



**PAN-CANADIAN NETWORK FOR
HEALTH PROMOTER COMPETENCIES**

**Developing a Set of Pan-Canadian
Health Promotion Competencies –
Report of the Manitoba Consultation**

January 2014

**Prepared for:
Pan-Canadian Committee on Health Promoter Competencies**

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

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

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*Denotes members of the Pan-Canadian Committee on Health Promoter Competencies

EXECUTIVE SUMMARY

A set of competencies are being developed to identify the knowledge and skills for health promoters in order to:

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

The Pan-Canadian Committee on Health Promoter Competencies has received funding by the Public Health Agency of Canada to conduct consultations in four provinces to seek feedback on a draft set of competencies. In addition, the project will be developing and piloting a competency-based workforce development toolkit, and establishing a pan-Canadian network of health promoters. This report describes the results of the project's first provincial consultation, which was conducted in Manitoba.

Working with a group of Manitoba health promoters, a pre-workshop online survey was conducted to gather preliminary feedback on the draft competency set. The findings were then used to plan and conduct a workshop to gather additional information regarding competency statements with lower levels of agreement. Input was also sought regarding the planned competency-based toolkit and interest in becoming part of the pan-Canadian network of health promoters.

A total of 98 responses were received to the on-line survey. The majority of respondents spent most of their time on health promotion-related activities, had been working in health promotion for more than five years, and work for Regional Health Authorities (RHAs). High levels of agreement were expressed for most of the draft competency statements. However, lower levels of agreement occurred for selected statements addressing policy, critical appraisal of evidence, and developing a budget.

Forty-six health promoters attended the consultation workshop where the policy and critical appraisal statements were discussed. While workshop participants indicated that the statements should be retained, suggestions were made for their improvement. In addition, based on the feedback from the on-line survey and the workshop, the development of a glossary is needed to support the competencies. Proficiency levels for the competencies were also a common theme and will need to be addressed by the planned toolkit. Several suggestions were made regarding the toolkit and a total of 41 individuals submitted their name for inclusion in the health promoter

network through the on-line survey or workshop. Overall, there were high levels of satisfaction with the workshop, although some concerns were expressed whether it should have been longer in duration.

Based on the findings from this consultation, it is recommended that:

- 1. Revisions are considered for specific competency statements with lower levels of agreement prior to the next provincial consultation.**
- 2. A glossary should begin to be developed for key concepts included in the competency statements.**
- 3. Developing additional contextual material beyond the glossary be considered to support the provincial consultations.**
- 4. The final version of this report and the revised version of the competency set be distributed to Network volunteers. This dissemination should be preceded by dissemination of these materials to the Manitoba planning leads.**
- 5. The approach taken to planning the Manitoba consultation be pursued in subsequent consultations recognizing the need to tailor to local circumstances, as required.**

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INTRODUCTION

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

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

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

In collaboration with the Public Health of Agency of Canada (PHAC), the following foundational documents¹ were developed:

- A literature review on health promotion competencies³
- An environmental scan encompassing health promotion organizations, roles, networks and trends in Canada⁴
- A discussion paper – based on the above documents – which included an initial draft set of discipline-specific competencies for health promoters.⁵

The initial draft set of health promoter competencies was the subject of consultations in 2007 at each of the conferences of HPO and the International Union of Health Promoters and Educators.⁶ With the interest of other provinces, a Pan-Canadian Committee on Health Promoter Competencies was established and a consultation conducted in Manitoba in 2008.⁷

¹ Copies of these reports may be found on the HPO website: <http://hpo.squarespace.com/key-resources-reports/>

In the absence of continuing project funding, further development of the health promotion competencies stalled. However, with recent funding from PHAC, the Pan-Canadian Committee on Health Promoter Competencies has been re-invigorated. Over the course of the project, consultations will be conducted in four provinces on the health promoter competencies with the development and piloting of a competency-based workforce development toolkit. Establishing a pan-Canadian network of health promoters is also envisioned. While the earlier consultation had also been conducted in Manitoba, it was decided to pilot this project's initial provincial consultation there for the following reasons:

- Manitoba health promoters have played a continuing leadership role at the Pan-Canadian Committee and would facilitate organizing a provincial consultation
- It would be valuable to have more recent Manitoba feedback considering the turnover in health promotion staff and possible changes in health promotion practice context since the last consultation
- Opportunity to gather input on what would be helpful regarding tool development, which had not been an objective in the earlier consultation.

APPROACH

The objectives of the consultation were as follows:

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

The Manitoba consultation occurred November 26, 2013 and was comprised of the following steps:

- Creation of an updated version of the health promoter competencies by combining feedback from the earlier 2008/09 consultation reports (see Appendix 1)
- Development of an online surveyⁱⁱ to gather information prior to the workshop to identify priority issues for discussion
- Working with health promotion contacts in Manitoba to plan the consultation including:
 - Promoting the online survey with the relevant target audiences in Manitoba
 - Organizing the workshop so that it ‘piggy-backed’ on an existing health promotion-related meeting
- Conduct of a 3-hour workshop
- Development of a draft version of this report to seek comments from the Manitoba planning group and the Pan-Canadian Committee.

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

RESULTS

Pre-Workshop Survey Results

Participants

There were a total of 98 responses to the pre-workshop on-line survey. Overall, the majority of respondents:

- Spend more than half of their time on health promotion-related activities.
- Have been working in health promotion for over five years.
- Work for Regional Health Authorities (RHAs)
- Work as program staff
- Identified 'health promotion' as their discipline.

Appendix 2 provides more detailed results regarding the survey respondents.

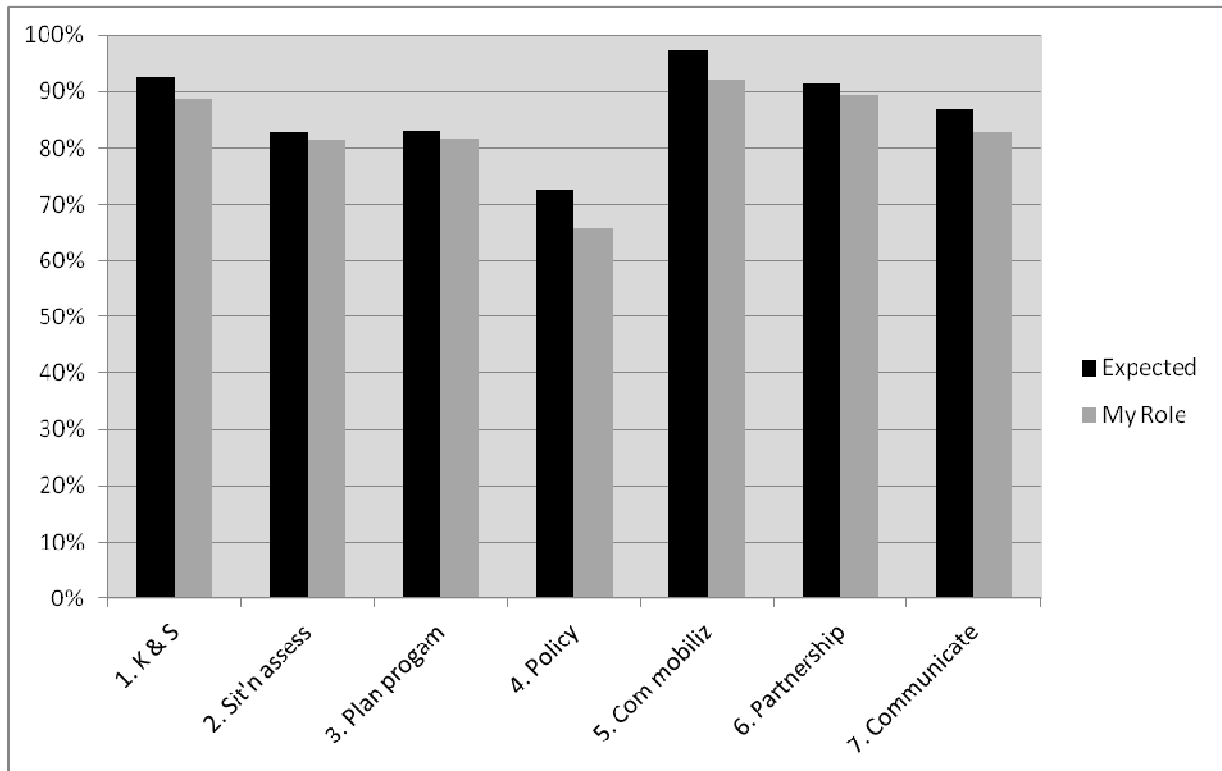
Agreement with Competency Statements

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

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

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

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



The policy domain had the lowest level of average agreement primarily due to low levels of agreement with two statements, 4.1 (policy analysis) and 4.3 (policy briefs). In addition, there was a low level of agreement with statement 3.2 (develop budget), and relatively high disagreement (8%) with statement 2.1 (critically appraise evidence). Table 1 lists these competency statements, their levels of agreement, and the main themes of written comments from the online survey.

