

Developing Pan-Canadian Competencies for Health Promoters

Final Report

Project Time Period: January 2013 – December 2015

**Report prepared for:
Pan-Canadian Committee on Health Promoter Competencies**

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Acknowledgements

Many individuals and organizations have contributed to the conduct of this project. Their contributions have included the provision of feedback and advice on improvements to the competencies, actively recruiting consultation participants, and arranging space and logistics to host workshops and webinars. The extent of enthusiastic participation from health promoters across the country has been invaluable and indicative of the extent of interest in this initiative.

We wish to extend a special thank you to Dr. Brent Moloughney, Public Health Consultant, who developed and facilitated the consultation process, managed the analysis of the consultation feedback and project evaluation, and provided expert recommendations for revisions of the competencies and development of the associated workforce resources.

We gratefully acknowledge the funding support provided by the Public Health Agency of Canada.

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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Contents

Project Contact Information.....	2
Acknowledgements.....	2
Project Team.....	3
List of Acronyms.....	5
Executive Summary.....	6
Background.....	10
Project Description.....	11
Findings and Lessons Learned.....	15
Impact and Implications.....	17
Recommendations.....	19
Sustainability and Next Steps.....	20
References.....	22
Appendix 1 - Abbreviated Version of Pre-Workshop Online Survey.....	23
Appendix 2 - Sample Workshop Agenda.....	26
Appendix 3 - Description of Toolkit Contents.....	27
Appendix 4 - Project Website Views in 2015.....	28
Appendix 5 - Project Committee Terms of Reference.....	29
Appendix 6 - Partner Contributions.....	35
Appendix 7 - Summary of In-Kind Contributions.....	36
Appendix 8 - Workshop Evaluation Tool.....	37
Appendix 9 - Toolkit Evaluation.....	39
Appendix 10 - Levels of Agreement with Draft Competency Statements.....	45
Appendix 11 - Suggested Further Improvements to Toolkit.....	47
Appendix 12 - Pan-Canadian Health Promoter Competencies.....	48

List of Tables

Table 1: Number of Participants in Provincial Consultations.....	12
Table 2: Summary of Main Project Partners' Contributions to Key Project Tasks.....	35
Table 3: Summary of In-Kind Contributions.....	36
Table 4: Consultation Levels of Agreement with Draft Competency Statements.....	45

List of Figures

Figure 1: Online Toolkit Contents.....	13
Figure 2: Monthly Visits and Page Views to Project Website (Jan-Nov 2015).....	28

List of Acronyms

BC	British Columbia
CHC	Community Health Centre
CPHA	Canadian Public Health Association
DHA	District Health Authority
HPO	Health Promotion Ontario
MPH	Master of Public Health
OPHA	Ontario Public Health Association
NCCAHA	National Collaborating Centre for Aboriginal Health
NCCDH	National Collaborating Centre for Determinants of Health
NCCHPP	National Collaborating Centre for Healthy Public Policy
NGO	Non-Governmental Organization
PHAC	Public Health of Agency of Canada
PHO	Public Health Ontario
RHA	Regional Health Authority

Executive Summary

This report describes the development and validation of a set of Health Promoter Competencies; the creation of an online toolkit to support application of the competencies; and, the creation of a network of health promoters to foster communication regarding the competencies, the toolkit and other issues of interest to health promoters. The results of this project will aid competency-based workforce development for health promoters assisting three target audiences: health promoters, those that hire and manage them, as well as academic institutions that provide health promotion education programs and continuing education.

Background

The Health Promoter Competencies were developed to respond to the increasing demand for practitioners with the knowledge, abilities, skills and values necessary for health promotion action. As such, the competencies are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter for Health Promotion's strategies and actions. The competencies are also intended to address systemic challenges including misunderstanding of the role and best use of health promoter positions; a lack of consistency in health promotion position descriptions; and, a need to better align training programs and continuing education with workforce needs. The Health Promoter Competencies are intended to inform a range of workforce development components including competency-based job descriptions and performance appraisal processes, the assessment of training needs, and the development of training and continuing education programs.

