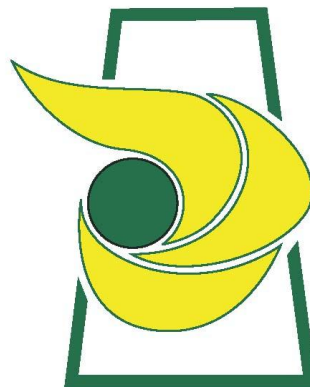


2015

Core Competencies

Population Health Promotion Practitioners in
Saskatchewan



PHPPC
Population Health Promotion
Practitioners Council

Acknowledgements

This document was developed under the direction of the *Population Health Promotion Practitioners Council (PHPPC)**

Principal Authors

Nicole Nieminen, Ministry of Health
Doug Ramsay, Regina Qu'Appelle Health Region
Helen Oliver, Saskatoon Health Region
Laura Kuley, Mamawetan/Keewatin Yatthe/Athabasca
Louise Belanger, Sunrise Health Region
Morgan Montgomery, Cypress Health Region

Published September 2012 Revised 2015

* Membership of the *PHPPC* is open to all health promotion practitioners from every Regional Health Authority in Saskatchewan and NITHA with ex-officio representation from the Ministry of Health, Public Health Agency of Canada, Saskatchewan Cancer Agency (SCA) and Health Canada (FNIHB). The *PHPPC* is a forum for practitioners to network, build capacity, receive reports from various provincial groups and work collaboratively on population health promotion projects.

Forward

This document outlines the essential knowledge, skills, and principles required by population health promotion practitioners. It creates a common baseline for population health promotion practice in Saskatchewan and will be useful for practitioners, their employers, organizations, communities, and anyone interested in understanding population health promotion.

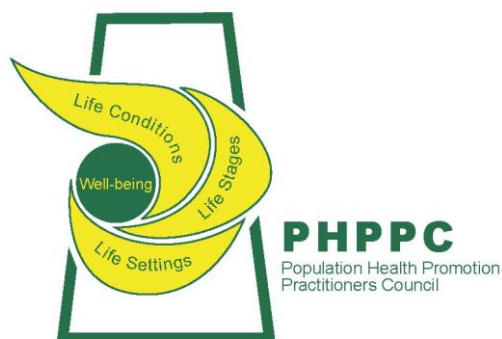
This document can be used to:

- Encourage consistent population health promotion practices throughout Saskatchewan;
- Assist others (ex. employers, managers, staff, partners) to develop a better understanding of population health promotion the roles of population health promotion practitioners;
- Promote better communication and teamwork in multidisciplinary projects by providing a common language and shared understanding of key concepts and practices of population health promotion;
- Support the recruitment, development and retention of population health promotion practitioners
- Assist managers in the development of job descriptions, interview questions, performance appraisals, and frameworks for evaluation and quality assurance;
- Influence professional development opportunities to make them more relevant for work in the field;
- Contribute to greater recognition and validation of the value of population health promotion and the roles of population health promotion practitioners; and
- Provide a rationale for securing funds and other support for workforce development.

Table of Contents

Groundwork	1
Core Competencies - Knowledge.....	2
Core Competencies - Skills	2
Core Competencies - Principles.....	3
Where does a Health Promotion Practitioner fit in the Health Sector?	4
Glossary	5
References	

PHPPC Logo Explanation



The PHPPC logo reflects some of the fundamental concepts of population health promotion that are embraced and promoted by the Council. The circular hub represents the primary vision and focus of the work of PHPPC members which is well-being for all citizens. The 3 flowing arms represent the three main areas for population health promotion action needed to achieve our vision – life settings, life conditions and life course stages. The dynamic shape of the arms indicates ongoing activity or action. The hub and flowing arms image also indicates a link to the *Ottawa Charter for Health Promotion* which is the foundational population health promotion manifesto.

The provincial outline in the background and the provincial colours indicate the link to Saskatchewan. Though centered in Saskatchewan, our work also extends beyond our province hence the arms extend outside the provincial borders.

Groundwork

What is population health promotion?

Population health promotion looks at what determines the health and wellbeing of the entire population and involves enabling people and communities to increase control over those determinants and thereby improve their health and wellbeing. It includes strengthening the skills and abilities of individuals and communities as well as taking action on the social, political, economic, and environmental conditions which influence health and wellbeing.

