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Final report

**SURVEY OF PUBLIC HEALTH
PRACTITIONERS ON THE
CORE COMPETENCIES
FOR PUBLIC HEALTH**



***Prepared for the
Public Health Agency of Canada***

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LES ÉTUDES DE MARCHÉ CRÉATEC +

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1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

Créatec was commissioned by the Public Health Agency of Canada to conduct this national consultative survey of public health practitioners.

The survey was designed to get direct feedback from the public health community on a proposed draft of pan-Canadian Core Competencies for Public Health, prepared by the Federal, Provincial and Territorial Joint Task Group on Public Health Human Resources.

For the purpose of this study, pan-Canadian Core Competencies for Public Health were defined as the knowledge, skills and abilities common to all public health professionals in Canada and essential to their practice.

This important input from the public health community to the Workforce Development Division of the Public Health Agency will be used to help identify gaps or inconsistencies that will need to be considered before the Core Competencies for Public Health are implemented in Canada.

The study included two phases: the first (a quantitative online survey) was designed to measure to what extent the Canadian public health workforce agrees that each of 44 proposed Core Competencies are 'core', or essential to public health practice. The second (qualitative individual interviews) was designed to help understand views and collect suggestions and comments.

Phase 1 – The online survey

An anonymous online survey was posted on the Public Health Agency of Canada website at the *Skills Enhancement for Public Health* page, between January 29 and March 9, 2007, and open to any public health practitioner. As a complementary approach, letters of invitation to complete the survey were e-mailed and sent in hard copy to samples or complete lists of public health practitioners by the Public Health Agency of Canada and professional associations and organizations who actively promoted the survey.

A total of 1,609 people completed the survey, which is quite a high number for an online survey.

Survey respondents were asked to rate each of the 44 proposed pan-Canadian Core Competencies statements on the following nominal scale:

- 1) Core, essential to public health practice
- 2) Desirable, but not essential to public health practice
- 3) Too specific, not common to all practitioners
- 4) Not relevant, unnecessary
- 5) Can't say

The survey took approximately 20 minutes to complete and included at the end two open-ended questions for comments and suggestions.

Phase 2 – The qualitative interviews

Qualitative, 30-minute, one-on-one in-depth interviews were conducted with 14 public health practitioners. These practitioners were randomly selected from the list of 524 respondents of the online survey who provided their name for follow-up interviews. These participants were queried on the survey itself and the proposed pan-Canadian Core Competencies for Public Health, between March 1 and 15, 2007.

About the report

This report presents the findings of the feedback obtained through the online survey (Phase 1) and the qualitative interviews (Phase 2).

Section 2 of the report provides the context of the research, its purpose and objectives.
Section 3 explains the quantitative and qualitative methods used to conduct the study.
Section 4 reports on the detailed feedback obtained through the online survey.
Section 5 reports on the detailed feedback obtained through the qualitative interviews.

Copies of all survey instruments and a complete list of verbatim comments submitted by respondents of the online survey are appended to this report.

Limitations of the study

Because of the non-random nature of the survey techniques used, this important input from the Canadian public health community to the Public Health Agency of Canada should be interpreted judiciously, as consultative feedback rather than strict scientific public opinion evaluation.

1.2 MAIN FINDINGS FROM THE ONLINE SURVEY

Profile of the respondents

The group of respondents represented in the online survey had at least two characteristics that must be remembered when viewing the results:

- 1) They were not sampled on a strictly random basis;
- 2) Only those aware of the survey responded, and these respondents might therefore be considered more involved with the topic of Core Competencies or belong to or work for organizations that are more interested in the Core Competencies for Public Health Initiative.

Nevertheless, this consultative feedback provided to the Workforce Development Division of the Public Health Agency of Canada facilitates understanding of the mind set of the public health practitioners on the topic of pan-Canadian Core Competencies.

Most respondents were:

- Highly educated – 89% reported holding at least a university undergraduate degree;
- Females – 82%;
- Experienced in public health practice – 69% reported more than five years of public health work experience;
- Frontline practitioners – 56%;
- Working in an urban setting area – 58%.

The largest discipline represented in the survey was 'public health nurses' (41%), followed by 'environmental professionals' (16%), 'health educators / promoters' (10%) and 'dietitians' (5%).

The scope of respondents' work was mainly local (45%) or regional (36%).

Note that:

- Most environmental public health professionals were male.
- Almost all nurses were female (98%).
- The Quebec sample was quite different from other regions, with:
 - An under-representation of frontline workers, nurses, and environmental public health professionals;
 - An over-representation of respondents working in an urban inner-city area, and of more-educated practitioners.

The above characteristics of environmental public health professionals, males and Quebec respondents are important to keep in mind because these were also the groups who consistently tended to agree much less often on the essentiality of the proposed Core Competencies, than other groups of respondents.

Levels of agreement

All the findings reported below are based on the total sample (no weighting applied) and on the percentage of respondents who rated the Core Competency statements as 'core, essential to public health practice'.

Very few respondents had no opinion, did not rate a statement or found a statement irrelevant / unnecessary (2-3%). This finding suggests that the rating scale used was appropriate and understood and that the level of language used in wording statements was generally appropriate.

Agreement levels on the 'essentiality' of the 44 draft Core Competency statements ranged from 24% to 93%, with 61% being the average (and also the median), i.e., 61% of all respondents agreed that a statement is 'core', on average. As the range of agreement levels indicates, there was quite a substantial variance in views.

To facilitate presentation of the findings, the analysis focused on the percentage of respondents who rated the Core Competency statements as 'core, essential to public health practice' ('essentiality' ratings or levels of agreement). In addition, the following four 'essentiality' categories (percent rating as 'core') were created, two above and two below the overall average:

- High to very high: 71% or above (rated as 'core') – 15 statements
- Medium to high: 61% - 70% -- 10 statements
- Split endorsement: 51% - 60% -- 5 statements
- Not considered core: 50% or below -- 14 statements.

1. High to very high levels of agreement

Fifteen of the 44 Core Competency statements were rated 'core' by overwhelming majorities, i.e., by at least 71% of the respondents.

- On average, this group of Core Competencies were acknowledged as 'essential' by 81% of the respondents, ranging from 71% to 93%.

Among these 15 Core Competency, there was a concentration of statements belonging to the Leadership Domain (7 out of 8 statements) and to the Core Public Health Sciences Domain (3 out of 6).

- This group of Core Competencies contains at least one statement from all domains, except the Policy Development and Program Planning Domain and the Socio-cultural Domain.

The content of this category of Core Competency statements shows strong agreement among the various groups of respondents that statements related to leadership and the use of public health sciences and principles are the types of Core Competencies expected for Public Health.

2. Medium to high levels of agreement

Ten of the 44 Core Competency statements received levels of agreement on their essentiality above the overall average of 61%, but below 71%, from 62% to 69% (66% on average).

These Core Competency statements which received 'medium to high' levels of agreement, while agreed to as 'core' by a majority of the overall sample, were not seen as 'core' by a sizeable minority, and sometimes by a majority, of some segments of respondents (environmental public health professionals, males and respondents from Quebec.)

Four out of the five statements from the Partnership, Collaboration and Advocacy Domain fell into this category.

Some Core Competency statements from the Policy Development and Program Planning Domain (3 out of 9 statements) fell into this category; most of the statements in this Domain were found not 'essential' and none were among the highest levels of agreement.

These second highest levels of agreement suggest that:

1. Core Competencies related to Partnership, Collaboration and Advocacy need some form of promotion / explanation / education / rewriting among some targeted practitioner segments to ensure their commonality for all public health workers.
2. Core Competencies related to Policy Development and Program Planning need to be further segmented / reviewed / rewritten because this Domain contains Core Competency statements that are medium to highly rated as 'core' and others which are not considered 'core' at all.
3. Core Competencies related to Communication need to be reviewed / rewritten because only one of four statements was rated above the overall average (among the highest ratings).

3. Split levels of agreement

Five of the 44 Core Competency statements received 'split' levels of agreement, i.e., only slightly above the 50% mark and below the overall average, ranging from 51% to 56% (54% on average).

These statements were not considered 'core' by sizeable majorities of several groups of respondents, again most often by environmental public health professionals, males and Quebec respondents.

Because these findings indicate that these Core Competencies may create confusion or controversy, they need to be closely reviewed before their inclusion in a Core Competencies for Public Health Framework.

4. *Not considered core*

Fourteen of the 44 Core Competency statements were not considered 'core' by most respondents and by overwhelming majorities among several groups.

Within that category of 'not core' statements, agreement levels ranged from 24% to 48%, for an average of 40%.

Most of the Core Competency statements from the Assessment and Analysis Domain (6 out of 9 statements) and the Policy Development and Program Planning Domain (5 out of 9) were not rated as 'core'.

No Core Competency statements from the following Domains fell into this 'not core' category:

- Partnership, Collaboration and Advocacy;
- Socio-cultural;
- Leadership.

The content of this category of lowest ratings of essentiality indicates that competencies associated with the Assessment and Analysis Domain, as well as the Policy Development and Program Planning Domain, tended to be considered as not essential, not common to all public health practitioners, but rather too specific, or desirable but not essential.

Comments of the respondents

Thirty three per cent (33% or n=535) of all respondents took the time to write comments at the end of the online survey:

- 13% complimented the Public Health Agency of Canada for this form of consultation or survey.
- 83% provided useful suggestions for improvement.
- 74% asked for or suggested improvements related to the content, nature or the number of the Core Competency statements.
- 9% asked for or suggested improvements related to the wording, style or level of language.
- 39% were concerned about the idea of pan-Canadian Core Competencies common to all public health practitioners.
- 37% wrote comments that were anecdotal or not useable.

The main suggestions for improvement and concerns are listed in Section 4.4 of the report, written using respondents' own language, wherever possible, to let them speak in their own words.

1.3 MAIN FINDINGS FROM THE QUALITATIVE INTERVIEWS

Perception of the online survey

The online survey itself was generally well received, with most interviewees rating it very positively, for ease of access and clarity of questions and instructions. Virtually all participants expressed gratitude for the opportunity to provide input into such an important topic.

Comprehensiveness

All participants believed that the proposed pan-Canadian Core Competencies for Public Health were comprehensive. They were often described as “the minimum set practitioners should have in common”.

No participants complained about the number of Core Competencies for Public Health being considered.

Most viewed the core competencies to be realistic because some could be implemented in the short term. Some participants viewed them as ideal, because of their diversity and complexity.

Best opportunities

Participants saw four best opportunities for putting the pan-Canadian Core Competencies for Public Health to work.

1. Education and training
2. Recruitment and retention
3. Program planning and evaluation
4. Public health emergency

Biggest challenges

The most frequent questions asked about using the Core Competencies for Public Health included:

1. How will core competencies be measured? Will every practitioner be tested?
2. What will be done when practitioners are not at the level they need to be? How will those already practicing be brought up to the same level?
3. Will support and funding to implement the core competencies be available? Will provinces find ways to address inequities in public health resourcing?
4. How will core competencies be implemented?
5. Will people at the top give more authority to public health practitioners?

-
6. Will core competencies be introduced early into health and education programs?
 7. Will membership in professional associations become mandatory? Will association fees increase?
 8. Will the various professional disciplines recognize a generic public health approach, divorced from professional backgrounds?

Suggestions for improvement

Among the wide range of suggestions (several suggested competencies were already included in the proposed list of Core Competencies), four main suggestions emerged:

1. Adapt the competencies according to each public health practice.
2. Simplify the language using key words.
3. Explain and give concrete examples of what a core competency really means.
4. Include using computers and informatics on the list.

Final comments of participants

The majority of final comments centred on continuing education, skills upgrading and training, and measurement and assessment.

It was suggested that an education program developed from the grassroots needs to be designed to bring people up to speed on Core Competencies, how they fit into their job, why they are important, and what advantages Core Competencies will give them.

MORE INFORMATION

- **Research Firm: Les Études de Marché Créatec+**
- **PWGSC contract number: H1011-060030/001/CY**
- **Award date: 2006-09-13**

For more information on this study, please e-mail por-rop@hc-sc.gc.ca

2. BACKGROUND AND PURPOSE

2.1 BACKGROUND

The need to strengthen the public health system in Canada has been identified by many organizations, governments, public health decision makers and practitioners. Priority areas for action include:

- strengthen and stabilize the public health workforce;
- emphasize the front lines of the public health system;
- provide direction under national leadership;
- develop a competent public health workforce.

The Public Health Agency of Canada is leading the development of Core Competencies for public health practitioners in Canada to help strengthen the public health workforce.

A draft set of Core Competencies for Public Health were developed by a federal, provincial, territorial public health task group.

To create the best possible outcome, the Public Health Agency of Canada wanted to discuss the Core Competencies and their utilization with as many of the public health community as possible.

This consultation process included this survey, a series of regional consultation meetings across Canada, implementation pilots, and work with discipline and professional organizations.

The input from public health practitioners from across Canada will assist to move forward with this initiative.

Core competencies are the essential skills, knowledge and abilities necessary for the broad practice of public health. They transcend the boundaries of specific disciplines. As well, Core Competencies are independent of program and topic, so that they reflect an overall public health approach to issues.

A draft set of 62 Core Competency statements was prepared in 2005. After preliminary consultations, this initial set was redrafted to consist of 44 Core Competency statements grouped into 7 Domains.

- | | |
|---|------------------|
| ➤ Core public health sciences | ➤ Socio-cultural |
| ➤ Assessment & analysis | ➤ Communication |
| ➤ Policy development & program planning | ➤ Leadership |
| ➤ Partnership, collaboration & advocacy | |

A competency statement defines a behaviour whereby a public health practitioner applies knowledge, skills, abilities and professional values in a work environment. For example, a competent public health practitioner should be able to communicate effectively with individuals, families and groups.

Core Competencies contribute to public health workforce development. They:

- provide a foundation to assess the types and numbers of public health practitioners;
- identify the knowledge, skills and abilities required across an organization or program to fulfill public health functions;
- provide a basis for curriculum development, assessment of training and professional development needs;
- provide consistency in job descriptions and performance assessment;
- enhance capacity to identify the appropriate mix of public health workers;
- encourage service delivery in an inter-professional, population based, and client centred manner;
- contribute to the recruitment, development, and retention of public health practitioners.

The Workforce Development Division of the Public Health Agency of Canada works with partners and stakeholders to mobilize pan-Canadian action to improve Canada's public health workforce.

The development of Core Competencies for the public health workforce is among the key activities identified by the Joint Task Group on Public Health Human Resources.

In order to move ahead with the implementation of the Public Health Core Competencies, it is imperative that public health practitioners participate in their development process. Ultimately, it is the public health workers who will be practicing these competencies and the Public Health Agency of Canada wants to ensure that the competency set is comprehensive and applicable.

By participating in this survey, public health practitioners from across Canada provided their direct feedback on each of the 44 proposed Core Competencies, and ways to improve the proposed list.

This report summarizes the findings of the feedback obtained through an online survey and interviews. Appended to this report are copies of all survey instruments and a complete list of verbatim comments submitted by respondents of the online survey.

2.2 PURPOSE OF THE SURVEY

The overall purpose of the survey was to get direct feedback from the public health workforce on a draft set of Core Competencies for public health practitioners.

This important input from the public health community to the Workforce Development Division of the Public Health Agency of Canada will help to identify gaps or inconsistencies that will need to be considered before the Core Competencies for Public Health are implemented in Canada.

More specifically, the survey objectives included:

- Engaging the public health community to provide input on the development of Core Competencies for Public Health;
- Determining levels of agreement among the public health community on the set of draft 'core' Domains and Competencies for the public health workforce; and,
- Obtaining feedback on required changes.

3. METHODOLOGY

3.1 TARGET POPULATION

The target population was the public health workforce - i.e., any professionals or practitioners working in the public health sector, including:

- medical health officers
- public health nurses
- environmental public health professionals
- public health dentists
- epidemiologists
- community medicine specialists
- health educators
- health promoters
- registered dietitians
- nutritionists
- kinesiologists or physical educators
- public health consultants
- policy analysts,
- decision makers
- managers
- etc.

3.2 OVERALL APPROACH

While an online survey can help measure agreement levels with each of the proposed Core Competencies, it cannot alone provide enough useful information to understand perceptions or barriers to implementation, assess the perceived relevance of implementing a set of pan-Canadian Core Competencies for Public Health and explore suggestions for improvement.

Accordingly, the study included two phases: the first (quantitative – online survey) was designed to measure views on the ‘essentiality’ of each of the proposed Core Competencies, and the second (qualitative – follow-up telephone interviews) was designed to help understand opinions and collect suggestions for improvement.

Online Survey – an anonymous online survey was posted on the Public Health Agency website at the ‘*Skills Enhancement for Public Health*’ page, between January 29 and March 9, 2007, and open to any public health practitioner. As a complementary approach, invitation to participate in the survey was e-mailed or sent to contacts or complete lists of public health practitioners by the Public Health Agency and professional associations who actively promoted the survey. The online questionnaire took an average of 20 minutes to complete (based on test results), and included 56 questions in addition to instructions for completing the survey (see Appendix 1 for a copy of the survey).

The online survey consisted of:

- 44 rating scales, one for each of the proposed Core Competency statements (grouped into 7 Domains);
- 2 open-ended questions for comments and suggestions for improvement (see Appendix 2 for a complete list of verbatim comments);
- 10 demographic and work-related questions.

Respondents were also asked at the end of their survey for their interest in participating in follow-up telephone interviews (Phase 2). Participants in Phase 2 were selected from the list of those who agreed to be called back for a telephone interview.

Interviews - qualitative, one-on-one in-depth interviews with 14 public health practitioners to explore issues and opportunities for improvement. These practitioners were queried on the following aspects (see Appendix 3 for a copy of the interview guide):

- Perception of the online survey;
- Perception of the proposed set of Core Competencies for Public Health;
- Suggestions for improvement.

3.3 THE ONLINE SURVEY

Overview

The online survey was open to all site visitors to the '*Skills Enhancement for Public Health*' page of the Public Health Agency website. A prominent survey icon¹ highlighted the survey, which took about 20 minutes to complete (based on the bilingual pilot test conducted by the Public Health Agency prior to posting the survey).