Project Description

This project builds upon earlier work conducted from 2006-2008 by Health Promotion Ontario to develop a set of Health Promoter Competencies. The current project started in 2013 and concluded in 2015 with consultations conducted in Manitoba, Nova Scotia, British Columbia (BC) and Alberta to assess the level of agreement with the draft competencies, identify and discuss areas of concern or disagreement, and discuss enablers and barriers to use of the competencies. There were over 320 participants in the online surveys and over 150 attended workshops and teleconferences. While participants included all target audiences, the majority were health authority-employed program staff that considered health promotion as their primary discipline.

To aid the application of the Health Promoter Competencies, a series of tools were created in 2014 and 2015 and made available online on the project website. These included sample position descriptions, interview questions, a self-assessment tool, examples of outputs identified in the competencies, as well as a side-by-side comparison with the public health core competencies. The toolkit was promoted through the provincial consultations, the project network, and a webinar. Feedback on the toolkit was collected in 2015 through an online survey supplemented with key informant interviews.

A health promoter network was established to facilitate ongoing contact with interested health promoters over the course of the project. Individuals joined the network by volunteering during provincial consultations and other project events, as well as through the project website. Network members received notices of updates to the competencies, the release of the toolkit, educational

events such as the toolkit webinar, as well as other project workshops and presentations. The input of network members was also sought regarding whether to add additional domains to the competency set following its comparison with the public health core competencies. Health promoters from Ontario, Manitoba, and Nova Scotia, as the Pan-Canadian Committee on Health Promoter Competencies, initiated this project. Over the course of the project, the committee expanded to include additional representatives and affiliate partners from Manitoba, Nova Scotia, Alberta, BC, and Newfoundland and Labrador. This project committee met several times a year to oversee the project and approve major deliverables including revisions to the competencies. Committee members and additional provincial contacts were actively involved in planning and implementing the provincial consultations. In addition to the project funding provided by the Public Health Agency of Canada, this project received considerable in-kind support conservatively estimated at almost \$165,000, which was double the estimated contribution identified at the outset of the project.

The project's evaluation efforts focussed on three main approaches: i) analyzing the four consultation pre-workshop online surveys that assessed the level of agreement with the draft competencies; ii) an evaluation of each of the in-person workshops; and, iii) the toolkit evaluation.

Findings and Lessons Learned

This project achieved its objectives of validating a set of health promoter competencies through four provincial consultations, developing and revising a toolkit, as well as developing a network of health promoters.

Almost all of the draft competency statements had high levels of agreement. Substantial modifications were made to two statements with low levels of agreement and minor edits were made to improve the clarity and consistency of other statements based on feedback from the consultations and project committee. Network members strongly agreed with the addition of two new competency domains following the comparison with the public health core competencies. Based on feedback from the consultations, a glossary was added to the health promoter competency set, as was a preamble to address how the competencies are to be applied.

Over 200 individuals participated in a webinar to walkthrough the online toolkit. The toolkit evaluation indicated that it was well-received, although the target audience is still at an early point of being aware of the competencies and associated tools. Several of the suggested improvements have been incorporated into a revised toolkit. More opportunities and encouragement for use of the competencies and tools are needed.

Over the course of the project, 369 individuals volunteered to be included in the network, which was a key means to disseminate project updates and promote events. The network will be an important communication mechanism for post-project initiatives to pursue further workforce development opportunities for health promoters.

While province-specific consultations achieved input and participation from a mix of health promotion practitioners, managers that hire them and academic institutions that provide training in health promotion, there were challenges in identifying and contacting health promoters, as

well as identifying a pre-existing event where they would be meeting. In the absence of existing health promoter associations, health promotion leaders and their professional contacts were critical to accomplishing the consultations. A broader challenge was the recurring theme across the consultations regarding the under-utilization and under-valuing of health promotion practice. Consultation participants expressed frustration that many managers and more senior decision-makers within health organizations did not understand or value the health promotion function.

Impact and Implications

The development of the set of Health Promoter Competencies and supporting toolkit provides the potential for greater consistency in health promoter positions that reflect the full scope of health promotion practice. Their relevance for all of the target audiences is supported by their early application to a range of workforce development tasks including: informing a province-wide position profile for health promoters; informing curriculum renewal in several university programs; and, their use in professional development events.

Feedback over the course of the project emphasized the need to continue to promote the use of the competencies and toolkit. In particular, this includes linking them to existing and expanded professional development opportunities. While there are economies of scale that can be achieved on a national scale such as training module development, there is also a role for province-specific associations in fostering needs assessment and training. Such associations, if they existed, would also enable coordination of national efforts through a consortium-type model. On a broader scale, workforce development efforts rely on a practice context that identifies and values comprehensive health promotion action.