The five **key action areas** of population health promotion are building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

The **essential practices** of population health promotion include: using a whole population approach, focusing on protective factors for enhancing wellbeing; developing comprehensive multi- and inter-sectoral partnerships and initiatives; using a common determinants-based lens for taking action (on social, environmental, economic root causes); ensuring meaningful public participation with participatory and empowerment approaches; and, supporting equity and social justice. The key action areas and essential practices provide a blueprint for population health promotion.

What is a population health promotion practitioner?

A health promotion practitioner is a health professional who works with the community to improve the well-being of the entire population by adhering to the essential principles, strategies and practices of population health promotion.

The primary roles of a health promotion practitioner are **champion** (being an articulate spokesperson on an issue and working to change policy and attitudes), **facilitator** (enabling population groups to achieve their fullest health potential and overcome health inequities), **partner** (encouraging, supporting and linking with others who are interested and willing to work on an issue and share the workload) and **mediator** (arbitrating between differing interests in society for the pursuit of health) (*Saskatchewan Health 2004*).

What are core competencies?

Competence is defined as a measure of the ability to perform a task (www.dictionary.com). It relates to the knowledge, skills, and principles that an individual possesses. **Core competencies** are the essential elements required for successful performance. The core competencies in this document provide a clear guideline and common baseline for population health promotion practitioners to succeed in their jobs.

Knowledge

A population health promotion practitioner demonstrates knowledge and understanding of:

1. Key population health promotion concepts including:

- Health, population health and health equity
- Health promotion and the Population Health Promotion Model (Hamilton & Bhatti)
- Population health promotion action areas, settings and action strategies
- Population health promotion practice principles
- Social Determinants of Health/Determinants of Community Wellbeing

2. Current issues and research in the population health promotion field

Skills

A population health promotion practitioner demonstrates performance abilities in:

1. Research, assessment, analysis, and interpretation including:

- Recognizing/identifying issues and analyzing gaps
- Assessing populations using health/demographic data
- Identifying and critically appraising evidence (literature, systematic reviews, promising practices, experiential learning)
- Conducting environmental scans and community consultations
- Analyzing and integrating evidence and data to identify priorities and strategies for action

2. Program planning, implementation, management, and evaluation including:

- Project management
- Formulation of comprehensive plans with appropriate and realistic goals, budget, objectives, activities, and sustainability components
- Development of evaluation frameworks that include indicators
- Resource identification (skills, personnel, partner contributions, funding)

3. Policy development including:

- Understanding and identifying policy components and implications
- Contributing to collaborative policy development
- Facilitating population health policy and practice across sectors

4. Community activation and engagement including:

- Community dialogue, mobilization, capacity building and planning for sustainability

5. Leadership including:

- Inter-personal skills such as team building, negotiation, conflict management, group/meeting facilitation, decision-making, change management, problem solving & advocacy

7. Partnerships and Collaboration including:

- Identifying partners within and outside the health sector and facilitating collaborative action
- Developing inter-sectoral partnerships with key decision makers, stakeholders, community members, and target group representatives
- Building relationships through proactive, responsive engagement practices and processes—ensuring mutually beneficial partnership tables

7. Communication including:

- Active listening, interpretation, and verbal communication skills
- Presentation skills (meetings, workshops, conferences)
- Social marketing and media strategies (e.g. matching medias to target audiences)
- Cultural/contextual awareness & sensitivity
- Report writing for a variety of audiences (professional and general public), media, and purposes (e.g. newspapers, media releases, blogs, journals, in-house reports, grants, online mediums, etc.)

8. Learning and professional development commitment competencies in:

- Understanding of the importance and dedication to lifelong learning and development
- Contributing to the current professional knowledge base
- Advancement of Health promotion understanding amongst colleagues and stakeholders

Principles

A population health promotion practitioner adheres to the following values:

Empowerment: enable individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their health and wellbeing

Equity: work is guided by a concern for health equity and social justice

Holistic: foster physical, mental, social, emotional and spiritual wellbeing

Intersectoral Collaboration: involve the collaborative action of partners from relevant sectors

Multi-strategic: use a variety of approaches in combination– including policy development, organizational change, community development, legislation, advocacy, education and communication

Participation: meaningful involvement of everyone concerned at all levels of the process

Respect: respect for the population recognizing diversity, values, beliefs, and rights

Sustainability: changes that communities and individuals can maintain over the long-term

(Adapted from *Rootman et al, 2001*)

Recommended Qualifications for Health Promotion Practitioners:

A minimum of a bachelor's degree in health promotion or related areas of study (including, but not limited to Community Development, Education, Kinesiology and Health Studies, Nutrition, Social Work), knowledge of core competencies, and applied experience in population health promotion.

