

# **Public Health Association of BC (PHABC)**

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## **Core and Technical Competencies for Public Health in BC Project**

**Final Report of the Midterm Evaluation, and a Framework  
for Future Evaluations, for the Core and Technical  
Competencies for Public Health in BC Project**

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## 1. INTRODUCTION

The *Core and Technical Competencies for Public Health in BC* Project (hereafter referred to as the Core Competencies Project) is intended to make a contribution to ensuring that the public health workforce has a diverse group of people, who are equipped with appropriate skills and competencies, in the right place for the effective and efficient delivery of public health services in BC. The project is a partnership between the Public Health Association of BC (PHABC), the BC Academic Health Council and the BC Ministry of Healthy Living and Sport. PHABC is managing the project, with funding from the Public Health Agency of Canada and the BC Ministry of Healthy Living and Sport.

The **purpose** of this project is to make a contribution to ensuring that the public health workforce in BC has a diverse mix of people who are equipped with the appropriate skills and competencies for the effective and efficient delivery of public health in BC.

In fiscal 2008/09 the project identified, through a needs assessment, the core and technical competencies most critical to implementing the BC Ministry of Health “Framework for Core Functions in Public Health” and to identify competency profile gaps.

In fiscal 2009/10 the project implemented processes to meet the competency profile gaps identified in the needs assessment, recommended appropriate education responses, identified the education/training opportunities that facilitate the development of competencies throughout the BC public health sector, and developed tools for education and workforce planning.

The **objectives** of the project are to:

- Implement processes to meet the competency profile gaps identified in the needs assessment;
- Recommend appropriate education response(s);
- Identify the education/training opportunities that facilitate the development of competencies throughout the BC public health sector; and
- Develop tools for education and workforce planning.

Hollander Analytical Services Ltd. was hired to conduct a midterm evaluation of this project. This document constitutes our final report which covers the midterm evaluation and the evaluation framework. Chapter two presents a midterm, or implementation, evaluation of activities to date, based on key informant interviews. Chapter three presents a logic model and a framework to evaluate the third year of the project (i.e., fiscal 2010/11). The final chapter presents a discussion of findings and conclusions.

## **2. MIDTERM EVALUATION**

### **2.1 Introduction**

Considerable work has been conducted on this project. Thus, it was decided that it would be timely to conduct an evaluation to assess progress to date. This evaluation used a key informant interview approach to review progress to date and propose suggestions for the future.

### **2.2 Methodology**

In order to conduct the mid term evaluation in a way that met the needs of PHABC, the consultants met early with PHABC and confirmed the details of the approach that would be taken in conducting the evaluation. The first step involved a review of all documents that were provided or made available to the consultants. This included reports related to the Phase 1 consultant reports; terms of reference for committees; minutes from meetings of various committees; and other documents deemed to be relevant to the assignment.

The consultants, along with PHABC identified a list of key informants who had been involved in the project and it was suggested that up to 12 key informants could be interviewed to obtain their perceptions of the strengths and weaknesses of the project and the process used to date, their suggestions for improvement, and their suggestions for future evaluation.

The consultant prepared a document entitled “Some Questions for Interviews with Key Informants” (see Appendix A). This document was sent to all key informants who were contacted so that they could consider these questions in advance of the interview. The questions were intended to facilitate discussion on key issues. Some informants followed the guide in providing their responses while others preferred to provide their opinions through a more open ended approach.

In total, over 20 names were provided and, a total of 16 key informants were interviewed—including representatives of the Steering Committee; the Advisory Committee; PHABC; core program co-coordinators; and the Ministry of Healthy Living and Sport (see Appendix B for a list of people who were interviewed). The key informants represented the health sector (including health authorities), the education sector, and the government sector.

After interviews had been conducted, the consultant undertook a detailed analysis of the information collected; the common themes that emerged; and the general and specific suggestions that were provided. All responses were treated in a confidential matter.

There were some limitations to this evaluation. This was a small assignment with limited resources and, as such, the review could not be exhaustive or comprehensive. Nevertheless, it is our view that it does provide a good reflection of the views of key informants. The time to conduct the mid term review was also condensed into a 4-5 week period. It was not possible to interview all of the key informants whose names were provided, as some were away at the time and some were not available for interviews, or chose not to participate in the interviews.

## **2.3 Strengths of the Project**

### **2.3.1 Good Overall Support**

Amongst the key informants there was good overall support for the project. There was agreement that this project was “important, timely, needed, and useful”. Many commented on how the project was an important vehicle to begin a dialogue with colleagues in the education sector and were hopeful that joint planning and collaboration will continue to be the way of the future. One of the strengths of the project was the partnership between the BC Academic Health Council, the Ministry of Healthy Living and Sport, and PHABC. There was agreement that the Steering Committee had played an important role in providing leadership to the project and representatives on this committee were committed champions to improving public health services in BC. Several respondents commented that PHABC’s role (and perceived neutrality) were important to the success of the project.

### **2.3.2 Appropriate Structure and Governance**

In general, while there were suggestions for improvement (see below), there was an overall agreement that the structure and governance of the project seemed to be appropriate for a project of this scope and magnitude and people applauded the leadership of PHABC in supporting the project. Informants acknowledged the important leadership role played by PHABC in bringing key partners to the table and initiating the dialogue across the health and education sectors. The strong support of PHAC and the Ministry of Healthy Living and Sport was also acknowledged by many of the key informants. The relatively streamlined structure of decision making, i.e., the Advisory Committee/Steering Committee making recommendations to the PHABC seemed to be appropriate and allowed the project to make decisions quickly, as necessary.

