

**Discipline Specific Competencies for Health Promoters**

**Workshop  
Dec 1, 2008**

**DESCRIPTIVE RECORD  
DISCIPLINE SPECIFIC COMPETENCIES  
WORKSHOP FOR HEALTH PROMOTERS**

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Innovative Solutions**  
Health Plus

**DISCIPLINE SPECIFIC COMPETENCIES  
FOR HEALTH PROMOTERS WORKSHOP  
DECEMBER 1, 2008  
WINNIPEG, MANITOBA, CANADA INN HOTEL POLO PARK**

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## Background

The Public Health Agency of Canada (the Agency) has identified that;

Core competencies can improve the practice of public health by providing a foundation for enhanced education and professional development. Their common language and values support collaboration and partnership development. They also provide and opportunity to improve recognition and understanding of public health.

The Ottawa Charter, in 1986, defined health promotion as “the process of enabling people to increase control over and improve their health”. Since then, there has been an expansion of health promotion as a field of practice and the recognition of the need to better define the scope of health promotion practice.

Health Promotion Ontario (HPO) in collaboration with the Public Health Agency of Canada (PHAC) have been working together to better define the practice of health promotion in Canada. Out of this collaboration has come foundational documents and a draft set of pan-Canadian discipline specific competencies for health promoters. The next step in the process of developing these discipline specific competencies is to conduct stake holder consultations.

## Workshop and Consultation, December 1, 2008

40 participants attended a full day health promoters workshop and consultation held in Winnipeg on December 1, 2008 (see Appendix A- *List of Attendees*). Eight of Manitoba’s eleven regional health authorities were represented. There was also representation from primary care settings, Manitoba Health, the University of Manitoba, the Agency, and health promoters from Alberta and Ontario. All participants were provided with a set of health promotion/core competency related resources (see Appendix B - *Resources Provided at Workshop*). Participants reviewed, discussed and provided feedback on the draft set of pan-Canadian discipline specific competencies for health promoters. The session objectives were achieved through the use of didactic presentations, interactive workshops and guided facilitation.

## Workshop Objectives:

- To understand the Core Competencies for Public Health in Canada
- To be apprised of the initiative on Competencies for Public Health Promoters in Canada
- To discuss and recommend revisions to the Discipline Specific Health Promoters' Competencies
- To conduct a "reality check" of the Health Promoters' Competencies upon implementation into our practice

## Summary of Activities (see Appendix C- Meeting Agenda)

|   |  |                                       |
|---|--|---------------------------------------|
| 1 | Introduction   | Jan Scmallenberg;<br>(WRHA)           |
|   | Review of the Road Map for the day's activities  | Raymonde D'Amour;<br>(Intersol Group) |
| 2 | Core Competencies for Public Health  | Jennifer Lowe<br>(PHAC)               |
| 3 | Public Health Promoters Discipline Specific Competencies: Where are we now?<br>Review: acceptance or recommend changes | Small Groups<br>(facilitated)         |
| 4 | Implementation "reality check"   | Small Groups<br>(facilitated)         |
| 5 | Next Steps   | Jennifer Lowe<br>Gayle Bursay         |
| 6 | Evaluation   | Raymonde D'Amour<br>Don Gamache       |

### 1. Introduction

Participants were welcomed to the day by Jan Schmalenberg. Raymonde D'Amour reviewed the agenda and handouts and provided a discussion of the day's program and implementation plan.

### 2. Core Competencies for Public Health

Jennifer Lowe (PHAC) set the context with a presentation on the Core Competencies for Public Health in Canada including background information, processes used to develop the core competencies and current status of the development and implementation of the core competencies.

Gayle Burse (HPO) reviewed the development of the discipline specific *Competencies for Public Health Promoters*, key learnings and the eight proposed health promotion competencies.

### 3. Public Health Promoters Discipline Specific Competencies: Where are we now?

Participants were divided into 6 facilitated groups (5-7 persons/group) to discuss the 8 primary competencies and then the 30 secondary competencies. Approximately 20 minutes was allotted per competency statement. Each group was asked to come to consensus regarding accepting, rejecting or providing a recommendation for change for each of the primary competencies and secondary competencies.

Discussion of each of the draft competency statements was followed by a nominal group process where participants assigned colored stickers to eight posters on which one of each of the discipline specific competencies was outlined. The choices were "accept as is"; "revisions/comments" or "reject". Additional or "new" competency statements were also provided. Written feedback from the small group discussion is captured in Appendix D - *Summary of Small Group Discussions*.

### 4. Summary Review of the Response to the Competency Statements

| Primary Competency Statements |   |            |            |            |
|-------------------------------|---|------------|------------|------------|
|                               |   | Accept (%) | Reject (%) | Change (%) |
| 1                             | Demonstrates <u>knowledge</u> necessary for conducting health promotion   | 80         | 0          | 20         |
| 2                             | Conducts a community needs/situational <u>assessment</u> for a specific issue                                       | 83         | 0          | 17         |
| 3                             | <u>Plan</u> appropriate health promotion <u>programs</u>  | 60         | 0          | 40         |
| 4                             | Contribute to <u>policy development</u>   | 75         | 0          | 25         |
| 5                             | Facilitate <u>community mobilization</u> and <u>build</u> community <u>capacity</u> around shared health priorities | 100        | 0          | 0          |
| 6                             | Engage in <u>partnerships</u> and collaboration   | 75         | 0          | 25         |
| 7                             | <u>Communicate</u> effectively with community members and other professionals                                       | 100        | 0          | 0          |
| 8                             | <u>Organize, implement and manage</u> health promotion <u>interventions</u>   | 0          | 0          | 100        |

| Secondary Competency Statements |  |            |            |            |
|---------------------------------|--|------------|------------|------------|
|                                 |  | Accept (%) | Reject (%) | Change (%) |
| <b>Knowledge</b>                |  |            |            |            |
| 1.1                             | Applying a determinants of health framework to the analysis of health issues.  | 80         | 0          | 20         |
| 1.2                             | Applying theory to health promotion planning and implementation.   | 20         | 0          | 80         |
| 1.3                             | Applying health promotion principles in the context of the roles and responsibilities of public health organizations.  | 60         | 0          | 40         |
| 1.4                             | Describing the range of interventions available to address public health issues.   | 80         | 0          | 20         |
| New                             | <ul style="list-style-type: none"> <li>• <i>Something with the "magic words" - population health, risk factor and protective factor, vulnerable population (equity and social justice) approaches.</i></li> </ul>  |            |            |            |
| <b>Assessment</b>               |  |            |            |            |
| 2.1                             | Identifying behavioural, social, environmental and organizational factors that promote or compromise health.   | 50         | 0          | 50         |
| 2.2                             | Identifying relevant and appropriate data and information sources.   | 50         | 0          | 50         |
| 2.3                             | Identifying community assets and resources.  | 50         | 0          | 50         |
| 2.4                             | Partner with communities to validate collected quantitative and qualitative data   | 67         | 0          | 33         |
| 2.5                             | Integrating information from available sources to identify priorities for action.  | 83         | 0          | 17         |
| New                             | <ul style="list-style-type: none"> <li>• <i>Connecting policy, research and practice to the value of people's stories/knowledge</i></li> </ul>   |            |            |            |
| <b>Plan Programs</b>            |  |            |            |            |
| 3.1                             | Identifying, retrieving and critically appraising the relevant literature.   | 80         | 0          | 20         |
| 3.2                             | Conducting an environmental scan of best practices.  | 60         | 0          | 40         |
| 3.3                             | Developing a component plan to implement programs including goals, objectives and implementation steps.  | 20         | 0          | 80         |
| 3.4                             | Developing a program budget.   | 20         | 0          | 80         |
| 3.5                             | Monitoring and evaluating implementation of interventions.   | 50         | 0          | 50         |
| New                             | <ul style="list-style-type: none"> <li>• <i>Monitoring and evaluating outcomes of interventions</i></li> <li>• <i>Utilizing community needs/situational assessment identified priorities to inform the development of community based health promotion programs</i></li> </ul> |            |            |            |

