PAN-CANADIAN NETWORK FOR HEALTH PROMOTER COMPETENCIES

Developing a Set of Pan-Canadian Health Promoter Competencies –

Report of the Alberta Consultation

April 2015

Prepared for:
Pan-Canadian Committee on Health Promoter Competencies

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This report would not have been possible without the enthusiastic input from the many health promoters in the province of Alberta who participated in this project.

Planning of the Alberta online survey and workshop was led by Dr. Jane Springett and Ms. Jazmin Bonizzoni from the Centre for Health Promotion Studies at the University of Alberta.

Dr. Brian Rush and Chantal Fougere, of Virgo Planning and Evaluation Consultants, prepared the online version of the pre-workshop survey, analyzed the survey results, and developed and analyzed the results from the workshop evaluation.

Dr. Brent Moloughney is the project consultant and prepared this report.

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EXECUTIVE SUMMARY

The Pan-Canadian Committee on Health Promoter Competencies is developing a set of competencies to identify the knowledge and skills for health promoters in order to:

- Inform and structure the content of health promotion training programs
- Assist in the development of competency-based job descriptions for health promoters
- Inform the development of health promotion training needs and assessment tools
- Inform curriculum development of continuing education for health promoters
- Increase understanding of the range of knowledge and skills required by health promoters to effectively plan, deliver and evaluate health promotion initiatives.

Funded by the Public Health Agency of Canada, the Committee is conducting consultations in four provinces to seek feedback on a draft set of health promoter competencies. In addition, the project will be developing and piloting a competency-based workforce development toolkit, and establishing a pan-Canadian network of health promoters. This report describes the results of the project's consultation conducted in Alberta.

Working with the Centre for Health Promotion Studies at the University of Alberta, a pre-workshop online survey was conducted to gather preliminary feedback on the draft competency set. The findings were then used to plan and conduct a workshop to gather additional information regarding competency statements with lower levels of agreement. Information was also shared and discussed regarding a competency-based toolkit and interest in becoming part of the pan-Canadian network of health promoters.

A total of 73 responses were received to the on-line survey, although one of these reflected the collective input of ten individuals. The majority of respondents spent most of their time on health promotion-related activities, had been working in health promotion for more than five years, and work for the province's health authority – Alberta Health Services (AHS)[i]. While high levels of agreement were expressed for most of the draft competency statements, some items received lower levels of agreement and were prioritized for discussion at the workshop.

Twenty-three health promoters attended the consultation workshop. Feedback was provided regarding possible improvements for specific competency statements. Workshop participants stressed the importance of including key principles for the application of the competencies in a preamble to the competency set. A total of 29 individuals submitted their name for inclusion in the health promoter network through the on-line survey or workshop. Overall, there were high levels of satisfaction with the workshop. Feedback encouraged increasing the opportunities for group discussion in future consultations.

[i] AHS is the province-wide health authority in Alberta.

Based on the findings from this consultation and its timing with respect to project completion, it is recommended to:

1. **Incorporate feedback from this consultation in conjunction with other inputs to make a final revision to the competency set and associated glossary.**

2. **Notify network members when the revised competency set and glossary become available.**

3. **Make this report available to Alberta consultation participants.**

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INTRODUCTION

The identification of the knowledge and skills (i.e., competencies) for public health practice is a fundamental building block of the *Pan-Canadian Framework for Public Health Human Resources Planning*.[1] Following the identification of a set of public health core competencies,[2] several disciplinary groups have been pursuing the development of discipline-specific competencies to more explicitly define the package of competencies for practice.

Starting in 2006, Health Promotion Ontario (HPO) began working to develop a set of competencies for health promoters in order to:

- Inform and structure the content of health promotion training programs
- Assist in the development of competency-based job descriptions for health promoters
- Inform the development of health promotion training needs and assessment tools
- Inform curriculum development of continuing education for health promoters
- Increase understanding of the range of knowledge and skills required by health promoters to effectively plan, deliver and evaluate health promotion initiatives.

In collaboration with the Public Health of Agency of Canada (PHAC), the following foundational documents[ii] were developed:

- A literature review on health promoter competencies[3]
- An environmental scan encompassing health promotion organizations, roles, networks and trends in Canada[4]
- A discussion paper – based on the above documents – which included an initial draft set of discipline-specific competencies for health promoters.[5]

The initial draft set of health promoter competencies was the subject of consultations in 2007 at each of the conferences of HPO and the International Union of Health Promoters and Educators.[6] With the interest of other provinces, a Pan-Canadian Committee on Health Promoter Competencies was established and a consultation conducted in Manitoba in 2008.[7]

[ii] Copies of these reports may be found on the project's website: http://www.healthpromotercanada.com/foundation-documents/

In the absence of continuing project funding, the field used the existing set of competencies partially validated by the Ontario and Manitoba consultations. With recent funding from PHAC, the Pan-Canadian Committee on Health Promoter Competencies has been re-invigorated. Over the course of the project, consultations have been conducted in four provinces on the health promoter competencies with the development and piloting of a competency-based workforce development toolkit. Establishing a pan-Canadian network of health promoters is also being pursued. This report summarizes the consultation conducted in Alberta.

APPROACH

The objectives of the consultation were as follows:

1. To seek feedback on the draft health promoter competency set
2. To describe the development of a competency-based workforce development toolkit that is being piloted
3. To seek interest in participation in a Pan-Canadian network of health promoters.

Following the initial consultations in Manitoba and Nova Scotia, the health promoter competency set was updated and an accompanying glossary developed. In response to consultation questions regarding the relationship between the health promoter competencies and the public health core competencies, a comparison of these two competency sets was made leading to the addition of two domains prior to the final two consultations in British Columbia and Alberta. These domains are: 'Diversity and Inclusiveness'; and, 'Leadership and Building Organizational Capacity'.

The consultation versions of the health promoter competency set and glossary are provided in Appendix 1. An online survey[iii] was used to gather information prior to the workshop to identify priority issues for discussion. Working with the Centre for Health Promotion Studies at the University of Alberta, the consultation was planned including:

- Scheduling the workshop so that it occurred the afternoon preceding a continuing professional development event for health promoters
- Promoting the online survey with the relevant target audiences in Alberta
- Conduct of a 3-hour workshop (March 13, 2015)
- Development of a draft version of this report to seek comments from the Alberta planning leads and the Pan-Canadian Committee.

[iii] Virgo Planning & Evaluation Consultants created the online version of the survey and prepared a descriptive summary of the results. They also summarized the results of the workshop evaluation.

RESULTS

The results from the pre-workshop survey are presented first, which are then followed by the workshop results.

Pre-Workshop Survey Results

Participants

There were a total of 73 responses to the pre-workshop on-line survey. Since one of these responses reflected the input of 10 individuals, a total of 82 individuals contributed to the survey. Overall, the majority of respondents:

- Spend 75% or more of their time on health promotion-related activities.
- Have been working in health promotion for over five years.
- Work for Alberta Health Services (AHS)[iv]
- Work as program staff or in non-management positions.
- Identified 'health promotion' as their primary discipline.

Appendix 2 provides more detailed results regarding the survey respondents.

Agreement with Competency Statements

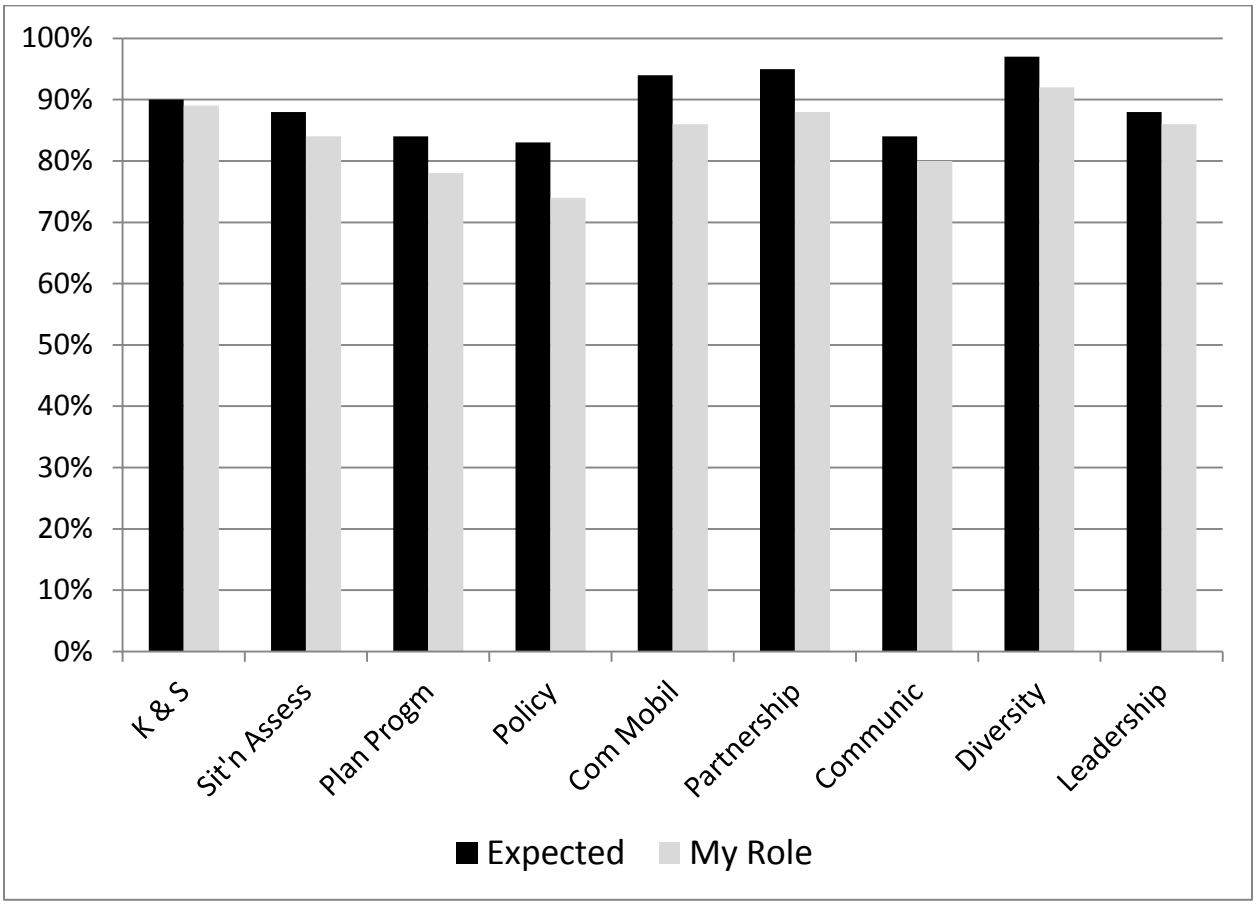
For each draft competency statement, the survey asked for the level of agreement on a 5-point likert scale as to whether the statement:

- Should be an expected competency for all health promotion practitioners
- Reflects my role as a health promotion practitioner.

