



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



**CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA:
AN ASSESSMENT AND COMPARISON OF DETERMINANTS OF HEALTH CONTENT**

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ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities.

The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

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EXECUTIVE SUMMARY

The Joint Task Group on Public Health Human Resources, in *Building the Public Health Workforce for the 21st Century* (2005), identified core competencies for interdisciplinary public health practice as a foundational building block to strengthen and develop the public health workforce. In 2007, following an extensive pan-Canadian consultation process, the Public Health Agency of Canada (PHAC) made available Core Competencies for Public Health in Canada: Release 1.0 (2007), which contains 36 competency statements organized under seven categories.

Intervention on the determinants of health is an essential component of public health practice. To make a significant contribution to reducing health inequities, public health practitioners require specific knowledge, skills and attitudes. The explicit inclusion of determinants of health in public health competency statements ensures that action on the determinants of health is a visible and concrete part of public health practice.

To assess how and to what extent the determinants of health are reflected in *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007) the National Collaborating Centre for Determinants of Health (NCCDH) reviewed the PHAC document and compared it with four sets of core competencies for public health from the United States (US), United Kingdom (UK) and Australia. The objectives of this review were to

- Give an overview of how the determinants of health are reflected in *Core Competencies for Public Health in Canada: Release 1.0*;
- Specify where *Core Competencies for Public Health in Canada: Release 1.0* could include more content and specific language about the determinants of health; and
- Provide examples of core competency statements with determinants of health content from other countries.

The assessment found references to the determinants of health throughout PHAC's *Core Competencies for Public Health in Canada: Release 1.0* (2007). However, the references are often general, implicit and contained in sections other than Core Competency Statements.

Based on these findings, the NCCDH recommends that should *Core Competencies for Public Health in Canada: Release 1.0* be revised, attention should be paid to enhancing the competencies to better reflect public health practice. We recommend that the revised edition of this document

- Include specific determinants of health content in all competency categories and throughout the document;
- Strengthen integration of a determinants of health approach in the competency statements by revising indirect references to the determinants of health and using specific and active language;
- Reflect the values and attitudes that are strongly stated in the preamble through the competency statements, practice examples, and glossary of terms;
- Reference an expanded list of determinants of health (e.g., Mikkonen and Raphael, 2010);
- Include explicit wording and relevant examples as modeled in the competency statements from other countries;
- Expand determinants of health content, both the amount and range, in the practice examples and glossary of terms;
- Review discipline-specific competencies (e.g., Community Health Nurses of Canada, 2009; Canadian Institute of Public Health Inspectors, 2010; Pan Canadian Task Force on Public Health Nutrition Practice, 2009) to determine if specific determinants of health content could be used.

INTRODUCTION AND BACKGROUND

In the early 2000s, strengthening Canada's public health workforce was recommended in several key reports (Standing Senate Committee on Social Affairs Science and Technology, 2002; National Advisory Committee on SARS and Public Health, 2003; Ontario Expert Panel on SARS and Infectious Disease Control, 2004). In response, the Joint Task Group on Public Health Human Resources, in their report *Building the Public Health Workforce for the 21st Century* (2005), presented a framework to strengthen and develop the public health workforce. Core competencies for interdisciplinary public health practice were identified as a foundational building block.

The Joint Task Group (2005) wrote a draft set of core competencies and recommended that the Public Health Agency of Canada (PHAC) undertake a national process to review, modify and/or validate this draft for use in Canada. In 2006 and 2007, PHAC conducted extensive consultations, including a pan-Canadian survey, regional consultations and implementation projects in several jurisdictions across Canada. Feedback was incorporated, and in September 2007, the *Core Competencies for Public Health in Canada: Release 1.0* was made available (http://www.phac-aspc.gc.ca/core_competencies). Given the dynamic nature of public health practice in Canada, it was acknowledged that the core competencies must evolve over time (PHAC, 2007).

Core competencies are defined as

... 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 (Public Health Agency of Canada, 2007, p. 1).