Recommendations

Based upon the experience with this project, it is recommended that:

- 1. The Project Committee maintains the project website as an important source of the Health Promoter Competencies and toolkit, as well as a record of their development. The website can be expanded to encompass future health promoter workforce development initiatives.**
- 2. The Project Committee disseminate, through the network and province-specific dissemination channels, the final competencies and updated toolkit.**
- 3. The Project Committee maintain visibility and awareness of the competencies. This might include hosting future webinars and aligning efforts with the 30th anniversary of the Ottawa Charter for Health Promotion in 2016.**
- 4. The provincial leads on the Project Committee identify opportunities to build an association of health promoters within their provinces to maintain communication and tailor workforce development efforts to that province's practice context.**
- 5. The Project Committee and provincial health promoter associations pursue opportunities:**
 - a. to study and share the experiences of applying the competencies.**
 - b. to periodically assess the awareness, use and impact of the competencies and tools**
 - c. to update and expand the existing toolkit**
 - d. to develop, offer, and promote continuing education for health promoters**
 - e. to explore application issues in specific settings and with particular populations**
 - f. to examine the potential for certification in health promotion**
 - g. to collaborate with researchers in public health/health promotion system design regarding optimizing design influences on the size and functioning of the health promotion workforce.**

Sustainability and Next Steps

Dissemination of the updated final project outputs is occurring and will reinforce use of the existing network. Having accomplished this project's objectives, the project committee will be shifting its focus and expanding its membership to concentrate on the application of the competencies for health promoter workforce development. Viewed as a national consortium, the committee will be formalizing relationships with existing and developing provincial health promoter associations. Opportunities to further awareness and progress on health promoter workforce development will be pursued.

Developing Pan-Canadian Competencies for Health Promoters: Final Report

Background

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.

A key reason for developing Health Promoter Competencies was to respond to the increasing demand for practitioners with the knowledge, abilities, skills and values necessary to address the increasing complexity of health issues, such as the burden of chronic diseases. In addition, the concern for health inequities, and the recognition of the importance of healthy public policies and creating supportive environments for health, also fuelled interest in developing the competencies.

The Health Promoter Competencies were also developed to address several systemic challenges including: misunderstanding of the role and best use of health promoter positions; a lack of consistency in health promotion position descriptions; and, a need to better align training programs and continuing education with workforce needs.

As such, the Health Promoter Competencies are intended to:

- Increase understanding of the range of knowledge, skills, attitudes and values for health promotion practice that are needed to plan, implement, and evaluate health promotion action
- Inform competency-based job descriptions and performance appraisal processes for health promoters
- Inform health promotion training programs and continuing education
- Inform health promoters' career planning and decision-making regarding professional development and training needs
- Contribute to greater recognition and validation of the value of health promotion and the work done by health promotion practitioners.

Reflecting the above purpose, the key target audiences for the Health Promoter Competencies include health promoters, those that hire and manage them, as well as academic institutions that provide health promotion education programs and continuing education.

With the support of the Public Health of Agency of Canada (PHAC), Health Promotion Ontario (HPO) began working in 2006 to develop a setⁱ of Health Promoter Competencies with the preparation of a literature review (2006),³ environmental scan (2006)⁴ and discussion paper that included an initial draft set of discipline-specific competencies for health promoters (2007).⁵

ⁱ Copies of these reports may be found on the project's website:
<http://www.healthpromotercanada.com/foundation-documents/>

These competencies were the subject of consultations in 2007 at 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 preliminary consultation was conducted in Manitoba in 2008.⁷ In the absence of continuing project funding, the field used the existing set of competencies partially validated by the Ontario and Manitoba consultations.

In 2011, a proposal was submitted to PHAC by a reinvigorated Pan-Canadian Committee on Health Promoter Competencies (Project Committee) to broaden consultation on the draft competencies to four provinces in order to produce a validated and revised set of Health Promoter Competencies. In addition, since competencies are a building block for workforce development, the Committee also proposed developing a set of tools to support application of the competencies. The third project objective was to create a network of health promoters to foster communication regarding the competencies, the toolkit and other issues of interest to health promoters.