| Secondary Competency Statements  |   |            |            |            |
|--|---|------------|------------|------------|
|  |   | Accept (%) | Reject (%) | Change (%) |
| <ul style="list-style-type: none"> <li><i>Building sustainability and succession planning</i></li> </ul> |   |            |            |            |
| <b>Policy development</b>  |   |            |            |            |
| 4.1  | Describing the health, economic, administrative, legal, social and political implications of policy options.  | 40         | 0          | 60         |
| 4.2  | Providing strategic policy advice on health promotion issues.   | 100        | 0          | 0          |
| 4.3  | Writing clear and concise policy statements for complex issues.   | 60         | 0          | 40         |
| New  | <ul style="list-style-type: none"> <li><i>Assessing the health impacts of broad social and health policy options through/using a disparities/equities lens.</i></li> <li><i>Understand policy making process to assist, enable and facilitate community to contribute to policy development</i></li> <li><i>Engage communities most affected by a policy in the policy development process</i></li> </ul> <i>Advocating for community development</i> |            |            |            |
| <b>Community Mobilization and Capacity Building</b>  |   |            | 0          |            |
| 5.1  | Engaging in a dialogue with communities based on trust and mutual respect.  | 40         | 0          | 60         |
| 5.2  | Identifying and strengthening local community capacities to take action on health issues.   | 60         | 0          | 40         |
| 5.3  | Advocating for and with individuals and communities that will improve their health and well-being.  | 40         | 0          | 60         |
| <b>Partnerships and collaboration</b>  |   |            |            |            |
| 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.).  | 17         | 0          | 83         |
| 6.2  | Utilizing leadership, team building, negotiation and conflict resolution skills to build community partnerships.  | 17         | 0          | 83         |
| 6.3  | Building coalitions and stimulating intersectoral collaboration on health issues.   | 33         | 0          | 67         |
| New  | <ul style="list-style-type: none"> <li><i>Establishing linkages within organizations</i></li> <li><i>Advocacy for opportunities for community input at decision-making tables</i></li> <li><i>Understand different formations of groups and partnerships, how and when to select the best fit for program or community-based on a continuum of partnership (partnership-advisory-network-coalition).</i></li> </ul>                                   |            |            |            |

| Secondary Competency Statements                     |   |            |            |            |
|---|---|------------|------------|------------|
|   |   | Accept (%) | Reject (%) | Change (%) |
|   | <ul style="list-style-type: none"> <li>Find champions to influence and leverage health promotion</li> </ul>                                       |            |            |            |
| <b>Communication</b>                                |   |            |            |            |
| 7.1   | Providing health status, demographic, statistical, programmatic and scientific information tailored to professional and lay audiences.            | 17         | 0          | 83         |
| 7.2   | Applying social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns. | 33         | 0          | 67         |
| 7.3   | Using the media, advanced technologies and community networks to receive and communicate information.   | 17         | 0          | 83         |
| 7.4   | Interacting with, and adapting policies and programming that respond to the diversity in population characteristics.                              | 67         | 0          | 33         |
| New   | <ul style="list-style-type: none"> <li>Add statement related to health literacy, community driven, community produced</li> </ul>                  |            |            |            |
| <b>Organize, implement and manage interventions</b> |   |            |            |            |
| 8.1   | Training and coordinating program volunteers.   | 66         | 17         | 17         |
| 8.2   | Describing scope of work in the context of organization's mission and functions.  | 33         | 0          | 67         |
| 8.3   | Contribute to team and organizational learning.   | 20         | 0          | 80         |

## 5. Implementation – Reality Check

This facilitated activity provided participants with the opportunity to identify and review implementation possibilities and challenges by answering a set of guided questions. Responses to the questions were then themed. A brief overview of the questions and responses can be found below. A fuller description of the discussion can be found in Appendix E - *Implementation Reality Check – Summary of Small Group Discussion*



## Question #1

Given today's discussion please identify opportunities that are conducive to the implementation of the health promoters competencies in your organization.

- Position description review, change, adapt and standardize
- Use in performance appraisals/self appraisals to ensure competencies of employees (self assessment)
- Tool for dialogue to engage others and explain discipline specific role and practice
- Increase professional recognition and organization
- Assist in clarifying roles externally and within the practice community
- Curriculum development for competency based continuing education and training opportunities

## Question #2

What are the challenges and how might they be overcome?

| <b>Challenges</b>   | <b>How to Overcome</b> (suggested solutions)   |
|---|--|
| Lack of understanding of other disciplines.   | Opportunity for dialogue about role<br>Develop provincial health promoters network to support, identify resources available and tap into resources.                          |
| Position risk in tough economic times<br>Role can be undervalued<br>Lack of resources for employers (financial and human) | targeting and tailoring the message to managers to achieve buy-in<br>need to build a case for importance of health promotion<br>Competencies give us a way to show our value |
| Current job descriptions may not include these competencies   |  |
| Lack of understanding re: organizational value of health promotion  | Package information in a meaningful way<br>Opportunity in the renewed emphasis on social determinants of health  |
| Fear that competencies may increase standard and expectation  | Competencies can strengthen the understanding of the importance of health promoters for both themselves and organizations.   |
| Who is going to audit the achievement of competency   | Peer evaluation of performance across disciplines and both top down and bottom up  |
| Current education and curriculum  | Integrating competencies into the curriculum   |
| Lack of professional status as health care providers  | Licensing  |

### Question #3

What type of resources/support would you need to implement the health promoters competencies in your practice?

Resources and support to implement the health promoter competencies could be categorized under the following themes.

- Leadership
- Resources
- Education
- Resources and support
- Health Promotion Identity
- Position Description/Hiring Practices/Performance Evaluation

### Next Steps for the Health Promoter Competencies

Jennifer Lowe on behalf of the agency and Gayle Bursey identified that Health Promotion Ontario (HPO) is putting together a proposal to submit to the Agency for continued funding until March 2009. This proposal is to build on the work that was done at this workshop and other consultations by developing a next draft of the public health promotion discipline specific core competencies to be shared nationally. HPO is also developing a 3 year plan for proposals/grants from PHAC so they will be ready to submit applications when grants become available. There is also work being done to develop a national network of health promoters.