PHAC identified a number of benefits of using core competencies (2007); these benefits reflect what is known about core competencies as a best practice. Because core competencies identify the essential knowledge, skills and attitudes that public health practitioners need, they benefit people who work in public health by providing standards for staff recruitment, development and retention. Core competencies provide a basis for developing curricula, training programs and professional development tools, and they improve consistency in job descriptions and performance assessments. Benefits to organizations include identifying the knowledge, skills and attitudes required across an organization or program to fulfill essential public health functions. Core competencies assist in identifying the appropriate number and mix of public health practitioners and in facilitating collaboration, shared goals and interdisciplinary work. The use of core competencies can contribute to improved health of the public by encouraging evidence-based, population-focused, ethical, equitable, standardized and client-centred care.

Health is determined by the conditions of everyday life and by the systems that help keep people healthy and support them when they get sick (NCCPH, 2012). The term “determinants of health” describes the many conditions that interact to influence risks to health and well-being (NCCPH, 2012). Evidence has linked health and determinants of health, showing, for example, that those with higher social status have better health, while those with lower social status have worse health outcomes. Health inequities are these systematic and avoidable differences in health status (Commission on Social Determinants of Health, 2007).

To address health inequities, intervention on the determinants of health is an essential component of public health practice. Canadian public health practitioners seek to address the root causes of population health differences through increasing access to opportunities and conditions conducive to health for all members of society (PHAC 2011a). To make a significant contribution to this action, public health practitioners require the knowledge, skills and attitudes essential to addressing the determinants of health.

Following an extensive literature search, review and analysis, Sutcliffe, Snelling, and Laclé (2010) identified competencies and organizational standards as one of ten promising practices, at the local public health level, with potential to contribute to reduction in social inequities in health. Competencies are described as the skills base required to work effectively on social inequities in health and include community planning and partnership, and coalition building. Sutcliffe, Snelling, and Laclé (2010) state that these competencies are not a common knowledge or experience base for most public health staff. Although competencies and standards are closely related terms, competencies generally refer to behavior and the ability to perform certain functions, whereas standards refer to a level of service, intervention or outcome an individual or organization can be expected to deliver (Underwood, 2007). Sutcliffe, Snelling, and Laclé (2010) suggest that public health organizations benefit from standards that make social inequities work a priority.

The National Collaborating Centre for Determinants of Health (NCCDH) reviewed *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007), as well as selected core competencies documents from the United States (US), United Kingdom (UK) and Australia, to assess how and to what extent the determinants of health are described and reflected in the core competencies and to make recommendations based on the findings. The objectives of this review were to

- Give an overview of how the determinants of health are reflected in *Core Competencies for Public Health in Canada: Release 1.0*;
- Specify where *Core Competencies for Public Health in Canada: Release 1.0* could include more content and specific language about the determinants of health; and
- Provide examples of core competency statements with determinants of health content from other countries.

The NCCDH encourages public health practitioners and policy makers to consider this assessment during a review of the *Core Competencies for Public Health in Canada: Release 1.0*. To facilitate this process, we have noted the sections in *Core Competencies for Public Health in Canada: Release 1.0* where both specific and general content about the determinants of health is recommended.

ASSESSMENT PROCESS

There are numerous conceptualizations and frameworks to describe the inter-related factors that influence health (WHO, 2007; Mikkonen & Raphael, 2010; PHAC, 2011b; NCCPH, 2012). The 12 key determinants of health identified by the Public Health Agency of Canada (2011b) were considered in this assessment: income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture.

In this review we assessed three sections of the *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007): the Introduction, the Core Competency Statements and the Appendices (practice examples and glossary of terms). The Core Competency Statements section includes a preamble about attitudes and values in addition to the 36 competency statements arranged under seven categories: public health sciences; assessment and analysis; policy and program planning, implementation and evaluation; partnerships, collaboration and advocacy; diversity and inclusiveness; communication; and leadership.

While the majority of this assessment focuses on the *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007), to provide a comparator, relevant sets of competencies from other countries (US, UK, and Australia) were located and reviewed. Sets of competencies were selected if they were national in scope, written recently (after 2007), intended for public health practitioners and available in English. The four international documents selected were

- *Core Competencies for Public Health Professionals* from the Council on Linkages Between Academia and Public Health Practice (2009) in the United States;
- *Skills for Health – Public Health* from Skills for Health (2010) in the United Kingdom;
- *Health Practitioner Core Competency Descriptor: Public Health Officer* from Queensland Health (2009) in Australia; and
- *Core Competencies for Primary Maternity Services* from the National Health Workforce Taskforce (2009) in Australia.

