

**Health Promotion Ontario**

**DEVELOPMENT OF PAN-CANADIAN DISCIPLINE-SPECIFIC  
COMPETENCIES FOR HEALTH PROMOTERS**

**SUMMARY REPORT  
CONSULTATION RESULTS**

**March 2009**

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## 1. Preamble

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Since 2006, Health Promotion Ontario (HPO), a professional association representing health promoters' within Ontario, in collaboration with the Public Health of Agency of Canada (PHAC), has been working to develop a set of competencies for health promoters (Note: competencies can be defined as a set of skills, knowledge and abilities necessary for the practice of health promotion). This collaboration has led to the development of three foundational documents:

1. A literature review on health promotion competencies (Moloughney, 2006)
2. An environmental scan encompassing health promotion organizations, roles, networks and trends in Canada (Hyndman, 2006)
3. The above documents laid the foundation for a discussion paper, which included a draft set of discipline-specific competencies for health promoters (Hyndman, 2007).

In 2008, with the support of PHAC, a small network of health promoters (currently named the *Pan-Canadian Committee on Health Promotion Competencies*) was formed to provide strategic guidance on further advancing this work. The purpose of the Committee is to enhance the competency development and validation process by providing guidance, leadership and expert advice through collaboration, consultation and research.

The progress to date represents the foundational work for an extended and comprehensive consultation process with health promotion stakeholders. A number of consultations have been carried out since the development of the draft set. This report summarizes the consultations conducted in 2007 from the following sources:

- The Health Promotion Ontario 2007 conference's visioning and strategizing group sessions
- The International Union of Health Promoters and Educators (IUHPE) 2007 annual conference workshop
- On-line Survey

## 2. Soliciting Input on Draft Competencies

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After creating the draft set, HPO commissioned to develop an on-line survey to collect feedback from the practice communities on the appropriateness and validity of the proposed competency statements. This survey presented all the secondary competency statements within each primary statement (or domain), and for each competency it asked the following questions 1) Does this reflect your role as a health promotion practitioner? 2) Should this be a competency for all Health Promotion Practitioners? and 3) Comments. The survey also asked 4) Overall Comments, 5) Are there any health promotion competencies that you think could be removed from this list? Can you please tell us why? and 5) Do you think there are other health promotion competencies that are not on this list but should be? Can you tell us which ones and why they should be on this list?

The draft competencies were first presented and the survey administered at the May 2007 HPO annual conference and subsequently at the IUHPE 2007 annual conference workshop. All registered attendees for both sessions were asked to complete the survey on-line. In total, 90 people responded to the questionnaire. Additionally, verbal feedback was recorded from HPO members during the conference's visioning and strategizing group sessions as well as during the IUHPE workshop, respectively. The following results summarize the feedback received during the aforementioned sessions. The results are presented in the following order: quantitative data from the surveys in terms of the proportion responding favorably or unfavorably to each competency, followed by the qualitative data (written comments) for each competency statement.