Figure 1 shows the average level of agreement ('strongly agree' or 'agree') by domain. On average, there was over 80% agreement with the statements as an expected competency for the nine domains. Results for individual competency statements are provided in Appendix 2.

[iv] AHS is the province-wide health authority in Alberta.

Figure 1: Extent of Agreement with Competency Statements, Domain Averages



The program plan domain had somewhat lower average agreement, which was due to much lower levels of agreement with statement 3.2 (develop a program budget). The policy domain also had lower levels of agreement. Table 1 lists competency statements with lower levels of agreement, as well as those generating particular concerns.

Table 1: Summary of Competency Statements with Lowest Levels of Agreement

Competency Statement	Level of Agreement*		Representative Comments
	Expected Competency	Reflects My Role	
1.3 Apply health promotion principles in the context of the roles and responsibilities of population and public health settings.	85% agree 14% neutral 2% disagree	83% agree 14% neutral 2% disagree	• Apply these principles only in these settings? Many practitioners apply these principles in other sectors (e.g., housing, poverty reduction) • What is meant by 'roles and responsibilities of population and public health settings'?
2.1 Conduct population assessment using existing or collected data for a specific health issue.	86% agree 11% neutral 4% disagree	83% agree 12% neutral 5% disagree	• Why limit to 'population' assessment – much work is quite contextualized. Could we not have population and community? • Should encompass social determinants of health. • Wording implies mainly use of epidemiological or disease focussed data.
3.2 Develop a program budget.	60% agree 25% neutral 16% disagree	49% agree 18% neutral 34% disagree	• If working with communities, they should develop budgets. • Management role. • No budget for health promotion activities. • Too narrow – include human and financial resources.
7.1 Provide health status, demographic, statistical, programmatic, and scientific information tailored to specific audiences (e.g., professional, community groups, general population)	75% agree 20% neutral 5% disagree	80% agree 7% neutral 13% disagree	• Organization does not make it easy to access this information • Missing a valuable source of information – which is lived experience • Sounds like an epidemiologist – include SDOH, health equity, well-being information

Competency Statement	Level of Agreement*		Representative Comments
	Expected Competency	Reflects My Role	
9.1 Demonstrate knowledge about the history, structure, and interaction of public health, population health, and health care services at local, provincial/territorial, national, and international levels	71% agree 21% neutral 7% disagree	67% agree 20% neutral 13% disagree	• Not a priority for front-line staff; too much information for novice health promoter • Need to expand to health and social services • Need to include other sectors • More of an awareness of context that has to be considered

*Agree= 'strongly agree' + 'agree'; Percentages may not sum to 100% due to rounding.

Statements That Should be Removed or Added

A specific question was included asking if any statements should be removed. Thirteen items were identified for removal by at least one respondent with the highest number of responses being 6 for statement 3.2 (program budget), and 4 for each of statements 7.4 (communicate with diverse populations) and 9.2 (support organization's vision, mission and priorities).

A total of 15 suggested additions to the competency set were made – key points included:

- Enabling communities to advocate for social change
- Community-level piece seems to be missing
- Thinking of health promotion from individual level to system level (systems thinking)
- Reflexivity goes beyond professional development
- Knowledge translation
- Community development/community engagement
- Articulate and act on health promotion principles in face of conflicting and complex circumstances – able to analyze power dynamics
- Creativity and innovation
- Economic analysis/value for money.

Volunteers for Pan-Canadian Health Promotion Network

A total of 28 survey participants submitted their contact information for inclusion in the Network.

Workshop Results

The workshop's objectives included the following:

- Discuss the draft competencies:
    - Summarize feedback from online survey
    - Discuss items of uncertainty/disagreement
- Describe the development of a competency-based workforce development toolkit
- Describe the plan for Pan-Canadian network of health promoters.

A total of 23 individuals attended the Friday afternoon 3-hour workshop, which preceded a professional development day for health promotion practitioners that was scheduled for the next day. Appendix 4 provides a list of workshop participants. Overall, Alberta Health Services was the most common employer of participants, with participants also from the University of Alberta, Ministry of Health, First Nations, and non-governmental organizations.

Discussion of Themes Not Specific to Particular Competency Statements

A number of themes emerged at the workshop that were not specific to any one competency statement. These included:

- The need for a preamble prior to the presentation of the competencies emphasizing the principles of how the competencies should be applied.
- It was also suggested that having a description for each domain may be helpful
- Several participants distinguished between the term 'population' and 'community' – for example, in conducting a situational assessment. The concept of connections at the social level was being emphasized. Other participants noted that social epidemiologists consider social determinants of health in their work and may not make a distinction between the terms.

Discussion of Specific Competencies

Item 2.1- Conduct a Population Assessment

The current wording for this competency statement is as follows:

> 2.1 Conduct population assessment using existing or collected data for a specific health issue.

The main challenge with this statement is that the wording 'population assessment' suggests an epidemiologist role (e.g., preparing a health status report), which is not the intent. Previous attempts to address this issue led to the inclusion of a glossary description to clarify what would be expected of a health promoter.

> A health promoter retrieves and synthesizes relevant population health information to inform the development of program and policy interventions.

In retrospect, this description appears to be better in capturing the actual expectation. This was confirmed by workshop participants.

Within this domain, participants felt that there was not enough stated around 'community context'. The issue of 'population' versus 'community' arose with some participants indicating that use of the term 'population' denoted quantitative epidemiology, whereas 'community' would address social determinants, built environment and the whole range of determinants.

Item 3.2 – Develop a Program Budget

The current wording for this competency statement is as follows:

> 3.2 Develop a program budget.

This statement had the lowest level of agreement among the competency statements. In introducing the issue, it was noted that to be able to support community groups to do budgeting,

that the health promoter therefore required the knowledge and skills to do so. In addition, in contrast to other practitioners, health promoters were more likely to be involved in grant applications and project management. The concept of human and other resources resonated with participants. Key concepts to consider capturing in a reworded statement included:

- Determining and planning for human, financial and other resources
- Securing resources (e.g., project grant)
- Addressing sustainability of the resources.

Item 9.1 – History, Structure and Interaction of Health Services
The current wording for this competency statement is as follows:

> 9.1 Demonstrate knowledge about the history, structure, and interaction of public health, population health, and health care services at local, provincial/territorial, national and international levels

This statement had the second lowest level of agreement among the competency statements. Discussion in plenary suggested a number of improvements:

- Use of 'jurisdictions' to simplify the language of the various levels
- No mention of 'health promotion' (viewed separate/different from 'population health')
- Importance of 'history' in understanding current situation
- Split concepts, possibly in separate statements, understanding of values and principles of Ottawa Charter; and, apply understanding of system context in actions
- Understand different ways of knowing
- Need to analyze context and organizations – what is the 'fit' of current organization/program
- Broaden content to include social and economic
- ? overlap with 2nd item in situational assessment
- ? overlap with inclusivity and diversity
- Knowledge should focus more on health promotion principles, SDOH, context, policy, etc.
- If make changes to this item, may no longer fit within this internal leadership and organizational capacity domain.

There were additional comments about 'leadership' in general suggesting:

- Use of material from literature regarding leadership models
- Capture concepts of 'engagement', 'complexity', 'participatory approaches', 'relationships'.

Toolkit

A brief overview of the competency-based toolkit was provided. Participants were urged to visit the website and review or use one or more of the tools.

Implementation Issues

Table 2 summarizes the opportunities, challenges and suggested actions for how the competencies might be used in Alberta.

Table 2: Implementation Challenges and Suggested Solutions

Opportunities	Challenges	Suggested Actions
• Uptake in academic, as well as programming settings • Small, incremental change within department • Medical Officer of Health interest • Reinforces and legitimizes professional competencies • Uptake of health promoter competencies by other professions • Common language • AHS moving towards more health promotion and community engagement priorities • Students interested in using these as goals in planning coursework, education, career • Use competencies in training of informal health promoters in different sectors and roles • Use in job descriptions, employee development, performance measurement • Public Health Assoc'n to disseminate, offer training • AH and AHS need to focus on health promotion and prevention	• Voluntary/adaptable – therefore interpretable • Buy-in • Administrative complexity • Silos • Unions (different classifications and pay inequities) • Lack of distinction between partner vs. a stakeholder • Implementation method (especially for people with background for these competencies) • Getting AHS to know the competencies exist and adopt them for hiring • Challenges to get universities to teach to the competencies • Many health promoters are 'on-the-job' learners	• Dissemination to institutions with a launch campaign • Redefinition of health system • If the competencies were mandatory, then could fall into the Health Professions Act and then health promoters not removed from professional union • Use in AHS position profiles (descriptions, performance reviews) • Use in organization's strategic plan • Include in course outlines – encourage faculty to consider when planning curriculum • Modelling through those familiar with and understand the competencies • Advocate with managers and directors and executive directors

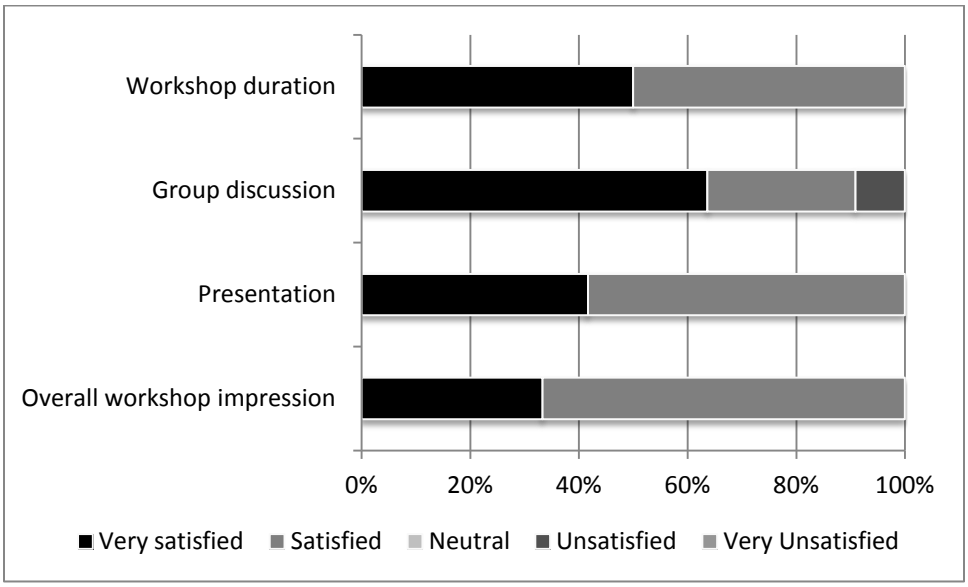
Pan-Canadian Health Promoter Network

The vision for a Pan-Canadian Health Promoter Network was briefly outlined for the participants. This included the Network as a communication mechanism to provide updates to the competency set, as well as the content and piloting of the toolkit. In addition to those that volunteered for inclusion in the Network within the pre-workshop survey, a sign-up opportunity was also provided at the workshop resulting in an additional individual adding their contact information. (multiple others signed up as well, but they had already submitted their information in the survey).

