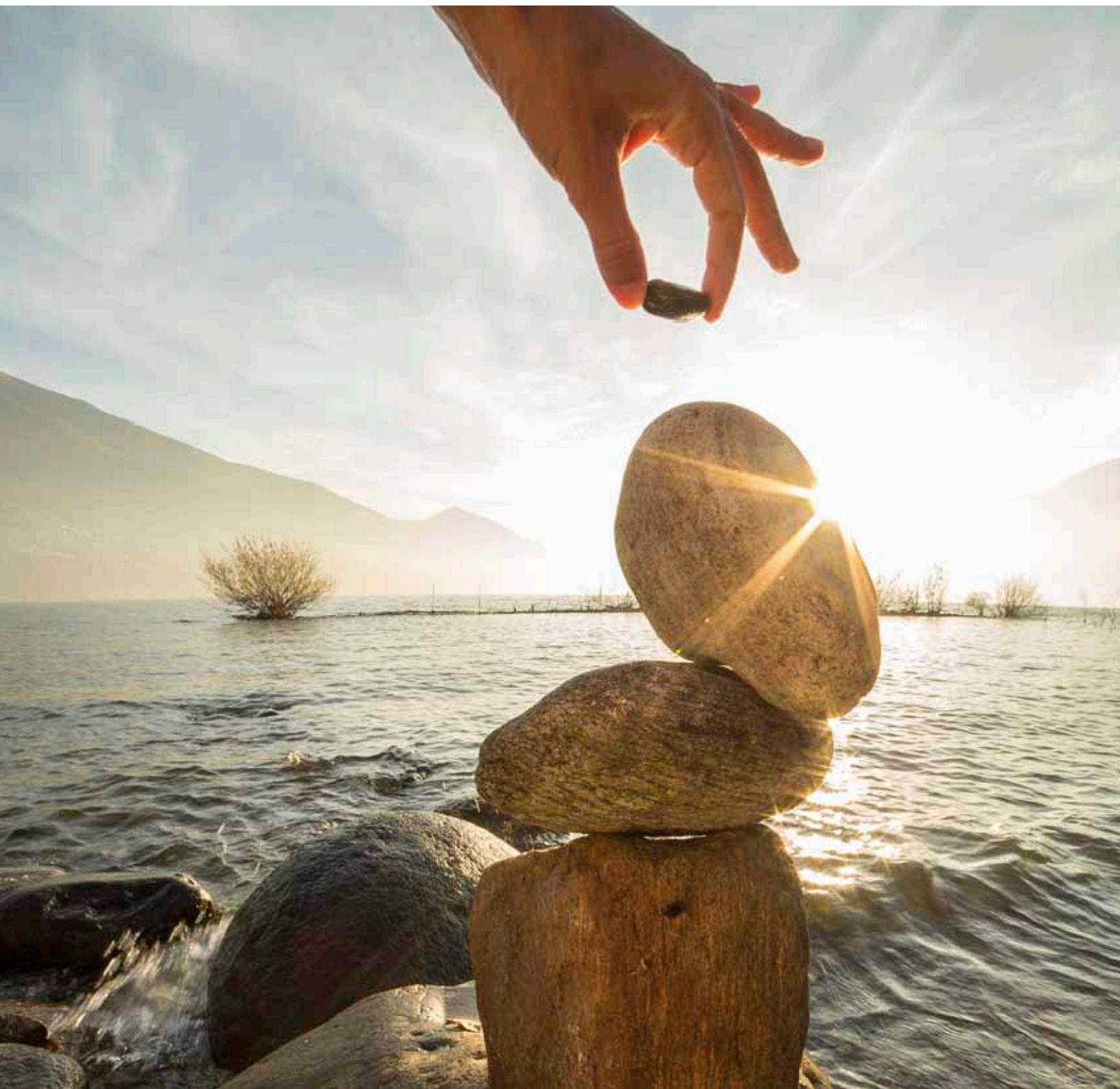National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

DO PUBLIC HEALTH DISCIPLINE-SPECIFIC COMPETENCIES PROVIDE GUIDANCE FOR EQUITY-FOCUSED PRACTICE?

Contents

1 Introduction

Expectations of, and opportunities for, the public health sector to address the determinants of health and advance health equity have increased substantially since the launch of the *Core Competencies for Public Health in Canada: Release 1.0.*[a,1] The evidence to support public health practice in this important area has increased since the World Health Organization's Commission on the Social Determinants of Health (CSDH) tabled its report in 2008.[2] The CSDH collected, collated and synthesized global evidence on the social determinants of health and their impact on health inequity and concluded with a call to action stating "(p)utting right these inequities – the huge and remediable differences in health between and within countries – is a matter of social justice. Reducing health inequities is ... an ethical imperative. Social injustice is killing people on a grand scale."[2, p1]

During this same time period – from 2007 to today – seven public health disciplines in Canada developed discipline-specific competencies. Combined together, the Core Competencies and the discipline-specific competencies reflect the essential knowledge, skills and attitudes of the Canadian public health workforce. The competency statements are used to inform education, continuing professional development and role expectations of the public health workforce in Canada at a local, regional, provincial/territorial and federal level. They are an important tool to ensure public health practice is aligned with contemporary issues affecting health and wellbeing of Canadians.

The National Collaborating Centre for Determinants of Health (NCCDH) is charged with translating knowledge to support public health action to address determinants of health and advance health equity. We sought to learn the extent to which public health disciplines have taken advantage of expanding knowledge about determinants of health and health equity in their respective discipline-specific competencies by analysing the integration of determinants of health, health equity and social justice in Canadian public health discipline-specific competencies. This analysis builds on and extends an earlier analysis, *Core competencies for public health in Canada: An assessment and comparison of determinants of health content*, undertaken by the NCCDH[3] which assessed how and to what extent the determinants of health were reflected in Core Competencies.

