

PHABC - Core Competencies in Public Health Project Survey Results for Fraser Health Pilot on Health Equity Competency

A. EMPLOYEE SURVEY FOR HEALTH EQUITY

These results are based on 37 respondents

62% front line staff; 2.7% managers; 10.8% practice support/leader educator; 2.7% program consultants; 2.7% coordinators; 18.9% others

Length of time working:

18.92% less than 5 years; 27% 5-10 years; 54% more than 10 years

Type of work:

Public Health Nursing:

Dental

Community Developer

Environmental Health Officer

Nutrition/Dietitians

Policy and Planning

Speech Language Pathology

Competency Assessment:

Three main questions addressed – In this core competency area:

1. Is there a need for Professional Development?
2. What is the self assessed skill level of employees?
3. How necessary is the skill for employees in their current positions?

Competency Statements:

Understand what health equity and health inequity mean and how this differs from health equality and health inequality/disparity.

59% indicated need for professional development

27% indicated it is a strength of theirs (level: to mentor, very comfortable to apply)

81% indicated that this skill is very necessary or necessary for their current position

Able to Demonstrate knowledge of how health equity is associated with the social determinants of health.

51% indicated need for professional development

43% indicated it is a strength of theirs

81% indicated that this skill is very necessary or necessary for their current position

Able to use health equity/health inequity literature, research and evidence to inform policies, programs and practice.

59% indicated need for professional development

16% indicated it is a strength of theirs

78% indicated that this skill is very necessary or necessary for their current position

Able to think critically at a broad systems level, recognizing the interrelationships among and between factors that affect the health of populations.

62% indicated need for professional development

27% indicated it is a strength of theirs
81% indicated that this skill is very necessary or necessary for their current position

Able to identify and where appropriate provide information (from data to stories) needed to conduct a health equity assessment.

65% indicated need for professional development
19% indicated it is a strength of theirs
73% indicated that this skill is very necessary or necessary for their current position

Able to identify gaps and limitations in available information for conducting a health equity assessment.

54% indicated need for professional development
16% indicated it is a strength of theirs
70% indicated that this skill is very necessary or necessary for their current position

Able to understand (purpose and content) and use an equity-focused health impact assessment tool.

62% indicated need for professional development
11% indicated it is a strength of theirs
62% indicated that this skill is very necessary or necessary for their current position

Able to determine best practices to address identified health inequities.

65% indicated need for professional development
16% indicated it is a strength of theirs
75% indicated that this skill is very necessary or necessary for their current position

Able to implement programs/services/policies designed to prevent, reduce and/or mitigate health inequities.

59% indicated need for professional development
21% indicated it is a strength of theirs
70% indicated that this skill is very necessary or necessary for their current position

Able to understand and participate in evaluation activities to measure the impact of specific interventions on identified health inequities.

62% indicated need for professional development
13% indicated it is a strength of theirs
78% indicated that this skill is very necessary or necessary for their current position

Able to engage, work collaboratively and build partnerships with diverse stakeholders and sectors for the achievement of common goals in reducing health inequities.

59% indicated need for professional development
30% indicated it is a strength of theirs
78% indicated that this skills is very necessary or necessary for their current position

Able to articulate and utilize the strengths/assets that the public health and other components of the health care system can bring to addressing health inequities.

57% indicated need for professional development
30% indicated it is a strength of theirs
81% indicated that this skill is very necessary or necessary for their current position

Able to articulate and utilize the leadership and strength/assets that other sectors beyond the health care system can bring to addressing health inequities.

54% indicated need for professional development

13% indicated it is a strength of theirs

68% indicated that this skill is very necessary or necessary for their current position.

Able to establish effective relationships (e.g., trusting, non-judgmental/respectful, sustainable, collaborative) with population groups affected by health inequities to jointly assess needs, test and implement solutions.

59% indicated need for professional development

46% indicated it is a strength of theirs

76% indicated that this skill is very necessary or necessary for their current position.

Able to advocate on behalf of and with populations affected by health inequities.

59% indicated need for professional development

38% indicated it is a strength of theirs

76% indicated that this skill is very necessary or necessary for their current position.

Able to understand the influence of diversity on health equity (e.g., where diversity includes unique values, social, political, historical, physical, spiritual, mental, gender, economic, environmental and cultural experiences).

73% indicated need for professional development

31% indicated it is a strength of theirs

86% indicated that this skill is very necessary or necessary for their current position.

Demonstrate knowledge and understanding of Aboriginal peoples, their socio-political and historical context, and jurisdictional issues, in addressing health and health equity.