Workshop Evaluation

Participants were asked to complete an evaluation form at the end of the workshop (see Appendix 5 for form). A total of 12 (50%) workshop participants submitted a completed evaluation form. With the workshop scheduled on a Friday afternoon, some participants left prior to the workshop's completion. Figure 2 indicates high levels of satisfaction with the workshop. Among respondents, almost all (91% or more) respondents were satisfied or very satisfied with the workshop duration, presentation, group discussion and overall impression of the workshop.

Figure 2: Levels of Satisfaction with Workshop, n=12



What Appreciated Most

There were three main themes: open discussion; hearing different perspectives; and, being part of framework development.

What Was One Thing of Greatest Value to Participant

There were two main themes: hearing different perspectives; and the group discussion.

Suggestions for Improvements to Consultation
Key themes included: more small group discussion; more time to record responses in groups; more time to discuss the competencies.

Key Messages to Take Back to Organization and/or Offer Colleagues
Two main themes: importance of common language, and attention to applying the competencies.

Appendix 6 provides additional workshop evaluation results.

DISCUSSION

The Alberta consultation is among the last of the scheduled provincial consultations for this project. The consultation was successful in acquiring feedback on the draft competency set, raising awareness of the toolkit, as well as seeking interest in the Pan-Canadian Health Promoter Network. Health promoters working in a variety of settings responded to the survey and attended the workshop. While levels of agreement with the draft competencies were generally high, a number of suggestions were made for their improvement. In particular, suggestions were made to add a preamble to the competency set and descriptive material for each domain.

With the current project sun-setting later this year, a final revision to the competency set and glossary is planned. This will need to consider feedback from multiple sources including: this consultation, the other consultations; the project website including the toolkit evaluation survey; and, the planned workshop at the CPHA conference. In addition, reviewing the contents of any recent health promoter competencies such as those from New Zealand should also occur.

Overall, the approach of having a pre-workshop survey followed by the in-person workshop was an efficient means of gathering information. Some unique challenges were encountered in planning this workshop including an inability to utilize the university's health promotion alumni list for the survey and sudden budgetary uncertainties of employers due to the abrupt change in the economic picture for Alberta. Facing likely budget costs, employers were unable to support staff travel to the event and the project's budget was intended to subsidize and not cover all travel costs. Nevertheless, a total of 23 participants was achieved for a Friday afternoon workshop.

Similar to the planning in other provinces, the workshop was scheduled to piggyback on a health promotion continuing professional development (CPD) event. However, based on the experience with an evening workshop as part of a previous consultation, the health promotion (CPD) event was scheduled for a Saturday, instead of a Friday with a Thursday evening workshop. The chosen approach may have adversely affected attendance at the Saturday event, which was also impacted by budget uncertainties. The implication for planning any future workshops is that not all circumstances can be fully anticipated and there may be no perfect solution that meets all objectives and challenges. The presence of a local planning team is critical to recruitment efforts and logistics.

The CPD event focussed on health inequities with the presentation by the National Coordinating Centre for Determinants of Health highlighting how the health promoter competencies address the knowledge and skills for action on inequities. At the University of Alberta, the MPH Curriculum Committee will be looking at how they can include the health promoter competencies in the health promotion courses.

Based on the preceding analysis, **it is recommended to:**

1. **Incorporate feedback from this consultation in conjunction with other inputs to make a final revision to the competency set and associated glossary.**

2. **Notify network members when the revised competency set and glossary become available.**

3. **Make this report available to Alberta consultation participants.**

CONCLUSION

The Alberta consultation successfully received feedback on the draft health promoter competencies, which will be used to inform the final revisions to the competency statements and glossary. A total of twenty-nine health promoters volunteered for inclusion in the Pan-Canadian Health Promoter Network.

APPENDIX 1 – CONSULTATION VERSIONS OF THE HEALTH PROMOTER COMPETENCIES AND GLOSSARY

Health Promoter Competencies – v5 (November 2014)

Health Promotion Knowledge and Skills

1. Demonstrate knowledge and skills necessary for health promotion practice that includes:

1.1 Apply a population health promotion approach, including determinants of health and health equity, to the analysis of health issues.
1.2 Apply theory to health promotion planning, implementation and evaluation.
1.3 Apply health promotion principles in the context of the roles and responsibilities of population and public health settings.
1.4 Describe the range of interventions available to address population and public health issues.

Situational Assessments

2. Partner with communities to conduct a situational assessment for a specific issue that includes:

2.1 Conduct population assessment using existing or collected health data for a specific health issue.
2.2 Access and critically appraise evidence (i.e. published and grey literature, systematic reviews, and promising practices) on the health issue and effective interventions.
2.3 Conduct an environmental scan to identify community assets, resources, challenges and gaps.
2.4 Analyze all data, evidence, and environmental scan findings to develop effective program and policy interventions.

Plan and Implement Health Promotion Programs

3. Plan appropriate health promotion programs that includes:

3.1 Develop a plan to implement program goals, objectives, evaluation and implementation steps.
3.2 Develop a program budget.
3.3 Monitor and evaluate implementation of interventions.

Policy Development and Advocacy

4. Contribute to policy development and advocacy that reflects community needs and includes:

4.1 Describe the implications of policy options (i.e., health, economic, administrative, legal, social, environmental, political and other factors, as applicable).
4.2 Provide strategic policy advice on health promotion issues.
4.3 Write clear and concise briefs for health promotion issues.
4.4 Understand the policy making process to assist, enable and facilitate the community to contribute to policy development.

Community Mobilization and Building Community Capacity

5. Facilitate community mobilization and build community capacity around shared health priorities that includes:

5.1 Develop relationships and engage in a dialogue with communities based on trust and mutual respect.
5.2 Identify and strengthen local community capacities to take action on health issues.
5.3 Advocate for and with individuals and communities to improve their health and well-being.

Partnership and Collaboration

6. Engage in partnership and collaboration that includes:

6.1 Establish and maintain linkages with community leaders and other key health promotion stakeholders (e.g., schools, businesses, faith groups, community associations, labour unions, etc.).
6.2 Utilize leadership, team building, negotiation and conflict resolution skills to build community partnerships.
6.3 Build and support coalitions and stimulate intersectoral collaboration on health issues.

Communication

7. Communicate effectively with community members and other professionals that includes:

7.1 Provide health status, demographic, statistical, programmatic, and scientific information tailored to specific audiences (e.g., professional, community groups, general population).
7.2 Apply social marketing and other communication principles to the development, implementation and evaluation of health communication strategies.
7.3 Use the media, advanced technologies, and community networks to receive and communicate information.
7.4 Communicate with diverse populations in a culturally-appropriate manner.

Diversity and Inclusiveness

8. Interact effectively with diverse individuals, groups and communities by:

8.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.
8.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.
8.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Leadership and Building Organizational Capacity

9. Build capacity, improve performance and enhance the quality of the working environment including:

9.1 Demonstrate knowledge about the history, structure and interaction of public health, population health and health care services at local, provincial/territorial, national, and international levels.
9.2 Demonstrate how the work of health promotion supports the organization's vision, mission and priorities.
9.3 Contribute to developing key values and a shared vision in planning and implementing health promotion programs and policies in the community.
9.4 Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.
9.5 Contribute to maintaining organizational performance standards.
9.6 Utilize public health/health promotion ethics to manage self, others, information and resources.
9.7 Contribute to team and organizational learning in order to advance health promotion goals (e.g., mentor students and other staff; participate in research and quality assurance initiatives).
9.8 Pursue lifelong learning in the field of health promotion (e.g., professional development; practice development).

Advocacy

Interventions such as speaking, writing or acting in favour of a particular issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.[1]

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.[2]

Brief (Policy)

A policy brief should present the rationale for choosing a particular policy option in a current policy debate. It requires succinct consideration of policy options for a particular audience, such as officials, politicians, journalists, advocates and researchers. As any policy debate is a market place of competing ideas, the purpose of a policy brief is to convince the target audience of the relevance or urgency of an issue and the need to adopt the proposed policy or course of action outlined, thereby serving as an impetus for change.[5] Since health promotion policy issues tend to be relatively complex, briefs need to succinctly consider the issue and policy options for decision makers.

Critically appraise evidence

The process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.[6]

Determinants of health

The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.[2]

Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment.

These, determinants of health, in combination, create different living conditions which impact on health.[1]

Environmental Scan

The acquisition of information about events, trends and relationships in the organization's external environment to assist planning organizational action. The approach is tailored to the issue and context. Typically, a broad range of issues is examined covering social, economic, political, technological and other trends. Information is gathered from a variety of sources that may include surveys, interviews, focus groups and site visits, as well as leading-edge thinkers.[7]

Grey literature

Informally published written material (such as reports) that may be difficult to trace via conventional channels such as published journals and monographs because it is not published commercially or is not widely accessible. It may nonetheless be an important source of information for researchers, because it tends to be original and recent.[7]

Health communication

Health communication is a key strategy to inform the public about health concerns and to maintain important issues on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public increases awareness of specific aspects of individual and collective health as well as importance of health in development.[2,3]

Health equity

Equity means fairness. Equity in health means that peoples' needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity, which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.[1]

Health issues

Health issues include, but are much broader than health conditions, and include immediate and upstream causes or contributors to health outcomes from a determinants of health perspective.

Health promotion program (and projects)

A health promotion program is generally long term and comprehensive in nature to have population health impact. It typically includes a multifaceted set of planned complementary activities characterized by multiple strategies including creating supportive environments for health, building healthy public policies, intersectoral collaboration and community involvement. In contrast, a project is typically short-term and usually a more narrowly focused activity.