FINDINGS OF THE ASSESSMENT OF CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0

The assessment revealed content about the determinants of health throughout *Core Competencies for Public Health in Canada: Release 1.0*. The assessment looked at determinants of health content in three sections of the core competency document: Introduction, Core Competency Statements, and Appendices. The following is a summary of the findings.

Introduction

The Introduction includes the statement, “core competencies may improve the health of the public by encouraging service delivery that is ...population-focused, ethical, equitable” (p.1).¹ This reference to equity clearly supports a determinants of health approach.

Core Competency Statements

The 36 core competencies are introduced by a section that identifies shared attitudes and values of public health practitioners and describes the context within which the competencies are practiced. These attitudes and values, which contain significant and explicit content about the determinants of health, are clearly identified as being equally important as the knowledge and skills identified in the competency statements themselves. Examples include, “a commitment to equity, social justice and sustainable development,” “respect for diversity, self-determination, empowerment and community participation” and “these values are rooted in an understanding of the broad determinants of health” (p. 3).

The set of attitudes and values is written as a preamble to the core competencies, not as specific competencies that are expected in public health practice. Participants in the PHAC consultation recommended they be written this way “because they are difficult to teach and even harder to assess” (p. 3). This view was subsequently challenged by Edwards and Davison (2008), who stated that “social justice should be explicitly included in the Public Health competencies themselves” (p. 131-2).

Following the preamble, the 36 core competencies are arranged under seven categories. The assessment revealed that five of the seven categories contain explicit content about the determinants of health.

PUBLIC HEALTH SCIENCES

- Competency 1.1 includes specific and direct reference to the determinants of health, and states that “inequities in health and the determinants of health ... as well as the factors that influence the delivery and use of health services” (p. 3) are key concepts of public health sciences.
- Competency 1.2 contains an indirect reference to the determinants of health: “demonstrate knowledge about the history, structure and interaction of public health and health care services ...” (p. 4). The competency references the health system as a determinant of health. However, aspects of the health system more directly related to the determinants of health, such as universal access to services, are not specifically mentioned.

¹ Page numbers reference the PDF Manual Core competencies for public health in Canada: Release 1.0 available from the PHAC website (www.phac-aspc.gc.ca/php-psp/ccph-cesp/pdfs/cc-manual-eng090407.pdf).

- Competency 1.3 is a very general statement referring to the application of “public health sciences to practice” (p. 4). This can be understood as indirectly including aspects of the determinants of health since each of the public health sciences mentioned has aspects of determinants of health in its application, e.g., measures of inequity in biostatistics. Specifics are not provided.

ASSESSMENT AND ANALYSIS

- Competency 2.5 provides specific direction for the assessment and analysis of information with a determinants of health approach. For example, a public health practitioner would “determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts” (p. 4).

POLICY AND PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

- Competency 3.2 includes the determinants of health in the effective choice of public health program and/or policy options. For example, the practitioner would “[d]escribe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action” (p. 4).

PARTNERSHIPS, COLLABORATION AND ADVOCACY

- In the introductory statements for this category, reducing inequities is described as an aim of advocacy, in that “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” (p. 5).
- There is no specific mention of the determinants of health included in the competency statements in this category; however, the emphasis on partnerships, collaboration and advocacy strengthens public health action on the determinants of health.

DIVERSITY AND INCLUSIVENESS

- This category contains considerable content related to the determinants of health, particularly the specific determinants of culture and gender and, more broadly, the effect of the determinants of health on specific population groups. For example, competency 5.1 states, “[r]ecognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups” (p. 5).

COMMUNICATION

- No content about the determinants of health is included in this category.

LEADERSHIP

- No content about the determinants of health is included in this category.

Appendices

Appendix A contains a *Glossary of Terms Relevant to the Core Competencies*. The determinants of health are defined as, “[d]efinable entities that cause, are associated with, or induce health outcomes” (p.10) and “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” (p. 10).