### 3. Consultation Results

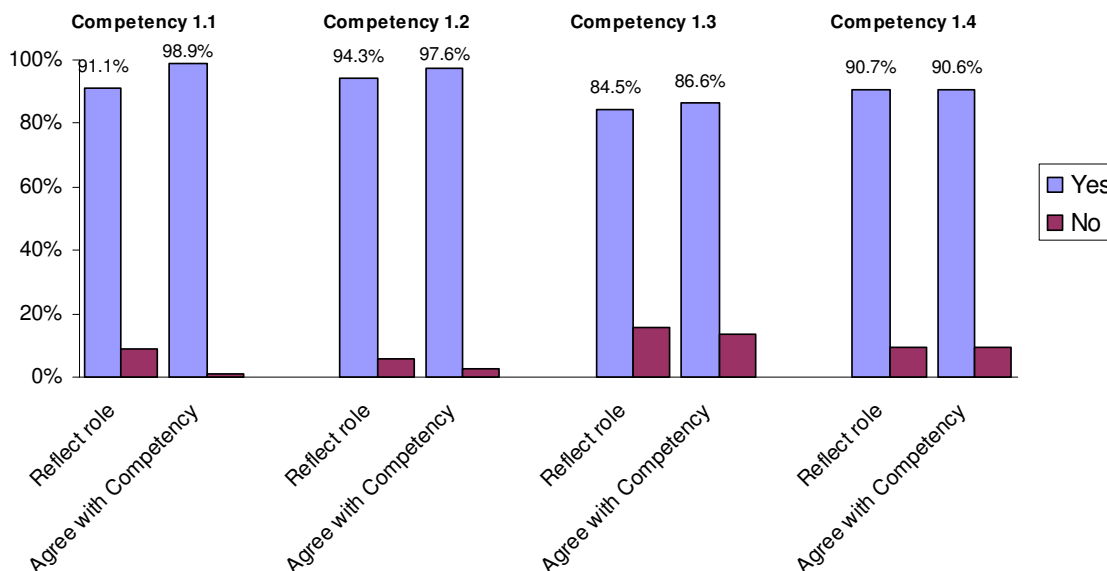


Figure 1. Quantitative survey results: Competency domain 1

Qualitative Results: Summary of Feedback		
Competency Statements		Recurring/Salient Points
<b>1. Demonstrates <u>knowledge</u> necessary for conducting health promotion</b>		
<b>1.1</b>	Applying a determinants of health framework to the analysis of health issues.	<p><b>Understanding determinants of health</b></p> <ul style="list-style-type: none"> <li>- Although a determinants of health framework was identified as an important competency by many, it was noted by some that its definition and comprehension is not clearly understood. Also, it was considered as a challenging component to implement.</li> </ul> <p><i>“...if such a framework is not readily available and understood within the public health organization, it is difficult to assume that it should be a competency”.</i></p>
<b>1.2</b>	Applying theory to health promotion planning and implementation.	<p><b>Guidance Documents</b></p> <ul style="list-style-type: none"> <li>- Suggestion to include “examples of theories in an appendix or footnote”.</li> </ul>
<b>1.3</b>	Applying health promotion principles in the context of the roles and responsibilities of public health organizations.	<p><b>Additional Clarity needed</b></p> <ul style="list-style-type: none"> <li>- The statement was considered “vague and unclear” by some; clarification was required regarding “...what is meant by principles”.</li> </ul> <p><b>Limiting to Public health</b></p> <ul style="list-style-type: none"> <li>- It was stated by some that the statement was specific to public health organizations and “...should be broadened if it’s meant to incorporate other health promoters”.</li> </ul> <p><i>“Many health promoters do not work in public health organizations – health promotion principles and theories are not limited to public health organizations”</i></p>

Qualitative Results: Summary of Feedback		
Competency Statements		Recurring/Salient Points
1.4	Describing the range of interventions available to address public health issues.	<b>Limiting to Public Health</b> - same as above

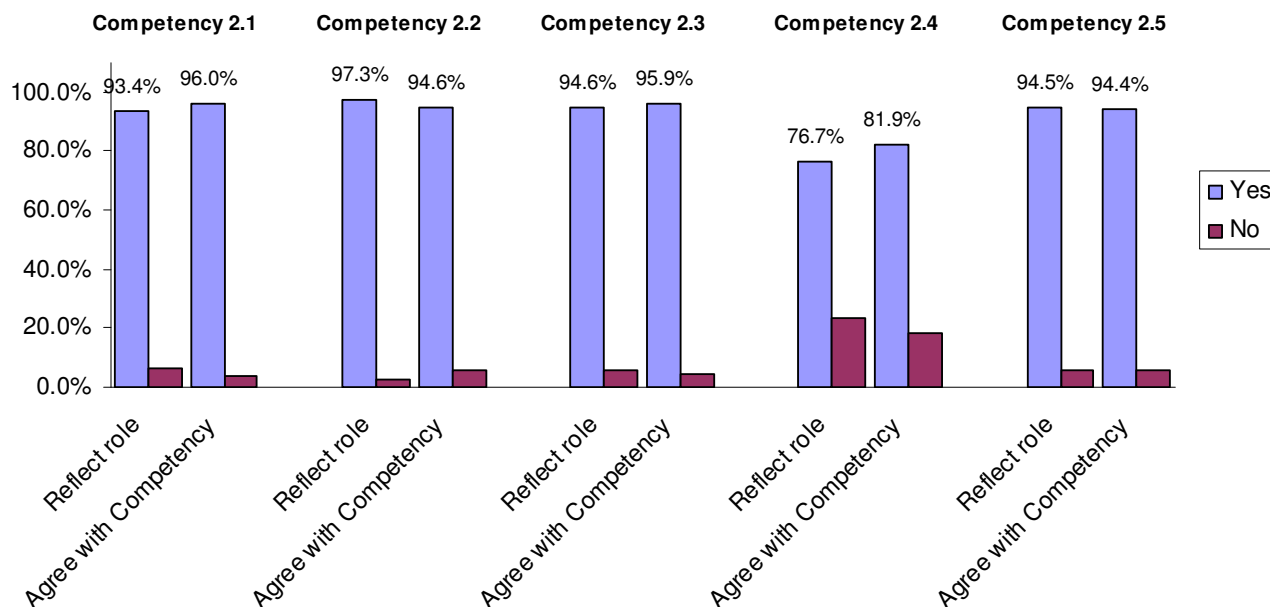


Figure 2. Quantitative survey results: Competency domain 2

Qualitative Results: Summary of Feedback		
Competency Statements		Recurring/Salient Points
<b>2. Conduct a community needs/situational <u>assessment</u> for a specific issue</b>		
2.1	Identifying behavioural, social, environmental and organizational factors that promote or compromise health.	<p><b>Need of Resources</b></p> <p>- It was stated by some that their ability to identify such factors would be contingent on sufficient “<i>budget</i>” and “<i>resources</i>”. This may be indicative of the size of the health unit or organization.</p> <p><b>Add “Political”</b></p> <p>- It was suggested to include “<i>Political</i>” factors</p>
2.2	Identifying relevant and appropriate data and information sources.	<p><b>Role of the Epidemiologist</b></p> <p>- Among the respondents, some stated that this scope of work falls under the role of an epidemiologist.</p> <p><i>“This is the job of a professional epidemiologist – health promoters can use it and critique it, but should not need to collect it.”</i></p>
2.3	Identifying community assets and resources.	- NA
2.4	Partner with communities to validate collected	- NA

**Qualitative Results: Summary of Feedback**

<b>Competency Statements</b>		<b>Recurring/Salient Points</b>
	quantitative and qualitative data	
<b>2.5</b>	Integrating information from available sources to identify priorities for action.	- Suggestion to Add: "identify priorities for action, in partnership with communities".