Population and public health settings (roles and responsibilities of)

Public health settings include formal and informal public health organizations. Formal ones include public sector organizations at federal, provincial/territorial and local/regional levels with a public health/health promotion mandate. Informal organizations include non-governmental and academic organizations with a public health/health promotion focus. Population health settings refer to organizations whose focus or mandate is broader or different from public health such as Community Health Centres.

Population assessment

As one of the core functions of public health, assessment involves the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on local health status, health needs, and/or other public health issues.[8] As part of a *situational assessment*, a health promoter retrieves and synthesizes relevant population health information to inform the development of program and policy interventions.

Population health promotion

Model developed by Hamilton and Bhatti[9] that combines consideration of Ottawa Charter action strategies, determinants of health, and various levels of action including community, sector/system, and society. Furthermore, the model is supported by evidence-based decision-making and values and assumptions.

Situational assessment

The phrase “situational assessment” is now used rather than the previous term “needs assessment.” This is intentional to avoid the common pitfall of only looking at problems and difficulties, but to also consider the strengths of and opportunities for individuals and communities. It also means looking at socio-environmental conditions and broader determinants of health. A situational assessment influences planning in significant ways by examining the legal and political environment,

stakeholders, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project.[8]

Social marketing

Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the behaviour of target audiences in order to improve the welfare of indiviudals and society.[3]

APPENDIX 2 - PRE-WORKSHOP SURVEY RESULTS

Descriptive Statistics

Figure 3 shows that the majority of respondents spend more than half of their time on health promotion-related activities.

Figure 3: Percent of Time Spent on Health Promotion-Related Activities, (n=73)

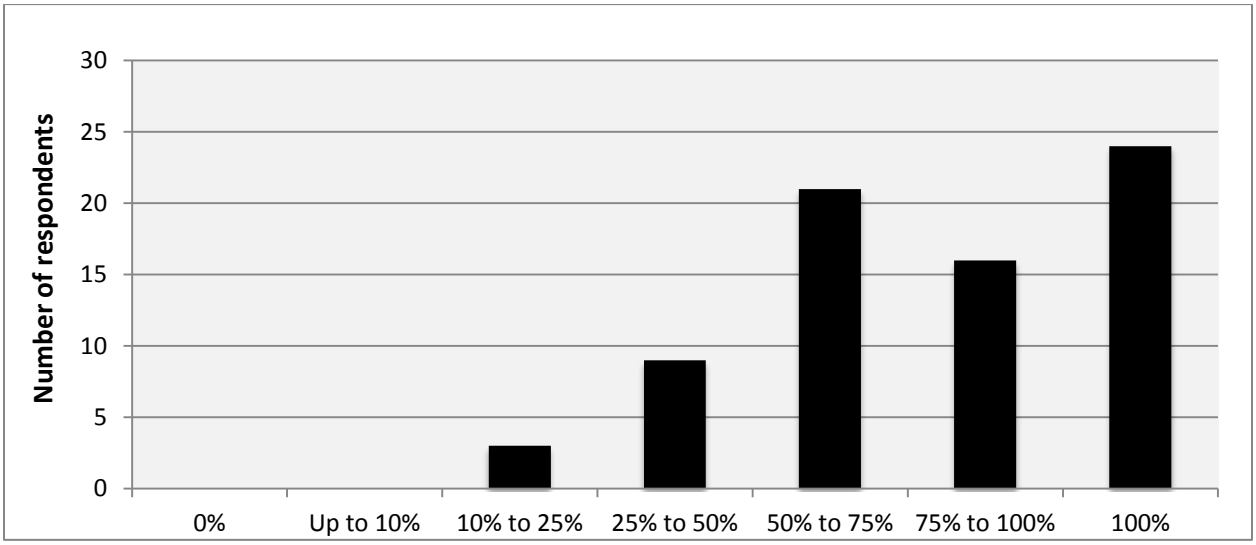


Figure 4 shows that over half of respondents have been working in health promotion for over five years.

Figure 4: Length of Time Worked in Health Promotion, (n=71)

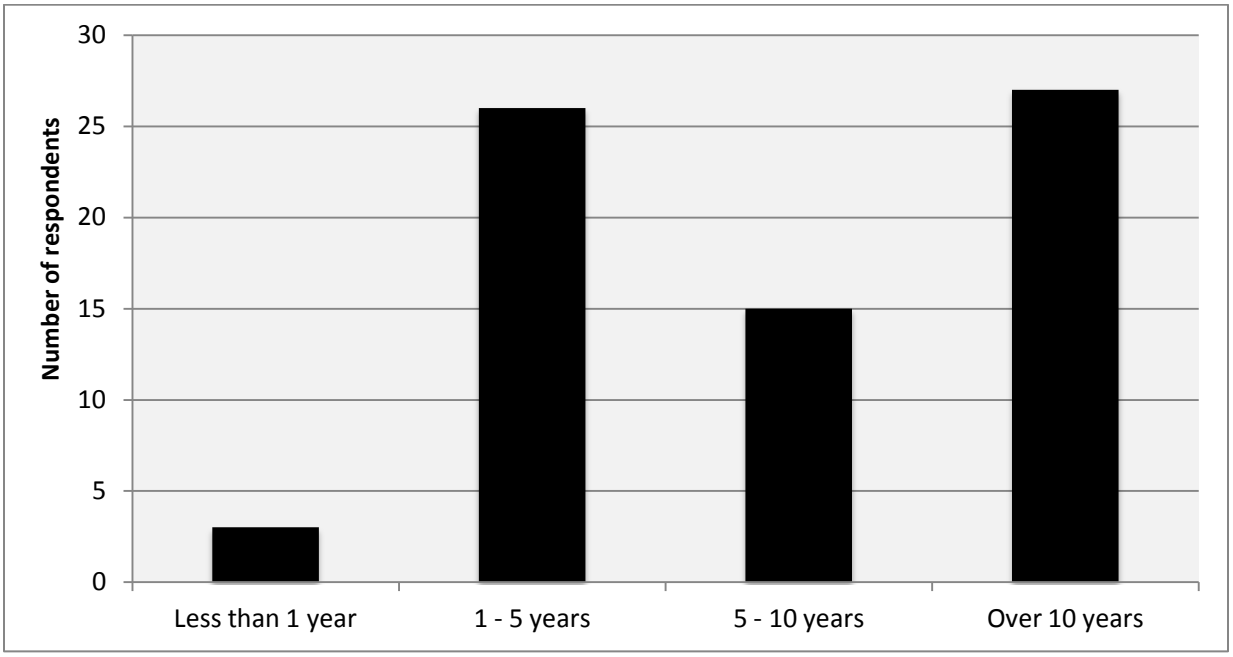


Figure 5 shows that the majority of survey respondents work for Alberta Health Services.

Figure 5: Place of Employment, (n=71)

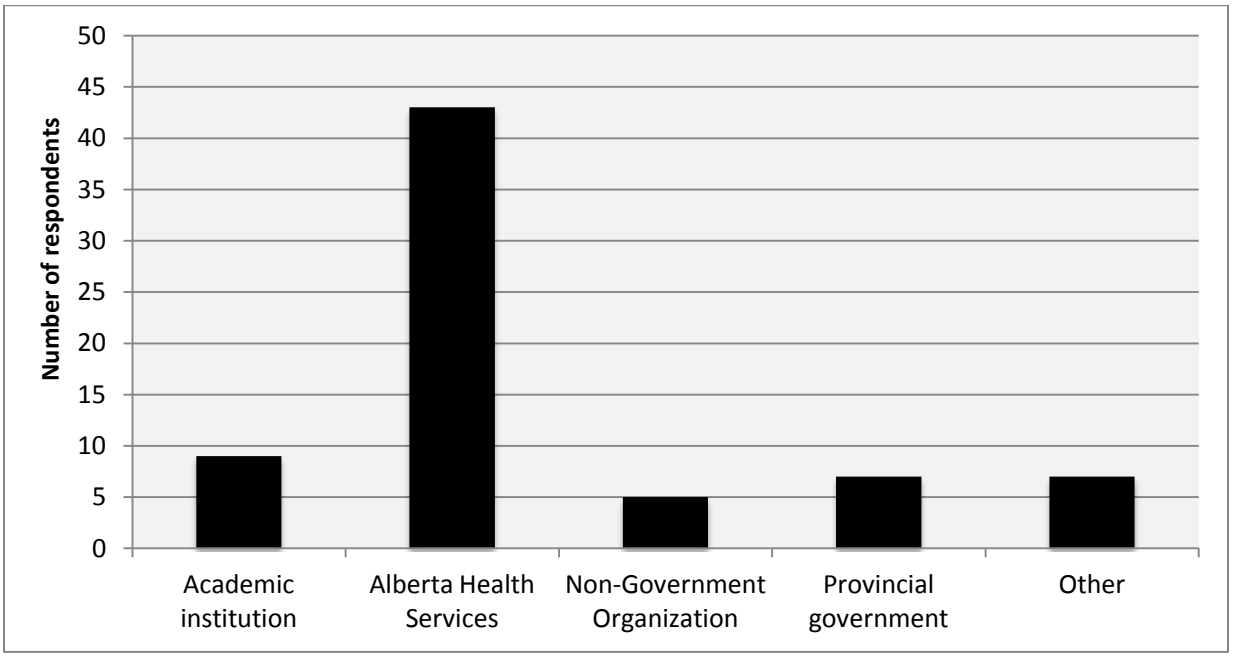


Figure 6 shows that the majority of respondents self-identified as non-management program or other staff.