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

Competency Statement	Level of Agreement		Representative Comments
	Expected Competency	Reflects My Role	
4.1 - Describe the health, economic, administrative, legal, social, environmental, and political implications of policy options	56% agree; 8% disagree	54% agree; 11% disagree	<p>Will depend on level of education, position, etc.</p> <p>This is a high level competency that can only be developed after considerable experience. It could be aspirational for practitioners but is unrealistic for most.</p> <p>I think describing economic/legal implications of policy options is outside scope of practice for most health promotion practitioners</p>
4.3 - Write clear and concise briefs for complex issues	66% agree; 3% disagree	60% agree; 9% disagree	<p>What is the purpose of a brief in this context? I'm unclear.</p> <p>This could be possible for an experienced practitioner.</p> <p>The word "briefs" is too narrow and has limited meaning outside of Government. Suggest "documents". If necessary, include "e.g. Briefing Notes"</p>
3.2 - Develop a budget for part of a program	66% agree; 12% disagree	65% agree; 9% disagree	<p>Why just part of a program? And if just a part, which part?</p> <p>I suggest clearer wording such as Develop a budget for Health Promotion activities</p> <p>This is a skill more specifically related to project co-ordination and management. It is a good one to have, but not core to our work.</p>

Competency Statement	Level of Agreement		Representative Comments
	Expected Competency	Reflects My Role	
2.2 - Collect and critically appraise evidence (i.e. published and grey literature, systematic reviews, and promising practices) on the health issue and effective interventions	81% agree; 8% disagree	81% agree; 6% disagree	<p>I don't feel this is a necessary competency to critically appraise evidence. I believe that a health promoter should be able to understand evidence to a point and use it in their practice, however, it may be planning and evaluations role to "critically" analyze the data.</p> <p>Could the term "issue" be removed so that it reads "on health and effective interventions" then it can be broader to include wellness focus as well- true upstream work such as mental health kernals etc.</p> <p>This is maybe a specialized skill that some people working in health promotion have more education & training in.</p>

Statements That Should be Removed or Added

A specific question was included asking if any statements should be removed. The highest numbers of responses were for the statements described previously in Table 1. However, no more than four of 97 (4%) respondents recommended removal of any particular item.

A total of 16 suggested additions to the competency set were made. Key concepts included:

- To practice, develop policy, programming from a cultural safety perspective - where multiple worldviews are considered and integrated into development of approaches rather than only dominant western worldviews.
- To have an understanding and working knowledge of community development approaches/ principles
- That social determinants of health should be understood and acted upon in proportion to their impact on population health and health equity outcomes
- Must have ability to adapt to changing environments and circumstances
- Must have ability to work collaboratively within a team environment.
- I wonder if there needs to be a comment about ethical conduct
- What about assessing and respecting a community's readiness for change- meeting a community at their level.
- I do think a statement including health equity would be wise. I think we do need health promotion folks to understand and use health equity lenses when working with populations.

Advice Regarding the Planned Toolkit

Key themes included:

- Who to have involved:
 - RHA/government, NGO
 - Those that have studied health promotion/in professional health promotion positions
- Recognize different levels of proficiency (education, position, experience)
- Keep it concise and practical for work – have it in electronic form so can be adapted to local context.

Volunteers for Pan-Canadian Health Promotion Network

A total of 35 survey participants submitted their contact information for inclusion in the Network.

Implications for Conducting the Workshop

In reviewing the survey's results, several implications were identified for conducting the workshop:

1. Need to emphasize that the competencies address health promotion practice from a population perspective.
2. Need to view any one competency statement in the context of the rest of the statements within its domain, and the competency set overall.
3. The competency set requires supporting material. This likely includes:
 - a. An introduction and context (e.g., population focus, Ottawa Charter)
 - b. Glossary to provide definitions
4. Need to address the proficiency issue. One approach would be to have different levels of position descriptions in the toolkit.
5. Need to seek greater feedback on competency statements with lower levels of agreement.

Workshop Results

The workshop's objectives included the following:

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

A copy of the workshop's agenda is provided in Appendix 3.

A total of 46 individuals attended the 3-hour workshop, which preceded a planned health promotion-related meeting. Most of the participants were from RHAs or the provincial government, although there were also participants from non-governmental and primary care settings. A representative from an academic institution had planned to attend, but sent last minute regrets. Appendix 4 provides a list of workshop participants.

Discussion of Specific Competencies

Policy Item 4.1

The current wording for the domain stem and this competency statement is as follows:

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

4.1. Describe the health, economic, administrative, legal, social, environmental, and political implications of policy options.

All of the table groups answered that there should be a competency expectation for doing a policy analysis.

Concerns, however, were expressed regarding how this statement is currently worded:

- Issues of proficiency level:
 - Is it to do it versus contribute to it? At moment, long list seems intimidating.
 - Is this a checklist to include relevant items versus expected to do an in-depth legal or economic analysis?
- Issues of completeness: what about equity, social determinants of health and unintended consequences?

Suggestions to improve upon the statement included:

- Keep ‘advocacy’ in the stem – does it need to have its own competency statement?
- Include definitions for ‘policy analysis’ and ‘advocacy’ in glossary
- Consider:
 - “Identify potential implications of policy options...”
 - “Describe and consider...”
- Beware of simply adding more words to the competency statement to make a longer list of considerations – need simpler language
- What about evidence?

Policy Item 4.3

The current wording for the domain stem and this competency statement is as follows:

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

4.3 Write clear and concise briefs for complex issues.

All of the table groups answered that there should be a competency expectation for preparing a policy brief.

Concerns, however, were expressed regarding how this statement is currently worded:

- Why ‘complex’? Suggests more senior level staff. Issue of contributing versus doing it all.
- Include ‘policy brief’ in glossary – means different things to different people. Consider including example in toolkit.

Suggestions to improve upon the statement included:

- Remove/replace ‘complex’
- “Write clear and concise briefs regarding policy issues/options considering the intended audiences.”

Policy Item 2.2

The current wording for the domain stem and this competency statement is as follows:

2: *Partner with communities to conduct a community needs/situational assessment for a specific issue that includes:*

2.2 Collect and critically appraise evidence (i.e. published and grey literature, systematic reviews, and promising practices) on the health issue and effective interventions.

All of the table groups answered that there should be a competency expectation for critically appraising evidence.

Concerns, however, were expressed regarding how this statement is currently worded:

- Need definition of ‘critically appraise’, ‘grey literature’
- Note: in general, the group did not have any significant issues with this statement.

Suggestions to improve upon the statement included:

- Address the awkwardness of “community needs/situational assessment” in the stem (use ‘and’ between; choose one; include definition)
- Provide example in toolkit
- Change ‘collect’ to ‘access’.

Policy Item 3.2

The current wording for the domain stem and this competency statement is as follows:

3: Plan appropriate health promotion programs that includes:

3.2 Develop a budget for part of a program.

Due to time constraints, this item was not discussed at the workshop.

Toolkit and Implementation Issues

What Advice/Requests Do You Provide Regarding the Planned Toolkit?

Several suggestions were made including:

- Plain/simple language
- Friendly navigation – hyperlinks
- Concrete examples (policy briefs, policy analysis)
- Primer on ‘what is a competency’
- Position descriptions, interview questions linked to the competencies
- Self-evaluation tools – professional development/training recommendations
- Consider material tailored to different audiences: health promoters; managers; academic institutions
- Links to continuing education opportunities
- How to apply toolkit.

What Opportunities Can You Identify Conducive to Implementation of the Competencies in Your Organization?

Several suggestions were provided including:

- Future health promotion training
- Performance appraisals
- Creating consistent position descriptions – recent reorganization of the RHAs
- Mentoring students/orientation
- Prioritizing community requests
- Strategic priorities.

What are the Implementation Challenges and How Can They Be Overcome?

Table 2 summarizes the identified challenges and suggested solutions.