**Note:** NA, not available

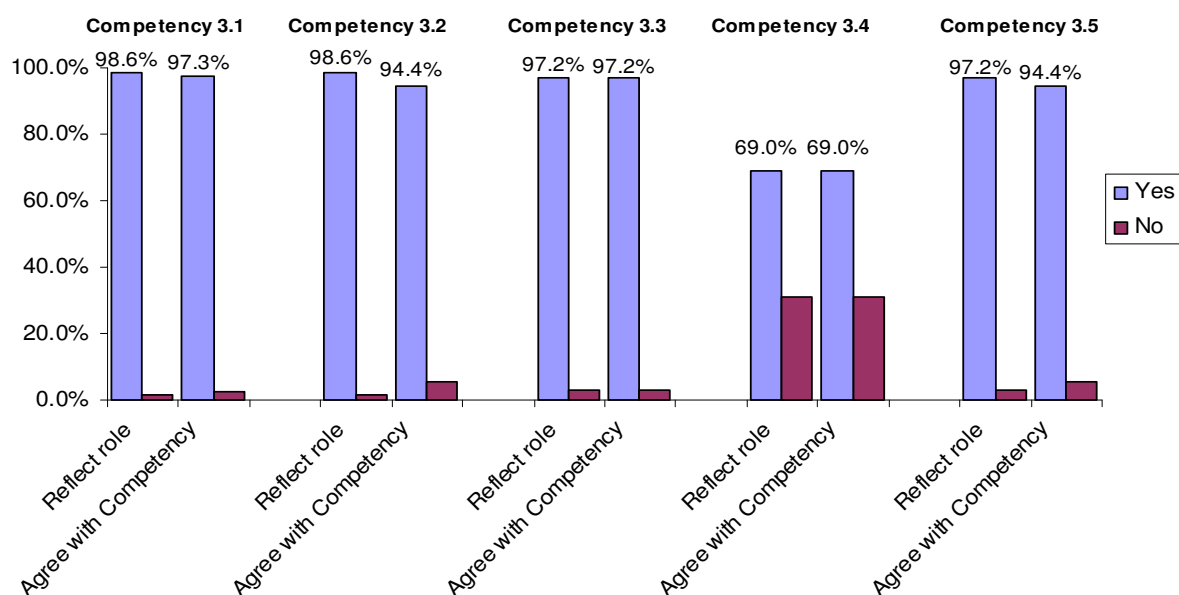


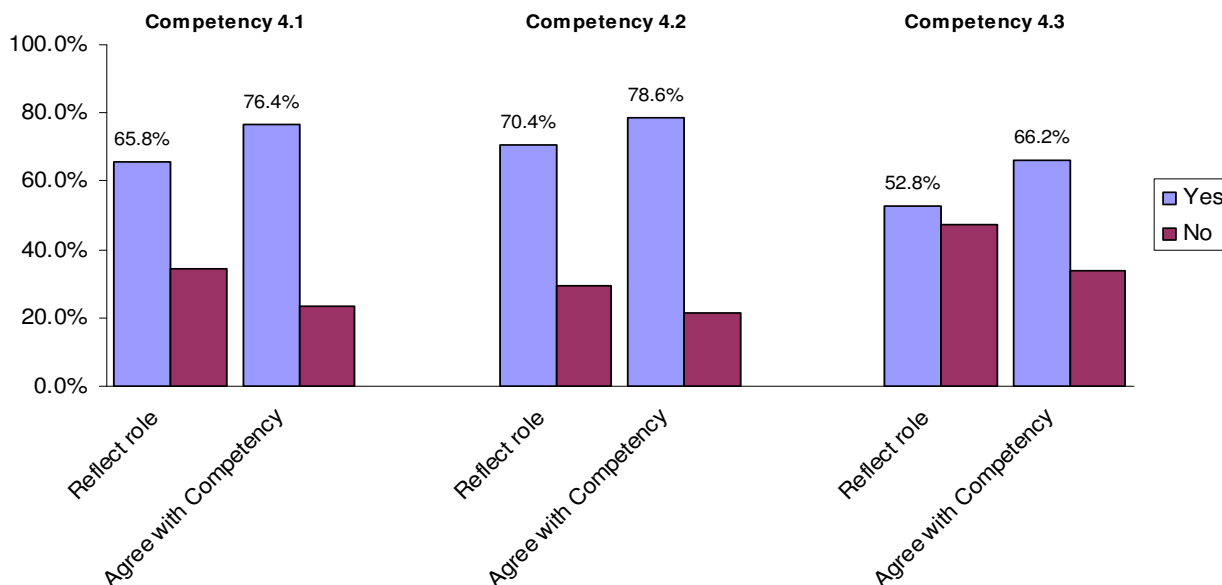
Figure 3. Quantitative survey results: Competency domain 3

Qualitative Results: Summary of Feedback		
Competency Statements		Salient Points
<b>3. <u>Plan</u> appropriate health promotion programs</b>		
<b>3.1</b>	Identifying, retrieving and critically appraising the relevant literature.	- consider developing: "...a reference available for practitioners about effective literature review techniques, meta-analysis etc."
<b>3.2</b>	Conducting an environmental scan of best practices.	- same suggestion as above
<b>3.3</b>	Developing a component plan to implement programs including goals, objectives and implementation steps.	<b>What is a "Component Plan"?</b> - There was ambiguity regarding the term "component plan"; suggestion was to better define this term or replace with a more common term.
<b>3.4</b>	Developing a program budget.	<b>Budgeting is not my role</b> - Among the respondents, almost all stated that the budget is processed by "managers and financial staff" and not part the role of a frontline health promotion practitioner.  <i>"You could be a health promotion practitioner and not have to develop your own budget. Again, this sounds like a job description duty and not an essential element to the practice of health promotion".</i>  <i>"Budgetary concerns/responsibilities are often outside the realm of front-line health promoter's job".</i>
<b>3.5</b>	Monitoring and evaluating implementation of interventions.	<b>Essential for Health Promotion Practice</b> - Most respondents highlighted the importance of this competency, and suggesting expanding the statement with additional evaluation competencies.