Figure 6: Organizational Role, (n=68)

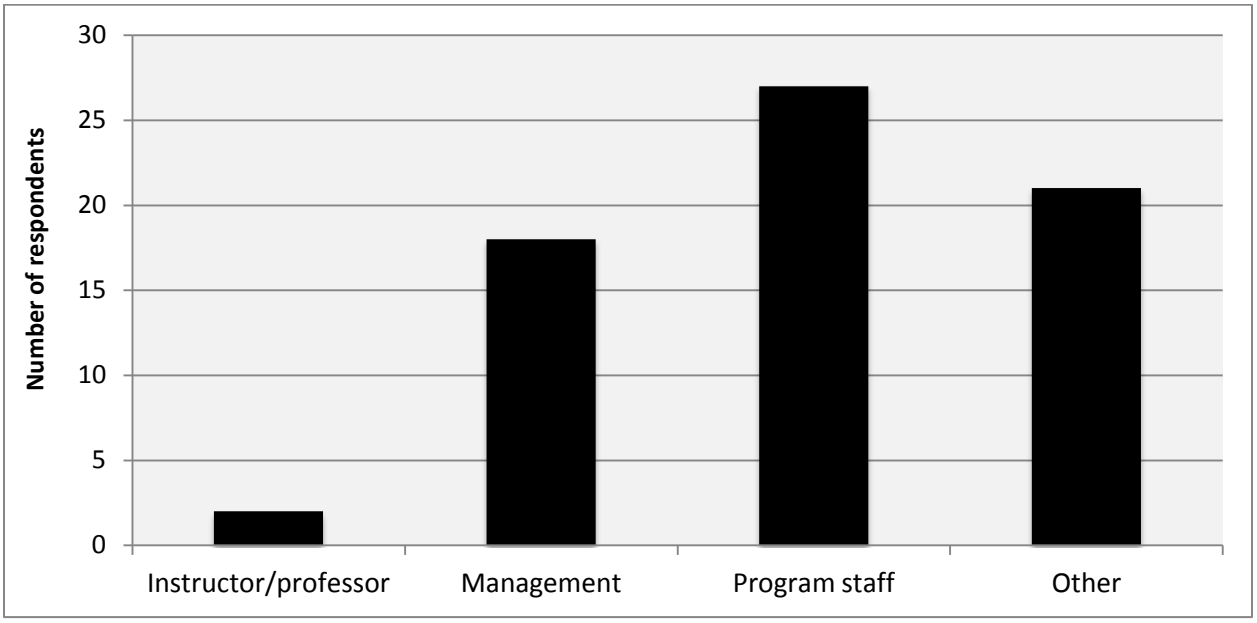
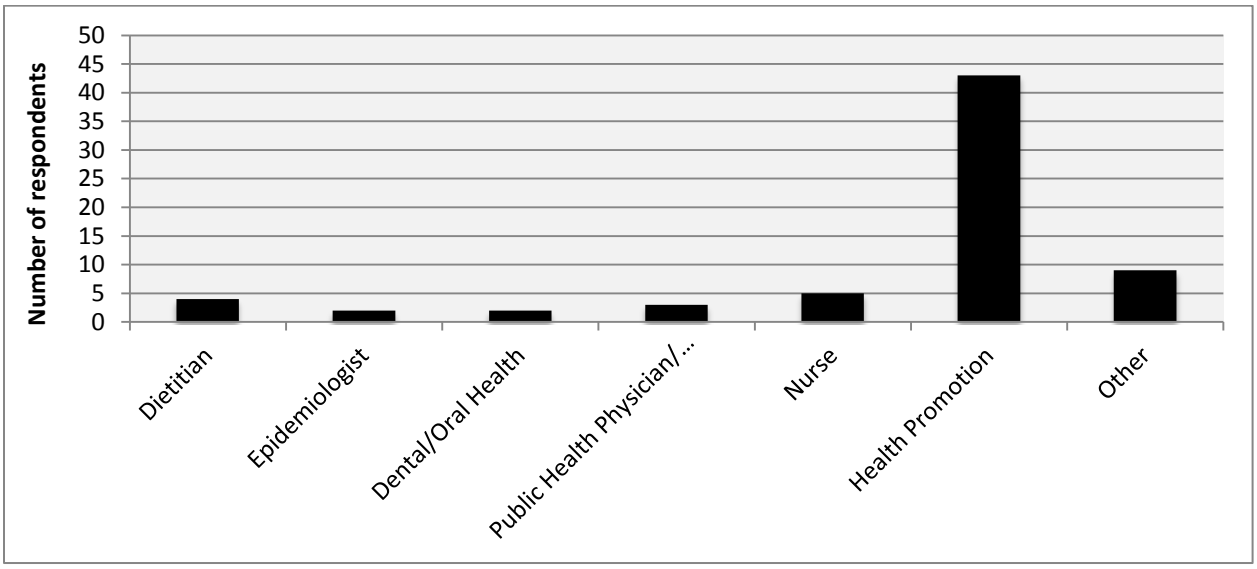


Figure 7 shows that most respondents identified their discipline as 'health promotion'.

Figure 7: Discipline That Respondents Primarily Align, (n=68)



Levels of Agreement with Competency Statements

The following series of Figures shows the levels of agreement for each competency statement. For each competency statement, key features include the following:

- The first bar(s) are for the 'extent of agreement with the competency' followed by bar(s) for 'extent of agreement that reflects my role'. The numeric value for 'Agree' is shown above each bar.
- Results are shown for 'Agree' and 'Don't Agree':
    - 'Agree' = "Strongly agree' + 'Agree'
    - 'Don't Agree' = 'Strongly disagree' + 'Disagree'
    - Note: the results for 'Neither Agree nor Disagree' are not shown.

Figure 8: Levels of Agreement with Domain 1 Competencies (Knowledge and Skills)

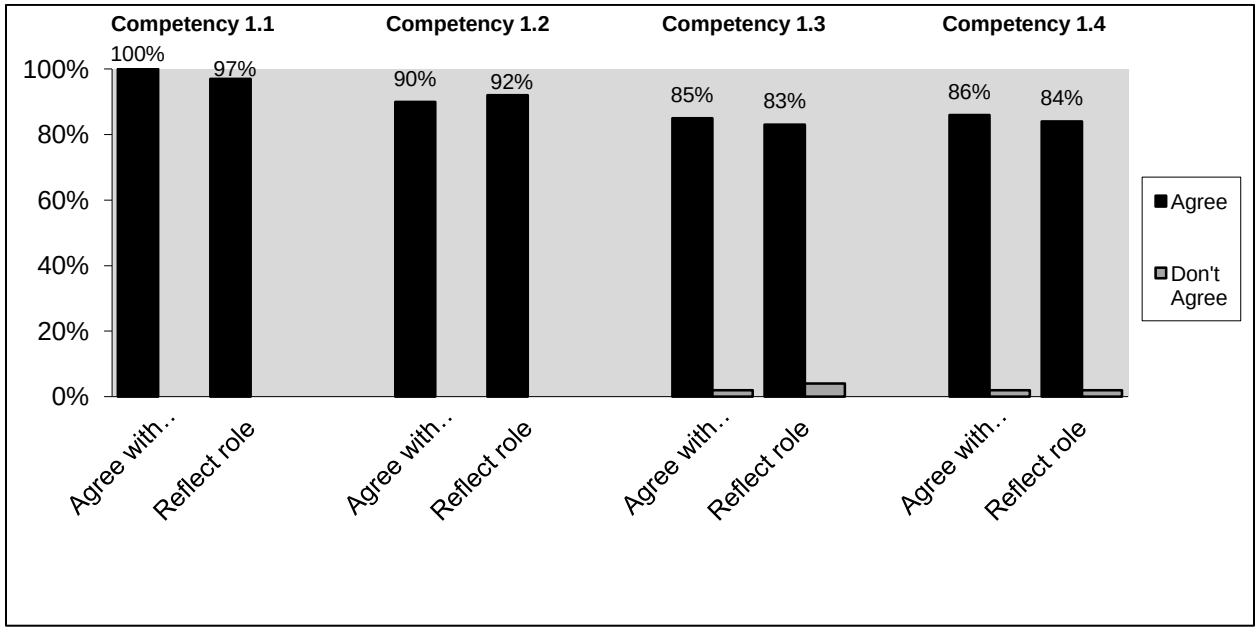


Figure 9: Levels of Agreement with Domain 2 Competencies (Conduct Situational Assessment)

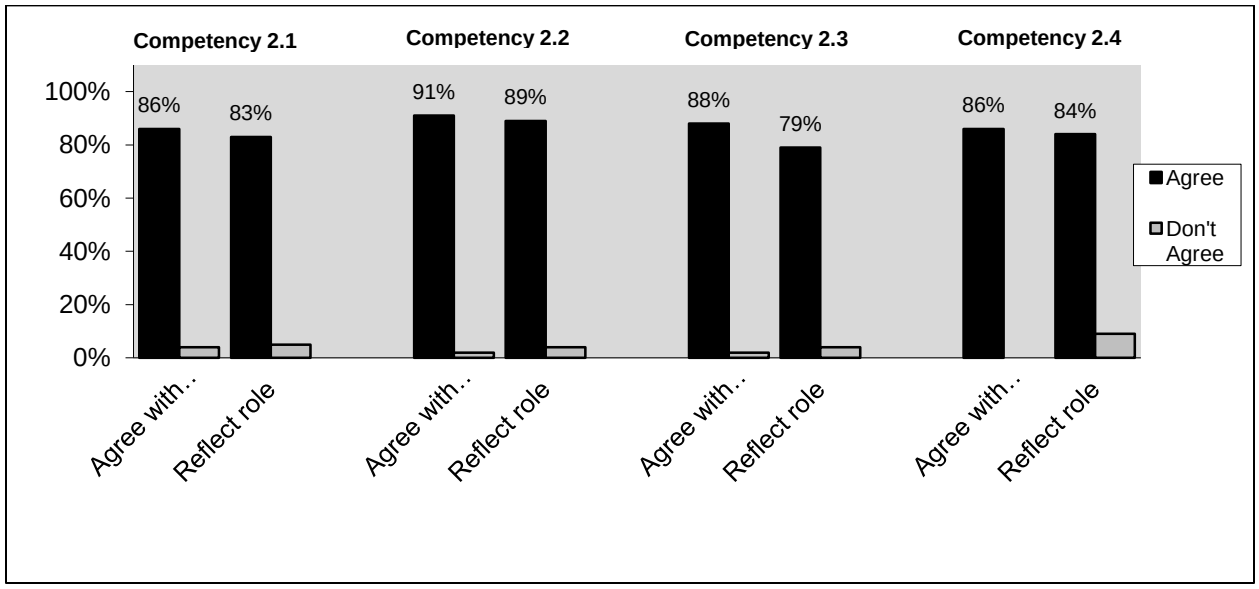


Figure 10: Levels of Agreement with Domain 3 Competencies (Plan Health Promotion Program)