This report, *Do public health discipline-specific competencies provide guidance for equity-focused practice*, provides:

- a description of the status and content of public health competencies (general and discipline-specific) internationally in terms of the concepts determinants of health, health equity and social justice;
- a content analysis of the competencies developed by public health discipline-specific groups in Canada describing how each competency-set addresses the concepts determinants of health, health equity and social justice; and
- an analysis of the findings of the review undertaken, with recommendations for several audiences.

a Hereafter referred to as *Core Competencies*.

2 Background

The Joint Task Group on Public Health Human resources, in their document *Building the Public Health Workforce for the 21st Century*,[4] identified interdisciplinary core competencies for the public health workforce as an essential building block to strengthen and develop the public health workforce in Canada. Competencies were described as the "knowledge, skills and abilities demonstrated by members of an organization or system that are critical to the effective and efficient function of that organization or system."[4, p24] Their vision for public health workforce planning was that "all jurisdictions in Canada will have a flexible, knowledgeable public health workforce working in safe supportive environments to meet the population's public health needs, and reduce health and social disparities."[4, p9]

In response to this recommendation, the Public Health Agency of Canada (PHAC) led the development of the *Core Competencies*. The 36 competencies organized in seven categories, provided a baseline for what was required to fulfill the core functions of the public health system in Canada. The core functions included population health assessment, surveillance, disease and injury prevention, health promotion and health protection.[5] Since they were released in 2007 the Core Competencies have been extensively used by practitioners, employers, academics, researchers, discipline groups and professional associations.[6]

A broad range of regulated and non-regulated providers are employed within the public health workforce across Canadian provinces and territories. In fact, the Joint Task Group on Public Health Human Resources listed 26 different public health providers (12 regulated and 14 non-regulated). Building on the development of the core competencies, discipline-specific competencies have been developed by several disciplines over the past decade.

An analysis of the *Core Competencies* conducted by the NCCDH[3] found references to the determinants of health throughout the document. However, the references were general and implicit, and often found in sections other than the actual competency statements, for example in the Attitudes and Values and *Glossary of Terms* sections of documents. Based on this analysis, the NCCDH recommended that when the *Core Competencies* are revised, the competencies should be enhanced to better reflect current public health practice, in particular to reference the need to address the determinants of health as per the recommendations of the Joint Task Group. Specific recommendations made by the NCCDH included:

- 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;[7]
- 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[8-10] "to determine if specific determinants of health content could be used."[3]

Health inequities have long been a concern to public health in Canada and internationally.[11] The CSDH[2] described not only a persistent picture of health inequities but one in which inequity is growing. Interventions to address determinants of health and advance health equity are considered essential components of public health practice. To make a significant contribution to reducing health inequities, public health practitioners require a broad range of relevant knowledge, skills and attitudes. The explicit inclusion of not only determinants of health but also health equity in public health competency statements is one way to ensure that action on the determinants of health is a visible and concrete part of public health practice.[3]

Social justice is foundational to public health[12] and "refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society".[1, p14] The Canadian Nurses Association's (CNA) *A Code of Ethics for Registered Nurses* defines social justice as the "fair distribution of society's benefits, responsibilities and their consequences" and focuses "on the relative position of one social group in relationship to others in society."[13, p28] A social justice perspective considers "the root causes of disparities and what can be done to eliminate them."[14, p7] Edwards and Davison[15] stated that social justice principles, because they are a core value for public health work, should be integrated into the Core Competencies. Because social justice is about fairness or equity in society, to practice from this perspective requires making moral and ethical judgments about fairness and equity.[16] Public health is the area of the health care system that can, and is positioned well to, exemplify social justice values given the nature of the sector's work with a focus in population health.

The audiences for this report include PHAC; provincial/territorial ministries and agencies/institutes that oversee public health; public health related discipline organizations and related groups (e.g. Community Health Nurses of Canada (CHNC), Canadian Institute of Public Health Inspectors (CIPHI)), especially but not limited to disciplines that have discipline-specific competencies; as well as the NCCDH itself and other National Collaborating Centres. Academics and knowledge translation audiences, and public health practitioners and decision-makers in general, round out the defined audiences.

3 Methodology

A search was undertaken for public health competencies in the United States, United Kingdom and Australia (the three international settings included in the NCCDH report[3]), as well New Zealand, Europe and France. The intention was to determine if Canada is keeping pace with other developed countries in terms of using competencies to further public health action to address the determinants of health and advance health equity. Further, this international scan was conducted to draw upon international experience that might inform the development of Canada's public health workforce in this area.

Only competency documents that had been developed subsequent to the previous NCCDH analysis were selected for assessment. These were assessed for reference to the determinants of health, health equity and social justice. The assessment included a review of the competency statements, as well as other material contained in the main competency documents (e.g. glossary, preamble, practice examples if included).

Canadian discipline-specific competencies documents from peer-reviewed and grey literature were also located. Once obtained, the Canadian competency documents were assessed in the same manner as the international documents: for reference to the determinants of health, health equity and social justice in the competency statements and other material in the main competency documents.

Where applicable, other documents specifically referenced within the competency documents (e.g. code of ethics, standards of practice, role statements) were located and assessed. The assessments consisted of a word search for key terms, specifically equity, inequity, equality, inequality, and disparity; determinants of health; and social justice. Examples (where they existed) were identified and included in the analysis to understand how the discipline groups in Canada referenced the concepts of determinants of health, health equity and social justice.

Once the information was gathered, it was presented in table format to several public health experts. Their feedback was documented and provided guidance to further investigation, consideration and analysis.

4 Findings

Review of public health competencies developed in other countries

A competency-based approach has been widely used in public health workforce development. In addition to general public health competencies and discipline-specific competencies, competencies have been developed to inform and guide many areas of public health practice. For example they have been developed to guide

- educational programs, i.e. public health nursing training[17]
- inform interventions, i.e. immunization[18]
- support population-specific practice, i.e. indigenous peoples[19] and
- inform the development of public health leaders, i.e. leadership competencies.[20]

In fact, a recent literature review commissioned by PHAC,[6] identified 49 different sets of competencies developed for use in public health in Canadian and international settings since 2004. Canada and the United States have led in the development of competencies, with 17 and 15 sets of competencies respectively. The literature review found 11 competency sets developed in Australia and New Zealand, four in Europe and two for international (global) public health work.

