

**Towards the Development of Competencies for Health  
Promoters in Canada:  
A Discussion Paper**

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## Introduction

With the publication of *A New Perspective on the Health of Canadians* (aka the Lalonde Report) in 1974 (1), public health practitioners in Canada were introduced to a new speciality field known as health promotion. New bureaucratic structures incorporating the term health promotion were introduced at the federal and provincial level, and post-secondary degree programs focusing on health promotion emerged. The subsequent release of the *Ottawa Charter for Health Promotion* in 1986 (2) launched the expansion of health promotion as both a field of practice and a viable career option. For the first time, public health and social service organizations created positions with 'health promotion' embedded in the job title.

The emergence of health promotion as a distinct speciality within public health has invariably given rise to debate about the imposition of formal parameters to better define the scope of health promotion practice. One key aspect of this debate concerns the development of health promotion competencies, a skills-based set of criteria that those working in the field of health promotion should, at least in part, be expected to meet.

Health Promotion Ontario (HPO) has commissioned the following report as a background document to guide upcoming discussions about the creation of a set of competencies for health promoters in Canada. This work is part of a larger process that has evolved from the pan-Canadian Core competencies for Public Health project initiated by the Public Health Agency of Canada (PHAC); to date, seven professional groups are working towards the development of competencies for their respective disciplines: community health nurses, public health dietitians, public health epidemiologists, public health inspectors, public health dental practitioners, health promoters and Medical Officers of Health.

The proposed health promotion competencies presented in the report are not meant to be a definitive list to be distributed for pro-forma adoption by key stakeholder groups in Canada; rather they are meant to be an initial step in a multi-stage consultation process to achieve consensus on the nature, purpose and scope of competency-based criteria for health promoters. This, in turn, will strengthen the practice of health promotion by lending clarity to the multiple meanings of the term health promotion.

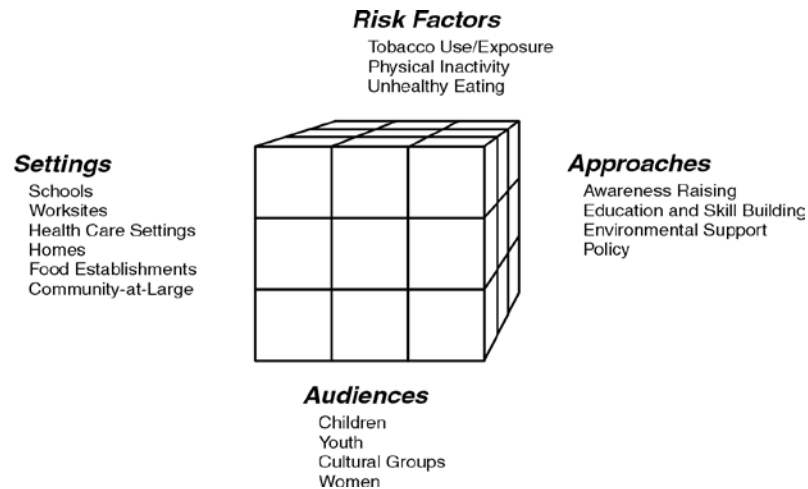
The report is divided into four sections:

Section 1 defines the current scope of practice in the field of health promotion and provides an overview of the roles and responsibilities of health promoters

Section 2 reviews the rationale for the development of health promotion competencies and provides a brief overview of relevant work to date

Section 3 presents a proposed set of competencies for health promotion practitioners in Canada

## Health Promotion Cube<sup>3</sup>



Section 4 proposes a pan-Canadian consultation process to guide further revisions to the proposed competencies and initiate broader discussions about their intended purpose.

It is hoped that that this document, in conjunction with the ensuing consultation process, will contribute to the best possible outcomes for the field of health promotion as well as those who are employed as health promotion practitioners. Further discussion and collaboration between key health promotion stakeholders on the development of health promotion competencies for health promoters will help to ensure the emergence of a strong and viable health promotion system in Canada

## Section 1: Health Promotion Practice in Canada

The most commonly accepted definition of health promotion in Canada is the definition adopted in the *Ottawa Charter for Health Promotion* (1986), which is widely considered to be the seminal ‘blueprint’ for health promotion practice. The *Ottawa Charter* defines health promotion as “the process of enabling people to increase control over and improve their health.” This definition is premised on the understanding that both social conditions and personal actions determine health. Accordingly, health promotion activities move beyond disease prevention and health education to address social change, institutional change and community change in addition to changes in the behaviours of individuals.

