Skills Enhancement for Public Health / Amélioration des compétences en santé publique

CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

Release 1.0

Public Health Agency of Canada
Agence de la santé publique du Canada

Canada

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

— Public Health Agency of Canada

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INTRODUCTION

WHAT ARE CORE COMPETENCIES?

Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach. Generic core competencies provide a baseline for what is required to fulfill public health system core functions. These include population health assessment, surveillance, disease and injury prevention, health promotion and health protection.[1]

WHY DO WE NEED CORE COMPETENCIES?

Core competencies may improve the health of the public by:

- contributing to a more effective workforce
- encouraging service delivery that is evidence-based, population-focused, ethical, equitable, standardized and client-centred
- helping to create a more unified workforce by providing a shared understanding of key concepts and practices
- helping to explain the nature of public health and public health goals.

Core competencies will benefit the people who work in public health by:

- providing guidelines for the basic knowledge, skills and attitudes required by individual practitioners in public health
- supporting the recruitment, development and retention of public health practitioners
- providing a rational basis for developing curricula, training and professional development tools
- improving consistency in job descriptions and performance assessment
- supporting the development of discipline- and program-specific sets of competencies.

Core competencies can help public health organizations to:

- identify the knowledge, skills and attitudes required across an organization or program to fulfill public health functions
- help identify the appropriate numbers and mix of public health workers in a given setting
- identify staff development and training needs
- provide a rationale for securing funds to support workforce development
- develop job descriptions, interview questions, and frameworks for evaluation and quality assurance
- facilitate collaboration, shared goals and interdisciplinary work.

HOW WERE THE CURRENT CORE COMPETENCIES DEVELOPED?

Recent public health events have emphasized the need to strengthen and develop the public health workforce. In their report –*Building the Public Health Workforce for the 21st Century*– The Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources proposed a pan-Canadian framework to strengthen public health capacity.[2] Identifying core competencies was one of the foundational building blocks in that framework.

In 2005, the Joint Task Group on Public Health Human Resources developed a draft set of core competencies.[3] In its report, the Joint Task Group on Public Health Human Resources recommended that the Public Health Agency of Canada undertake a national process to review and modify or validate these draft core competencies. Following preliminary consultation and discussion with public health stakeholders across the country, a second draft of core competencies was developed in 2006.[4] This was enhanced by the development of a companion *Glossary of Terms Relevant to the Core Competencies for Public Health*.[5] Appendix A is an edited version of this glossary, which includes additions suggested in the review process.

The second draft of the core competencies and the glossary were shared and discussed with a large number of public health practitioners and with representatives of all levels of government. The extensive consultation process included:

- regional meetings across Canada
- a pan-Canadian survey
- implementation pilots
- work with specific disciplines and professional organizations.

The set of core competencies for public health workers in Canada in this document reflects the feedback and suggestions gained in the consultation.

WHO ARE THE CORE COMPETENCIES FOR?

Individuals with post-secondary training in public health are expected to possess all of the core competencies at least at a basic level of proficiency. Administrative staff and some other public health workers (such as community health representatives, out-reach workers and home visitors) are not expected to have all of the core competencies listed in this document. They will have an appropriate sub-set of the competencies, depending on their role.

The core competencies primarily relate to the practice of individuals, including front line providers, consultants/specialists and managers/supervisors (see Appendix B for a description of these roles). They can also serve as a tool for assessing and creating the best mix of competencies for a public health team or organization.

Ensuring that public health practitioners acquire and maintain competence and proficiency in all of the categories discussed in this document is a shared responsibility. Individuals must be supported and assisted by employers, professional organizations, educational institutions, regulatory bodies, unions, and governments at the federal, provincial/territorial and local levels.

CORE COMPETENCY STATEMENTS

The core competency statements are not designed to stand alone, but rather to form a set of knowledge, skills and attitudes practiced within the larger context of the values of public health.