Table 2: Implementation Challenges and Suggested Solutions

Challenge	How to Overcome (suggested solutions)
Lack of skills	<ul style="list-style-type: none"> • Curriculum change • Professional development (workshops, training, on-line) • Mentoring • Clear expectations that continuing professional development is the norm
Senior leadership may not understand role and importance of health promotion	<ul style="list-style-type: none"> • Education • Show achievements of health promotion staff/actions (evidence that action on competencies will be worthwhile)
Striking balance between health promotion competency expectations of health promoters and those expected of all/other staff	<ul style="list-style-type: none"> • Clarity that these are discipline specific competencies and that don't 'own' health promotion • Recognition that health promotion-related concepts embedded within the core competencies that apply to everyone
Finding time to implement these competencies	
Limited support by employer and/or some staff	<ul style="list-style-type: none"> • Leadership • Creative engagement strategies • Provide funding for training
Equitable pay	<ul style="list-style-type: none"> • Work with employers and unions – combination of local and province-wide

Challenge	How to Overcome (suggested solutions)
Differing levels of proficiency	<ul style="list-style-type: none"> Identify competency expectations for different levels of positions (e.g., entry-level to advanced)
Emphasis on healthcare and primary care	<ul style="list-style-type: none"> Develop a comprehensive (public health/health promotion) strategy and get it on Manitoba priority list
Focus on health behaviours and education-type interventions	<ul style="list-style-type: none"> Provide evidence (health equity gaps; required actions)

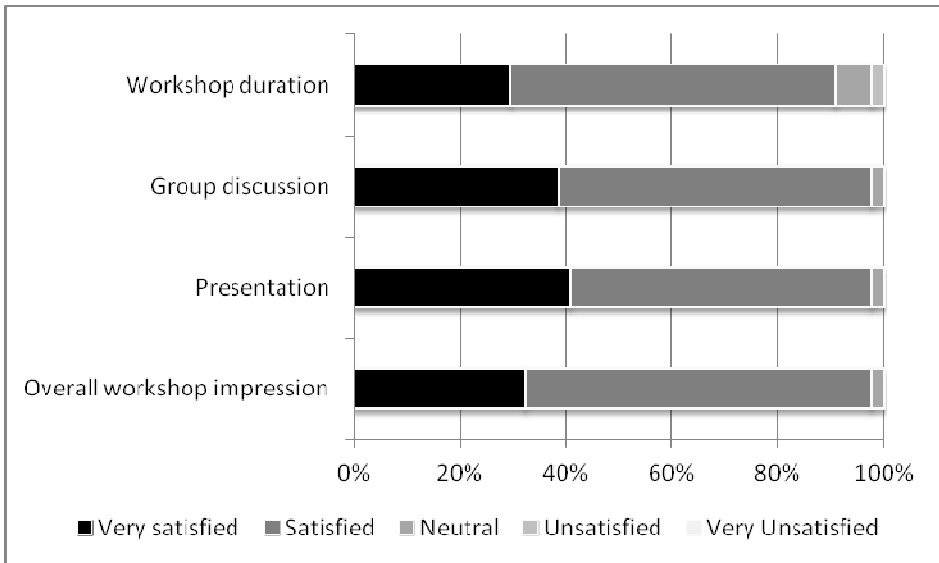
Pan-Canadian Health Promoter Network

The vision for a Pan-Canadian Health Promoter Network was briefly outlined for the participants. This included the Network as a communication mechanism to provide updates to the competency set, as well as the content and piloting of the toolkit. In addition to those that volunteered for inclusion in the Network within the pre-workshop survey, a sign-up opportunity was also provided at the workshop resulting in six individuals adding their contact information.

Evaluation

Participants were asked to complete an evaluation form at the end of the workshop (see Appendix 5 for form). A total of 44 (96%) workshop participants submitted a completed evaluation form. Figure 2 indicates high levels of satisfaction with the workshop. Almost all (98%) of respondents were satisfied or very satisfied with the presentation, group discussion and overall impression of the workshop. Somewhat fewer (91%) were satisfied with the workshop’s duration.

Figure 2: Levels of Satisfaction with Workshop, n=44



Duration

With respect to duration of the workshop, the comments were mixed (see Table 3).

Table 3: Comments Regarding the Duration of the Workshop, n=23

Satisfied with Length	Like to be Longer	Other Comments
<ul style="list-style-type: none">• If the workshop had been longer, they would not have been able to send as many staff• Although the timing was tight, the materials were covered• If the workshop had been any longer, they may have been bored	<ul style="list-style-type: none">• Respondents indicated that they needed more time to discuss and adequately review all areas	<ul style="list-style-type: none">• If they were only to discuss a few competencies, then the timing was appropriate, but if any more had been covered, they would have needed more time;• The length of the workshop helped maintain energy in the room• Time was ‘well used’

What Appreciated Most

Of the 39 responses to this question, there were three major themes.

1. Group discussions: Many respondents indicated that they enjoyed sharing their ideas and collaborating with others in the groups and appreciated the focused discussion questions.
2. Opportunity to contribute: Some respondents indicated that they appreciated having a ‘say’, an ‘opportunity to contribute’, and having ‘input’ on the competencies.
3. Networking: Respondents indicated that they liked being able to connect/discuss the competencies with people from across the province, and people they may not normally get to see.

Respondents also enjoyed the *content of the workshop*, including being provided with the context/background; reviewing next steps; and clarifying any content-related issues.

Suggestions for Improving Future Consultations

A total of 24 responses were received to this question. Key themes included:

- Nine respondents would like more time for the workshop – some of these respondents indicated they would like more time for discussion
- Several respondents wanted documents either before or the day of the workshop to work from
- Six respondents had no suggestions/liked the model/format of the workshop the way it was presented.

Key Messages That Will Take Back to Organization and/or Colleagues

The most consistent theme the responses to this question addressed the value of the competencies and how they can shape roles (duties/responsibilities) at work. Feedback included:

- Important to have competencies to follow in the role of a health promoter
- Competencies help streamline the role of health promoters
- The competencies will help develop the knowledge and skills of staff
- Want to work the competencies into staff development plans
- Understanding the value of advancing health promotion competencies within an organization.

Further details regarding the evaluation results are provided in Appendix 6.

DISCUSSION

The Manitoba consultation is the first of four planned consultations to be conducted in this project. The consultation was successful in acquiring feedback on the draft competency set and the planned toolkit, as well as seeking interest in the Pan-Canadian Health Promoter Network. Overall, the level of agreement with the competency statements was quite high. This likely reflects the improvements made based on the feedback from the 2007/08 consultations that resulted in removal of a domain related to volunteerism. Nevertheless, there are a few competency statements that need to be reviewed to seek improvement in wording prior to the next consultation. In addition to the feedback from the Manitoba consultation, the nature of the feedback from the 2007/08 consultations should also be considered. Based on the received feedback, there is a need to develop accompanying material for the competency set – particularly a glossary.

It is therefore recommended that:

- 1. Revisions are considered for specific competency statements with lower levels of agreement prior to the next provincial consultation.**
- 2. A glossary should begin to be developed for key concepts included in the competency statements.**
- 3. Developing additional contextual material beyond the glossary be considered to support the provincial consultations.**

A total of 41 health promoters from Manitoba volunteered to be participants in the Network. Their participation should be reinforced as the project proceeds.

It is therefore recommended that:

- 4. The final version of this report and the revised version of the competency set be distributed to Network volunteers. This dissemination should be preceded by dissemination of these materials to the Manitoba planning leads.**

Key aspects of the approach taken to planning the consultation worked well including:

- Having a small, local group involved in planning the consultation so that it is tailored to the local context. This includes scheduling the workshop in conjunction with an existing health promotion-related meeting, as well as utilizing existing lists and dissemination channels to promote the consultation.
- Use of a pre-workshop survey to gather preliminary feedback on the competencies. This approach was useful in this consultation to: i) enable feedback from a larger number of health promoters that could attend the workshop; and, ii) to identify specific competencies requiring greater discussion.

It is therefore recommended that:

- 5. The approach taken to planning the Manitoba consultation be pursued in subsequent consultations recognizing the need to tailor to local circumstances, as required.**

The overall design of the workshop seems to have worked well. The most critical issue of potential concern is whether a longer duration is required. Table 4 summarizes the pros and cons to having a longer workshop. Overall, the pros and cons appear balanced and it is therefore not possible to definitively recommend whether or not the next workshop should be longer than three hours. This decision should be left to the planning activities being tailored to local circumstances as addressed in recommendation 5.

Table 4: Pros and Cons of Increasing the Duration of the Workshop

Pros	Cons
<ul style="list-style-type: none">• Provide greater opportunity for discussion• Can accommodate a greater number of issues to discuss	<ul style="list-style-type: none">• May adversely effect attendance• Difficulty of maintaining energy and concentration• Increased cost if need to include a meal

CONCLUSION

The Manitoba consultation successfully received feedback on the draft health promoter competencies, which will be used to improve the competency statements for the future provincial consultations. In addition, useful input was received regarding the development and piloting of the toolkit. Over forty health promoters volunteered for inclusion in the Pan-Canadian Health Promoter Network.