**Qualitative Results: Summary of Feedback**

<b>Competency Statements</b>		<b>Salient Points</b>
		<i>"I am very keen that health promotion competencies include monitoring and evaluation"</i>





**Figure 4.** Quantitative survey results: Competency domain 4

Qualitative Results: Summary of Feedback		
Competency Statements		Salient Points
<b>4. Contribute to <u>policy development</u></b>		
<b>4.1</b>	Describing the health, economic, administrative, legal, social and political implications of policy options.	<p><b>Too complex/Advanced level competency</b></p> <p>- It was identified by some that the statement was too complex for a generic competency requirement; it may be perceived as overwhelming and therefore not complied by practitioners. Additionally, some indicated that this may be appropriate for an advanced level practitioner - "as a specialty within the field".</p> <p><i>"I'm not sure that health promoters have the background or access to knowledge to be able to describe the economic, legal and political implications for policy options".</i></p> <p><i>"...I see this as a competency for a more advanced level..."</i></p>
<b>4.2</b>	Providing strategic policy advice on health promotion issues.	- NA
<b>4.3</b>	Writing clear and concise policy statements for complex issues.	<p><b>Too complex/ Advanced level competency</b></p> <p>- Responses were similar to statement 4.1, with numerous respondents indicating that developing policy statements is not always a responsibility of a health promoter.</p> <p><i>"Having this skill is an asset but not a requirement. In some organizations, this is someone's full-time job and outside the realm of expectations and job requirements of an HP".</i></p>

<b>Qualitative Results: Summary of Feedback</b>	
<b>Competency Statements</b>	<b>Salient Points</b>

**Note:** NA, not available

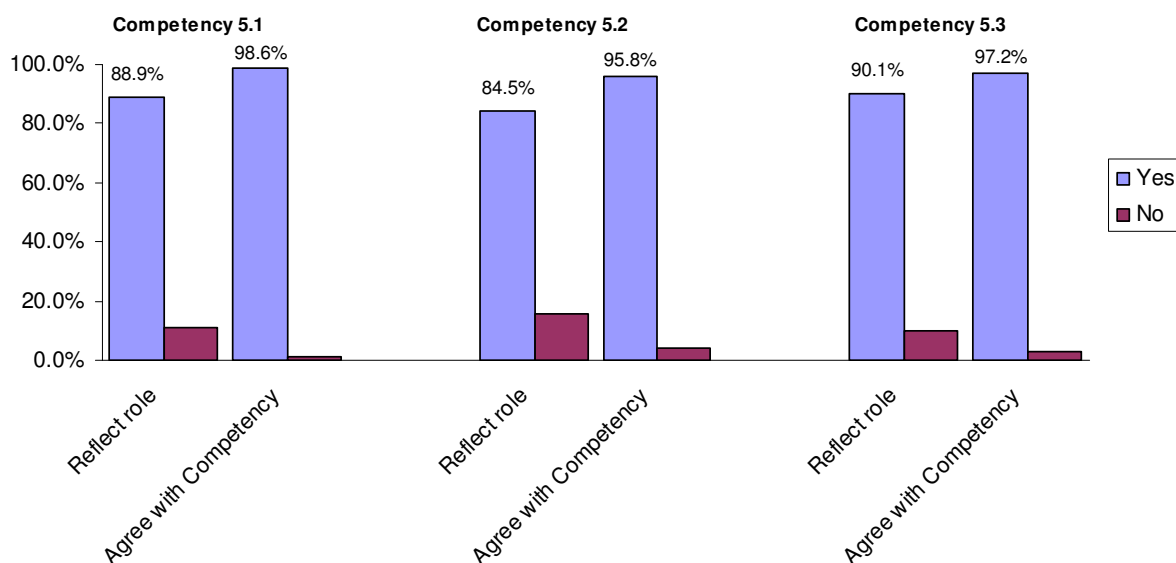
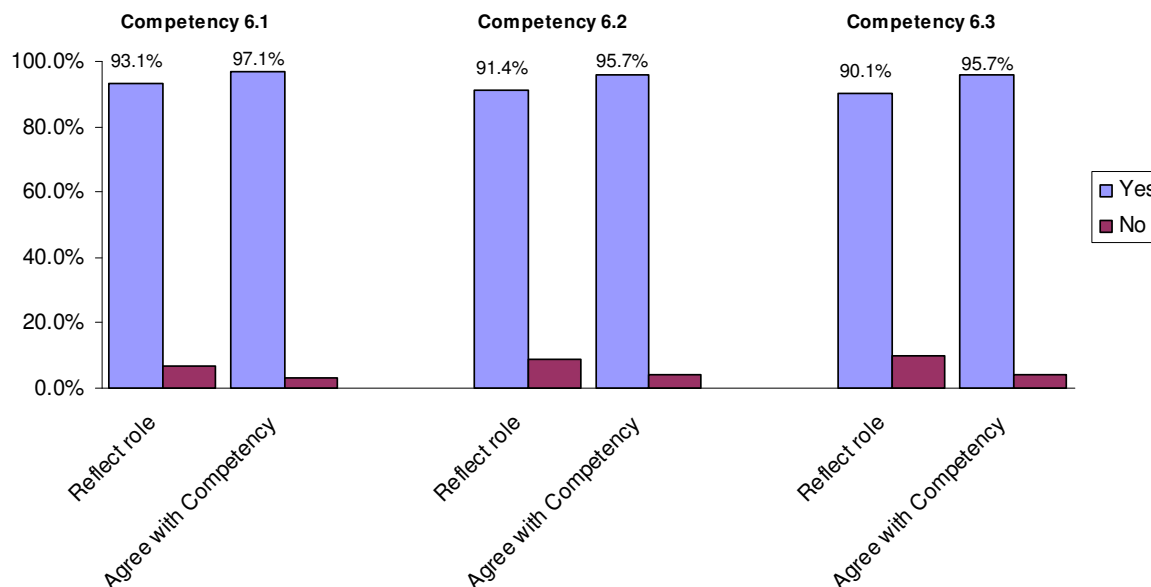