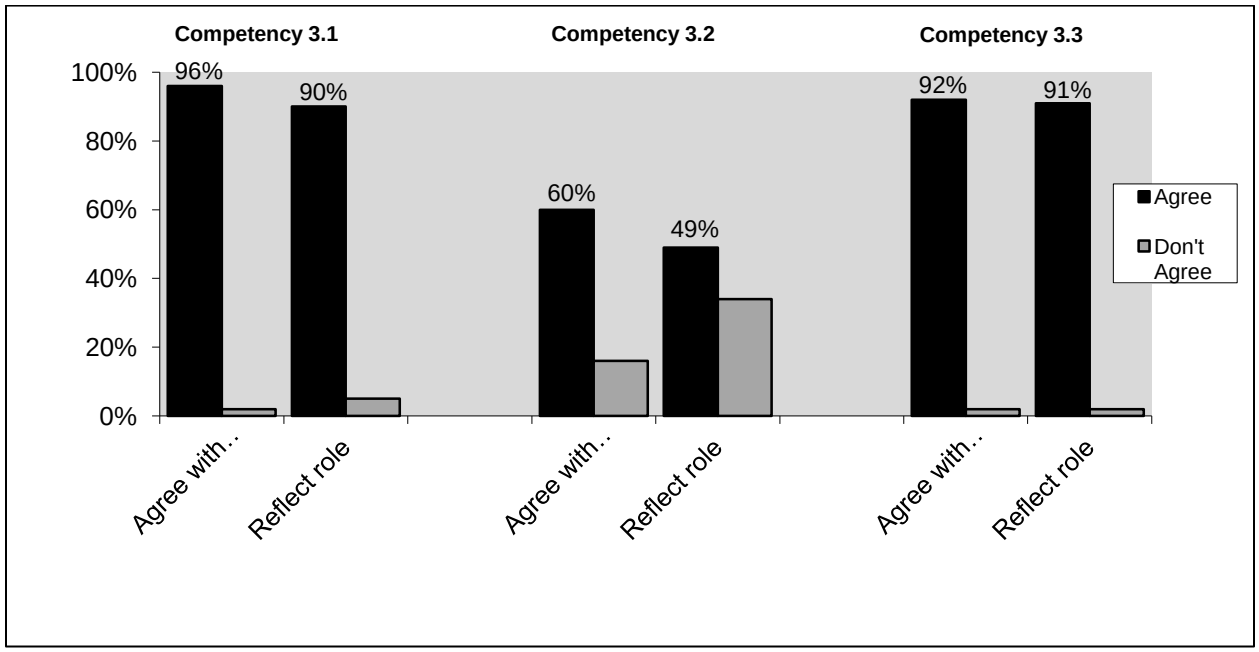


Figure 11: Levels of Agreement with Domain 4 Competencies (Policy Development and Advocacy)

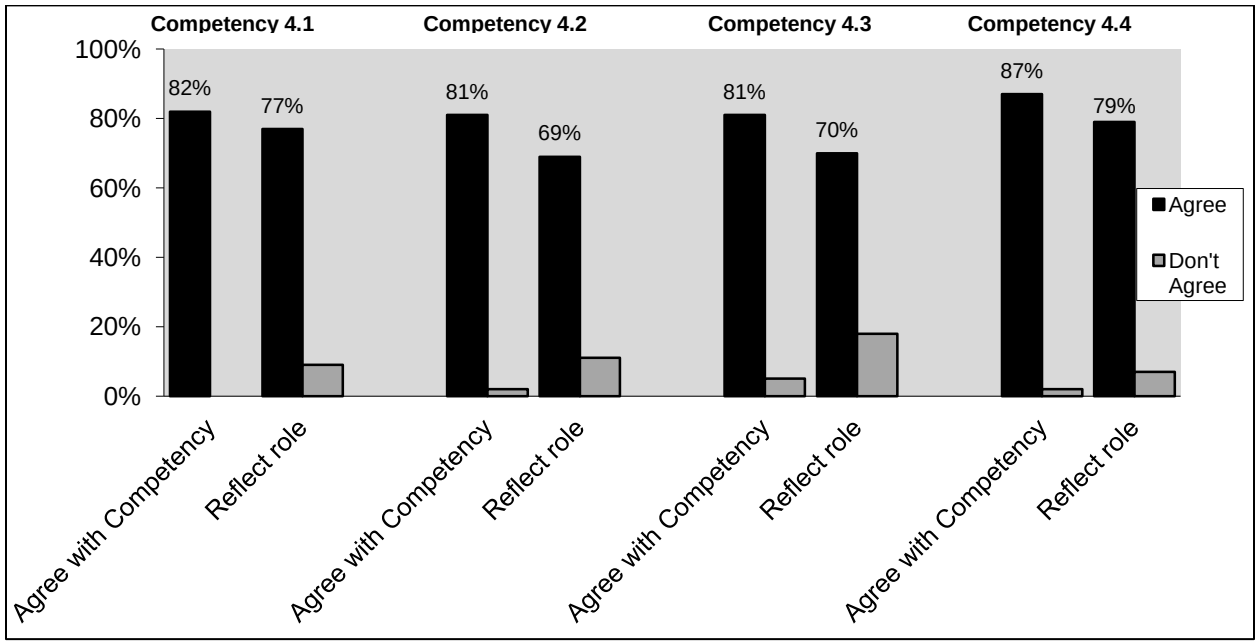


Figure 12: Levels of Agreement with Domain 5 Competencies (Community Mobilization)

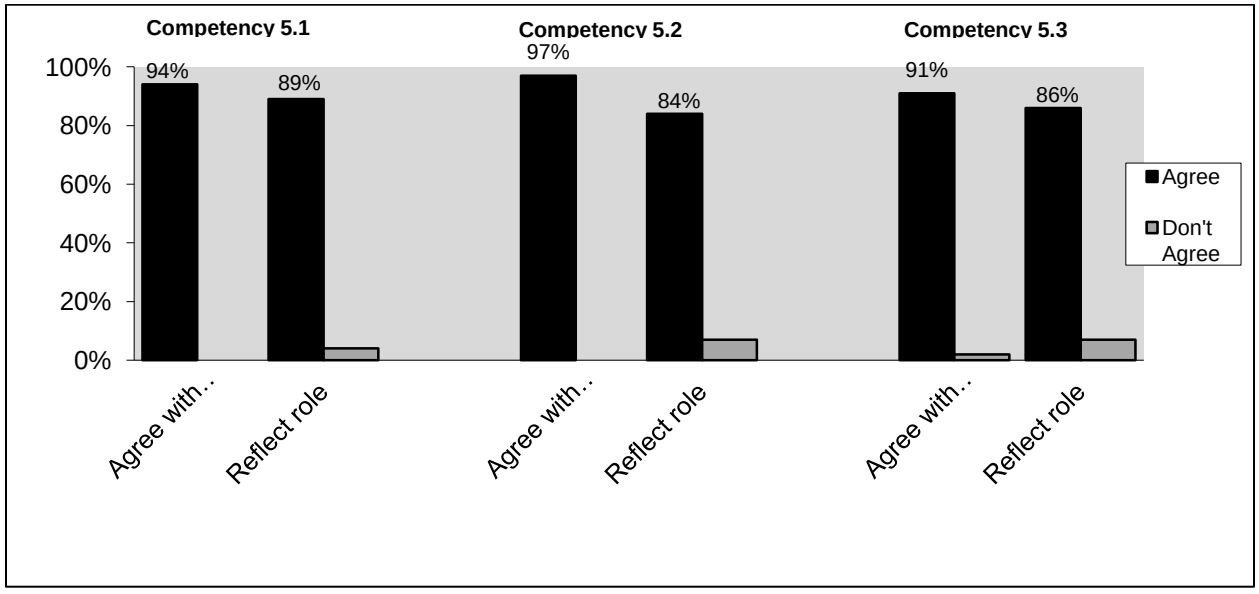


Figure 13: Levels of Agreement with Domain 6 Competencies (Partnership and Collaboration)

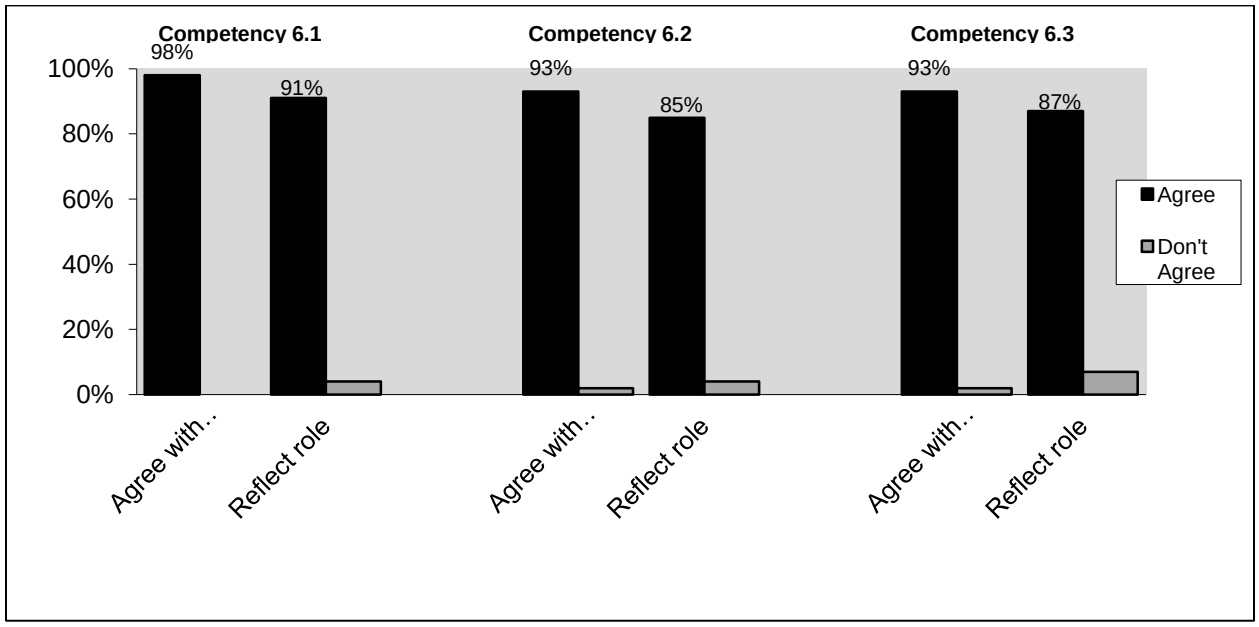


Figure 14: Levels of Agreement with Domain 7 Competencies (Communicating)