Where Does a Health Promotion Practitioner Fit in Health Services Delivery?

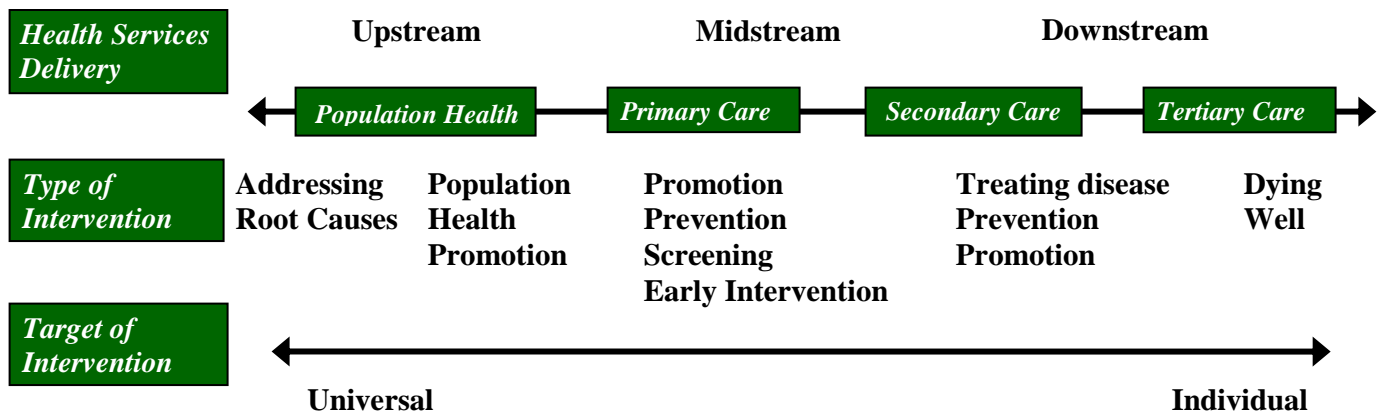
Positions associated with the continuum of care	Population Health Promotion Practitioner	Health Educator/Group Counsellor	Clinical Service Provider
Typical Places of Employment	<ul style="list-style-type: none"> • Health Regions: public health, primary health, mental health and addiction services • Provincial and Federal Government • First Nations organizations 	<ul style="list-style-type: none"> • Health Regions: acute and long term care, home care, • Community Clinics • Tribal Councils • Community-based health organizations 	<ul style="list-style-type: none"> • Health Regions: acute and long term care, home care • Community Clinics • Community-based health organizations
Work Environment and Responsibilities	<ul style="list-style-type: none"> • Focus on capacity building, influencing policy, and developing partnerships • Assess the needs of communities and population groups • Engage in community-based leadership and research initiatives • Plan programs and raise awareness with the community • Work with the media • Provide technical consultation and advice 	<ul style="list-style-type: none"> • Focus on prevention, early disease detection and reducing risk factors • Assess the needs of at-risk individuals and groups • Plan services and resources for at-risk individuals and groups • Provide individual and group counselling • Provide public and professional education, technical consultation and advice 	<ul style="list-style-type: none"> • Focus on assessing and diagnosing the health status of patients/clients • Plan, implement and evaluate client care plans • Provide individual and group counselling • Provide professional education, technical consultation and advice
Examples of Work Initiatives	<ul style="list-style-type: none"> • Work with schools and community partners to develop nurturing learning/school environments • Work with community organization to establish youth as community resources • Work with municipalities to improve the active transportation routes in a community • Collaborate with partners to promote low-risk drinking guidelines. 	<ul style="list-style-type: none"> • Group fitness classes • Classes on healthy living for individuals with high cholesterol • Information nights to educate the public on mental health conditions • Falls prevention clinics • Organizing awareness days/weeks. • Provision of resource materials (e.g. posters, pamphlets, brochures) • Health fairs 	<ul style="list-style-type: none"> • Establishing treatment plans for individuals recovering from illnesses • Counsel persons or families on a specific health/illness issues • Advise on the care of a patient or client • Needle exchange programs

Glossary

Community is not only defined by where you live but can also evolve from a group of people with shared interests or characteristics (*Fellin, 1995*). The most important defining characteristic of a 'community' is a shared sense of affiliation or belonging among its members (*Nutbeam, 1998*)

Community Development is a group of people in a community reaching a decision to initiate a social action process to change their economic, social, cultural or environmental situation (*Christienson et al., 1989*).