Project Description

Provincial Consultations

In late 2012, the Committee entered an accountability agreement with PHAC to fulfil the proposed project goals and objectives. Starting in early 2013, four provincial consultations were planned starting with Manitoba and Nova Scotia, which had representatives on the Project Committee. Outreach to professional contacts in other provinces identified interest in British Columbia (BC) and Alberta to also participate. Representatives from those provinces were subsequently invited to join the Project Committee.

A two-part consultative process was utilized in each province with a pre-workshop online survey followed by an in-person 3-hour workshop (see Appendices 1 and 2). The online survey enabled feedback from a larger, geographically dispersed population than might be able to attend an in-person workshop. It also enabled feedback on all of the competencies allowing the workshop to be targeted at items of concern or disagreement.

The project consultant worked with a small planning group for each province to allow tailoring of the approach to the particular provincial context. Depending upon the province, participants included the relevant Project Committee member(s) supplemented, as needed, by other key contacts. A major challenge was being able to identify the relevant target audiences in order to invite their participation as provinces did not have an existing network or database of health promoters. Accordingly, planning group members utilized their professional contacts to engage potential health promoters within their province.

To avoid the barrier of workshop-specific travel for participants, co-scheduling the workshop with a planned event was sought. This was feasible in three of the four consultations and included a conference and professional development events primarily attended by health promoters and sponsored by a provincial government and a university. In BC, such an event was not possible so that a combination of multiple small workshops in different locations, as well as teleconferences were utilized.

The conduct of the consultations would not have been feasible without the active involvement of the planning partners within provinces. Their contributions included: participating in multiple planning meetings; pursuing their professional contacts to identify and recruit participants; and, managing the workshop logistics including booking venues, audiovisual equipment and arranging for refreshments. In some instances, partners provided venues and equipment in-kind.

Table 1 summarizes the number of online survey and workshop participants for each of the provincial consultations. The findings from these consultations directly informed the revisions to the draft competencies, as well as suggestions for additional tools to include in the toolkit (see below).

Table 1: Number of Participants in Provincial Consultations

Approach	Manitoba	Nova Scotia	British Columbia	Alberta
Online Survey	98	59	92	73
Workshop	46	32	56*	23

*Reflects combination of in-person workshops and teleconferences.

Across the four consultations, the majority of participants in the online surveys:

- spend more than half of their time on health promotion-related activities
- have been working in health promotion for over 5 years
- work in a health authority
- are program/non-management staff
- consider 'health promotion' as their primary discipline.

Typically, participation also included managers, teaching faculty, and staff from NGOs. While program staff were predominantly from public health settings, they also included those from mental health and addictions, primary health care, as well as non-health organizations such as recreation. Additional details are available in the summary reports prepared for each consultation, which are available on the project [website](#).

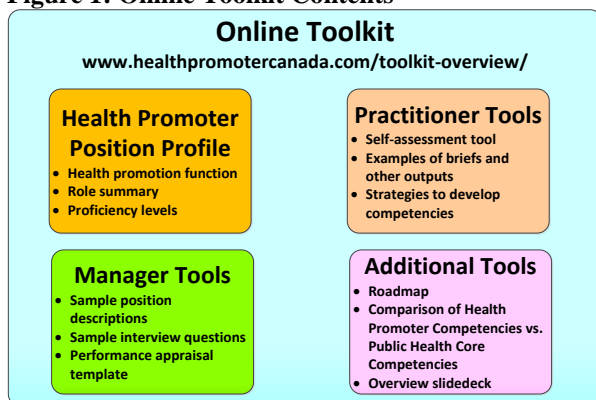
Online Toolkit

To aid the application of the Health Promoter Competencies, a series of tools were created and made available online on the project [website](#) in early 2015 (see Figure 1). While some tools were envisioned at project inception such as sample position descriptions, interview questions and job performance appraisals, participants in early consultations suggested others including a self-assessment tool and examples of outputs identified in the competencies (e.g., a briefing note; situational assessment). In addition, consultation participants' questions also suggested additional potential tools including a comparison between the Health Promoter Competencies and the Public Health Core Competencies,² as well as addressing concerns regarding proficiency levels in applying the competencies. The latter was incorporated into the position profile in the toolkit. Appendix 3 lists and briefly describes the included tools.

The toolkit was promoted through the provincial consultations, notifications through the project network (discussed below), as well as through a webinar that did an online walkthrough of the toolkit that was attended by over 200 participants.