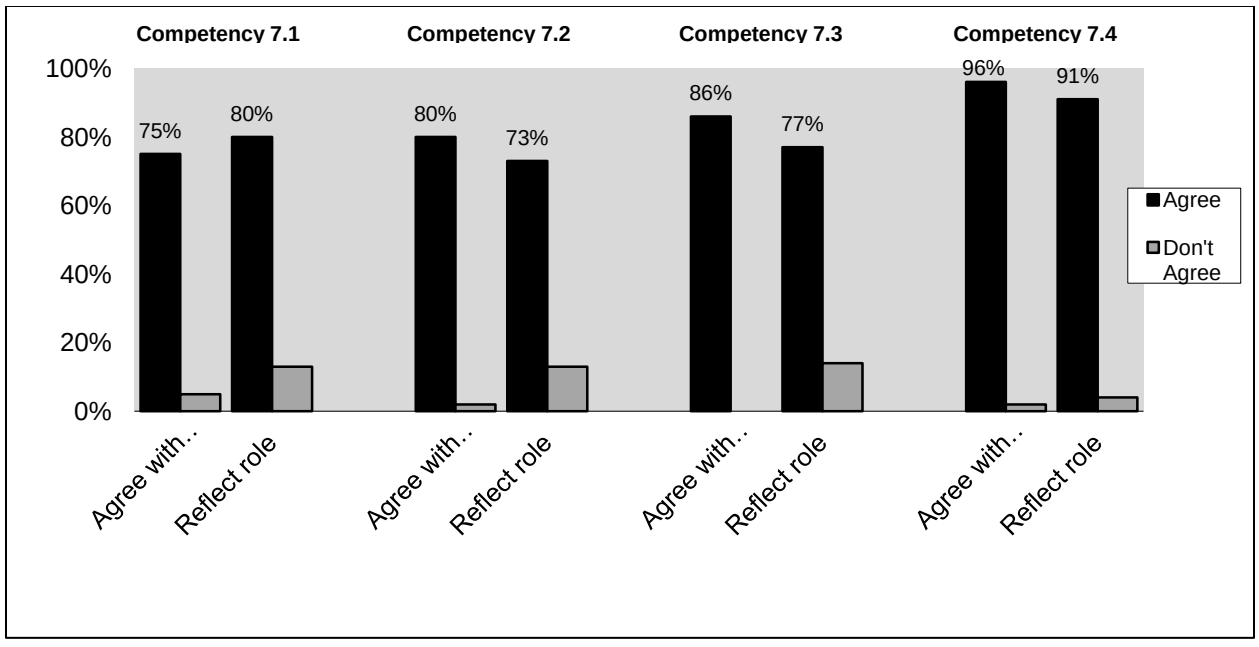


Figure 15: Levels of Agreement with Domain 8 Competencies (Diversity/Inclusiveness)

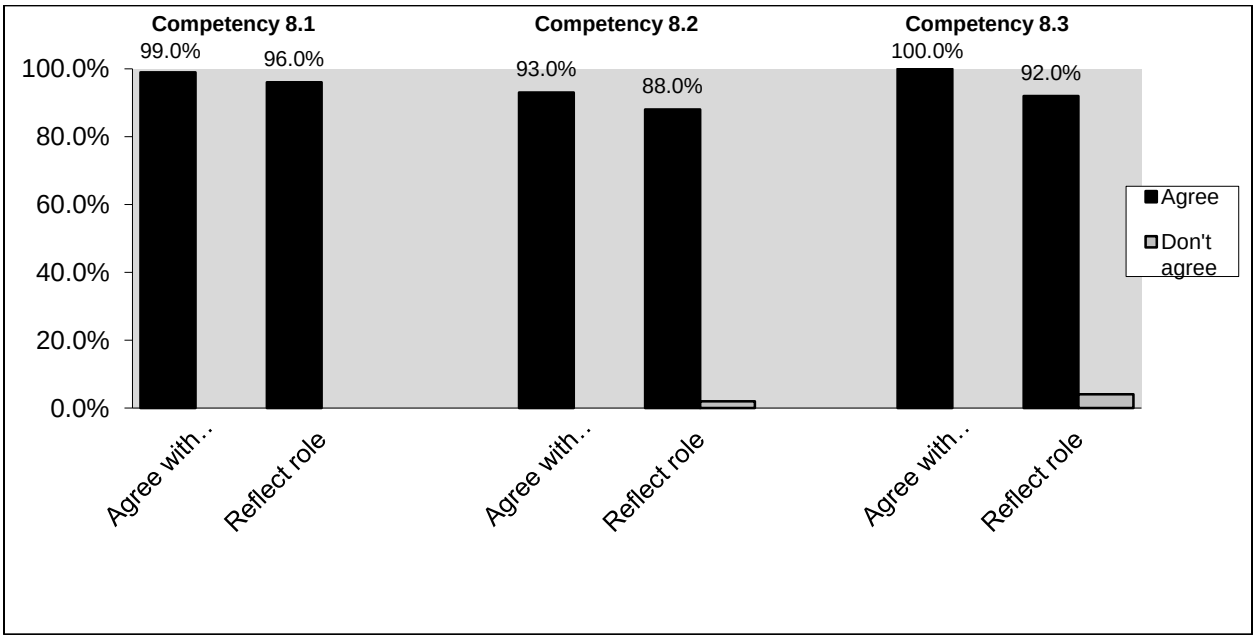
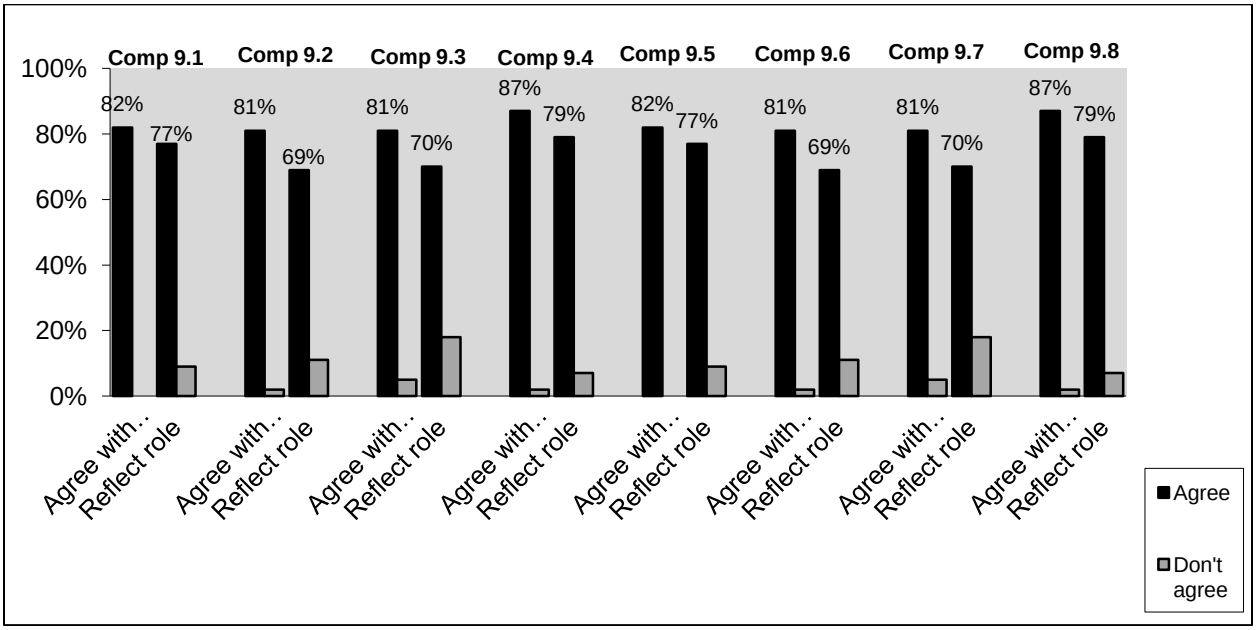


Figure 16: Levels of Agreement with Domain 8 Competencies (Diversity/Inclusiveness)



APPENDIX 3 - WORKSHOP AGENDA

Pan-Canadian Health Promotion Competencies
Alberta Workshop
Friday, March 13, 2015
1:00 – 4:00 p.m.

Agenda

Time	Item
1:00-2:30	Welcome & Introductions Project Overview Survey Results Discussion of Specific Competencies
2:30-2:45	Break
2:45-3:50	Discussion of Specific Competencies (cont'd) Development & Application of Toolkit Next Steps & Building Network of Health Promoters
3:50-4:00	Session Evaluation

APPENDIX 4 - LIST OF WORKSHOP PARTICIPANTS -

The following is the list of registered participants for the workshop:

Name	Organization
Lami Sadare	Ministry of Health
Nicole McLeod	University of Alberta
Melissa Visconti	University of Alberta
Nadine McRee	Treaty Six First Nations
Xuan Wu	University of Alberta
Cindi de Graaff	Alberta Health Services
Cynthia Huber	Alberta Health Services
Molly Hanson-Nagel	Alberta Health Services
Kim Schmidt	Ministry of Health
Lisa McLaughlin	Alberta Recreation and Parks Association
Roxanne Felix Mah	Alberta Centre for Child, Family & Community Research
Diane Hoy	Alberta Health Services
Jennifer Ann McGetrick	University of Alberta
Emma Wilkins	University of Alberta
Mary Jane Yates	University of Alberta
Erin Quaale Fani	Alberta Health Services
Yiwei Chen	Student, University of Alberta
Erik Florizone	Student, University of Alberta
Kim Minha	Student, University of Alberta
Cerina Lee	Student, University of Alberta
Yuchang Li	Student, University of Alberta
Karey Steil	Alberta Health Services
Jane Springett	University of Alberta

APPENDIX 5 - WORKSHOP EVALUATION FORM

Your feedback is very much appreciated in order to improve future consultation workshops. The objectives of this consultation workshop were to:

a) Discuss the draft set of health promoter competencies
b) Share information on competency-based workforce development toolkit
c) Provide information on the Pan-Canadian network of health promoters.

1. Reflecting on these objectives, how satisfied were you with the following aspects of the consultation workshop?

a) Duration (3 hours)

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

Comments:

b) Presentation (background, review of survey feedback, level of detail, response to questions)

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

Comments:

c) Group discussion/feedback (clarity, level of detail, relevance)

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

Comments:

2. What did you appreciate most about the consultation workshop?

3. Other consultation workshops will be conducted as part of this project. Please offer any suggestions for improving this future event.