Continuum of Care is "an integrated and seamless system of settings, services, service providers, and service levels to meet the needs of clients or defined populations" (*Canadian Council on Health Services Accreditation*).



Determinants of Health are the range of personal, social, economic and environmental factors which determines the health status of individuals or population (*Saskatchewan Health 1999*).

Evidence Informed Decision Making is the purposeful and systematic use of the best available evidence to inform the assessment of various options and related decision making in practice, program development, and policy making. This process involves searching for, accessing, assessing the relevance and quality of evidence; interpreting this evidence and identifying associated implications for practice, program and policy decisions; adapting this evidence in light of the local context; implementing this evidence; and evaluating its impact (*Health-evidence.ca 2011*).

Health means different things to different people. The World Health Organization defines health as a balance among our physical, social, and mental well-being. In this document we define health as a balance among our physical, social, emotional, mental, and spiritual well-being.

Health Disparity (or inequity) is the unfair and avoidable differences in health status.

Health Equity occurs when everyone has an equal opportunity for health.

Health Education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (*Nutbeam 1998*).

Health Promotion is the process of enabling people to increase control over, and to improve their health (*WHO 1986*).

Intersectoral collaboration is the recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone. (*Nutbeam 1998*)

Population Health is an approach that addresses the entire range of factors that determine health and, by so doing, affects the health of the entire population. (*Saskatchewan Health 1999*)

Population health promotion looks at what determines health and takes action on these determinants to reduce risk factors and ultimately increasing health in a whole community. It is a socio-environmental approach confronting root causes of illness. It means creating environments for people where primary prevention can be achieved through a population or community-based approach. (*Saskatchewan Health 1999*)

Resilience is the ability of an individual or group to function well despite adversity resulting from personal and/or environmental circumstances. Resilience factors are things that protect against difficult life situations. The capacity to cope with adversity and to avoid breakdown when confronted by stressors. (*WHO 2004*)

Protective Factors are circumstances (conditions and characteristics) that increase the likelihood of creating and maintaining well-being and developing resilience. They can protect against and lessen the negative effect of existing states of being or situations.

Risk Factors are circumstances that increase the likelihood of developing problems or illnesses and can also worsen existing conditions.

Social Determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities. (*Nutbeam 1998*)

Social Justice is a concept based upon the belief that each individual and group within a given society has a right to civil liberties, equal opportunity, fairness, and participation in the educational, economic, institutional, social and moral freedoms and responsibilities valued by the community. (*Degan and Disman 2004*)

Social Marketing is the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behaviour change. It involves *the* analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of society. (*Health Canada 2011*)

Social Media "is a category of online media where people are talking, participating, sharing, networking, and bookmarking online." (*Jones 2009*)