As in Canada, general public health competencies exist in the United States,[21] Europe,[22] Australia,[23] and New Zealand.[24]

Internationally, discipline-specific competencies were found for four disciplines and included:

- public health medicine in Australia;[25]
- epidemiology in the United States[26] and the European Union;[27]
- public health nursing in the United States;[28] and the United Kingdom;[29] and
- health promoters in the United Kingdom in 2008,[30, 31] and Australia.[32]

Core competencies revised since 2010: United States & United Kingdom

In the United States, The Council on Linkages Between Academia and Public Health Practice[b] released a revised set of *Core Competencies for Public Health Professionals* in June 2014.[21] Providing a framework for workforce development planning and action, this consensus set of skills is for the broad practice of public health and reflects the "foundational skills desirable for professionals engaging in the practice, education, and research of public health."[21, p2] Work in the United States on developing core competencies in public health began in 1998, the 2014 version reflects a number of revisions in response to changes in public health practice. There are several uses and anticipated benefits identified for the *Core Competencies for Public Health Professionals* in the United States including to: understand workforce development needs; improve performance; prepare for accreditation; and enhance the health of the communities served.

b   Hereafter referred to as the Council on Linkages.

The 80 competency statements released in June 2014 by the Council on Linkages are organized into eight domains very similar to the ones used for the *Core Competencies* with the exception of an additional domain of financial planning and management skills. Each domain is sub-divided into three tiers[c] that reflect job type and career stage for public health professionals.

A word search of the Council on Linkages core competency document from the United States found five references to equity and factors influencing health. In the *Analytical/Assessment Skills* domain there were four statements:[21]

1.1   Describes factors affecting the health of a community (i.e. equity income education environment);

1.2   [Identifies/determines/determines] quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community;

1.12   [Contributes/assesses/determines] community health status and factors influencing health in a community (e.g. quality, availability, accessibility, and use of health services; access to affordable housing); and

1.13   [Explains/develops/ensures] development of community health assessments using information about health status, factors influencing health, and assets and resources.

In the *Leadership and Systems Thinking Skills* domain there was one statement:

8.4   [Contributes/collaborates/collaborates] with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation).

In the United Kingdom, in 2013, the Public Health Workforce Advisory Group partially refreshed public health competencies originally published in 2008, based on a brief review to ensure that the competencies continued to fit the changing context for public health across the United Kingdom. The resulting *Public Health Skills and Knowledge Framework* describes the skills and knowledge needed by all in the public health workforce in the United Kingdom.[33]

The intended benefits of the United Kingdom framework are to: provide a common standard for the workforce; support self-assessment of skills and knowledge to identify gaps; and to plan a career development pathway. The public health skills and knowledge framework contains a set of essential knowledge and skills organized in four core areas that anyone working in public health will need, and five defined areas of practice (specific knowledge and skills). Each of these areas contains nine levels of competencies.

c   The domains under which the competencies are organized include: analytical/assessment skills; policy development/program planning skills; communication skills; cultural competency skills; community dimensions of practice skills; public health sciences skills; financial planning and management skills; leadership and systems thinking skills. Tier 1 applies to frontline and entry level staff; tier 2 to program managers and supervisors; tier 3 to senior management/executive level. The verb-action related to each competency frequently varies by tier. In the bullets immediately below, the specific verbs, shown in order from tier 1 to tier 3, are bracketed.

A word search of this partially refreshed United Kingdom document[33] found two references to determinants of health and equity.

- **Core Area 1:** Surveillance and assessment of the population's health and wellbeing - This area of practice focuses on the quantitative and qualitative assessment of the population's health and wellbeing including managing, analyzing, interpreting and communicating information that relates to the determinants of health and wellbeing, needs and outcomes.[33, p 3]
- **Defined Area 9:** Health and social care quality - This area of practice focuses on commissioning, clinical governance, quality improvement, patient safety, equity of service provision and prioritisation of health and social care services.[33, p34]

There are several (5) references to inequality, for example:

- **Core Area 4:** Leadership and collaborative working to improve population health and wellbeing – This area of practice focuses on leading and managing teams and individuals, building alliances, developing capacity and capability, working in partnership with other practitioners and agencies, using the media effectively to improve health and wellbeing. All those working in or contributing to public health will play some part in leading for health.[33, p14] "Advocate for and promote the value of health and wellbeing and reduction of inequalities."[33, p16]
- **Defined Area 5:** Health Improvement – This area of practice focuses on improving the health and wellbeing of populations and reducing inequalities by using health promotion, prevention and community development approaches to influence the lifestyle and socio-economic, physical and cultural environment of populations, communities and individuals.[33, p 18]

Discipline-specific competencies revised since 2010: United States public health nursing & Australian public health medicine

In terms of discipline-specific competencies developed internationally, competencies were found for four disciplines: public health medicine; public health nursing; epidemiologists; and health promoters. Two sets of discipline-specific competencies had been revised since 2010; public health nursing in the United States[28] and public health medicine[25] in Australia. An assessment of these recent discipline-specific competencies was conducted.

The Quad Council Practice Competencies for Public Health Nursing in the United States were first developed in 2004. These practice competencies addressed the practice of all public health nurses at both a generalist and specialist level and have been used extensively in education and practice. When the Council on Linkages updated the *Core Competencies for Public Health Professionals* in 2009 to reflect changes in public health and public health practice, the Quad Council followed suit in 2012.[28]

The Quad Council of Public Health Nursing is a coalition of four nursing organizations in the United States and includes: the Association of Community Health Nursing Educators; the Association of Public Health Nursing; the Public Health Nursing section of the American Public Health Association; and the Council on Economics and Practice of the American Nurses' Association.[28] The members of the Quad Council recognized that the significant changes made in the *Core Competencies for Public Health* had resulted in the need for a revision to the Public Health Nursing competencies. The revision resulted in 86 competency statements organized in eight domains similar to the *Core Competencies*, and levelled according to three tiers of practice focus. The three tiers include: individuals/

families/groups; communities/populations; and organizations/systems. While the Council on Linkages competencies are primarily focused at a population level, public health nurses must often apply these skills and knowledge at an individual, family or group level, and the Tier 1 competencies reflect that practice.