The web-based survey was designed by Créatec in collaboration with the Public health Agency of Canada and loaded onto a secure web server for testing on January 22, 2007.

The survey was fully accessible by PC, MAC, Netscape and IE platforms.

A contractor was hired to develop the Core Competencies Database; a comprehensive database of key public health practitioners in Canada, including key contacts in each province and territory, public health authority, and public health discipline. All 293 contacts received an email invitation to complete the survey and an information kit containing:

- an introductory letter to the survey
- draft 2 of the Core Competencies for Public Health
- the Glossary of Terms for the core competencies
- a background information sheet on the development of the core competencies
- instructions on how to use the information kit
- a CD with electronic copies of the documents and a PowerPoint presentation on the core competencies
- promotional posters for the core competencies "Tell Us What You Think" campaign, and information on Skills Enhancement for Public Health.

In Quebec it was also sent by the INSPQ to 600 people with an introductory email and a request to complete the survey.

The invitation and introductory letter explained that additional information kits could be requested by sending an email to corecompetencies@phac-aspc.gc.ca. The email invitation and the information kit encouraged recipients to forward the survey information and the link to the survey to any relevant emails lists, websites for posting, colleagues, or other public health practitioners who may be interested in completing the survey. The desired effect was that the survey would reach as many public health practitioners in Canada as possible. In addition to the 293 contacts on the Core Competencies Database, survey invitations were also sent via email to other lists of public health practitioners including professional groups, public health associations and agencies, and Skills Enhancement for Public Health learners, facilitators, workshop participants, and stakeholders. At a minimum, the survey was sent to approximately 3682 contacts, not including all Health Canada and Public Health Agency of Canada employees who also received a link to the survey through Health Canada's Broadcast News. The survey



was advertised and the survey link was posted on relevant public health websites, networks and newsletters. A summary table of where the survey was distributed is below:

Email List	Number of Recipients
▪ Core Competencies Database	293
▪ Canadian Public Health Association membership list	1,800
▪ Core Competencies for Public Health consultation and workshop participants	264
▪ Skills Enhancement for Public Health learners and facilitators	777
▪ Skills Enhancement for Public Health workshop participants	179
▪ Skills Enhancement and Core Competencies for Public Health stakeholders	69
▪ Other public health professional groups or agencies	300
Total	3,682

The online survey was posted from January 29 to March 9, 2007.

During that time, a total of 1,609 (1,448 Anglophones and 161 Francophone responded). As no reliable figure on the number of practitioners who were sent an invitation to participate in the survey is available, it was not possible to calculate any kind of response or participation rate.

Respondents were given the option to download a printable version of the survey and mail, e-mail or fax their completed survey, rather than completing the web-based version.

- Those who chose to mail back were provided with Créatec's mailing address (7 questionnaires were received by mail and 46 by e-mail).
- Those who chose to fax back their filled-in questionnaire were provided with a general 1-800 fax number (17 questionnaires were received by fax).
- Further details about the sample can be found in **Table 1** (see Summary Tables section 4.5), which shows the demographic profile of the unweighted sample (no weighting was applied to the data).

Before survey respondents were asked to rate the Core Competency statements, they were informed of the following:

- The consultative nature of the survey - one part of the consultation process being used by the Public Health Agency of Canada;
- Who should respond to the survey, i.e., all those working in public health in Canada, whatever their position or discipline;
- Confidentiality and anonymity of participation;
- A definition of the pan-Canadian Core Competencies for Public Health;

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- How the list of Core Competencies for Public Health was developed;
 - The practical uses of Core Competencies for Public Health; and,
 - How to get a copy of the results or more information about the survey.

No particular incentive was offered for participating in the online survey, except that respondents were told that they could obtain a copy of the survey findings, and that the survey was part of the pan-Canadian consultation process on the Core Competencies for Public Health.

Because this online survey (as is usually the case for all online surveys) was not a census or a random survey in a strict statistical sense, it makes it impossible to precisely extrapolate the views of the respondents to the entire public health workforce.

The views of the sample who answered the survey may differ significantly from the views of those who did not. Since no workforce statistics by demographic and public health-related variables were available, respondents could not be compared with any reference profile in these respects.

Therefore, no weighting could be applied to the data for balancing uneven response rates, and consequently, the presence of response bias cannot be ruled out.

Detailed computer tables, cross-tabulating answers by various public health workforce segments, gender, age, discipline, etc., have been provided under separate cover. Summary tables based on the total sample are incorporated into this report (see section 4.5).

Limitations of the quantitative data

The groups of respondents represented in the online survey had characteristics that must be remembered when interpreting the results:

1. Findings from 'open-to-all' web surveys represent an uncontrolled respondent population in the sense that the origin of responses is unknown. In fact, any site visitor aware of the survey had the opportunity to provide input on the proposed Core Competencies.
2. Because this survey cannot be considered a census and respondents were not selected on a random basis, it is not possible to calculate margins of error, and the results from this survey may or may not be regarded as statistically representative of the entire Canadian public health workforce.
3. Some public health practitioners were formally invited to take the survey, but many others could not be informed. Therefore, we should not give any importance to particularly high or low participation from certain practitioner groups.

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4. The sample size is quite large for an online survey. However, a large sample size cannot compensate for structural bias and the reader should be aware that the limitations cited previously would not have been reduced by an even larger sample size. Again, those who responded to the questionnaire may or may not provide the most useful feedback.

For all the above reasons, the results should be considered as direct feedback, probably from the most engaged practitioners, to be used for consultative rather than for evaluative purposes. Note that consistency of findings with the qualitative findings adds value to the feedback received through the online survey.

3.4 THE INDIVIDUAL TELEPHONE INTERVIEWS

The purpose of the qualitative stage of the study was to collect detailed perceptions from practitioners who responded to the online survey and explore in greater depth suggestions for improving the proposed pan-Canadian Core Competencies for Public Health. The interviews were designed to discover any important unknown issues.

Accordingly, between March 1 and March 15, 2007, a total of 14 individual telephone interviews, lasting 20-30 minutes each, were conducted. Participants were randomly recruited from the list of online survey respondents who agreed to participate in a follow-up interview and fulfilled certain criteria (e.g., geography, discipline, language, etc.)

544 practitioners (491 Anglophones and 53 Francophones) submitted their name, daytime telephone number and e-mail address to provide further feedback if called for a follow-up interview.

11 interviews were conducted in English, and 3 were in French.

Before their interview, participants knew that the purpose was to obtain their views on some qualitative aspects of the Core Competencies they rated online.

The discipline of the practitioners represented varied and included: nurse, epidemiologist, physician, public health inspector, environmental public health professional, project officer, dental hygienist, biologist, research officer, etc.

The same Interview Guide (see Appendix 3) developed by Créatec in collaboration with the Public health Agency of Canada in both official languages was used to conduct all interviews. Note that discussions sometimes deviated from the guide, when necessary, to allow flexibility in probing unexpected situations or avenues.

The interviews were not tape-recorded, and an incentive to participate was provided (a public health dictionary² and \$25).

² *A Dictionary of Public Health – Edited by John M. Last, Oxford University Press, 2007.*

Limitations of the qualitative data

Qualitative research attempts to understand and explore individual beliefs, views and feelings by posing questions and listening, and having participants answer freely. The aim of this study was to obtain direct feedback on a proposed set of pan-Canadian Core Competencies for Public Health, in terms of relevance, comprehensiveness and usefulness, and to explore ways to improve this set.

As in all qualitative research, and in accordance with the Code of Ethics and Standards of the Marketing Research and Intelligence Association (MRIA), it is important to note that findings from the qualitative interviews are not based on any statistical base and cannot claim to be representative of the entire Canadian public health workforce.

4. DETAILED FINDINGS OF THE ONLINE SURVEY

4.1 ABOUT THE ANALYSIS

In order to provide clear and consistent analysis of the large number of Core Competency statements, and reduce the amount of information required to understand the feedback conveyed by the large sample of the public health community who responded to the survey, the results are organized in the following way:

- The characteristics of the sample of public health practitioners who responded to the online survey are described in the next section (4.2). These characteristics may explain some differences in the feedback received.
- The Levels of Agreement section (4.3) deals with the main findings and focuses on the levels of agreement, based on the total sample, i.e., the percentage of respondents who agreed the statements were 'core, essential to public health practice'.
- The Comments of the Respondents section (4.4) presents a brief content analysis of the written comments and suggestions gathered through the open-ended questions of the online survey. A complete list of verbatim comments is appended to this report.
- The Summary Tables section (4.5) includes the findings of the complete rating scale used, by statement and by domain, in an easy-to-read tabular format. Groups of respondents with the largest differences significantly above or below the average level of agreement are indicated for each Core Competency. Note that the following demographic and public health-related variables were considered in the analysis of differences by group of respondents:
 - Region (6 categories)
 - Field / discipline of practice (4)
 - Education (2)
 - Position (4)
 - Level of work (4)
 - Area of work (5)
 - Scope of work (4)
 - Public Health experience (6)
 - Age (4)
 - Gender (2)
 - Language of survey (2)

The largest differences reported are all 'significant'. This term is used to qualify the result of a statistical test (T-Test with type I error of less than 0.01 at a 95% confidence interval). A "significant difference" means that the reported difference was very likely "real" and not due to chance.

The largest significant differences are indicated in the Rating Tables with the following symbols:

↑ *Rating of essentiality much higher than national average.*
↓ *Rating of essentiality much lower than national average.*

Throughout the Summary Tables of section 4.5, percentages may not always add to 100 due to rounding. In reporting percentages, "< 1%" indicates that at least one respondent was included in the category while "0%" means no one was included in the category.

All results are presented based solely on the unweighted total sample, as this sample accurately represents only those who provided feedback.

4.2 ABOUT THE RESPONDENTS

(Percentages over .5 are rounded up)

A total of 1,539 questionnaires were completed online in full (i.e., starting at Q1) and 70 questionnaires were received by fax, mail or e-mail, for a total of **N = 1,609 respondents**.

- Respondents either completed the entire online questionnaire or quit almost immediately; there were only a few cases that fell between these two extremes.
- 55 percent of respondents who started the online survey completed the questionnaire.
- 1,448 questionnaires were completed in English and 161 in French.

In the Summary Tables section (4.5) **Table 1** shows the characteristics of the sample (profile of practitioners who took the survey) kept for the purpose of analysis.

As can be seen, public health practitioners from Quebec (9%) and Francophones (10%) were under-represented (much lower than census figures) in the sample. Those from Ontario (40%) represented the largest geographic group and those from the Territories the smallest (2% Northwest Territories, Yukon, Nunavut).

Most respondents were:

- Highly educated – 89% reporting at least a university undergraduate degree;
- Female – 82%;
- Working at the ‘professional’ level – 61%
 - Managers (17%) and consultants / specialists (15%) each accounted for slightly less than 20%.
- Experienced in public health practice – 69% reported more than 5 years of work experience in public health.
 - New or recent public health practitioners (less than 1 year) accounted for only 6%.
- Frontline – 56%
 - Second line practitioners were also represented in the survey in substantial numbers (25%) and third line accounted for 10%.
- Urban area – 58% worked in an urban area.

The diversity of the public health practitioners who responded to the survey was also illustrated by the range of the field / discipline of current practice. Public health nurses accounted for the largest field of practice (41%), followed by environmental public health professionals (16%), health educators / promoters (10%) and dietitians (5%).

Field or discipline

	%
○ Nurse (n=666)	41
○ Environmental PH professional (n=262)	16
○ Health educator / health promoter (n=162)	10
○ Dietician / nutritionist (n=77)	5
○ Program analyst / researcher (n=73)	5
○ Epidemiologist (n=58)	4
○ Physician (n=51)	3
○ Health dentistry (n=43)	3
○ Administrator / manager / coordinator (n=49)	3
○ Laboratory personnel / technician (n=10)	1
○ Director (n=4)	<1
○ Social worker / Care giver (n=11)	1
○ PH educator / librarian (n=12)	1
○ Consultant (n=9)	1
○ Communications (n=3)	<1
○ Officer (not specified) (n=8)	<1
○ Language pathologist (n=10)	1
○ PH planner (n= 5)	<1
○ Other ((n=96)	6

Answers to the question about the scope of work, revealed that the scope of respondents' practice was primarily local (45%) or regional (36%), and only a few worked nationally (4%) or internationally (1%).

Scope of work

	%
○ Local	45
○ Regional	36
○ Provincial	12
○ National	4
○ International	1
○ Not applicable	1

The above characteristics may not accurately reflect the profile of the entire Canadian public health workforce, and as mentioned previously in the section dealing with the limitations of the study, findings should be considered as consultative feedback from practitioners more likely to be interested in the development of a pan-Canadian Core Competencies for Public Health and not as findings statistically representative of the entire public health workforce.

Practitioners who responded to the survey also had other characteristics that should be kept in mind when interpreting large or 'significant' differences.

When differences by demographic and public health-related variables are examined in isolation, it should always be borne in mind that a variable may be correlated with one or even several other variables and that, after having taken into consideration their interaction, the importance of the variable may be greatly reduced, to the extent that it is no longer significant.

- The response profile to the 44 Core Competency statements shows some large differences in terms of region, gender and field of practice. More specifically, respondents from Quebec, environmental public health professionals and males consistently tended to rate the Core Competencies much less frequently as 'essential', compared to other groups of practitioners.
- Because some of these characteristics were correlated (inter-twined) in the sample analyzed, caution is advised in the interpretation of differences.
- The largest differences in the ratings of essentiality were observed for environmental public health professionals, males and Quebec respondents. Note that some differences associated with Quebec could be caused by translation and should be interpreted cautiously.

In the Quebec sub-sample, there was:

- An over-representation of respondents working in an urban inner-city area (51% vs. 18% across the total sample) and of more-educated respondents (at least a university graduate degree – 68% vs. 41% on average).
- An under-representation of frontline workers (26% vs. 56%), environmental public health professionals (6% vs. 16%), nurses (13% vs. 41%) and respondents with a local scope of work (16% vs. 45%).

Among males, there was:

- A strong over-representation of environmental public health professionals (50% vs. 16% on average), and of more-educated respondents (49% vs. 41% with at least a university graduate degree);
- An under-representation of respondents with a local scope of work (26% vs. 45%);
- Only one dietician (out of a total of 77 dieticians responding).

Because of the above characteristics of the respondents the differences outlined in the Summary Tables should be interpreted judiciously. Nevertheless, knowledge of the overall differences will facilitate understanding of the mind set of the public health practitioners who provided their feedback on the draft list of pan-Canadian Core Competencies.

4.3 LEVELS OF AGREEMENT

4.3.1 INTRODUCTION

The survey instrument contained the 44 draft pan-Canadian Core Competency statements grouped into the following domains:

1. Core Public Health Sciences
2. Assessment and Analysis
3. Policy Development and Program Planning
4. Partnership, Collaboration and Advocacy
5. Communication
6. Socio-Cultural
7. Leadership

The survey asked respondents the following question:

- *Please consider each of the following competency statements in terms of its relevance and whether it is essential to all those working in public health in Canada. For each competency statement, click the appropriate box indicating whether you think that the statement is Essential to public health practice; Desirable but not essential to public health practice; Too specific and not common to all practitioners; or, Not relevant / unnecessary.*
- On the top of each screen, the following “contextual” sentence appeared: “Any public health practitioner should be able to...” followed by the list of Core Competency statements of the Domain under evaluation.

Detailed findings can be found in **Table 2** in the Summary Tables section (4.5).

4.3.2 MAIN FINDINGS

The percentage of respondents who rated a statement as ‘core, essential to public health practice’ ranged from 24% to 93%, for an overall average of 61%. The average rating was also the median rating, i.e., the percentage splitting the Core Competency statements in two halves, which indicates that the levels of agreement were ‘normally’ or symmetrically distributed (concentrated) around 61%.

For all Core Competency statements, very few respondents had no opinion or could not rate the statement (1%). Also, very few respondents (1-2%) rated a statement as “not relevant / unnecessary”. These findings suggest that the rating scale was appropriate and understood and that the level of language used to write the statements was appropriate for most (the skills and abilities contained in the Core Competency statements were aligned with the practice of public health).

To facilitate presentation of the findings, the analysis focuses on the percentage of respondents who rated the Core Competency statements as 'core, essential to public health practice' (i.e., 'essentiality' ratings or levels of agreement). In addition, the following four levels of agreement categories (percent rating as 'core') were created, two above and two below the overall average level of 61%:

1. High to very high: 71% or above – 15 statements
2. Medium to high: 61% - 70% -- 10 statements
3. Split endorsement: 51% - 60% -- 5 statements
4. Not considered core: 50% or below – 14 statements

Statements which fell into the first two categories are what the respondents in the survey considered the best candidates, among the statements proposed, for the pan-Canadian Core Competencies for Public Health.

1) High to very high levels of agreement

Fifteen of the 44 Core Competency statements were considered 'core' by overwhelming majorities and fell into the high to very high 'essentiality' group (at least 71% rated them as 'core').

This sub-set of Core Competency statements is the most likely to meet with consensus. Ratings ranged from 71% to 93%, for an average rating of 81%.

- Except for Domain 3 (Policy Development and Program Planning) and Domain 6 (Socio-cultural), this sub-set contains Core Competency statements from all Domains, with a concentration of statements from Domain 7 (**Leadership** – 7 out of 8 statements) and Domain 1 (**Core Public Health Sciences** – 3 out of 6 statements).

The content of this category of Core Competency statements shows strong agreement among the various groups of respondents that statements related to leadership and the use of public health sciences and principles are the types of Core Competencies for Public Health expected.