From January-November 2015, the project website had a monthly average of 327 visits and 1,064 page views. The highest peak website visits occurred in July at the time of the toolkit webinar. A higher proportion of page views were also toolkit-related with the 'overview' and 'manager tools' pages having the highest views. The next highest peak in website views was in February, which coincided with two of the provincial consultations, (see Appendix 4 for details).

Figure 1: Online Toolkit Contents



Feedback on the toolkit was gathered until June 30, 2015 through an online survey linked to the toolkit website. This was supplemented with interviews conducted with individuals suggested by Project Committee members.

Health Promoter Network

The network was established to primarily facilitate ongoing contact with interested health promoters over the course of the project. Network members received notices of updates to the competencies, the release of the toolkit, educational events such as the toolkit webinar, as well as other workshops and presentations. Following a comparison of the Health Promoter Competencies and the Public Health Core Competencies, it became apparent that the draft Health Promoter Competencies were under-represented for the 'diversity and inclusiveness' and 'leadership' domains. A survey was distributed through the network to seek feedback whether the additional competencies should be included. A total of 61 responses were received with strong support for the majority of the proposed statements, which were subsequently included in the competency set.

Partners

A variety of partners contributed to the key project tasks. Health promoters located in Ontario (individuals affiliated with HPO and based at Peel Public Health and Lambton County Public Health), Manitoba (provincial government and RHAⁱⁱ), and Nova Scotia (province, DHAⁱⁱⁱ, and university) developed the project proposal and functioned as the initial Project Committee. A

ⁱⁱ RHA - Regional Health Authority

ⁱⁱⁱ DHA - District Health Authority

faculty member from the University of Alberta and a health promotion director from Newfoundland and Labrador later joined this Committee. A number of affiliate members were also part of the project. This included:

- The Chair and Executive Members of HPO
- Pan-Canadian Collaborative for the Promotion of Health and Well-being - participated in each other's CPHA conference workshops and agreed to work closely together
- The lead contact for planning the British Columbia consultations maintained subsequent contact with the project.

In addition, discussions with CPHA occurred periodically with the organization providing a venue for the Project Committee to meet and host a workshop at the 2015 annual conference, as well as offering assistance to host the project website in the future. The Project Committee met several times a year to oversee the project and approve major deliverables including revisions to the competencies. The Committee's Terms of Reference are provided in Appendix 5.

A combination of Peel Public Health and Lambton County Public Health staff functioned as an executive committee that met at least monthly to manage administrative and logistical issues. This included managing the budget, recruiting and managing the project consultant, overseeing project coordination and reporting, managing the project website and network communication, and coordinating several presentations. The latter included: a CPHA^{iv} workshop, an OPHA/HPO^v webinar and participation in a University of Alberta health promoter professional development event. The University of Alberta hosted the webinar to walkthrough the toolkit. A number of presentations to university MPH programs also occurred.

As noted earlier, Committee members and additional provincial contacts were actively involved in planning and implementing the provincial consultations. Appendix 6 provides a more detailed breakdown of the main partners for key project tasks.

Budget

In addition to PHAC's direct funding of this project, there was considerable in-kind support conservatively estimated at almost \$165,000. This almost doubles the projected in-kind support of \$89,000 estimated at project outset. This was predominantly due to the extent of involvement in the planning and conduct of the consultations. The contributions, in decreasing order of magnitude, included:

- Personnel time - planning of and participation in consultations; interaction with partners
- Personnel time - project administration
- Personnel time - Project Committee participation
- Communication
- Office supplies
- Meeting space.

^{iv} CPHA - Canadian Public Health Association

^v OPHA - Ontario Public Health Association; HPO - Health Promotion Ontario

A more detailed breakdown of in kind categories and amounts is provided in Appendix 7.

Evaluation

Evaluation efforts utilized the expertise of the sub-contracted evaluators focussing on three main approaches. These included: i) analyzing the pre-workshop online surveys for each of the four provincial consultations to provide descriptive statistics of the participants and to summarize the levels of agreement with, and comments for, each draft competency statement; and, ii) an evaluation of each of the in-person workshops (see Appendix 8).

Overall, approximately 90% or more of participants were satisfied with the workshops' duration, presentation, group discussion and overall impression of the workshops. Additional details for the descriptive statistics and workshop evaluations are provided in the individual consultation reports available on the project [website](#).