68% indicated need for professional development

38% indicated it is a strength of theirs

81% indicated that this skill is very necessary or necessary for their current position.

Able to use best practices in framing and communicating about social determinants of health and health inequities.

68% indicated need for professional development

38% indicated it is a strength of theirs

81% indicated that this skill is very necessary or necessary for their current position.

Able to convey the societal and personal costs of health inequities and the benefits of addressing them in a manner that influences decision-makers in all sectors including health to take action.

62% indicated need for professional development

13% indicated it is a strength of theirs

73% indicated that this skill is very necessary or necessary for their current position.

Able to engage others in open dialogue/debate about health equity.

73% indicated need for professional development

30% indicated it is a strength of theirs

78% indicated that this skill is very necessary or necessary for their current position.

Able to engage leaders within the health care sector and across other sectors to collaboratively address health equity issues.

65% indicated need for professional development
 59% indicated it is a strength of theirs
 81% indicated that this skill is very necessary or necessary for their current position.

Able to recognize and address power imbalances that impact public and population health.

57% indicated need for professional development
 19% indicated it is a strength of theirs
 70% indicated that this skill is very necessary or necessary for their current position.

Able to recognize and work through value differences and ethical dilemmas with stakeholders/decision makers across diverse sectors to improve health equity.

62% indicated need for professional development
 14% indicated it is a strength of theirs
 62% indicated that this skill is very necessary or necessary for their current position.

Overall employee ranking of the top five priorities for professional development

With regard to the 23 competency statements (skill areas) identified above, which are your highest priority from a professional development perspective? Rank up to 5 skills with 1 being the highest priority and 5 being the lowest priority.

	Skill Set	# of employees	Percent
1.	Understand what health equity and health inequity mean and how this differs from health equality and health inequality/disparity. 3	8	6.78 %
2.	Able to Demonstrate knowledge of how health equity is associated with the social determinants of health. 1	12	10.17 %
3.	Able to use health equity/health inequity literature, research and evidence to inform policies, programs and practice. 4	7	5.93 %
4.	Able to think critically at a broad systems level, recognizing the interrelationships among and between factors that affect the health of populations. 2	11	9.32 %
5.	Able to identify and where appropriate provide information (from data to stories) needed to conduct a health equity assessment. 5	6	5.08 %
6.	Able to identify gaps and limitations in available information for conducting a health equity assessment.	2	1.69 %
7.	Able to understand (purpose and content) and use an equity-focused health impact assessment tool. 4	7	5.93 %
8.	Able to determine best practices to address identified health inequities. 1	12	10.17 %
9.	Able to implement programs/services/policies designed to prevent, reduce and/or mitigate health inequities.	0	0.00 %
10.	Able to understand and participate in evaluation activities to measure the impact of specific interventions on identified health inequities. 5	6	5.08 %
11.	Able to engage, work collaboratively and build partnerships	11	9.32 %

	with diverse stakeholders and sectors for the achievement of common goals in reducing health inequities. 2		
12.	Able to articulate and utilize the strengths/assets that the public health and other components of the health care system can bring to addressing health inequities.	4	3.39 %
13.	Able to articulate and utilize the leadership and strength/assets that other sectors beyond the health care system can bring to addressing health inequities.	1	0.85 %
14.	Able to establish effective relationships (e.g., trusting, non-judgmental/respectful, sustainable, collaborative) with population groups affected by health inequities to jointly assess needs, test and implement solutions.	5	4.24 %
15.	Able to advocate on behalf of and with populations affected by health inequities.	4	3.39 %
16.	Able to understand the influence of diversity on health equity (e.g., where diversity includes unique values, social, political, historical, physical, spiritual, mental, gender, economic, environmental and cultural experiences).	2	1.69 %
17.	Demonstrate knowledge and understanding of Aboriginal peoples, their socio-political and historical context, and jurisdictional issues, in addressing health and health equity.	3	2.54 %
18.	Able to use best practices in framing and communicating about social determinants of health and health inequities.	4	3.39 %
19.	Able to convey the societal and personal costs of health inequities and the benefits of addressing them in a manner that influences decision-makers in all sectors including health to take action.	4	3.39 %
20.	Able to engage others in open dialogue/debate about health equity.	3	2.54 %
21.	Able to engage leaders within the health care sector and across other sectors to collaboratively address health equity issues.	1	0.85 %
22.	Able to recognize and address power imbalances that impact public and population health.	2	1.69 %
23.	Able to recognize and work through value differences and ethical dilemmas with stakeholders/decision makers across diverse sectors to improve health equity.	3	2.54 %

Frequency of Use:

27% indicated that they regularly use Health Equity to deliver public health programs. An additional 51% indicated they used Health Equity fairly often or sometimes and overall.