APPENDIX 1 - HEALTH PROMOTION COMPETENCIES – V3 (SEPTEMBER 2013)

This is the version of the competency set used in this consultation. The set reflects revisions suggested by consultations conducted in 2007 and 2008.

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

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

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

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

3. Plan appropriate health promotion programs that includes:

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

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

- 4.1. Describe the health, economic, administrative, legal, social, environmental, and political implications of policy options
- 4.2. Provide strategic policy advice on health promotion issues
- 4.3. Write clear and concise briefs for complex issues
- 4.4. Understand the policy making process to assist, enable and facilitate the community to contribute to policy development.
- 4.5. Adapt policies and programs to reflect the diversity in population characteristics.

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

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

6. Engage in partnership and collaboration that includes:

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

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

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

APPENDIX 2 - PRE-WORKSHOP SURVEY RESULTS

Descriptive Statistics

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

Figure 3: Percent of Time Spent on Health Promotion-Related Activities, (n=98)

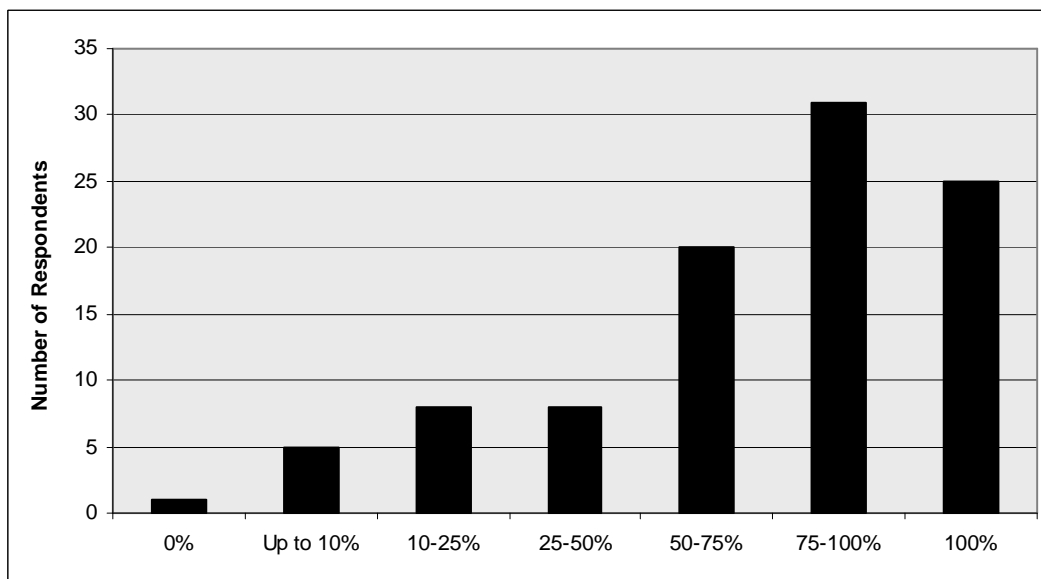


Figure 4 shows that over half of respondents have been working in health promotion for over five years.

Figure 4: Length of Time Worked in Health Promotion, (n=97)

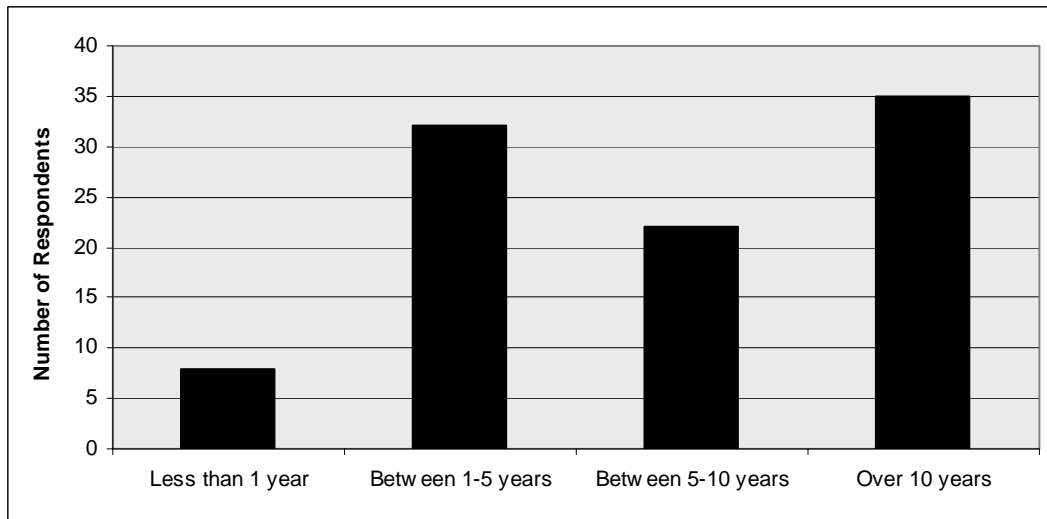


Figure 5 shows that the majority of survey respondents work in Regional Health Authorities.

Figure 5: Place of Employment, (n=97)

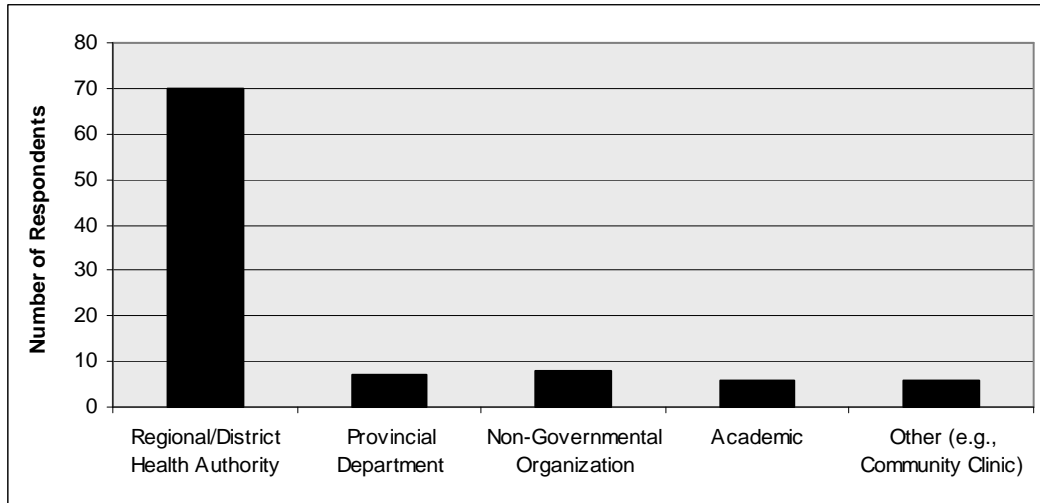


Figure 6 shows that the majority of respondents self-identified as program staff.

Figure 6: Organizational Role, (n=97)

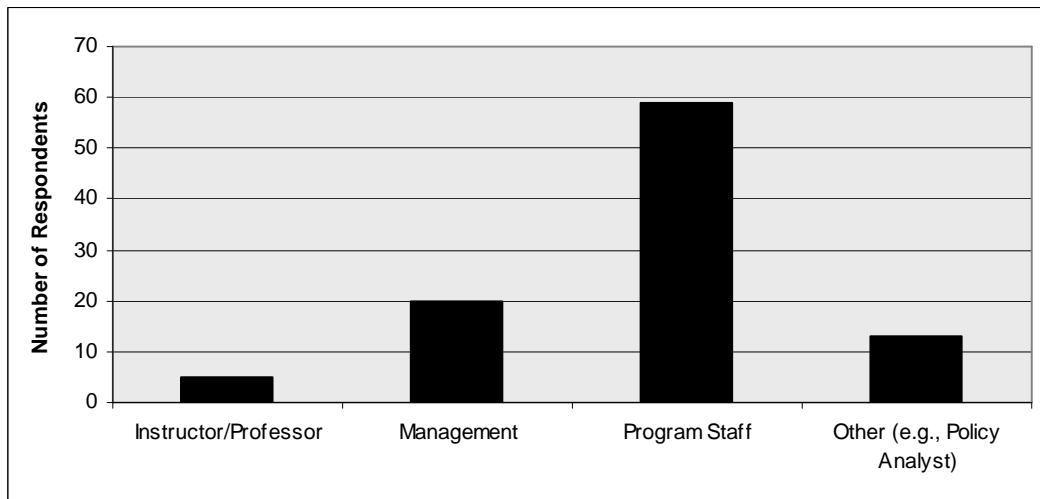
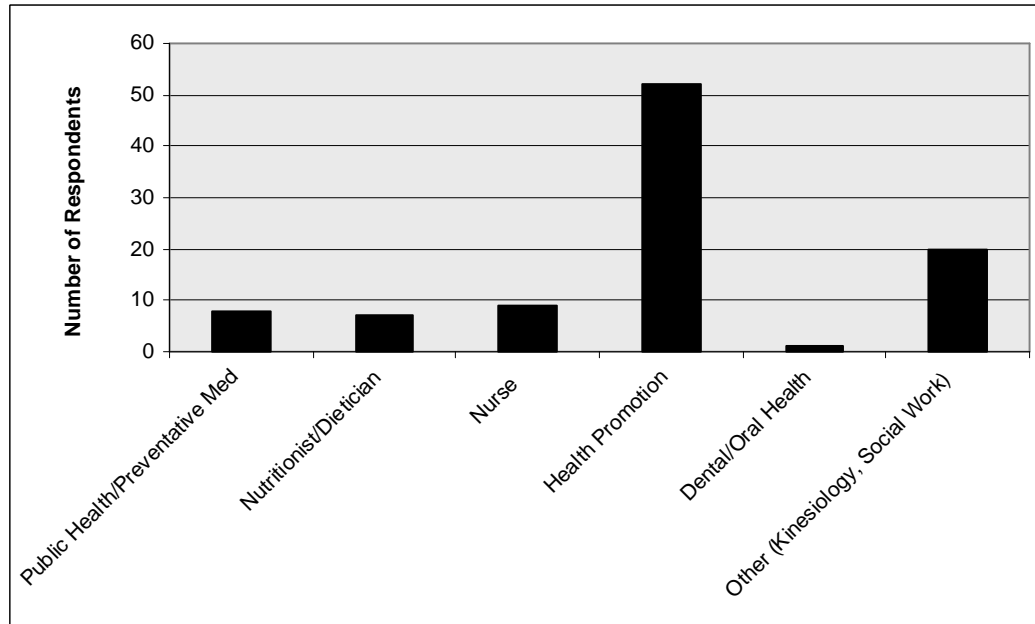