### Summary

The Key points from the day were themed as:

- Readiness to incorporate the core competencies
- Consensus regarding role/skill set
- Value of common language
- A focus on social determinants
- Value of a Health Promoters Network
- Cross Discipline Collaboration
- Need for systemic support
- Continuing Professional Development

The two things that were identified by participants as being “the greatest value to them” were themed as;

- Work with competencies
- Group Discussions about the competencies
- Role Discussions
- Development of Common Language
- Networking
- Continuing Professional Development

A full summary of the workshop evaluations can be found in Appendix F – *Evaluation*. Highlights from the evaluations are as follows:

- All participants agreed the workshop achieved the stated objectives (62% - strongly agreed and 38% moderately agreed).
- A large majority of the participants (86%) strongly agreed the workshop facilitation was effective.
- A total of 78% of the respondents indicated the format of the workshop was successful in achieving the stated objectives and 66% felt they had the opportunity to express their views.
- Final comments on the evaluations indicate the meeting was well run with a good group mix of leaders and participants.
- Some participants felt the introduction and background presentation of the core competencies were a bit long and that the 20 minute time slot for each competency was a bit rushed.
- A little more time would have been preferred and it was suggested that perhaps a process that began the evening before as a “warm up” would have been more effective.
- Participants described arriving with little knowledge at the beginning to having a great understanding of the core competencies at the end of the session as well as an understanding of the role-out process, consultation and timeline.
- Participants indicated the session was a validating experience for like-minded and dedicated health promotion practitioners.

## **List of Appendices**

Appendix A – List of Attendees

Appendix B - Resources Provided at Workshop

Appendix C – Meeting Agenda

Appendix D - Summary of Small Group Discussions

Appendix E - Implementation Reality Check  
Summary of Small Group Discussion

Appendix F - Evaluation

## Appendix A – List of Attendees

| Name                    | Agency                 | Position  |
|-------------------------|------------------------|---|
| Catherine McFarlane     | WRHA                   | Community Facilitator   |
| Kathy Henderson         | WRHA                   | Primary Health Care – Support Service to Seniors Facilitators |
| Marion Cooper           | WRHA                   | Program Special; Mental Health Promotion                      |
| Jim Evanchuk            | Manitoba Health        | Chronic Disease Branch  |
| Elizabeth Ready         | University of Manitoba | Faculty of Kinesiology & Rec Mgmt                             |
| Michelle Turnbull       | Central RHA            | Regional Program Director                                     |
| Dianna Meseyton-Neufeld | Central RHA            | Health Promotion Facilitator                                  |
| Deanna Betteridge       | WRHA                   | In Motion   |
| Kristine Hayward        | WRHA                   | In Motion   |
| Sheila Tyminski         | Calgary Health Region  | Nutrition Manager   |
| Leanna Smith            | Interlake RHA          | Health Promotion facilitator                                  |
| Catherine Kingsley      | Parkland RHA           | Health Promotion Coordinator                                  |
| Carol Schnittjer        | Parkland RHA           | Community Health Nutritionist                                 |
| Jennifer Belhumeur      | Parkland RHA           | Health Promotion Coordinator                                  |
| Betty Kozak             | Assiniboine RHA        | Health Promotion & CDPI Training Coordinator                  |
| Tanis Campbell          | Norman RHA             | Regional Care Advocate – Men’s Team                           |
| Don Gamache             | Norman RHA             | Regional Community Health Developer                           |
| Madeline Kohut          | WRHA                   | Community Development/Senior Specialist                       |
| Lynn Watkins            | Burntwood RHA          | Health Promotion Coordinator                                  |
| Fiona Jeffries          | Brandon RHA            | Health Promotion/Education Specialist                         |
| Melody Kowalchuk        | Assiniboine RHA        | Health Promotion Coordinator                                  |

| <b>Name</b>             | <b>Agency</b>                                | <b>Position</b>                                       |
|-------------------------|--|---|
| Sherrill Lee Hyra       | Assiniboine RHA                              | Health Promotion Coordinator                          |
| Gail Pradel             | WRHA   | Seniors Health resource Team                          |
| Theresa Klus            | Interlake RHA                                |   |
| Pam Walker              | Assiniboine RHA                              | Public Health Program Manager                         |
| Georgette Dupuis        | Centre De Sante (St. Boniface Health Centre) | Community Facilitator                                 |
| Rosemarie Gjerek        | Klinik Community Health centre               | Director Community Health & Education                 |
| Jan Schmalenberg        | Winnipeg Regional Health Authority           | Chair   |
| Margie Kvern            | WRHA   |   |
| Jackie Habing           | WRHA   | Injury Prevention Program Specialist                  |
| Michelle Le Drew        | Group Intersol                               | Facilitator   |
| Karen Sevwonka          | Manitoba Health & Healthy Living             | Policy Analyst, Population Health Promotion           |
| Amanda Younka           | WRHA   | Community Facilitator                                 |
| Jim Dear                | WRHA   | Team Manager; PPH                                     |
| Elvera Watson           | WRHA   | Mental Health Promotion Specialist – Eating Disorders |
| Sharon Walters          | WRHA   | Community Facilitator                                 |
| Joan Reiter (Vancouver) | PHAC   | On the phone  |
| ?                       | ?  | ON THE PHONE  |
| Gayle Bursey            | Health Promotion Ontario                     | Director Chronic Disease & Injury Prevention          |
| Jennifer Lowe           | Public Health Agency of Canada               | National Core Competencies Coordinator                |
| Raymonde D'Amour        | Groupe Intersol Group                        | facilitator   |
| Sandra Dalke            | WRHA   | recorder  |

## **Appendix B - Resources Provided at Workshop**

The following materials were provided to workshop participants:

- Mowat, David L., Hockin, Jamie. Building Capacity in Evidence-Based Public Health Practice (editorial). *Canadian Journal of Public Health* 2002; 93(1): 19-20,25.
- Public Health Agency of Canada. Core Competencies for Public Health in Canada: Release 1.0.
- Public Health Agency of Canada. Core Competencies for Public Health in Canada: Release 1.0 (wallet size).
- Public Health Agency of Canada; PHRED; Canadian Public Health Association. Skills Enhancement for Public Health: Skills Online.
- Public Health Agency of Canada; PHRED; Association of Public Health Epidemiologists in Ontario; Canadian Public Health Association. Health Surveillance: An Essential Tool to Protect and Promote the Health of the Public.
- Public Health Agency of Canada; PHRED; Canadian Public Health Association. The Art and Science of Evidence-Based Decision-Making.

## Appendix C – Meeting Agenda

### Discipline Specific Competencies for Health Promoters Workshop

December 1, 2008

Canad Inn, Polo Park Winnipeg, Meeting Room K  
1405 St Matthews Street, Winnipeg - Manitoba