### **2.3.3 Adaptive Planning**

The process of planning for this project could largely be described as “adaptive” without a clear plan in place at the inception of the project. Many interviewees commented that they felt this was a good way to go for this type of project as it was difficult to predict at the outset how the detailed work would unfold over the life of the project. They commented that this approach allowed them flexibility to adapt to changing circumstances and information during the process. As one informant said, “there is no road map” for this type of initiative and it is an iterative planning process. Making planning decisions together, in fact, was an important process to strengthening the partnership.

### **2.3.4 Appropriate Resources**

The resources for the project appeared to be adequate and appropriate for the first stages of the project but there was a general anxiety and concern about support for 2010/11 and onwards, and a concern that lack of future resources could undermine much of the good work that has been completed. While it would be easy to say that more resources are required, the resources also need to match the capacity of the system and the rate of change that a system can

absorb. Informants felt that the level of resources and support was appropriate for the first two years.

### 2.3.5 Preparation of Workplans

A draft Workplan was prepared in early 2008 for Phase 1 (Needs Assessment) and there was agreement amongst informants that this was an appropriate and sensible approach to Phase 1. Similarly, a Workplan was also developed for Phase 2 and there was good support for this Workplan from the people interviewed. However, as mentioned earlier, with an adaptive planning process in place there was a sense that the Workplans acted as guides but that they could be adjusted as circumstances and information dictated.

### 2.3.6 Considerations for Sustainability

There was strong support for ensuring that the project was sustainable over the longer term as key informants realized that the changes necessary in the system will take years to implement and could not realistically be accomplished by the end of 2010/11, when the funding for this project could end or be reduced.. The initial concept of a Centre for Workforce Development and then later the Network concept were well supported by almost all of those interviewed and there was clear agreement that the project would not be sustainable without such mechanisms being in place and functioning effectively. Exploring a western Canadian collaboration with other provinces was strongly supported as a means of achieving longer term sustainability and generally strengthening the initiative.

### 2.3.7 Development of New Knowledge for Public health

There was agreement that this initiative is quite “leading edge” and builds on (and adds value to) the work that had been earlier completed by PHAC on public health competencies. Some informants felt that this initiative could be very helpful to other provinces who may be engaged in renewals of public health. The specific tools that were developed through this initiative were seen as a strength and could be of assistance to other jurisdictions.

### 2.3.8 Links to the Overall Evaluation of Core Programs

The fact that there were linkages between this initiative and the overall core programs evaluation was also seen as a strength.

## **2.4 Areas Where the Project Could be Strengthened**

### 2.4.1 Communications

Almost all respondents indicated that communications is an area where improvement could be made. It was clear that the number of people who really have a current and in depth understanding of the project is small and largely restricted to the Steering Committee and a some members of the Advisory Committee. More specifically, it was clear that some people did not

have clarity around the context, background, and overall objectives of the project and more effort needs to be undertaken to ensure a more thorough understanding of the project. Respondents understood the piece that they played in the project but their contributions might be hampered when there is less than a complete understanding of the full context, nature and directions of the project. This also impedes effective communication of the project to other members of their respective organizations.

Much of the work of the project is undertaken through external consultants. While the consultants report back regularly to the Steering Committee and/or the Advisory committee, there were sometimes significant periods of time between meetings and it was suggested that there should be a more timely way to communicate regarding the work that was undertaken. Monthly updates were also suggested.

The project recognized the importance of communications from the onset and was considering developing a communications strategy. However, other than a short outline of proposed communications activities, there is no apparent communications strategy in place and certainly not any set of coordinated activities in this area. Communications relied on individual members of the Steering Committee/Advisory committee taking the initiative to communicate with people in their organizations, as opposed to a planned strategy for the whole project.

It is critical to pay more attention to communicating both an overview (and context) of the project and also specific details to those more closely engaged with the project as well as those who may have an interest in the project. It is our view that communications are critical to maintaining on-going support for the project. There was a concern that many senior level executives in both health authorities and the government may not be very aware of this initiative and therefore not able to provide additional support or leadership when it may be required.

Any future communication strategy should consider at least 3 audiences: those linked with the project; senior leaders/executives in each of the major sectors; and the general public health community. Communications strategies should consider the specific needs of each of these audiences.

#### 2.4.2 Expanding the Circle of Engagement

Closely related to the area of communications, is the need to expand the circle of those engaged with this project. At present, there are a relatively small number of people who are actively engaged and knowledgeable about this project. Many respondents felt the project needed to do a better job of providing information and reaching out to others who would have an interest in this project. Specifically, it was mentioned that more people in the Ministry of Healthy Living and Sport, and in the Ministry of Health Services, need to be kept informed and up to date with the project. It was also suggested that the Ministry of Advanced Education should be more actively engaged with the project, particularly to assist in developing a coordinated/integrated response from the education sector

### 2.4.3 Clearly Setting the Context for the Project and How it “Fits” in this Context

A critical part of providing information about a project is to explain the context of how the initiative “fits” with other related initiatives and with the bigger picture of changes to public health. Clearly there was sometimes confusion and different understandings about the context of this initiative. What is the relationship of this initiative to overall health human resources planning in the Ministry of Health? What is the relationship of this initiative to the work at the national level by PHAC? What is the precise relationship to Core programs? Is there a relationship with overall public health renewal? When discussing these questions with respondents, it was clear that there were sometimes different understandings from different respondents, and a general agreement from most respondents that it would be useful to lay out a visual representation of how this initiative “fits” with these other areas and the roles and responsibilities of the key players in these areas.