A word search of the article found no use of the terms equity (or disparity, equality) or social justice. However there were four references to determinants of health.

- **Domain 1: Analytic and Assessment Skills – Tier 2**
  - 1. Assessment of the health status of populations and their related determinants of health;[28, p525] and
  - 13. Collects data related to social determinants of health and community resources to plan for community-oriented and population-level programs.[28, p526]

- **Domain 4: Cultural Competency Skills – Tier 2**
  - 1. Utilizes social and ecological determinants of health to develop culturally responsive interventions with communities and populations;[28, p530] and
  - 2. Uses epidemiological data, concepts, and other evidence to analyse the determinants of health when developing and tailoring population-level health services. Applies multiple methods and sources of information technology to better understand the impact of the social determinants of health on communities and populations.[28, p530]

In 2013 the Royal Australian College of Physicians developed a *Public Health Medicine Advanced Training Curriculum*. They state, "[p]ublic health medicine is the branch of specialist medical practice that is primarily concerned with the health and care of populations. It is concerned with the promotion of health and the prevention of disease, illness and injury, the assessment of a community's health needs, and the provision of services to communities in general and to specific groups within them."[25, p6] The document contains 116 competencies for public health medicine organized under five broad domains including: cultural competencies; information, research, evaluation and policy; health promotion and disease prevention and control; health sector development; and organisational management. A five point scale is included to indicate the level of competency required or achieved.

A word search of the 2013 Australian document found one reference to equity, and two references to determinants of health. There was no use of the term social justice.

- **Domain 3**: Information, Research and Evaluation, Theme 3.1 - Public Health Information and Critical Appraisal Learning Objective - 3.1.11 Advise on major public health determinants and inequalities.[25, p13-14]
- **Domain 4:** Policy, Theme 4.1 Policy Analysis, Development and Planning - Learning Objectives 4.1.5 Analyse policy and proposals from an equity perspective.[25, p14-15]
- **Domain 5:** Health Promotion and Disease Prevention, Theme 5.4 Chronic Disease, Mental Illness and Injury Prevention, Learning Objective: 5.4.2 Advise on the determinants of chronic disease, mental illness and injury and their public health management.[25, p16]

Review of public health discipline-specific competencies developed in Canada

In the document *Building the Public Health Workforce for the 21st Century*, one of the building blocks identified to strengthen the public health workforce in Canada was to "map the competencies of each discipline against the core competencies" and identify gaps.[4, p17] It was envisioned that this process would assist disciplinary groups to more explicitly define the package of competencies for Public Health practice. In Canada, discipline-specific competencies have been developed for seven disciplines:

- epidemiology core competencies, developed in partnership with the Association of Public Health Epidemiologists in Ontario (APHEO);[34]
- dental public health competencies, developed by the Canadian Association of Public Health Dentistry (CAPHD);[35]
- public health nutrition competencies, developed by Dieticians of Canada on behalf of the Pan Canadian Task Force on Public Health Nutrition Practice;[36]
- public health medicine competencies for Medical Officers of Health, developed by the Medical Officers of Health Competencies Working Group;[37]
- public health nursing discipline-specific competencies, developed by CHNC;[8]
- environmental public health professionals, developed by the Continuing Professional Competence Working Group and the Council of Professional Experience of CIPHI;[9] and
- health promoter competencies, developed by the Pan-Canadian Network for Health Promoter Competencies.[10]

Appendix 1 provides the title of the documents that contain the discipline-specific competencies developed in Canada, along with links to the key documents and a brief description of the sponsoring professional association.

All of the projects which led to the seven sets of discipline-specific competencies in Canada were undertaken with support from PHAC. This support included funding and, in some cases, the participation of PHAC staff on working groups and expert panels. As is the case with the *Core Competencies*, all of the discipline-specific competency sets are in their first iteration. Several of the documents indicated that the competencies would be revised in future as practice in public health changes.

The seven disciplines organized their competency statements in categories or domains. Each of the competency statements identifies specific essential knowledge, skills or attitudes. The number of categories included in the discipline-specific competencies ranged between seven and nine. All discipline-specific competencies reference the Core Competencies and the influence of the *Core Competencies* on the discipline-specific competencies is clear, for example:

- six of the seven sets of competencies use categories that closely resemble, or are identical to, the seven categories used in the Core Competencies (public health sciences; assessment and analysis; policy and program planning, implementation, and evaluation; partnerships, collaboration and advocacy; diversity and inclusiveness; communication; and, leadership);

- the language from the Core Competencies provides a foundation for many of the statements in the discipline-specific competencies; and
- where a glossary of terms is included, or where there are specific definitions of terms, the *Glossary of Terms* from the *Core Competencies* is referenced, and in one case included in its entirety.

Two of the disciplines (public health nutrition and dental public health) structured the competencies in levels (i.e. basic to advanced, and aware to proficient) to reflect stages of professional development and experience of different groups within the discipline.

To put the discipline-specific-competencies in context, six of the seven sets of disciplinespecific competencies are national in scope, with the exception being public health epidemiologists which is specific to Ontario. Five of the seven organizations that led the development of the competencies are affiliated with an overarching professional association; for example, the Public Health Physicians of Canada is a national speciality group recognized by the Royal College of Physicians and Surgeons in Canada. Regulated professionals within these disciplines are required to meet the general standards and competencies as set by their respective professional regulating body in their provincial or territorial jurisdiction. There were specific examples of where the discipline-specific public health competencies have been used to inform or influence the competencies of the discipline as a whole (e.g., Dietitians of Canada), and where they provided the foundation for a continued professional competency program (e.g., environmental public health professionals).