#### Roadmap

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#### Purpose

- To understand the Core Competencies for Public Health in Canada
  - To be apprised of the initiative on Competencies for Public Health Promoters in Canada
  - To discuss and recommend revisions to the Discipline Specific Health Promoters' Competencies
  - To conduct a “reality check” of the Health Promoters' Competencies upon implementation into our practice
- 

|               |  |
|---------------|--|
| 07:30 – 08:15 | <b>Arrival and registration</b>  |
| 08:30 – 08:50 | <b>Introduction</b> <ul style="list-style-type: none"><li>• Welcome – Jan Schmalenberg</li><li>• Introductions and Review of the Roadmap - Raymonde D'Amour – Facilitator, Groupe Intersol Group</li></ul>   |
| 08:50 – 10:10 | <b>Core Competencies for Public Health – why the need?</b> <ul style="list-style-type: none"><li>• The vision of the Public Health Agency of Canada's – Jennifer Lowe</li><li>• The development of Competencies for the Public Health Promoters – Gayle Bursay</li></ul> |
| 10:10 – 10:30 | <b>Break</b>   |
| 10:30 – 12:00 | <b>Where are we now?</b> <ul style="list-style-type: none"><li>• Discuss the Competencies for the Public Health Promoters with a view to accept or to recommend changes</li></ul>  |
| 12:00 – 13:00 | <b>Lunch</b> (provided on site)  |
| 13:00 – 14:50 | <b>Where are we now? (cont'd)</b> <ul style="list-style-type: none"><li>• Discuss the Competencies for the Public Health Promoters with a view to accept or to recommend changes</li><li>• Report back</li></ul>   |
| 14:50 – 15:10 | <b>Break</b>   |
| 15:10 – 16:10 | <b>What about implementation?</b> <ul style="list-style-type: none"><li>• Conduct a “reality check” of the Competencies for Public Health Promoters – identify opportunities and challenges to implementation into practice</li><li>• Report back</li></ul>              |
| 16:10 – 16:20 | <b>Health Promoters' Competencies – next steps</b> <ul style="list-style-type: none"><li>• Discuss next steps for the continuation of the Competencies development and implementation journey – Jennifer Lowe / Gayle Bursay</li></ul>                                   |
| 16:20 – 16:30 | <b>Closing</b> <ul style="list-style-type: none"><li>• Evaluation and Closing Remarks – Raymonde D'Amour, Don Gamache</li></ul>  |
| 16:30         | <b>Adjourn</b>   |



## Appendix D - Summary of Small Group Discussions.

### Health Promoters' Discipline Specific Competencies - Transcription and Summary of small group/table discussion

#### General questions/issues/comments

- Use action verbs (i.e., no "ings") when writing competency statements
- Define health promoter
- Are these discipline specific or role specific competencies?
- Should these competencies be voluntary & advisory only?
- Competencies should be based on principles, which should be included in glossary of terms; add principles of social justice, disparity, notion of participatory principle to glossary or give examples
- Produce document that adds principles, practice examples and theory behind practice to the core competencies (table format)
- Ensure where differences are against core competence; ensure the discipline specific competencies are unique from core competencies; use mapping against the 8 domains; should communicate the uniqueness of competencies (In response, Jennifer Lowe indicated that part of the process is for each discipline to do a literature review, environmental scan and eventually mapping (in the 3 year plan) which will include comparison of discipline specific competencies to the core competencies. There will likely be similarities across the disciplines. There is also work currently being done on program specific competencies.)
- Is the language consistent?
- Define best practices in glossary.

#### Competency 1

All health promoters should be able to:

|  |  |
|--|--|
| <p>4 - Accept<br/>0 - Reject<br/>1 - Change<br/><br/>5Total</p>    | <p><b>1. Demonstrate knowledge necessary for conducting health promotion that includes:</b><br/>Revisions<br/>- "Demonstrate knowledge and skills for health promotion practice that includes:" (remove conducting)</p>  |
| <p>4 - Accept<br/>0 - Reject<br/>1 - Change<br/><br/>5 - Total</p> | <p><b>1.1. Applying a determinants of health framework to the analysis of health issues.</b><br/>Revisions<br/>- "Apply a population health promotion approach, including determinants of health, to the analysis of health issues."<br/><br/>Comments<br/>- Determinants of health need to include violence.<br/>- Determinants of health need to be listed in the glossary of terms.<br/>- Mental health must be acknowledged.</p> |
| <p>1 - Accept<br/>0 - Reject<br/>4 - Change</p>                    | <p><b>1.2. Applying theory to health promotion planning and implementation</b><br/>Revisions<br/>- "Apply theory to health promotion planning, implementation and</p>  |

|   |   |
|---|---|
| 5 - Total   | <p>evaluation."</p> <ul style="list-style-type: none"> <li>- Add examples such as change theory, social work theory, self determination vs default theory, population health promotion theory</li> <li>- Provide examples of theories that may be used</li> </ul> <p>Comments</p> <p>List/describe theories in the glossary of terms.</p>   |
| 3 - Accept<br>0 - Reject<br>2 - Change<br><br>5 - Total | <p><b>1.3. Applying health promotion principles in the context of the roles and responsibilities of public health organizations</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- "Apply health promotion principles in the context of the roles and responsibilities of population and public health settings."</li> </ul> <p>Comments</p> <ul style="list-style-type: none"> <li>- Not sure if the wording captures the breadth of what's intended, but not sure how to change it.</li> <li>- List/describe HP principles in the glossary.</li> </ul> |
| 4 - Accept<br>0 - Reject<br>1 - Change<br><br>5 - Total | <p><b>1.4. Describing the range of interventions available to address public health issues.</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- "Describe the range of interventions available to address population and public health issues."</li> </ul> <p>Comments</p> <ul style="list-style-type: none"> <li>- Provide examples of range of interventions, reference Ottawa Charter; Population Health Promotion Framework</li> </ul>  |
| NEW<br>Competency statement(s)                          | <p>Comments</p> <p>Need to add these "magic words" - population health, risk factor and protective factor, vulnerable population (equity and social justice) approaches.</p>  |

## Competency 2

All health promoters should be able to:

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| 5 - Accept<br>0 - Reject<br>1 - Change<br><br>6 - Total | <p><b>2. Conduct a community needs/situational assessment for a specific issue that includes:</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- "Partner with communities to conduct a needs/situational assessment that includes:" (Two groups made this revision.)</li> <li>- "Conduct/facilitate a community assessment..." (take out need/situational)</li> </ul> <p>Comments</p> <ul style="list-style-type: none"> <li>- The slash (i.e., needs/situational) is awkward; does it mean 'and' or 'or'? More ambiguous than it needs to be.</li> <li>- Define conduct (i.e., responsible for, part of a team)</li> </ul> |
| 3 - Accept<br>0 - Reject<br>3 - Change<br><br>6 - Total | <p><b>2.1. Identifying behavioural, social, environmental and organizational factors that promote or compromise health</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- add political factors</li> <li>- add cultural and spiritual factors</li> <li>- "Identify behavioural, social and environmental determinants, disparities and differential impact and organizational factors."</li> </ul> <p>Comments</p>   |

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| <p>3 - Accept<br/>0 - Reject<br/>3 - Change</p> <p>6 - Total</p> | <p><b>2.2. Identifying relevant and appropriate data and information sources</b></p> <p>Revisions<br/>- "Identify relevant, appropriate and credible data and information sources."<br/>- "Identify relevant and appropriate data, information sources and gaps."<br/>- "Identify and applying relevant and appropriate data and information sources".</p> <p>Comments<br/>-How do you relate data (i.e., knowledge transfer) back to communities?<br/>Some communities may not be ready to act.<br/>- Is this captured in 2.5?</p>   |
| <p>3 - Accept<br/>0 - Reject<br/>3 - Change</p> <p>6 - Total</p> | <p><b>2.3. Identifying community assets and resources</b></p> <p>Revisions<br/>- "Identify community assets, resources, challenges and gaps." Two groups made this suggestion.<br/>- "Identify community assets, needs and resources."</p> <p>Comments</p>  |
| <p>4 - Accept<br/>0 - Reject<br/>2 - Change</p> <p>6 - Total</p> | <p><b>2.4. Partner with communities to validate collected quantitative and qualitative data</b></p> <p>Revisions<br/>- "Validate collected quantitative and qualitative data."<br/>- "Partner with community to consult and collaborate on collected quantitative and qualitative data". Did not like the work validate, sounds "top down" and inconsistent with partner.<br/>- "Partner with relevant communities to validate and get interpretation from collected quantitative and qualitative data."<br/>"Partner with communities to gather and validate quantitative and qualitative data."</p> <p>Comments</p> |
| <p>5 - Accept<br/>0 - Reject<br/>1 - Change</p> <p>6 - Total</p> | <p><b>2.5. Integrating information from available sources to identify priorities for action</b></p> <p>Revisions<br/>- "Critically analyzing and integrating information from available sources to identify priorities for action."</p> <p>Comments</p>   |
| <p>NEW<br/>Competency statement(s)</p>                           | <p>New competency statement(s)<br/>- "Connecting policy, research and practice to the value of people's stories/knowledge."<br/>Comments</p>  |