ATTITUDES AND VALUES

All public health professionals share a core set of attitudes and values. These attitudes and values have not been listed as specific core competencies for public health because they are difficult to teach and even harder to assess. However, they form the context within which the competencies are practiced. This makes them equally important.

Important values in public health include a commitment to equity, social justice and sustainable development, recognition of the importance of the health of the community as well as the individual, and respect for diversity, self-determination, empowerment and community participation. These values are rooted in an understanding of the broad determinants of health and the historical principles, values and strategies of public health and health promotion.[6]

If the core competencies are considered as the notes to a musical score, the values and attitudes that practitioners bring to their work provide the tempo and emotional component of the music. One may be a technically brilliant musician but without the correct tempo, rhythm and emotion, the music will not have the desired impact.

STATEMENTS IN SEVEN CATEGORIES

The 36 core competencies are organized under seven categories: public health sciences; assessment and analysis; policy and program planning; implementation and evaluation; partnerships, collaboration and advocacy; diversity and inclusiveness; communication; leadership.

Please see Appendix B for practice examples that illustrate each of the core competency statements.

ONE... PUBLIC HEALTH SCIENCES

This category includes key knowledge and critical thinking skills related to the public health sciences: behavioural and social sciences, biostatistics, epidemiology, environmental public health, demography, workplace health, and the prevention of chronic diseases, infectious diseases, psychosocial problems and injuries. Competency in this category requires the ability to apply knowledge in practice.

A public health practitioner is able to …

1.1 Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the delivery and use of health services.

1.2 Demonstrate knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.

1.3 Apply the public health sciences to practice.

1.4 Use evidence and research to inform health policies and programs.

1.5 Demonstrate the ability to pursue lifelong learning opportunities in the field of public health.

TWO... ASSESSMENT AND ANALYSIS

This category describes the core competencies needed to collect, assess, analyze and apply information (including data, facts, concepts and theories). These competencies are required to make evidence-based decisions, prepare budgets and reports, conduct investigations and make recommendations for policy and program development.

A public health practitioner is able to …

2.1 Recognize that a health concern or issue exists.

2.2 Identify relevant and appropriate sources of information, including community assets and resources.

2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues.

2.4 Analyze information to determine appropriate implications, uses, gaps and limitations.

2.5 Determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts.

2.6 Recommend specific actions based on the analysis of information.

THREE... POLICY AND PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

This category describes the core competencies needed to effectively choose options, and to plan, implement and evaluate policies and/or programs in public health. This includes the management of incidents such as outbreaks and emergencies.

A public health practitioner is able to …

3.1 Describe selected policy and program options to address a specific public health issue.

3.2 Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.

3.3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.

3.4 Implement a policy or program and/or take appropriate action to address a specific public health issue.

3.5 Demonstrate the ability to implement effective practice guidelines.

3.6 Evaluate an action, policy or program.

3.7 Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.

3.8 Demonstrate the ability to fulfill functional roles in response to a public health emergency.

FOUR... PARTNERSHIPS, COLLABORATION AND ADVOCACY

This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. Partnership and collaboration optimizes performance through shared resources and responsibilities. Advocacy—speaking, writing or acting in favour of a particular cause, policy or group of people—often aims to reduce inequities in health status or access to health services.

A public health practitioner is able to …

4.1 Identify and collaborate with partners in addressing public health issues.

4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.

4.3 Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources.

4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.

FIVE... DIVERSITY AND INCLUSIVENESS

This category identifies the socio-cultural competencies required to interact effectively with diverse individuals, groups and communities. It is the embodiment of attitudes and practices that result in inclusive behaviours, practices, programs and policies.

A public health practitioner is able to …

5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.

5.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.

5.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

SIX... COMMUNICATION

Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including internal and external exchanges; written, verbal, non-verbal and listening skills; computer literacy; providing appropriate information to different audiences; working with the media and social marketing techniques.