The processes used to develop the sets of discipline-specific competencies were similar across disciplines. Key elements of the process included: a review of current and relevant literature; engagement of an expert or advisory group; development of a draft set of competencies; and finally a consultation process with practitioners in the field.[6]

Table 1 provides the results of the assessment of the seven discipline-specific competency documents in relation to the determinants of health, health equity and social justice.

EPIDEMIOLOGISTS[34]	
Description	» 7 domains and 39 competency statements » 1 reference to determinants of health
Definitions	No definitions of the concepts determinants of health, health equity or social justice included.
Related competency statements	**Understanding the system — A1 —** Understand concepts of population health status, health determinants, disease (or injury) risk factors and health care utilization.

DENTAL PUBLIC HEALTH[35]	
Description	» 8 categories and 122 competency statements » 7 references to determinants of health
Definitions	The *Glossary of Terms* from the *Core Competencies* was included in the document. A preamble to the competencies identified important values in public health and closely reflected those identified in the core competencies including: a commitment to equity, social justice and sustainable development; recognition of the importance of the health of the community as well as individuals; and an understanding of the broad determinants of health.
Related competency statements	***Oral public health sciences – 1.3*** (foundational) – 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; health protection and emergency preparedness; as well as the factors that influence the use of health services. *Example: Discuss the need for a prenatal oral self-care program for new immigrants to reduce the incidence of early childhood caries. Access work-related resources that keep you informed about your community(ies).*[35, p6] ***Oral health assessment and analysis – 2.8*** (advanced) – Assess population oral health and its determinants. *Example: Investigate the demographic characteristics of the children in the schools in your area.*[35, p8] ***Oral health program planning, implementation and evaluation – 3.9*** (advanced) – Describe the implications of options, as they apply to the social determinants of health. *Example: Explore how a fluoride varnish program could provide increased access and decrease caries in children from low socioeconomic backgrounds.*[35, p11] ***Partnerships, collaboration and advocacy*** – Category description – 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.[35, p14] ***Diversity and inclusiveness – 6.1*** (basic shared) – Recognize that the determinants of health influence health and well-being. *Example: Recognize that income influences the ability to access dental care. Recognize that education influences oral health status.* 6.4 (foundational) – Recognize how the determinants of health influence the health of and well-being of specific population groups. *Example: Identify how cultural beliefs about health and illness influence the oral health habits of individuals and groups.* 6.7 (advanced) – Apply knowledge of oral health inequities and inequalities in designing oral health programs and policies. *Example: Negotiate with administrators of a homeless shelter to provide oral cancer screening clinics.*[35, p16-17]

PUBLIC HEALTH NUTRITION PROFESSIONALS[36]	
Description	» 6 competencies for public health nutrition in addition to the existing dietetic competencies » No direct references to the determinants of health, health equity or social justice. » Reference to population health
Definitions	The document contains a definition of Public Health Nutrition practice – "Using population health and health promotion approaches, strategies focus on the interactions among the determinants of health, food security, and nutritional and overall health."[36, pi]
Related competency statements	Sixth competency statement refers to the core attitudes and values shared by public health and quotes those that are included in the preamble to the *Core Competencies*, and include "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".[36, p12]

PUBLIC HEALTH NURSING[8]	
Description	» 8 categories and 66 competency statements » 14 references to the determinants of health, health equity and social justice.
Definitions	The document did not contain a glossary of terms. Competencies – describe the knowledge, skills, judgment and attributes required of a public health nurse to practice safely and ethically. "Attributes include, but are not limited to attitudes, values and beliefs."
Related competency statements	***Public health and nursing sciences – 1.1 –*** Apply knowledge about the following concepts: the health status of populations; inequities in health; the determinants of health and illness; social justice; principles of primary health care; strategies for health promotion; disease and injury prevention; health promotion, as well as the factors that influence the delivery and use of health services.[8, p2] ***Assessment and analysis – 2.1 –*** Recognize that a health concern or issue exists…. assess the impact of the broad social, cultural, political and economic determinants of health.[8, p3] ***Policy and program planning, implementation and evaluation – 3A 2 –*** Describe the implications of each policy option, especially as they apply to the determinants of health and recommend or decide on a course of action. **3A 6 –** Build community capacity to improve health and address health inequities. **3A 8 –** Advocate for the reduction of in equities in health through legislative policy making activities. **3B 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. **3C 11 –** Advocate in collaboration with, and on behalf of, individuals, families, groups, and communities on social justice-related issues.[8, p6] ***Partnerships, collaboration and advocacy –*** Domain description – "….includes the concepts of: social justice, which is the fair distribution of society's benefits and responsibilities and their consequences; partnership and collaboration which is to optimize performance through shared resources and responsibilities; advocacy which is to speak, write or act in favour of a particular cause, policy or group of people and aims to reduce inequities in health status or access to health services."[8, p6] **4.1 –** advocate for societal change in support of health are all: facilitate the change process to impact the determinants of health and improve health outcomes. **4.3 –** mediate between differing interests in the pursuit of health and well-being, and advocate for appropriate resource allocation and equitable access to resources. **4.5 –** involve individuals, families, groups and communities as active partners to identify assets, strengths and available resources and to take action to address health inequities, needs, deficits and gaps.[8, p7] ***Diversity and inclusiveness –*** Domain description – "… Interact effectively with diverse individuals, families, groups and communities in relation to others in society as well as to recognize the root causes of disparities and what can be done to eliminate them. **5.1 –** Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups."[8, p7] ***Professional responsibility and accountability –*** Domain description – "Public health nurses are responsible for initiating strategies that will address the determinants of health and generate a positive impact on people and systems."[8, p9]

PUBLIC HEALTH MEDICINE – MEDICAL OFFICERS OF HEALTH[37]	
Description	» 8 domains and 51 competency statements » 3 references to determinants of health, and health equity.
Definitions	No definitions of the concepts determinants of health, health equity or social justice included. Did not contain a glossary of terms.
Related competency statements	***Monitoring and assessing the health of the public – 2.1 –*** Assess and describe systematically a population's health status, the determinants of significant health problems and their distributions using quantitative and qualitative methods.[37, p12] ***Public health consultant – 3.1 –*** Apply the following concepts to public health practice: 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 use of health services.[37, p15] ***Communication, collaboration and advocacy for the public's health –*** Description - MOHs are a primary source of information on public health matters to a range of audiences and utilize their knowledge of communities to develop and shape strategies with partners to mobilize action to identify inequities in health and build healthy public policy to reduce them.[37, p19]