Finally, the third evaluation approach utilized the combination of an online survey and key informant interviews to gather feedback on the pilot toolkit (see Appendix 9).

Findings and Lessons Learned

This project achieved its objectives of validating a set of competencies through four provincial consultations, developing and revising a toolkit, as well as developing a network of health promoters.

Set of Competency Statements

The draft competency statements had generally high levels of agreement in the online pre-workshop surveys with an average agreement with statements of 89% (see Appendix 10). Two statements (3.2, 9.1) had agreement levels below 70% and were substantially modified benefitting from focussed discussion at the workshops. Other modifications sought to improve the clarity of all statements based on issues raised by the consultations or the Project Committee. For example, to address inconsistencies in describing interventions such as programming and policy work, the term 'health promotion action' was utilized as had been done in a recent European set of health promoter competencies.⁸

Based on feedback from the initial two consultations, a glossary was added to the competency set, and subsequently revised over the course of the project. A preamble was later developed to respond to feedback that it was critical that the context for how competencies are to be applied be addressed. Appendix 12 includes a copy of the final version of the Health Promoter Competencies comprised of the preamble, competency statements and glossary.

Online Toolkit

Interest in the online toolkit was reflected in the over 200 participants for a walkthrough of the toolkit despite being held in July 2015. This also coincided with the largest peak in monthly project website visits. The toolkit evaluation found that the toolkit was well-received with a number of suggestions offered by participants regarding its enhancement, as well as the need for greater communication and promotion. The final version of the toolkit includes improvements to

several of the tools. Additional suggestions for improvements not feasible during this project are listed in Appendix 11. The toolkit evaluation report is provided on the project [website](#).

Supplementing the toolkit evaluation survey with key informant interviews provided richer information regarding the usefulness of the tools and their potential enhancement. An important finding was that the target audience is still at an early point of being aware of the competencies and associated tools. More time, opportunities and encouragement for use of the competencies and tools are needed. Future implementation efforts should ensure collection of feedback and the continuous improvement of the tools.

Network of Health Promoters

Over the course of the project, 369 individuals volunteered to be included in the network - primarily at the time of provincial consultations, other project workshops, and through the project website. The network was a key means to promote project events including the well attended webinar walkthrough of the toolkit. Future webinars would be an efficient mechanism to promote awareness and use of the competencies. The network will be an important communication mechanism for post-project initiatives.

Implementation Issues

The approach to planning province-specific consultations tailored to the provincial context worked well in achieving input and participation from a mix of practitioners, managers and academic institutions. The use of a pre-workshop survey accomplished its intent of widening participation and identifying issues for further discussion. Nevertheless, there were a number of challenges in planning the consultations. None of the provinces had an established association or network of health promoters. The lack of an existing database of health promoters or in many provinces a clear organizational lead for health promotion practice, complicated the planning and conduct of the consultations. Professional contacts in provinces were utilized to identify potential parties who might be interested in collaborating with the project. A working group was established unique to each province whose members then utilized their own contacts to build a list of potential health promoters or their intermediaries (e.g., managers) to invite participation.

A related challenge was to identify what was meant by a health promoter since there was variation in job titles and some provinces did not have dedicated health promoter positions, although had other disciplinary staff who fulfilled the health promotion function. To address this issue, invitation emails and the pre-workshop survey included a description of a health promoter linked to actions fulfilling the Ottawa Charter for Health Promotion strategies.

Co-scheduling the workshops with a conference or professional development event facilitated participation since travelling solely for a half day workshop was not viewed as feasible. In only one of the four provinces was a pre-existing event available to align with. In two other provinces, it was possible for organizers to co-schedule a professional development event for health promoters. In the fourth province, the project consultant scheduled three separate, in-person workshops and teleconferences to otherwise achieve health promoter participation in the province. Despite the challenges, the consultations' workshops were well attended providing useful feedback on issues and received highly positive evaluation results.

A broader challenge was the recurring theme in all the consultations regarding the under-utilization and under-valuing of health promotion practice, which will limit the applicability of the Health Promoter Competencies. Consultation participants expressed frustration that many managers and more senior decision-makers did not understand or value health promotion as evidenced by:

- Limited or no dedicated positions for health promotion
- Practice expectations limited to individual-level service delivery and a focus on education versus addressing broader health determinants and public policy
- Organizational limitations on what allowed to say to the public about factors affecting their health
- Individuals being hired for health promoter positions with no academic preparation for the work (e.g., clerical staff)
- Placing health promoters in administrative positions' bargaining units since not a designated health professional.