Figure 5. Quantitative survey results: Competency domain 5

Qualitative Results: Summary of Feedback		
Competency Statements		Salient Points
<b>5. Facilitate <u>community mobilization</u> and <u>build community capacity</u> around shared health priorities</b>		
<b>5.1</b>	Engaging in a dialogue with communities based on trust and mutual respect.	- NA
<b>5.2</b>	Identifying and strengthening local community capacities to take action on health issues.	<p><b>Specialty/Expanded Role</b></p> <p>- Some suggested this may be more appropriate for an expanded or specialty role.</p> <p><i>"I see this as a role for a Community Development Officer (although the skills could be useful for many hp practitioners)."</i></p>
<b>5.3</b>	Advocating for and with individuals and communities that will improve their health and well-being.	- NA

Note: NA, not available



**Figure 6.** Quantitative survey results: Competency domain 6

Qualitative Results: Summary of Feedback		
Competency Statements		Salient Points
<b>6. Engage in <u>partnerships</u> and collaboration</b>		
<b>6.1</b>	Establishing and maintaining linkages with community leaders and other key health promotion stakeholders (e.g., schools, businesses, churches, community associations, labour unions, etc.).	<b>Replace Church Groups with “Faith Groups “</b> - Additionally, some recommended adding “ <i>politicians and governments</i> ” to the statement.
<b>6.2</b>	Utilizing leadership, team building, negotiation and conflict resolution skills to build community partnerships.	- NA
<b>6.3</b>	Building coalitions and stimulating intersectoral collaboration on health issues.	- NA

