## Public Health Association of BC: Core Competencies in Public Health Project Employer Survey

#### Introduction:

The overall aim of the Public Health Association of BC's (PHABC) Project on Core Competencies in Public Health is to contribute to ensuring that the public health workforce in BC has the appropriate competencies for the delivery of public health core programs. This project is funded by the BC Ministry of Health and the Public Health Agency of Canada and has an advisory committee with representatives from PHABC, the two funding agencies, the health authorities and the academic sector.

In Phase 1 of this project, the core competencies identified in the Core Competencies for Public Health in Canada: Release 1.0 (http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/zcard-eng.pdf) were assessed and found to be relevant to implementing the core public health programs in BC. In addition, the consultation process identified a number of core competencies for public health that could be enhanced as well a number of competency gaps where training is needed. For example, Community Capacity building was identified as a competency area for which there is a training need. (See Phase 1 Report

http://www.phabc.org/files/headlines/Final Report Core and Technical Competencies 08.pdf)

As part of Phase 2, PHABC is implementing a pilot project to develop and test a collaborative process for identifying and responding to the educational and training needs of staff and managers currently employed in the public health sector in BC. The tools and processes being developed are intended to enhance understanding of the existing skills and training needs of current staff in the public health core competency areas, and can be assessed at a regional level or provincewide. The focus is on professional development for current staff rather than entry to practice.

We would appreciate your support in completing this survey. The purpose of this survey tool is to identify the employers' general understanding of the professional development needs of the staff and managers in their organization and the type of training/education response that would meet these needs. This tool is being tested in one competency area – Community Capacity-building - with the intent that it be adapted for broader use in other core competency areas. Please enter the security code you received by email to begin the survey.

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Continue			

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**Instructions:** The survey will take approximately 15 minutes to complete. There is no time limit on the survey, providing you don't close or navigate away from this window, your responses will remain intact. Please complete the following questions and click submit at the bottom of the page:

**Definition of Community –** Community can refer to a group of individuals with a common interest or a common setting, a population group, or a geographic area.

#### **Definition of Community Capacity-building**

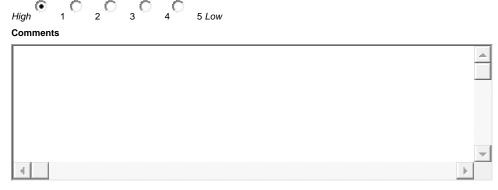
There are numerous definitions of community capacity-building that are all slightly different but the main elements are very similar. The common features of a number of definitions have been incorporated into the following definition which will be used for the purpose of this project. Community capacity-building is being viewed within the context of the evolving public health sector and the increased emphasis on population health and the social determinants of health. Community capacity-building as a core competency is defined as:

The ability to enhance the skills, abilities, resources, and commitment of communities and their members to care for each other, nurture unique talents and leadership, and act on challenges and opportunities the community faces. As a result, individuals and groups increase their ability to impact the health and vitality of their communities in a positive and sustainable manner.

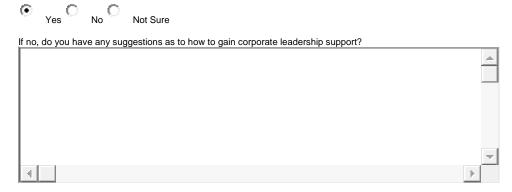
#### **Employer Survey Questions**

### Core Public Health Competency area: Community Capacity-building

1a. How critical is community capacity-building to achieving the goals of your program area/portfolio? Please rate importance on a scale of 1-5 with 1 being high and 5 being low.



1b. Do you feel there is support for community capacity-building from the corporate leadership of your organization?



2. What do you hope to achieve by ensuring staff have community capacity-building competencies?

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За.	Are th	here organizational supports available to your staff to assist them in their community capacity-building efform of the No Don't Know	orts?
3b.	If yes	s, please specify the supports available: Please check all that apply and give examples:	
		Financial (e.g., budget allocation) (Example)	
		Technology (e.g., telephone/video conferencing, etc.) (Example)	
		Administrative (e.g., organizing meetings, etc.) (Example)	
	П	Physical space (Example)	
		Supportive organizational policies, procedures, framework, etc. (Example)	
		Supportive organizational culture (e.g., norms, values, etc.) (Example)	
		Supportive management and leadership (Example)	
		Existing positive relationships and partnerships with relevant groups (Example)	
		Included in performance review plans, if applicable (Example)	
		Mentoring opportunities (Example)	
		Access to other experts in this competency area (Example)	
		Training and education opportunities (Example)	
		Others: Specify: (Example)	