TABLE A HIGH TO VERY HIGH LEVELS OF AGREEMENT

15 out of 44 statements were rated 'core' by 71% or more respondents		% rating as 'core'
5.1	Communicate effectively with individuals, families and groups.	93
1.1	Understand the concepts of health status of populations, determinants of health and illness, factors that contribute to health promotion and disease prevention, and factors influencing the use of, and decision-making about, health services.	91
2.1	Recognize that a problem or an issue exists.	91
7.1	Know the public health organization's mission and priorities.	88
7.2	Apply the mission of the organization to practice.	86
1.3	Apply the basic public health sciences to practice.	85
7.5	Manage self, people, information and resources based on public health ethics.	82
6.1	Use knowledge of population characteristics and appropriate approaches to interact safely, sensitively, effectively, and professionally with the public.	82
7.6	Contribute to team and organizational learning to advance public health goals.	81
1.6	Demonstrate ability to implement effective practice guidelines.	76
2.2	Identify relevant and appropriate data and information sources.	75
7.7	Contribute to improve the workplace environment.	74
4.5	Advocate with/for individuals and communities for healthy public policies and/or services to promote and protect their health.	72
7.4	Identify internal and external factors that may impact on the delivery of public health programs.	73
7.3	Contribute to developing key values and shared vision to plan and implement public health programs.	71
<i>Overall average 'core' rating</i>		61%
<i>Average 'core' rating of this group of statements</i>		80%

Note: Numbering used in the proposed set of Core Competencies and reflected in the survey instrument.

2) Medium to high levels of agreement

Ten of the 44 Core Competency statements received medium to high ratings of essentiality, ranging from 62% to 68%, for an average rating of 66%.

These statements could be included in the set of Core Competencies for Public Health because they are, overall, endorsed by a clear majority. However, there is not agreement by a sizeable minority that they are core, and sometimes by a majority of some groups of public health practitioners who responded to the survey. Statements in this category may need some form of promotion or education to enhance their perception of commonality and essentiality for all public health practitioners.

- Most Core Competencies from the **Partnership, Collaboration and Advocacy** Domain (4 out of 5 statements) fell into this category.
- Some Core Competencies from the **Policy Development and Program Planning** Domain (3 out of 9 statements) fell into this category.

As most statements of the Policy Development and Program Planning Domain were not rated as 'core', these findings suggest that the current content of this Domain needs to be reviewed or further segmented.

TABLE B MEDIUM TO HIGH LEVELS OF AGREEMENT

10 out of 44 statements were rated 'core' by 61% - 70% of respondents		% rating as 'core'
6.2	Identify the implications of diverse population characteristics to plan public health programs.	69
1.5	Incorporate evidence to develop health policies and programs.	69
4.2	Demonstrate skills required to build community partnerships including team building, negotiation, conflict management and group facilitation.	68
3.8	Prepare for incidents affecting public health including outbreaks and emergencies.	68
2.5	Identify individual/group/community assets and available resources.	65
3.5	Develop a plan including goals, process and outcome objectives, and implementation, monitoring and evaluation steps.	65
4.1	Use an understanding of government and community partner roles and programs to apply a population health approach to address community health issues.	65
3.7	Apply relevant legislation, regulations, and policies.	64
4.3	Collaborate with governments and community partners to develop strategies to attain and sustain healthier communities.	62
4.4	Integrate contributions from partners to develop and deliver public health services.	62
<i>Overall average 'core' rating</i>		61%
<i>Average 'core' rating of this group of statements</i>		66%

Note: Numbering used in the proposed set of Core Competencies and reflected in the survey instrument.

When the Core Competency statements which received medium to high levels of agreement are combined with those that received the highest levels, we obtain what the respondents in the survey considered the best candidates among the statements proposed, to be included in the set of pan-Canadian Core Competencies for Public Health.

In this combined set of 25 Core Competency statements which were rated medium to high or high to very high, the statements from the **Communication** Domain are almost nonexistent. In fact, only one of this domain's four statements was rated essential by more than 60% of respondents.

3) Split levels of agreement

Five of the 44 Core Competency statements received 'split' ratings of essentiality, i.e., only slightly above the 50% mark, ranging from 51% to 56%, for an average rating of 54%.

These statements were not considered core by sizeable majorities of some categories or groups of practitioners. They are likely to create either confusion or controversy. These statements or their inclusion in the set of pan-Canadian Core Competencies for Public Health need to be reviewed.

TABLE C **SPLIT LEVELS OF AGREEMENT**

5 of 44 statements were rated 'core' by 51% - 60% of respondents		% rating as 'core'
1.2	Understand the implications for public health practice of the development, structure, and interaction of public health and health care systems at the local, provincial/territorial, national, and international levels.	56
6.3	Develop policies and program delivery to respond to the diverse characteristics of the population.	55
7.8	Contribute to develop, implement, monitor and evaluate organizational performance standards.	53
5.2	Provide health status, demographic, statistical, programmatic, and scientific information to professional and lay audiences.	53
3.3	Decide on appropriate course of action utilizing current techniques in decision analysis and health planning.	51
<i>Overall average 'core' rating</i>		61%
<i>Average 'core' rating of this group of statements</i>		54%

Note: Numbering used in the proposed set of Core Competencies and reflected in the survey instrument.

4) Not considered core

There was low level of agreement with 14 of the 44 Core Competency statements. These statements were not considered core by a majority of respondents. Within that group of statements, the average level of agreement was 40%, with a range of 24% to 48%.

It is interesting to note that these statements were rated by a majority of respondents as either “desirable but not essential to public health practice” or “too specific; not common to all practitioners”. They did not rate these statements as “not relevant” to the practice of public health.

- Most Core Competency statements (5 out of 9 statements) from the **Policy Development and Program Planning** Domain fell in this category.
 - No Core Competency statement of this domain received high to very high levels of agreement.
- Most Core Competency statements (6 out of 9 statements) from the **Assessment and Analysis** Domain also fell in this category.
 - However, two Core Competency statements of this domain received high to very high levels of agreement.
- One out of 6 statements from the Core Public Health Sciences Domain and 2 out of 4 from the Communication Domain fell in this category with low levels of agreement that they are Core Competencies.
- No Core Competency statement of the following domains fell in this category.
 - Partnership, Collaboration and Advocacy
 - Socio-Cultural
 - Leadership

The content of this category of lowest levels of agreement indicates that competencies associated with Assessment and Analysis, as well as Policy Development and Program Planning, tend to be considered as not essential, not common to all public health practitioners, but rather too specific.

TABLE D**NOT CONSIDERED CORE**

14 out of 44 statements were rated 'core' by 50% or less of respondents		% rating as 'core'
5.4	Use the media, advanced technologies, and community networks to receive and communicate information.	48
2.3	Collect accurate quantitative and qualitative primary and/or secondary data on public health issues.	48
2.9	Contribute to recommendations on further investigations or actions, based on data analysis.	48
3.4	Develop a plan to implement policy that includes relevant program components addressing education and personal skill building, healthy public policy, collaboration and partnership, enforcement and monitoring and clinical services.	45
2.7	Engage partners to determine the meaning of data.	47
3.9	Manage and evaluate the response to incidents affecting public health including outbreaks and emergencies.	46
2.6	Determine appropriate uses for, as well as gaps and/or limitations in data.	44
3.1	Identify policy options to address a specific issue.	44
1.4	Describe basic research methods used in public health.	41
5.3	Apply social marketing principles to plan and implement public health programs.	37
2.8	Explain how the data fits in the broader ethical, political, scientific and economic contexts.	31
2.4	Apply data collection processes, information technology applications and computer systems storage/retrieval strategies.	29
3.2	Articulate the health, economic, administrative, legal, social, and political implications and expected outcomes of each policy option.	25
3.6	Develop a budget.	24
<i>Overall average 'core' rating</i>		61%
<i>Average 'core' rating of this group of statements</i>		40%

Note: Numbering used in the proposed set of Core Competencies and reflected in the survey instrument.

4.4 COMMENTS OF THE RESPONDENTS

The online survey asked two open-ended questions to seek comments and suggestions around other Core Competencies that are needed for public health practice in Canada and how the draft list of Core Competencies could be improved. A complete list of these verbatim comments is appended in Appendix 2. These comments provide insight into ways to further develop or communicate the pan-Canadian Core Competencies.

This following section outlines the main issues or themes that were mentioned by public health practitioners who wrote comments as part of their response to the survey.

4.4.1 OVERVIEW

Note that almost no negative comments were written regarding the survey instrument. It is also noteworthy that the scale used to rate Core Competencies was never questioned.

Of the 1,609 respondents, 535 (33%) submitted comments (other than '*don't know*' or '*nothing else to say*').

Results below are based on this sub-sample of respondents who wrote in comments. Percentages are rounded and should be considered as rough approximations, for the sole purpose of providing the reader with a sense of the frequency of mentions. These percentages are not the result of computerized calculations and have no statistical precision.

A significant proportion (20%) of these respondents wrote about more than one issue or theme, and therefore the percentages that follow will total over 100 percent.

Upon reviewing the verbatim comments they were sorted into four main categories.

- 1) **Compliments:** 13% complimented the Public Health Agency or the consultation process or the survey.
- 2) **Useful suggestions for improvement:** 83% suggested ways to improve the Core Competencies, such as: introducing new Core Competencies, deleting Core Competency statements, improving or clarifying the wording of Core Competency statements.
 - 74% asked for or suggested improvements related to content or the nature of the Core Competency statements or their number.
 - 9% asked for or suggested improvements related to the wording, style or level of language.

3) **Concerns about the idea of a common Core Competencies framework:**

- 39% wrote in a concern about the idea of having a set of pan-Canadian Core Competencies common to all public health practitioners.

4) **General comments or non-useable comments:**

- 37% took the time to write in a comment but had no specific improvement to suggest, or their comment was not relevant to Core Competencies or not useable (anecdotal comments, difficulty in rating some statements, etc.)

4.4.2 USEFUL SUGGESTIONS FOR IMPROVEMENT

Overall, 8 out of 10 comments related to some aspect of the pan-Canadian Core Competencies for Public Health.

The following summarizes the most frequent improvements mentioned related to the content, written using respondents' own language, wherever possible, to let them speak in their own words. These mentions have undergone slight editing to summarize and make people's comments understandable, but all have been used within their intended context.

- *Provide 'day-to-day' more 'everyday' examples of core competencies, so that frontline staff will feel confident and comfortable with the set of Core Competencies for Public Health.*
- *Too management focused, too abstract.*
- *More emphasis on practical knowledge and techniques.*
- *Narrow the gap between practice (field) and policy.*
- *Clarify which Core Competencies are for those providing care, those in management / administration / policy roles, and those in research and education.*
- *Explain how Core Competencies will be measured or determined.*
- *Clearly establish which Core Competencies are generic to all professions, not just Public Health.*
- *Reduce the number of Core Competencies, exclude "nice to have"; we are expecting too much, can't be applicable.*
- *Seems too heavy on science, not enough on the art (of public health practice).*
- *Not enough on updating one's own skills. Add on-going education or responsibility for updating one's own skills.*

-
- *Add to your list “ability to synthesize information, and translate it to practical solutions, in a timely manner”.*
 - *Add to your list “language” as a Core Competency.*

The most frequently mentioned improvements related to wording / style of language included:

- *Reword some Core Competency statements (e.g. ‘develop a budget’ instead of ‘develop budgets’).*
- *Use more common everyday language, less ambiguous terms; make them more reader-friendly.*

4.4.3 CONCERNS

Overall, 39% of the comments related to some concern about the set of pan-Canadian Core Competencies for Public Health, their development or their implementation.

The most recurrent concerns included:

- *Apparent contradiction with the notion of “teamwork” and complementary competencies.*
- *Concern that good people can be excluded on the basis that they may not have some of the Core Competencies.*
- *Scepticism toward the idea that every public health practitioner will / should have to be proficient in all Core Competencies.*
- *Concern that the set of pan-Canadian Core Competencies for Public Health do not take into account different levels or phases of practice.*
- *Concern that the set of pan-Canadian Core Competencies for Public Health mainly reflect the needs of nurses.*

4.5 SUMMARY TABLES

Table 1	General Profile of the Sample	34
Table 2	Competence Rating Tables.....	36

TABLE 1 **GENERAL PROFILE OF THE SAMPLE**

<i>All figures based on total sample (n=1,609)</i>	RESPONDENTS	
	Number	% of total
Province / Territory (Q3.1)		
▪ Alberta	189	12
▪ British Columbia	269	17
▪ Manitoba	79	5
▪ New Brunswick	39	2
▪ Newfoundland and Labrador	43	3
▪ Nova Scotia	92	6
▪ Northwest Territories	7	<1
▪ Nunavut	6	<1
▪ Ontario	648	40
▪ Prince Edward Island	4	<1
▪ Quebec	152	9
▪ Saskatchewan	73	5
▪ Yukon	8	<1
Current practice / discipline (Q3.2)		
▪ Nurse	666	41
▪ Environmental public health professional	262	16
▪ Epidemiologist	58	4
▪ Physician	51	3
▪ Health educator / health promoter	161	10
▪ Dietician / nutritionist	77	5
▪ Health dentistry (includes dentists, dental hygienists, dental assistants)	43	3
▪ Laboratory personnel / technician	10	1
▪ Program analyst / researcher	73	5
▪ Other	212	14
Formal education completed (Q3.3)		
▪ Less than High School	1	<1
▪ High School	8	<1
▪ Some college / technical school (Quebec: Cegep)	7	<1
▪ Completed college / technical school (Quebec: Cegep)	77	5
▪ Some university	65	4
▪ University undergraduate degree	615	38
▪ Some graduate school	157	10
▪ University graduate degree	652	41
▪ Other	27	2

TABLE 1

GENERAL PROFILE OF THE SAMPLE

<i>All figures based on total sample (n=1,609)</i>	RESPONDENTS	
	Number	% of total
Current position (Q3.4)		
▪ Manager	268	17
▪ Professional	984	61
▪ Consultant / specialist	242	15
▪ Other	115	6
Level of work (Q3.5)		
▪ Frontline	902	56
▪ Second line	406	25
▪ Third line	159	10
▪ Other	142	9
Working area (Q3.6)		
▪ Urban-inner city	312	19
▪ Urban-other	620	39
▪ Rural	457	28
▪ Remote / isolated	74	5
▪ Not applicable	146	9
Scope of work (Q3.7)		
▪ Local	722	45
▪ Regional	581	36
▪ Provincial	200	12
▪ National	71	4
▪ International	15	1
▪ Not applicable	20	1
Experience of public health practice (Q3.8)		
▪ Less than 1 year	92	6
▪ 1 to 5 years	406	25
▪ 6 to 10 years	327	20
▪ 11 to 15 years	193	12
▪ 16 to 20 years	201	12
▪ Over 20 years	390	24
Age (Q3.9)		
▪ 19 years and under	2	<1
▪ 20 to 29 years	191	12
▪ 30 to 39 years	381	24
▪ 40 to 49 years	512	32
▪ 50 to 59 years	457	28
▪ 60 years and over	66	4
Gender (Q3.10)		
▪ Male	294	18
▪ Female	1,315	82
Language of survey		
▪ English	1,448	90
▪ French	161	10

Note: Percent of all respondents total 100% reading down columns. Some totals do not add to 100% due to rounding.

TABLE 2

COMPETENCIES RATING TABLES

All figures based on total sample (n=1,609) Any public health practitioner should be able to...		Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
1.0 Core Public Health Sciences Domain							
1.1	Understand the concepts of health status of populations, determinants of health and illness, factors that contribute to health promotion and disease prevention, and factors influencing the use of, and decision-making about, health services.	91	6	3	<1	<1	↓ Env. PH prof. ↓ Males
1.2	Understand the implications for public health practice of the development, structure, and interaction of public health and health care systems at the local, provincial/territorial, national, and international levels.	56	34	9	1	1	↓ Quebec ↑ Atlantic ↓ Env. PH prof. ↓ Third line ↓ Males
1.3	Apply the basic public health sciences to practice.	85	10	2	<1	2	↓ Quebec ↓ Prov. scope Increasing with PH experience
1.4	Describe basic research methods used in public health.	41	43	14	1	1	↑ Ontario ↓ Env. PH prof.
1.5	Incorporate evidence to develop health policies and programs.	65	20	10	<1	1	↑ Ontario ↑ Quebec ↓ Env. PH prof. ↑ Dietitians ↓ Males
1.6	Demonstrate ability to implement effective practice guidelines.	76	16	6	<1	1	↓ Quebec ↓ Env. PH prof. ↓ Third line ↓ Prov. scope ↓ Age < 29 ↓ Males

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding.

The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

- ↑ Much higher in this group than the overall national average
 ↓ Much lower in this group than the overall national average

TABLE 2

COMPETENCIES RATING TABLES

(CONTINUED)

All figures based on total sample (n=1,609) Any public health practitioner should be able to...		Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
2.0 Assessment and Analysis Domain							
2.1	Recognize that a problem or an issue exists.	91	7	1	<1	1	Universally endorsed
2.2	Identify relevant and appropriate data and information sources.	75	19	6	0	<1	↓ Specialists ↓ Third line ↓ Prov. scope ↓ Males
2.3	Collect accurate quantitative and qualitative primary and/or secondary data on public health issues.	48	27	25	<1	<1	↓ Third line ↓ Prov. scope
2.4	Apply data collection processes, information technology applications and computer systems storage/retrieval strategies.	29	35	35	1	<1	↑ Atlantic
2.5	Identify individual/group/community assets and available resources.	65	24	10	1	<1	↓ Quebec ↓ Env. PH prof. ↓ Third line ↓ Urban-inner city Decreasing with broadening scope ↓ Males
2.6	Determine appropriate uses for, as well as gaps and/or limitations in data.	44	32	23	<1	1	↓ Quebec ↓ Env. PH prof. ↓ Males
2.7	Engage partners to determine the meaning of data.	47	33	19	1	1	↓ Env. PH prof. ↓ Males
2.8	Explain how the data fits in the broader ethical, political, scientific and economic contexts.	31	39	27	2	1	↓ Env. PH prof. ↑ Dieticians
2.9	Contribute to recommendations on further investigations or actions, based on data analysis.	48	34	17	1	1	↓ Env. PH prof. ↑ Dieticians

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding.