Figure 7 shows that most respondents identified their discipline as ‘health promotion’.

Figure 7: Discipline That Respondents Primarily Align



Levels of Agreement with Competency Statements

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

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

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

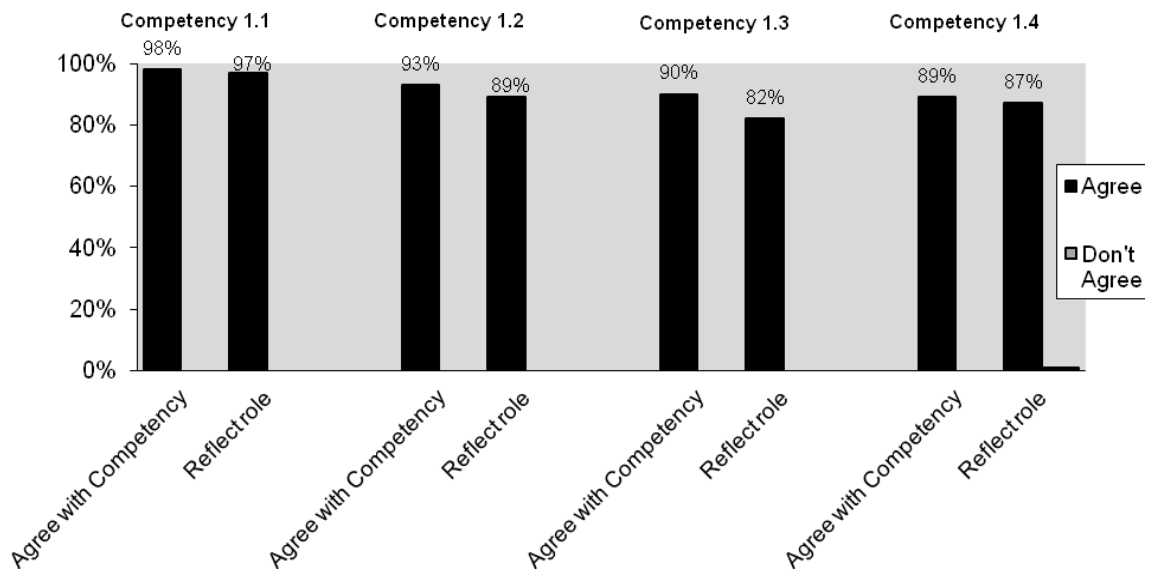


Figure 9: Levels of Agreement with Domain 2 Competencies (Conduct Situational Assessment)

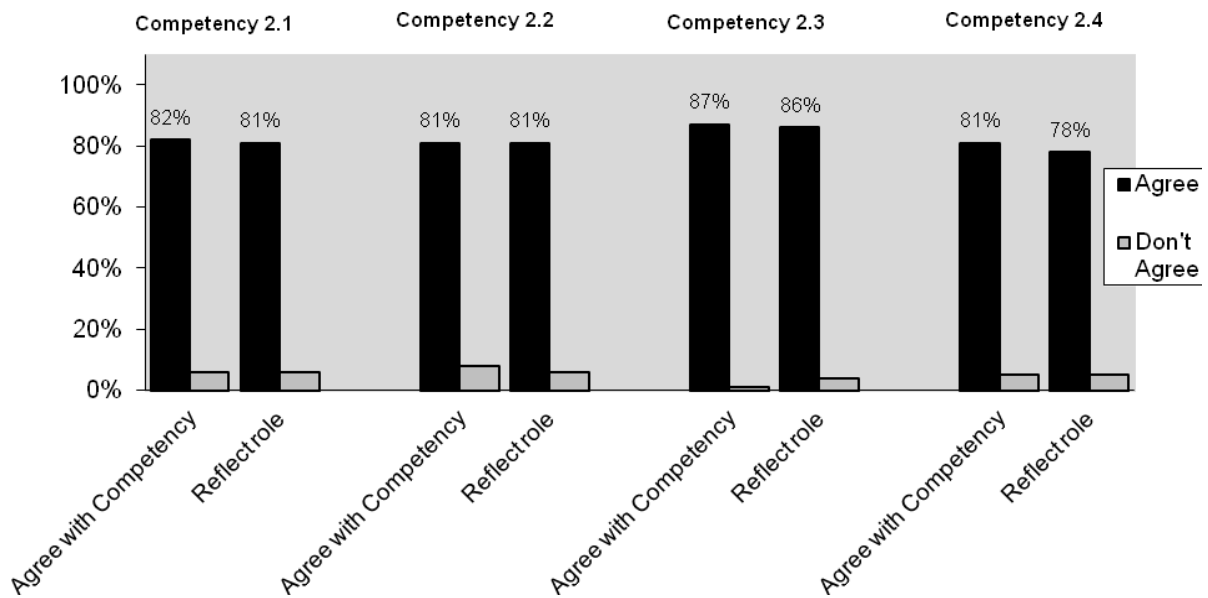


Figure 10: Levels of Agreement with Domain 3 Competencies (Plan Health Promotion Program)

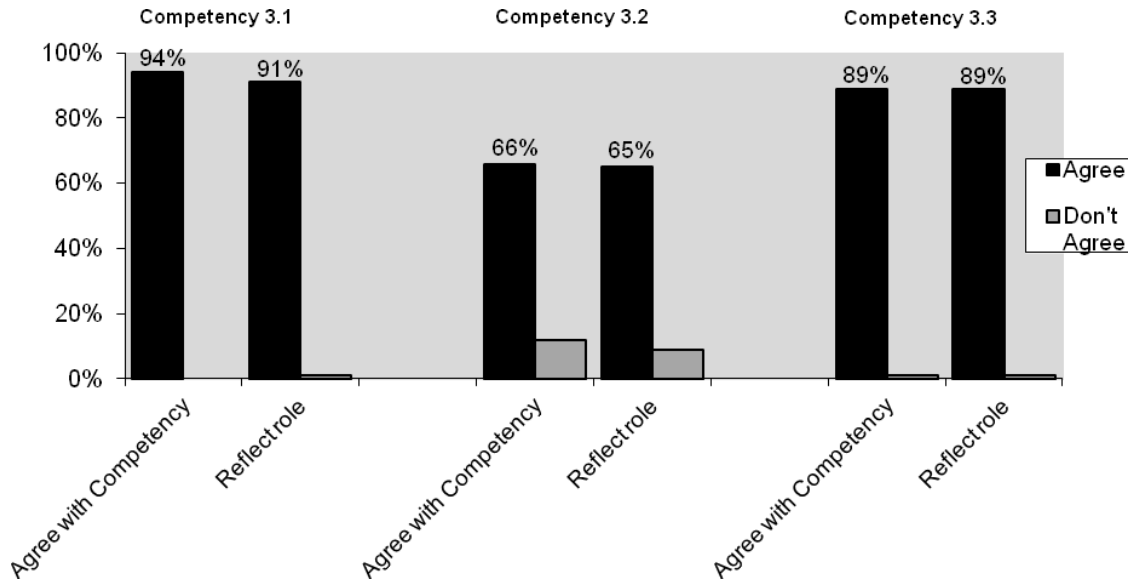


Figure 11: Levels of Agreement with Domain 4 Competencies (Policy Development and Advocacy)