ENVIRONMENTAL PUBLIC HEALTH PROFESSIONALS[9]	
Description	» 8 categories and 133 competency » 2 references to equity
Definitions	The document contained the PHAC definition of Determinants of Health. Justice is a principle in the *Code of Ethics for Environmental Public Health Professionals* and is defined as "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or social distinction".[38, p13]
Related competency statements	***Partnerships, collaboration and advocacy –*** Description – Advocacy – speaking, writing or anything in favour of a particular cause, policy, or group of people – often aims to reduce inequities in health status or access to health services related to practice issues.[9, p40] **T4-9** – Evaluate and allocate for the equitable allocation of resources related to practice program.[9, p40]

HEALTH PROMOTERS[10]	
Description	» 9 categories and 36 statements in Version 5 » 2 references to determinants of health and health equity.
Definitions	Includes a glossary of terms defining determinants of health and health equity citing the *Core Competencies*
Related competency statements	***Health Promotion Knowledge and Skills – 1.1 –*** Apply a population health promotion approach, including the determinants of health and health equity, to the analysis of health issues.[10, p1] ***Diversity and Inclusiveness – 8.1 –*** Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.[10, p2]

5 Discussion

International comparison

Competency-based workforce development in public health is being used broadly in Canada and internationally. The literature is replete with references to: competencies and their use and development in public health; tools and curriculum to implement and/or assess competency based approaches; and the contribution of competencies to public health capacity and infrastructure.[6] Included in this literature are commentaries on the capacity of public health practitioners and decision makers to address the determinants of health and advance health equity[39-41] and enact the principles of social justice as a foundational value of public health practice.[15, 42]

The assessment of the general core competencies for public health recently revised in the United States[21] or partially refreshed in the United Kingdom[33] revealed an almost complete absence of the words or concepts of determinants of health, equity and social justice, in the competency statements themselves and accompanying documents. Both general competency sets were silent on the attitudes, attributes, values and beliefs that inform contemporary public health practice in those countries, and included very few references to determinants of health and health equity. Social justice was not referenced at all in these documents.

It appears from the international scan and assessment that while there is room for improvement in the *Core Competencies*, Canada has kept pace or is leading in the required knowledge and skills area of health equity. The influence of general competencies on specific disciplines is evident in Canada and internationally. When the *Core Competencies* are reviewed and revised it will provide an excellent opportunity to consider how to strengthen the competency statements so as to better provide guidance to public health practitioners, disciplines and organizations to address the determinants of health and advance equity through social justice in communities, populations and society as a whole.

Discipline-specific competencies in Canada analysis
Influence of the Core Competencies

Given the widespread use and influence of the *Core Competencies*, it is not surprising that similar results were found in this analysis related to the inclusion of the concepts of determinants of health and health equity for discipline-specific competencies, as was identified in the previous NCCDH analysis.[3] An understanding and application of the concepts of population health status and health determinants is included in each of the discipline-specific competency documents. However, although several of the disciplines include a commitment to equity and social justice within their description of the importance of values in public health practice, most often values were found in a preamble or introduction rather than being explicitly stated and referenced within the competency statements. Integration of the concepts into the competency statements themselves would strengthen their integration into key documents such as job descriptions, professional and program standards.

DO PUBLIC HEALTH DISCIPLINE-SPECIFIC COMPETENCIES PROVIDE GUIDANCE FOR EQUITY-FOCUSED PRACTICE?

15

Although public health attention to social justice is grounded in the profession's infancy, the international calls to take action to address the interconnected determinants of health[2] are recent. Thus, it is disappointing but not entirely unreasonable that discipline-specific competencies, most developed between 2009 and 2011, are not reflecting the expectations of contemporary public health practice.

Potential application of competencies

Addressing health equity is among the more complex challenges that public health faces, and much of public health practice is complex. To address complexity, the workforce must be able to adapt and respond to the changing context in which they practice. Regan and coauthours[43] stated that this ability to adapt and respond is supported by identifying the competencies required to provide public health services, and also requires that the members of the workforce have opportunities to learn and build on existing competences. With this in mind, they conducted a policy analysis to compare public health human resources-relevant documents in British Columbia and Ontario. The analysis identified a number of training and education needs that include developing knowledge and skills related to: the determinants of health; applying a population and equity lens; diversity and cultural competency; and leadership capacity. Accordingly, greater integration of health equity within the discipline-specific competencies would direct attention to meeting workforce knowledge and skill needs.

Importance of language

The analysis illustrates the importance of language and terminology. The discipline-specific competency documents consistently reference "population health assessment" and describe communities, populations and/or society as public health clients. Inclusion of these terms in the competencies is a strength. These assessments of the health of a community or population implicitly align with a consideration of equity as it is through population assessments that disparities within and between groups are illustrated.

However, the concepts of determinants of health, health equity and social justice are less consistently referenced and defined. An NCCDH environmental scan[41] suggested that greater clarity of public health concepts (e.g., population health, health promotion, health equity action) would help to establish common understanding across public health disciplines.

The concepts of "determinants of health" and "health equity" continue to be explored in the literature, and practice and understanding of how to use them to guide practice is evolving. The discipline-specific competency documents reference terms from the 2008 *Core Competencies* or create their own glossary of terms using the Core document as a foundation. It is important to recognize that language is influenced by context and culture, and that definitions change over time. Accordingly, a more contemporary and dynamic

set of definitions or descriptions of the concepts could support competency development and use in practice. One resource, the NCCDH *Glossary of Terms*[44] describes a range of terms specific to public health practice to address the social determinants of health and advance health equity.