Other definitions reflect the determinants of health approach in public health policy and practice. For example, the definition of “population health assessment” includes determinants of health content: “consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health” (p.13). Additionally, the difference between inequality and inequity is clarified and examples are provided. Further, the definition of and examples for “social justice” include aspects of determinants of health. Finally, the definition of “health promotion” goes beyond “strengthening the skills and capabilities of individuals” to include “action directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health” (p. 12).

Appendix B contains practice examples for public health frontline providers, consultants/specialists or managers/supervisors for each of the 36 core competencies. Practice examples with reference to the determinants of health were found in seven of the 36 core competencies (1.1, 2.5, 3.2, 5.1, 5.2, 5.3 and 6.2). For example, competency 2.5—which states that public health practitioners “[d]etermine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts,” —is accompanied by the practice example for front line providers, “[i]dentify how smoking affects men and women differently and how reasons for smoking differ between genders, and among socioeconomic groups and different cultures” (p. 17).

REVIEW OF COMPETENCIES DOCUMENTS FROM OTHER COUNTRIES

To complement the assessment of *Core Competencies for Public Health in Canada: Release 1.0*, and to gather examples of statements that address determinants of health in public health practice, relevant competencies documents from other countries were assessed. The documents reviewed vary in regards to the determinants of health content. However, several contain competency statements with concrete and explicit content about the determinants of health. Examples of the language used in these documents are provided below to illustrate how *Core Competencies for Public Health in Canada: Release 1.0* might be modified.

United States: Core Competencies for Public Health Professionals

Determinants of health content in Core Competencies for Public Health Professionals from the Council on Linkages Between Academia and Public Health Practice (2009) is limited and found primarily in the area of "Cultural Competence Skills." Two determinants of health references are

- (1) "describes the characteristics of a population-base health problem (e.g. equity, social determinants, environment)" (p. 1); and
- (2) "incorporates strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, ethnic, sexual orientation, professional)" (p. 2).

Other references to the determinants of health were more general, for example, "utilizes data to address scientific, political, ethical and social public health issues" (p. 1).

United Kingdom: Skills for Health – Public Health

Skills for Health – Public Health, from Skills for Health (2010) in the United Kingdom, is a comprehensive document outlining 76 competency statements. Considerable attention is given, both generally and in explicit references, to many aspects of the determinants of health. This language is repeated in the competency statements. The following are examples of specific language:

- (1) "A factual knowledge of the things that affect health and wellbeing – individual determinants (e.g. behaviour and lifestyle) and the wider determinants on health (e.g. poverty, employment, etc.)" (p. 6);
- (2) "a working knowledge of the different types of data and information:
 - a) community and population views of health and wellbeing needs and outcomes ...; e) data on the relationship between the physical environment and health and wellbeing; f) data on the relationship between the social environment and health and wellbeing; g) census data - key indicators and projections" (p. 4);
- (3) "a working knowledge of inequality and discrimination and their impact on health and wellbeing, and how to recognize and address inequality and discrimination in the context of Human Rights legislation" (p. 4);
- (4) "an in-depth understanding of how health improvement and the reduction of inequalities can be promoted in policies which have other aims at their centre; the ways in which policies directed at health improvement and the reduction of inequalities can address a wide number of social exclusion issues" (p. 5).

Australia: Health Practitioner Core Competency Descriptor: Public Health Officer and Core Competencies for Primary Maternity Services

Two sets of competencies from Australia were assessed: the *Core Competencies for Primary Maternity Services* from the National Health Workforce Taskforce (2009) and the Health Practitioner Core Competency Descriptor: Public Health Officer from Queensland Health (2009). Both of these are discipline-specific competencies and contain specific references to the determinants of health.

The *Core Competencies for Primary Maternity Services* "actively promotes maternity care as a public health strategy" (p. 9). Examples of specific references to the determinants of health within the competencies include:

- (1) Knowledge: Understands social determinants of health and how they impact on maternal, child and family health,
- (2) Skills: Plans, provides and evaluates care for women from marginalized communities,
- (3) Attitude: Acknowledges the impact that social, cultural and economic factors have on women's lives" (p. 9).