As an approach to addressing health issues, health promotion is central to all aspects of public health science and practice. Health promotion practice encompasses the five action areas of the *Ottawa Charter*: building healthy public policy (e.g., bicycle helmet legislation), creating supportive environments (e.g., banning junk food in elementary schools), strengthening community action (e.g., supporting community coalitions taking

action on homelessness), developing personal skills (e.g., healthy parenting programs), and re-orienting health services.

The action areas of the *Ottawa Charter* form the basis for the broad continuum of health promotion practice. As illustrated by the Health Promotion Cube, a schematic diagram developed to guide health promotion practice in Ontario (3), health promoters determine the optimal mix of approaches and strategies for addressing health issues within a broad range of settings.

When considering the role of definitions in setting parameters for health promotion practice, it's important to note that, given the impact of social, economic and environmental factors on the health of individuals and communities, health promotion cannot be confined to traditional health education initiatives focused on health-related behaviours such as smoking, physical activity and healthy eating. To truly optimize the health and well-being of all Canadians, health promotion practice must encompass strategies addressing the determinants of health, such as income inequality, housing, education, transportation, early childhood development, community planning and the environment.

In an effort to guide the development of health promotion practice in Canada, the Canadian Public Health Association undertook a two-year consultation process with over 1,000 participants (4). The resulting document, *Action Statement for Health Promotion in Canada*, identifies seven strategic principles guiding health promotion practice:

- 1 Health promotion addresses issues in context. It recognizes that many individual, social, and environmental factors interact to influence health. It searches for ways to explain how these factors interact in order to plan and act for the greatest health gain.
2. Health promotion supports a holistic approach that recognizes and includes the physical, mental, social, ecological, cultural and spiritual aspects of health.
3. Health promotion requires a long-term perspective. It takes time to create awareness and build understanding of health determinants. This is true for organizations as well as for individuals.
4. Health promotion supports a balance between centralized and de-centralized decision-making on policies that affect people where they live, work and play.
5. Health promotion is multisectoral. While program initiatives often originate in the health sector, little can be done to change unhealthy living conditions and improve lifestyles without the support of other people, organizations and policy sectors.

6. Health promotion draws on knowledge from a variety of sources. It depends on formal knowledge from the social, economic, political, medical and environmental sciences. It also depends on the experiential knowledge of people.
7. Health promotion emphasizes public accountability. Those providing health promotion activities need to be accountable and to expect the same commitment from other individuals and organizations.

As was noted previously, the years immediately following the release of the *Ottawa Charter for Health Promotion* in 1986 witnessed the expansion of health promotion practice. By 2005, the Public Health Human Resources Joint Task Group, a joint federal, provincial and territorial committee developing a draft set of pan-Canadian core competencies for public health practitioners, recognized health promotion as a distinct discipline within public health (5).

A review of compiled job descriptions from across Canada generated the following job classifications for health promoters (6):

Health promotion consultant  
Health promotion information specialist  
Health promoter  
Health promotion coordinator  
Health promotion manager  
Health promotion officer

It should be noted that the above list is by no means comprehensive: there are many individuals, both within and outside of the public health sector, with other job titles who do health promotion as part of their work. This underscores the need for, and complexity of, identifying and defining the scope of health promotion practice.

When considering the scope of health promotion practice, it's important to note that health promotion can occur at different levels. While some "health promoters" are engaged primarily in front-line work involving community development or coalition support, others function as planners or specialists by applying health promotion concepts and strategies to a range of different issues. A growing number of health promoters have assumed managerial positions and are directly involved in the coordination of research and information analysis for comprehensive health promotion planning. In many instances, this role has enabled them to apply health promotion principles at the organizational level. Health promoters working in the public, private and not-for-profit sector assume multiple roles, including educator, communicator, planner, evaluator, researcher, manager, community mobilizer, coalition builder, facilitator and advocate for policy change.

## **Section 2: Why Health Promotion Competencies? Why Now?**

Diversity has long been recognized as a key strength of health promotion practice. Over two decades ago, the World Health Organization (7) stated that health promotion is best performed by individuals from a wide variety of backgrounds and suggested that it would be detrimental for health promotion to be delivered by any one professional group to the exclusion of others. Historically, this commitment to diversity has ensured that opportunities for health promotion practice are open to a broad spectrum of people and organizations within the public, private, community-based and not-for-profit sectors. This openness, in turn, helps the field of health promotion to include individuals from diverse communities and cultures (8).

At the same time, there are significant challenges associated with the multiple backgrounds and skill sets of health promoters. Chief among these is the false impression that anyone can practice health promotion (8). One of the key means of addressing this challenge is through the development of a defined set of skills and knowledge-based competencies necessary for effective health promotion practice.