Several respondents also noted that, in an ideal world, an overall plan for renewal of public health should be in place for BC, and that this initiative should then flow from this plan. In other words, broad goals and directions for public health should be established and this initiative would assist in planning and developing the human resources necessary to meet these goals and directions.

### 2.4.4 Strengthening the Academic and Educational Input to the Project

As noted, there was general agreement that the Steering committee had been providing good leadership to the project, however, with the former CEO of the BC Academic Council no longer on this committee, there is a concern that the educational input to this committee needs to be reestablished. This committee should be a partnership between the PHABC and the public health sector, government and the education sector and a strong and effective voice for education and training needs to be at this table.

Progress has been made on the Advisory committee but at times, it has been uneven. More specifically, people noted that the Advisory committee needed to meet more regularly and play a more active role in the project; attendance and participation needs to be enhanced; and representatives need to focus on reflecting the views of their organizations. It was further suggested that this committee could be strengthened if other health disciplines were added to the committee, along with a Medical Health Officer. It was argued that this would increase the dimensions of the project.

The initiative would benefit from a strong and integrated input from the education sector. While individual representatives work hard to bring their perspectives to the Advisory Committee, there was a concern that there was no clear table to get an integrated and collective response from the education sector. It was suggested that the Deans of Health Services might be a good avenue to get this input and some progress has been made in this area. Respondents felt it was important to get this collective and integrated input to the project. The BC Academic Council could also play this role but there was a concern that with an interim CEO, this organization was not well positioned to currently provide such input.



It was felt that it would be useful to reconfirm the roles and responsibilities of the Advisory Committee as many members on this committee wore “multiple hats” and this sometimes led to differing perceptions of their roles.

#### 2.4.5 Risks and Vulnerabilities

One of the biggest issues and concerns raised in the interviews was the lack of clarity around where this initiative is headed in the future. What was the plan for 2010/11 and what could realistically be accomplished within the resources provided? What happens to the initiative after 2010/11? How will the initiative be sustained and nurtured (while many acknowledged that the concept of developing a network may address some of these issues, it was still not clear whether the network idea would proceed, how it would proceed and whether it would be effective in maintaining the momentum and progress of the project over the coming years). While resources will be provided up to end of 2010/11 there is no certainty of resources after this.

There is a risk that the responses of the education sector will continue to be linear rather than integrated/coordinated amongst all key players. Commitment and leadership are critical to future success and some respondents worried that changes/turnover in this leadership could jeopardize the project in the future (re-emphasizes the need for expanding the circle of engagement). Several respondents felt that the project was coming to a bit of a cross roads and needed to give serious thought to where it will be going over the coming years and that it may be timely to set aside a planning day to seriously think about a strategic plan for 2010/11 as well as the longer term.

### **3. THE EVALUATION FRAMEWORK**

#### **3.1 Introduction**

There are a number of components to be addressed in the Evaluation Framework. The framework will have a time dimension, that is, what can be evaluated at the end of the three year period of initial funding, and what should be evaluated in the future. It is recognized by most participants that the achievement of the ultimate outcome may take an additional three to five years. There are also issues related to process and outcomes evaluations. The first part of this report (Chapter 2) constitutes a midterm, or implementation, evaluation designed to assess implementation and initial progress on this project. The midterm evaluation, and the earlier Phase I Needs Assessment Report have revealed a number of issues to be addressed. Thus, the relative success of addressing these issues in the third year of the project will be a key aspect of the Evaluation Framework presented in this chapter.

This chapter has two sections. The first section presents a logic model for the project. The logic model has a time dimension. The Evaluation Framework presented in this report will focus primarily on process measures, although some outcome measures will also be included. Thus, it will focus on Outputs and some aspects of Immediate Outcomes. Future evaluations, after the first three years of the project, should focus more on outcomes and impacts related to the Intermediate and Final Outcomes described in the logic model.

The second sections of this Chapter present an Evaluation Framework which could be used to guide the evaluation of the first three years of the project. It highlights key questions, indicators and the methods to be used.

## 3.2 The Logic Model

### 3.2.1 Introduction

People have varied experiences regarding what they consider to be a logic model. Thus, some discussion is required regarding the type of logic model used for this project. The RUSH Project, funded by the American National Institute on Disability and Rehabilitation Research,<sup>1</sup> has categorized logic models into four approaches:

- **Theory Approach Logic Model:** A logic model to reflect a project's theory of how it is going to produce change within a target system using a theory-based rationale for action.
- **Outcomes Approach Logic Model:** A model which focuses on the linkages between a project's activities and the expected or targeted outcomes.
- **Activities Based Logic Model:** A model which emphasized how a project's, or organization's, activities stem from available resources and are linked to expected outcomes. The Balanced Scorecard would be an approach which fits this model.
- **Research Performance Logic Model:** An interactive model which looks at recurring "loops" between the project's input and activities, its research design and implementation, and its results or outputs. This could be appropriate for an interactive "action research" project.