**Note:** NA, not available

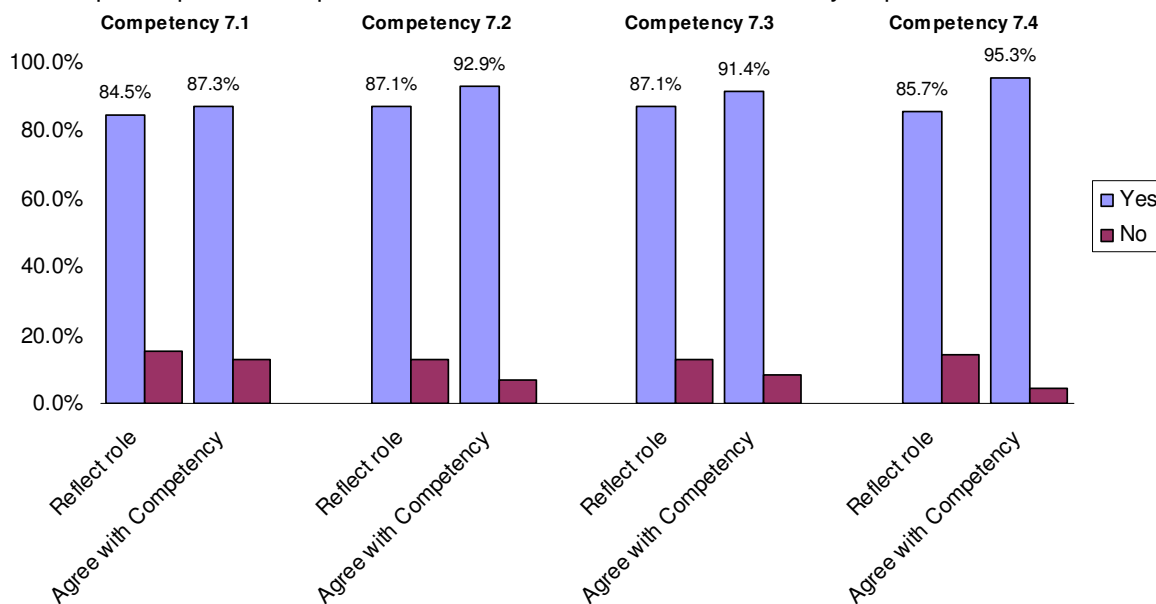


Figure 7. Quantitative survey results: Competency domain 7

Qualitative Results: Summary of Feedback		
Competency Statements		Salient Points
<b>7. Communicate effectively with community members and other professionals</b>		
7.1	Providing health status, demographic, statistical, programmatic and scientific information tailored to professional and lay audiences.	<p><b>Role of the Epidemiologist</b></p> <ul style="list-style-type: none"> <li>- Most respondents suggested this competency should be carried-out by an epidemiologist as “as some of the information can become quite complex...”</li> <li>- It was also noted that because health promoters come from diverse educational and professional backgrounds, that this competency should be managed in collaboration with other professionals</li> </ul> <p><i>“This again is up to the epidemiologist to provide so health promoters can use it”.</i></p>
7.2	Applying social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns.	<p><b>“Good skill by not essential”</b></p> <ul style="list-style-type: none"> <li>- Some suggested that social marketing is too specific of component to include as a competency</li> </ul> <p><i>“social marketing is a discipline in and of itself – skill set already quite broad and I think this piece is really its own specialty”.</i></p>
7.3	Using the media, advanced technologies and community networks to receive and communicate information.	<ul style="list-style-type: none"> <li>- There was some emphasis as to the importance of using media and advanced technologies as a major aspect of day to day work.</li> </ul> <p><i>“I believe that all health promoters should be quite capable and experienced in this competency”.</i></p> <p><i>“Working with the media has become a large part of my health promoter job”.</i></p>
7.4	Interacting with, and adapting policies and	- Suggestion to change to: <i>“responds to the diverse</i>

Qualitative Results: Summary of Feedback	
Competency Statements	Salient Points
programming that respond to the diversity in population characteristics.	<i>needs of population groups</i> . - Suggestion to include <i>"understanding of anti-oppression framework"</i> .

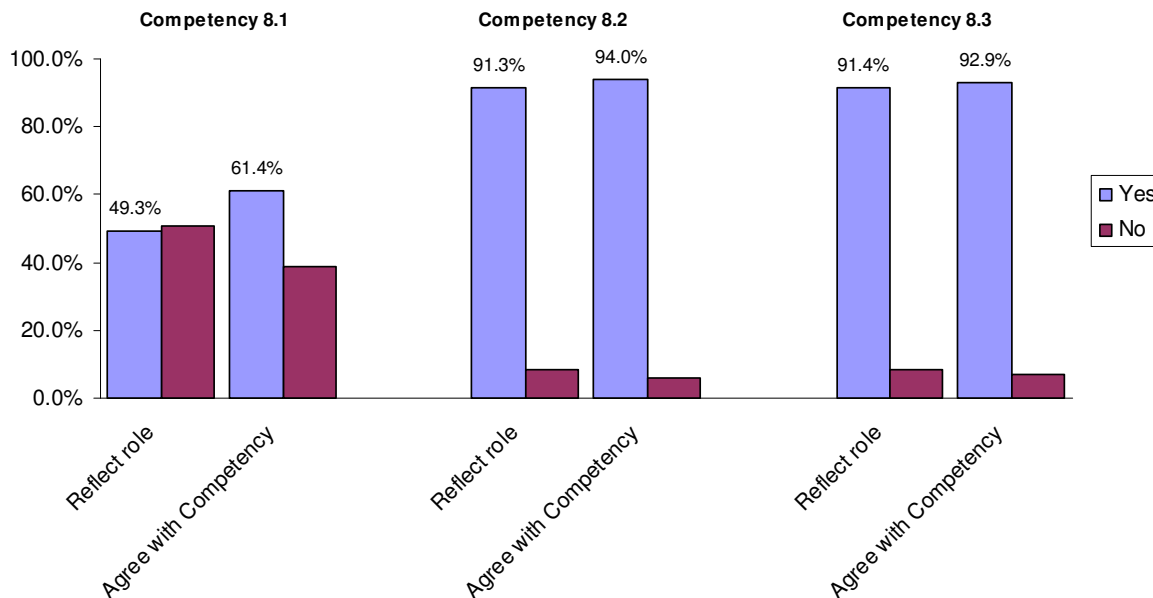


Figure 8. Quantitative survey results: Competency domain 5

Qualitative Results: Summary of Feedback	
Competency Statements	Salient Points
<b>8. Organize, implement and manage health promotion interventions</b>	
8.1 Training and coordinating program volunteers.	<p><b>Out of Scope</b></p> <p>- the majority of the respondents suggested that the statement should not be a competency as it is does not fit within the general scope of a health promoter's role. Additionally, most indicated that a <i>"volunteer coordinator"</i> or other was responsible for training and coordinating volunteers.</p> <p><i>"Training and volunteering coordinators does not always fit as a part of HP roles, responsibilities nor skills. I hesitate to say it should be a competency..."</i></p> <p><i>"Program volunteers should be coordinated by the health department volunteer resource manager or coordinator. Health promoters have to train volunteers on specific tasks and projects."</i></p>
8.2 Describing scope of work in the context of organization's mission and functions.	- Some emphasized the value of articulating the rationale and context and relating such work to their

Qualitative Results: Summary of Feedback	
Competency Statements	Salient Points
	<p>organization's mission.</p> <p><i>"Extremely important to know and be able to represent to internals (colleagues) and externals (from community members to the Ministry or funders)".</i></p>
<p><b>8.3</b> Contribute to team and organizational learning.</p>	<p><b>Health Promoter or Not, its important</b></p> <p>- There was uncertainty among some respondents as to the relevance of this statement. Some suggested the responsibility to contribute should not necessary rest on health promoters, rather all members of the organization.</p> <p><i>"Everyone has a responsibility and therefore a necessary competency to contribute to team and organizational learning..."</i></p> <p><i>"Not sure this would be a core competency – perhaps some do this, but not always part of job description in HP".</i></p>

