication. These decisions must account for clarity, data limitations, accessibility, and the potential for misinterpretation. In governmental public health, visualizations are often reviewed by multiple teams, such as leadership, communications, and legal, before release.

Instructions

Scenario:

You are an MPH-level analyst at a fictional county health department. Leadership is preparing communications about respiratory-related hospitalizations during the winter season. The information will be used with two different audiences:

1. County Commissioners, who may use the information to support policy, resource allocation, or other decisions.
2. The general public, who need clear and accessible information about what is occurring in the community.

You have been asked to recommend appropriate ways to visualize the available hospitalization data. Your visualizations should communicate the most important information clearly while accounting for the needs of the intended audience and relevant data limitations.

Student role:
Students are governmental public health analysts responsible for developing data visualizations to support decision-making and communication to different audiences.

About the data used in this activity:
The datasets in this activity are fictional and provided for instructional purposes only. The values do not represent actual hospitalization data from a specific county, population, or time period. They are designed to simulate the types of data and data-quality considerations public health professionals may encounter when developing visualizations. Students should treat the data as practice data when making and justifying their visualization decisions.

Instructions:
Review Datasets A–C below. For each dataset:

1. Identify the intended audience. Select either County Commissioners, or the general public
2. Select a visualization type (e.g., line chart, bar chart, rate map, etc.)
3. Provide a professional justification as if presenting to leadership or partners (3–5 sentences):
    a. Why the visualization fits the data structure
    b. What message it supports
    c. What alternatives were considered and rejected
4. Identify one design consideration (e.g., scale, labeling, annotation, suppression, use of rates versus counts)
5. Identify one limitation or consideration related to accessibility, representation, or interpretation (e.g., missing data, population differences, interpretability across audiences)

Data quality and reporting considerations:
When developing and justifying visualizations for Datasets A–C, students should consider the following, where relevant:

- 9% of records are missing race/ethnicity data.
- Hospitalization data are delayed by approximately two weeks.
- Counts under five are considered potentially identifiable and may require suppression.

Dataset A: Monthly Respiratory Hospitalizations (All Ages)

Month	Hospitalizations	% Change
Oct	45	—
Nov	62	+38%
Dec	98	+58%
Jan	130	+33%
Feb	112	−14%
Mar	75	−33%

Dataset B: Hospitalizations by Age Group (January)

Age Group	Hospitalizations	Rate per 100,000
0–4	18	44
5–17	12	9
18–49	36	15
50–64	28	31
65+	36	96

Dataset C: Hospitalizations by Zip Code (January)
(Note: Zip code populations vary substantially, which affects interpretation of counts versus rates.)

Zip Code	Hospitalizations	Rate per 100,000
75201	14	26
75202	6	18
75203	22	44
75204	9	16
75205	4	6

Deliverable:
A 1–2-page written response or completed structured worksheet.

Encourage students to consider:

- Differences between policy versus public audiences
- Risks of misinterpretation by different audiences
- When to use rates versus counts
- How visualization choices can obscure or emphasize differences in health outcomes
- How uncertainty and data limitations should be communicated visually

ACTIVITY 6.8

JOB TASK 6.8: COMMUNICATE DATA IN COLLABORATION WITH RELEVANT AUDIENCES

Communicating Data to Different Audiences

Format: Individual written assignment
Purpose: Apply job task 6.8 by translating the same public health data into messages tailored to different audiences to support decision-making, public understanding, and action.

Instructor context:

Public health data is often communicated differently depending on the audience. Community members, policymakers, and partners may require different levels of detail, framing, and emphasis. Effective communication requires not only technical understanding of the data, but also judgment about clarity, tone, and relevance. In governmental public health, these communications may inform public messaging, leadership briefings, or policy and funding decisions, and are often developed in coordination with communications teams and reviewed by leadership before dissemination.

Instructions

Scenario:
Your health department has analyzed recent data from Activity 6.6 on respiratory-related emergency department visits showing an increase during the winter months, particularly among older adults and residents in certain regions.

You are asked to communicate these findings as part of a briefing or public communication effort to two different audiences using the same underlying data.

Student role:
Students are public health professionals responsible for communicating data in collaboration with relevant audiences in a clear, accurate, and useful way.

Students will complete the following steps:

Step 1: Identify the Core Data Message
Before writing, identify:

- The main takeaway from the data
- One important nuance or limitation
- One implication for public health action or decision-making

Step 2: Identify Audience Needs

- Audience A: Community Members
  - Limited technical background
  - Interested in relevance to daily life
  - Value clarity, accessibility, and reassurance
- Audience B: Policymakers/Decision-Makers
  - Responsible for resource allocation, policy decisions, and setting priorities
  - Interested in trends, implications, and urgency
  - Need concise, actionable information

For each audience, identify one type of input you would seek before or during message development and explain how that input could affect your communication choices.