In Canada, the most common approaches have been the outcomes and activities based approaches. There has been a shift at the federal level which moved from the Results-based Management Accountability Framework<sup>2</sup> (RMAF) (an Outcome Model) to a somewhat complex, activities or balanced score card model called the Management Accountability Framework (MAF).<sup>3</sup> The Balanced Scorecard<sup>4</sup> is appropriate if one is taking an ongoing, strategic approach to monitor corporate activities.

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<sup>1</sup> Research Utilization Support and Help (RUSH). (2009). Types of Logic Models. In *Research Utilization Support and Help (RUSH)*. Retrieved March 19, 2010, from <http://www.researchutilization.org/logicmodel/types.html>

<sup>2</sup> Treasury Board Secretariat. (2001). *Guide for the Development of Results-based Management and Accountability Frameworks*. Ottawa, ON: Author.

<sup>3</sup> Treasury Board of Canada Secretariat. (2003). *Treasury Board of Canada Secretariat Management Accountability Framework*. Ottawa, ON: Author

<sup>4</sup> Kaplan, R.S. & Norton, D.P. (1996). *The Balanced Scorecard: Translating Strategy into Action*. Boston, MA: Harvard Business School Press.

It is our view that the best fit approach for a logic model for this project is the RMAF. It is very compatible with a process and outcomes based approach to evaluation. In addition, it is a good fit with the types of activities for this project. A Balanced Scorecard may be appropriate for a corporate entity such as the PHABC but the RMAF is, in our view, a better fit for the Core and Technical Competencies for Public Health in BC Project *per se*.

### 3.2.2 The RMAF Logic Model

The following provides an overview of the approach and definitions for the components of the model:

A **logic model** identifies the linkages between the activities of a policy, program or initiative and the achievement of its outcomes. It succinctly clarifies the set of activities that make up a policy, program or initiative and the sequence of outcomes that are expected to flow from these activities. As such, a logic model serves as a “roadmap”, showing the chain of results connecting activities to the final outcomes and, thus, identifying the steps that would demonstrate progress toward their achievement.

To develop a logic model, it is necessary to identify each of the following components:

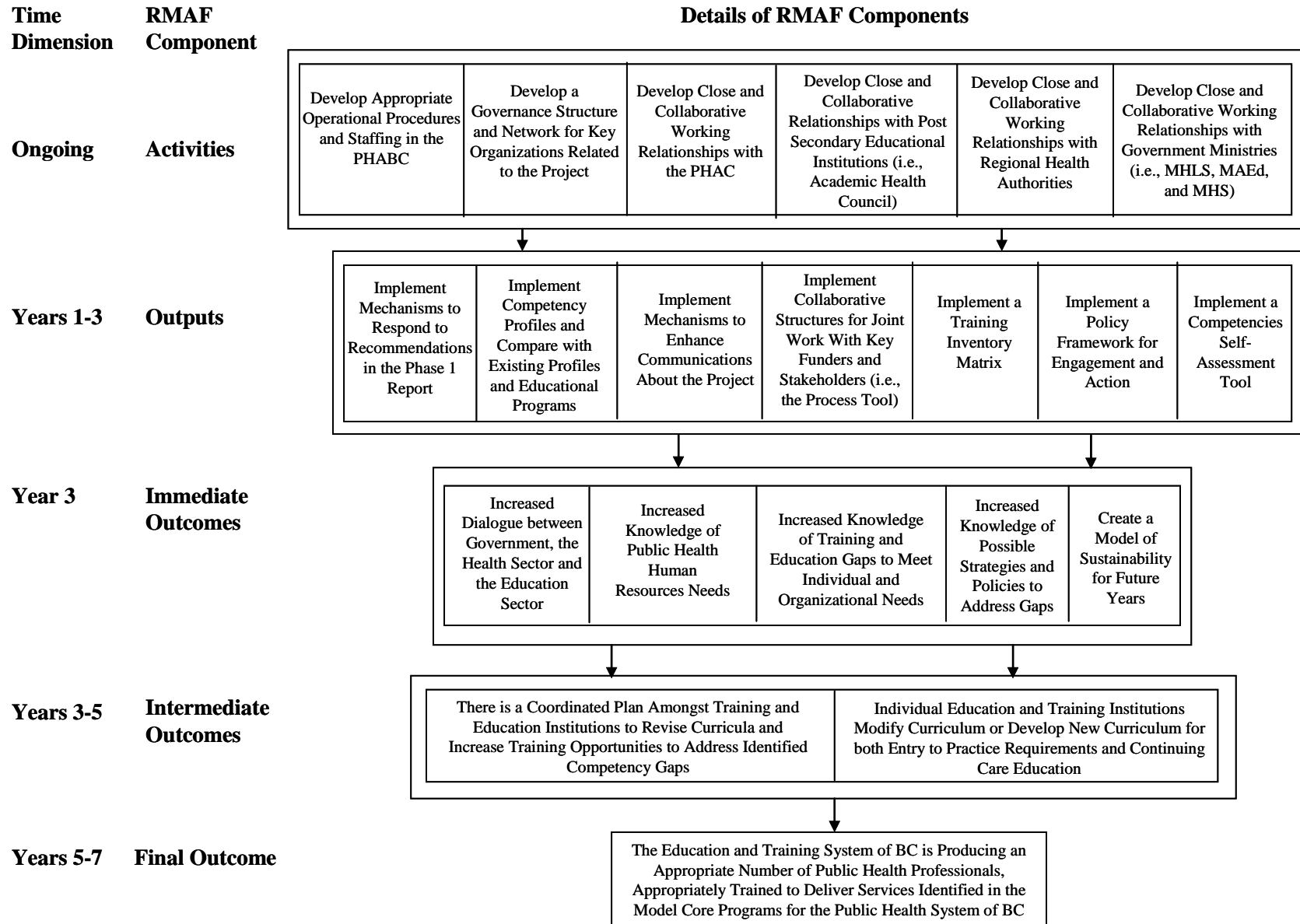
**Activities:** What are the key activities that staff are engaged in under the policy, program or initiative? That is, what are the key activities intended to contribute to the achievement of the outcomes (as opposed to the administrative activities necessarily undertaken to provide the infrastructure for the policy, program or initiative).

**Outputs:** What are the outputs of the key activities. That is, what demonstrates that the activities have been undertaken? Outputs are the products or services generated by the activities and they provide evidence that the activity did occur.

**Immediate outcomes:** What are the short-term outcomes that stem from the activities and outputs? Outcomes in a logic model typically have an action word associated with them (e.g., “increased”, “improved”) and represent the consequences of the activities and outputs.

**Intermediate outcomes:** What are the next links in the chain of outcomes that occur, flowing from the activities and outputs and occurring after the immediate outcomes have been achieved? These outcomes could be considered to be medium-term.

**Figure 1: Logic Model for the Core and Technical Competencies for Public Health in BC Project**



**Final outcomes:** What are the final outcomes of the policy, program or initiative, or, why are these activities being engaged in? These are generally outcomes that take a longer time period to be realized, are subject to influences beyond the policy, program or initiative itself, and can also be at a more strategic level.<sup>5</sup>

### 3.3 Evaluation Approach

#### 3.3.1 Introduction

There are several key unknowns in terms of the possible constraints on future evaluations for the Core and Technical Competencies for Public Health in BC Project, particularly the size of the budget which will be approved for the evaluation. Thus, this sections presents a framework for a future evaluation. The actual range and scope of the evaluation, the measures selected, the sample sizes for surveys and interviews, and the level of depth of the instruments developed will have to be determined once the parameters of the evaluation are clear.

#### 3.3.2 Evaluation of Outputs

In this section we provide proposed approaches to evaluate the outputs in the RMAF logic model.

##### 3.3.2.1 *Output 1: Implement Mechanisms to Respond to Recommendations in the Phase 1 Report*

The following presents a list of the recommendations from the Phase 1 report accompanied by key research questions, indicators and methods.

<b>Recommendation</b>	<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
1. Definitions of Competencies	<ul style="list-style-type: none"> <li>• Was this recommendation implemented in a satisfactory manner?</li> <li>• Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No</li> <li>• Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>• Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
2. Competency (proficiency) levels	<ul style="list-style-type: none"> <li>• Was this recommendation implemented in a satisfactory manner?</li> <li>• Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No</li> <li>• Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>• Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>

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<sup>5</sup> Treasury Board Secretariat. (2001). *Guide for the Development of Results-based Management and Accountability Frameworks*. Ottawa, ON: Author.

<b>Recommendation</b>	<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
3. Self-Assessment	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
4. Competency Mix	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
5. Leadership	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
6. Inter-Professional Collaboration	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
7. Public Health Strategies	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
8. Discipline Specific Competencies	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>

<b>Recommendation</b>	<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
9. System Capacity and Support	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
10. Public Health Agency of Canada – Related Activities	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
11. Educational/ Training Needs and Gaps	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
12. Public Health Collaborators Network	<ul style="list-style-type: none"> <li>Was this recommendation implemented in a satisfactory manner?</li> <li>Was this recommendation partially implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Expert Panel (level of implementation to be determined by the Steering Committee)</li> </ul>
<b>Overall Indicators:</b>		<ul style="list-style-type: none"> <li>Number of recommendations implemented in a satisfactory manner</li> <li>Number of recommendations partially implemented</li> </ul>	

*3.3.2.2 Output 2: Implement Competency Profiles and Compare with Existing Profiles and Educational Programs*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>Have competency profiles been developed and documented?</li> </ul>	<ul style="list-style-type: none"> <li>% of profiles developed and documented</li> </ul>	<ul style="list-style-type: none"> <li>Document Review</li> <li>Key Informant Interview</li> </ul>
<ul style="list-style-type: none"> <li>Have some or all profiles been compared with existing profiles?</li> </ul>	<ul style="list-style-type: none"> <li>% of profiles compared with existing profiles</li> </ul>	<ul style="list-style-type: none"> <li>Document Review</li> <li>Key Informant Interview</li> </ul>

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>• Have some or all profiles been compared with educational programs?</li> </ul>	<ul style="list-style-type: none"> <li>• % of profiles compared with course descriptions in educational programs</li> </ul>	<ul style="list-style-type: none"> <li>• Document Review</li> <li>• Key Informant Interview</li> </ul>
<ul style="list-style-type: none"> <li>• Have appropriate mechanisms been put into place to develop profiles and to compare them with existing profiles and educational program?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>• Expert Panel (Steering Committee)</li> </ul>
<ul style="list-style-type: none"> <li>• Have appropriate mechanisms been put into place for ongoing monitoring and updating of the profiles and for making comparisons to existing profiles and educational programs?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>• Expert Panel (Steering Committee)</li> </ul>

*3.3.2.3 Output 3: Implement Mechanisms to Enhance Communications About the Project*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>• Has a newsletter been established to describe the program and inform key stakeholders about progress?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>• Expert Panel (Steering Committee)</li> </ul>
<ul style="list-style-type: none"> <li>• Are there regular formal or informal meetings (at least every 4-6 months) between the Executive Director of the PHABC and Senior Representatives of Key Stakeholder Groups and Project Funders?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>• Document Review (progress reports on activities to the Steering Committee)</li> </ul>
<ul style="list-style-type: none"> <li>• Are there regular updates on the PHABC web site about progress and communications activities?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>• Inspection of Web Site</li> <li>• Key Informant Interviews</li> </ul>
<ul style="list-style-type: none"> <li>• Does the web site solicit input from all interested parties?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>• Inspection of Web Site</li> </ul>
<ul style="list-style-type: none"> <li>• Has a clear commitment to ongoing communications with stakeholders been enshrined in a Project Charter or similar document?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>• Document Review</li> </ul>



*3.3.2.4 Output 4: Implement Collaborative Structures for Joint Work With Key Funders and Stakeholders (i.e., the Process Tool)*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"><li>• Have structures for joint collaboration with stakeholders and funders been developed?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No/Partially</li></ul>	<ul style="list-style-type: none"><li>• Key Informant Interviews</li></ul>
<ul style="list-style-type: none"><li>• Have such structures been implemented?</li></ul>	<ul style="list-style-type: none"><li>• Number of structures implemented</li><li>• Number of partial structures developed</li></ul>	<ul style="list-style-type: none"><li>• Key Informant Interviews</li></ul>
<ul style="list-style-type: none"><li>• Does each structure have an agreed upon terms of reference, mandate, goals and objectives?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No/Partially</li></ul>	<ul style="list-style-type: none"><li>• Document Review</li></ul>
<ul style="list-style-type: none"><li>• Have additional key stakeholder groups been identified and brought into the collaborative structure?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No/Partially</li></ul>	<ul style="list-style-type: none"><li>• Key Informant Interviews</li></ul>
<ul style="list-style-type: none"><li>• Has funding (in dollars or in kind) been obtained to facilitate networking and collaboration?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No/Partially</li></ul>	<ul style="list-style-type: none"><li>• Document Review (budget)</li><li>• Key Informant Interviews</li></ul>

*3.3.2.5 Output 5: Implement a Training Inventory Matrix*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"><li>• Have existing educational and training opportunities been appropriately explored?</li></ul>	<ul style="list-style-type: none"><li>• Number of interviews with representatives of educational initiatives</li><li>• Review of existing literature</li></ul>	<ul style="list-style-type: none"><li>• Document Review of Report(s) on the Topics of Relevance</li></ul>
<ul style="list-style-type: none"><li>• Have criteria been developed to determine, for each competency, if the competency is addressed by the education/training program?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No/Partially</li></ul>	<ul style="list-style-type: none"><li>• Document Review of Appropriate Report(s)</li></ul>
<ul style="list-style-type: none"><li>• Has each competency been defined?</li></ul>	<ul style="list-style-type: none"><li>• Number of competencies which have been defined</li></ul>	<ul style="list-style-type: none"><li>• Document Review of Appropriate Report(s)</li></ul>
<ul style="list-style-type: none"><li>• Has a satisfactory inventory matrix resource been developed?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No/Partially</li></ul>	<ul style="list-style-type: none"><li>• Expert Panel (Steering Committee)</li></ul>

*3.3.2.6 Output 6: Implement a Policy Framework for Engagement and Action*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>Has a literature review of existing policy enablers and barriers within career pathways been conducted?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Document Review</li> </ul>
<ul style="list-style-type: none"> <li>Have key policy makers and public health leaders been contacted and asked for input about the policy document for the project?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>Document Review</li> <li>Key Informant Interviews</li> </ul>
<ul style="list-style-type: none"> <li>Has the policy document been incorporated into the documentation of the PHABC and/or the project Steering Committee?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Document Review</li> <li>Key Informant Interviews</li> </ul>

*3.3.2.7 Output 7: Implement a Competencies Self-Assessment Tool*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>Was a literature review conducted on self-assessment tools?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Document Review of the Report on the Self-Assessment Tool</li> </ul>
<ul style="list-style-type: none"> <li>Was a target audience identified?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Document Review of the Report on the Self-Assessment Tool</li> </ul>
<ul style="list-style-type: none"> <li>Was a competencies self-assessment tool developed?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Document Review of the Report on the Self-Assessment Tool</li> </ul>
<ul style="list-style-type: none"> <li>Was it validated through a pilot test of some other mechanism?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No</li> </ul>	<ul style="list-style-type: none"> <li>Document Review of the Report on the Self-Assessment Tool</li> </ul>
<ul style="list-style-type: none"> <li>Does the tool contain markers which reflect competency levels?</li> </ul>	<ul style="list-style-type: none"> <li>Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>Document Review of the Report on the Self-Assessment Tool</li> </ul>
<ul style="list-style-type: none"> <li>How many tools were distributed, over what period, and to which group?</li> </ul>	<ul style="list-style-type: none"> <li># of tools distributed to each pertinent group</li> </ul>	<ul style="list-style-type: none"> <li>Document Review of the Report on the Self-Assessment Tool</li> </ul>

**3.3.3 Evaluation of Immediate Outcomes**

It is not clear to what extent immediate outcomes, flowing for the outputs (some of which are still under development) will be evident at the end of fiscal 2010/11. Thus,

while it is not expected that the immediate outcomes will have been achieved, evaluation questions have been included here. They can be used to explore outcomes which may have been achieved at the end of fiscal 2010/11, as appropriate.

*3.3.3.1 Immediate Outcomes 1: Increased Dialogue between Government, the Health Sector and the Education Sector*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>• Are there mechanisms in place to facilitate dialogue?</li> </ul>	<ul style="list-style-type: none"> <li>• Yes/No/Partially</li> </ul>	<ul style="list-style-type: none"> <li>• Document Review</li> <li>• Key Informant Interviews</li> </ul>
<ul style="list-style-type: none"> <li>• To what extent do key stakeholders perceive that there has been an increase in dialogue compared to a year earlier?</li> </ul>	<ul style="list-style-type: none"> <li>• % of stakeholders who agree, or agree strongly, that there has been an increase in dialogue</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant Interviews of Senior Officials</li> <li>• Survey of Relevant Individuals</li> </ul>
<ul style="list-style-type: none"> <li>• To what extent do key stakeholders agree that there has been an increase in informal as well as formal contacts between government, the health sector and the education sector over the past year?</li> </ul>	<ul style="list-style-type: none"> <li>• % of stakeholders who agree, or agree strongly, that there has been an increase in informal, as well as formal, contacts</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant Interviews of Senior Officials</li> <li>• Survey of Relevant Individuals</li> </ul>
<ul style="list-style-type: none"> <li>• To what extent is there evidence that government (i.e., Ministries), the health sector (e.g., RHAs) and the education sector are starting to make changes in their own organizations to facilitate training in public health?</li> </ul>	<ul style="list-style-type: none"> <li>• Documented or examples of key changes</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant Interviews of Senior Officials</li> <li>• Survey of Relevant Individuals</li> </ul>

*3.3.3.2 Immediate Outcomes 2: Increased Knowledge of Public Health Human Resources Needs*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"> <li>• Is there any evidence of an increase in knowledge of public health human resources needs among senior officials in:               <ul style="list-style-type: none"> <li>– Government (i.e., Ministries)</li> <li>– The Health Sector (e.g., RHAs)</li> <li>– Educational Institutions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• % in each area stating that they agree, or agree strongly, that there has been an increase in their knowledge over the past year</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant Interviews of Senior Officials</li> <li>• Survey of Relevant Individuals</li> </ul>

**Research Questions**

- For each sector, what new knowledge has been obtained?
- Is there any evidence that this new knowledge will lead to positive change?

**Indicators**

- Examples of new knowledge obtained
- Examples of where new knowledge may lead to actual, positive change

**Methods**

- Key Informant Interviews of Senior Officials
- Survey of Relevant Individuals
- Key Informant Interviews of Senior Officials
- Survey of Relevant Individuals

*3.3.3.3 Immediate Outcome 3: Increased Knowledge of Training and Education Gaps to Meet Individual and Organizational Needs*

**Research Questions**

- Is there any evidence of an increase in knowledge regarding training and education gaps to meet individual and organizational needs among senior officials in:
  - Government
  - The Health Sector
  - Educational Institutions
- Are there steps which have been taken to reduce gaps among:
  - Government
  - The Health Sector
  - Educational Institutions
- Have collaborative steps been taken to reduce gaps among the three key sectors of government, the health sector and educational institutions?

**Indicators**

- % in each area stating that they agree, or agree strongly, that there has been an increase in their knowledge over the past year
- Examples of policy and/or program changes to reduce gaps
- Total number of changes
- Examples of collaborative policy and/or program changes

**Methods**

- Key Informant Interviews of Senior Officials
- Survey of Relevant Individuals
- Document Review
- Key Informant Interviews
- Document Review
- Key Informant Interviews

*3.3.3.4 Immediate Outcome 4: Increased Knowledge of Possible Strategies and Policies to Address Gaps*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"><li>• Is there any evidence of an increase in knowledge regarding strategies and policies to address gaps among senior officials in:<ul style="list-style-type: none"><li>– Government</li><li>– The Health Sector</li><li>– Educational Institutions</li></ul></li><li>• Have strategic plans been written to address gaps within:<ul style="list-style-type: none"><li>– Government</li><li>– The Health Sector</li><li>– Educational Institutions</li></ul></li><li>• Have strategic plans been developed to address gaps across sectors (i.e., network wide strategies)?</li></ul>	<ul style="list-style-type: none"><li>• % in each area stating that they agree, or agree strongly, that there has been an increase in their knowledge over the past year</li><li>• Examples of strategic plans within each sector</li><li>• Total number of strategic plans for all sectors</li><li>• Examples of strategic plans across sectors</li><li>• Total number of cross-sectoral strategic plans</li></ul>	<ul style="list-style-type: none"><li>• Key Informant Interviews of Senior Officials</li><li>• Survey of Relevant Individuals</li><li>• Document Review</li><li>• Key Informant Interviews</li><li>• Document Review</li><li>• Key Informant Interviews</li></ul>

*3.3.3.5 Immediate Outcome 5: Create a Model of Sustainability for Future Years*

<b>Research Questions</b>	<b>Indicators</b>	<b>Methods</b>
<ul style="list-style-type: none"><li>• Has a strategic plan been developed to achieve sustainable funding into future years?</li><li>• Has sustainable funding been achieved for fiscal 2011/12?</li><li>• Are steps in place to obtain sustainable funding for future years, if fully sustainable funding has not been obtained?</li><li>• Have potential additional sources of funding been identified and contacted if fully sustainable funding has not been obtained?</li></ul>	<ul style="list-style-type: none"><li>• Yes/No</li><li>• Yes/No/Partially</li><li>• Yes/No</li><li>• Yes/No</li></ul>	<ul style="list-style-type: none"><li>• Key Informant Interviews</li><li>• Key Informant Interviews</li><li>• Key Informant Interviews</li><li>• Key Informant Interviews</li></ul>

#### **4. CONCLUSIONS AND RECOMMENDATIONS**

This is a valuable project which has the potential to significantly shape the future public health workforce in BC and there is strong overall support for the project. Like any initiative of this type, there are also areas where improvements could be made or the project could be strengthened.