The issue of health promotion competencies for Canadian practitioners was first explored at a symposium organized by The Canadian Association of Teachers of Community Health (CATCH) in 2000 (9). While participants at this session concluded that health promotion competencies could be useful if they were broadly defined and treated as guidelines, concern was expressed that limited or rigid interpretations of competencies as professional standards could be detrimental to health promotion by placing imposed parameters around a discipline that was still in its developmental stages.

The 2000 CATCH symposium has been followed by subsequent developments that underscore the need to focus on health promotion competencies. The sustained interest in the development of skills-based competencies for health promotion practitioners is attributable to two key factors.

First, there is growing concern about the potential marginalization of health promotion within the broader public health sector. In Ontario these concerns have surfaced through a 2005 Ontario Public Health Resource System (OHPRS) needs assessment survey (10), discussion papers from Health Promotion Ontario (6, 11) and consultations undertaken with clients of the Ontario Prevention Clearinghouse, one of the key resource centres within the OHPRS (8). Concerns related to the marginalization of health promotion included:

- lower than desired credibility for health promotion and health promoters coupled with inconsistent and sometimes minimal understanding on the part of credentialized health professionals (including management of organizations hiring health promoters) about the skill and knowledge sets required to practice health promotion
- compensation that is not comparable with other public health professionals (community health nurses, public health nutritionists)

- hiring competitions that do not provide advantage to those with formal training in health promotion.

Second, the broader public health renewal processes have fostered increased recognition of the need to take a competency-based approach to public health workforce development in Canada (12). This was a key message from a series of stakeholder workshops on public health education held early in 2004 (13) and subsequently re-iterated in a review of international best practices for public health workforce development (14). In the fall of 2004, a Public Health Human Resources Joint Task Group commissioned the development of a set of public health core competencies (15), and a draft pan-Canadian Human Resource Development framework was released in 2005 (5). The latter document points to the importance of core competencies for the entire public health workforce as well as competencies for discipline-specific groups.

In the wake of these developments, there has been significant activity among public health disciplines to define a set of competencies for their respective field. As was noted previously, seven public health professions are in the process of developing competencies for their respective disciplines. Health promoters working in the field of public health risk further marginalization if they fail to take ownership on a set of competencies that best reflects their unique contribution.

The key reasons for health promoters to identify discipline-specific competencies are:

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

In the spring of 2006, Health Promotion Ontario hired a consultant to undertake a review of existing health promotion competency criteria (12). Several relevant examples were considered, including health promotion competencies developed by Australia and New Zealand (16-17), an academic set of health promotion competencies developed by the M.H.Sc. program in health promotion at the University of Toronto, as well as over 60 current job descriptions for health promoters currently in use at Ontario public health units (18). The consultant recommended a five-step process for developing an initial draft of competencies for health promoters in Canada:

1. Start with a clear description of the tasks and responsibilities of health promoters as a reference point for assessing competencies.

2. Develop a clear idea of how the competencies may be used to identify whether particular statements will fulfill that need or not.
3. Review the public health workforce core competencies. Start with the Canadian set. Highlight those items of particular importance for further description (i.e. particular strengths of health promoters). Flag any obvious gaps. Review other core competency sets as needed.
4. Review the Australian, New Zealand and UofT MHSsc health promoter competency sets. Do they provide the additional detail and address gaps of concern? Do they provide the appropriate depth and breadth desired to capture health promoter competencies?
5. Review additional competency sets outlined as required.

This process was applied to guide the development of the proposed set of health promotion competencies presented in the following section.



### **Section 3: A Proposed Set of Core Competencies for Health Promoters**

All health promoters should be able to:

1. Demonstrate knowledge necessary for conducting health promotion that includes:
  - 1.1 Applying a determinants of health framework to the analysis of health issues.
  - 1.2 Applying theory to health promotion planning and implementation
  - 1.3 Applying health promotion principles in the context of the roles and responsibilities of public health organizations
  - 1.4 Describing the range of interventions available to address public health issues
  
2. Conduct a community needs/situational assessment for a specific issue that includes:
  - 2.1 Identifying behavioural, social, environmental and organizational factors that promote or compromise health
  - 2.2 Identifying relevant and appropriate data and information sources
  - 2.3 Identifying community assets and resources
  - 2.4 Partner with communities to validate collected quantitative and qualitative data
  - 2.5 Integrating information from available sources to identify priorities for action
  
3. Plan appropriate health promotion programs that includes:
  - 3.1 Identifying, retrieving and critically appraising the relevant literature
  - 3.2 Conducting an environmental scan of best practices
  - 3.3 Developing a component plan to implement programs including goals, objectives and implementation steps
  - 3.4 Developing a program budget
  - 3.5 Monitoring and evaluating implementation of interventions

4. Contribute to policy development that includes:
  - 4.1 Describing the health, economic, administrative, legal, social and political implications of policy options
  - 4.2 Providing strategic policy advice on health promotion issues
  - 4.3 Writing clear and concise policy statements for complex issues.
  