References

- Arnstein, Sherry R. 1969. "A Ladder of Citizen Participation." *Journal of the American Planning Association* 35 (4): 216-224.
- Centre for Addictions Research of BC (CARBC). *Tools and Resources*. Accessed February 15, 2012. <http://carbc.ca/HelpingCommunities/ToolsResources.aspx>.
- Christenson, J.A. and J.W. Robinson. 1989. *Community Development in Perspective*. Iowa State University Press: Ames Iowa.
- Degan, R. and Dr. M. Disman. 2004. *Cultural Competency Handbook*. Department of Public Health Sciences, University of Toronto: Toronto, ON.
- Fellin, P. 2001. *The community and the social worker*. F.E. Peacock Publishers: University of Michigan.
- Hamilton, N. and T. Bhatti. 1996. *Population Health Promotion: An Integrated Model of Population Health and Health Promotion*. Health Promotion Development Division, Health Canada.
- Health Canada. 2011. *Social Marketing*. Accessed January 31, 2012. <http://www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/index-eng.php>.
- Health-evidence.ca. 2011. *Evidence Informed Decision Making Workshop*. Accessed January 31, 2012. http://fhsson.csu.mcmaster.ca/ccebn/EIDM2012_Brochure.pdf.
- Jones, Ron. 2009. *Social Media Marketing: Part One*. Accessed February 15, 2012. <http://searchenginewatch.com/article/2064413/Social-Media-Marketing-101-Part-1>.
- Nutbeam, D. 1998. *Health Promotion Glossary*. World Health Organization: Geneva.
- Public Health Nutritionists of Saskatchewan Working Group. 2005. *Scope of Practice Paper*. Saskatchewan.
- Rootman, Irving, Michael Goodstadt, Louise Potvin, and Jane Springett, eds. 2001. *Evaluation in health promotion: principals and perspectives*. Denmark: World Health Organization.
- Saskatchewan Health. 1999. *A Population Health Promotion Framework for Saskatchewan Regional Health Authorities*. Regina, Saskatchewan.
- Saskatchewan Health. 2004. *Healthier Places to Live, Work and Play: A population health promotion strategy for Saskatchewan*. Regina, Saskatchewan.
- World Health Organization (WHO). 1986. *The Ottawa Charter for Health Promotion*. First International Conference on Health Promotion: Ottawa, ON.
- World Health Organization (WHO). 2004. *Promoting Mental Health*. World Health Organization: Geneva.

The Competencies are also informed by the following documents:

- Australian Health Promotion Association. *Core Competencies for Health Promotion Practitioners*. 2009. Available online at: <http://www.healthpromotion.org.au/images/stories/pdf/core%20competencies%20for%20hp%20practitioners.pdf>
- Battel-Kirk, B., Barry, M., Taub, A, and Lysoby, L. *A review of the international literature on health promotion competencies: identifying frameworks and core competencies*. IUHPE - Global Health Promotion Vol; 16(2): 12 – 20. 2009.

Competencies for Health Promotion Practitioners Report of a Working Group. NHS Health Scotland. 2005. Available online at: <http://www.healthscotland.com/uploads/documents/5128-CompHPP130206.pdf>

Core Competencies of a Health Promoter. M.H.Sc Health Promotion Program, Department of Public Health Sciences, University of Toronto. Available on-line at: http://www.phs.utoronto.ca/mhsc_health_promotion4.asp

Dempsey, C., Barry M.M. Battel-Kirk B., and the CompHP Project Partners, CompHP Project Partners, *Literature Review: Developing Competencies for Health Promotion.* Available online at: http://www.iuhpe.org/uploaded/Activities/Cap_building/CompHP/CompHP_LiteratureReviewPart1.pdf

Ghassemi, M. *Development of Pan-Canadian Discipline-specific Competencies for Health Promoters.* Summary Report Consultation Results. Prepared for Health Promotion Ontario. March 2009. Available online at: <http://www.phabc.org/modules/Contenttcomp/files/Development%20of%20Pan-Canadian%20Discipline-Specific%20Competencies%20for%20Health%20Promoters.pdf>

Health Practitioner Core Competency Descriptor: Health Promotion Officer. Public Release V1.0. Queensland Health. Available online at: http://www.health.qld.gov.au/phcareers/documents/cc_hpo.pdf

Health Promotion Forum of New Zealand. *Health Promotion Competencies for Aotearoa-New Zealand.* Available online at: <http://www.hpforum.org.nz/resources/HPCompetenciesforAotearoaNZ.pdf>

Hyndman, B. *Towards the Development of Canadian Health Promotion Competencies for Health Promoters in Canada: A Discussion Paper.* Prepared for Health Promotion Ontario. April 2007. Available online at: https://www.cancercare.on.ca/escoop/includes/HPOcompetenciespaper_Apr07_finalg_pdf.pdf

Public Health Agency of Canada. *Core Competencies for Public Health in Canada Release 1.0.* Ottawa, 2007. Available online at: <http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

Towards the Development of Canadian Health Promotion Competencies: Where we've been, where we are, and where we're going. Ontario Health Promotion E-Bulletin, October 25 2007 – OHPE Bulletin 538. Available online at: <http://www.ohpe.ca/node/9068>