A public health practitioner is able to …

6.1 Communicate effectively with individuals, families, groups, communities and colleagues.

6.2 Interpret information for professional, non-professional and community audiences.

6.3 Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.

6.4 Use current technology to communicate effectively.

SEVEN...
LEADERSHIP

This category focuses on leadership competencies that build capacity, improve performance and enhance the quality of the working environment. They also enable organizations and communities to create, communicate and apply shared visions, missions and values.

A public health practitioner is able to …

7.1 Describe the mission and priorities of the public health organization where one works, and apply them in practice.

7.2 Contribute to developing key values and a shared vision in planning and implementing public health programs and policies in the community.

7.3 Utilize public health ethics to manage self, others, information and resources.

7.4 Contribute to team and organizational learning in order to advance public health goals.

7.5 Contribute to maintaining organizational performance standards.

7.6 Demonstrate an ability to build community capacity by sharing knowledge, tools, expertise and experience.

CONCLUSION

Public health systems and services vary between and within provinces and territories across Canada. Thus, the use of the core competencies for public health may also vary according to different jurisdictional contexts.

The adoption of core competencies in public health requires acceptance and commitment from a variety of groups including:

- federal and provincial/territorial governments
- regional health authorities and local public health units
- employers and organizations
- human resource departments and managers
- unions
- public health associations (national and provincial/territorial)
- professional associations and disciplines
- regulatory bodies
- academic institutions
- individual public health practitioners.

As the dynamic practice of public health evolves over time, so too must the core competencies, which describe the knowledge, skills and attitudes required for that practice. In collaboration with its partners, the Public Health Agency of Canada is committed to ensuring that the core competencies remain current and relevant. This plan will include monitoring the impact of adopting and applying the core competencies on public health practice and on the broader public health system.

Work is underway to build on the core competencies for public health by developing discipline-specific competencies in seven professions related to public health: public health epidemiologists, health promotion practitioners, environmental public health professionals, nurses, physicians, dietitians and public health dental practitioners. Discipline-specific competencies include the individual-based "breadth and depth of core and technical competencies that are used to define a particular discipline".[7]

The practice of public health is both an art and a science. The common language and purpose of core competencies helps to define describe and standardize complex work in a complex environment.

At the same time, demographic changes, globalization, new threats to health and security, and increasing pressures on health services will continue to intensify the need for a highly skilled and diverse public health workforce. Public health workers in the 21st century will need to tap into their shared and unique knowledge, skills and attitudes to promote health and well-being in every community across Canada.

REFERENCES

1. Advisory Committee on Population Health. *Survey of Public Health Capacity in Canada. Highlights Report to the Federal, Provincial, Territorial Deputy Ministers of Health.* Ottawa: Health Canada, 2001.

2. Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources. *Building the Public Health Workforce for the 21st Century.* Ottawa, 2005.

3. The Development of a Draft Set of Public Health Workforce Core Competencies. Summary Report. Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources. Advisory Committee on Health Delivery and Human Resources, Advisory Committee on Population Health and Health Security. January 2005.

4. Public Health Agency of Canada. Core Competencies for Public Health – Draft 2, October 2006.

5. Last J. *Glossary of Terms Relevant to the Core Competencies for Public Health,* 2006.

6. World Health Organization. *Ottawa Charter for Health Promotion*, 1986.

7. The Development of a Draft Set of Public Health Workforce Core Competencies. Summary Report. Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources. Advisory Committee on Health Delivery and Human Resources, Advisory Committee on Population Health and Health Security. January 2005.

APPENDIX A

GLOSSARY OF TERMS RELEVANT TO THE CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

Advocacy: Interventions such as speaking, writing or acting in favour of a particular issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.

Analysis: The examination and evaluation of relevant information in order to select the best course of action from among various alternatives. In public health, this requires the integration of information from a variety of sources.

Assessment: A formal method of evaluating a system or a process, often with both qualitative and quantitative components.