The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

- ↑ Much higher in this group than the overall national average
 ↓ Much lower in this group than the overall national average

TABLE 2

COMPETENCIES RATING TABLES (CONTINUED)

All figures based on total sample (n=1,609) <i>Any public health practitioner should be able to...</i>		Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
3.0 Policy Development and Program Planning Domain							
3.1	Identify policy options to address a specific issue.	44	33	21	1	1	↓ Quebec ↓ Env. PH prof.
3.2	Articulate the health, economic, administrative, legal, social, and political implications and expected outcomes of each policy option.	25	33	39	2	1	Decreasing with increased PH experience
3.3	Decide on appropriate course of action utilizing current techniques in decision analysis and health planning.	51	25	22	<1	1	↑ Dieticians
3.4	Develop a plan to implement policy that includes relevant program components addressing education and personal skill building, healthy public policy, collaboration and partnership, enforcement and monitoring and clinical services.	45	24	29	<1	1	↓ Quebec ↓ Env. PH prof. ↓ Prov. scope ↓ Males
3.5	Develop a plan including goals, process and outcome objectives, and implementation, monitoring and evaluation steps	65	19	16	<1	<1	↓ Env. PH prof. ↑ Dieticians ↑ Second line ↓ Third line ↓ Prov. scope ↓ Males
3.6	Develop a budget.	24	27	45	4	1	↑ Ontario ↑ Dieticians
3.7	Apply relevant legislation, regulations, and policies.	64	18	17	<1	1	↑ Ontario ↓ Atlantic ↑ Env. PH prof. ↑ Males
3.8	Prepare for incidents affecting public health including outbreaks and emergencies	68	12	20	<1	<1	↓ Quebec ↑ Env. PH prof. ↓ Dieticians ↓ Prov. scope ↑ Males
3.9	Manage and evaluate the response to incidents affecting public health including outbreaks and emergencies.	46	19	34	<1	<1	↓ Quebec ↑ Env. PH prof. ↓ Dieticians

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding. The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

- ↑ Much higher in this group than the overall national average
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TABLE 2

COMPETENCIES RATING TABLES

(CONTINUED)

All figures based on total sample (n=1,609) Any public health practitioner should be able to...		Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
4.0 Partnership, Collaboration and Advocacy Domain							
4.1	Use an understanding of government and community partner roles and programs to apply a population health approach to address community health issues.	65	23	11	<1	<1	↓ Quebec ↑ Atlantic ↓ Env. PH prof. ↑ Dietitians ↓ Males
4.2	Demonstrate skills required to build community partnerships including team building, negotiation, conflict management and group facilitation.	68	23	8	<1	<1	↓ Quebec ↑ Atlantic ↓ Env. PH prof. ↑ Dietitians ↓ Prov. scope ↓ Males
4.3	Collaborate with governments and community partners to develop strategies to attain and sustain healthier communities.	62	22	16	<1	<1	↑ Atlantic ↓ BC ↓ Env. PH prof. ↑ Dietitians ↓ Males
4.4	Integrate contributions from partners to develop and deliver public health services.	62	25	12	<1	1	↓ Env. PH prof. ↑ Dietitians ↓ Males
4.5	Advocate with/for individuals and communities for healthy public policies and/or services to promote and protect their health.	72	19	8	1	<1	↓ Quebec ↑ Atlantic ↓ Env. PH prof. ↓ Prov. scope ↓ Males

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding.

The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

↑ Much higher in this group than the overall national average
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TABLE 2

COMPETENCIES RATING TABLES

(CONTINUED)

All figures based on total sample (n=1,609) Any public health practitioner should be able to...		Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
5.0 Communication Domain							
5.1	Communicate effectively with individuals, families and groups.	93	5	1	<1	<1	↓ Quebec
5.2	Provide health status, demographic, statistical, programmatic, and scientific information to professional and lay audiences.	53	24	23	<1	<1	↓ Env. PH prof. ↓ Males
5.3	Apply social marketing principles to plan and implement public health programs.	37	31	29	1	1	↓ Quebec ↑ Ontario ↓ Env. PH prof. ↑ Dietitians ↓ Prov. scope ↓ Males
5.4	Use the media, advanced technologies, and community networks to receive and communicate information.	48	29	22	1	<1	↓ Prov. scope ↓ Males

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding.

The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

- ↑ Much higher in this group than the overall national average
 ↓ Much lower in this group than the overall national average

TABLE 2

COMPETENCIES RATING TABLES

(CONTINUED)

<i>All figures based on total sample (n=1,609)</i> Any public health practitioner should be able to...	Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
6.0 Socio-Cultural Domain						
6.1 Use knowledge of population characteristics and appropriate approaches to interact safely, sensitively, effectively, and professionally with the public.	82	14	4	<1	<1	↓ Quebec ↓ Env. PH prof. ↓ Males
6.2 Identify the implications of diverse population characteristics to plan public health programs.	69	19	11	<1	<1	↓ Env. PH prof. ↓ Prov. scope ↓ Males
6.3 Develop policies and program delivery to respond to the diverse characteristics of the population.	55	23	21	<1	1	↓ Quebec ↓ Env. PH prof. ↑ Dietitians ↓ Third line ↓ Prov. scope ↓ Males

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding.

The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

↑ Much higher in this group than the overall national average
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TABLE 2

COMPETENCIES RATING TABLES

(CONTINUED)

All figures based on total sample (n=1,609) Any public health practitioner should be able to...		Core, essential to public health practice	Desirable, but not essential to public health practice	Too specific, not common to all practi- tioners	Not relevant, unneces- sary	Can't say	Largest significant differences
7.0 Leadership Domain							
7.1	Know the public health organization's mission and priorities.	88	10	1	<1	<1	Universally endorsed
7.2	Apply the mission of the organization to practice.	86	11	1	1	1	↓ < 30 age
7.3	Contribute to developing key values and shared vision to plan and implement public health programs.	71	21	6	1	1	↓ Env. PH prof. Increasing with age ↓ Males
7.4	Identify internal and external factors that may impact on the delivery of public health programs.	73	20	6	0	1	↓ Quebec ↓ Env. PH prof. ↑ Dietitians ↓ Males
7.5	Manage self, people, information and resources based on public health ethics.	82	11	5	<1	1	↓ Quebec ↓ Males
7.6	Contribute to team and organizational learning to advance public health goals.	81	15	3	<1	<1	↓ Quebec ↓ Env. PH prof. ↑ Dietitians ↓ Prov. scope ↓ Males
7.7	Contribute to improve the workplace environment.	74	20	3	2	1	↓ Quebec ↑ Atlantic ↑ Nurses ↓ Prov. scope ↓ Males
7.8	Contribute to develop, implement, monitor and evaluate organizational performance standards.	53	27	18	1	1	↓ Quebec ↑ Atlantic Increasing with age ↓ Males

Note: Percent of all respondents total 100% reading right rows. Some totals do not add to 100% due to rounding.

The following symbols indicate that the statement was significantly rated core and essential ($P < 0.05$):

↑ Much higher in this group than the overall national average
 ↓ Much lower in this group than the overall national average

5. DETAILED FINDINGS OF THE QUALITATIVE INTERVIEWS

5.1 ABOUT THE ANALYSIS

This chapter presents the findings from all 14 interviews together, incorporating views from all types of participants.

Given the limited number of interviews, participants in the qualitative phase have been treated as only one target group: ‘public health practitioners’ i.e., all those who are working in public health in Canada, whatever their position or discipline.

The detailed qualitative findings are, for the most part, organized along the lines of the Interview Guide (see Appendix 3 for a copy).

With regard to style:

This chapter is written using participants' own language, wherever possible, to let them speak in their own words.

For clarity and ease, comments appear in *italics* (usually without quotation marks, except when incorporated into the text).

Some verbatim comments have undergone slight editing to make people's comments understandable, but all have been used within their intended context.

5.2 ABOUT THE PARTICIPANTS

The participants in this study were randomly recruited from the list of online survey respondents who agreed to participate in a follow-up interview and fulfilled certain criteria (e.g., geography, discipline, language etc.) They filled a wide range of disciplines or fields of practice:

- Chief Medical Officer
- Environmental Health Officer
- Public Health Nurse
- Project Officer
- Healthy Community Advisor
- Epidemiologist / Field Epidemiologist
- Interim Senior Medical Health Officer
- Community Mental Health Nutritionist
- Public Health Inspector
- Dental Hygienist
- Research Officer
- Biologist
- Family Physician

Eight of the participants worked at the regional level, four at the local, territorial level, and one representative at each of the provincial and federal level.

Geographically the participants were fairly evenly distributed across the country:

TABLE E DISTRIBUTION OF THE INTERVIEWS ACROSS CANADA

Location	Number of Interviews
Nova Scotia	2
Quebec	3
Ontario	2
Manitoba	1
Saskatchewan	1
Alberta	1
BC	2
Northwest Territories	2

5.3 QUALITATIVE FINDINGS

5.3.1 PERCEPTION OF THE ONLINE SURVEY

Participants were asked to rate five aspects of the online survey using a scale from 1 to 5, where 1 meant strong disagreement and 5 meant strong agreement with the statement. Findings are presented in the next Table F (all figures are numbers of participants. A total of n=13 participants provided ratings – one participant did not rate the survey.)

TABLE F **PERCEPTION OF THE ONLINE SURVEY**

Scales to evaluate the online survey (One participant did not rate the survey)	1 Strong disagreement	2	3	4	5 Strong agreement
1. It was easy to access the survey				n=1	n=12
2. The survey instructions and questions were clear and concise			n=1	n=7	n=5
3. It was easy to rate the core competencies		n=2	n=5	n=4	n=1
4. The survey took too much time to complete	n=8	n=4		n=1	
5. The survey was a good opportunity for me to have input into the pan-Canadian Core Competencies for Public Health			n=1	n=3	n=9

On the 5-point scales used, 1 meant strong disagreement and 5 meant strong agreement.

Scale 1 -- Access

Participants indicated they were sent a personal e-mail inviting them to participate in the survey. In the e-mail, a link to the survey was provided. Not surprisingly, with all the information they needed at their fingertips to access and complete the survey, this aspect of the survey was rated highly by all participants.

- *Par un simple clic de souris, on était déjà dans le sondage. (With a simple click, I was already into the survey.)*

Scale 2 -- Survey Instructions and Questions

The majority of participants found the survey instructions and questions to be clear and concise because the bulk of the questions were closed-ended, the rating scales were simple, and wording of questions appeared to be self-explanatory, clear and easy to understand. However, a few participants experienced difficulty interpreting the questions and the context in which the questions were being asked, while others found some of the questions to be ambiguous, long and complex.

- *Some of the questions had three parts – I may have agreed with two of the things listed, but not the third.*
- *I wasn't sure if I should have answered from my personal point of view, from the program point of view or from my professional point of view. Sometimes, I did a little of each.*
- *The questions were certainly concise, but I had to go back and reread some of the sections two or three times. The survey never explicitly stated or adequately defined who a public health professional was. It was not clear who they were talking about – it is such a diverse group – the definition was very general.*
- *Certaines sections portaient à confusion. J'ai souvent dû revenir en arrière pour voir le titre de la section afin de mieux comprendre le contexte de la question. (Some sections were confusing. I often had to go back to look at the title of the section to relate the question back to it.)*

Scale -- 3 Rating the Core Competencies

Most participants did not experience any difficulty rating the Core Competencies as the wording and terms were clear and the terminology was specific to public health. A few had some definitional questions (public health professional was not clearly defined) which caused some confusion as to context. Others, found it difficult to rate the Core Competencies not because of the design of the survey, the rating scales, or how the questions were worded, but because they felt that some of the competencies listed did not apply to all public health disciplines. One found it difficult to rate the Core Competencies on degrees of importance because everything appeared to be important.

- *Pour certaines questions, il fallait souvent que je dise « ça dépend ». Plusieurs des compétences ne concernent pas toutes les professions. (With some of the questions I ended up saying "it depends" a lot. Some of the competencies did not apply to all professions.)*
- *I found a lot of the Core Competencies reflect public health nursing background (I am not one). I bring skills that are a little different to the job. So, in that regard, I found some of the Core Competencies challenging to rate.*
- *Once it was clear, it was easy to see the relationship between the question and the category.*

Scale -- 4 Time to Complete

Even though most participants indicated that it took between 20 and 35 minutes to complete the survey, the length of time was not viewed as excessive. A relatively high degree of importance was assigned to completing the survey, many mentioning that providing input into the Core Competencies was “job related”. Moreover, the task of completing the survey was not viewed as difficult because the survey was “well organized, easy to access and easy to use”. One person mentioned that it was helpful to provide respondents with an indicator of how much of the survey had been completed, expressed in percentage terms.

Scale -- 5 Opportunity to Provide Input

Virtually all participants expressed gratitude for being involved in the process and having input into such an important document.

- *It is important that every public health professional has input into the Core Competencies. They are working so much on the integration at the federal/provincial/local levels in order to not duplicate services, assets and resources. It gives me an idea of where they want to go with all of this.*
- *Impressed with the process we went through – personal interviews, online survey, management and middle management interviews and front line workers. The process was good. The process guaranteed anonymity, therefore we could answer candidly.*
- *J'ai beaucoup apprécié que l'Agence se donne la peine de nous demander notre opinion. (I very much appreciated the fact that the Agency asked for my opinion.)*
- *C'était très intéressant d'être consultée sur Internet. (It is very interesting to do this consultation online.)*
- *Je voudrais dire à l'Agence de continuer à nous consulter. C'est très important pour les praticiens de sentir que leur point de vue a de la valeur. C'est stimulant, motivant et ça permet de maintenir notre intérêt au travail. C'est très intéressant et on se sent moins isolé. (I would like to say to the Agency – go on keep seeking our advice. It is very important for practitioners to feel that our point of view is important. It is stimulating, motivating and it permits us to keep being interested in our work. Very interesting and we feel less isolated.)*
- *This consultation on the web is a very good thing. Everyone has to make a reflection on the subject and it garners commitment from all public health professionals.*

Only a few expressed concerns – one was that the Core Competencies had already been decided, so rather than being presented with an opportunity to create them, it became an opportunity to endorse them; another, was that their input would be diluted in a survey where a large number of individuals were asked to participate in the process.

5.3.2 BEST OPPORTUNITIES

According to participants, apart from applying Core Competencies on the job everyday, the four biggest opportunities cited for putting the pan-Canadian Core Competencies for Public Health into practice were:

1. Education and training
2. Recruitment and retention
3. Program planning and evaluation
4. Public Health emergency

1) Education and training

Participants saw education and training as the biggest opportunity by far. Continuing education, upgrading skills and knowledge, and identifying areas requiring improvement would help the profession build on itself, retain competent professionals and define the profession so that public health practitioners will know what is expected and the skill sets they are required to have.

For those just entering the profession, the education system will provide them with the skills and knowledge they will require, taking into account the Core Competencies.

For those already in the profession, Core Competencies represent a training opportunity, a way for seasoned professionals to develop, enhance or supplement existing skills and knowledge.

- *Pour la formation et les programmes universitaires en santé publique, même pour les gens en exercice. Les compétences essentielles, c'est un complément pour tous les praticiens en santé au Canada. (For training and university programs for all people in Public Health, even for people in health career, at large. The Core Competencies will be a complement for all practitioners in health in Canada.)*

2) Recruitment and Retention

Working Core Competencies into job descriptions to ensure that the Core Competencies required are met and public health professionals are minimally competent was another avenue cited for putting the Core Competencies into practice.

Core Competencies will provide guidelines and standards for people being recruited as well as guidelines for people to follow in their career. Core Competencies will ensure that the best professionals are in the role for the job that needs to be done. During the recruitment process, Core Competencies could provide the structure and standardized questions to ensure the applicant meets the skills and knowledge requirements of the position.

In addition, Core Competencies will eliminate discrepancies in skill sets across disciplines.

- *C'est une façon de s'assurer que tous les praticiens de première ligne ont les mêmes habiletés et aptitudes. (Ensures all practitioners on the front-lines have the same abilities and skills.)*
- *Levels the playing field – across public health and eliminates discrepancies in skills sets across disciplines*
- *Use Core Competencies to recruit that would be the best way to put them into practice.*

3) Program planning and evaluation

Putting Core Competencies into practice will also provide a foundation to assess the types and numbers of public health practitioners needed to respond to population needs.

- *Programs will be built on knowledge you need, rather than on the providers that you need.*

4) Public Health emergency

It was mentioned more than once that the best way to apply Core Competencies would be during a Public Health emergency. The perception was that everyone within Public Health is working separately and vertically, and this fragmentation compromises Public Health during an emergency because of the difficulty associated with putting all the pieces together quickly in a coordinated, cohesive fashion.

5.3.3 BIGGEST CHALLENGES

The greatest challenges cited to putting the pan-Canadian Core Competencies for Public Health into practice were:

1. Measurement
2. Job security
3. Funding
4. Leadership
5. Continuing professional development
6. Membership in professional associations
7. Levelling the sector
8. Generalized approach

1) Measurement

Measuring the Core Competencies of public health practitioners currently working in Public Health – how will competencies be measured? Will every practitioner be tested?

- *Finding out where public health practitioners fit on the scale and where their weaknesses are in terms of abilities and skills.*

2) Job security

What do you do when practitioners are not at the level they need to be at? Current public health practitioners may fear that they will lose their diploma or certificate or job if they do not have all of the Core Competencies.

- *Fear will be an impediment to implementation – people do not like change. They may think it is harmful (they might lose their diploma, their certificate) and it may be perceived as too authoritarian. Usually people do not keep current. Sometimes they don't have access to education and funding is an issue (not paid for by government). Their attitude is that someone else is always responsible.*
- *It is great for those coming in, they will know what the standards are, but those who have been working in public health for years, will not have the required competencies. They will have to go back to school to get the competencies they require. They may feel resentment, threatened even though they have seniority and lots of experience.*

3) Funding

Health is currently the responsibility of the provinces. This, it was stated, has contributed to inequity in health resources across the country. Some provinces have the ability to recruit educated people; other provinces do not have that capacity. In these provinces, using Core Competencies to assist in hiring and retention may be way down on the list of priorities. The challenge will be to encourage provinces to use and find ways to fund and support the use of Core Competencies and address inequities in public health resourcing across the country.

- *Public health is always at the smaller end of budgets. Work is being done to improve the skill base, but the financial resources do not exist from within to allow this to happen.*

Also, more money for promotion and diffusion of Core Competencies in both official languages will be required.

- *Les directions de l'Agence devront faire du lobbying pour obtenir les budgets nécessaires à l'implantation des compétences essentielles. (The different components of the Agency will have to do some lobbying in a way to have a budget for core competency implementation.)*

-
-
- *We need support and funding from someone else to implement. The Public Health Agency develops the Core Competencies and then takes them to the federal government. How will monies be allocated for that?*

4) Leadership

There were some differences of opinion in terms of how the pan-Canadian Core Competencies for Public Health will be implemented. Several said that top politicians and public health leaders will need to set direction at the top and work their way down.

- *Everyone has to buy in. Educate the leadership. It is under the people sitting at the top (the politicians, bureaucrats at the national, provincial and regional levels). Public health practitioners understand where they work, but people at the top who set the agenda, and who have the authority to make decisions, who have control over funding do not. People at the top do not understand the importance of public health. The authority of decision-making has been taken over from the professionals. They are not health professionals, but managers who are trying to run health as a corporation.*

5) Continuing education, skills upgrading, training

Core competencies will need to get into health programs and education programs early to help set the conceptual framework and world view.

6) Membership in professional associations

Once Core Competencies are implemented, membership in professional associations may become mandatory which will drive association fees upward in order for them to maintain a membership database, track hours of education, etc.

7) Levelling the sector

Another challenge will be trying to get everyone to the same level, especially those already practicing. It will be easy to start an education program from the beginning with students going into Public Health, but to get everyone who is already practicing at the same level will be a challenge.

8) Generalized Approach

The Core Competencies, it was stated, are not focused on specific disciplines, but are very generic, consolidated down to principles and ethics which are divorced from professional backgrounds. Professional disciplines may not want to recognize a generic approach.

- *Many may not like the fact that we are making generic health people.*
- *Core competencies are so different, depending on the position. Many positions, such as nursing, already have Core Competencies they must meet in order to practice.*

5.3.4 COMPREHENSIVENESS OF THE CORE COMPETENCIES

All participants believed that the proposed pan-Canadian Core Competencies for Public Health was a comprehensive set of knowledge, skills and abilities for all public health practitioners in Canada.

- *Good, comprehensive list which covered most situations.*
- *Complete – they cover all spheres of activity*
- *Very inclusive*
- *Very impressive*

Core competencies, were described, as “the minimum knowledge, skills and abilities that people in Public Health have in common that works outside the usual health services box and has a positive impact on partnership collaboration and advocacy.” They were viewed as a mechanism for increasing the standard and providing higher quality recruits and practitioners already working the profession with opportunity for knowledge and experience to be developed under the rubric. As one participant stated, “it lets us get down to the basics and it fits with the term multi-professional, not multi-disciplinary – now all public health practitioners will be able to speak the same language”.

- *We cannot fix health from the inside of health, we need to go out and come back at it.*
- *Cela établit les compétences de base que les gens doivent avoir minimalement quand ils débutent ou travaillent dans le domaine. (It sets the minimum qualifications and standards people should have when entering or working the profession.)*
- *It is about time. A lot of people who enter public health end up sitting at a desk for 30 years, they do minimum to get by, they don't keep current. It is a serious problem. I see it as in order to get certified, to get a diploma, they will have to keep current. People will have to start working in a community of professionals, rather than in isolation. Forces them to interact, get involved with other agencies, other public health professionals.*

Participants viewed the Core Competencies as a “set of processes” rather than a “set of contents” that can be applied across all disciplines and programs.

- *It is a beginning, the first small steps to convince people to move along. Things will have to be adjusted and modified along the way as they are put into practice.*
- *These Core Competencies need to be put into the minds of young people entering the public health profession to set their conceptual model, their world view. Once you learn to think like this, there is no turning back. Public health professionals that have been in practice for some time work from a curative model.*

For all but one participant, the Core Competencies accurately reflected the public health practice of participants.

- *Ces compétences reflètent bien la pratique en santé publique, parfois cela va même au-delà. (Reflects public health practice, and in some cases exceeds it.)*
- *Over my years in Public Health I have moved through different positions and opportunities – each position has enriched my skills and abilities. I have moved from a defined area of Public Health to a broad area – single discipline to a multi-discipline position. Core competencies definitely address the work I am doing across all disciplines.*
- *No, I think it is directed too much at the top. There were a lot of competencies directed at the managerial level. At the field staff level, these competencies do not occur in day-to-day work. I am concerned there was not enough in the Core Competencies to excite field staff, as a skill that they need to have and know and would use in their job.*

This generalist approach, not a specialist approach, for the most part, was viewed as positive. As one participant stated, “it is impossible to include everyone in one document of Core Competencies.”

Several aspects of the Core Competencies were positively received such as the alignment between vocational expectations and the Core Competencies, and, the client-centred and team-based approach.

- *Ces compétences couvrent un large éventail et on peut donc penser que le citoyen va en bénéficier dans les services de santé publique. (The competencies are very broad and therefore they bring a lot more to the health care consumer.)*
- *The competencies are supportive/complementary not on an individual basis, but as whole within a team practice.*

For most, the proposed Core Competencies were viewed as realistic because it will be possible to implement some of the Core Competencies in the short term.

- *C'est possible à atteindre mais nous ne sommes pas encore là. Ce sont des normes bien au-dessus de ce qu'on constate maintenant. (They are achievable, but we are not there yet – it is a set of standards above where we are now.)*

But, also viewed as ideal because of:

- The diversity and complexity of the competencies.
 - *C'est un réel défi de penser que tous les praticiens en santé publique vont maîtriser ces compétences. (It will be a whole challenge to hope that every public health practitioner will master all these competencies.)*
- The educational and work experience that will be required to access the required knowledge and skills.
- The generalist, “one size fits all” approach which does not try to take into account that different types of expertise are required by different disciplines.
 - *Idealistic, but achievable – reality might be that you might not use all of the skills.*

5.3.5 SUGGESTED CHANGES, ADDITIONS, DELETIONS

Participants were asked a series of questions regarding suggested changes, additions or deletions to the proposed set of Core Competencies, including:

- In order to best reflect the knowledge, skills and abilities of all public health practitioners in Canada, are there any changes that you would make to the proposed set of pan-Canadian Core Competencies for Public Health?
- Considering the current status of Public Health in Canada, what knowledge, skills and abilities should be to the current set of Core Competencies that are not already included?
- Considering the future of Public Health in Canada what knowledge, skills and abilities should be added to the current set of Core Competencies?

It should be noted that many participants when asked this series of questions could not accurately recall, in detail, the list of Core Competencies. Therefore, some of the knowledge, skills and abilities suggested and listed below and on the following pages may already be included in the list of Core Competencies.

The suggested change most often mentioned was to adapt the competencies according to each public health discipline – make categories or group together competencies for each type of practitioner.

- *Put them in categories specific to disciplines. To put everyone in the same pot is not really realistic unless they change the whole system to accommodate it.*
- *I would recommend a separate one for different professions, different positions.*

Another suggested improvement was to simplify, make different categories for competencies with key words (not the whole long statement). Make a summary table of Core Competencies for a better understanding of the picture.

And, yet another suggestion was to make the Core Competencies “more realistic” for field staff so that they have some meaning. It was stated, what field staff need to hear is what does the core competency mean, why is it important, how can this knowledge be applied to their work, how will it make them a better practitioner?

In terms of actual content, suggested additions were:

- Health management systems
 - Politics in health, how politics affect health
 - Health determinants
 - Leadership
 - Teaching
 - Communication skills
 - Informatics
-
- *One area that seems to be missing is the area of computers. What I have found is that it is difficult to understand how information is gathered and translated, especially because of the terminology (IT lingo) used. I have found public health practitioners to be uncomfortable with computers, IFIS, so they are not using the tools at their disposal, or using them to their fullest capacity. Informatics appears to be a barrier for many senior public health practitioners.*
 - *I don't think there were a lot on health determinants. If you start to look at developing people skills, assessing health determinants, and employing them in program planning, that could seem really real to people.*

Current Status

Considering the current state of Public Health in Canada, participants offered the following suggested additions to be included in the proposed list of Core Competencies:

- *Ability to work with various populations. It was stated, that it is one thing to have clinical knowledge but to be able to be adaptable, flexible and knowledgeable about populations, to have impact, to be able to promote and influence, and advocate for policy change by working with and understanding high risk groups is equally important.*
- *Broad based community profiling as the foundation for looking at where communities need to focus.*
- *The importance/ability of public health professionals to move in and out of the rest of the health care system. Public health practitioners should be as comfortable at hospital meetings, as they are meeting front line practitioners.*
- *Epidemiology data to inform policy and practice.*

-
- *Community development to utilize resources available in the best possible way. As a result of regionalization, many public health practitioners are removed from the communities in which they service.*
 - *Supervision and management skills.*
 - *Health management.*
 - *Health politics.*
 - *Health economics.*
 - *Broad determinants of health.*
 - *Community profiling.*
 - *Legislation and acts.*
 - *Privacy and confidentiality.*
 - *Informatics.*

Future Status

Considering the future of public health in Canada, it was suggested the following knowledge, skills and abilities be added to the proposed set of Core Competencies:

- *Epidemiology because everyone within the public health professions, it was mentioned, tends to look for information on the Internet. With this background, they would be able to weed out the “garbage”, and apply these concepts to most anything; critique information to see if it is valid or not.*
- *Advocacy for public health, resources, policy change to become more visible and preserve and expand what public health practitioners are and what public health practitioners do.*
- *Research into old and new emerging infectious disease, chronic diseases, and genome studies.*
- *Spiritual aspects of health – the mind, body, and spirit.*
- *Knowledge of different levels of government and how they interplay.*
- *Emergency preparedness.*
- *Leadership.*

-
- *Disease prevention.*
 - *It has always been the goal of public health, but there has been increased media attention which may mean more resources for public health practitioners to do what they have always been advocating for. There appears to have been a change in society's view of the important role prevention plays, in terms of cost savings, rather than paying at the other end.*
 - *Planning because it will allow public health practitioners to manage financially, human resources, diseases, identify trends, put all the pieces together in a comprehensive way.*
 - *New future technologies.*
 - *Lobbying skills to put forth a point of view and secure funding.*

5.3.6 FINAL COMMENTS OR IDEAS

Participants were asked to provide final comments or ideas that could help the Public Health Agency of Canada develop or implement a set of pan-Canadian Core Competencies for Public Health practice.

The majority of comments centred on continuing education, skills upgrading and training and measurement and assessment. Posed in the form of questions, these comments included:

- *How will Core Competencies be integrated into undergraduate training?*
- *Are we willing to hire people on speculation that some time in their first year a training program will be available to them?*
- *What about those who have been in the profession for years – will the knowledge and skills they have developed be taken into account, respected? How will people who are in public health right now be trained?*
- *Will partnerships with the educational system be developed to ensure new graduates have the Core Competencies required before entering the profession?*
- *How will this be measured against existing public health programs and activities?*
- *Will everyone have to go through an exam to be certified as a public health practitioner?*
- *What about consistency of measurement (different evaluators/markers)?*
- *Will public health practitioners show proof that they are keeping current?*

-
-
- *Will a system have to be set up with professional associations to monitor and track all registered members in terms of whether they have attended conferences, performed in-services at work, received education, etc. If so, will a minimum number of hours per year be required?*

It was suggested that a grassroots education program needs to be designed to bring people up to speed on Core Competencies, how they fit into their job, why they are important, and what advantages Core Competencies will give them.

There were a lot of comments regarding the current Skills Enhancement Program. While the quality of the program was rated highly, many found the online learning modules time consuming to complete. As an alternative, it was suggested that a simplified, less time consuming, user friendly, web-based, self-study program be developed in modules and delivered as continuing education credits.

- *Je ne sais pas combien de personnes vont avoir le temps de passer à travers le programme. (I don't know how many people have the time to go through the program.)*
- *It is accessible to everyone, and the quality of education is good, it is a good initiative.*

Many comments related to enthusiastic endorsement of the Core Competencies.

- *They really need to take this excellent set of Core Competencies and get them out there. The Public Health Agency has to bring this front and centre into the practice of Public Health. Government is always looking for new glitzy activities but the hard work is what we need to do, to roll up our sleeves and get at it.*

APPENDIX 1

WEB-BASED QUESTIONNAIRE

TELL US WHAT YOU THINK!

Survey on the pan-Canadian Core Competencies for Public Health

Welcome to the survey

Completing this survey should take about 20 minutes. The survey is one part of the consultation approach being used by the Public Health Agency of Canada to develop a set of pan-Canadian Core Competencies for Public Health practice in Canada. By completing this survey, you will be providing input into the development of the set of core competencies that will define the knowledge, skills and abilities common to all public health practitioners in Canada.

Who should respond to the survey?

The survey is intended for all those who are working in public health in Canada, whatever their position or discipline, for example, medical health officers, public health nurses, environmental public health professionals, public health dentists, epidemiologists, community medicine specialists, health educators, health promoters, registered dietitians, nutritionists, kinesiologist or physical educator, public health consultants, and policy analysts, decision makers and managers.

If you are not a public health practitioner, this survey is not applicable to you. Please click on the EXIT button below.

What are you asked to do?

Please take 20 minutes as soon as you can and rate each competency statement drawing on your public health experience (closing date is Friday, March 9th, 2007).

What happens to your responses?

Your unique contribution to this survey will remain confidential. When you click SUBMIT at the end of the questionnaire, your responses will be sent to a database that will be accessed by independent evaluators contracted by the Public Health Agency of Canada who will provide a summary report of the results.

What are the pan-Canadian Competencies for Public Health?

Core competencies are the knowledge, skills and abilities common to all public health professionals in Canada and essential to the practice of public health. A set of 44 pan-Canadian Core Competencies for Public Health has been drafted. The competencies have been grouped under 7 Domains:

1. Core public health sciences
2. Assessment & analysis
3. Policy development & program planning
4. Partnership, collaboration & advocacy
5. Communication
6. Socio-cultural
7. Leadership

How was the list of Core Competencies for Public Health developed?

A draft set of 62 core competencies was prepared in 2005 by the Federal, Provincial and Territorial Joint Task Group on Public Health Human Resources. Following extensive consultation, a next draft of 44 core competencies was developed. It is these 44 core competencies that are being consulted on in this survey.

What are the practical uses of Core Competencies for Public Health?

The pan-Canadian Core Competencies for Public Health are part of the foundation required for public health workforce development. These Core Competencies:

- identify the knowledge, skills and abilities required across an organization or program to fulfill public health functions;
- provide a basis for curriculum development, assessment of training and professional development needs;
- provide consistency in job descriptions and performance assessment;
- enhance capacity to identify the appropriate mix of public health workers;
- encourage service delivery in an inter professional, population based, and client centred manner;
- contribute to the recruitment, development, and retention of public health practitioners.

Can you get a copy of the results?

Yes. Results of this survey will be posted on the Public Health Agency of Canada's Core Competencies for Public Health website [http://www.phac-aspc.gc.ca/php-
psp/core_competencies_for_ph_index_e.html](http://www.phac-aspc.gc.ca/php-
psp/core_competencies_for_ph_index_e.html)

If you would like a printed copy of the results, contact us at corecompetencies@phac-aspc.gc.ca.

How can I get more information?

If you have any questions about the survey, or require more information about the pan-Canadian Core Competencies for Public health Initiative, visit our website at [http://www.phac-aspc.gc.ca/php-
psp/core_competencies_for_ph_index_e.html](http://www.phac-aspc.gc.ca/php-
psp/core_competencies_for_ph_index_e.html) or you can email us directly at corecompetencies@phac-aspc.gc.ca.

**TOGETHER, WE WILL BUILD A SOLID FOUNDATION
FOR PUBLIC HEALTH PRACTICE**

THANK YOU

NEXT

EXIT

1 RATING OF CORE COMPETENCY STATEMENTS

Please read the instructions below carefully.

Scroll down the page in order to move through the survey. You may look over your answers by scrolling up or down, and you can change any answers.

Once you click on the SUBMIT button at the end of the survey, you cannot go back and make changes.

In addition to the rating section, space is provided at the end of the survey if you would like to comment on the competencies or if you have specific suggestions on how we could improve the draft list. All information provided throughout will be dealt with in total confidence. Responses will be reported in aggregate form only and your individual responses will be kept private.

Please consider each of the following competency statements in terms of its relevance and whether it is essential to all those working in public health in Canada. For each competency statement, click the appropriate box indicating whether you think that the statement is Essential to public health practice; Desirable but not essential to public health practice; Too specific and not common to all practitioners; or, Not relevant / unnecessary.

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1.0 Core Public Health Sciences Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

- 1.1 Understand the concepts of health status of populations, determinants of health and illness, factors that contribute to health promotion and disease prevention, and factors influencing the use of, and decision-making about, health services. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 1.2 Understand the implications for public health practice of the development, structure, and interaction of public health and health care systems at the local, provincial/territorial, national, and international levels. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 1.3 Apply the basic public health sciences to practice. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 1.4 Describe basic research methods used in public health. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 1.5 Incorporate evidence to develop health policies and programs. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

1.6 Demonstrate ability to implement effective practice guidelines. (Click one)

Core, essential to
public health
practice
☐

Desirable but not
essential to public
health practice
☐

Too specific, not
common to all
practitioners
☐

Not relevant,
unnecessary
☐

Can't say
☐

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2.0 Assessment and Analysis Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

2.1 Recognize that a problem or an issue exists. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.2 Identify relevant and appropriate data and information sources. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.3 Collect accurate quantitative and qualitative primary and/or secondary data on public health issues. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.4 Apply data collection processes, information technology applications and computer systems storage/retrieval strategies. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.5 Identify individual/group/community assets and available resources. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

2.6 Determine appropriate uses for, as well as gaps and/or limitations in data. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.7 Engage partners to determine the meaning of data. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.8 Explain how the data fits in the broader ethical, political, scientific and economic contexts. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.9 Contribute to recommendations on further investigations or actions, based on data analysis. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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3.0 Policy Development and Program Planning Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

3.1 Identify policy options to address a specific issue. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.2 Articulate the health, economic, administrative, legal, social, and political implications and expected outcomes of each policy option. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.3 Decide on appropriate course of action utilizing current techniques in decision analysis and health planning. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.4 Develop a plan to implement policy that includes relevant program components addressing education and personal skill building, healthy public policy, collaboration and partnership, enforcement and monitoring and clinical services. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.5 Develop a plan including goals, process and outcome objectives, and implementation, monitoring and evaluation steps. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

3.6 Develop a budget. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3.7 Apply relevant legislation, regulations, and policies. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3.8 Prepare for incidents affecting public health including outbreaks and emergencies. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3.9 Manage and evaluate the response to incidents affecting public health including outbreaks and emergencies. (Click one)

- | | | | | |
|---|---|---|------------------------------|-----------------------|
| Core, essential to
public health
practice | Desirable but not
essential to public
health practice | Too specific, not
common to all
practitioners | Not relevant,
unnecessary | Can't say |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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4.0 Partnership, Collaboration and Advocacy Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

- 4.1 Use an understanding of government and community partner roles and programs to apply a population health approach to address community health issues. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.2 Demonstrate skills required to build community partnerships including team building, negotiation, conflict management and group facilitation. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.3 Collaborate with governments and community partners to develop strategies to attain and sustain healthier communities. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.4 Integrate contributions from partners to develop and deliver public health services. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.5 Advocate with/for individuals and communities for healthy public policies and/or services to promote and protect their health. (Click one)**

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5.0 Communication Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

5.1 Communicate effectively with individuals, families and groups. *(Click one)*

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.2 Provide health status, demographic, statistical, programmatic, and scientific information to professional and lay audiences. *(Click one)*

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.3 Apply social marketing principles to plan and implement public health programs. *(Click one)*

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.4 Use the media, advanced technologies, and community networks to receive and communicate information. *(Click one)*

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6.0 Socio-Cultural Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

6.1 Use knowledge of population characteristics and appropriate approaches to interact safely, sensitively, effectively, and professionally with the public. (Click one)

Core, essential to
public health
practice

☐

Desirable but not
essential to public
health practice

☐

Too specific, not
common to all
practitioners

☐

Not relevant,
unnecessary

☐

Can't say

☐

6.2 Identify the implications of diverse population characteristics to plan public health programs. (Click one)

Core, essential to
public health
practice

☐

Desirable but not
essential to public
health practice

☐

Too specific, not
common to all
practitioners

☐

Not relevant,
unnecessary

☐

Can't say

☐

6.3 Develop policies and program delivery to respond to the diverse characteristics of the population. (Click one)

Core, essential to
public health
practice

☐

Desirable but not
essential to public
health practice

☐

Too specific, not
common to all
practitioners

☐

Not relevant,
unnecessary

☐

Can't say

☐

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7.0 Leadership Domain

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

7.1 Know the public health organization's mission and priorities. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.2 Apply the mission of the organization to practice. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.3 Contribute to developing key values and shared vision to plan and implement public health programs. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.4 Identify internal and external factors that may impact on the delivery of public health programs. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.5 Manage self, people, information and resources based on public health ethics. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANY PUBLIC HEALTH PRACTITIONER SHOULD BE ABLE TO...

7.6 Contribute to team and organizational learning to advance public health goals.
(Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.7 Contribute to improve the workplace environment. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.8 Contribute to develop, implement, monitor and evaluate organizational performance standards. (Click one)

Core, essential to public health practice	Desirable but not essential to public health practice	Too specific, not common to all practitioners	Not relevant, unnecessary	Can't say
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2 PLEASE, PROVIDE ADDITIONAL QUALITATIVE INFORMATION

2.1 What other core competencies are needed for public health practice in Canada?

2.2 Please provide additional feedback, comments or suggestions on how we could improve the draft list of core competencies for public health.

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3 AND FINALLY FOR STATISTICAL PURPOSES ONLY...

Some information about respondents to this survey will help the Public Health Agency of Canada interpret the data gathered. All responses are anonymous and confidential. Only aggregate data will be reported.

3.1 In which province or territory do you work as a public health practitioner most of the time? (Click one)

- | | |
|---|--|
| <input type="radio"/> Alberta | <input type="radio"/> Nunavut |
| <input type="radio"/> British Columbia | <input type="radio"/> Ontario |
| <input type="radio"/> Manitoba | <input type="radio"/> Prince Edward Island |
| <input type="radio"/> New Brunswick | <input type="radio"/> Quebec |
| <input type="radio"/> Newfoundland and Labrador | <input type="radio"/> Saskatchewan |
| <input type="radio"/> Nova Scotia | <input type="radio"/> Yukon |
| <input type="radio"/> Northwest Territories | |

3.2 Which public health discipline best describes your current practice? (Click one)

- ☐ Nurse
- ☐ Environmental public health professional
- ☐ Occupational health practitioner
- ☐ Epidemiologist
- ☐ General practitioner
- ☐ Medical specialist
- ☐ Health educator / health promoter
- ☐ Physical educator / kinesiology educator
- ☐ Dietician / nutritionist
- ☐ Health dentistry (includes dentists, dental hygienists, dental assistants)
- ☐ Laboratory personnel / technician
- ☐ Program analyst/researcher
- ☐ Other (**specify**) _____

3.3 What is the highest level of formal education you have completed? (Click one)

- ☐ Less than High School
- ☐ High School
- ☐ Some college / technical school (Quebec: Cegep)
- ☐ Completed college / technical school (Quebec: Cegep)
- ☐ Some university
- ☐ University undergraduate degree
- ☐ Some graduate school
- ☐ University graduate degree
- ☐ Other (**specify**) _____

3.4 Which group best describes your current position? (Click one)

- ☐ Manager
- ☐ Consultant/specialist
- ☐ Professional
- ☐ Other (**specify**) _____

3.5 Which level best describes your work? (Click one)

- ☐ Frontline
- ☐ Second line
- ☐ Third line
- ☐ Other

3.6 In which type of area do you primarily work? (Click one)

- ☐ Urban-inner city
- ☐ Urban-other
- ☐ Rural
- ☐ Remote / isolated
- ☐ Not applicable

3.7 Which scope best describes your work? (Click one)

- ☐ Local
- ☐ Regional
- ☐ Provincial
- ☐ National
- ☐ International
- ☐ Not applicable

3.8 How long have you been working as a public health practitioner? (Click one)

- ☐ Less than 1 year
- ☐ 1 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 to 20 years
- ☐ Over 20 years

3.9 What is your age? (Click one)

- | | |
|--|---|
| <input type="radio"/> 19 years and under | <input type="radio"/> 40 to 49 years |
| <input type="radio"/> 20 to 29 years | <input type="radio"/> 50 to 59 years |
| <input type="radio"/> 30 to 39 years | <input type="radio"/> 60 years and over |

3.10 What is your gender? (Click one)

- ☐ Female
☐ Male

Thank you for your time and for telling us what you think.

SUBMIT YOUR ANSWERS

As part of this study, we will be conducting follow-up one-on-one interviews with a random selection of people such as yourself, to better understand some aspects of the feedback we received. The follow-up interviews will be an hour in length and participants will be provided with financial compensation in recognition of their time commitment. If you are interested in being considered for this second phase of the study, please provide your contact information below.

- ☐ *Yes, I am interested. Please include my name on the study sample. I understand that I may or may not be contacted for the interviews as the selection of participants will be conducted randomly.*

Contact information:

Name: _____

Daytime telephone number (including area code):

(____) _____

Email address: _____@_____

- ☐ *No, I am not interested.*

DITES-NOUS CE QUE VOUS PENSEZ!

Sondage sur les compétences essentielles pancanadiennes en santé publique

Bienvenue au sondage

Répondre à ce sondage nécessite environ 20 minutes. Ce sondage fait partie de la démarche de consultation entreprise par l'Agence de santé publique du Canada dans le but de développer un ensemble de compétences essentielles pancanadiennes pour la pratique en santé publique au Canada. En répondant à ce sondage, vous contribuerez à développer l'ensemble des compétences essentielles qui définiront le savoir, les habiletés et les capacités communes à tous les praticiens en santé publique au Canada.

À qui s'adresse le sondage?

Le sondage est destiné à tous ceux et celles qui travaillent en santé publique au Canada, peu importe leur position ou leur discipline, par exemple, les médecins, les infirmières en santé publique, les professionnels en santé environnementale et en santé au travail, les dentistes en santé publique, les épidémiologistes, les spécialistes en médecine communautaire, les éducateurs sanitaires, les agents de promotion de la santé, les diététistes enregistrés, les nutritionnistes, les kinésiologues ou éducateurs physiques, les consultants en santé publique et ceux qui développent des politiques, les décideurs et les gestionnaires.

Si vous ne faites pas partie du personnel œuvrant en santé publique, ce sondage ne s'adresse pas à vous. Veuillez cliquer sur le bouton QUITTER situé plus loin.

Que vous demande-t-on de faire?

Réservez-vous 20 minutes dès que vous le pourrez et évaluez chaque énoncé de compétence en vous référant à votre expérience en santé publique (la date limite est le vendredi 9 mars 2007).

Que fera-t-on de vos réponses?

Votre contribution unique à ce sondage demeurera confidentielle. En cliquant sur SOUMETTRE à la fin du questionnaire, vos réponses seront transmises dans une banque de données que seuls des évaluateurs indépendants mandatés par l'Agence de santé publique du Canada pourront accéder et en rédiger un rapport sommaire des résultats.

Qu'est-ce que les compétences essentielles pancanadiennes en santé publique?

Les compétences essentielles sont le savoir, les habiletés et les capacités communes à tous les professionnels de la santé publique au Canada et fondamentales à la pratique en santé publique. L'ébauche d'un ensemble de 44 compétences essentielles pancanadiennes en santé publique a été préparée. Ces compétences ont été regroupées sous 7 Domaines :

1. Sciences fondamentales en santé publique
2. Évaluation et analyse
3. Élaboration des politiques et planification des programmes
4. Partenariats, collaboration et représentation
5. Communication
6. Socioculturel
7. Leadership

Comment la liste des compétences essentielles en santé publique a-t-elle été développée?

Une ébauche d'un ensemble de 62 compétences essentielles a été préparée en 2005 par le Groupe de travail conjoint fédéral, provincial et territorial sur les ressources humaines en santé publique. Suite à une vaste consultation, une ébauche subséquente d'un ensemble de 44 compétences essentielles a été développée. C'est sur ces 44 compétences essentielles que porte la consultation lors de ce sondage.

Quelles sont les utilisations concrètes des compétences essentielles en santé publique?

Les compétences essentielles pancanadiennes en santé publique sont une pierre angulaire du développement de la main-d'œuvre en santé publique. Ces compétences essentielles :

- Identifient le savoir, les habiletés et les capacités requises à travers une organisation ou un programme pour assurer les fonctions en santé publique;
- Fournissent une base pour développer des programmes d'enseignement, évaluer des besoins de formation et de perfectionnement;
- Assurent que les descriptions de tâches et les évaluations de performance sont cohérentes;
- Rehaussent la capacité d'identifier la complémentarité adéquate de travailleurs en santé publique;
- Encouragent une prestation multidisciplinaire des services, centrée sur le client et la population;
- Contribuent au recrutement, développement et rétention des praticiens en santé publique.

Pouvez-vous obtenir une copie des résultats?

Bien sûr. Les résultats de ce sondage seront affichés sur le site web de l'Agence de santé publique du Canada dédié aux compétences essentielles en santé publique http://www.phac-aspc.gc.ca/php-psp/core_competencies_for_ph_index_f.html .

Si vous désirez une copie imprimée des résultats, veuillez nous contacter à corecompetencies@phac-aspc.gc.ca.

Comment puis-je obtenir plus d'informations?

Si vous avez des questions sur le sondage ou besoin de plus d'informations concernant l'initiative sur les compétences essentielles pancanadiennes en santé publique, visitez notre site web au http://www.phac-aspc.gc.ca/php-psp/core_competencies_for_ph_index_f.html ou vous pouvez nous envoyer directement un courriel à corecompetencies@phac-aspc.gc.ca.

**ENSEMBLE, NOUS BÂTIRONS UNE ASSISE SOLIDE
POUR LA PRATIQUE EN SANTÉ PUBLIQUE**

MERCI

SUIVANTE

QUITTER

1 ÉVALUATION DES ÉNONCÉS DE COMPÉTENCE

Veillez lire attentivement les instructions suivantes

Déroulez la page vers le bas pour vous déplacer dans le questionnaire. Vous pouvez jeter un coup d'œil à vos réponses en déroulant vers le haut ou le bas et vous pouvez changer n'importe laquelle de vos réponses.

Cependant, après avoir cliqué sur le bouton « SOUMETTRE » à la fin du questionnaire, vous ne pourrez plus revenir en arrière et faire des changements.

En plus de la section d'évaluation, un espace est réservé à la fin du sondage si vous désirez faire des commentaires sur les compétences ou si vous avez des suggestions particulières sur comment nous pourrions améliorer la liste préliminaire. Toute l'information fournie dans ce sondage sera traitée en toute confidentialité. Les réponses seront rapportées sous forme agrégée et vos réponses individuelles demeureront anonymes.

Veillez considérer chacun des énoncés de compétence en termes de sa pertinence et si elle est essentielle pour tous ceux qui travaillent en santé publique au Canada. Pour chaque énoncé de compétence, cliquez la case appropriée indiquant si vous pensez que l'affirmation est Essentielle à la pratique en santé publique; Souhaitable mais non essentielle à la pratique en santé publique; Trop spécifique et non commune à tous les praticiens ou Non pertinente, non nécessaire.

← PRÉCÉDENTE

SUIVANTE →

1.0 Domaine des sciences fondamentales en santé publique

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

- 1.1 Comprendre les concepts d'état de santé des populations, des déterminants de la santé et de la maladie, des facteurs contribuant à la promotion de la santé et à la prévention des maladies et des facteurs influant sur l'utilisation des services de santé et sur la prise de décisions à cet égard. (Cliquez sur une réponse)**

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

- 1.2 Comprendre l'influence du développement et de l'organisation du système de soins et de santé publique aux niveaux local, provincial, territorial, national et des institutions internationales ainsi que leur interdépendance sur la pratique de santé publique. (Cliquez sur une réponse)**

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

- 1.3 Appliquer les sciences de base en santé publique à la pratique. (Cliquez sur une réponse)**

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

- 1.4 Décrire les méthodes de recherche fréquemment utilisées en santé publique. (Cliquez sur une réponse)**

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

1.5 Utiliser des données probantes pour élaborer des politiques et des programmes de santé. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne peut dire
☐

1.6 Démontrer les habiletés requises pour implanter les lignes directrices sur les pratiques efficaces. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne peut dire
☐

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[SUIVANTE !\[\]\(e3f255517d37bb309a3a931ec4849e6a_img.jpg\)](#)

2.0 Domaine de l'évaluation et de l'analyse

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

2.1 Reconnaître l'existence de problèmes ou d'enjeu de santé publique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

2.2 Déterminer les sources de données et de renseignements pertinentes et adéquates. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

2.3 Recueillir des données quantitatives ou qualitatives fiables, primaires ou secondaires, relatives à des enjeux de santé publique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

2.4 Maîtriser les méthodes de collecte de données, les applications de la technologie de l'information et les moyens d'entreposage et de récupération de systèmes informatiques. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

2.5 Déterminer le type de ressources humaines (spécialistes/professionnels, regroupements et ressources communautaires), matérielles et financières disponibles pour répondre aux besoins identifiés. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

2.6 Déterminer l'utilisation correcte des données en fonction de leurs limites. (*Cliquez sur une réponse*)

- | | | | | |
|---|---|--|-----------------------------------|-----------------------|
| De base,
essentielle à la
pratique en santé
publique | Souhaitable mais
non essentielle à
la pratique en
santé publique | Trop spécifique,
non commune à
tous les praticiens | Non pertinente,
non nécessaire | Ne peut dire |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.7 Favoriser la contribution des partenaires à l'interprétation de certaines données selon le contexte. (*Cliquez sur une réponse*)

- | | | | | |
|---|---|--|-----------------------------------|-----------------------|
| De base,
essentielle à la
pratique en santé
publique | Souhaitable mais
non essentielle à
la pratique en
santé publique | Trop spécifique,
non commune à
tous les praticiens | Non pertinente,
non nécessaire | Ne peut dire |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.8 Expliquer comment les données de santé publique s'inscrivent dans des contextes éthique, politique, scientifique et économique plus larges. (*Cliquez sur une réponse*)

- | | | | | |
|---|---|--|-----------------------------------|-----------------------|
| De base,
essentielle à la
pratique en santé
publique | Souhaitable mais
non essentielle à
la pratique en
santé publique | Trop spécifique,
non commune à
tous les praticiens | Non pertinente,
non nécessaire | Ne peut dire |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.9 Contribuer à la formulation de recommandations basées sur l'analyse de données relativement aux enquêtes à mener ou aux actions à entreprendre. (*Cliquez sur une réponse*)

- | | | | | |
|---|---|--|-----------------------------------|-----------------------|
| De base,
essentielle à la
pratique en santé
publique | Souhaitable mais
non essentielle à
la pratique en
santé publique | Trop spécifique,
non commune à
tous les praticiens | Non pertinente,
non nécessaire | Ne sais pas |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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[SUIVANTE !\[\]\(c50c8b7b2cc2cf9ff925edec0ee94c0d_img.jpg\)](#)

3.0 Domaine de l'élaboration des politiques et de la planification des programmes

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

3.1 Identifier les choix de politique favorables à la santé en fonction de l'enjeu à traiter. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.2 Décrire les implications potentielles des choix en matière de politique et les résultats attendus aux niveaux sanitaire, économique, administratif, juridique, et social. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.3 Établir un plan d'action adéquat suivant les techniques récentes d'analyse décisionnelle et de planification sanitaire. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.4 Développer un plan visant l'implantation d'une politique qui inclut les volets suivants : la formation et le développement des compétences, l'adoption de politiques publiques favorable à la santé, la collaboration et le partenariat et la production de services de surveillance et de services cliniques. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

3.5 Concevoir un plan de programme comprenant les buts, les objectifs de processus et de résultats, ainsi que les étapes de mise en œuvre, de contrôle et d'évaluation. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne sais pas
☐

3.6 Dresser un budget. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne sais pas
☐

3.7 Appliquer les politiques, les lois et les règlements pertinents. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne sais pas
☐

3.8 Se préparer aux incidents menaçant la santé publique, incluant les écloisions et les situations d'urgence. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne sais pas
☐

3.9 Gérer et évaluer la réaction en cas d'incidents menaçant la santé publique, incluant les écloisions et des situations d'urgence. *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique
☐

Souhaitable mais
non essentielle à
la pratique en
santé publique
☐

Trop spécifique,
non commune à
tous les praticiens
☐

Non pertinente,
non nécessaire
☐

Ne sais pas
☐

[< PRÉCÉDENTE](#)

[SUIVANTE >](#)

4.0 Domaine des partenariats, de la collaboration et de la représentation

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

- 4.1 Utiliser sa compréhension des rôles attribués aux partenaires gouvernementaux et communautaires et de leurs programmes pour analyser les enjeux de santé liés aux communautés selon une approche populationnelle.** *(Cliquez sur une réponse)*

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne peut dire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.2 Démontrer les habiletés requises pour établir des partenariats communautaires, dont la promotion du travail d'équipe, la négociation, la gestion de conflits et l'animation de groupes.** *(Cliquez sur une réponse)*

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne peut dire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.3 Collaborer avec des partenaires gouvernementaux et communautaires à l'élaboration de stratégies visant à obtenir et à maintenir la santé des communautés.** *(Cliquez sur une réponse)*

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne peut dire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 4.4 Intégrer les contributions des partenaires pour élaborer et fournir des services de santé publique.** *(Cliquez sur une réponse)*

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne peut dire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

- 4.5 S'engager, avec des personnes et des communautés ou pour des personnes et des communautés, en vue d'obtenir des politiques et des services publics favorables à la santé.** *(Cliquez sur une réponse)*

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

← PRÉCÉDENTE

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5.0 Domaine de la communication

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

5.1 Communiquer de manière efficace avec les personnes, les familles et les groupes. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.2 Fournir de l'information concernant l'état de santé et les données démographiques, statistiques et scientifiques à des groupes de professionnels et à des personnes non initiées. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.3 Appliquer les principes du marketing social à la planification et à la mise en œuvre de programmes en santé publique. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.4 Utiliser les médias, les nouvelles technologies de l'information et les réseaux communautaires pour recevoir et transmettre de l'information. (Cliquez sur une réponse)

De base, essentielle à la pratique en santé publique	Souhaitable mais non essentielle à la pratique en santé publique	Trop spécifique, non commune à tous les praticiens	Non pertinente, non nécessaire	Ne sais pas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6.0 Domaine socioculturel

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

6.1 Utiliser les connaissances relatives aux caractéristiques socioculturelles d'une population et aux diverses approches pour interagir avec efficacité, sécurité, convenance et professionnalisme auprès de la clientèle. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

6.2 Identifier les implications des caractéristiques socioculturelles de diverses populations dans la planification de programmes de santé publique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

6.3 Élaborer des politiques et des stratégies de dispensation de programmes adaptées à la diversité socioculturelle de la population. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne peut dire

☐

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[SUIVANTE !\[\]\(a1e190900a54bcbc7b01166599c74106_img.jpg\)](#)

7.0 Domaine du leadership

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

7.1 Connaître la mission et les priorités du système de santé publique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

7.2 Appuyer la mission de santé publique de l'organisation dans sa pratique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

7.3 Contribuer au développement d'une vision commune et de valeurs essentielles pour la planification et de la mise en œuvre de programmes de santé publique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

7.4 Déterminer les facteurs environnementaux (internes et externes) pouvant influencer sur la prestation des programmes de santé publique. (*Cliquez sur une réponse*)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

TOUT PRATICIEN EN SANTÉ PUBLIQUE DEVRAIT POUVOIR...

7.5 Gérer les personnes, l'information, les ressources ainsi que soi-même conformément aux principes éthiques dans l'exercice de la santé publique. (Cliquez sur une réponse)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

7.6 Contribuer au développement des connaissances au sein des équipes et de l'organisation afin de favoriser l'atteinte des objectifs de santé publique. (Cliquez sur une réponse)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

7.7 Contribuer à l'amélioration de son environnement de travail. (Cliquez sur une réponse)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

7.8 Contribuer à l'élaboration, à la mise en œuvre, à la surveillance et à l'évaluation de standards de performance organisationnels. (Cliquez sur une réponse)

De base,
essentielle à la
pratique en santé
publique

☐

Souhaitable mais
non essentielle à
la pratique en
santé publique

☐

Trop spécifique,
non commune à
tous les praticiens

☐

Non pertinente,
non nécessaire

☐

Ne sais pas

☐

[< PRÉCÉDENTE](#)

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2**MERCI DE FOURNIR DE L'INFORMATION QUALITATIVE ADDITIONNELLE**

- 2.1 Quelles autres compétences essentielles sont nécessaires à la pratique en santé publique au Canada?**

- 2.2 Nous apprécierons du feedback, des commentaires ou des suggestions sur comment nous pourrions améliorer le cadre des compétences essentielles.**

← PRÉCÉDENTE**SUIVANTE →**

3 ET FINALEMENT, À DES FINS STATISTIQUES SEULEMENT...

Certaines informations à propos des répondants à ce sondage aideront l'Agence de santé publique du Canada à interpréter les données recueillies. Toutes les réponses sont anonymes et confidentielles. Seuls des résultats d'ensemble seront rapportés.

3.1 Dans quelle province ou territoire travaillez-vous le plus souvent en tant que praticien en santé publique? (Cliquez sur une réponse)

- | | |
|---|---|
| <input type="radio"/> Alberta | <input type="radio"/> Nunavut |
| <input type="radio"/> Colombie-Britannique | <input type="radio"/> Ontario |
| <input type="radio"/> Manitoba | <input type="radio"/> Île-du-Prince-Édouard |
| <input type="radio"/> Nouveau-Brunswick | <input type="radio"/> Québec |
| <input type="radio"/> Terre-Neuve et Labrador | <input type="radio"/> Saskatchewan |
| <input type="radio"/> Nouvelle-Écosse | <input type="radio"/> Yukon |
| <input type="radio"/> Territoires du Nord-Ouest | |

3.2 Quelle discipline en santé publique décrit le mieux votre pratique actuelle? (Cliquez sur une réponse)

- ☐ Infirmier(ère)
- ☐ Professionnel en santé environnementale
- ☐ Professionnel en santé au travail
- ☐ Épidémiologiste
- ☐ Médecin omnipraticien
- ☐ Médecin spécialiste
- ☐ Éducateur sanitaire / agent de promotion de la santé
- ☐ Éducateur en éducation physique / kinésiologue
- ☐ Diététiste / nutritionniste
- ☐ Santé dentaire (inclut les dentistes, les hygiénistes dentaires, les assistants dentaires)
- ☐ Personnel / technicien de laboratoire
- ☐ Analyste de programme / chercheur
- ☐ Autre (**préciser**) _____

3.3 Quel est le niveau de scolarité le plus élevé que vous avez terminé? *(Cliquez sur une réponse)*

- ☐ Moins qu'un niveau secondaire
- ☐ Niveau secondaire
- ☐ Études collégiales ou techniques non terminées (Québec : cégep)
- ☐ Études collégiales ou techniques complétées (Québec : cégep)
- ☐ Études universitaires de premier cycle non terminées
- ☐ Études universitaires de premier cycle complétées
- ☐ Études universitaires de deuxième ou de troisième cycle non terminées
- ☐ Études universitaires de deuxième ou de troisième cycle complétées
- ☐ Autre (**préciser**)

3.4 Quel groupe décrit le mieux votre fonction actuelle? *(Cliquez sur une réponse)*

- ☐ Gestionnaire
- ☐ Consultant / spécialiste
- ☐ Professionnel
- ☐ Autre (**préciser**)

3.5 Quel niveau caractérise votre travail? *(Cliquez sur une réponse)*

- ☐ Première ligne
- ☐ Troisième ligne
- ☐ Deuxième ligne
- ☐ Autre

3.6 Dans quel type de zone travaillez-vous principalement? *(Cliquez sur une réponse)*

- ☐ Urbaine - ville
- ☐ Urbaine - banlieue
- ☐ Rurale
- ☐ Éloignée / isolée
- ☐ Ne s'applique pas

3.7 Quelle portée caractérise votre travail? *(Cliquez sur une réponse)*

- ☐ Locale
- ☐ Nationale
- ☐ Régionale
- ☐ Internationale
- ☐ Provinciale
- ☐ Ne s'applique pas

3.8 Depuis combien de temps travaillez-vous en tant que praticien en santé publique? *(Cliquez sur une réponse)*

- ☐ Moins d'un an
- ☐ 6 à 10 ans
- ☐ 16 à 20 ans
- ☐ 1 à 5 ans
- ☐ 11 à 15 ans
- ☐ Plus de 20 ans

3.9 Quel est votre âge? *(Cliquez sur une réponse)*

- | | |
|---------------------------------------|-----------------------------------|
| <input type="radio"/> 19 ans et moins | <input type="radio"/> 40 à 49 ans |
| <input type="radio"/> 20 à 29 ans | <input type="radio"/> 50 à 59 ans |
| <input type="radio"/> 30 à 39 ans | <input type="radio"/> 60 ans et + |

3.10 Êtes-vous? *(Cliquez sur une réponse)*

- ☐ Une femme
☐ Un homme

Merci d'avoir pris de votre temps et de nous avoir transmis vos opinions.

SOUMETTRE VOS RÉPONSES

Suite à cette étude, nous effectuerons des entrevues individuelles avec un échantillon au hasard de répondants comme vous, afin de mieux comprendre certains aspects du feedback reçu. Les entrevues de suivi dureront au plus une heure et les participants recevront une compensation financière en guise de remerciement. Si vous êtes intéressé(e) à participer à cette seconde phase de l'étude, merci de fournir vos coordonnées plus bas.

- ☐ *Oui, je suis intéressé(e). Veuillez inclure mon nom dans l'échantillon de l'étude. Je comprends que je pourrai ou ne pourrai pas être contacté(e) pour une entrevue sachant que le processus de sélection est au hasard.*

Coordonnées :

Nom : _____

Numéro de téléphone durant le jour (incluant le code régional) :

(____) _____

Courriel : _____@_____

- ☐ *Non, je ne suis pas intéressé(e)*

APPENDIX 2

VERBATIMS FROM THE ONLINE SURVEY

Q2.1 What other core competencies are needed for public health practice in Canada?

Q2.2 Please provide additional feedback, comments or suggestions on how we could improve the draft list of core competencies for public health.

- *Look at various job descriptions to see what is being done in different areas*
- *Provide examples of core competencies in the day to day work of various public health staff*
- *Many CC's listed were broad based, far-reaching...one could say not relevant and essential to the same question. CC's need refinement and focus for each Core Competency. Some were not clear, some convoluted, some ambiguous.*
- *This looks pretty inclusive!!!!!! I had difficulty in knowing what might be too specific....*
- *Having worked in public health in various roles for almost 30 years I can feel comfortable and confident about the terms you have identified. My concern in reading the competencies as outlined in this document is that front-line staff will have difficulty knowing how this relates to the work that they do every day - and yet I strongly believe that it does. It is important for them to identify this core set of competencies in their work with individuals as well as with populations.*
- *There is no common thread for social justice and the application of principles to public health practice based on values, and ethical practice. This could be integrated from a preamble, but then needs to be linked to applications in assessment, policy development and program planning, partnerships with community members (including disadvantaged groups).*
- *Ability to attract staff that are from disciplines other than medical e.g. Health Promotion, community development, counselling, education - then include these disciplines as part of multi-disciplinary teams throughout public health. Public health is currently very dominated by the nursing profession and consequently, I think, limited in its vision.*
- *How will we measure or be able to determine if public health professionals have these competencies?*
- *I believe the questionnaire covered all I could think of regarding public health practice.*
- *Public Health System lacks capacity to respond and manage serious outbreaks of infectious diseases. The first task is to rebuild the system and ensure there is sufficient personal to protect the health of citizens*
- *The categories, "Public health practitioners should be able to etc." I found were a bit broad... at the field level there are many advantageous practises used seldom or often depending on situations and local. I find the distance between field (practice), and policy are widening. This I feel is a concern as we prepare for Pandemic or other Health Crisis.*
- *Ensure that the responses are weighted according to the various disciplines versus simply using the numbers, otherwise this vision will reflect public health under the 'nursing lens'.*
- *Ensure those responding have a degree in Nursing or Public Health, why should you accept information from just any one working in public health when they really don't know the issues or are skilled in the practice. The survey is not then legitimate?*

- *Our manager whom I answer to re job performance and approval rating, request for education etc., including budget items, does not have a degree. She is a RN with nursing background in long term care. She does not value our degree or public health. We have a community services team, but there are no lines rity on who does what, why, or answer to PHNs having education, training experience in Ph nursing. We are powerless to change this as our manager answers to the MHO whom I believe has been too busy to notice?*
- *Many of the issues mentioned in the survey are very management focused. Front line staff don't necessarily need the management focus reflected in the survey.*
- *Create a better understanding of the "fit" of multiple practitioners operating in public health. Understand that core competencies are scattered throughout the service providers not captured in every practitioner. Core competencies or meant to capture the essential understandings of the public health "agency" not the individual Core competencies will be a moveable "focus lens" shifting between different professional disciplines based upon the "issue of interest". The "issue of interest" will occur in every disciplinary understanding to some extent. Not every public health person will have capacity to be "proficient" in all areas of core competency.*
- *It would have been nice to see Speech-Language Pathologists in your fairly comprehensive list of public health practitioners at the beginning of the survey.*
- *It is unclear exactly which categories of "public health professional" the survey is meant to address. My responses would apply to Medical Health officers, Prevention and Protection managers and senior public health nurses but not so much to entry level and front line staff who would be expected to expand their repertoire of competencies over time. Also difficult to know how to think about people like epidemiologists and research assistants who clearly are public health professionals but who don't engage in the full spectrum of public health practice.*
- *Be sure to include all professionals, not just nurses.*
- *Based on my comments above, I think it may be worthwhile to include a list of supports for each of the identified core competencies and check with public health to see if public health practitioners actually have the support systems to help them acquire and implement core competencies.*
- *More client and outcome focused then on philosophies*
- *Recognizing the core competencies important for support staffs that make the work of public health professionals run more smoothly. Dietician was spelled incorrectly (used the American spelling) on the page two frames from this one.*
- *We need to look at leaner management hierarchies and use the budget for staffing and delivery of programs to the public (our clients!). Public Health used to manage its resources more effectively when separate from acute care umbrellas where many managers do not understand principles of public health delivery.*
- *It was somewhat difficult for some of the questions as a front line workers can use background work developed by others. It is sometimes more important to understand the big picture but be most competent in one's own corner of the big picture.*
- *There are some functions that all PH staff need to be intimately involved in, and other functions that we need to know enough where our limitations are and how to access and use the expertise available to us. For example relating to development of PH surveillance systems, data bases, statistical significance etc so that we can learn from and build on each other's expertise, and not waste our time trying to each do it all. I don't need to know all the details related to pandemic response at this point, just that I will be provided with what I need when I am part of such a response.*

- *In the 35 years I have worked as a speech language pathologist (soon to retire) in public health, both here and in the UK, I have seen no leadership development or even acknowledgement of those working on the front line, many of whom are seen by colleagues, consumers and/or the public to be true leaders, mentors and oftentimes, visionaries. Why is this? These skilled people seldom choose to move into management or positions of power (even though they are huge influencers) and yet make enormous changes in people's lives every day. To continue to attract these dedicated, professional and "street savvy" service providers, characteristics which I believe is the essence of public health, public health needs to find ways to learn from them as well as to look long and hard at the nature and being of its own systems. As a start, for example, there needs to be an elimination of the real, or perceived, great union/management divide and find appreciative-enquiry- type ways to build trust, which has been eroded over the years. Without first looking within, it will be difficult to take anything to the next level.*
- *Most public health Nurses have developed the skills and abilities associated with the core competencies through their practice. Schools of Nursing must strengthen their capacity to educate future generations of public health nurses in the principles of public health, research, project management, counselling, marketing, and community development, so that these practitioners enter public health better equipped to meet the unique demands of practice in this area. Public Health Nursing requires a unique skill set which I feel is reflected well within these competencies.*
- *What about organizational core competencies: list the type of organization that staff would have to work in to achieve the core competencies-----progressive, learning organization, type of management etc.*
- *The list is obviously built by top heavy bureaucrats and does not related to the core functions I see in my every day activities.*
- *I would have liked to be able to comment after each section. I had comments about the first section and now can't refer to those questions. By putting comments at the end, I believe you're missing important contributions.*
- *Although all of the competencies are appropriate for public health practitioners; involvement in a particular competency may depend on your position i.e. public health manager maybe more involved with program planning and evaluation than front line staff due to time and responsibilities. Difficult to create generic competencies for all practitioners unless the level of competency would change dependent on the practitioner.*
- *I have thought that there are too many core competencies with the bullets under the Domains and that the competencies are five with an enhancement of the socio cultural to be the values, beliefs and attitudes integral to a public health approach. The bullets are lists of exemplars that need to be levelled in some way according to entry level practitioner and specific discipline.*
- *I wonder if you have examined the Minnesota Wheel...it would be very helpful in evidence in 17 areas they consider as core competencies or core interventions of public health Nurses.*
- *In addition to competencies there is a personality type that is needed to practice in the community that cannot be learned. There needs to be a better awareness of community practice and more emphasis on this practice both in nursing schools and at the level of policy makers and those that hold the purse strings. It makes no sense that public health is being down loaded on as the pressures of acute care increase and yet it garners less than 3% of the health care budget*
- *Separate core competences by area of expertise so it is easier to apply to your current workload. Example: health promotion, clinical services, research and statistics, etc. Sometimes it is too much to know everything. You become a jack of all trades and a master of none. Sometimes it is best to just know where and be able to get the information you seek when you need it. Example: go to research and statistics to get information when planning clinical presentations... not expected to continually know all these details. Know the basics, find the details....*
- *Develop separate competencies depending upon type of job.*