Public health roles for health equity

Part of the rationale for competency development is the capacity to articulate the value of public health and its specialties within the broader health care system.[6] For several disciplines a significant benefit of developing the discipline-specific competencies is to describe the value of the public health specialty to their own discipline, the inter-professional teams with which they work, and to the healthcare system at large. Developing the discipline-specific competencies is considered to have provided an opportunity to distinguish or clarify the role of the public health specialty within their discipline. The process of public health-specific competency development involved improved articulation of the role of the discipline.

The NCCDH *Public Health Roles for Health Equity framework*[45] may be helpful to deepen and further describe the roles for action by each discipline on the determinants of health to reduce health inequities. And perhaps more importantly, the framework could be used to illustrate the collective role of public health and how discipline-specific competencies can enact public health roles for health equity. See Table 2 for examples.

TABLE 2 PUBLIC HEALTH ROLES WITH COMPETENCY STATEMENT EXAMPLES

PUBLIC HEALTH ROLES FOR HEALTH EQUITY[40]	COMPETENCY STATEMENT EXAMPLE
Assess and report on a) the existence and impact of health inequities, and b) effective strategies to reduce these inequities	Public health medicine – **2.1** – Assess and describe systematically a populations' health status, the determinants of significant health problems and their distributions using quantitative and qualitative methods.[37, p12]
Modify and orient interventions and services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization.	Environmental public health professionals – **T4-9** – Evaluate and allocate for the equitable allocation of resources related to practice program[9, p40]
Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.	Public health nursing – **4.3** – mediate between differing interest in the pursuit of health and well-being, and advocate for appropriate resource allocation and equitable access to resources.[8, p7]
Lead, support and participate with other organizations in policy analysis, and development, and in advocacy for improvement in health determinants and inequities.	Dental public health – 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.[35, p14]

Practice examples

While the *Core Competencies* contain practice examples for each of the 36 competencies statements, Dental Public Health is the only discipline-specific competency document that included practice examples. None of the dental practice examples provide guidance specifically about equity-informed practice or social determinants of health. The absence of practice examples, about equity and in general, deprives disciplines of a means to demonstrate knowledge and skill required to integrate responsiveness to health equity into practice.

Values & ethics

In the *Core Competencies* attitudes and values are described as equally important to competencies and as forming the context within which the competencies are to be practiced. However, attitudes and values were not listed as specific core competencies for public health because they were considered to be difficult to teach and assess. As a result, the concepts of social justice and equity are not well integrated into the core competency statements nor the practice examples of the core competencies. Subsequently these concepts, and related ethical decision-making, are not well integrated in the discipline-specific competencies.

Although it is sometimes assumed that public health practitioners share a core set of attitudes and values, because public health practice draws on a wide range of professional and academic traditions,[46] that is perhaps a mistaken belief. As MacDonald describes, "public health practitioners have long grappled with ethical issues in their practice but, until recently, there have been few relevant ethics frameworks that take into account the values base of public health."[47, p398] The National Collaborating Centre for Health Public Policy recently released a series of three briefing notes intended to support public health practitioners to make difficult ethical decisions unique to public health.[48-50]

Assessments of social justice require moral and ethical judgements about what is fair and what is equitable.[16] Yet, public health professionals often have limited formal ethics training.[48] For public health professionals to develop competencies in public health ethics, the elaboration of this area in the core and discipline-specific competencies is required, as well as resources to facilitate continuing professional development in this area.[46] Kenny and co-authours[51] argue that a public health ethics framework can support a public health practitioner to identify the central role of the socio-economic determinants of health and recognize the importance of reducing health inequalities.

The *Core Competencies in Public Health in Canada: Release 1.0* includes public health ethics as a dimension of leadership and for the most part, the discipline-specific competencies follow suit. The public health leadership society in the United States developed a code of ethics to guide public health practice but there is no such code in Canada.[47] Viehbeck et al. ask "Should a code of PPH [Population Public Health] ethics be developed to guide practice and the selection of appropriate, effective or equitable interventions? Who should be involved in this process? Do existing frameworks adequately capture the distinct means and aims of PPH practice?"[42, p412] Several of the disciplines have a professional code of ethics (e.g. CNA).[13] Might the Canadian Public Health Association provide leadership in developing a code of ethics?

6 Recommendations

Based on this analysis, the following recommendations are made to strengthen public health competencies across disciplines related to the social determinants of health, health equity and social justice.

Professional associations (disciplines) are encouraged to:

1. Embed the concepts of social justice, health equity and the determinants of health in their next revision of the sets of competencies ensuring the concepts appear in the statements themselves.

2. Use language for social justice, determinants of health and health equity that is reflective of contemporary practice (e.g., the "factors" that influence health) with an understanding that public health concepts and terms are influenced by context and culture and change over time. Consider integrating the health equity definitions from the NCCDH *Glossary of Terms*.[44] Parallel English and French, culturally appropriate glossaries were developed in response to requests for enhanced clarity and consistency in use of relevant terms over time.

3. Include practice examples to clearly illustrate acting for social justice and taking action on the determinants of health and health inequity.

4. Identify the similarities amongst the public health discipline-specific competencies and use these commonalities as a basis to facilitate inter-professional collaboration in education,

practice, health human resource policy and research with the shared goal to improve the overall health of the public.

PHAC is encouraged to:

1. Revise the *Core Competencies* to explicitly incorporate the concepts of social justice, health equity and the determinants of health.