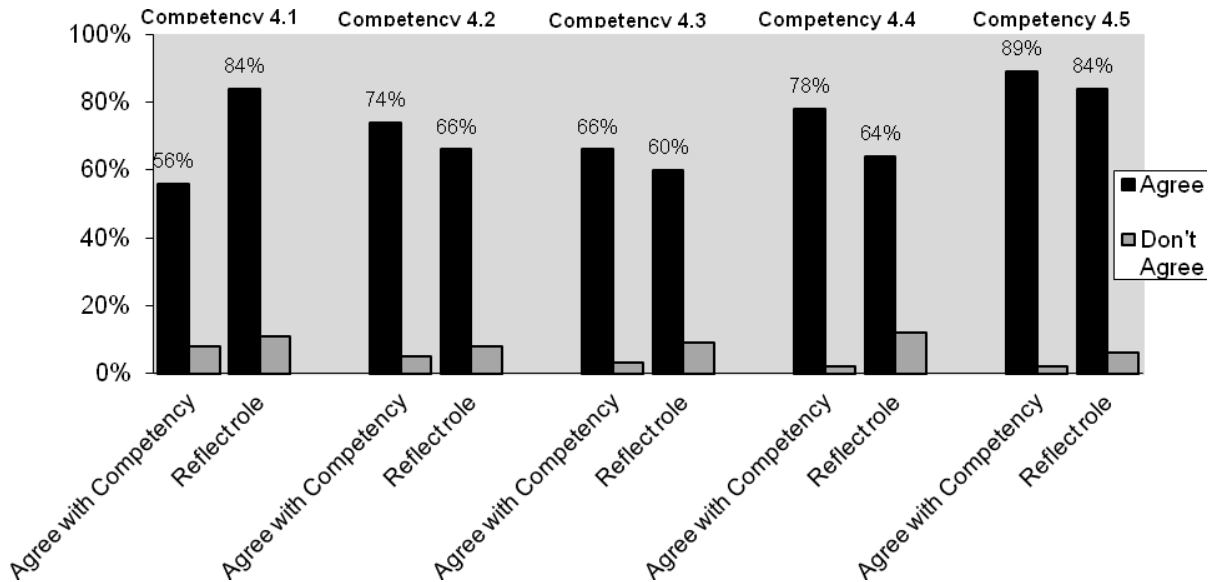


Figure 12: Levels of Agreement with Domain 5 Competencies (Community Mobilization)

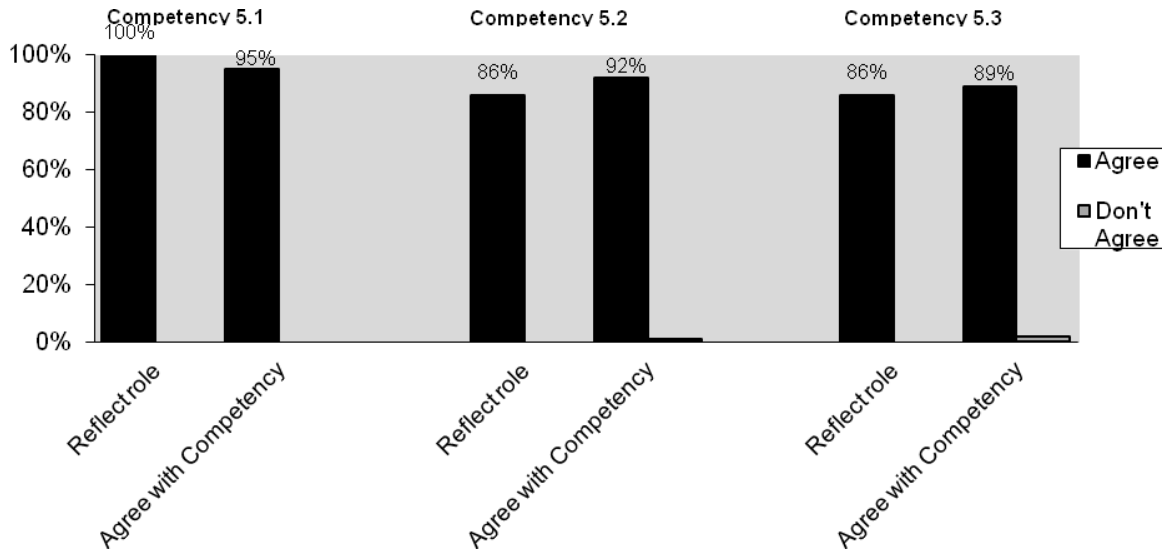


Figure 13: Levels of Agreement with Domain 6 Competencies (Partnership and Collaboration)

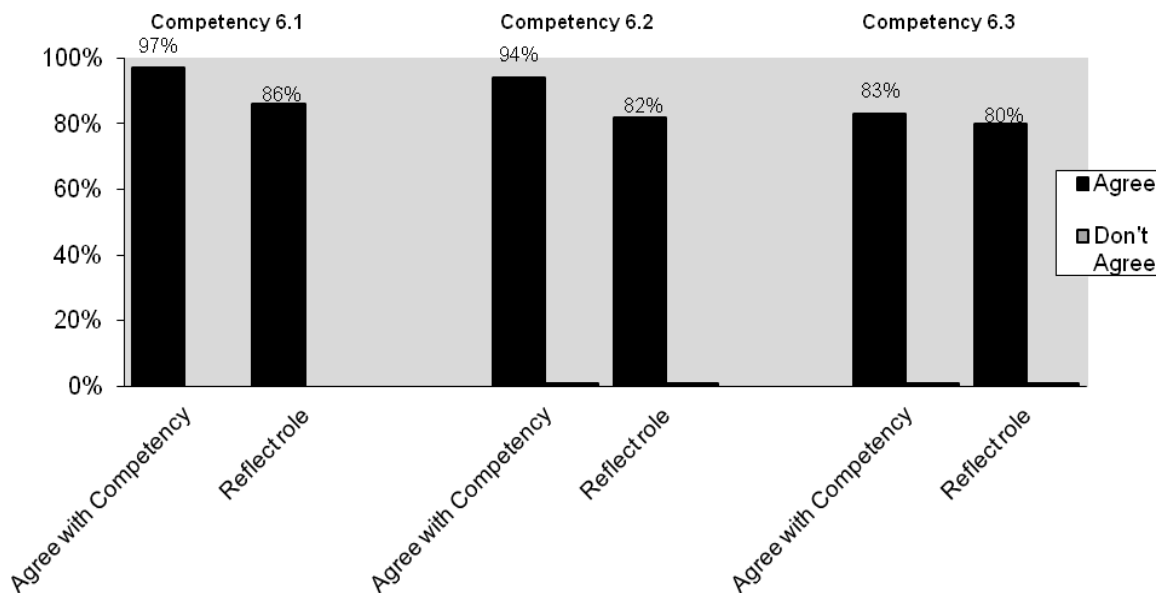
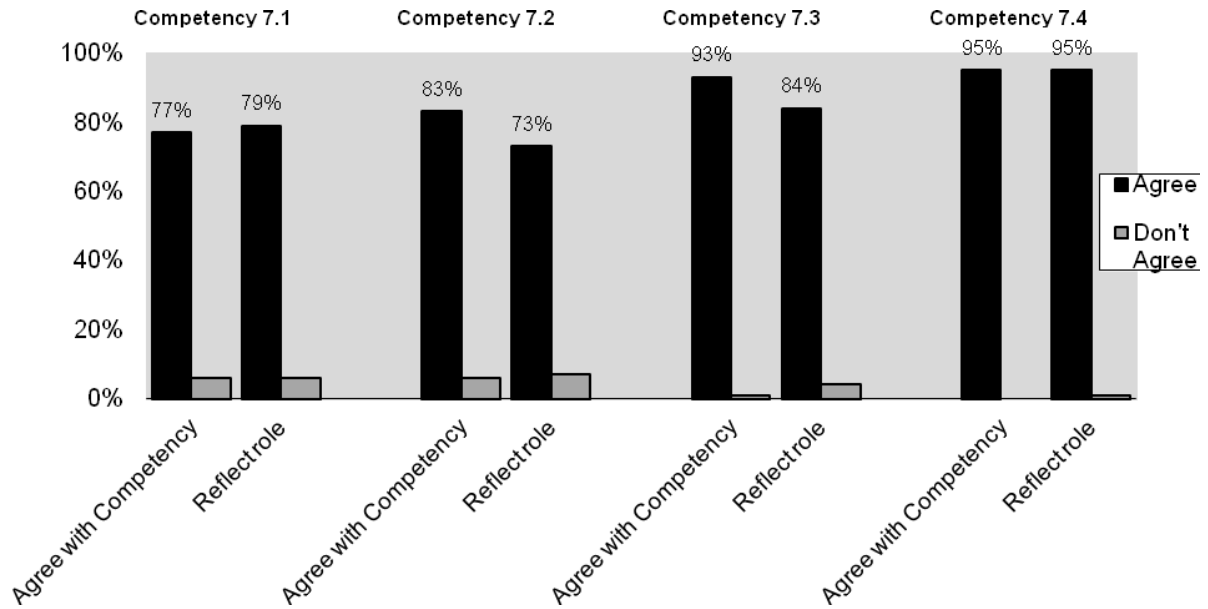