Impact and Implications

The development of the set of Health Promoter Competencies and supporting toolkit provides the potential for greater consistency in health promoter positions that reflect the full scope of health promotion practice. In supporting workforce development, including professional development, the competencies and toolkit are relevant for practitioners, organizations and academic/training programs.

Early application of the competencies over the course of this project has included:

- Adaptation of the competencies and the position profile (tool) to inform Nova Scotia's development of a province-wide position profile for health promoters
- Application of the competencies in curriculum renewal efforts in multiple university health promoter programs including Dalhousie University (undergraduate program); University of Toronto (MPH), and the University of Alberta (MPH)
- Application of the competencies in professional development events – Manitoba association of health promoters (2015); NCCDH presentation at the University of Alberta (2015)
- Early mapping by Public Health Ontario of existing health promotion skill building resources to the competency statements
- Interest by health promoters at the Department of National Defence in utilizing the competencies to better describe and organize their work.

While early feedback on the toolkit is positive, more time is needed for the toolkit to be applied in order to better assess future areas for improvement. This is particularly relevant since application of the tools is tied to workforce development activities, which tend to be periodic (e.g., develop/re-write job descriptions, fill vacancies, etc.).

Feedback from the consultations, other workshops and the toolkit evaluation emphasized the need to promote the competencies and toolkit. Beyond awareness, showing how use of the competencies and tools improves workforce development efforts would be expected to aid their

adoption. This might include examples and case studies of application of the competencies to new position descriptions or improved performance of health promotion actions.

There are also some specific application contexts for the competencies and tools that should be considered in more depth including:

- Rural and remote settings in which the context of practice is different from more densely populated areas
- Indigenous communities in which the cultural appropriateness of the competencies should be confirmed
- The Territories, which reflect a mix of rural/remote settings and indigenous communities considerations
- Quebec, which reflects not only a translation issue for complex concepts, but also a unique public health and health promotion system context with its own work to-date identifying competencies for prevention and promotion linked to their core public health programs.⁹

Feedback on the toolkit indicated the desirability of being able to link identified competency-based learning needs with professional development opportunities. Public Health Ontario provided an example involving four of the competencies of aligning competency statements with existing training resources. This is something that could be pursued examining training materials from a variety of sources. However, learning needs likely exceed existing training materials and will need a range of training approaches.

While some workforce development efforts, like this project, can achieve economies of scale by being coordinated on a national basis, some workforce development efforts will be distance- and context-sensitive making provincial-level associations important. An existing model is Health Promotion Ontario, which focuses on the needs of health promoters and health promotion practice in the Ontario context, while benefitting from an affiliation with the Ontario Public Health Association and other public health organizations in Ontario. Similar health promotion-focused associations in other provinces would enable coordination of national efforts through a consortium of such associations.

The development of the Health Promoter Competencies joins several other sets of discipline-specific competencies. It fills a unique need since health promotion is a non-regulated discipline with multiple training paths and inconsistent understanding of its role and value. For organizations, the existence of multiple core and discipline-specific competency sets raises questions regarding how to practically reconcile them within their human resources processes. This is an issue being addressed by a parallel PHAC-funded project.¹⁰

From a system infrastructure perspective, workforce development complements structural design features.¹¹ Developing health promotion competencies is reliant upon a practice context in which comprehensive health promotion action has been identified as ‘core’ and valued work by organizations and is actively supported by decision makers. This cannot be assumed particularly considering the widespread challenges expressed by workshop participants. The potential of

competent health promoters will only be realized if there are appropriately designed and supported positions for them to apply their knowledge and skills.

Some consultation participants raised the issue of a national certification process for health promoters that would increase recognition for health promotion practice. While such an approach would likely be based upon the Health Promoter Competencies, it is beyond the scope of this project. As such, it is a potential area for future analysis.

Recommendations

Looking forward, there are several recommendations for action in the near and longer term.

The Project Committee is committed to maintaining the project website as an important source of the project's final outputs, as well as a record of their development. As a final step of this project, an announcement will be made through the network and the province-specific dissemination channels regarding the release of the final competencies and updated toolkit. The Committee will also look to maintain visibility and promote awareness of the competencies. This might include hosting future webinars, conference presentations, as well as aligning with existing health promotion events (e.g., 30th anniversary of Ottawa Charter in 2016).