2. Build on some of the recommendations made by the NCCDH in 2012.[3]
   - 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;
   - Expand determinants of health content, both the amount and range, in the practice examples and glossary of terms.[3, p12]

3. Strengthen the integration of public health values and public health ethics in the *Core Competencies*.[15, 46]

4. Include social justice attributes in the core competency statements. Consider using examples from Edwards and Davison.[15]

For example:

■ **Public health sciences**

- Describe public health's role in righting social injustices
- Understand relationships between social determinants of health and inequities

■ **Assessment and analysis**

- Use data to describe and differentiate between health inequalities and health inequities
- Work with marginalized populations to use quantitative and qualitative data to examine and take action on inequities and disparities in health status

■ **Policy and program planning**

- Identify the ways in which each policy option may ...[unintentionally] increase social and health inequities
- Recognize the potential differential effects of health interventions on population subgroups

■ **Partnerships, collaboration**

- Support governments and community partners to build just and advocacy institutions
- Solicit input from individuals and organizations to address inequities
- Facilitate dialogue about the fair allocation of resources

■ **Diversity and inclusiveness**

- Understand and apply the Universal Declaration on Human Rights

■ **Communication**

- Develop communication strategies for subpopulations that have been historically oppressed

■ **Leadership**

- Integrate the values of social justice within the mission and strategic plans of an organization
- Identify how the redistribution of public health resources may alter or reinforce inequities."[15, p131]

7 Conclusion

Canada has been a leader in the development and use of a competency-based approach to public health workforce development. Both the *Core Competencies* and public health discipline-specific competencies are being extensively used and referenced. A public health approach is "based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health" and includes "health promotion, health protection, population health surveillance, and the prevention of death, disease, injury, and disability."[52, p7] Despite the fact that "social justice has been identified as one of the most important goals of social progress and a founding pillar of public health,"[15] and that these concepts are referenced within Canadian competencies more often than those found in other jurisdictions, public health discipline-specific competencies do not adequately or explicitly incorporate the principles of social justice, health equity and the determinants of health within competency statements or examples.

Discipline-specific, as well as core competencies, should be revised to be more reflective of the principles of social justice, equity and the social determinants of health. This is critical to provide direction and guidance to ensure necessary knowledge and skills among public health practitioners across numerous disciplines.

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Epidemiologists[34] (Ontario only)	»	APHEO. *Competencies for Public Health Epidemiologists in Ontario.* 2007.
	»	Available from: http://core.apheo.ca/resources/projects/comps/APHEO%20Competency%20 Final%20Report%202007.pdf
	»	The APHEO exists to advance and promote the discipline and professional practice of epidemiology in Ontario public health units. Website – www.apheo.ca
	»	Bondy SJ, Johnson I, Cole DC, Bercovitz K. Identifying core competencies for public health epidemiologists. Can J Public Health. 2008;99(4):246-51.
	»	Available from: http://journal.cpha.ca/index.php/cjph/article/viewFile/1645/1829
Public Health Dentistry[35]	»	CAPHD. *Discipline Competencies for Dental Public Health in Canada: Release 4.0*, March 2008 version. 2008.
	»	Available from: www.caphd.ca/sites/default/files/pdf/DisciplineCompetenciesVersion4_ March31.pdf
	»	The CAPHD is the national voice for dental public health in Canada. It exists to support members, government, institutions, and agencies who are dedicated to improving oral health and assuring oral health equity in Canadians. Website – www.caphd.ca
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	»	The *Pan Canadian Task Force on Public Health Nutrition Practice* (Dietitians of Canada) was formed in collaboration the Public Health Agency of Canada to provide strategic guidance and expert advice on public health nutrition practice enhancement in Canada. The Dietitians of Canada is the voice of the profession supporting ethical, evidence-based best practice in dietetics. It advances the profession's unique body of knowledge of food and nutrition. The Dietitians of Canada support members in diverse roles as leaders in promoting health and wellness, as life-long learners and as mentors for those beginning their dietetic careers in Canada. Website – www.dietitians.ca/
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	»	The CHNC is a national organization for community health registered nurses to advance practice and to improve the health of Canadians. Website – www.chnc.ca
	»	The CHNC is an associate member of the CNA, the national professional voice of registered nurses in Canada that advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system. Website – www.cna-aiic.ca/en

Medical Officer of Health[37]	»	MOH Competencies Working Group. *A set of minimum competencies for medical officers of health in Canada.* 2009.
	»	Available from: http://nsscm.ca/Resources/Documents/Minimum%20MOH%20 Competencies%20-%20FINAL%20-%20Clean-%20post-v5.pdf
	»	The *Public Health Physicians of Canada* represents the interests of public health and preventive medicine specialists and public health physicians in Canada. It was established in 1998 as the National Specialty Society for Community Medicine.
	»	Public Health and Preventive Medicine specialists, recognized by the Royal College of Physicians and Surgeons of Canada have populations rather than individual people as their patients. They assess and measure the health status of the population and develop effective interventions at the population level in order to improve health. They are leaders, advocates, and collaborators in public health. The document *Objectives of training in the speciality of public health and preventive medicine* (2014 – Version1.0) contains the training objectives to function as a medical expert, communicator, collaborator, manager, health advocate, scholar and professional.
	»	Royal College of Physicians and Surgeons of Canada. *Objectives of training in the speciality of public health and preventive medicine.* 2014. Available from: www.royalcollege.ca/cs/groups/ public/documents/document/y2vk/mdaw/~edisp/tztest3rcpsced000887.pdf
Environmental Public Health Professionals[9]	»	CIPHI. *Discipline specific competencies.* 2010.
	»	Available from: www.ciphi.ca/pdf/dsc.pdf
	»	The *Canadian Institute of Public Health Inspectors* represents and unites Environmental Public Health Professionals across Canada, and advances the profession and field of environmental public health through certification, advocacy, education and professional competencies to protect the health of all Canadians. Website – www.ciphi.ca/
Health Promoters[10]	»	Pan-Canadian Network for Health Promoter Competencies. *Pan-Canadian Network for Health Promoter Competencies: Version 5.* 2014.
	»	Available from: https://static1.squarespace.com/static/52cb0336e4b0e90fb28b6088/t/5474 8e57e4b03fa3bab9f158/1416924759306/Pan-Canadian_Health_Promoter_Competencies_ Version_5.pdf
	»	The *Pan-Canadian Network for Health Promoters Competencies* works to enhance health promoter practice in Canada through the development of discipline-specific competencies, and providing guidance, leadership and expert advice by way of collaboration and support. Members of the network are committed to defining, raising awareness, and advancing health promoter competencies and the practice of health promotion.
	»	Website – www.healthpromotercanada.com

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National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé