

TECHNICAL DOCUMENT

CORE AND TECHNICAL COMPETENCIES FOR PUBLIC HEALTH IN BC: NEEDS ASSESSMENT

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PUBLIC HEALTH ASSOCIATION OF BC

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SECTION 1

**Public Health Association of BC
Public Health Core Competencies Project
Competency Area: Community Capacity-building –
'Building on Community Capacity'**

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With representatives from Vancouver Coastal Health
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INTRODUCTION

The Public Health Association of BC with funding from the BC Ministry of Health and Public Health Agency of Canada has undertaken a project to identify 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 gaps. Phase II of this project is to identify appropriate educational responses to address the competency gaps.

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

Community capacity-building has been identified as a core competency required by most of the BC core public health programs.

The purpose of this paper is to clearly identify the specific knowledge, skills and abilities that comprise the community capacity-building competency.

The skills identified are required at an individual level. However, it is not expected that each individual possess all of the knowledge, skills and abilities that comprise this competency area, but that there is an appropriate mix of these skills at a program and organizational level to enable implementation of the identified core public health programs.

Stakeholders have identified key system supports that are essential to creating a supportive environment that would enable community capacity building skills to be effectively applied to achieve desired outcomes. These are outlined in this document.

COMMUNITY CAPACITY-BUILDING KNOWLEDGE, SKILLS AND ATTITUDES

1. Understands and able to build on community capacity

- Understands that building on the capacity of the community is an important process that contributes to the overall health of the community.
- Understands that community capacity-building is cooperative and action-oriented.
- Understands community asset-based principles and is able to apply these principles, processes and tools.
- Able to identify and address the multiple barriers to participation and to implement outreach strategies that maximize participation.
- Recognizes that communities are experts about their own needs.
- Understands and is able to shift power and control to those who are impacted most by decision-making.
- Able to facilitate communities identifying their own issues, priorities, finding solutions and acting to achieve them – self determination to create local responses to local health needs.

2. Able to establish effective working relationships with diverse individuals, organizations and groups

- Understand diversity and its application to community capacity-building
- Able to collaborate with multi-sector stakeholders within the health authority and in the community
- Able to build multi-sectoral partnerships at all levels – among individuals within a neighborhood, groups within communities, communities, government, etc.
- Able to initiate, facilitate and manage in ways that support civic work.
- Able to build and work with teams (team building skills).
- Able to develop and support community networks.
- Able to build trusting, sustainable relationships by being credible and following through on commitments.
- Able to collaborate with other professionals and disciplines to build on the capacity of the community.

3. Able to mobilize the community to action

- Able to mobilize, energize and engage others in work.
- Understands community organizations and dynamics.
- Has knowledge of sources of information, community services and resources.
- Act as an animator to facilitate a community response to identified needs.
- Able to build on the strengths and assets of the community.
- Able to influence others beyond their own position and authority.

4. Able to think and apply a systems perspective

- Able to see the big picture and act on it.
- Able to communicate an shared vision.
- Understands the broad social determinants of health and how they affect and influence populations, in particular understands the role poverty plays and the importance of social supports in health.
- Understands and applies a population health and the social determinants of health approach to improve the health and well-being of individuals and communities.
- Able to work with communities using a holistic approach.
- Understand the breadth and importance of policy and its impact on communities.
- Able to identify sources for information, resources (human and financial) for communities to draw upon.

5. Able to listen and communicate effectively

- Able to be a good listener, observer and learn and not just inform and educate.
- Able to engage groups in a process of communicating so that shared meaning, trust and coherence of vision and understanding result – a process where people learn how to learn and think together.
- Able to communicate effectively in writing, e.g., able to write funding grants, strategic plans, project proposals, reports, briefs, option papers, research proposals, etc.

6. Able to apply a wide range of facilitation, consultation strategies and community engagement processes

- Aware of the continuum of community engagement and able to involve the community with integrity and in an appropriate and meaningful level of engagement depending on the circumstances – e.g., inform, consult, involve, collaborate and empower.
- Able to facilitate meetings, focus groups, community forums, etc.
- Able to identify and assist groups in reaching common ground – consensus building skills.
- Able to apply different community engagement processes e.g., *appreciative inquiry* (cooperative search for strengths and passions); Open Space, World Café, etc.

7. Able to advocate effectively for social change

- Able to advocate appropriately within the context of a Regional Health Authority.
- Understands and able to advocate for change both within the Health Authority and with external stakeholders.
- Able to advocate for systemic changes in critical areas such as poverty.

8. Able to transfer knowledge to effect change

- Able to transfer information to communities to enable common understanding of issues and to support informed decision-making.

9. Able to problem solve and apply conflict resolution skills

- Able to deal with emotions and allowing everyone to address their needs on their own terms without coercion, fear of retribution or loss of self-esteem.
- Able to examine personal assumptions and explore assumptions and thinking of others.
- Able to apply negotiation and or mediation skills to address divergent interests
- Able to address conflict both within the Health Authority and among community stakeholders.

10. Able to facilitate participatory research and evaluation

- Understands and is able to apply a *participatory action community-based research* approach.
- Understands and is able to facilitate participatory evaluation activities.
- Able to interview and know what questions to ask stakeholders.
- Able to observe trends and patterns and then act on them.
- Able to synthesize information from a range of sources into practical plans and useful recommendations.
- Able to analyze and interpret both qualitative and quantitative data within the context of community needs.
- Able to conduct strategic planning.

11. Able to apply management and organizational skills

- Able to gain the cooperation of others by building trust and mutual understanding rather than requiring the use of power or authority.
- Able to work with diverse interests to facilitate *collective or collaborative decision-making*.
- Able to take action based on collective decision-making.
- Able to create change that is inclusive, long lasting and effective.
- Understand personal, professional and organizational *ethics*.
- Able to shepherd – *lead from behind* as an equal to enable communities to take the leadership role.
- Able to make independent judgments about appropriate level of interactions with internal and external stakeholders.

12. Able to facilitate sustainability of community initiatives

- Able to think across boundaries with others who have different interests, values, cultures and history to create a plan and implement collaborative actions that will ensure the continuation of initiatives for the long term.

- Able to assist communities to learn how to secure funding and other key resources to enhance sustainability.

System Capacity:

It is critical to have the appropriate leadership within the organization to ensure that a supportive and safe environment is created to enable implementation of competencies related to the building of community capacity. System capacity includes:

- Supportive attitudes, values and philosophy that promote a community-capacity building approach.
- Processes, policies and structures that support the application of a population health and social determinants approach to building on the capacity of the community.
- Processes and structures to enable citizens to participate in decisions that affect their health and the development of the services they receive.
- Opportunities for advocacy to influence policy, funding and systemic change that supports community capacity-building.
- Recognizing that resources are essential for building on the capacity of the community and that appropriate resources are allocated.
- Opportunities for training, continuing education and mentoring to enable effective implementation of community-capacity building skills.
- Facilitating collaborative relationships with multiple sectors to facilitate community capacity-building.
- Knowledge and ability within the organization to conduct research and evaluation.

Initial Identification of Training Gaps:

- Need for different modules on community-capacity building focusing on different skill sets to enable individuals to choose specific areas of training to meet their needs, e.g., how to work with communities to identify priorities, different methods of community engagement, etc.
- Two different levels of community capacity -building training may be required:
 - For all staff to educate them on how to incorporate a community capacity-building approach into their practice;
 - For selected staff to enable them to use a community development approach to address population health issues at a broad policy or systems level working with multiple levels of government, e.g., increasing immunization rates for populations with multiple barriers.
- Need for specialized training to support community capacity-building efforts such as:
 - How to advocate appropriately and effectively within the context of a Health Authority.¹
 - How to facilitate effective knowledge transfer and health literacy.²

¹ The Population Health Team at VCH has an advocacy framework and provides workshops to staff and community partners.

² VCH is currently working with PHSA, UBC and University of Victoria on developing resources with respect to Health Literacy.

SECTION 2

Core Competency Charts for the BC Framework for Core Functions in Public Health

Chart A – Core Competencies for Health Improvement Programs – reviewed by selected manager of prevention

Chart B – Core Competencies for Disease, Injury and Disability Prevention – reviewed by selected managers of prevention

Chart C – Core Competencies for Environmental Health Programs – reviewed by the Directors of Protection, representatives from BCCDC and PHSA

Chart D – Core Competencies for Health Emergency Management – to be reviewed

Chart E – Health Assessment and Disease Surveillance – *note* review of Chart E is scheduled for October in meeting with the Health Authority Collaborative on Health Assessment and Surveillance.

Charts A-E provide a review of the Core Competencies for Public Health in Canada Release 1.0 in relation to the roles and responsibilities identified in the BC Model Core Public Health Program Papers and through the project consultation process.

Note: The following definitions apply

Additional Core Competencies - These are additional public health core competencies (additional to the National Public Health Core Competencies, Release 1.0) identified from a review of the model core public health program papers in BC and from consultation with key stakeholders .

System Capacity - A foundational component to applying the public health strategies and implementing the core public health functions is having the system capacity to do so. Stakeholders identified essential system supports necessary to the implementation of the core competencies and the implementation of the core public programs/function.

CHART A – Health Improvement Programs

Draft - September 2008

Core Competencies for Public Health in Canada Release 1.0	Reproductive Health and Prevention of Disability	Healthy Communities	Healthy Living	Food Security <i>Detailed description available</i>	Additional Core Programs
<p>1.0 Public Health Sciences</p> <p><i>Note- Research is being identified as a separate competency</i></p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about principles, policies and programs concerning reproductive health and prevention of disabilities and apply this to public health practice</p> <p>Able to demonstrate knowledge and apply health promotion strategies regarding reproductive health and prevention of disabilities</p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about principles,, policies and programs concerning healthy communities and apply this public health practice</p> <p>Able to demonstrate knowledge and apply strategies to promote healthy communities</p>	<p>Understand population health and the social determinants of Health</p> <p>Able to understand and demonstrate knowledge about principles, policies and programs concerning healthy living and apply this public health practice</p> <p>Able to demonstrate knowledge and apply strategies to promote health living</p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about principles, policies and program concerning the broad food system and food security and apply this public health practice</p> <p>Able to integrate policies, programs and practices concerning food safety and a healthy food system</p> <p>Able to demonstrate knowledge and apply strategies to promote a healthy food system</p>	<p>The following core programs to be added when model core program papers are available:</p> <p>Healthy Development – Infant and Child (0-6)</p> <p>Healthy Development Child and Youth</p> <p>Mental Health Promotion and Prevention of Mental Disorder</p>
<p>2.0 Assessment and Analysis</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs and priorities to</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs and priorities to</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs and priorities to</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs and priorities to</p>	

	<p>optimize maternal and infant outcomes</p> <p>Able to Identify at -risk, vulnerable populations</p> <p>Able to collect, analyze and interpret data</p>	<p>optimize healthy community outcomes</p> <p>Able to identify at- risk, vulnerable communities</p> <p>Able to collect, analyze and interpret data</p>	<p>optimize healthy living outcomes</p> <p>Able to identify at- risk, vulnerable populations</p> <p>Able to collect, analyze and interpret data</p>	<p>optimize food security</p> <p>Able to define community, conduct community asset assessment</p> <p>Able to Identify at- risk, vulnerable populations and communities</p> <p>Able to collect, analyze and interpret data</p>	
<p>3.0 Policy and Program Planning, Implementation and Evaluation</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of policies, programs, practice guidelines and strategic plans to enhance reproductive health and prevention of disabilities based on regional and community needs assessment and priorities</p> <p>Understand principles of program evaluation and</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of programs , plans and policies to enhance healthy communities</p> <p>Understand principles of program evaluation and able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of programs , plans and policies to enhance healthy living</p> <p>Understand principles of program evaluation and able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making process</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of food programs , plans and policies</p> <p>Understand principles of program evaluation and able to support and conduct evaluation e.g., participatory evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making process</p>	

	<p>able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making process and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing evidence/ priorities</p>	<p>making process and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing evidence/ priorities</p>	<p>and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing evidence/ priorities</p>	<p>and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing evidence/ priorities</p>	
<p>4.0 Partnership, Collaboration Advocacy</p> <p><i>Note- Need for further definition of Advocacy and skills required to be able to advocate appropriately within the context of health authorities</i></p>	<p>Able to facilitate community, multi-disciplinary multi-sectoral partnerships to enhance reproductive health and prevention of disabilities e.g., local governments and community organizations</p> <p>Able to use team-building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate for healthy public policy and for the integration of best practices that promote reproductive health</p>	<p>Able to facilitate community, multi-disciplinary multi-sectoral partnerships to enhance collaboration/ coordination e.g., with local governments, schools, community groups</p> <p>Able to use team-building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate appropriately in support of healthy public policy and integration of best practices that promote healthy communities</p>	<p>Able to facilitate community, multi-disciplinary multi-sectoral partnerships to enhance healthy living</p> <p>Able to use team-building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate appropriately in support of healthy public policy and integration of best practices that promote healthy living</p>	<p>Able to facilitate community, multi-disciplinary, multi-sectoral partnerships to enhance accessibility, availability and affordability of a healthy food system</p> <p>Able to use team-building, negotiation, conflict management, mediation, and group facilitation skills</p> <p>Able to advocate appropriately in support of healthy food policy and best practices</p>	

<p>5.0 Diversity and Inclusiveness</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to enhance reproductive health and prevention of disabilities outcomes</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to plan and provide culturally appropriate strategies</p> <p>Able to recognize how the determinants of health influence the health and well being of specific populations</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to enhance the health of communities</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to plan and provide culturally appropriate strategies</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to promote health living outcomes</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to plan and provide culturally appropriate strategies</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to achieve community food security outcomes</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to plan and provide culturally appropriate strategies</p>	
<p>6.0 Communication to Public and other Professionals</p> <p><i>Note- Knowledge Transfer/exchange is identified as a separate competency area</i></p> <p><i>Educating individuals and communities to make appropriate decisions about health is identified as a separate competency area – health literacy</i></p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about reproductive health and prevention of disabilities</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and</p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about healthy communities</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and</p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about healthy living</p> <p>Abel to mobilize individuals and communities by using appropriate media, community resources and</p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about food systems and food security</p> <p>Able to mobilize individuals and communities by using appropriate media and social marketing techniques to promote a</p>	

	social marketing to promote reproductive health	social marketing techniques to promote healthy communities	social marketing techniques to foster healthy living attitudes and behavior	healthy food system	
7.0 Leadership <i>Note - A separate chart on leadership is being developed based on the Leaders for Life program which includes a Health Leadership Capabilities Framework (LEADS)</i>	<p>Able to lead to promote reproductive health.</p> <p>Priority leaderships skills include: able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	<p>Able to lead to promote healthy communities</p> <p>Priority leaderships skills include: able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	<p>Able to lead to develop and implement healthy living policy and programs</p> <p>Priority leaderships skills include: able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	<p>Able to lead to promote food security</p> <p>Priority leadership skills for the food security core program include: Being self aware; able to navigate the socio-political environment; able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	
Additional Core Competencies					
8.0 Community Dev't /Capacity Building <i>'building on capacity in the community'</i> <i>More detailed description available</i>	<p>Able to facilitate community engagement and community capacity building to foster reproductive health and prevention of disabilities</p>	<p>Able to facilitate community engagement and community capacity building to foster healthy communities</p>	<p>Able to facilitate community engagement and community capacity building to promote healthy living</p>	<p>Able to facilitate community engagement and community capacity building to advance food security and a health food system</p>	
9.0 Enforcement (education) to ensure compliance with Regulations	<p>Knowledge of relevant legislation impacting reproductive health and prevention of disabilities</p>	<p>Knowledge of relevant regulations impacting key community organizations, schools and facilities</p>	<p>Able to ensure compliance with Tobacco Legislation</p>	<p>Knowledge of food safety implications for food security and food systems</p>	

10.0 Inter-professional Collaboration	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results for the reproductive health and prevention of disabilities program</p> <p>Able to work in a collaborative care model with a wide range of health professionals and integrate across a range of health programs to ensure seamless service</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired healthy community program results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired healthy living program results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired food security program results</p>	
11.0 Applying New Technology	<p>Knowledge of new technology that impacts reproductive health and prevention of disabilities</p> <p>Able to use new technology to communicate effectively</p>	<p>Able to apply the results of GIS- mapping technology</p>	<p>Able to apply the results of = GIS- mapping technology</p>	<p>Able to apply the results of GIS- mapping technology</p> <p>Knowledge of relevant food systems technology</p>	
12.0 Knowledge Transfer/exchange <i>Note: This is mentioned in the Communication Core Competencies but is seen to be more than just the ability to interpret information for profession, nonprofessional and community audiences</i>	<p>Able to exchange knowledge and information in plain language and provide public education on reproductive health and prevention of disabilities</p>	<p>Able to exchange knowledge and information in plain language and provide public education about healthy communities</p>	<p>Able to exchange knowledge and information in plain language and provide public education about healthy living</p>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to engage in effective knowledge exchange with the public and other professionals about food systems and food security</p> <p>Able to link public and professionals to appropriate resources</p>	
13.0	<p>Able to assist</p>	<p>Able to assist</p>	<p>Able to assist</p>	<p>Able to assist</p>	

Health Literacy <i>Definition Used – Capacity to obtain, process and understand health information and materials needed to make informed decisions regarding health</i>	and support individuals and communities to make informed decisions about reproductive health and prevention of disability	and support individuals and communities to make informed decisions about enhancing the health of the community	and support individuals and communities to make informed decisions about healthy living	and support individuals and communities to make informed decisions about food, food security and food systems that impact health/ well being.	
14.0 Research	Able to look for evidence, understand and apply evidence and research to inform reproductive health policy and practice Able to understand sex, gender and culturally sensitive research and evaluation to strengthen decision-making At program/ organizational level able to support and conduct research	Able to look for evidence, understand and apply evidence and research to inform healthy communities policy and practice Able to link with key resources to conduct research At program/ organizational level able to support and conduct research	Able to look for evidence, understand and apply evidence and research to inform healthy living policy and practice Able to link with key resources to conduct research At program/ organizational level able to support and conduct research	Able to look for evidence, understand and apply evidence and research to inform food security policy and practice Able to link with key resources to conduct research At program/ organizational level able to support and conduct research	
15.0 Public Health Ethics	Able to understand and apply public health ethics to reproductive health and prevention of disabilities issues	Able to understand and apply public health ethics to healthy community issues	Able to understand and apply public health ethics to healthy living issues	Able to understand and apply public health ethics to address food security issues	
System Capacity					
Regional Health Authorities	Able to put in place the processes, structures, and resources to support the delivery of a reproductive health and prevention of disability	Able to put in place the processes, structures, and resources to support the development and implementation of healthy community	Able to put in place the processes, structures, and resources to develop and implement healthy living programs , plans and policies that achieve	Able to put in place the processes, structures, and resources to develop and Implement food security programs , plans and policies that achieve	

	programs, plans and policies that achieve desired outcomes	program, plans and policies that achieve desired outcomes	desired outcomes	desired outcomes	
PHSA	<p>Able to act as resource to regional health authorities in collecting data</p> <p>Able to synthesis, transfer and exchange knowledge and information to inform reproductive health outcomes</p> <p>Able to provide high quality specialized services and programs with respect to reproductive health and disability prevention e.g., fetal, maternal and newborn programs; provincial reproductive care programs and specialized perinatal services; child health and rehabilitation: and gender-based research and analysis.</p>	<p>Able to act as resource to regional health authorities in collecting data e.g. school health survey</p> <p>Able to synthesis, transfer and exchange knowledge and information to inform healthy community outcomes</p>	<p>Able to support regional health authorities in the collection, analysis and dissemination of data</p> <p>Able to synthesis, transfer and exchange knowledge and information to inform healthy living outcomes</p>	<p>Able to support regional health authorities in developing resource materials relevant to the food system; carrying out strategic planning; establishing multi-sectoral partnership at a provincial level; developing food security evaluation tools for municipalities and communities</p>	

Chart B – Disease, Injury and Disability Prevention Program Draft – September, 2008

Core Competencies for Public Health in Canada Release 1.0	Prevention of Unintentional Injuries	Dental Health and the Prevention of Dental Disease	Prevention of Harms Associated with Substances	Additional Core Programs
<p>Public Health Sciences</p> <p><i>Note- Research is identified as a separate competency</i></p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about principles, policies, programs concerning prevention of unintentional injuries and apply these to public health practice</p> <p>Able to demonstrate knowledge and apply health promotion strategies regarding prevention of un-intentional injuries</p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about principles, policies, programs concerning dental health and apply this to public health practice</p> <p>Able to demonstrate knowledge and apply health promotion strategies regarding dental health</p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about principles, policies, programs concerning prevention of harms associated with substances and apply this to public health practice</p> <p>Able to demonstrate knowledge and apply health promotion strategies regarding prevention of harms associated with substances</p>	<p>The following core programs to be added when model core program papers are available:</p> <p>Chronic Disease Prevention</p> <p>Prevention of Violence, Abuse and Neglect</p> <p>Communicable Disease Prevention and Control</p> <p>Prevention of Adverse Health Effects of the Health Care System</p>
<p>2.0 Assessment and Analysis</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs, and priorities to optimize the prevention of unintentional injuries</p> <p>Able to collect, analyze and interpret data</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs, and priorities to optimize dental health outcomes</p> <p>Able to collect, analyze and interpret data</p>	<p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends, needs, and priorities to optimize prevention of harms associated with substances</p> <p>Able to collect, analyze, interpret data and report on use and harm of substances</p>	

	Able to identify at-risk and vulnerable populations	Able to identify at-risk and vulnerable populations	Able to identify at-risk and vulnerable populations	
3.0 Policy and Program Planning, Implementation and Evaluation	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of policies, programs, practice guidelines and strategic plans to increase prevention of unintentional injury outcomes</p> <p>Understand principles of evaluation and able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making process and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of preventive dental policies, programs practice guidelines and strategic plans</p> <p>Understand principles of evaluation and able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making process and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to understand and apply basic principles of targeted and universal programs/ policies</p> <p>Able to facilitate the development and implementation of policies, programs, practice guidelines and strategic plans to increase prevention of harms associated with substances</p> <p>Understand principles of evaluation and able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making process and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing</p>	

	based on changing evidence/priorities	evidence/priorities	evidence/priorities	
<p>4.0 Partnership, Collaboration Advocacy</p> <p><i>Note- Need for further definition of advocacy and skills required to be able to advocate appropriately within the context of health authorities</i></p>	<p>Able to collaborate with multiple groups to build a coordinated community/ regional response to prevention of unintentional injuries</p> <p>Able to lead and facilitate injury prevention networks and coalitions</p> <p>Able to use team-building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate for public policy and by-laws to enhance safety</p>	<p>Able to facilitate multi-disciplinary collaboration to enhance dental health</p> <p>Able to use team-building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate appropriately for public health policy and best practice in support of dental care</p>	<p>Able to facilitate multi-disciplinary and multi-sectoral collaboration and partnerships to enable planning and program delivery that is comprehensive and consistent to enhance prevention of harms associated with substances</p> <p>Able to use team building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate for appropriate public health policy and best practices for prevention of harms associated with substances</p>	
<p>5.0 Diversity and Inclusiveness</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address prevention of unintentional injuries</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to enhance dental health</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address prevention of harms related to substances</p> <p>Able to address equity issues for at-risk and vulnerable populations</p> <p>Able to work with Aboriginal individuals and communities to</p>	

	plan and provide culturally appropriate strategies	plan and provide culturally appropriate strategies	plan and provide culturally appropriate strategies	
<p>6.0 Communication to Public and other Professionals</p> <p><i>Note- Knowledge Transfer/exchange is identified as a separate competency area</i></p> <p><i>Educating individuals and communities to make appropriate decisions about health is identified as a separate competency area – health literacy</i></p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about prevention of unintentional injuries</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and social marketing techniques to promote prevention of unintentional injuries</p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about dental health and prevention of dental disease</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and social marketing techniques to promote dental health and the prevention of dental diseases</p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and other professionals about prevention of harms associated with substances</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and social marketing techniques to prevent harms associated with substances</p> <p>Able to address issues of stigma and discrimination when developing strategies to prevent harms associated with substances</p>	
<p>7.0 Leadership</p> <p><i>A separate chart on leadership is being developed based on the Leaders for Life program which includes a Health Leadership Capabilities Framework (LEADS)</i></p>	<p>Able to lead the coordination and management of injury prevention strategies and initiatives</p> <p>Priority leaderships skills include: able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	<p>Able to lead to implement dental health programs</p> <p>Priority leaderships skills include: able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	<p>Able to lead to implement a comprehensive approach to prevention of harms associated with substances</p> <p>Priority leaderships skills include: able to strategically align decisions with vision, values and evidence; and able to demonstrate system/critical thinking</p>	

Additional Core Competencies				
<p>8.0 Community Dev't /Capacity Building</p> <p><i>'building on capacity in the community'</i></p>	<p>Able to facilitate community engagement and community capacity building to address the prevention of unintentional injuries</p>	<p>Able to facilitate community engagement and community capacity building to enhance the prevention of dental disease</p>	<p>Able to facilitate community engagement and community capacity building to promote prevention of harms associated with substances.</p> <p>Able to develop coordinated actions plans involving primary care physicians, schools, local government, media and community groups.</p> <p>Able to engage and involve those experiencing the harmful effects associated with substances in policy and program development</p>	
<p>9.0 Enforcement (education) to ensure Compliance with Regulations</p>	<p>Able to facilitate enforcement to ensure compliance with safety legislation</p>		<p>Able to facilitate enforcement and education related to relevant legislation on substances</p>	
<p>10.0 Inter-professional Collaboration</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p> <p>Able to work in a collaborative care model with a wide range of health professionals and integrate across a range of health programs to ensure seamless service</p>	
<p>11.0 Applying New Technology</p>	<p>Knowledge of new technology for data collection,</p>	<p>Knowledge of new technology that may be required in dental care</p>	<p>Knowledge of new technology that may be associated with</p>	

	<p>monitoring and surveillance</p> <p>Able to apply the results of GIS Mapping technology</p>		<p>substance use and reduction of harm</p> <p>Able to apply the results of GIS mapping technology</p>	
<p>12.0 Knowledge Transfer/exchange</p> <p><i>Note- This is mentioned in the Communication Core Competencies but is seen to be more than just the ability to interpret information for profession, nonprofessional and community audiences</i></p>	<p>Able to exchange knowledge and information in plain language and provide public education on prevention about unintentional injuries</p>	<p>Able to exchange knowledge and information in plain language and provide public education about dental health and the prevention of dental disease</p>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to engage in effective knowledge exchange with the public, targeted populations and diverse service providers</p> <p>Able to promote and support clear messaging that addresses safer substance use and informs risk taking choices</p>	
<p>13.0 Health Literacy</p> <p><i>Definition Used – Capacity to obtain, process and understand health information and materials needed to make informed decisions regarding health</i></p>	<p>Able to assist and support individuals and communities to make informed decisions about the preventing unintentional injuries</p>	<p>Able to assist and support individuals and communities to make informed decisions about preventing dental disease</p>	<p>Able to assist and support individuals and communities to make informed decisions about substance use and protective factors</p>	
<p>14.0 Research</p>	<p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to link with key resources to conduct research</p>	<p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to link with key resources to conduct research</p>	<p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to link with key resources to conduct research</p> <p>At a program/organizational level, able to conduct relevant research</p>	

15.0 Public Health Ethics	Able to understand and apply public health ethics to prevention of unintentional injuries issues	Able to understand and apply public health ethics to dental health issues	Able to understand and apply public health ethics to prevention of harms associated with substances issues	
System Capacity				
Health Authorities	<p>Able to put in place processes, structures and resources to coordinate and implement delivery of injury prevention programs based on regional injury priorities</p> <p>At a program/organizational level able to model effective injury prevention practices</p>	<p>Able to put in place processes, structures and resources to develop and implement policies and programs to promote the prevention of dental disease with a focus on childhood dental disease and other high risk populations</p>	<p>Able to put in place processes, structures and resources to implement a comprehensive approach to prevention of harms associated with substances that includes the following key programs components:</p> <ul style="list-style-type: none"> - Influence protective and risk factors at key life stages; - Prevent, delay and reduce alcohol, cannabis and tobacco use by teens; - Reduce risky patterns of substance use - Create safer contexts for substance use; - Reduce discrimination and stigma 	
PHSA	<p>Able to act as a resource to regional health authorities.</p> <p>Able to deliver specialized services and programs for injury prevention to support health authorities</p> <p>Able to strengthen prevention networks through education, training and research expertise .</p>		<p>Able to act as a resource to regional health authorities.</p> <p>Able to provide specialized provincial services, research, surveillance and knowledge transfer to support the prevention of harms associated with substances</p>	

Chart C- Environmental Health Programs

Draft September, 2008

Reviewed by Directors of Protection Committee

Core Competencies for Public Health in Canada Release 1.0	Food Safety	Water Quality (Quantity and water waste)	Air Quality*	Healthy Community Environments
<p>1.0 Public Health Sciences</p> <p><i>Note- Research is being identified as a separate competency</i></p>	<p>Demonstrate knowledge of population health and the social determinants of health</p> <p>Able to demonstrate knowledge about the food system (production, processing and safety) and apply to public health practice</p>	<p>Demonstrate knowledge of population health and the social determinants of health</p> <p>Able to demonstrate knowledge about water quality and apply to public health practice</p>	<p>Demonstrate knowledge of population health and the social determinants of health</p> <p>Able to demonstrate knowledge about air quality and apply to public health practice</p>	<p>Demonstrate knowledge of population health and the social determinants of health including the socio economic factors</p> <p>Able to demonstrate knowledge about healthy community environments and apply to public health practice</p> <p>Able to apply the knowledge of healthy community environments to enhance the sustainability of healthy communities</p>
<p>2.0 Assessment and Analysis</p>	<p>Able to collect, analyze and interpret data</p> <p>Able to conduct risk assessments of regional needs</p> <p>Able to conduct surveillance and monitoring of food safety issues including risk factor surveillance</p>	<p>Able to collect, analyze and interpret data</p> <p>Able to conduct risk assessment</p> <p>Able to conduct surveillance and monitoring of water quality including risk factor surveillance</p> <p>Able to conduct epidemiological</p>	<p>Able to collect, analyze and interpret data</p> <p>Able to conduct trend analysis and risk assessments of health reports for indoor and outdoor quality</p> <p>Able to conduct surveillance and monitoring of indoor air quality including risk factor surveillance</p> <p>Able to conduct epidemiological</p>	<p>Able to collect, analyze and interpret data</p> <p>Able to conduct health impact assessments to identify community assets</p> <p>Able to conduct risk assessments to identify unhealthy built environments and environmental risk</p>

	Able to conduct epidemiological investigations	investigations	investigations	Able to conduct surveillance and monitoring of environment hazards Able to conduct epidemiological investigations
3.0 Policy and Program Planning, Implementation and Evaluation	Able to develop and implement food safety polices and strategies Able to set priorities Able to make appropriate decisions Able to support and conduct evaluation of food safety programs/ processes to ensure continuous quality improvement	Able to facilitate the development of plans, programs, and policies to enhance water quality outcomes Able to set priorities Ability to make appropriate decisions Able to support and conduct evaluation of water quality programs/ processes to ensure continuous quality improvement	Able to provide input to air quality management plans Able to set priorities Able to set priorities Ability to make appropriate decisions Able to support and conduct evaluation of indoor air quality programs/ processes to ensure continuous quality improvement	Able to facilitate the development of health promotion, risk management and harm reduction plans, polices and programs to support and enhance healthy community environments Able to set priorities Ability to make appropriate decisions Able to support and conduct evaluations of programs/ processes to ensure continuous quality improvement
4.0 Partnership, Collaboration Advocacy <i>Note- Need for further definition of Advocacy and skills required to be able to advocate appropriately within the context of health authorities</i>	Able to facilitate collaboration with multi-sectoral stakeholders Able to support and work with community coalitions and networks Able to advocate appropriately for public health policy and best practice to enhance food safety	Able to facilitate collaboration with multi-sectoral stakeholders Able to support and work with community coalitions and networks Able to advocate appropriately for public health policy and best practice to enhance water quality	Able to facilitate collaboration with multi-sectoral stakeholders Able to support and work with community coalitions and networks Able to advocate appropriately for public health policy and best practice to enhance air quality	Able to facilitate collaboration with multi-sectoral stakeholders Able to support and work with community coalitions and networks Able to advocate appropriately for effective environmental health initiatives

<p>5.0 Diversity and Inclusiveness</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address food safety issues</p> <p>Able to work with Aboriginal individuals, groups, leadership and communities to plan and provide culturally appropriate Strategies</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address water quality issues</p> <p>Able to work with Aboriginal individuals, groups, Leadership & communities to plan and provide culturally appropriate strategies</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address air quality issues</p> <p>Able to work with Aboriginal individuals, group, leadership and communities to plan and provide culturally appropriate strategies</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to promote healthy community environments</p> <p>Able to work with Aboriginal individuals, groups, leadership and communities to plan and provide culturally appropriate strategies</p>
<p>6.0 Communication to Public and other Professionals</p> <p><i>Note- Knowledge Transfer/exchange is identified as a separate competency area</i></p> <p><i>Educating individuals and communities to make appropriate decisions about health is identified as a separate competency area – health literacy</i></p>	<p>Able to communicate effectively with the public, media and other professionals about food safety.</p> <p>Able to communicate effectively in writing for technical reports, briefing notes and for communiqués to the public (See also 14.0 Knowledge Transfer/ Exchange)</p>	<p>Able to communicate effectively with the public, media and other professionals about water safety</p> <p>Able to communicate effectively in writing for technical reports, briefing notes and for communiqués to the public (See also 14.0 Knowledge Transfer/ Exchange)</p>	<p>Able to communicate effectively with the public, media and other professionals about air quality</p> <p>Able to communicate effectively in writing for technical reports, briefing notes and for communiqués to the public (See also 14.0 Knowledge Transfer/ Exchange)</p>	<p>Able to communicate effectively with the public, media and other professionals about healthy community environments</p> <p>Able to communicate effectively in writing for technical reports, briefing notes and for communiqués to the public (See also 14.0 Knowledge Transfer/ Exchange)</p>
<p>7.0 Leadership</p> <p>A separate chart on leadership is being developed based on the Leaders for Life program which includes a Health Leadership Capabilities Framework – LEADS</p>	<p>Able to lead the coordination and management of appropriate food safety strategies and initiatives</p>	<p>Able to lead the coordination and management of water safety strategies and initiatives</p>	<p>Able to lead the coordination and management of appropriate indoor air quality (and designated outdoor) strategies and initiatives</p>	<p>Able to lead to build strategic partnerships with multiple sectors and levels of government for a unified focus on managing and developing healthy community environments</p>

Additional Core Competencies				
<p>8.0 Community Dev't /Capacity Building <i>'building on capacity in the community'</i></p> <p>More detailed description available</p>	<p>Able to facilitate community engagement and community capacity building to address food safety issues</p>	<p>Able to facilitate community engagement and community capacity building to address water safety issues</p>	<p>Able to facilitate community engagement and community capacity building to address indoor (and as designated, outdoor) air quality issues.</p>	<p>Able to facilitate community engagement and community capacity building to create healthier built environments</p>
<p>9.0 Enforcement (education) to ensure Compliance with Regulations</p>	<p>Able to investigate incidents and complaints</p> <p>Able to apply legislation and progressive enforcement process</p>	<p>Able to administer relevant legislation</p> <p>Able to ensure compliance/ enforcement of water quality legislation</p>	<p>Able to ensure enforcement with regard to indoor air quality</p>	<p>Able to investigate and enforce standards and legislation with regard to healthy community environments</p>
<p>10.0 Inter professional Collaboration</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired Results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>
<p>11.0 Applying New Technology</p>	<p>Able to demonstrate knowledge of new technology for data collection, monitoring and surveillance</p> <p>Able to collect data in the field in real time</p> <p>Able to stay current in technological applications</p>	<p>Able to demonstrate knowledge of new technology for data collection, monitoring and surveillance</p> <p>Able to collect data in the field in real time</p> <p>Able to stay current in technological applications</p>	<p>Able to demonstrate knowledge of new technology for data collection, monitoring and surveillance</p> <p>Able to collect data in the field in real time</p> <p>Able to stay current in technological applications</p>	<p>Able to demonstrate knowledge of new technology that impacts healthy community environments</p> <p>Able to collect data in the field in real time</p> <p>Able to stay current in technological applications</p>

<p>12.0 Knowledge Transfer/exchange</p> <p><i>Note- This is mentioned in the Communication Core Competencies but is seen to be more than just the ability to interpret information for profession, nonprofessional and community audiences</i></p>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to develop and implement public education and awareness initiatives</p>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to develop and implement public education and awareness initiatives</p>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to develop and implement public education and awareness initiatives</p>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to develop and implement public education and awareness initiatives</p>
<p>13.0 Health Literacy</p> <p><i>Definition Used – Capacity to obtain, process and understand health information and materials needed to make informed decisions regarding health</i></p>	<p>Able to assist and support individuals and communities to make informed decisions about enhancing food safety</p>	<p>Able to assist and support individuals and communities to make informed decisions about enhancing water quality</p>	<p>Able to assist and support individuals and communities to make informed decisions about enhancing air quality</p>	<p>Able to assist and support individuals and communities to make informed decisions about healthy community environments</p>
<p>14.0 Research</p>	<p>Able to stay current with research and evidence</p> <p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to link with key resources to conduct research</p>	<p>Able to stay current with research and evidence</p> <p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to link with key resources to conduct research</p>	<p>Able to stay current with research and evidence</p> <p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to link with key resources to conduct research</p>	<p>Able to stay current with research and evidence</p> <p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to apply knowledge - based/evidence-based decision-making</p>
<p>15.0 Public Health Ethics</p>	<p>Able to understand and apply public health ethics to food safety issues</p>	<p>Able to understand and apply public health ethics to water quality issues</p>	<p>Able to understand and apply public health ethics to air quality issues</p>	<p>Able to understand and apply public health ethics to Healthy community environment issues</p>

System Capacity				
Regional Health Authorities	Able to support the planning, implementation, provision and evaluation of the food safety program in their health authority.	Able to support the planning, implementation, provision and evaluation of the water quality program in their health authority.	Able to support the planning, implementation, provision and evaluation of the water quality program in their health authority	Able to support the planning, implementation, provision and evaluation of healthy community environments
PHSA	<p>Able to provide advice and support in food emergencies</p> <p>Able to provide technical guidance</p> <p>Able to develop and provide food safety information and awareness resources to health authorities, public and food industry</p> <p>Able to develop best practices and assist in the provincial coordination of food safety</p> <p>(delivered through BCCDC)</p>	<p>Able to conduct research and surveys on water quality</p> <p>Able to provide advice, support and technical guidance on water quality</p> <p>Able to develop public awareness and information materials</p>	<p>Able to provide surveillance and knowledge transfer to support air quality</p> <p>Able to test new interventions</p> <p>Able to provide advice, support and technical guidance on air quality</p>	<p>Able to synthesize and transfer knowledge related to health impacts of the built environment</p> <p>Able to deliver a wide range of centralized services and supports related to environmental contaminants</p> <p>(delivered through BCCDC)</p>

*The BC Ministry of Environment and the Environmental Assessment Office play a role in monitoring, regulating and enforcing air quality measures.

Chart D - Health Emergency Management

Draft - September, 2008

Core Competencies for Public Health in Canada Release 1.0	Health Emergency Management
<p>1.0 Public Health Sciences</p> <p><i>Note - Research is being identified as a separate competency</i></p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand demonstrate knowledge about health emergency management and apply to public health practice</p>
<p>2.0 Assessment and Analysis</p>	<p>Able to collect, analyze and interpret data</p> <p>Able to conduct a risk assessment and identify mitigation processes</p> <p>Able to support surveillance and monitoring</p>
<p>3.0 Policy and Program Planning, Implementation and Evaluation</p>	<p>Able to develop and implement emergency response management and business continuity plans</p> <p>Able to support and conduct evaluation</p> <p>Able to set priorities and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing evidence/ priorities</p>
<p>4.0 Partnership, Collaboration Advocacy</p> <p><i>Note- Need for further definition of Advocacy and skills required to be able to advocate appropriately within the context of health authorities</i></p>	<p>Able to facilitate community, multi-disciplinary multi-sectoral partnership and collaborations at local, regional, provincial and trans-jurisdictional levels to respond to emergency situations</p> <p>Able to use teambuilding, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate appropriately for public health policy and best practice in support of effective health emergency management</p>
<p>5.0 Diversity and Inclusiveness</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address health emergency management issues</p> <p>Able to work with Aboriginal individuals, groups, leadership and communities to plan and provide culturally appropriate strategies</p>
<p>6.0 Communication to Public and other Professionals</p> <p><i>Note - Knowledge Transfer/exchange is identified as a separate competency area</i></p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and professionals about emergency issues to ensure a coordinated response</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and social marketing techniques to address health emergency situations</p>

<i>Educating individuals and communities to make appropriate decisions about health is identified as a separate competency area – health literacy</i>	
7.0 Leadership <i>A separate chart on leadership is being developed based on the Leaders for Life program which includes a Health Leadership Capabilities Framework (LEADS)</i>	Able to lead to implement and sustain programs, policies and plans relating to health emergency management without transferring risk to other communities or postponing to other generations
Additional Core Competencies	
8.0 Community Dev't /Capacity Building <i>'building on capacity in the community'</i> <i>More detailed description available</i>	Able to facilitate community engagement and community capacity building to respond to emergency health situations
9.0 Enforcement (education) to ensure Compliance with Regulations	Able to ensure enforcement of relevant legislation related to emergency health management
10.0 Inter-professional Collaboration	Able to plan and work collaboratively with all relevant disciplines to achieve desired results
11.0 Applying New Technology	Knowledge and ability to apply new relevant technologies to address health emergencies
12.0 Knowledge Transfer/exchange <i>Note - This is mentioned in the Communication Core Competencies but is seen to be more than just the ability to interpret information for profession, nonprofessional and community audiences</i>	<p>Able to exchange knowledge and information in plain language</p> <p>Able to develop and implement special emergency management training programs to educate to the public and health professionals</p>
13.0 Health Literacy <i>Definition – Capacity to obtain, process and understand health information and materials needed to make informed decisions regarding health</i>	Able to assist and support individuals and communities to make informed decisions about health and best practice in health emergency situations
14.0 Research	Able to look for evidence, understand and apply evidence and research to inform policy and practice related to health emergencies

15.0 Public Health Ethics	<p>Able to link with key resources to conduct research related to health emergencies</p> <p>Able to understand and apply public health ethics to health emergency management issues</p>
System Capacity	
Regional Health Authorities	<p>Able to coordinate/ implement emergency management policies and programs</p> <p>Able to facilitate training and exercises to reduce the impact of disasters and ensure a resilient response</p>
PHSA	<p>Able to support and provide emergency management advisory services to health authorities</p> <p>Able to manage response to communicable disease emergencies</p>

Chart E - Health Assessment and Disease Surveillance

Draft – September, 2008

Core Competencies for Public Health in Canada Release 1.0	Health Assessment and Disease Surveillance
<p>1.0 Public Health Sciences</p> <p><i>Note- Research is being identified as a separate competency</i></p> <p>2.0 Assessment and Analysis</p>	<p>Understand population health and the social determinants of health</p> <p>Able to understand and demonstrate knowledge about health assessment and disease surveillance and apply to public health practice</p> <p>Understand basic principles of epidemiology, surveillance, and monitoring and apply this to public health practice</p> <p>Able to identify trends needs and priorities</p> <p>Able to collect, analyze and interpret data – data management</p> <p>Able to monitor and report on health status and changes</p> <p>Able to develop mechanisms and technical tools to support data management</p>
<p>3.0 Policy and Program Planning, Implementation and Evaluation</p>	<p>Able to demonstrate understanding and apply basic principles of strategic planning</p> <p>Able to facilitate the development of policies, programs and strategic plans to enhance health assessment and disease surveillance</p> <p>Understand principles of program evaluation and able to support and conduct evaluation</p> <p>Able to set priorities using an evidence-based transparent decision-making processes and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/programs and make improvements based on changing evidence/priorities.</p>
<p>4.0 Partnership, Collaboration Advocacy</p> <p><i>Note - Need for further definition of Advocacy and skills required to be able to advocate appropriately within the context of health authorities</i></p>	<p>Able to facilitate the development of multi-disciplinary and multi-sectoral partnerships and coalitions to enhance health assessment and disease surveillance</p> <p>Able to advocate for healthy public policy and integration of best practices as it relates to health assessment and disease surveillance</p>
<p>5.0 Diversity and Inclusiveness</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to enhance health assessment and disease surveillance</p>

<p>6.0 Communication to Public and other Professionals</p> <p><i>Note - Knowledge Transfer/exchange is identified as a separate competency area</i></p> <p><i>Educating individuals and communities to make appropriate decisions about health is identified as a separate competency area – health literacy</i></p>	<p>Able to facilitate communication effectively and dialogue among multiple programs and organizations about health assessment and disease surveillance</p>
<p>7.0 Leadership</p> <p><i>A separate chart on leadership is being developed based on the Leaders for Life program which includes a Health Leadership Capabilities Framework- LEADS</i></p>	<p>Able to lead to plan and establish supporting organizational and coordinating structures for health assessment and disease surveillance</p> <p>Able to Interpret data and integrate findings into decision-making and strategically align decision with vision, values and evidence.</p> <p>Able to demonstrate system/critical thinking</p>
<p>Additional Core Competencies</p>	
<p>8.0 Community Development/Capacity Building 'building on capacity in the community'</p> <p><i>More detailed description available</i></p>	<p>Able to facilitate community engagement and community capacity building to address health assessment and disease surveillance issues</p>
<p>9.0 Enforcement (education) to ensure compliance with Regulations</p>	<p>Understands and able to apply legislation as it impacts health assessment and surveillance</p>
<p>10.0 Inter-professional Collaboration</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>
<p>11.0 Applying New Technology</p>	<p>Understand and able to use technology related to data bases e.g., able to integrate diverse data bases in real time</p>
<p>12.0 Knowledge Transfer/exchange</p> <p><i>Note - This is mentioned in the Communication Core Competencies but is seen to be more than just the ability to interpret information for profession,</i></p>	<p>Able to exchange knowledge and information in plain language.</p> <p>Able to build capacity to enhance staff knowledge and expertise in health assessment and disease surveillance</p>

<p><i>nonprofessional and community audiences</i></p> <p>13.0 Health Literacy</p> <p><i>Def'n – Capacity to obtain, process and understand health information and materials needed to make informed decisions regarding health</i></p>	<p>Able to assist and support individuals and communities to understand health assessment and disease surveillance information to make informed decisions regarding health</p>
<p>14.0 Research</p>	<p>Able to look for evidence, understand and apply evidence and research to inform policy and practice</p> <p>Able to support and conduct research</p> <p>Able to link with key resources to conduct research</p>
<p>15.0 Public Health Ethics</p>	<p>Able to understand and apply public health ethics to health assessment and disease surveillance issues.</p>
<p>System Capacity</p>	
<p>Regional Health Authorities</p>	<p>Able to provide support to facilitate the coordination of health assessment and disease surveillance on community and regional issues</p>
<p>PHSA</p>	<p>Able to provide expertise, advice and support to health authorities in health assessment and disease surveillance</p> <p>Able to monitor provincial data bases</p> <p>Able to manage disease surveillance, assessment and control for the province</p> <p>Able to establish provincial standards for health assessment and disease surveillance</p>

SECTION 3

Public Health Association of BC Public Health Core Competencies Project

Food Security – Core Competencies

Prepared by Zena Simces and Sue Ross
with representatives from VIHA
September, 2008

INTRODUCTION

The Public Health Association of BC with funding from the BC Ministry of Health and Public Health Agency of Canada has undertaken a project to identify 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 gaps. Phase II of this project is to identify appropriate educational responses to address the competency gaps. The overall aim of this project is to make a contribution to ensuring that the public health workforce in BC has a diverse group of people who are equipped with the appropriate skills and competencies for the effective and efficient delivery of public health in BC.

The purpose of this paper is to identify the specific knowledge, skills and abilities required to implement the Food Security Core Program in BC.

The skills identified in this document are required at an individual level. However, it is not expected that each individual involved in food security possess all of the knowledge, skills and abilities that comprise this competency area, but that there is an appropriate mix and depth of these skills at a program or organizational level to enable implementation of the Food Security core program.

Stakeholders have identified the need for **system capacity**, that is, key system supports that are essential to creating a supportive environment that would enable the implementation of the competencies identified for the Food Security Core Program.

The definition of Food Security as used in this document is taken from the Model Core Program Paper for Food Security, May 2006. Food Security is generally understood as the development of a community food system in which food production, processing, distribution and consumption are integrated to enhance the environmental, economic, social and nutritional health of a specific place. The working definition is “Community food security exists when all citizens obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance and equal access for everyone.”³

The competencies required to implement the Food Security Core Program are seen to be guided by the five action areas for health promotion identified by the Ottawa Charter for Health Promotion⁴: *Building healthy public policy; Creating supportive environments;*

³ Bellows, A.. and Hamm M (2003). Critical Public Health Vol. 12 No 2, 107-123

⁴ The Ottawa Charter for Health Promotion - www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Strengthening community actions; Developing personal skills of people through information and education; Re-orienting health care services toward prevention of illness and promotion of health.

Knowledge, Skills, Abilities related to Food Security

1. Knowledge of and understands the broad food system

- Knowledge and understanding of the broad food system and food security - the 'global picture' - international, national, provincial, regional and local.
- Knowledge of the food system vis-à-vis the socio-political environment to be able to strategically align decisions with vision, values and evidence.
- Knowledge of the food security continuum.
- Knowledge of food safety and its interrelation with food security
- Able to develop and implement planning processes that take into account appropriate legislation, regulations and policy.
- Understands and able to apply health promotion and a population health approach to food security practice.

2. Knowledge and ability to facilitate the practical application of the social determinants of health framework

- Able to view the community from a holistic and system-wide perspective, taking into account the social determinants of health.
- Able to apply the social determinants of health framework within the food system context.

3. Able to apply community capacity-building skills⁵ to advance food security and a healthy food system

- Understands, respects community change processes and is able to facilitate and engage with the community.
- Able to engage people in a process of decision-making, taking the lead from the community.
- Able to apply group facilitation and active listening skills.
- Able to support and guide others to achieve desired results.

4. Able to facilitate the development and implementation of appropriate food programs, plans and policies

- Able to set strategic priorities
- Able to be flexible and continually review activities and programs to make improvements based on changing evidence/ priorities.

5. Able to assess and analyze data relevant to food security

Able to collect, analyze and interpret data:

- Able to critically review information and data.
- Able to develop and interpret community profiles.
- Able to define community and conduct a community-asset assessment.

⁵ See also the Core Competency paper on Community Capacity-building prepared for this project.

- 6. Able to communicate effectively about the food system and food security**
 - Able, in particular, to develop proposals for funding and make presentations to diverse audiences.
 - Able to mobilize individuals and communities by using appropriate social marketing and communications strategies to promote a healthy food system.
- 7. Able to advocate effectively within the Health Authority context in support of healthy food policies and programs**
 - Able to use influence fairly, appropriately, timely, professionally, while balancing risk and the understanding of the socio-political context.
 - Able to support people and communities to self-advocate .
- 8. Able to establish effective partnerships to enhance accessibility, availability and affordability of healthy foods**
 - Able to facilitate community, multidisciplinary and multi-sectoral partnerships e.g., within the health authority and with external groups, Ministries, sectors, NGO's and all levels of government, etc.
 - understands the municipal government structure and is able to establish effective links.
- 9. Able to apply an equity lens**
 - Able to identify and work with diverse populations to deliver community food programs and policies in a culturally sensitive manner while respecting diversity.
- 10. Able to facilitate evaluation of food security programs**
 - Able to engage the community in evaluation activities.
 - Able to facilitate qualitative and quantitative evaluation with an emphasis on participatory evaluation and with consideration of budget, time and data, constraints as well as political influences.
- 11. Able to participate effectively in research relevant to food security**
 - Able to recognize and analyze evidence, understand and apply evidence and research to inform policy and practice.
 - Able to advocate for required research.
 - Able to participate in research activities.
 - Able to appropriately link/partner with key resources to conduct research.
- 12. Able to engage in effective knowledge exchange about food security**
 - Able to engage in effective knowledge exchange with the public and other professionals.
 - Able to link public and other professionals to relevant resources.
- 13. Leadership skills**

A number of leadership skills specifically identified for the food security core program area include:

 - Being aware of ones own world views, assumptions, values, principles, strengths, and limitations.
 - Able to navigate the socio-political environments.
 - Able to strategically align decisions with vision, values and evidence.
 - Able to demonstrate systems/critical thinking

System Capacity:

It is important to have leadership competencies that will create systemic capacity to support effective application of core competencies specific to the Food Security Core Program. System capacity includes:

- Supportive attitudes, values and philosophy that foster a safe, flexible learning environment, in particular about the broad food system, food security and the application of the social determinants to the food system context.
 - Supportive attitudes and structures that promote cultural sensitivity and respect for diversity across all aspects of the organization.
 - Supportive policies, processes and structures to optimize the application of the core competencies to achieve desired food security outcomes.
 - Supporting advocacy for systemic change.
 - Provision of resources that support the appropriate application and mix of competencies within the organization.
 - Opportunities for training, continuing education and mentoring to acquire and enhance competencies and support the effective application of competencies.
 - Facilitating sustainable collaborative relationships with multiple sectors and partners.
 - Knowledge and ability within the organization to conduct surveillance and monitoring of food security and to carry out research and evaluation activities.
 - Fostering knowledge synthesis, translation and exchange in relation to food security.
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SECTION 4

Public Health Association of BC Public Health Core Competencies Project

Competency Area: Diversity
Cultural Focus: At-risk and Vulnerable Populations
New Immigrants and Refugees

Prepared by Zena Simces and Sue Ross
September, 2008

**Taken from Core Competencies for Public Health in Canada:
Release 1.0**

5.0 Diversity and Inclusiveness

5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.

5.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.

5.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

The following is based on Brainstorming Session with Representatives from Fraser Health and review of key references such as:

- Equity Lens Evidence Review: Effective Interventions to Reduce Health Inequities, July 23, 2007 prepared by the Public Health Association of BC for the BC Ministry of Health, Population Health and Wellness (Steve Pedersen, Victoria Barr, Jay Wortman, Irv Rootman)
- Developing Diversity Competency Public Health Professionals: A Learning Outline Ontario Public Health Association (OPHA) Access, Equity and Social Justice Committee, Draft November, 2007.

Introduction:

All of the national core and additional competencies identified for implementing the BC Framework on Core Functions in Public Health are important to working with diverse cultural groups such new immigrants and refugees. However, certain specific knowledge, skills and attitudes may be more relevant to effectively implementing the public health core programs for these populations, and in some situations may require more comprehensive or unique application.

In addition, stakeholders have identified key system supports that are essential to creating a supportive environment to enable effective application of the competencies when implementing the public health core programs for culturally diverse populations.

Core Competencies:

The following identifies some of unique skills and applications required when working with diverse cultural populations:

1. Understand and able to incorporate diversity

- Being aware of one's own culture, beliefs, attitudes and behaviours.
- Valuing diversity and being sensitive to other cultures – understanding and acknowledging their unique values, social, political, historical, physical, spiritual, mental, economic, environmental and cultural experiences.
- Able to conduct self assessment and recognize bias.
- Understanding the 'world' from the perspective of diverse individuals, families, groups and populations; acquire and institutionalize cultural knowledge.
- Adapting to the diversity and cultural contexts of communities you serve; recognizing and responding to the interplay of cultural and mainstream norms; able to apply a holistic approach.
- Able to manage dynamics of differences, e.g. working at a different pace and working with different expectations of health service delivery.

2. Able to measure inequities and evaluate targeted program impact

- Understand and able to use census data and data from other government and NGO sources that provide information about the diversity and make up of the community, and determinants of health in the context of the different cultural groups.
- Able to identify and apply appropriate baseline measurement and equity-focused health impact assessment.
- Able to monitor and evaluate the impact of targeted program delivery.

3. Able to address barriers to access and inclusion

- Able to facilitate a sense of inclusion in the health care system
- Understand the role that power and privilege play in working with diverse populations.
- Able to address multiple barriers to inclusion: e.g., the combination of information, transportation, child care, environmental, social/attitudinal, cultural, financial, policy/practice barriers.

4. Able to communicate in an effective, culturally sensitive manner

Note - "Culture and Communication go hand-in-hand" It is not possible to send a message that does not have some cultural content.

- Able to recognize your own communication style and the different communication styles of others; to identify situations of misunderstanding or misinterpretation and to use inclusive language.
- Able to apply communication strategies that will achieve common understanding.
- Able to recognize the need for cultural interpretation or language translation or interpreters in given situations.
- Able to use or develop appropriate environments for communicating – e.g., location, literacy level of materials; signage that is clearly understood, etc.

5. Able to transfer knowledge in a culturally appropriate and relevant manner

- Able to apply the knowledge and understanding of culture and diversity to effective public health practice, policy, program and service planning and delivery.

6. Able to develop trusting relationships

- Able to develop trusting and sustainable relationships with diverse individuals, groups and communities.
- Able to develop trusting and sustainable multi-sectoral partnerships with diverse cultural groups and organizations serving diverse populations.
- Able to collaborate with other professionals to build culturally sensitive teams.

7. Able to use advocacy to reduce inequities

- Able to advocate in a manner that respects diversity and recognizes strategies that make a difference.
- Able to move beyond individual advocacy to engage organizations and community groups to advocate for policy, program and service changes that impact an entire community.

8. Able to apply an equity lens to development and implementation of policies and programs

- Able to apply action (policies and programs) of sufficient scale to make a difference to disadvantaged and marginalized groups.

9. Able to build on individual and community capacity

With individuals:

- Able to foster a culturally-sensitive self management approach to health for individuals and families.

With communities:

- Ability to work collaboratively with diverse groups – ability to allow time to develop relationships and build trust.
- Able to identify the significant barriers to participation and engagement of specific communities and to understand what community means to the groups you are working with.
- Able to ensure meaningful input – recognizing different levels of input – recognizing that there are “no” experts.
- Able to develop ways to tailor approaches to work effectively with different populations and to address the priorities identified by the specific community.
- Able to implement and maintain community engagement strategies that respect cultural diversity and maximize results.

System Capacity:

It is critical to have the appropriate leadership within the organization to ensure that a supportive and safe environment is created that makes addressing health inequalities a health sector priority and includes:

- Supportive attitudes, values and philosophy that foster a culturally safe, flexible learning environment.
- Processes to enhance cultural knowledge, and heighten awareness and sensitivity.
- Supportive policies, processes and structures to enable service providers to work more effectively in cross cultural situations.
- Supporting advocacy to influence systemic change.
- Enabling action to be taken and programs to be implemented that address inequities, i.e., of a sufficient scale to make a difference to disadvantaged and marginalized groups.
- Recognizing that resources are fundamental to achieving equity and providing sufficient resources to make a difference.
- Processes and structures to enable disadvantaged and marginalized groups to make decisions that affect their health and the development of the services they receive.
- Opportunities for training, continuing education and mentoring to acquire and enhance competencies to effectively apply an equity lens to public health practice.
- Facilitating sustainable collaborative relationships with other sectors to help reduce health inequalities.

Potential Training Gaps

- Cultural awareness training – broad reach to all health sectors/levels/continuum
- Understanding and addressing health inequities – from measurement, to developing approaches that are of a sufficient scale to address the inequities
- Advocacy skills within a cultural context
- Community development skills within a cultural context

SECTION 5

Public Health Association of BC Public Health Core Competency Project

Core Competencies for an Aboriginal Lens

Prepared by Zena Simces and Sue Ross
with representatives from Interior Health
Draft, September, 2008

Background

The Public Health Association of BC with funding from the BC Ministry of Health and Public Health Agency of Canada has undertaken a project to identify 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 gaps. Phase II of this project is to identify appropriate educational responses to address the competency gaps. The overall aim of this project is to make a contribution to ensuring that the public health workforce in BC has a diverse group of people who are equipped with the appropriate skills and competencies for the effective and efficient delivery of public health in BC.

The BC Ministry of Health Framework for Core Functions in Public Health includes a Population Lens and an Equity Lens. Note: inequality indicates difference, while inequity considers fairness.

- The Population Lens focuses on ensuring that core programs address the health needs of special populations that are at higher risk or are more vulnerable due to biological, social, environmental, economic, cultural or other factors.
- The Equity Lens focuses on addressing inequities in health status that are widespread. These inequities have their roots in the social, economic, cultural and environmental determinants of health. Public Health has a duty to work to reduce these health inequities.

Interior Health has identified the need to focus on an Aboriginal Lens which refers to application of the Equity Lens to improve services and health outcomes for First Nations and Aboriginal populations. More specifically, this means that from an Aboriginal perspective, what is needed from the public health sector to address the specific and unique needs of the Aboriginal population to improve health outcomes.

Purpose

The purpose of this paper is to identify the unique competencies needed to apply an Aboriginal Lens to core functions/programs for public health in BC. The following provides an overview and chart of these unique competencies.

Overview of the Unique Competencies for an Aboriginal Lens:

- **Being cultural aware** - Having the knowledge and understanding of the Aboriginal culture, its complex socio-political and historical contexts, and jurisdictional issues.
- **Being Cultural sensitive** – Having an understanding and appreciation that is culturally sensitive,, being patience, non-judgmental, open to learning and listening, and taking the lead from the Aboriginal Community.
- **Having the skills to implement a culturally safe environment** - this includes :
Able to advocate for change that addresses the determinants of health for Aboriginal communities at a client (individual/family) level, as well as at a systemic level with specific focus on poverty and socioeconomic issues.
 - Able to develop/implement culturally appropriate programs and services.
 - Relational skills that can build respect, trust, and sustainable partnerships.
 - Community engagement skills that build on the capacity and assets within the Aboriginal community, value the expertise in the community and honour the process.

See Chart Below for more detailed identification of the unique competencies required to apply an Aboriginal lens to the BC Public Health Core Functions Framework.

System Capacity

It is critical to have the appropriate leadership competencies to ensure that a supportive and cultural safe environment is created to enable implementation of an Aboriginal lens to core functions and programs in public health. System capacity needs to be built into the planning process and includes:

- Supportive attitudes, values and philosophy that foster a culturally safe, flexible learning environment
- Processes to enhance cultural knowledge, and heighten awareness and sensitivity.
- Supportive policies, processes and structures to enable service providers to work more effectively in cross cultural situations
- Processes and structures to enable the Aboriginal community to make decisions that affect their health and the development of the services they receive.
- Supporting advocacy to influence systemic change.
- Enabling action to be taken and programs to be implemented that address inequities, i.e., of a sufficient scale to make a difference to Aboriginal people.
- Recognizing that resources are fundamental to achieving equity and providing sufficient resources to make a difference.
- Opportunities for training, continuing education and mentoring to acquire and enhance competencies to effectively apply the Aboriginal lens to public health practice.
- Facilitating sustainable collaborative relationships with the Aboriginal community.

Training Gaps

There is general consensus that training is required to be able to apply an Aboriginal Lens across all the public health core functions– this includes training related to:

- knowledge, understanding of and sensitivity to the Aboriginal culture, its complex socio-political and historical contexts, and jurisdictional issues
- communication and relational skills within an Aboriginal context,
- advocacy and community engagement skills that build on the capacity and assets within the Aboriginal community
- understanding and being able to apply the principle of Ownership, Control, Access and Possession (OCAP) to public health practice

There is a need to ensure training for Aboriginal Public Health staff, for non aboriginal public health staff and to provide combined training opportunities for both these groups that is ongoing and considered to be a critical system support.

**Unique Competencies Required to Apply an Aboriginal Lens to
the BC Public Health Core Functions Framework.**

Competency		Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
1.0	Core Public Health Sciences	
1.1	Demonstrate knowledge about the following concepts: of health status of population, inequalities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the delivery and use of health services	<p>Demonstrate knowledge (about the core public health sciences) specific to aboriginal health</p> <p>Understand the interaction of culture – specifically the Aboriginal culture – with the other determinants of health.</p> <p>Able to distinguish Aboriginal issues from non-Aboriginal issues.</p> <p>Demonstrate knowledge and understanding of the Aboriginal culture and its socio political and historical context. <i>“We have our own bell shaped curve and it is different from the normal bell shaped curve, and probably different from rural or urban or other population groups etc.”</i></p> <p>Demonstrate knowledge about the determinants of Aboriginal resilience and wellness – e.g., importance of the connection to land and natural environment.</p> <p>Demonstrate understanding of Aboriginal perspectives on health as holistic – e.g., emotional, mental, spiritual, physical.</p>
1.2	Demonstrate knowledge about the history, structure and interaction of public health and health care at local, provincial/territorial, national and international levels	<p>Same as above</p> <p>Demonstrate understanding of jurisdiction for service delivery at the Aboriginal community, regional, provincial and national levels and as related to on-reserve and off-reserve Aboriginal populations.</p>
1.3	Apply the public health sciences to practice	Able to apply an Aboriginal Lens to public health practice
1.4	Use evidence and research to inform health policies and practices	<p>Consider different ways/paradigms to build or use evidence that are relevant to Aboriginal Communities and inform decision-making and practice, e.g.,</p> <p>Understand how to develop health policies and practices for Aboriginal public health in the absence of (Western/scientific) evidence and research.</p>

2.0	Assessment and Analysis	Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
2.1	Recognize that a health concern or issue exists	Able to facilitate the incorporation and utilization of traditional knowledge and practices (oral history, analysis of oral history, interpretation of information from Aboriginal elders) into the process of assessment and analysis
2.2	Identify relevant and appropriate sources of information, including community assets and resources	
2.3	Collect, store, retrieve and use accurate and appropriate information on public health issues	
2.4	Analyze information to determine appropriate implications, uses, gaps and limitations	
2.5	Determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts	Understand and able to apply the principles of Ownership, Control, Access and Possession (OCAP) to collection, analysis, interpretation of information and the resulting actions based on the analysis of the information. <i>Note: The OCAP principles of self determination have been accepted by the First Nations Leadership Council (though not officially by the Inuit and Metis at this point in time)</i> Determine the meaning of information based on Aboriginal ways of knowing.
2.6	Recommend specific actions based on the analysis of information	

3.0	Policy and Program Planning, Implementation and Evaluation	Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
3.1	Describe selected policy and program options to address a specific public health issue	Understand and able to apply the OCAP principles to policy, program planning, implementation and evaluation. <i>Note: The essential skill set is to know when and how to use OCAP in the application of public health practice, and the implications to practice</i>
3.2	Determine the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action	
3.3	Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies	
3.4	Implement a policy or program and/or take appropriate action to address a specific public health issue	
3.5	Demonstrate the ability to implement effective practice guidelines	
3.6	Evaluate an action, policy or program	
3.7	Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources	
3.8	Demonstrate the ability to fulfill functional roles in response to a public health emergency	Understand how to respond to a public health emergency that includes Aboriginal communities.

4.0	Partnership, Collaboration and Advocacy	Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
4.1	Identify and collaborate with partners to address public health issues	Unique skill is to be able to identify and develop trusting relationships and sustainable partnerships between the Aboriginal community and the Health Authority/Public Health Sector
4.2	Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships	
4.3	Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources	
4.4	Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities	Unique skill is to be able to advocate at the individual level to mitigate the impacts of the social determinants of health, as well as to be able to advocate for systemic change that will have a long lasting impact on health in the Aboriginal Community
5.0	Diversity and Inclusiveness	Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
5.1	Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups	Unique skills include: Being cultural aware - Having the knowledge and understanding of the Aboriginal culture, its complex socio-political and historical contexts, and jurisdictional issues. Being Self aware of one's own attitudes and values Being Cultural sensitive – having an attitude of culture sensitivity, patience, non-judgmental, open to learning and listening and taking the lead from the Aboriginal Community; able to recognize and celebrate diversity
5.2	Address population diversity when planning, implementing, adapting and evaluating public health programs and policies	
5.3	Apply culturally relevant and appropriate approaches with people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities	Understanding the diversity of Aboriginal culture in BC (there are many different cultures within the BC Aboriginal community) and the implications for public health practice

6.0	Communication	Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
6.1	Communicate effectively with individuals, families, groups, communities and colleagues	Able to translate relevant medical and health information into meaningful language/terms; use patience and take time, able to “walk or journey together”, able to put aside one’s own agenda, able to use an asking and learning approach.
6.2	Interpret information for professional, nonprofessional and community audiences	
6.3	Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques	
6.4	Use current technology to communicate effectively	Being aware, respecting and able to apply the traditional Aboriginal communication modalities, e.g., face to face communication, story telling
7.0	Leadership	Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
7.1	Describe the mission and the priorities of the public health organization where one works , and apply them in practice	Unique leadership skills include: Able to take an organization and make it culturally safe Able to lead in the non-aboriginal community e.g., advocacy, changing attitudes amongst other leaders. Able to lead the Aboriginal Community means ability to serve the community, able to lead from behind, act as a bridge and successfully implement the will of the community to achieve positive health outcomes. Able to redefine power and success in a manner that meets the health needs of the community.
7.2	Contribute to developing key values and a shared vision in planning and implementing public health programs and policies in the community	
7.3	Utilize public health ethics to manage self, other, information and resources	Able to understand how Aboriginal health inequities fit within an ethical framework for public health, and able to apply the ethical framework to decision making – e.g., allocating resources for program development and delivery to priority populations

7.4	Contribute to team and organizational learning in order to advance public health goals	
7.5	Contribute to maintaining organizational performance standards	
7.6	Demonstrate ability to build community capacity by sharing knowledge, tools, expertise and experience	
Competency		
Additional Core Competencies required to implement the BC Public Health Core Functions Framework (identified through the consultation process)		Application to Aboriginal health issues <i>How does this competency apply to Aboriginal health? Is this different / distinct from what's required to serve the mainstream population?</i>
a. Community development and community capacity building		Seen as a critical skill required for applying an Aboriginal Lens. Able to build on the capacity and assets within the Aboriginal community, value the expertise in the community and honour the process
b. Enforcement to ensure compliance with regulations		A complex area with many issues. Further discussion is require on what competencies are needed here and how can they be applied. Overall, able to understand and apply the generally accepted Aboriginal community standard
c. Inter-professional collaboration		Able to plan and work as a collaborative team embracing holistic and traditional approaches in engaging individuals and the community in a respectful manner, where everyone is considered equal
d. Applying new technology		Able to understand the issues relating to limited access/use of new technologies Knowledge of traditional use of technologies
e. Knowledge transfer / exchange		Able to translate information in a meaningful way and to engage community leaders and elders in facilitating the knowledge exchange
f. Health Literacy		Able to translate information in a meaningful way and to engage community leaders and elders in facilitating health literacy, e.g., storytelling
g. Research		Understand and able to apply OCAP principles to all research initiatives
h. Public health ethics		Understand and able to apply public health ethics relevant to the Aboriginal community
i. Clinical Skills		Understand the interactions between clinical skills and the broader system.

SECTION 6

Review of Public Health Nutrition Competencies in relation to the Roles and Responsibilities Identified in the BC Model Core Public Health Program Papers

Prepared by Zena Simces and Sue Ross

With representatives of the Community Nutritionists Council

Draft September, 2008

Core Competencies for Public Health in Canada Release 1.0	Public Health Nutrition across the PH Core Programs
<p>1.0 Public Health Sciences</p> <p><i>Note - Research is being identified as a separate competency</i></p> <p>2.0 Assessment and Analysis</p>	<p>Able to demonstrate knowledge of population health and the social determinants of health</p> <p>Able to demonstrate knowledge about health in general and the food system and nutrition science /evidence specifically and apply to public health practice</p> <p>Able to collect, analyze and interpret data and evidence relating to food and nutrition science</p> <p>Able to assess food and nutrition risks</p> <p>Able to support surveillance and monitoring as it relates to food and nutrition</p>
<p>3.0 Policy and Program Planning, Implementation and Evaluation</p> <p>4.0 Partnership, Collaboration Advocacy</p> <p>Note: Need for further definition of Advocacy and skills required to be able to advocate appropriately within the context of health authorities</p>	<p>Able to develop and implement food and nutrition programs and policy</p> <p>Able to support and conduct evaluation</p> <p>Able to set priorities and maximize outcomes based on available resources</p> <p>Able to conduct continual review of activities/ programs and make improvements based on changing evidence/ priorities</p> <p>Able to facilitate community, multi-disciplinary multi-sectoral partnership and collaborations at local, regional, provincial levels in support of population health as it relates to food, food systems and nutrition</p> <p>Able to use team-building, negotiation, conflict management mediation, and group facilitation skills</p> <p>Able to advocate appropriately for public health policy and best practice in support of food, food systems and nutrition (able to bring issues forward in the system)</p>
<p>5.0 Diversity and Inclusiveness</p>	<p>Able to identify and work with diverse populations in a culturally sensitive manner and respecting diversity to address food, food system and nutrition issues</p> <p>Able to work with Aboriginal individuals and communities to plan and provide culturally appropriate food, food system and nutrition strategies</p>

<p>6.0 Communication to Public and other Professionals <i>Note - Knowledge Transfer/exchange is identified as a separate competency area</i></p> <p><i>Educating individuals and communities to make appropriate decisions about health is identified as a separate competency area – health literacy</i></p>	<p>Able to communicate effectively with individuals, families, groups, communities, the public and professionals about health in general (health promotion) and food and nutrition specifically (marketing skills)</p> <p>Able to mobilize individuals and communities by using appropriate media, community resources and social marketing techniques to promote healthy eating and living.</p>
<p>7.0 Leadership</p> <p><i>A separate chart on leadership is being developed based on the Leaders for Life program which includes a Health Leadership Capabilities Framework (LEADS)</i></p>	<p>The Health Leadership Capabilities Framework (LEA DS) applies: leads self, engages others; achieves results, develops coalitions, systems transformation:</p>
<p>Additional Core Competencies</p>	
<p>8.0 Community Dev't /Capacity Building <i>'building on 'capacity in the community'</i></p> <p><i>More detailed description available</i></p>	<p>Able to facilitate community engagement and community capacity building to respond to food, food system and nutrition issues</p>
<p>9.0 Enforcement (education) to ensure Compliance with Regulations</p>	<p>Understand and able to apply relevant legislation.</p>
<p>10.0 Inter-professional Collaboration</p>	<p>Able to plan and work collaboratively with all relevant disciplines to achieve desired results</p>
<p>11.0 Applying New Technology</p>	<p>Knowledge of new relevant technologies to address issues relating to food, food systems and nutrition sciences.</p>
<p>12.0 Knowledge Transfer/exchange</p> <p><i>Note - This is mentioned in the Communication Core Competencies but is seen to be more than just the ability to interpret information for profession, nonprofessional and community audiences</i></p>	<p>Keeping current and informed of emerging issues and able to translate evidence into practical guidelines for health professionals and the public</p> <p>Able to exchange knowledge and information in plain language</p> <p>Able to translate the science of food and nutrition in the context of public and population health to facilitate understanding among the public and other professionals</p>
<p>13.0 Health Literacy</p>	<p>Able to assist and support individuals and communities to make informed decisions about health and best practice in relation to food, food systems and nutrition</p>

14.0 Research	<p>Able to look for evidence, understand and apply evidence and research to inform food and nutrition policy and practice</p> <p>Able to link with key resources to conduct research</p>
15.0 Public Health Ethics	<p>Able to understand and apply public health ethics to food, food system and nutrition issues</p>
Competencies Specific to Public Health Disciplines: Nutrition	
Broad scope of practice	<p>Able to undertake the broad scope of nutrition and dietetic practice across the health service continuum relevant to the population/public health context</p> <p>Able to understand the nuances of food and nutrition-related health issues and apply them at an individual, group and population level. (Able to move between the micro and macro levels and understand the relationship between them.)</p>
Consultant	<p>Able to act in a consultant role – listen, integrate information, provide expert advice and support on food, food systems and nutrition to internal and external stakeholders</p> <p>Able to synthesize evidence in the area of food, nutrition and health, and weigh the risks and benefits to determine the appropriate policy position to advise health professionals, educators, and decision-makers</p>
Project Management	<p>Able to build a business case, and undertake contract management, financial and project planning and management</p>
System Capacity	
Regional Health Authorities	<p>Health Authority able to support the role of public health Nutrition within the region</p>
PHSA	<p>Able to support Health Authorities to address specific province-wide/global food, food system, and nutrition issues</p>