Qualitative Results: Summary of Feedback	
Additional Questions	Salient Points
<p>Additional Comments</p>	<p><b>Reflective and Comprehensive</b></p> <p>Overall, the comments were positive and constructive - eluting to the draft sets comprehensiveness, as well its ability to support practitioners in:</p> <ul style="list-style-type: none"> <li>- evaluating job performance</li> <li>- training</li> <li>- developing job description</li> <li>- understanding the diverse skills set of a health promoter</li> </ul> <p><i>"I think they are fantastic! It has helped me to evaluate my own job and where I need to do more..."</i></p> <p><i>"Great work. The draft is a great start as a discussion piece to formulate a core set of competencies for health promoters..."</i></p> <p><i>"This list appears very comprehensive. In my view, these competencies set a very high standard for formal health promotion work".</i></p> <p><b>Other points to consider are:</b></p> <ul style="list-style-type: none"> <li>- Some competency statements did <i>"clearly distinguish the role of a health promoter"</i> – as some were perceived to overlap with public health nurse competencies</li> <li>- Develop proficiency levels (i.e. basic, managerial)</li> <li>- Budgeting is often a managerial responsibility but an asset to have as a health promoter</li> <li>- Broaden the competencies to be inclusive of non public health health promoters (working in community health centers, NGO's, hospitals)</li> <li>- Including <i>"health inequities"</i></li> </ul>

<p>Are there any health promotion competencies that you think could be removed from this list? Can you please tell us why?</p>	<p><b>“Volunteer Coordination”</b>                  Most respondents suggested to remove competency statement 8.1 (coordination of volunteers) for the following reasons:</p> <ul style="list-style-type: none"> <li>- Perceived to be out of scope</li> <li>- Did not reflect their current responsibilities</li> <li>- Responsibility of a “volunteer coordinator”</li> </ul> <p><i>“Remove volunteer coordination. That is a role or job for someone but it is not a competency for health promotion”.</i></p> <p><i>“We do not handle volunteers in our department. There is a separate department to co-ordinate volunteers”.</i></p> <p><b>Policy Competencies</b>                  Although this competency was perceived as an asset - as well the responsibility of the health promoter to be aware of policy implications - some respondents suggested omitting the competencies for the following reasons:</p> <ul style="list-style-type: none"> <li>- considered as “<i>very specialized</i>”</li> <li>- not a skill set required to deliver effective health promotion programs</li> <li>- minimal opportunity for practitioners to influence policies</li> </ul> <p><i>“My main concern was the policy-related competencies. I would imagine that there is currently often little opportunity for many hp practitioners...”</i></p>
<p>Do you think there are other health promotion competencies that are not on this list but should be? Can you tell us which ones and why they should be on this list?</p>	<p><b>Some recurring recommendations include:</b></p> <ul style="list-style-type: none"> <li>- More emphasis on program evaluation</li> <li>- Community development, social justice and inequities</li> <li>- Advocacy</li> </ul>



## 4. Summary and Revised Draft

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Feed-back during these sessions revealed that, even at this early stage, some respondents described the usefulness of the competencies when strategizing programmes, planning worker appraisals and developing training modules. In most cases, the feedback suggested that the competencies statements were clear, succinct and reflective of the health promotion practitioner role. Others expressed concerns about content detail, in particular domains 4 and 8. Some reoccurring comments and suggestions were identified – these are summarized below:

- Expand on evaluation competencies, highlight evaluation skills, or have separate competencies
- Develop companion/guidance documents addressing theories, best practices, guiding principles and ethics
- Include advocacy – an explicit description is needed to reflect a health promoters' role in advocacy, both internal and external – consider having advocacy as a stand-alone competency.
- Budgeting is often a managerial responsibility but an asset to have as a health promoter
- Broaden the competencies to be inclusive of non public health-health promoters (working in Community Health Centers, Non-Government Organizations, and Hospitals)
- Continue to reflect cultural competencies, diversity, inequities/disparities
- Remove “coordinating volunteers” as this competency does not adequately reflect scope of practice
- Use term ‘faith organizations’ instead of “churches”

As a result of the consultations/feedback received on the draft set competencies (See appendix 1), a new revised draft was developed – see appendix 2.

## 5. Conclusion and Next Steps

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A key contextual element health promoters share is the diversity of its workforce. Those working in health promotion come from a wide range of backgrounds, are employed in a variety of settings and in some cases do not necessarily identify themselves as health promoters. It is important to note that the draft set competencies should be seen as a dynamic and evolving framework, able to be adapted to suit the needs of those using it.

The research presented here has been funded by PHAC, primarily to support health promotion practitioners in public health. The competencies were written for health promoters working within Public Health settings in Canada and/or for those with the term ‘health promotion’ in their job title. However, the competencies are not meant to exclude individuals practicing health promotion in other settings; they are offered as a resource that can help inform the work of any individual, group or organization engaged in health promotion practice. The proposed competencies presented are not meant to be a definitive list to be distributed for explicit adoption by key stakeholder groups in Canada; rather they are meant to be the initial step in a multi-stage consultation process to achieve consensus on the scope of competencies for health promoters.

The next step to help guide the modification of the competencies and ultimately validate the revised draft set, is to conduct a comprehensive national stakeholder consultation and the creation of a national public health-health promotion network; this will help to ensure that the competencies truly reflect a Pan-Canadian perspective. Currently, HPO and the Pan-Canadian Committee on Health Promoter Competencies are planning to submit a proposal to PHAC for continued funding until 2011. The proposed funding will assist health promoters in reaching consensus on the shared knowledge and skills that constitute effective health promotion practice in Canada.

## **Appendix 1. Proposed Pan-Canadian Competencies for Health Promoters**

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The following draft set of competencies was used in consultations outlined above. Note: These have been excerpted from the HPO-commissioned report, "Towards the Development of Competencies for Health Promoters in Canada"<sup>i</sup>.

All health promoters should be able to:

1. **Demonstrate knowledge necessary for conducting health promotion** that includes:
  - 1.1. Applying a determinants' of health framework to the analysis of health issues.
  - 1.2. Applying theory to health promotion planning and implementation
  - 1.3. Applying health promotion principles in the context of the roles and responsibilities of public health organizations
  - 1.4. Describing the range of interventions available to address public health issues.
2. **Conduct a community needs/situational assessment for a specific issue** that includes:
  - 2.1. Identifying behavioural, social, environmental and organizational factors that promote or compromise health
  - 2.2. Identifying relevant and appropriate data and information sources
  - 2.3. Identifying community assets and resources
  - 2.4. Partner with communities to validate collected quantitative and qualitative data
  - 2.5. Integrating information from available sources to identify priorities for action.
3. **Plan appropriate health promotion programs** that includes:
  - 3.1. Identifying, retrieving and critically appraising the relevant literature
  - 3.2. Conducting an environmental scan of best practices
  - 3.3. Developing a component plan to implement programs including goals, objectives and implementation steps
  - 3.4. Developing a program budget
  - 3.5. Monitoring and evaluating implementation of interventions.
4. **Contribute to policy development** that includes:
  - 4.1. Describing the health, economic, administrative, legal, social and political implications of policy options
  - 4.2. Providing strategic policy advice on health promotion issues
  - 4.3. Writing clear and concise policy statements for complex issues.
5. **Facilitate community mobilization and build community capacity around shared health priorities** that includes
  - 5.1. Engaging in a dialogue with communities based on trust and mutual respect
  - 5.2. Identifying and strengthening local community capacities to take action on health issues
  - 5.3. Advocating for and with individuals and communities that will improve their health and well-being.
6. **Engage in partnership and collaboration** that includes:
  - 6.1. Establishing and maintaining linkages with community leaders and other key health promotion stakeholders (e.g., schools, businesses, churches, community associations, labour unions, etc.)
  - 6.2. Utilizing leadership, team building, negotiation and conflict resolution skills to build community partnerships
  - 6.3. Building coalitions and stimulating intersectoral collaboration on health issues.
7. **Communicate effectively with community members and other professionals** that includes:
  - 7.1. Providing health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences
  - 7.2. Applying social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns

- 7.3. Using the media, advanced technologies, and community networks to receive and communicate information
  - 7.4. Interacting with, and adapting policies and programming that responds to the diversity in population characteristics.
8. **Organize, implement and manage health promotion interventions** that includes:
- 8.1. Training and coordinating program volunteers
  - 8.2. Describing scope of work in the context of organization's mission and functions
  - 8.3. Contribute to team and organizational learning.

## Appendix 2.

### **Revised Draft Set - Proposed Pan-Canadian Competencies for Health Promoters**

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The following is the revised draft set of the health promoter competencies based on the feedback received through consultations, as outlined above.

All health promoters should be able to:

1. **Demonstrate knowledge necessary for conducting health promotion** that includes:
  - 1.1. Apply a determinants' of health framework to the analysis of health issues
  - 1.2. Apply theory to health promotion planning and implementation
  - 1.3. Apply health promotion principles in the context of the roles and responsibilities of public health organizations
  - 1.4. Describe the range of interventions available to address public health issues.
2. **Conduct a community needs/situational assessment for a specific issue** that includes:
  - 2.1. Conduct population assessment using health data for a specific health issue
  - 2.2. Collect 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 and resources
  - 2.4. Analyze all evidence and data to identify effective program priorities for action.
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 budget for part of a program
  - 3.3. Monitor and evaluate implementation of interventions.
4. **Contribute to policy development and advocacy** that includes:
  - 4.1. Describe the health, economic, administrative, legal, social and political implications of policy options
  - 4.2. Provide strategic policy advice on health promotion issues
  - 4.3. Write clear and concise briefs for complex issues.
5. **Facilitate community mobilization and build community capacity around shared health priorities** that includes
  - 5.1. 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 that will improve their health and well-being.
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 coalitions and stimulate intersectoral collaboration on health issues.
7. **Communicate effectively with community members and other professionals** that includes:
  - 7.1. Provide health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences
  - 7.2. Apply social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns
  - 7.3. Use the media, advanced technologies, and community networks to receive and communicate information
  - 7.4. Interact with, and adapt policies and programs that respond to the diversity in population characteristics.

**References:**

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<sup>i</sup> Hyndman, B. Towards the Development of Competencies for Health Promoters in Canada. Health Promotion Ontario. 2007.