38% feel they should have the opportunity to use their Health Equity skills **more often** in their work.

Organizational Supports:

70% indicated that in their opinion their organization values Health Equity and 38% indicated that their organization supports Health Equity efforts. The type of support mentioned most frequently by employees are included in performance reviews plans, existing positive relationships and partnerships with relevant external groups, and training and education opportunities.

Type of organizational support available

Financial	1	1.33 %
Tools	3	4.00 %
Administrative	6	8.00 %
Supportive organizational culture and leadership	6	8.00 %
Existing positive relationships and partnerships with relevant external groups	9	12.00 %
Included in performance review plans	18	48.00 %
Access to other experts in this competency area	4	5.33 %
Training and education opportunities	7	9.33 %
Others: Specify	3	4.00 %

Type of Professional Development Supports provided or 'should provide':

Provided

65% (24) indicated that they are given time off during work hours to take training

62% (23) indicated they are supported to participate in communities of practice

51% (19) indicated they are offered workshops on site free of charge

43 % (16) indicated courses are recognized in their performance plans

29% (11) indicated that a portion of their tuition is paid.

Formal Training in Health Equity:

76% indicated that professional development in Health Equity is important to their future career goals.

51% indicated they have attended continuing education in this competency area.

30% indicated that Health Equity training was included as part of their formal training.

Training Delivery Options:

Respondents preferred a combination of classroom, online and workplace learning (35%; 13); a one or two day workday session in terms of length of time (59%; 22); and an in-service workshop format (46%; 17) over other options provided.

Comments from Employees about Health Equity

"I feel health equity is one of the core principles of public health. I think there are limiting factors related to times constraints and budgets".

"The regular public health nurse has not been encouraged to go out in her community and build partnerships and to assess and address inequities. They just needs to deliver the programs that have been decided by the powers above that are important".

B. EMPLOYER SURVEY FOR HEALTH EQUITY

These results are based on 15 respondents

27% (4) have 5-10 years experience and 47% (7) have more than 10 years experience

Areas of work:

- Public Health Nurse
- Environmental Health Officer
- Medical Health Officer

Importance of Health Equity:

67% of the employer respondents ranked Health Equity as 1or 2 on a scale of 1-5 (with 1 being highest).

Competency Statements - Comparative Ranking of Professional Development Needs by Employers and Employees:

Both employer and employee surveys asked respondents to rank their top five priorities for employee professional development from among the 23 competency statements (skill areas).

	Skill Set	Rank	# of employees	Percent	Rank	# of employees	Percent
1.	Understand what health equity and health inequity mean and how this differs from health equality and health inequality/disparity.	3	8	6.78 %	3	10	11.11 %
2.	Able to Demonstrate knowledge of how health equity is associated with the social determinants of health.	1	12	10.17 %	2	11	12.22 %
3.	Able to use health	4	7	5.93 %		11	12.22 %

	equity/health inequity literature, research and evidence to inform policies, programs and practice.				2		
4.	Able to think critically at a broad systems level, recognizing the interrelationships among and between factors that affect the health of populations.	2	11	9.32 %	3	10	11.11 %
5.	Able to identify and where appropriate provide information (from data to stories) needed to conduct a health equity assessment.	5	6	5.08 %		4	4.44 %
6.	Able to identify gaps and limitations in available information for conducting a health equity assessment.		2	1.69 %	4	8	8.89 %
7.	Able to understand (purpose and content) and use an equity-focused health impact assessment tool.	4	7	5.93 %	5	6	6.67 %
8.	Able to determine best practices to address identified health inequities.	1	12	10.17 %		3	3.33 %
9.	Able to implement programs/services/policies designed to prevent, reduce and/or mitigate health inequities.		0	0.00 %		0	0.00 %
10.	Able to understand and participate in evaluation activities to measure the impact of specific interventions on identified health inequities.	5	6	5.08 %		3	3.33 %
11.	Able to engage, work collaboratively and build partnerships with diverse stakeholders and sectors for the achievement of common goals in reducing health inequities.	2	11	9.32 %		3	3.33 %
12.	Able to articulate and utilize the strengths/assets that the public health and other components of the health care system can bring to		4	3.39 %		1	1.11 %