4. What was your overall impression of the consultation workshop?

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

Comments:

5. What key messages will you take back to your organization and/or offer colleagues?

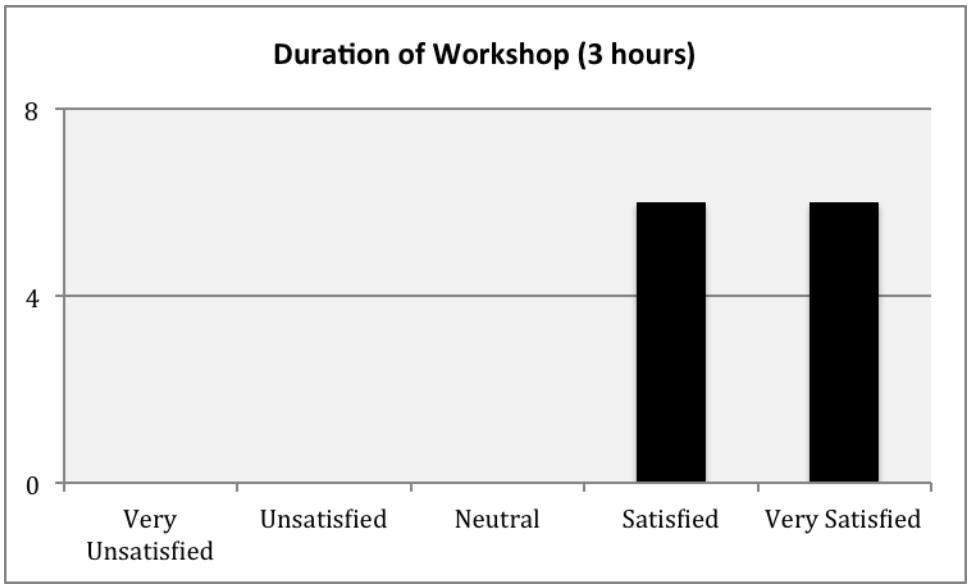
6. What was the one thing of greatest value to you?

7. Final comments

APPENDIX 6 - WORKSHOP EVALUATION RESULTS

A total of 12 (50%) participants completed workshop evaluation forms. Possibly due to scheduling on a Friday afternoon, some participants departed prior to the end of the workshop.

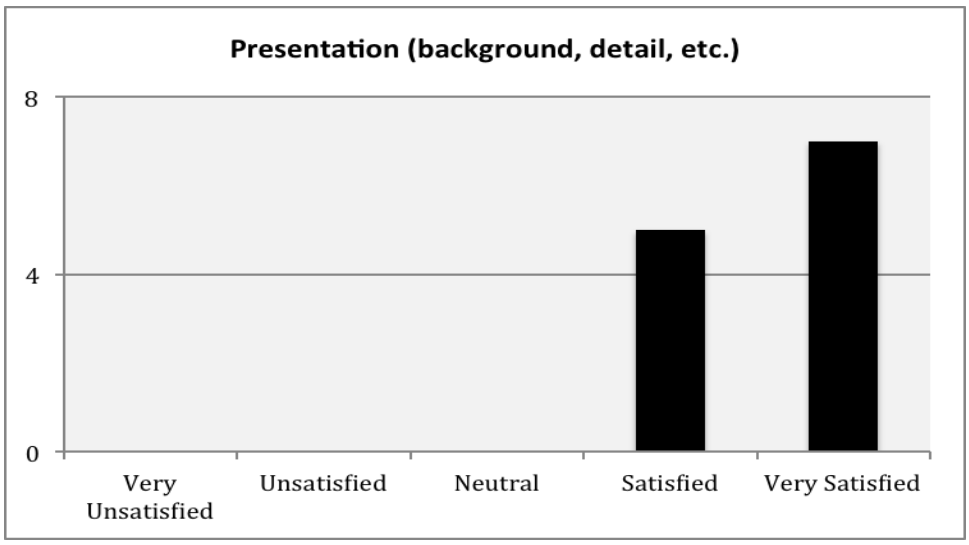
1A) – Duration of workshop (n=12)



Comments (n=3)

- Nice length for maintaining energy, but needed more time to discuss the competencies
- This was the right length of time for the workshop
- Could have had more discussion and activities in small groups

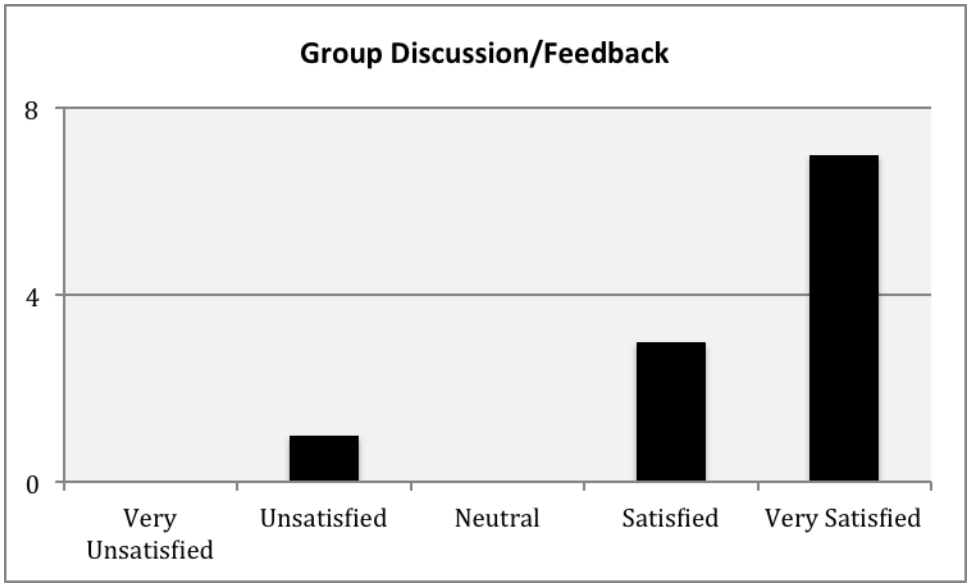
1B) – Presentation (background, detail, etc.) (n=12)



Comments (n=1)

- It was helpful to understand the development/history of the competencies project

1C) Group Discussion/Feedback (n=11)



Comments (n=6)

- Good discussion; well-balanced
- Appreciate the opportunity for group discussion, interaction, and the opportunity to ask questions
- More time could have shortened up contextual part at outset
- We were able to discuss quite freely and extensively in the group and small table session
- Needed more small group work
- Not that much smaller group discussion – might have been more useful to divide up large discussion?

Q2: What did you appreciate most about the consultation workshop? (n=11)

Three main themes:

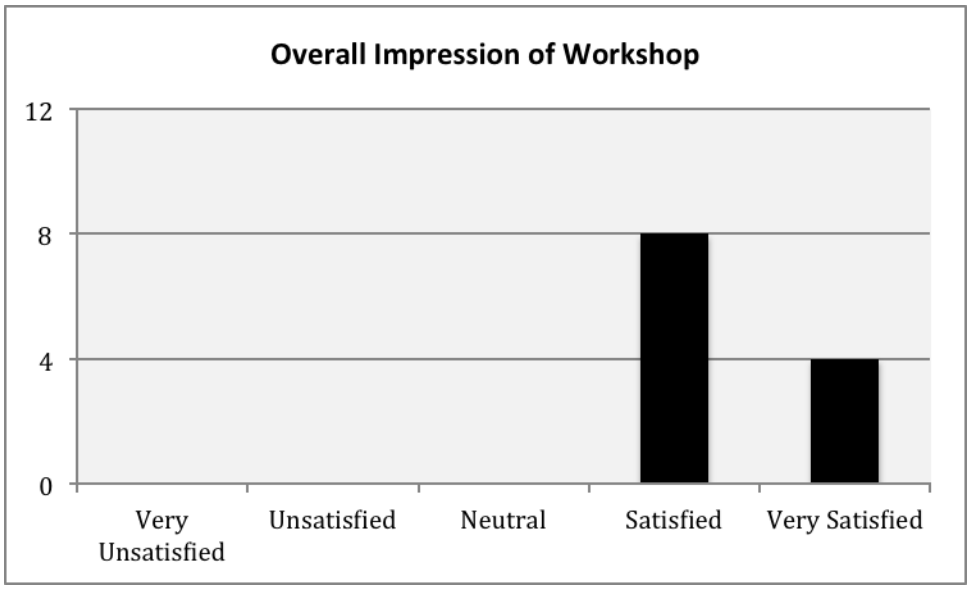
- *Open discussion*: Discussion was referred to as open, accepting, animated, and a chance for voices to be heard – respondents really liked this piece.
- *Different perspectives*: Participants enjoyed hearing the different perspectives from other participants, and how the competencies relate to their work.
- *Reflecting on the work*: Interesting to be a part of the framework development; opportunity for reflection on health promotion practice.

Q3 – Please offer any suggestions for improving future consultations (n=3)

Suggestions were:

- More small group discussion
- More time to write down responses in groups – or appoint a secretary
- More time to discuss the competencies.

4) Overall impression of the workshop (n=12)



Comments (n=3)

- For the length of the workshop, we covered what could be done; but there were many aspects that should have been discussed that weren't.
- Good chance to review core competencies and concepts around health promotion principles
- Very engaging and stimulating

Q5 – What key messages will you take back to your organization and/or offer colleagues?

(n=11)

Two main themes:

- *Competencies*:
    - Need to pay attention to/they are coming
    - Integrate/use competencies in organizational development work
    - Discussion on how we can support and embed the competencies in our work
    - How competencies will be reflected in professional development
    - Use of competencies in performance evaluations
- *Language*:
    - Importance of common language

One respondent referred to how the competencies might be reflected in recreation work.

Q6 – What was one thing of greatest value to you? (n=8)

Two main themes:

- *Hearing the different perspectives*: Several respondents indicated they enjoyed meeting other health promoters, and hearing from the diverse sectors represented in the room, including various perspectives on key concepts (e.g., population health).
- *Group discussions*: Participants enjoyed the group discussions, including discussion of academic minutiae, the importance of common language/terms, and discussions on what a health promoter can do.

Respondents also indicated:

- Writing down suggested actions in hopes they'll be taken up
- One respondent indicated that it was all of great value

Q7 – Final Comments (n=6)

All six respondents thanked the faciltator, all indicated it was a great job, especially when working with the different perspectives represented in the room

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(1) Joint Task Group on Public Health Human Resources. Building the public health workforce for the 21st century. A pan-Canadian framework for public health human resources planning. Ottawa: Public Health Agency of Canada, 2005.

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(3) Moloughney BW. Development of a discipline-specific competency set for health promoters - findings from a review of the literature. Prepared for Health Promotion Ontario, 2006.

(4) Hyndman B. Health promoters in Canada: an overvierw of roles, networks and trends. Prepared for Health Promotion Ontario, 2006.

(5) Hyndman B. Towards the development of competencies for health promoters in Canada: a discussion paper. Health Promotion Ontario, 2007.

(6) Ghassemi M. Development of Pan-Canadian discipline specific competencies for health promoters. Summary report consultation results. Toronto: Health Promotion Ontario, 2009.

(7) Innovative Solutions. Descriptive record: discipline specific competencies workshop for health promoters. 2008.