The importance of province-specific associations was highlighted in this project. Provincial leads from the Project Committee will need to identify opportunities to maintain communication and a focus on health promoter workforce development opportunities within their respective provinces. This will enable the Project Committee to act as a consortium of these associations to facilitate sharing of information and the coordination of action on a national basis.

Dissemination science¹² points to approaches that can be used to support interest in and institutionalization of the competencies. Opportunities to conduct and share the findings of case studies of early adoption for particular positions or application organization/system wide can lead to a greater likelihood for others to try the innovation as well. Periodically evaluating awareness, use and impact of the competencies and tools will also inform efforts. Preliminary feedback on the initial tools can also be confirmed and efforts to update and expand the tools made. There are economies of scale for these efforts indicating an important ongoing role for the Project Committee.

A key area of application is in assessing existing competencies and prioritizing personal learning objectives. Province-specific associations and the Project Committee need to support such assessments and provide links and opportunities for training and competency development. Considering the challenges with travel, a range of offerings are needed (e.g., webinars, training modules, workshops coincident with conferences, etc.). Strategic alignment with existing efforts including relevant National Collaborating Centres (e.g., NCCDH, NCCHPP, NCCAH, etc.) and Skills Online should be pursued.

The Project Committee can also look for opportunities to explore application issues in specific settings and with particular populations. This includes, but is not limited to, indigenous populations, rural and remote settings, Territories, Quebec, Department of National Defence,

etc.). Examining the potential for certification in health promotion is an additional project to pursue if the opportunity becomes available to do so.

Since workforce development is a component of overall system design,¹¹ there may be opportunities to collaborate with researchers interested in examining the design and functioning of public health/health promotion systems in terms of the impacts of system infrastructure on the size and functioning of the health promotion workforce.

It is therefore recommended that:

- 1. The Project Committee maintains the project website as an important source of the Health Promoter Competencies and toolkit, as well as a record of their development. The website can be expanded to encompass future health promoter workforce development initiatives.**
- 2. The Project Committee disseminate, through the network and province-specific dissemination channels, the final competencies and updated toolkit.**
- 3. The Project Committee maintain visibility and awareness of the competencies. This might include hosting future webinars and aligning efforts with the 30th anniversary of the Ottawa Charter for Health Promotion in 2016.**
- 4. The provincial leads on the Project Committee identify opportunities to build an association of health promoters within their provinces to maintain communication and tailor workforce development efforts to that province's practice context.**
- 5. The Project Committee and provincial health promoter associations pursue opportunities:**
 - a. to study and share the experiences of applying the competencies.**
 - b. to periodically assess the awareness, use and impact of the competencies and tools**
 - c. to update and expand the existing toolkit**
 - d. to develop, offer, and promote continuing education for health promoters**
 - e. to explore application issues in specific settings and with particular populations**
 - f. to examine the potential for certification in health promotion**
 - g. to collaborate with researchers in public health/health promotion system design regarding optimizing design influences on the size and functioning of the health promotion workforce.**

Sustainability and Next Steps

While the immediate focus has been on the fulfilment of the project objectives, the intent is to maintain and transition the existing Project Committee's focus on improving the Health Promoter Competencies to concentrating on the application of the competencies for health promoter workforce development. This includes revising the Committee's Terms of Reference, considering a new name for the Committee, and continuing to expand its membership across the country. The establishment of working committees has been discussed with an initial focus on communications, network and advocacy. These committees' work will be important to identify

and respond to opportunities that become available to further progress on health promoter workforce development.

Viewed as a national consortium, formalizing relationships with provincial health promoter associations starting with Health Promotion Ontario will be pursued. It is envisioned that individual provinces will look to create their own associations of health promoters.

Dissemination of the updated final project outputs is occurring and will reinforce use of the existing network database. An abstract for the project has been submitted to the 2016 CPHA Conference and opportunities to collaborate with other health promotion-related groups for the Ottawa Charter for Health Promotion anniversary celebrations are also being actively explored.

Recognizing that optimal implementation of many of the recommendations is dependent upon project funding, the Project Committee will be pursuing relevant funding opportunities to promote and support competency-based workforce development of Canadian health promoters.

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