	addressing health inequities.						
13	Able to articulate and utilize the leadership and strength/assets that other sectors beyond the health care system can bring to addressing health inequities.	1	0.85 %		4	4.44 %	
14	Able to establish effective relationships (e.g., trusting, non-judgmental/respectful, sustainable, collaborative) with population groups affected by health inequities to jointly assess needs, test and implement solutions.	5	4.24 %		0	0.00 %	
15	Able to advocate on behalf of and with populations affected by health inequities.	4	3.39 %		0	0.00 %	
16	Able to understand the influence of diversity on health equity (e.g., where diversity includes unique values, social, political, historical, physical, spiritual, mental, gender, economic, environmental and cultural experiences).	2	1.69 %	1	14	100.00 %	
17	Demonstrate knowledge and understanding of Aboriginal peoples, their socio-political and historical context, and jurisdictional issues, in addressing health and health equity.	3	2.54 %		0	0.00 %	
18	Able to use best practices in framing and communicating about social determinants of health and health inequities.	4	3.39 %		0	0.00 %	
19	Able to convey the societal and personal costs of health inequities and the benefits of addressing them in a manner that influences decision-makers in all sectors including health to take action.	4	3.39 %		0	0.00 %	

20	Able to engage others in open dialogue/debate about health equity.		3	2.54 %		0	0.00 %
21	Able to engage leaders within the health care sector and across other sectors to collaboratively address health equity issues.		1	0.85 %		0	0.00 %
22	Able to recognize and address power imbalances that impact public and population health.		2	1.69 %		0	0.00 %
23	Able to recognize and work through value differences and ethical dilemmas with stakeholders/decision makers across diverse sectors to improve health equity.		3	2.54 %		0	0.00 %

The following statements had some agreement that they should be in the top five by employers and employees:

- Understand what health equity and health inequity mean and how this differs from health equality and health inequality/disparity.
- Able to Demonstrate knowledge of how health equity is associated with the social determinants of health.
- Able to use health equity/health inequity literature, research and evidence to inform policies, programs and practice.
- Able to think critically at a broad systems level, recognizing the interrelationships among and between factors that affect the health of populations.

The following skill statement was ranked first by employees:

- Able to determine best practices to address identified health inequities.
- Able to Demonstrate knowledge of how health equity is associated with the social determinants of health.

Whereas employers ranked

- Able to understand the influence of diversity on health equity (e.g., where diversity includes unique values, social, political, historical, physical, spiritual, mental, gender, economic, environmental and cultural experiences).

Organizational Supports:

Overall support

Six of fifteen employer respondents indicated there is support for Health Equity from corporate leadership of the organization; five of fifteen indicated there isn't; four were unsure.

Five of fifteen employer respondents indicated that there are organizations supports available to staff to assist them in their Health Equity development efforts and eight of fifteen did not know.

Type of support available:

Financial	0	0.00 %
Tools	3	16.67 %
Administrative	2	11.11 %
Supportive organizational culture and leadership	3	16.67 %
Existing positive relationships and partnerships with relevant groups	3	16.67 %
Included in performance review plans, if applicable	0	0.00 %
Access to other experts in this competency area; opportunity to collaborate with others	2	11.11 %
Training, education and mentoring opportunities	5	27.78 %
Others:	0	0.00 %

Type of Professional Development Supports provided or ‘should provide’:

Provided

- 53% of employer respondents indicated that the organization gives time off during work hours to take training (65% of employees indicated this)
- 60% respondents indicated the organization supports development and participation in communities of practice (62% of employees indicated this)
- 47% employers indicated courses are recognized in performance plans (43% of employees indicated this)
- 40% employers indicated the organization offers workshops on site free of charge (51% of employees indicated this)
- 47% employer respondents indicated that a portion of tuition is paid by the organization (29% of employees indicated this).

Should Provide

- Eight of fifteen employer respondents indicated that the organization should recognize achievement in some tangible way (22% of employees indicated this)

Professional Development in Health Equity:

87% of employer respondents indicated that some or most staff may require additional professional development in Health Equity

Participation in Professional Development:

- Seven of fifteen employer respondents indicated the organization would be willing to provide expertise to develop a professional development program.

- Six of fifteen employer respondents indicated that the organization would be willing to teach some aspects of the program/course.
- Seven of fifteen employer respondents indicated that the organization would be willing to provide field placement or mentoring support.

Comments from Employers about Health Equity:

"Health equity is a primary obstacle we deal with as public health nurses - especially working in inner-city communities. Creating ways to combat inequity and overcome this obstacle is a significant component of my daily job".

"Increased awareness of inequities specific to our BC communities. Enriched and more sensitive practice. Building capacity from within our human resources to plan and apply effective political lobbying ... end goal being creation of new and expansion of existing health promotion programs".