Figure 14: Levels of Agreement with Domain 7 Competencies (Communicating)



APPENDIX 3 - WORKSHOP AGENDA

Pan-Canadian Health Promotion Competencies Manitoba Workshop

**Tuesday, November 26, 2013
1:00 – 4:00 p.m.**

**Mapleleaf B Room, Greenwood Inn & Suites
1715 Wellington Ave., Winnipeg, MB**

**Facilitator: Brent Moloughney
Public Health Consultant**

Agenda

12:30 – 1:00	Registration
1:00 – 2:30	Welcome & Introductions
	Project Overview
	Survey Results
	Discussion of Specific Competencies
2:30 – 2:50	<i>Break</i>
2:50 – 4:00	Discussion of Specific Competencies (cont'd)
	Development & Application of Toolkit
	Next Steps & Building Network of Health Promoters
	Session Evaluation

APPENDIX 4 - LIST OF WORKSHOP PARTICIPANTS

Name	Organization	Position
Jennifer Baker	Southern Health-Santé Sud	Regional Manager Public Health/Healthy Living
Michelle Berthelette	Interlake-Eastern Regional Health Authority	Wellness Facilitator and French Language Services Coordinator
Deanna Betteridge	WRHA	Team Manager, Physical Activity
Stacie Buchanan	Interlake-Eastern Regional Health Authority	Community Wellness Facilitator
Tanis Campbell	Northern Health Region	Director, Community Health Services
Roslyn Cullen	Prairie Mountain Health	Health Promotion Coordinator
Beatrice Davidson	Healthy Living and Seniors, Healthy Living and Populations	Workplaces in Motion Consultant
Wendy Ducharme	FNIHB	Director of Nursing
Georgette Dupuis	Centre de santé Saint-Boniface	Community Facilitator
Don Gamache	Northern Health Region	Manager, Community Health Development
Kathleen Gannon	Govt. of Manitoba	Management Intern
Vanessa Hamilton	Prairie Mountain Health	Healthy Living Facilitator, RD
Kristine Hayward	WRHA	In Motion Coordinator
Melanie Hellyer	Prairie Mountain Health	Healthy Living Facilitator - Community Liaison
Angela Hewett	Prairie Mountain Health	Health Promotion Coordinator
Sherrill-lee Hyra	Prairie Mountain Health	Health Promotion Coordinator
Jeff Kaptian	Interlake-Eastern Regional Health Authority	Community Wellness Facilitator
Madeline Kohut	WRHA	Community Development and Seniors Specialist
Betty Kozak	Manitoba Healthy Living, and Seniors	Coordinator, <i>Healthy Together Now</i>
Jessie Lacasse	Prairie Mountain Health	Health Promotion Coordinator
Caroline LeClair	Interlake-Eastern Regional Health Authority	Community Wellness Facilitator
Charlotte Lwanga	Healthy Living and Seniors, Healthy Living and Populations	Policy Analyst
Lia Marin	Northern Health Region	Community Health Developer
Cath McFarlane	WRHA	Community Facilitator
Dolores McGregor	Prairie Mountain Health	Manager, Primary Health Care

Name	Organization	Position
Samantha Mckenzie	Winnipeg River District, Interlake-Eastern RHA	Wellness Facilitator
Michelle Meade	WRHA	Manager, WRHA Chronic Disease Collaborative
Amanda Nash	Heart & Stroke Foundation	Community Nutrition and Northern Outreach Manager, Manitoba
Debbie Nelson	Healthy Living and Populations, Healthy Living and Seniors	Executive Director, Health Living and Populations, Healthy Living and Seniors
Teri Nicholson	Canadian Cancer Society, MB Division	Westman Regional Coordinator
Brandy Pantel	CancerCare Manitoba	Health Educator
Cheryl Osborne	Manitoba Health	Consultant - Primary Health Care
Sarah Prowse	WRHA	In Motion Coordinator Public Health
Madeleine Sarrasin	Southern Health-Santé Sud	Healthy Living Facilitator
Jan Schmalenberg	Manitoba Health	Public Health Program & Practice Consultant
Carol Schnittjer	Prairie Mountain Health	Community Health Nutritionist/Health Promotion Coordinator
Karen Serwonka	Manitoba Health	Senior Policy Advisor, Health Equity Unit
Leana Smith	Interlake-Eastern Regional Health Authority	Regional Manager, Community Wellness & Chronic Disease Prevention
Tara Smith	Prairie Mountain Health	Health Promotion Coordinator
Melody Stewart	Prairie Mountain Health	Health Promotion Coordinator
Bonnie Stefansson	Interlake Eastern Regional Health Authority	Wellness Facilitator
Christa Veitch	Prairie Mountain Health	Health Promotion Coordinator
Stephanie Verhoeven	Southern Health-Santé Sud	Regional Director Public Health-Healthy Living
Pam Walker	Prairie Mountain Health	Director, Primary Health Care
Sharon Walters	WRHA	WRHA Community Facilitator
Shauna Woodmass	Prairie Mountain Health	Education Specialist - Health Promotion

In addition, an Associate Professor from the University of Manitoba had intended to attend but sent regrets.

APPENDIX 5 - WORKSHOP EVALUATION FORM

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

- a) Discuss the draft set of health promotion competencies
- b) Seek advice on development of a competency-based workforce development toolkit
- c) Describe the plan for a Pan-Canadian network of health promoters.

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

a) Duration (3 hours)

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied



Comments:

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

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied



Comments:

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

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied



Comments:

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

3. Three more consultation workshops are planned in different parts of Canada. Please offer any suggestions for improving these future events.

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

Very Unsatisfied

Unsatisfied

Neutral

Satisfied

Very Satisfied



Comments:

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

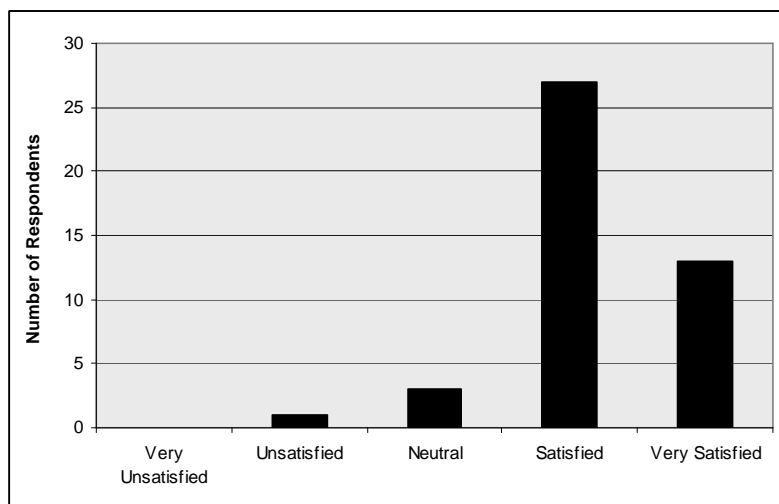
6. What was the one thing of greatest value to you?

7. Final comments

APPENDIX 6 - WORKSHOP EVALUATION RESULTS

A total of 44 (96%) completed workshop evaluation forms were received.