Step 3: Draft Two Data Summaries

- Summary 1: Community-Facing Message (100–150 words)
  - Use plain language
  - Avoid jargon
  - Emphasize relevance
  - Acknowledge uncertainty without causing alarm

- Summary 2: Policymaker-Facing Message (100–150 words)
  - Your message should:
    - Be concise and focused
    - Highlight trends and implications
    - Emphasize decision relevance and potential implications for action
    - Use professional, neutral tone

Step 4: Compare and Reflect
Briefly respond:

- What changed between the two messages?
- What stayed the same?
- What risks exist if data are not tailored to audience needs?

Deliverable:

- Two written summaries (community and policymaker)
- Short reflection (½–1 page)

Encourage students to consider:

- What information is essential versus optional for each audience
- How tone influences trust and interpretation
- Risks of oversimplification versus overcomplication
- How equity considerations shape communication choices
- How messages may be interpreted differently across audiences

ACTIVITY 6.9

JOB TASK 6.9: CONDUCT COMPREHENSIVE JURISDICTIONAL ASSESSMENTS

Analyzing Community Health Assessments (CHAs)

Format: Individual research brief (2–3 pages)
Purpose: Apply job task 6.9 by reviewing and analyzing existing community health assessments to identify strengths, gaps, and practices that inform public health planning, prioritization, and decision-making.

Instructor context:

Community Health Assessments (CHAs) are foundational tools in governmental public health. They synthesize data, community input, and analysis to describe population health and guide planning, accreditation, and funding decisions. In many jurisdictions, CHAs are required for accreditation and are used to guide community health improvement plans (CHIPs) and resource allocation. Governmental public health staff often review existing CHAs to inform future assessment efforts.

Instructions

Scenario:
Your health department is preparing for an upcoming community health assessment cycle as part of routine planning, accreditation, or reporting requirements. Before beginning new data collection, leadership asks staff to review assessments from other jurisdictions to identify strong practices that could inform your approach.

Student role:
Students are governmental public health staff reviewing and analyzing CHAs to inform future planning and assessment efforts.

Students will complete the following steps:

Step 1: Identify Community Health Assessments
Identify two CHAs from different jurisdictions, such as:

- Local health departments
- State health departments
- Tribal, territorial, or regional health authorities

(Assessments may be found online or provided by the instructor. Ensure that assessments were completed within the last 3–5 years, when possible.)

Step 2: Review Assessment Components

For each assessment, examine:

- Scope and purpose
- Types of data used (e.g., health outcomes, social conditions, demographics)
- Use of community engagement and qualitative input
- Presentation of population health outcomes and priority needs
- Clarity of priorities, conclusions, and recommended actions

Step 3: Identify Strengths

For each assessment, identify at least three strengths, such as:

- Clear organization and structure
- Effective use of data and visuals
- Integration of community voice
- Focus on priority populations
- Clear connection between data, identified needs, and priorities

Provide brief explanations for each strength.

Step 4: Compare and Synthesize

- What strengths were common across assessments?
- What strengths were unique or especially effective?
- What practices would you recommend adopting in your own jurisdiction?
- How were priorities translated into recommended actions?

Reflection questions:

- How do community health assessments influence public health decision-making, funding, program planning, or policy decisions?
- Why is it valuable to review other jurisdictions' assessments before conducting your own?

Deliverable:

A short research brief that includes:

- Identification of two CHAs
- Summary of key features
- Analysis of strengths
- Recommendations for practice

Encourage students to consider:

- How data and community input are integrated
- Differences in how health outcomes are presented
- How findings are translated into priorities
- What makes an assessment actionable versus descriptive

Alignment with the CEPH MPH Foundational Competencies

Domain 6 Job Task	Related CEPH MPH Foundational Competencies
6.1 Comply with data use, security, and dissemination policies	*No direct CEPH MPH Foundational Competency alignment identified.*
6.2 Manage the usage of data	*No direct CEPH MPH Foundational Competency alignment identified.*
6.3 Engage in primary data collection using various quantitative and qualitative methods	**Competency 2:** Select quantitative and qualitative data collection methods appropriate for a given public health context.
6.4 Engage in secondary data usage using various quantitative and qualitative methods	**Competency 3:** Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate. **Competency 4:** Interpret results of data analysis for public health research, policy, or practice.
6.5 Conduct program evaluations in consultation with key partners	**Competency 11:** Select methods to evaluate public health programs.
6.6 Conduct ongoing and/or new surveillance analyses to monitor emerging health trends	**Competency 1:** Apply epidemiological methods to settings and situations in public health practice. **Competency 3:** Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate.
6.7 Create and/or maintain data visualizations	*No direct CEPH MPH Foundational Competency alignment identified.*

Domain 6 Job Task	Related CEPH MPH Foundational Competencies
6.8 Communicate data in collaboration with relevant audiences	**Competency 18:** Select communication strategies for different audiences and sectors. **Competency 19:** Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy.
6.9 Conduct comprehensive jurisdictional assessments focused on population health status and public health issues facing the community	**Competency 2:** Select quantitative and qualitative data collection methods appropriate for a given public health context. **Competency 7:** Assess population needs, assets, and capacities that affect communities' health.