The discipline-specific *Core Competency Descriptor for Public Health Officers* from Queensland Health (2009) draws heavily on the *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007). However, the Australian document includes expansive and specific content about the determinants of health. Three comparative examples are provided in Table 1.

Table 1: Comparison of determinants of health content in the Health Practitioner Core Competency Descriptor: Public Health Officer and the Core Competencies for Public Health in Canada: Release 1.0

HEALTH PRACTITIONER CORE COMPETENCY DESCRIPTOR: PUBLIC HEALTH OFFICER (QUEENSLAND HEALTH, 2009)	CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0 (PHAC, 2007)
Knowledge in Practice 1.1 Knowledge of population health prevention, promotion and protection concepts and strategies including, but not limited to, health status of populations, inequalities in health status and the determinants of health (biological, social, cultural, environmental, economic and physical) (p. 1).	Public Health Sciences 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 (p. 3).
Knowledge in Practice 1.4 Understand how the determinants of health (biological, social, cultural, environmental, economic and physical) influence the health and well-being of the population and the interaction between public policies, lifestyles, consumption patterns, urbanization and health. 1.4.1 Knowledge of the health system and the broader systems, e.g. political, economic and cultural environments and how they impact on health and well-being (p. 1).	Public Health Sciences 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 (p. 4).
Leadership 7.2 Contribute to team and organizational quality and performance standards, through ethical practice that acknowledges and respects the dignity, culture, values, beliefs and rights of individuals and populations. (p. 4)	Leadership 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. (p. 6)

LIMITATIONS

A broad environmental scan of international public health competencies was outside the scope of this project. The core competency documents from other countries were not systematically identified; they were selected for comparison purposes. It is important to note that the original research occurred in 2010 and since that time further progress has been made in public health workforce development, including the refinement of competencies and the development of discipline-specific competency sets. Future assessments would benefit from a review of Canadian discipline-specific core competencies that are now available (e.g., Community Health Nurses of Canada, 2009; Canadian Institute of Public Health Inspectors, 2010; Pan Canadian Task Force on Public Health Nutrition Practice, 2009). Additionally, work by Sutcliffe, Snelling, and Laclé (2010) suggests specific competencies are required to contribute to reduction in social inequities in health at the local public health level. Our assessment did not explore if additional core competencies specifically for health equity are required. Despite these limitations, our assessment provides specific considerations for future revisions to the *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007).

DISCUSSION AND CONSIDERATIONS

References to the determinants of health are present in the *Core Competencies for Public Health in Canada: Release 1.0* (PHAC, 2007). The preamble to the competency statements contains specific content about the determinants of health. Five of the seven categories of core competencies include content about the determinants of health; however, the references are often general.

In the UK and Australian core competency documents, determinants of health content is more specific, explicit and explanatory, and is included in the competency statements themselves. The explicit inclusion of determinants of health language throughout those competency statements ensures that action on the determinants of health is a visible and concrete part of public health practice.

To adequately reflect the significance of the determinants of health in public health practice, it is recommended that amendments to the content and language in the *Core Competencies for Public Health in Canada: Release 1.0* be considered. The content and language found in core competency documents from other countries (US, UK, and Australia) illustrate how the current *Core Competencies for Public Health in Canada: Release 1.0* would benefit from modification. We recommend that the revised edition of this document

- Include specific determinants of health content in all competency categories and throughout the document;
- Strengthen integration of a determinants of health approach in the competency statements by revising indirect references to the determinants of health and using specific and active language;
- Reflect the values and attitudes that are strongly stated in the preamble through the competency statements, practice examples, and glossary of terms;
- Reference an expanded list of determinants of health (e.g., Mikkonen and Raphael, 2010);
- Include explicit wording and relevant examples as modeled in the competency statements from other countries;
- Expand determinants of health content, both the amount and range, in the practice examples and glossary of terms;
- Review discipline-specific competencies (e.g., Community Health Nurses of Canada, 2009; Canadian Institute of Public Health Inspectors, 2010; Pan Canadian Task Force on Public Health Nutrition Practice, 2009) to determine if specific determinants of health content could be used.

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