### Competency 3

All health promoters should be able to:

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| <p>3 - Accept<br/>0 - Reject<br/>2 - Change</p> <p>5 - Total</p> | <p><b>3. Plan appropriate health promotion programs that includes:</b><br/>Revisions<br/>- "Plan, implement and evaluate appropriate health promotion programs that includes:"<br/>- "Plan and implement appropriate health promotion programs that includes:"<br/>Comments<br/>- Add #8 competencies to #3<br/>- Not sure about the word "appropriate"; appropriate to/for whom?</p>  |
| <p>4 - Accept<br/>0 - Reject<br/>1 - Change</p> <p>5 - Total</p> | <p><b>3.1. Identifying, retrieving and critically appraising the relevant literature</b><br/>Revisions<br/>- "Identifying, retrieving and critically appraising and applying the relevant literature."<br/>Comments<br/>- Good to keep this separate from 3.2. Do not collapse!<br/>- We may need to develop the knowledge around "critical appraisal". Some organizations have more capacity than others.<br/>- It is difficult to critically appraise literature if your practice is as a generalist in health promotion (i.e., not a specific focus on physical activity or tobacco reduction).</p>   |
| <p>3 - Accept<br/>0 - Reject<br/>2 - Change</p> <p>5 - Total</p> | <p><b>3.2. Conducting an environmental scan of best practices</b><br/>Revisions<br/>"Conducting an environmental scan of proven, promising and innovative practices relevant to clarified community need and context."<br/>Comments<br/>- Clearly define terms. Re: definition of "best practices"; we may need to specify that this is not always "literature"; check definition of "evidence-informed".</p>  |
| <p>1 - Accept<br/>0 - Reject<br/>4 - Change</p> <p>5 - Total</p> | <p><b>3.3. Developing a component plan to implement programs including goals, objectives and implementation steps</b><br/>Revisions<br/>- Remove component. (Two groups made this revision.)<br/>- Query 'implementation steps'.<br/>- 'Component plan' is an awkward phrase; common terms might be 'action plan'.<br/>- "Develop a plan to implement programs including goals, objective, budget and implementation steps."<br/>- "Developing a component plan to implement programs including goals, objectives, implementation and evaluation steps."<br/>Comments<br/>'Component plan' is an awkward phrase; common terms might be 'action plan'.-</p> |

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| 1 - Accept<br>0 - Reject<br>4 - Change<br><br>5 - Total | <b>3.4. Developing a program budget</b><br>Revisions<br>- "Developing a program budget and securing funding."<br>- "Develop and manage a program budget."<br>- "Coordinate and/or implement the program."<br>- "Develop, monitor, evaluate and demonstrate fiscal accountability for a program budget."<br>Comments  |
| 2 - Accept<br>0 - Reject<br>2 - Change<br><br>4 - Total | <b>3.5. Monitoring and evaluating implementation of interventions.</b><br>Revisions<br>- "Monitoring and evaluating of interventions from implementation to completion."<br>- Either define 'interventions' or substitute it with 'strategies'.<br>Comments<br>- Could be connected to 3.3 in the program development process.   |
| NEW<br>Competency<br>statement(s)                       | New competency statement(s)<br>-"Monitoring and evaluating outcomes of interventions." Or consider separating evaluation into a separate core competency.<br>-"Utilizing community needs/situational assessments identified priorities to inform the development of community based health promotion programs."<br>- "Building sustainability and succession planning."<br>Comments<br>- "Strategy" should include sustainability, succession planning, impact access. |

#### Competency 4

All health promoters should be able to:

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| 3 - Accept<br>0 - Reject<br>1 - Change<br><br>4 - Total | <b>4. Contribute to policy development that includes:</b><br>Revisions<br>- "Contribute to policy development that reflects community needs and includes:"<br>Comments   |
| 2 - Accept<br>0 - Reject<br>3 - Change<br><br>5 - Total | <b>4.1. Describing the health, economic, administrative, legal, social and political implications of policy options</b><br>Revisions<br>- Add environmental. (Two groups made this revision.)<br>- "Understand and describe the health, economic, administrative..."<br>Comments<br>- Goes beyond defining, it is communicating as well. |
| 5 - Accept<br>0 - Reject<br>0 - Change<br><br>5 - Total | <b>4.2. Providing strategic policy advice on health promotion issues</b><br>Revisions<br><br>Comments<br>- Like the word 'strategic' as it recognizes us as a group and gives us a voice at the planning phase. Very important word.   |

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| 3 - Accept<br>0 - Reject<br>2 - Change<br><br>5 - Total | <b>4.3. Writing clear and concise policy statements for complex issues.</b><br>Revisions<br>- Remove complex.<br>- "Contribute to and participate in writing clear and concise policy statements for complex issues."<br>Comments  |
| NEW<br>Competency statement(s)                          | 4.4<br>- "Assessing the health impacts of board social and health policy options through/using a disparities/equity lens."<br>- "Understand policy making process to assist, enable and facilitate community to contribute to policy development."<br>- "Engage communities most affected by a policy in that policy development process."<br>- "Advocating for community development". Key role of advocating - we have a real community role to advocate for our people at provincial level.<br>Comments |

## Competency 5

All health promoters should be able to:

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| 4 - Accept<br>0 - Reject<br>0 - Change<br><br>4 - Total | <b>5. Facilitate community mobilization and build community capacity around shared health priorities that includes:</b><br>Revisions<br>Comments   |
| 2 - Accept<br>0 - Reject<br>3 - Change<br><br>5 - Total | <b>5.1. Engaging in a dialogue with communities based on trust and mutual respect</b><br>Revisions<br>- "Developing relationships and engaging in a dialogue with communities based on trust and mutual respect."<br>- "Build relationships with communities based on trust and mutual respect".<br>- "Engaging in a dialogue with communities based on trust, mutual respect and equity."<br>Comments<br>- Very important; must be aware that 'communities' are a lot more than just geographical communities. It can be our community health practitioner/community partners. Need to have a broad approach to this word.                  |
| 3 - Accept<br>0 - Reject<br>2 - Change<br><br>5 - Total | <b>5.2. Identifying and strengthening local community capacities to take action on health issues</b><br>Revisions<br>- "Identify and strengthen local community capacities to take action on and contribute to health issues." Implication is that we as health promoters do the skill-building; should imply that community builds its own strength.<br>- "Working with communities to identify and strengthen community capacities to take action on health issues." Should add wording about 'partnering'. It is not just us that is identifying and strengthening.<br>- Include examples such as peer-based delivery models.<br>Comments |

