Development of a Discipline-Specific Competency Set for Health Promoters – Findings from a Review of the Literature

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Introduction

There is increasing recognition of the need to take a competency-based approach to public health workforce development in Canada. This was a common message from a series of system stakeholder regional workshops on public health education that were held in early 2004[1] and was also re-iterated in a review of international best practices for public health workforce development.[2] A federal Public Health Human Resources Joint Task Group[i] (Joint Task Group) commissioned the development of a set of public health core[ii] competencies in the summer/fall of 2004,[3] and a draft pan-Canadian human resource development framework was released in 2005.[4] The latter highlights the importance of both core competencies for the workforce as a whole, as well as the importance of identifying competencies for discipline groups.

In the past year and a half, there has been significant activity among public health disciplines to define the set of expected or "core" competencies for their discipline. These include public health nurses, public health inspectors and public health epidemiologists. More recently, health promoters are seeking to identify the core competencies for their discipline. The motivation to identify competencies is several-fold:

- To inform the structure and content of training programs
- To assist development of competency-based job descriptions
- To inform development of training needs assessment tools
- To inform curriculum development of continuing education
- To inform development of certification processes
- To increase understanding of the range of competencies required by public health practitioners to effectively plan, deliver and evaluate public health programs.

The purpose of this paper is to summarize existing work on competencies for health promotion practice that will serve as a starting point for the deliberations on identifying core competencies for Canadian health promoters.

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[i] The Joint Task Group reports to the F/P/T Strengthening Public Health System Infrastructure Task Group (SPHSITG) and the F/P/T Advisory Committee on Health Development and Human Resources (ACHDHR).

[ii] The word "core" unfortunately means slightly different things in the world of competencies. When applied to the overall workforce, "core" refers to the set of cross-cutting skills, knowledge and abilities necessary for the broad practice of public health that transcends disciplinary backgrounds. In other words, regardless of initial discipline, if a public health practitioner, these are the competencies that should be bringing to the table. When applied to a discipline, "core" refers to the competencies required of all members of that discipline recognizing that members will often have particular areas of strength or specialization beyond core. It is the latter meaning that is being addressed in this paper.

Approach

Due to previous and ongoing work with public health competencies, there was pre-existing awareness of a number of general public health workforce “core” competency sets. The search strategy paid particular attention to seeking competency sets specifically targeting health promotion and related concepts. A search was conducted of the following indexed databases: MEDLINE, EMBASE, CINAHL, and HealthSTAR. The search terms used were competencies and any one of: health promotion, disease prevention, public health, healthy public policy, advocacy, health education, community development, and community mobilization. Citations were limited to the English language and those published from 1995 onwards.

A generalized internet search using Google was conducted with the same search terms and was supplemented with a search of the websites of the U.S. Centers for Disease Control and Prevention; U.S. Public Health Foundation; and the Society of Health Education and Promotion Specialists.

Findings

Search Retrieval

The search of the indexed databases initially identified 496 citations. Titles and abstracts were reviewed for relevance to this project and efforts were made to retrieve 22 publications. The Google Internet search identified several additional grey literature publications of interest.

Concerns that the initial search was not broad enough prompted the addition of “social marketing”, “program planning” and “program evaluation” to the search terms. While this resulted in an additional 178 citations, none were directly relevant to this project. Extending the search back to 1984 retrieved an additional 122 citations. The only items of interest was earlier work on development of competencies for health educators in the U.S. that presumably resulted in the development of the competency set already identified.

Public Health Workforce Core Competencies

While this project is focused on health promoter core competencies, as part of the public health workforce, it would be anticipated that core workforce competencies would be a common thread through all of the discipline-specific competency sets. The discipline group would then be looking at the core workforce competencies to determine which competencies in particular need to be highlighted or better described to capture the depth or proficiency expected of those in the health promoter discipline. There would

presumably be additional competencies expected of the discipline not reflected in the core workforce sets.

The starting point for the workforce core competencies is the Canadian set that were recently developed (see Appendix 1). As explained in the technical report, some complex tasks such as "community development" do not explicitly appear because they require a package of multiple individual competencies. This is why competencies are typically thought of as a "set". The development of the Canadian core workforce competency set relied heavily on three existing sets of core competencies from the U.S. and England.

There was an initial intent to highlight statements of greatest potential relevance to health promoters in the appendix. There are a couple of associated challenges with this approach. First, all of the core workforce competencies are supposed to apply to health promoters and other public health disciplines. Second, while one could select specific statements that are particularly resonant with health promoters, (e.g. "Understand social marketing principles and consumer behaviour"), it is difficult to overlook whole domains such as *Policy Development and Program Planning Domain* that are also highly relevant. For this reason, all of the competencies have been included without highlighting any particular one.

MPH Level Public Health Competencies

As a further level of detail, there are now competency sets that have been identified for graduates of MPH programs. These include an Australian set focusing on learning objectives (Appendix 2) and a new set from the U.S that is only partially complete. The core topics are done but they are still working on the contents of the cross-cutting competency domains of which a draft version exists. Both are provided in Appendix 3.

Health Promotion Competencies

Some work has been occurring in recent years regarding health promotion competencies. These will be described in the following section.

Australian Health Promotion Competencies

In 2003, Shilton et al. published a set of health promotion competencies that had been developed through a Delphi method.[5] The investigators started with a competency set originally developed in 1994 by an expert panel and these were reviewed and expanded by 425 members of Australian health promotion practitioner groups. The publication provides the findings from the second round of the Delphi process in which respondents rated each competency item as whether it was essential, desirable, specific, or not relevant. A total of 83 competencies are listed in 8 domains (Appendix 4). In the article's discussion, potential further uses and future research directions are identified.

New Zealand Health Promotion Competencies

An article by McCracken and Rance describes a framework for developing competencies in New Zealand.[6] The mix of European and Maori cultures that comprise the island are an important context to the framework. This initial article focuses on competency domains and ethical guidelines for health promotion actions. On the Health Promotion Forum of New Zealand website, each of the domains or "knowledge clusters" are further described by 3-5 elements and then a series of competency statements at three levels of health promoter proficiency (Appendix 5).

U.S. National Commission for Health Education Credentialing

As per the name of this commission, it is focused on identifying the responsibilities and competencies necessary for certification of health educators. The Commission's overall mission is to improve the practice of health education and to serve the public and profession by certifying health education specialists, promoting professional development and strengthening professional preparation and practice. The Commission has identified seven responsibilities, each of which is comprised of competency and sub-competency statements (Appendix 6). Not surprisingly, the competencies focus on health education versus a broader, holistic view of health promotion.[iii] For this reason, additional information on these competencies and the credentialing process were not actively sought. There were however, a number of related articles identified in the literature search and these will be briefly reviewed here.

According to an article by Schwartz et al., there are a set of "entry-level competencies" that are interpreted to be bachelor level preparation and a further set of "graduate-level competencies".[7] The latter add two additional domains focused on research principles/methods and administering programs.[8] Work has also occurred on the extent to which the competencies are addressed in the professional literature.[9] An article by Brandon reports on a survey of training programs and their support for the competencies and graduate standards.[10] Additional publications address the experience with credentialing[11,12] and the assessment of training needs.[13,14]

University Health Promotion Programs

Several university programs in health promotion were identified in the Google search. Many of these programs identify the core competencies expected of graduates and therefore provide potentially relevant information. The most developed competency set encountered was the MHSc in health promotion from the Department of Public Health

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[iii] One broader description of the practice, principles and philosophy of health promotion is by the Society of Health Education and Promotion Specialists (SHEPS) in the UK. (www.hj-web.co.uk/sheps).

Sciences at the University of Toronto. It includes competency statements grouped into 5 domains (Appendix 7).

Competencies for Particular Positions and Settings

Managing Chronic Disease Prevention Programs

An article by Kreitner et al. describes the development of a competency framework for chronic disease prevention program managers.[15] Survey and focus group work was conducted with 12 U.S. state health departments and focused on four the competency requirements of these positions under four domains: management and leadership, epidemiology and biostatistics, chronic disease prevention and policy, and evaluation. The competencies are fairly high-level phrases such as “verbal/listening communication” and therefore not particularly helpful.

Managers and Staff of Coordinated School Health Programs

As per the title, this competency set is focused on school health programs in the U.S.. Competencies are grouped into 9 domains: management; programmatic needs assessment and strategic planning; collaboration; policies; curriculum, instruction and student assessment; professional development and technical assistance; marketing, dissemination and communication; monitoring and evaluation; and surveillance. Because the items are tailored to such a specific setting, some of the individual competency items may not be helpful to a broader health promotion competency set. The electronic document is provided as a separate document (Appendix 8).

Competencies for Health and Wellness Professionals

These competencies were developed by the Association of Worksite Health Promtion n the U.S.[16] The competency items are a simple line list of items (e.g. needs assessment, program design, etc.) versus actual competency statements.

Public Health Leadership Competencies

This Leadership Competency Framework was developed in the U.S. to address the widely perceived need for leadership development in the public health system.[17] Leadership competencies are typically part of core competency sets. In this paper, a total of 80 leadership-related competencies are provided grouped under four main headings: core transformational competencies (visionary leadership; sense of mission; effective change agent); political competencies (political processes; negotiation; ethics and power; marketing and education); transorganizational competencies (understanding of organizational dynamics; interorganizational collaborating mechanisms; social forecasting and marketing); team-building competencies (develop team-oriented structures and systems; facilitate development of teams and work groups; serve in

facilitation and mediation roles; serve as an effective team member). This framework may be helpful as a secondary reference if more examples of leadership competency statements are required.

Competencies for Public Health Nutrionists

Several publications were retrieved with respect to public health nutritionist competencies. The vast majority were focused on development, versus actually providing a set of competencies. However a paper by Hughes does report on a 3-stage Delphi process using expert panelists from Australia, Europe, and the U.S. 0[18] Not unexpectedly, a proportion of the competencies are focused on nutrition-specific items. However, most are broader and address other public health and health promotion concepts. It is possible that an item in this competency set may be unique compared to other competency sets and therefore might be a reasonable secondary source of information.

Training Needs for Health Promotion Specialists Seeking Designation as UK Public Health Specialists

A study by Scriven describes the training need requirements of existing health promotion specialists who were considering designation as a "public health specialist".[19] Not surprisingly, their needs were not in the area of health promotion, but rather in the other competency areas required.

Discussion

As evidenced by this targeted review, there is a tremendous interest in competencies as applied to public health. For health promoters, there appears to be a substantial amount of information available to serve as a starting point. Based on the findings of this review, the following approach may be considered:

1. Start with a clear description of the tasks and responsibilities of health promoters. This is your reference point for assessing competencies. The attached core competencies and job descriptions that have been based on the draft Canadian core competencies for the public health workforce are a potential starting point.

2. Have an idea of how the competencies may be used (e.g. position descriptions, informing needs for training programs, etc.). That way, the working group can determine 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 U of T MHSc 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.

Competency set development is an iterative process. You may find the need to cycle through some of these steps a few times. Even when you have a “final” draft set, they are really only a working draft that will need to be periodically reviewed and revised as experience with the competencies accumulates and the field itself evolves.

There is a fair bit of detail in each of the existing competency sets. The working group may find it necessary to have a small group or individual attempt to analyze common themes among the existing competency sets in order to work with the concepts and statements.

In general, while other disciplines initially focused on developing their competency sets, their work soon took them into how the competencies would be utilized. This makes sense since the competencies are a tool to assist workforce development. One of those uses is in defining the discipline group itself. For this there is a continuum of possibilities including guidelines/standards or even certification.

Guidelines are less formalized. For health promoters, it might be your professional association identifying what, to them, is a "health promoter" (i.e. a health promoter is able to…). Certification implies a body not only setting standards, but also assessing whether individuals meet those standards, and then certifying that fact. The U.S. health educators' process appears to be an example of this. There has also been broader discussion in the U.S of certification of the overall public health workforce.[20,21] How far to go down this road is obviously an issue to be sorted out by health promoters themselves.

The identification of health promoter competencies should also be anticipated to prompt queries regarding training programs and continuing education. In other words, if practitioners are expected to possess a particular list of competencies, by what path(s) should they be obtained? What competencies are expected at entry to the workforce versus those after 1-2 years of experience? What are the implications for training programs? What are the implications for continuing education programs? What experiences/training need to be in place to support individuals to move from entry level to more advanced practice? These are all questions related to career path development.

These many questions cannot be answered all at once. But there needs to be a realization that embarking on identifying competencies is not an end in itself, but will automatically pull in these other issues. Other discipline groups have had to grapple with these issues and their experience will be informative.

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