Our recommendations include:

1. Develop and implement a communications strategy aimed at keeping the public health field up to date, and make a conscious effort to communicate (and engage) more effectively with senior leadership in health care, government, and the education sector.
2. Develop a matrix/diagram clearly showing the linkages between this project and key related initiatives—e.g., overall planning within the Ministry of Health Services; with Health authority human resources planning; with PHAC initiatives; with Core programs; with Core programs evaluation; etc. This document then should be circulated widely and used as a tool for further engagement.
3. Schedule a combined session of the Steering Committee and the Advisory committee to conduct a half or full day strategic planning session for the future directions of the project both in 2010/11 and in the longer term. It is our belief that having all key players developing common agreement around the future directions of the project would not only be both important for planning the next stages, but also, for building greater support from the key parties involved with the project.
4. Explore mechanisms to strengthen and better engage the education sector—e.g., representation on the Steering Committee; engaging of deans and directors of health services, etc.

## **APPENDIX A: QUESTIONS FOR INTERVIEWS WITH KEY INFORMANTS**

### **Core Competencies in Public Health**

We have been retained by PHABC to conduct a process evaluation related to the Core and Technical Competencies for Public Health in BC.

We would like to learn your views on “what has went well, what could have been improved; and perhaps what might have been done differently” from the inception of the initiative until now (both Phase 1 and 2). Without limiting the areas where you might provide opinion and comments, we have prepared some questions for you to consider and which might help to guide our discussions:

### **Governance structure, leadership**

What is your understanding of the current governance structure? Are the roles, responsibilities and accountabilities of the key committees clear?

How, in your opinion, does this fit with the overall Core Functions initiative?

Are there clear goals, objectives and milestones for development and implementation of this initiative?

Is the current project management structure working well? Strengths? Weaknesses? Any suggestions on how can it be improved?

### **Inputs to the Initiative**

Are the resources—both financial and human resources appropriate to successfully manage and implement this initiative. If not, why not and what changes would you suggest?

### **The process of planning and implementation**

Was a project charter (or something similar) developed to guide this initiative? Or has the planning been largely adaptive? Describe your understanding of the planning process. Are clear deliverables/milestones developed for the initiative? Are these reviewed on a regular basis?

Has the initiative’s progress been consistent with the timelines established? On pace? Faster? Slower? Where progress has been slow, what is your understanding of the reasons behind this?

Could the process of planning and implementation been improved? How?

### **Communications and Information Sharing**

What are the current mechanisms or processes to keep key stakeholders informed of the initiative eg Senior executives? Other key committees of Core Functions? The Ministry? Health Authorities? Others? Are these effective?

What processes are in place for getting feedback and guidance from these key stakeholders?

In your opinion, how successful have you been in communication and information sharing? How could this have been improved?

### **Monitoring and course correction**

Who monitors the progress against key deliverables and how is this accomplished? If sufficient progress is not being made or difficulties arise, what is the process for addressing these? Making course corrections?

A report was prepared after Phase 1, about a year ago, and a number of recommendations were made. What was the response to these recommendations and what progress has been made over the last year in implementing these recommendations?

### **Progress and Outputs/Outcomes**

In your opinion, has the progress made to date been about what you expected? Less than expected? More than expected?

What in your opinion, have been important outputs or outcomes that have been achieved to date? What has not been achieved that you expected might be achieved by this point?

How, in your opinion, would you measure success of this initiative?

### **General**

On an overall basis, are you comfortable with the progress that has been made on this initiative?

What would you have done differently?—with the benefit of hindsight, what might have you have done differently to achieve greater success?

What advice would you give to ensure future success for this initiative?

If you would like to provide any other comments or opinions on this initiative, we would welcome these.



**APPENDIX B: CORE AND TECHNICAL COMPETENCIES FOR  
PUBLIC HEALTH – KEY INFORMANTS**

Ted Bruce, Vancouver Coastal Health Authority  
Domenic Losito, Vancouver Coastal Authority  
Shannon Turner, Vancouver Island Health Authority

Jennifer Scarr, Vancouver Coastal Health Authority  
Amanda Parks, Interior Health Authority  
Vicki Farrally, Northern Health Authority (consultant)

Patti Jenssen, University of British Columbia  
Majorie MacDonald, University of Victoria  
George Eisler, former CEO, Academic Health Council

Trevor Hancock, Ministry of Healthy Living and Sport  
Cheryl Martin, Ministry of Healthy Living and Sport

Zena Simces, Consultant  
Sue Ross, Consultant  
Ron Lindstrom, Consultant

Joan Reiter, Public Health Agency of Canada

Michael Barnes, Public Health Association of BC