Attitude: A relatively stable belief or feeling about a concept, person or object. Attitudes can often be inferred by observing behaviours. Related to definition of values.
(See definition – Values.)

Collaboration: A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone.

Communication skills: These are the skills required by public health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language; i.e., verbal skills, often reinforced with visual images.

Community participation: Procedures whereby members of a community participate directly in decision-making about developments that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intensive action-oriented participation in community development (including political initiatives and strategies). The Ottawa Charter for Health Promotion emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health (www.phac-aspc.gc.ca/ph-sp/phdd/pdf/charter.pdf).

Consultant/specialist: Consultants/specialists are public health staff who are likely to have advanced preparation in a special content area or a specific set of skills. They provide expert advice and support to front line providers and managers although they may also work directly with clients. Examples of consultants/specialists include epidemiologists, community medicine specialists, environmental health scientists, evaluators, nurse practitioners and advanced practice nurses.

Core competencies for public health:
Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach.

Culturally-relevant (and appropriate):
Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Data: A set of facts; one source of information. (See definition – Information)

Determinants of health: Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, in combination, create different living conditions which impact on health. For more details, please visit www.phac-aspc.gc.ca/ph-sp/phdd/determinants

Disease and injury prevention: Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion. (A public health system core function)

Diversity: The demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.

Empowerment: A process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. (See definition – Health promotion)

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harming. The concept of equity, or equal consideration for every individual, is paramount. In public health, the community need for protection from risks to health may take precedence over individual human rights, for instance when persons with a contagious disease are isolated and their contacts may be subject to quarantine. Finding a balance between the public health requirement for access to information and the individual's right to privacy and to confidentiality of personal information may also be a source of tension.

Equity/equitable: Equity means fairness. Equity in health means that peoples' needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various

social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity, which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.

Evaluation: Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.

Evidence: Information such as analyzed data, published research findings, results of evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.

Front line provider: Public health staff who have post-secondary education and experience in the field of public health. Front line providers have sufficient relevant experience to work independently, with minimal supervision. Front line providers carry out the bulk of day-to-day tasks in the public health sector. They work directly with clients, including individuals, families, groups and communities. Responsibilities may include information collection and analysis, fieldwork, program planning, outreach activities, program and service delivery, and other organizational tasks. Examples of front line providers are public health nurses, public health/environmental health inspectors, public health dietitians, dental hygienists and health promoters.

(Health) planning: A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity of all health departments commonly includes short-term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods with a feasible time horizon, often 5 years ahead, sometimes as far ahead as 10 or even 15 years.

Health policy: A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation and evaluation. Policy development is the creative process of identifying and establishing a policy to meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is the assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of and access to health and social services.

Health program: A description or plan of action for an event or sequence of actions or events over a period that may be short or prolonged. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas a health project is a short-term and usually narrowly focused activity.

Health promotion: The process of enabling people to increase control over, and to improve

their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health services. (A public health system core function.)

Health protection: A term to describe important activities of public health, in food hygiene, water purification, environmental sanitation, drug safety and other activities, that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards. (A public health system core function.)

Investigation: A systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define and resolve a public health issue.

Leadership: Leadership is described in many ways. In the field of public health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.

Lifelong learning: A broad concept where education that is flexible, diverse and available at different times and places is pursued throughout life. It takes place at all levels—formal, non-formal and informal—utilizing various modalities such as distance learning and conventional learning.

Information: Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.

Manager/supervisor: Public health staff who are responsible for major programs or functions. Typically, they have staff who report to them. Sometimes senior managers come from sectors other than public health and therefore rely heavily on consultants/specialists and other public health professionals for content expertise and advice. In other situations, managers with public health experience and qualifications are expected to bring more content knowledge.

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Facilitating change in peoples' lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Reconciling such conflicts in ways that promote health may require considerable input from public health practitioners, including the application of skills in advocacy for health.

Mission: The purpose for which an organization, agency or service exists, often summarized in a mission statement.