1A) – Duration of workshop



Comments

11 indicated that the three-hour workshop was a good length

7 indicated they would like more time

3 did not address the length of the workshop specifically

Of the 11 respondents that indicated they were happy with the length of the workshop, comments included:

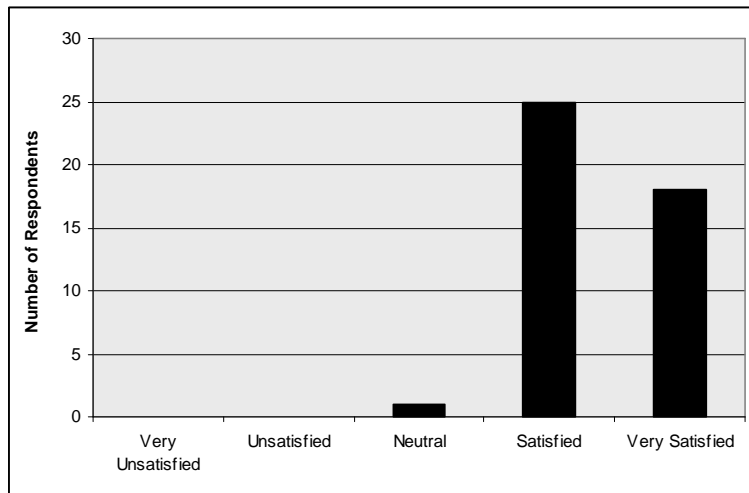
- If the workshop had been longer, they would not have been able to send as many staff
- Although the timing was tight, the materials were covered
- If the workshop had been any longer, they may have been bored

Of the seven indicating they would like the workshop to be longer, respondents indicated that they needed more time to discuss and adequately review all areas

Other comments include:

- If they were only to discuss a few competencies, then the timing was appropriate, but if any more had been covered, they would have needed more time;
- The length of the workshop helped maintain energy in the room
- Time was 'well used'

1B) – Presentation (background, detail, etc)



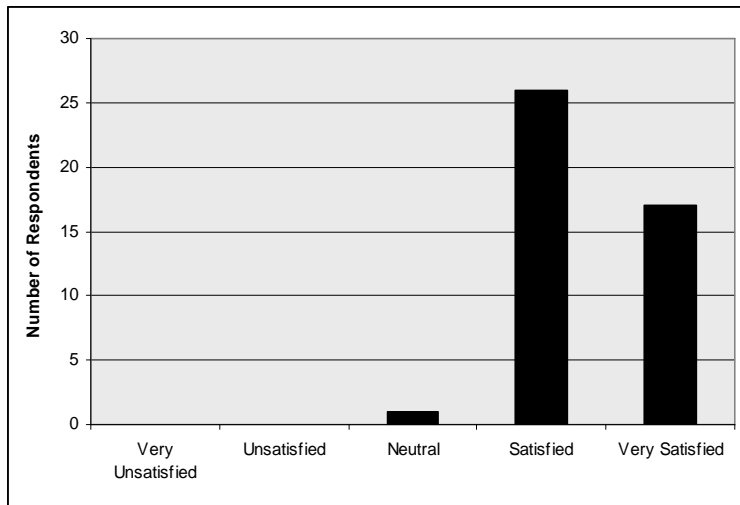
Comments:

Feedback was overwhelmingly positive; respondents thought that the facilitator set the stage very well, that the workshop was done very well, and the materials were covered clearly and efficiently.

Two pieces of feedback:

- One respondent indicated they would have liked a copy of the PowerPoint presentation to work from
- One respondent would have liked more information from the first pilot (either as an attachment or materials provided)

1C) Group Discussion/Feedback



Comments:

Feedback was overwhelmingly positive – the respondents were very positive and enjoyed the discussion portion of the day. Feedback included:

- The room had ‘good energy’
- Participants enjoyed interacting with colleagues
- Participants appreciated that they were being ‘heard’
- Participants enjoyed engaging with people that had different ‘lenses’ and to hear their interpretation of the materials
- One respondent indicated that this was the ‘most relevant part of the day’.

Two respondents indicated that it would have been better for the groups to be mixed – e.g., not just people from one RHA and organization in the small group

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

N=39

Three major themes:

1. Group discussions: Many respondents indicated that they enjoyed sharing their ideas and collaborating with others in the groups and appreciated the focused discussion questions.

2. Opportunity to contribute: Some respondents indicated that they appreciated having a ‘say’, an ‘opportunity to contribute’, and having ‘input’ on the competencies

3. *Networking*: Respondents indicated that they liked being able to connect/discuss the competencies with people from across the province, and people they may not normally get to see.

- Respondents also enjoyed the *content of the workshop*, including being provided with the context/background; reviewing next steps; and clarifying any content-related issues.

Q3 – Please offer any suggestions for improving future consultations

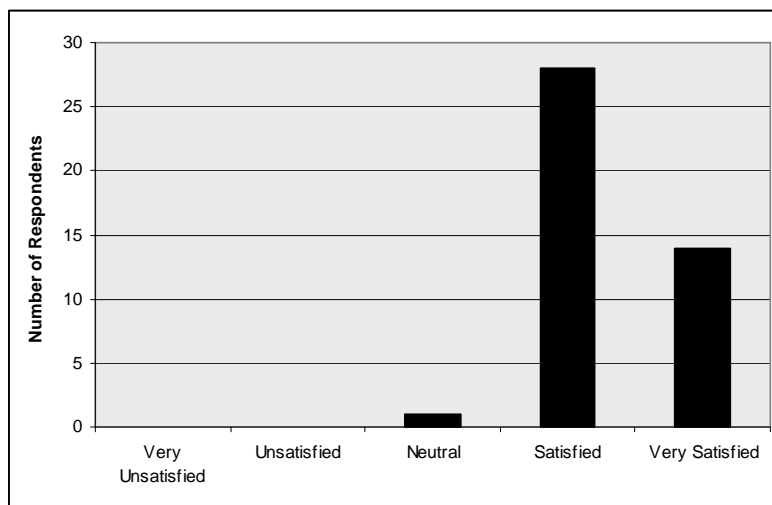
N=24

Nine respondents indicated they would like more time for the workshop – some of these respondents indicated they would like more time for discussion

Several respondents wanted documents either before or the day of the workshop to work from

Six respondents had no suggestions/liked the model/format of the workshop the way it was presented

4) Overall impression of the workshop



Comments:

Respondents were very impressed with the day – it was well-organized, useful, and people really enjoyed the discussions.

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

N=30

The most consistent theme in this question addressed the *value of the competencies and how they can shape roles (duties/responsibilities) at work*. Feedback included:

- Important to have competencies to follow in the role of a health promoter
- Competencies help streamline the role of health promoters
- The competencies will help develop the knowledge and skills of staff
- Want to work the competencies into staff development plans
- Understanding the value of advancing health promotion competencies within an organization

Other themes included *interest in integrating the competencies into job descriptions/to help fill positions at work*

Finally, people were eager to *share content*, such as the presentation and draft competencies, information on specific competencies that may have needed clarity, and telling people that the process is currently underway and the competencies will be available soon.

Q6 – What was one thing of greatest value to you?

N=30

The *group discussions* were of great value – many respondents appreciated the participatory and interactive nature of the group discussions.

- Four respondents felt the group discussions were valuable to help *clarify points*
- Respondents also appreciated the opportunity to provide *input*

Several participants appreciated the information about the actual toolkit development, including updates on progress made to date

Several respondents also felt that their participation helped validate the shared knowledge and wisdom of the group

Q7 – Final Comments

N = 19

Most respondents thanked Brent – felt the day was organized and presented well.

One respondent appreciated that the group only looked at the competencies that required further discussion – felt this helped the group stay focused and prevented the day from dragging.

Takeaway Messages:

The group discussions were the highlight of the day – respondents demonstrated overwhelming satisfaction with the groups.

The format of the workshop was excellent, respondents indicated their satisfaction with the way that things were managed, and appreciated the content and the flow of the day.

Three points to consider for subsequent workshop:

1. *Timing*: While the respondents indicated they were satisfied with the length of the workshop (Question 1A), comments under this question and under the question “improvements to the workshop” indicated that more time was needed (9/24 respondents).
2. Several respondents indicated that the *small groups could perhaps benefit from a bigger ‘mix’ of staff* (rather than from just one RHA)
3. Provide attendees with a *copy of the presentation* to work from during the workshop.

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- (1) Joint Task Group on Public Health Human Resources. Building the public health workforce for the 21st century. A pan-Canadian framework for public health human resources planning. Ottawa: Public Health Agency of Canada, 2005.
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- (3) Moloughney BW. Development of a discipline-specific competency set for health promoters - findings from a review of the literature. Prepared for Health Promotion Ontario, 2006.
- (4) Hyndman B. Health promoters in Canada: an overview of roles, networks and trends. Prepared for Health Promotion Ontario, 2006.
- (5) Hyndman B. Towards the development of competencies for health promoters in Canada: a discussion paper. Health Promotion Ontario, 2007.
- (6) Ghassemi M. Development of Pan-Canadian discipline specific competencies for health promoters. Summary report consultation results. Toronto: Health Promotion Ontario, 2009.
- (7) Innovative Solutions. Descriptive record: discipline specific competencies workshop for health promoters. 2008.