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| 2 - Accept<br>0 - Reject<br>3 - Change<br><br>5 - Total | <b>5.3. Advocating for and with individuals and communities that will improve their health and well-being</b><br>Revisions<br>- "Advocating for and with individuals and communities to improve their health and well-being."<br>- "Empowering individuals and communities to advocate to improve their health and well-being."<br>- "Advocate for and with individuals and communities identified needs that will improve their health and well-being."<br>Comments |
| NEW<br>Competency<br>statement(s)                       | New competency statement(s)<br><br>Comments  |

### Competency 6

All health promoters should be able to:

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| 3 - Accept<br>0 - Reject<br>1 - Change<br><br>4 - Total | <b>6. Engage in partnership and collaboration that includes:</b><br><br>Revisions<br><br>Comments<br>Engage is too passive a verb.  |
| 1 - Accept<br>0 - Reject<br>5 - Change<br><br>6 - Total | <b>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.)</b><br>Revisions<br>- add government, acute care, aboriginal community, newcomers, diverse populations, other health care professionals, justice, mental health to list of examples<br>- Use 'faith-based organizations' instead of 'churches'<br>- "Establishing and maintaing linkages with community leaders and other key health promotion stakeholders, both formal (give examples) and informal (give examples)."<br>- "Identify, establish and maintain linkages..."<br>- "Establish and maintain linkages with community leaders and other key stakeholders..." (remove health promotion)<br>- "Establish and maintain purposeful linkages..."<br>Comments |
| 1 - Accept<br>0 - Reject<br>5 - Change<br><br>6 -Total  | <b>6.2. Utilizing leadership, team building, negotiation and conflict resolution skills to build community partnerships</b><br>Revisions<br>- Add facilitation.<br>- Add communication skills.<br>- "Utilizing leadership, team building, negotiation, consensus building and conflict resolution skills to build community partnerships; mediating a plurality of views and power differentials."<br>- "Utilizing leadership, team building, negotiation and conflict resolution skills  |

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|   | to build community partnerships and networks."<br>Comments<br>- Know what the relationship of the group is.<br>- Include the following words: build, sustain, communication, participate, facilitate, consensus building, lead, link, leverage  |
| 2 - Accept<br>0 - Reject<br>4 - Change<br><br>6 - Total | <b>6.3. Building coalitions and stimulating intersectoral collaboration on health issues</b><br>Revisions<br>- "Building and supporting colalitions and faciltiating intersectoral collaboration..."<br>- "Networking and building coalitions..."<br>- "Stimulating intersectoral collaboration on health issues (e.g., building coalitions and networks, etc)."<br>- "Build and sustain coalitions and stimulate meaningful intersectoral collaboration on health issues."<br>Comments<br>- Add definitions for networking (information sharing/sharing of resources) and coalitions (advocacy/making change)<br>- Include other kinds of community groups, not just coalitions. |
| NEW<br>Competency statement(s)                          | New competency statement(s)<br>- "Establishing linkages within organizations."<br>- "Advocacy for opportunities for community input at decision-making tables."<br>- "Understand different formations of groups and partnerships, how and when to select best fit for program or community-based on a continuum of partnership (partnership - advisory - network - coalition)<br>- "Find champions to influence and leverage health promotion."   |

### Competency 7

All health promoters should be able to:

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| 4 - Accept<br>0 - Reject<br>0 - Change<br><br>4 - Total | <b>7. Communicate effectively with community members and other professionals that includes:</b><br>Revisions<br><br>Comments  |
| 1 - Accept<br>0 - Reject<br>5 - Change<br><br>6 - Total | <b>7.1. Providing health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences</b><br>Revisions<br>- "Providing and interpreting qualititative and quantitative scientific information related to health status, demographics, programs tailored to professional and lay audiences." - - Add community needs, policy.<br>- Change 'programmatic' to 'program'.<br>- Change 'lay audiences' to 'community members' or 'community stakeholders';<br>- Put examples in brackets (professionals, general population) or change to 'tailored to specific audiences'.<br>- Delete 'tailored to professional and lay audiences'.<br>- Change to 'tailored to specific audiences (e.g., lay, professional).<br>Comments<br>- Does demographic, statistical and scientific terms overlap? Entire group |



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|  | <p>did not agree.</p> <ul style="list-style-type: none"> <li>- There is redundancy with this competency and the opening statement</li> </ul>  |
| <p>2 - Accept<br/>0 - Reject<br/>4 - Change</p> <p>6 - Total</p> | <p><b>7.2. Applying social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- Remove 'campaigns'.</li> <li>- Replace 'development' with 'planning'.</li> <li>- Delete 'and other communication'.</li> <li>- "Applying social marketing and other communication principles to the development, implementation and evaluation of health communication messaging/strategies, with special consideration for health literacy".</li> <li>- "Apply health communication principles to the development, implementation and evaluation of communication such as social marketing, campaign, health literacy." Use social marketing as an examples rather than a prominent strategy.</li> </ul> <p>Comments</p> <ul style="list-style-type: none"> <li>- One group discussed their limitations for this competency - limitations in monies and human resources. Possibly include an example at the end of the statement such as "work with provinces to develop campaigns" or "consult with regions as policies are developed".</li> </ul> |
| <p>1 - Accept<br/>0 - Reject<br/>5 - Change</p> <p>6 - Total</p> | <p><b>7.3. Using the media, advanced technologies, and community networks to receive and communicate information</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- Add 'personal contacts'</li> <li>- Replace 'receive' with 'share' or another word that captures 2 way communication.</li> <li>- Remove 'to receive and communicate information'.</li> <li>- Add 'effectively' to the end of the statement.</li> </ul> <p>Comments</p> <ul style="list-style-type: none"> <li>- Include advance techologies in glossary of terms (e.g., use primary health care definition of technology)</li> </ul>  |
| <p>4 - Accept<br/>0 - Reject<br/>2 - Change</p> <p>6 - Total</p> | <p><b>7.4. Interacting with, and adapting policies and programming that responds to the diversity in population characteristics.</b></p> <p>Revisions</p> <ul style="list-style-type: none"> <li>- "Communicating with diverse populations in a culturally-appropriate manner."</li> <li>- "Ensure communication mediums effectively address needs of diverse popluations inlcuding policies and programming."</li> </ul> <p>Comments</p> <ul style="list-style-type: none"> <li>- What does 'interacting' look like? Should this be changed to 'using'? Not sure if this item fits under #7, seems more like a combination of #2,3,4; could also fit under #1 or 8 (#8 is preferred);</li> <li>- Need clarification on 'interacting'.</li> <li>- Focus on diverse population; statement is getting stuck on policy.</li> <li>- Is this better placed under policy development?</li> <li>- May need to add something here because not clear - focus on ensuring</li> </ul>  |

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|                                   | communication mediums are effective to address needs of diverse populations.  |
| NEW<br>Competency<br>statement(s) | New competency statement(s)<br>Comments<br>- Add statements related to health literacy, community driven, community produced.<br>- May need to expand 7.4 |

## Competency 8

All health promoters should be able to:

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| 0 - Accept<br>0 - Reject<br>4 - Change<br><br>4 - Total | <b>8. Organize, implement and manage health promotion interventions that includes:</b><br>Revisions<br>- "Strengthen health promotion practice that includes:"<br>- "Develop, organize, implement, manage and evaluation health promotion..."<br>Comments<br>- Combine with Category #3. Another group agreed with this statement but changed the wording (see 1 <sup>st</sup> statement above) as it is about strengthening health promotion capacity.<br>- Combine with #3 and #5.  |
| 4 - Accept<br>1 - Reject<br>1 - Change<br><br>6 - Total | <b>8.1. Training and coordinating program volunteers</b><br>Revisions<br>- "Recruit, train and coordinate program volunteers and/or participants."<br>- "Train and coordinate program volunteers, community partners and health professional team members."<br>- "Train and coordinate program planners, providers and participants (e.g., volunteers, other health practitioners)."<br>Comments<br>- This statement needs work. If the organization does not have this capacity then the health promoter often fulfills all of these responsibilities (which is a very broad responsibility). An organization needs to have processes in place to recruit, screen, train and support volunteers.<br>- Move to community capacity building 5.0; need internal and external capacity building. |
| 2 - Accept<br>0 - Reject<br>3 - Change<br><br>5 - Total | <b>8.2. Describing scope of work in the context of organization's mission and functions</b><br>Revisions<br>- "Describe scope of work in the context of organization's mission, vision, values and functions."<br>- "Align scope of work..."<br>Comments<br>- 'Scope of work' - need to define work better  |
| 5 - Accept<br>0 - Reject<br>1 - Change<br><br>6 - Total | <b>8.3. Contribute to team and organizational learning</b><br>Revisions<br>- "Influence organization based community voice/needs."<br>Comments<br>- Move to capacity building.  |
| NEW<br>Competency<br>statement(s)                       | New competency statement(s)<br>Comments   |

## **Appendix E - Implementation Reality Check Summary of Small Group Discussion**

### **1. Given today's discussion please identify opportunities that are conducive to the implementation of the health promoters competencies in your organization.**

#### Position descriptions

- Review of job descriptions; job positions
- Change in job descriptions
- Opportunity to make standard job description
- Harmony across position descriptions
- In recruitment strategies and job descriptions to ensure you have the right person with the right skills for the job
- Build a case for hiring outside the union to ensure you have the right person for the job
- Interview questions
- Opportunity to influence job descriptions through team discussion
- Opportunity to reorganize teams and ensure these competencies are integrated into positions

#### Performance appraisals/self appraisals

- ensure competencies of employees (self assessment)

#### Tool for dialogue

- Use to engage others from outside the health system with similar roles such as recreation, community develops, schools
- To explain to other disciplines with the organization what health promoter do, their scope of practice
- Sharing principles and language upon which health promotion is based with our colleagues
- Encouraging to partner with other health promoters; linkages are timely
- Tool for dialogues so partners can understand what health promoters do
- There are core competencies that can be used in other disciplines
- Gives us a tool to explain what we do to our colleagues/boards

#### Increase professional recognition

- Increase professional recognition and organization
- Opportunity to elevate health promotion practice
- Using the competencies to say it is national; gives strength
- Allows us to create or highlight the uniqueness of our skill set; we work with health determinants in a very unique way; should celebrate this.
- Move to seek professional legislation
- Reinforcing commitment to prevention
- Connects health promoters provincially/nationally
- Opportunity to elevate HP practice in region

#### Assist in clarifying roles

- For people who have health promotion as a component of their job but not solely health promotion, competencies give opportunity to define which pieces of positions are health promotion
- Health promoters need to use this opportunity to educate ourselves and make sure we are articulate our role internally
- Value in common language
- Gives a holistic view of the RHAs

#### Continuing education

- Identify appropriate continuing education and training opportunities
- Curriculum development
- Competency based training
- Identify training opportunities
- Review competencies for areas of professional development and then pursue what we need
- Competency-based training

#### Other

- Interest and readiness to embrace these competencies
- Involvement in research
- Move to seek provincial legislation

## **2. What are the challenges and how might they be overcome?**

- Issues with other disciplines – have dialogues about how we are ; should be complimentary, not “we do this you do that”
- Buy in by supervisors; middle & senior mgmt and how to do that – targeting and tailoring the message to managers in a meaningful way
- Health promotion positions are the most likely to get deleted in this economic climate – need to build the case for the importance of health promotion work
- Who owns the competencies and who has a responsibility to communicate them to decision makers? If your job description does not include these competencies, how do you get upper level support to incorporate the competencies?
- Why is it important? What is the value added?
- There is not a common understanding among health promoters about what they do and their value to the organization. As competencies move forward, they can strengthen the understanding of the importance of health promoters for both themselves and organizations.
- Having competencies might intimidate some people - means there is a higher standard or expectation.
- Packaging information in a meaningful way.
- Who is going to audit the achievement of competency? Potential solution may be peer evaluation, people evaluating other disciplines and other levels (vice versa) so it moves beyond the individual and talks about challenges within the system (not just individuals).
- Integrating competencies into the curriculum

- Develop provincial health promoters network to support, identify resources available and tap into resources.
- Opportunity in the renewed emphasis on social determinants of health.
- Anticipate rough waters – Who does HP and who does not as it crosses other disciplines.
- Do those with HP degree prepared hold claim to these competencies?
- Licensing
- Discussions within our organizations
- Look at crossover across disciplines; valuing interprofessional teaming
- Need to value sharing of health promotion, not to be owned by one discipline; complement each others work rather than being defensive; support people in their work and not push them out.
- Pay for role is undervalued
- Lack of professional status as health care providers
- MB government has moratorium on new legislation
- Lack of resources for employers (financial and human)
- In tough economic times, HP dollars the first to go – competencies give us a way to show our value
- Be prepared to "weather the storm" when economic times are difficult
- We do not want to say it is "role specific"
- Lack of resources to do proper evaluation
- Lack of time to do everything we take on
- Need to educate ourselves around what our area of HP includes – it is very broad
- Does a position title or description include HP? If not, how to incorporate the competencies?
- Who will monitor that health promoters meet the competencies? Will there be audits, accountability?
- Others (e.g., managers) may not be familiar with the language.
- Who "owns" the competencies? Who communicates them to decision makers in our organizations?
- Solution – peer evaluation of performance across disciplines and both top down and bottom up
- Lack of awareness of skills online
- Streamlining it across the provinces
- Provincial networks to communicate and channel
- Clear definitions
- Is there support/incentives for employees to develop in the areas which need strengthening?

**3. What type of resources/support would you need to implement the health promoters competencies in your practice?**

Leadership

- National leadership – need to determine what that would include; could help us shed light on the work of health promotion issues (e.g., obesity, disparity).
- Need for national leadership –
- Initiate a National Health Promotion Association (2)

## Resources

- national funding (i.e., projects of common interest, national resiliency dialogue)
- Infrastructure that puts light on broad crisis (beyond communicable disease such as suicide crisis, poverty social justice crisis). Not vulnerable to economic cuts, to support work of HP practitioners

## Education

- Modules
- Commitment of time so we have the opportunity to do skill enhancements
- Provincial conferences
- Affordable, accessible, relevant training opportunities
- Health promotion- specific practice examples to make the competencies real
- Appropriate skill enhancement modules to match the competences
- link training with network meeting that is tied to discipline specific competencies
- Curriculum changes (university)
- Skills enhancement courses (one in HP);
- Professional development and training opportunities (including students at universities)
- Online courses; resources, assessment tools
- Provincial conference every 1-2 years
- conferences
- online resources
- conduct workshop on competencies
- competency based training opportunities

## Resources and support

- Website with resources, courses, assessment tools
- Provincial network (meet annually)
- Further develop health promotion network (meets annually)
- Awareness of the MB Health Promotion Network (2)
- Networking support with other health promoters
- need commitment of time to take courses and training
- Strengthen the Manitoba Health Promotion Network – perhaps when meeting, use as opportunity for skill development around the HP competencies
- A stronger provincial network that is supported by RHAs;
- Government support/legislation
- Increased funding as recently done in MB
- Ability to network with other colleagues regularly; not just once a year
- Provincial network to communicate, share information and resources
- Dialogue with other disciplines that is complementary (instead doing vs not doing)
- incorporate/influence in strategic planning/organizational structure

#### Health Promotion Identity

- Need to determine/identify who actually does health promotion; not necessarily identified by their titles
- Clear definition of health promoters roles to inform staff within our organization as well as community partners
- role clarification

#### Position Description/Hiring Practices/Performance Evaluation

- Include front line staff, staff from other disciplines in hiring process
- Peer job evaluation (from varying levels & disciplines)
- work across sectors & jurisdictions to build capacity for HP
- build competencies (core & discipline specific) with hiring practices

## Appendix F- Evaluation

### EVALUATION (29 RESPONSES)

**The workshop achieved the stated objectives.**

| Strongly disagree |   |   |           | Strongly agree |
|-------------------|---|---|-----------|----------------|
| 1                 | 2 | 3 | 4         | 5              |
|                   |   |   | <b>11</b> | <b>18</b>      |

**The format of the workshop was appropriate to achieving the stated objectives.**

| Strongly disagree |   |   |          | Strongly agree |
|-------------------|---|---|----------|----------------|
| 1                 | 2 | 3 | 4        | 5              |
|                   |   |   | <b>7</b> | <b>22</b>      |

**I got the opportunity to express by views.**

| Strongly disagree |   |   |           | Strongly agree |
|-------------------|---|---|-----------|----------------|
| 1                 | 2 | 3 | 4         | 5              |
|                   |   |   | <b>10</b> | <b>19</b>      |

**The facilitation of the workshop was effective.**

| Strongly disagree |   |   |          | Strongly agree |
|-------------------|---|---|----------|----------------|
| 1                 | 2 | 3 | 4        | 5              |
|                   |   |   | <b>4</b> | <b>25</b>      |

**Overall impression of the workshop (4 did not answer)**

| Strongly disagree |   |   |          | Strongly agree |
|-------------------|---|---|----------|----------------|
| 1                 | 2 | 3 | 4        | 5              |
|                   |   |   | <b>8</b> | <b>17</b>      |

**What key messages will you take back with you?**

**Readiness to incorporate the core competencies**

- Need to incorporate the competencies into HP work in our region.
- Future of HR core competencies in our practice.
- How the discipline competencies will and can be used.
- What disciplines are included in PH core.
- Work closely within the competencies.
- Importance of agreeing on core competencies.
- Use the competencies as a benchmark for our work



- Use competencies for designing job descriptions and evaluations.
- Need and opportunity for HP competencies.
- Common agreement regarding principles and main elements of competencies.
- National interest in this area.
- Exciting opportunities to use competencies;

### **Consensus regarding role/skill set**

- We have good consensus about our role and what we need in order to do it, at many levels within our system.
- Value of Health Promotion
- Importance of HP.
- Value of our role is increasing.
- Special skill sets recognize our value.
- Importance of HP; validation of HP in one's work.
- Promoting the health promoters role.
- Good understanding of how multi-faceted our jobs are.
- Use competencies to define and communicate what we do.

### **Value of common language**

- How valuable the common language is in defining who we are and what we do.
- Exciting to see how much work is going into articulating what and how we do our work.
- Using common words and categories to describe our work.

### **A focus on social determinants**

- Social determinants of health need to be emphasized.
- Social determinants.

### **Value of a Health Promoters Network**

- A formalized provincial or national health promoters network needs to be explored.
- Importance of a national network; need to meet as provincial colleagues more than once a year.
- Provincial networking with other health promoters.
- Need to beef up the profile of the MB Health Promotion Network across RHAs, at various manager networks and HPSen to bring forward the competencies.

### **Cross Discipline Collaboration**

- Need to collaborate across disciplines to do the work of health promotion; need to complement each other.
- The multi-disciplinary nature of health promotion and the willingness to be inclusive.
- Integrate HP competencies into teams that we work with.

### **Need for systemic support**

- Need support from managers and higher to implement competencies in organization.
- Core competencies in public health promotion need to be supported and shared.

- Ensure that management of public health is aware of the HP competencies and the value of the work health promoters do.

### **Continuing Professional Development**

- Skill enhancement is available.
- Areas that I need to work on.

### **Other**

- Need to organize.
- There are a lot of challenges.
- This is just the beginning...
- Evaluate.
- Importance of communication.

### **The two things that were of greatest value to me were...**

#### **Work with competencies**

- D Building understanding about competencies.(3)
- Discussion and change to refine understanding of competencies.
- Ability to provide meaningful input into the draft competencies.
- Hearing about the process that HPO has done in the development of the HP competencies.
- Reviewing each competency and breaking it down; reassurance that we're on the right track.
- Contribute to the development of competencies. (2)
- Explanation of what the competencies will be used for.
- Chance to use competencies in a practical way.
- Increased my knowledge and understanding of HP competencies.

#### **Group Discussions about the competencies**

- Discussions with small and large group.
- Group work; great value in hearing other's perspectives; it was both validating and informative.

#### **Role Discussions**

- Building on understanding how we come from different roles but work with common threads.
- Help to summarize for others what HP does/is.
- HP is finally gaining the recognition it deserves.
- Clarification of roles in HP.
- Articulating what we do and how much more we can do.
- Focussing on the social determinants of health, health public policy, community & intersectoral action.

#### **Development of Common Language**

- Achieving a common and consistent language.

## **Networking**

- Networking. (8)
- Awareness of other online HP courses (other than those provided by PHAC).
- Opportunity to share. (2)
- Bringing people together from varying jurisdictions.
- Knowing how any practitioners elsewhere share the interest and need for this.
- Making the connections with PHAC and other provinces.
- Learning about MB Health Promotion Network.

## **Continuing Professional Development**

- Understanding how I can develop in my job and get the competencies I lack.
- Education opportunities.
- Information about online resources. (2)
- Learning about skill training programs.

## **Other comments and suggestions:**

- Good group and mix of leaders and participants.
- Really enjoyed Ramonde's facilitation style – learned lots.
- Very well run meeting.
- Great facilitation format.
- Would like more time to hear presentation on the mean of all 8 competencies; a little rushed.
- Went from having no clue about what the core competencies were to understanding the role out process and timeline.
- Great day.
- Nice job.
- Great day with like-minded and dedicated HP practitioners.
- Raymonde is an excellent facilitator.
- This was a very heavy topic for Monday morning; would have attended a warm up session on Sunday evening; took awhile to get into the discussions.
- The introduction/background on Public Health Core Competencies was tool long and detailed; 10-15 minutes would have been sufficient and allowed for more time to Gayle to explain the thoughts behind each competency. More time was also needed for the small group work (our group ran out of time after discussing 5 of the 8 competencies).
- Hand out evaluation at the beginning of the day.