Partnerships: Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued.

Performance standards: The criteria, often determined in advance, e.g., by an expert committee, by which the activities of health professionals or the organization in which they work, are assessed.

Population health assessment: Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health. The health of the population or a specified subset of the population can be measured by health status indicators such as life expectancy and hospital admission rates. (A public health system core function.)

Public health: An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.

Public Health Agency of Canada (PHAC): Established in 2004, PHAC aims to protect and promote the health and safety of all Canadians. Its activities focus on preventing chronic diseases and injuries, health promotion, and responding to public health emergencies and infectious disease outbreaks. Details are available at www.phac-aspc.gc.ca

Public health practitioner:
Syn: public health professional, public health worker. A generic term for any person who works in a public health service or setting. They may be classified according to profession (nurse, physician, dietitian, etc.); according to role and function (direct contact with members of the public or not); whether their role is hands-on active interventions or administrative; or in various other ways.

Public health sciences: A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, demography, genetics, nutrition, molecular biology, and more.

Research: Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. In public health, there is an ill-defined distinction between research and routine surveillance, case finding, etc. Qualitative research aims to do in-depth exploration of a group or issue, and the methods used often include focus groups, interviews, life histories, etc.

Social justice: Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income. The goal of public health—to minimize preventable death and disability for all—is integral to social justice.

Social marketing: The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population

Surveillance: Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death. (A public health system core function.)

Sustainable development: The use of resources, investments, technology and institutional development in ways that do not compromise the health and well-being of future generations. There is no single best way of organizing the complex development-environment-health relationship that reveals all the important interactions and possible entry points for public health interventions.

Values: The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and protection from harm of infants, children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. Values can affect behaviour and health either beneficially or harmfully.

Vision: If a strategic plan is the "blueprint" for an organization's work, then the vision is the "artist's rendering" of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group's work together.

Working environment: A setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite – tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury.

This glossary was compiled by Dr. John M. Last in October 2006 and revised and edited by Peggy Edwards in August 2007 in response to suggestions from the consultation process and changes in the core competency statements. Primary sources include A Dictionary of Public Health by John M. Last (2007) and the Health Promotion Glossary published by the World Health Organization (1998) (www.who.int/hpr/NPH/docs/hp_glossary_en.pdf)

APPENDIX B

PRACTICE EXAMPLES OF THE CORE COMPETENCIES FOR PUBLIC HEALTH

The following table provides some practical examples of each of the core competency statements. It is based on a report prepared by the Public Health Research, Education and Development (PHRED) Program in 2006 for the Public Health Agency of Canada.

Each statement is illustrated with one or two examples – for a front line provider, a consultant/specialist or a manager. The reader is encouraged to develop additional examples, based on your own experience and understanding of the competency statements.

Front line providers are public health staff who have post-secondary education and experience in the field of public health. Front line providers have sufficient relevant experience to work independently, with minimal supervision. Front line providers carry out the bulk of day-to-day tasks in the public health sector. They work directly with clients, including individuals, families, groups and communities. Responsibilities may include information collection and analysis, fieldwork, program planning, outreach activities, program and service delivery, and other organizational tasks. Examples of front line providers are public health nurses, environmental public health professionals, public health dietitians, dental hygienists and health promoters.

Consultants/specialists are public health staff who are likely to have advanced preparation in a special content area or a specific set of skills. They provide expert advice and support to front line providers and managers although they may also work directly with clients. Examples of consultants/specialists include epidemiologists, community medicine specialists, environmental health scientists, evaluators, nurse practitioners and advanced practice nurses.

Managers/supervisors are public health staff who are responsible for major programs or functions. Typically, they have staff who report to them. Sometimes senior managers come from sectors other than public health and therefore rely heavily on consultants/specialists and other public health professionals for content expertise and advice. In other situations, managers with public health experience and qualifications are expected to bring more content knowledge.