 $\textbf{3c.} \ \ \text{Do you have any other comments about your organization's support for community capacity-building?}$ 

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4a.	Do you think your staff require add	itional professional develop	oment in community capac	ity-building?	
	Yes, Some Yes, Most	O O Not Sure			
	Comments				
					_
	4				<b>F</b>
4b.	If yes, approximately how many stabuilding?	aff do you think may require	e professional developmer	nt in community capa	city-
	# Approximately w	hat percentage of your staf	f is this?	6	
4c.	If yes, how important is it to develo Please rate importance on a scale			competency area?	
	• 10 20 30	6 5 Low			
4d.	How quickly would you want staff to	o complete this training?			
	within the next 6 months				
	0				
	within the next 12 months				
	within the next 2-3 years				
	Other: Specify:				
5a.	Does your organization provide, or the core competency area of comp		de, the following profession	nal development sup	ports for
	Professional Development Supports	We do provide	We don't provide	We don't provide but should	Don't Know
	Give time off during work hours to take training	•	0	0	0
	Pay 100% of their tuition upon completion of the training	•	0	0	0
	Pay a portion of the tuition	•	0	0	0

	Recognize courses in performance plans, if applicable	•	0	0	0	
	Recognize achievement in some tangible way e.g., special assignment, salary, promotion, etc. as determined by workplace agreements	•	0	0	0	
	Offer workshop on site free of charge	•	0	0	0	
	Support development and participation in communities of practice	•	0	0	0	
	Other possible approaches – Please specify:					
5b.	Do you have any additional common your organization?	ents regarding appropriate	e approaches to support prof	essional developm	eent in	
	4				<u> </u>	
6.	Would your organization be willing  Provide expertise to develop  Teach some aspect of the p  Provide mentoring support  Provide field placements  Other – Please specify:  None of the above	a professional developm	ū	шат арріу.		
7a.	a. Thinking about the skill set that describes the community capacity-building competency, which of the following specific skills do you think should have the highest priority from a staff professional development perspective? Identify and rank up to 5 skills that you feel are the highest priority with 1 being the highest priority and 5 being the					
	No Rank 1 2	Understand the conc these to practice.	epts of community capacity-	building and able to	o apply	
	No Rank 1 2 2 3 4 5	Able to establish effe organizations and gre	ctive working relationships woups	rith diverse individu	uals,	
	No Rank 1 2	Able to influence other action.	ers, foster leadership and mo	obilize a community	y to	

	0	No Rank	1 O	2	Able to apply a population health and social determinants of health approach to improve the health and well being of communities.	
	<ul><li>⊙</li></ul>	No Rank	1 C 5	2	Able to apply at least two of the following: group facilitation, consultation techniques and community engagement processes.	
	© O	No Rank	1 <sup>©</sup>	2	Able to engage communities to advocate for healthy public policies and services to promote the health of the community.	
	⊙ ○	No Rank	1 <sup>©</sup>	2	Able to interpret, translate and transfer knowledge to enhance its usefulness to communities.	
	⊙ ○	No Rank	1 <sup>©</sup>	2	Able to assist in issues management, problem-solving and conflict resolution within a community context.	
	© ()	No Rank	1 C 5	2	Able to understand and apply at least one of the following: participatory action research, community asset mapping, participatory evaluation.	
	⊙ ○	No Rank	1 C 5	2	Able to take into account diverse values and cultures when working with communities	
	© ()	No Rank	1 C	2	Able to broker and leverage opportunities to help communities sustain their efforts.	
	<ul><li>⊙</li><li>○</li></ul>	No Rank	1 <sup>©</sup>	2	Able to develop two or more of the following: strategic plans, grant proposals, project proposals, briefs, option papers, requests for proposals.	
	© ()	No Rank	1 O	2	Able to foster innovation and support new approaches.	
7b. Are there any other community capacity-building skills, not listed above, you would rank as one of the top five professional development needs of your staff?  Yes No Please specify						
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8. Do you have any other comments?

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Per	sonal Data: Please specify	
9a.	Where you work: Employer	
	Regional Health Authority: VCH FH VIHA IH NH	
	Health Service Delivery Area If appropriate, specify:	
	Provincial Health Services Authority	
	Provincial Ministry of Health or other Ministry Please specify:	
	Other Please specify:	
9b.	The type of work you do: Public Health Program Area:	
	Specific (e.g., child, youth, dental, nutrition, etc.):	
	General (e.g., Prevention, Population Health, Protection, etc.):	
	If your work is described in other terms, please specify	
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	1	<b>F</b>
10.	Number of years you have worked in public health:	
	•	
	less than 5	
	5-10 years	

more than 10 years