5. Facilitate community mobilization and build community capacity around shared health priorities that includes
  - 5.1 Engaging in a dialogue with communities based on trust and mutual respect
  - 5.2 Identifying and strengthening local community capacities to take action on health issues
  - 5.3 Advocating for and with individuals and communities that will improve their health and well-being
  
6. Engage in partnership and collaboration that includes:
  - 6.1 Establishing and maintaining linkages with community leaders and other key health promotion stakeholders (e.g., schools, businesses, churches, community associations, labour unions, etc.)
  - 6.2 Utilizing leadership, team building, negotiation and conflict resolution skills to build community partnerships
  - 6.3 Building coalitions and stimulating intersectoral collaboration on health issues
  
7. Communicate effectively with community members and other professionals that includes:
  - 7.1 Providing health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences
  - 7.2 Applying social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns
  - 7.3 Using the media, advanced technologies, and community networks to receive and communicate information
  - 7.4 Interacting with, and adapting policies and programming that responds to the diversity in population characteristics

8. Organize, implement and manage health promotion interventions that includes:
  - 8.1 Training and coordinating program volunteers
  - 8.2 Describing scope of work in the context of organization's mission and functions
  - 8.3 Contribute to team and organizational learning

An over-arching feature of these competencies is a strong ability to analyze health issues from a health promotion perspective. Specifically, health promoters should be able to analyze the nature of a health issue or problem and provide expert analysis and advice on how to address it through the appropriate mix of health promotion strategies, including community mobilization, social marketing, health education, advocacy, policy development and organizational change. The combination of knowledge, lived experience and a solid grasp of the 'art and science' of health promotion practice constitute the value-added that health promoters bring to the field of public health.

The competencies were written primarily for health promoters working in public health settings in Canada and/or those with the term 'health promotion' in their job title. These include organizations such as public health departments, community health centres and regional health authorities. However, the competencies are not meant to exclude individuals practicing health promotion in other settings; rather, they are offered as a resource that can help to inform the work of any individual, group or organization engaged in health promotion practice.

## **Section 4: Next Steps Towards the Development of Core Competencies for Health Promoters in Canada**

The proposed competencies are meant to serve as a starting point for an extended consultation process with health promotion stakeholders in all regions of Canada. The competencies will be further discussed and refined through a series of consultative exercises including a teleconference with representatives of health promotion networks across Canada and a workshop at the June 2007 International Union of Health Promotion and Education (IUHPE) Conference in Vancouver.

The achievement of consensus on health promotion competencies will inevitably raise issues regarding training, continuing education opportunities, valuing experience and accreditation. For example, if health promoters are expected to possess a particular set of competencies, how should they be obtained? What competencies are expected upon entry to the health promotion workforce vs. 1-2 years of experience? What are the implications for training and continuing programs? Will there be a process for monitoring attainment of the competencies by existing and incoming health promotion practitioners? Will there be a process for revising the criteria over time as the knowledge base for health promotion evolves?

These questions are not new to health promotion, nor can they be answered in the absence of extended consultation between health promoters and other relevant stakeholders. But there needs to be some recognition that the development and adoption of a standard set of health promotion competencies will surface these broader issues. As a relatively new discipline within the public health sector, health promotion can be informed by the experience of other discipline groups that have had to deal with these issues through the development of their respective competency standards.

It is not the intent of Health Promotion Ontario to promote the proposed competencies as an initial step towards the mandatory accreditation of health promoters. Health Promotion Ontario respects and acknowledges the position of the Ontario Prevention Clearinghouse (8) that the process for health promotion to become a formally accredited regulated profession would be rigorous, time-consuming and potentially divisive, and would prefer to see efforts directed towards improving practice towards learning and sharing among health promoters. The proposed competencies are meant to inform health promotion practice, not to limit or exclude and by extension, strengthen the practice and field.

Health Promotion Ontario is aware that the current document makes extensive use of Ontario-specific developments and examples to guide the development of the proposed competencies. This was partially because comparable information was not available for other regions of Canada. As part of the consultation process, Health Promotion Ontario will be asking health promoters in other regions of the country to share the diversity of their experiences with health promotion practice. This, in turn, will help to guide the

modification of the competencies to ensure that they reflect a truly Pan-Canadian perspective.

Health Promotion Ontario hopes that the proposed competencies will assist health promoters in reaching consensus on the shared knowledge and skills that constitute effective health promotion practice. HPO welcomes feedback from any individual or organization that shares its commitment to defining and raising awareness of the core competencies required to promote health effectively.

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