In some organizations, practitioners may find themselves in multiple roles. For example, an epidemiologist may act as a content consultant/specialist but also be responsible for managing a team.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
1.1 Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the delivery and use of health services.	***Front line provider:*** Discuss the need for a prenatal nutrition program in an Aboriginal community as well as contributing factors such as income, education, culture and traditional foods.
1.2 Demonstrate knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.	***Front line provider:*** Recall public health events such as the implementation of universal immunization programs in order to explain to parents the importance of this measure for maintaining public health.
1.3 Apply the public health sciences to practice.	***Front line provider:*** Apply the epidemiology triangle (host, environment and agent) to the issue of West Nile virus. ***Consultant/Specialist:*** Integrate Geographic Information System (GIS) software for mapping cases of West Nile Virus to account for seasonal trends.
1.4 Use evidence and research to inform health policies and programs.	***Front line provider:*** Discuss how evidence from a recent research study can be utilized in practice. ***Consultant/Specialist:*** Summarize key findings from a contact tracing report to support policy changes in communicable disease services.
1.5 Demonstrate the ability to pursue lifelong learning opportunities in the field of public health.	***Front line provider:*** Register for a Skills Online module with the Skills Enhancement for Public Health Program.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
2.1 Recognize that a health concern or issue exists.	***Front line provider:*** Describe a situation in a school community recognizing that the lack of healthy food choices in the school cafeteria is an issue.
2.2 Identify relevant and appropriate sources of information, including community assets and resources.	***Front line provider:*** Identify key informants such as student leaders and service providers.
2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues.	***Front line provider:*** Use data collection tools (e.g., IPHIS) to document practice. ***Consultant/Specialist:*** Design a data collection tool on Fetal Alcohol Spectrum Disorder (FASD) and obtain relevant provincial/territorial statistics on the prevalence of FASD.
2.4 Analyze information to determine appropriate implications, uses, gaps and limitations.	***Front line provider:*** Identify the limitations of information resulting from a telephone survey in a diverse community.
2.5 Determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts.	***Front line provider:*** Identify how smoking affects men and women differently and how reasons for smoking differ between genders, and among socioeconomic groups and different cultures.
2.6 Recommend specific actions based on the analysis of information.	***Consultant/Specialist:*** Make recommendations for health policies regulating artificial tanning salons due to the increasing incidence of skin cancers.

THREE... POLICY AND PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
3.1 Describe selected policy and program options to address a specific public health issue.	***Front line provider:*** Identify potential school intervention programs and activities to address increasing rates of sexually transmitted infections among youth.
3.2 Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.	***Front line provider:*** Explore the social and economic implications of a folic acid education program directed at adolescents and decide whether or not to proceed.
3.3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.	***Consultant/Specialist:*** Prioritize the components of a restaurant inspection logic model including appropriate rationale and develop the implementation plan for each component.
3.4 Implement a policy or program and/or take appropriate action to address a specific public health issue.	***Consultant/Specialist:*** Act according to the organization's emergency response plan in the event of an outbreak or emergency.
3.5 Demonstrate the ability to implement effective practice guidelines.	***Front line provider:*** Use universal infection control measures appropriately.
3.6 Evaluate an action, program or policy.	***Front line provider:*** Develop and implement an evaluation plan for a smoke-free workplace program in collaboration with stakeholders.
3.7 Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.	***Front line provider:*** Set priorities for action on safer crack use in a local harm reduction program based on existing resources.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
3.8 Demonstrate the ability to fulfill functional roles in response to a public health emergency.	***Front line provider:*** Be familiar with the organization's emergency management manual. ***Manager/Supervisor:*** Arrange a debriefing session after a public health incident to identify lessons learned and assess the need for recovery intervention for team members involved.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
4.1 Identify and collaborate with partners in addressing public health issues.	***Front line provider:*** Explain the roles of the provincial government, local recreation department, school boards, boards of health and the Boys and Girls Club in addressing childhood obesity to a parent group.
4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.	***Front line provider:*** Assist the school in developing a school health team. ***Consultant/Specialist:*** Facilitate the development of the terms of reference for a partnership between school boards and public health.
4.3 Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources	***Front line provider:*** Interview key community members to determine the range of opinions on the implementation of a local tobacco by-law. ***Consultant/Specialist:*** Synthesize input from individuals and organizations in order to prepare a report on the readiness of a community to offer a needle exchange clinic.
4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.	***Consultant/Specialist:*** Using information from the Canadian Community Health Survey and feedback from principals, make a presentation to the Board of Health to advocate for a provincial school nutrition policy.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.	***Consultant/Specialist:*** Develop a funding proposal in collaboration with key stakeholders for a community kitchen project in a disadvantaged area with a culturally diverse population.
5.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.	***Front line provider:*** Provide access to vaccines for people of all cultural groups and populations (e.g., drive-through vaccine clinics for disabled population groups)
5.3 Apply culturally relevant and appropriate approaches with people from diverse cultural, socioeconomic, and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.	***Front line provider:*** Collaborate with members of an Afghanistan community to develop a tuberculosis screening program in their neighbourhood. ***Manager/Supervisor:*** Negotiate with primary care team to provide cancer screening clinics staffed with female practitioners for Muslim women.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
6.1 Communicate effectively with individuals, families, groups, communities and colleagues.	***Front line provider:*** Revise oral presentations to meet the needs of various audiences.
6.2 Interpret information for professional, non-professional and community audiences.	***Front line provider:*** Develop immunization schedule fact sheets for people with low literacy levels. ***Consultant/Specialist:*** Discuss population health information about health status and demographics with front line providers.
6.3 Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.	***Front line provider:*** Use multiple strategies to effectively communicate health messages appropriate to audiences (e.g., community newspapers, local television, radio, billboards, face-to-face events). ***Manager/Supervisor:*** Use community networks to receive and provide information about issues affecting the health of citizens.
6.4 Use current technology to communicate effectively.	***Consultant/Specialist:*** Forward workplace health information from a health promotion listserv to staff members on a workplace health committee.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
7.1 Describe the mission and priorities of the public health organization where one works, and apply them in practice.	***Front line provider:*** Illustrate how a program logic model incorporates the organization's mission into program specific goals and outcomes. ***Manager/Supervisor:*** Apply the priorities of the organization to the work plan of an inter-disciplinary team.
7.2 Contribute to developing key values and a shared vision in planning and implementing public health programs and policies in the community.	***Front line provider:*** Involve parents, teachers, and students in developing a vision and health goals for the school community.
7.3 Utilize public health ethics to manage self, others, information and resources.	***Consultant/Specialist:*** Develop a research protocol that protects the privacy of participants from a local women's shelter. ***Manager/Supervisor:*** Facilitate a lunch and learn session for the interdisciplinary team with a local ethicist to discuss vaccine security.
7.4 Contribute to team and organizational learning in order to advance public health goals.	***Front line provider:*** Participate on a staff committee whose purpose is to facilitate the incorporation of best practice guidelines into policies and practice. ***Consultant/Specialist:*** Participate in a mentoring program with other employees.

COMPETENCY STATEMENTS	PRACTICE EXAMPLES
7.5 Contribute to maintaining organizational performance standards.	***Front line provider:*** Assist in the collection of data for inclusion in the organization's annual performance report. ***Manager/Supervisor:*** Develop a plan to form an accreditation team to review and use the Public Health Standards of the Canadian Council on Health Services Accreditation.
7.6 Demonstrate an ability to build community capacity by sharing knowledge, tools, expertise and experience.	***Front line provider:*** Facilitate discussion with a community group that is developing an active living program, to identify factors that could impact on program delivery such as resources, space and previous community experience. ***Manager/Supervisor:*** Sponsor and participate in a continuing education session for an inter-disciplinary team on working effectively with community groups to achieve public health goals.

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