- *I am excited about discovering your web based modules.*
- *I like the list. I answered most of this with a yes to core competencies. I am not sure how this fits with other people because I have very high standards for my own practice and many of these are part of my learning goals. I think all practitioners should have a basic understanding and some experience in application. Where it becomes specific to a few people is when it is their role (i.e. a program manager would have to have more expertise in budgeting but a practitioner looking to implement a small project would need to have a basic skills and education on how to budget the project.*
- *I feel they are encompassing the greater aspects of public health. I work in a 2 person Office that deals with First Nations Public Health. Previously, I have worked in a specialized field as well. We cover every aspect of public health. I feel there needs to be generalists as well as specialists in public health, or the parts don't mesh as they should.*
- *Although I agreed that most of the core competencies were essential, the verbs used in the statements did not always convey what would be expected of a practitioner. For instance, ... providing scientific information to lay audiences... might involve something as simple as interpreting changes in smoking rates or be much more complex exercise that it would be unrealistic to expect of all practitioners.*
- *It may not be necessary for each public health practitioner to have all of the core competencies, but it is necessary for each public health team to have a combination of all the core competencies.*
- *What about the clinical aspects. Knowledge on immunization, breastfeeding, nutrition at different ages, etc. Also the teaching strategies necessary to effectively promote change.*
- *On-going study is needed to stay current with the changing technology, terminology and emphasis resulting from research. Example: the implications of mould in buildings for health were the media perception [i.e. fear] is out of step with the science.*
- *Ensure that those core competencies are delineated based on role/position. E.g., A PHN would have totally different roles than a health promoter who would have totally different roles than a manager.*
- *I agree with all of the suggested competencies for public health. I just finished my degree in nursing in April 2006. Most of the concepts discussed in your competencies were only briefly touched on during my nursing education. My comments are not specifically related to how to improve the draft list of core competencies, but rather how to develop the skills required for them. Perhaps online workshops or modules could be a consideration. When I was in school we were told that nursing is in an era of redefining itself, but no one told us how. I believe very strongly in public health and see it as the future of nursing. We must convince our governments to invest strongly in preventative measures for health promotion, health protection, and illness prevention not only for the health of the population, but for the preservation of our health care system. Anyway, some food for thought. Thank-you*
- *Keep in mind the various disciplines working in public health such as Health Educators with non-nursing background (i.e. Kinesiology)*
- *I would like to have a copy of the survey that I filled out. Not necessarily how I filled it out, but the blank questionnaire.*
- *There should be visionaries that embrace changes in public health so that we move forward and adapt to our climate changes. We get too stagnant in keeping the old ways.*
- *There should be an acknowledgement that duties of a role vary amongst roles/job titles. So core competencies should be specific to the role within the Domain of public health practice. I felt this was missing in the survey and therefore may skew responses depending on who responds.*

- *I would say everything listed was essential to public health practice, but many competencies were definitely not common to all practitioners. For example, the dental assistant does not develop budgets; however, it is essential for the dental manager to develop a budget. The dental assistant may contribute to the development of the budget, or understand budgetary implications. So rewording of the competencies, may be useful. I also found too many examples clustered together into one competency, where I could agree with perhaps 4 things in the answer, but not two others. Overall, I think the competencies need to be worded in a much simpler way, perhaps with examples given, but only as examples.*
- *Clarity surrounding the core elements of a public health system. Central administration so there is equal, and consistent delivery of the basic elements. The balance or nice to have's should be excluded with the desire to focus resources on achieving the minimum consistently. Too many variable and questionable programs supported under the realm of PH with no true assessment of outcome.*
- *One of the concerns that I have always had with Canadian public health is a lack of clear identity. I reiterate that the US may have a terrible sickness care system, but their public health system and the APHA provide a much clearer view and pride among its members of the place of the public health sector in their country. Canada is terribly ambivalent about providing a clear construct that constitutes core public health. For me, there is a need to depart from the "weasel words" of the 90s, and return to the proud and well founded concepts of what public health is: an approach or movement directed at addressing the health concerns of groups and populations using a multitude of professionals applying strategies from enforcement (health protection) through encounter (disease prevention) through education (health communications) to enabling (health promotion) supported by information from quantitative and qualitative population health research. We are not about primary health care though we may help this individual health service (compliment it). We are not about trying to be a second best partner to the sickness care system. Public Health is a unique sector, a watering hole where all the agencies and people from the broad determinants of health meet to address the health status of a given community or group (e.g., schools, municipalities, hospitals, industry, area residents, etc.). We are not an afterthought of the Canadian sickness care or demand-based institutional care system commonly called the Canadian "health" care system. As per my rant, the current arrangement of competencies is benign and uninspiring, and don't help to frame the main question for any newcomer to our workforce: "What is Public Health, and where do I fit in the grand scheme of things?" If you have any further questions about my "heretical thoughts", you may contact me at xxx@xxx.xx.*
- *Some of these questions, particularly at the beginning of the questionnaire, contain too much scope - should have been broken into several questions. Also the grouping of all types of practitioner (unless qualified in the following sections) overlooks particular perspectives and skill sets of component disciplines, many of which would respond differently to these questions.*
- *Improve the wording, so that it is common everyday lay language. This would increase the lay person's, the professional's & the student's understanding, of the meaning of PHN core competencies. The wording needs to be understandable & thus provide direction to most people.*
- *1.3 What do you see as the "basic public health sciences"? Define for respondents. 1.2 not clear -awkward sentences. Also, somewhere on each page remind respondents of the definition of the possible responses - abbreviated version at the top of the columns don't mean the same as explanations given at the start of the survey Thank you for the opportunity to comment.*
- *The first group (core public health sciences) is difficult (and very high level) to apply to all public health practitioners. A list of core public health sciences is needed to provide context to this survey and the ongoing work.*
- *Improving the core competencies for public health requires the development of draft competencies for each public health professional groups (i.e. epidemiologists, biostatisticians, health behaviour educators, infection control practitioners, etc).*
- *It would be helpful to have "program specific" competencies listed. Competency requirements for a "Well Baby Program" may differ from the competencies required for a "Communicable Disease Control Branch".*

- *Not everyone in public health is directly working with public health issues all the time. Support people need a general understanding of public health, but a programmer doesn't need all the training a public health nurse needs and vice versa.*
- *I hope that educators are included in the survey...as they are imparting these skills to the up and coming managers and staff in public health settings.*
- *A set of core competencies for individual professions such as nurses and public health inspectors.*
- *The core this demonstrates my comment above.*
- *I had trouble answering some questions that talked about planning programs and developing policies because those things are usually broad and big and left to management. However, I think that within PROGRAMS the grassroots workers should be able to plan mini programs/projects/initiatives and activities within the broader PROGRAM, responding to the diverse populations needs etc.*
- *The categories all, essential, too specific clearly reflects the reality that individuals in public health have different roles, could have been more specific re at what level you think specific competencies are particularly relevant, so a MOH should have more or less all of them e.g. budgeting, macro-level planning , interaction with government, policy issue, whereas a street nurse or other community health program worker (Health inspector) would not necessarily need these competencies but those more related to workplace and community impact and engagement and program delivery, regulations etc.,...re mission and vision these are usually so broad that they are more or less meaningless so would drop them...*
- *I'm a bit unclear as to question phrasing «Any public health practitioner should be able to» as it applies to policy and program development. Not all practitioners do this. The ones that do (i.e. - occupy management positions) must have the skill sets you discuss under these sections. Line staff does not necessarily need these (desirable but not essential). Perhaps a division is needed between all staff, line staff, and managers?*
- *My consistent criticism of this list is that its relevance is not specific to public health. For example 2.1, 3.3, 4.1, 5.1 are so generic that it is hard to think of a career or job where they wouldn't be seen as core. This vagueness cannot be at all helpful to folk who are trying to develop PH curricula.*
- *Section 3.2 -public health discipline descriptors. Some positions (e.g. relating to Environmental Public Health Professional (Public Health Inspector) also have significant health promoter/educator components).*
- *A competency based approach requires an internal grading scheme for each level - for both self assessment and supervisor assessment.*
- *Make them specific. Make it readable to a wide audience. Use a clear language in developing the documents for these competencies.*
- *I found some of the categories to be difficult to assess as the range of people and organizations cannot all be expected to contribute or be competent in all areas. There some basics of course but the "essentials" will vary depending on many factors. There seemed to less emphasis on service to the public (individual and community level) than there is on broader policy, planning, epi factors and skills.*
- *Strengthen social justice, equity, health promotion and cultural safety.*

- *We've GOT to stop stove-piping government services and understand that the key departments impacting the health of Canadians are not the departments of Health. The Departments of Education, Housing, Employment & Training, Labour (Wage and Workplace Standards), Justice, have more to do with how healthy communities are, than do the health services directly. Saying this is not passing the buck. It is acknowledging that the health outcomes we usually desire as long term results will not generally be the result of health programs. It is imperative that we be able to move these other departments to pursue more health and life enhancing policy and programs. Right now between government departments there is a hands off, keep your mouth shut attitude toward making recommendations on other departments or other jurisdictions policy. This helps no one and hurts many.*
- *Identify tasks, specific roles, areas of responsibility that need enhancing or improved understanding of.*
- *Some statements asked an opinion on 2 - 3 items. There was no ability to distinguish if one part was essential and the other parts were desirable, i.e. 5.4 not everyone needs to know how to speak to the media, but we do need the other components. It wasn't clear if you were referring to the mission and goals of the PHA of Canada, BC or the Health Authority we are employed by.*
- *Within the context of presenting core competencies the diversity of the public health workforce needs to be addressed. Specifically, standardization of what we mean when we refer to non-regulated healthcare professionals i.e. health promoter, public health food worker, etc. It will be impossible to define core competencies without clear integration with the various public health professions.*
- *Some of the questions raise the age-old frustration between working front-line and the policies made at governing level (e.g. Travel clinics).*
- *More of the art needs to be evident. Seems heavy with science.*
- *Increased funding and staffing levels would be needed to implement all these standards. -in some cases staff would need in servicing and continuing education in order to be able to fulfill all these expectations.*
- *I was disappointed to see that there was no mention of ongoing education or responsibility for updating one's own skills. Some practitioners in Public Health are there for reasons other than desire to work in public health (such as attracted to the decreased likelihood of shift work) and stay there forever. I regret to say that some people stagnate and/or do not take responsibility for continuing to keep competencies current as research uncovers new findings and new approaches. I would like to see ongoing education as a core competency - people bound by habit cannot provide good or flexible practice.*
- *The core competencies identified cover the entire range of activity from the front-line worker (who requires technical knowledge, communication skills, etc.) to the broad planning, policy development and social marketing communications. I would not think of these as core competencies for all practitioners. I would suggest that competencies be considered in relation to service delivery, management and system level competencies rather than all practitioners needing all competencies. For instance, in policy work, I have, and benefit from, a solid knowledge of determinants of health, system level impacts on policy, etc, but have no idea how to test water. An environmental health officer who is able to assess water safety, food safety, etc. may be able to do that job very effectively without having policy knowledge. All the skills are needed in the public health system, but not all are core competencies for every person.*
- *I cannot stress the above feedback enough.*
- *A lot of the core competencies listed for public health are idealistic and do not apply to current day to day field work. Most public health nurses that I know spend their days immunizing and addressing direct concerns that come from the public.*

- *It is difficult to clearly distinguish the level of performance proficiency from this list (other than to look at the verbs and discern that "describing, applying, defining etc.) suggest a novice - level of proficiency that might be required of a "new" practitioner. It may be useful to distinguish this and determine in fact if this competency set is for a new practitioner. The depth and scope will be different for advanced practice and in certain contexts. It may also be wise to determine: ii) the frequency of performance at least in general for each; and iii) relative importance of each to the day to day job requirements of the practitioner as they relate to the mission of the organization. Without this additional analysis these competencies will become increasingly isolated from the job context(s) and performance requirements. Clarification of level of proficiency will also assist in the design of programs, curricula and implementation of teaching and learning that yields best results.*
- *Consider separating front line workers from policy analysts and epidemiologists or other professional group.*
- *The field staffs is trying to carry out our "core programs", but with management trying to justify their jobs by creating new projects/programs, our core services are quickly deteriorating. It appears that as our system becomes increasingly "top heavy", less communication exists, leaving many programs fragmented and frustrating to work with.*
- *I felt many of these were nursing specific and didn't really apply to other disciplines that have nothing to do with nursing. Perhaps have a separate section for nursing and then for everyone else.*
- *A lot of these questions I believe in an ideal world would be core, but the reality of working as a nurse today is you are time strapped, and in my office you are assigned a rote list of duty for the day, clinic, duty, visit babies etc. there is no time for all the community development work, policy and procedure contemplation etc.*
- *I think it might be helpful to indicate which competencies are most needed for those providing care (clinical practice), those in management/administration/policy roles, and those primarily responsible for research and education. Also to indicate where there is overlap of the competencies.*
- *Have training/education if caring for specialized populations (addictions, mat/child, youth etc).*
- *Articulating the level of competency at beginning/master practitioner as well as front line and manager, policy level would be helpful (although no easy task!). The self assessment will be crucial. Congrats!*
- *Ask the question do you as a public health practitioner get time to do the following?*
- *To identify gaps in service and propose recommendations to as to how to eliminate gaps in service and provide a complete holistic optimum health care service*
- *I think many can be removed or collapsed further. Many that I chose as desirable or too specific appeared to apply more to evaluation staff or management rather than to the broader group of public health staff.*
- *Focus groups, mail out, surveys*
- *Given the wide degree of educational backgrounds of public health practitioners today (including High School prepared Parent Support workers; 1-2 year college diploma for Dental Assistants and Youth Workers, etc.) many of the competencies seem to fall clearly at a higher level of practice (especially those in the policy Domain). These would be core competencies for epidemiologists, MOHs, managers, project leaders etc. but not for every practitioner.*
- *These core competencies are too broad. You need to focus on different roles of public health professionals*
- *It is rather wordy, give definitions of terms....*

- *I'm wondering if there should be different core competencies for different phases of practice, for example novice, intermediate and expert levels of practice.*
- *All of the competencies listed so far in the survey seem to be essential. I didn't see any that were not required.*
- *Be careful to not exclude good people with good ethics, principles and values from participating in delivering great public health policy on the basis that they may not have some of your "core competencies". Teamwork is exactly that---teamwork. I trust other members of my team to take care of the planning and many of us deliver. Yes we can still answer all of the questions that the planner had to go through and know the processes involved with coming up with the "plan", but it is not essential for all of us to be able to explain it in great detail---provided we know the part we are delivering (and why) inside out.*
- *1. Develop a list of public health concerns in detail. 2. Develop rational educational programs in educational institutions 4. Public health program should be creative and interesting. 5. Only limited seats according to job market should be placed. 6. Certification body should be from some educational persons rather than from CIPHI which has non directional approach. 7. Only related courses should be included in the program and there should be some certainty as you join this program. 8. Certification process should be right of candidate and there should be no any written reports or oral exam as this whole thing is done by university. 9. Student filtration must be done at the first stage of program rather than torturing at the time of practical training or certification which creates more frustration and then loss of interest of individual.*
- *Communicate directly with individuals in the field. IE Public Health Inspectors working directly in the field, not just organizations or bodies which have a political interest.*
- *There are too many ambiguous terms and run on sentences...perhaps give some examples of what is meant by the questions in ordinary Public Health Careers.*
- *Part of the problem that can be experienced is the lack of managers with a public health background. Decisions are often inconsistent with public health policy. This is not reflected.*
- *The program planning and budget are important but are mainly a function of management not front line public health staff.*
- *Application of research into practice is very important focus and should be more clearly addressed*
- *These core competencies for health are very general, and may be too general for most of us to understand. I am field personnel, who needs more concrete core competencies listed to identify with those competencies better.*
- *Public Health is a broad term covering multiple professions and specializations. The core competencies should reflect the different levels of administration, management and field staff and be tiered to provide each level with core competencies specific to their job tasks. This will allow more efficient learning and application of knowledge. Focus on the day to day tasks of staff with the ability to expand their competencies (i.e. management level if the practitioner so chooses.)*
- *Maybe breakdown in main skills... for example, a communication heading with 4 or 5 sub questions... it seems that you are vaguely doing this already... should be more forthright...*
- *Please remember that there are numerous careers within the grouping of Public Health. Each is unique and important; however trying to ensure that all "Public Health Professionals" have the same basic skill set must remain very basic and very generalized. Try not to over evaluate the requirements. Just focus on providing the common basics and allow for specialized training where required (e.g.: management or higher level agencies.) Thank you.*
- *Increasing public health budgets to allow for growth & program development*

- *List core competencies based on various levels within public health positions, for example not all field level staff would need to be versed in policy development, evaluation and budget processes but these would be useful for management level staff.*
- *Given the diversity of job descriptions within the field, I think you have done a good job.*
- *If you do not incorporate the principles of primary health care then there is no point in community development. First and foremost you must involve the community in the process. Public health should no longer be "doing for" a community; we should be 'doing with'. As an NP I see my role as one of community facilitation.*
- *Public health practitioners should have at least basic knowledge of Population Health Promotion Approach; Health Promotion and Principle of Primary Health Care. These should be also taught at nursing and medical schools.*
- *These are all excellent competencies.*
- *Core competencies are quite different for staff, supervisors and/or managers. If the purpose is that all public health professionals regardless of function are identified as "core" or basic? I would suggest that there are "core competencies" which are very much discipline specific or based on function that one is performing at their local PHU or agency. I suppose that for instance - Manager Competencies would be identified as specific rather than "core" and if so I am fine with my previous comments.*
- *I would like to see injury promotion and injury prevention for the population under 44 (not just fall prevention) to be higher on the list of plans and priorities for the national agency. I do not see this part of the mission statement followed through on a regular and consistent basis in the province of Newfoundland. Much of the injury prevention efforts are completed through NGO's with very little active involvement by the PHA of Canada or the public health practitioners of the province - often the only involvement is through grant dispersals.*
- *The questions that were asked were appropriate. It would be interesting to have Public Health Staff describe their job description. Would all the core competencies be there?*
- *There is great potential for public health practitioners to actively take part in research since they learn the necessary skills in school. Especially with front-line staffs, which are intimately involved with and familiar with their communities, many opportunities are lost due to the lack of support at all levels- government, senior management within health units, etc. To guide our programming, we often rely on research from other parts of the world because of a lack of available data from our own country, let alone our own regions.*
- *Some need more definition or explanation.*
- *I think the emphasis of this survey is leaning towards gathering of statistical information and a certain amount is needed, however I hope the true purpose of serving the public at large to make it a healthier community is not lost .We can talk about all the lingo terms of what core competencies means but we need to build in evaluation to all programs as well time limit them .I would especially like duplication of services to stop .We can't afford to do this any longer. Managers and policy makers should be sensitive and realistic of their expectations of what is actually within the scope of Public health. They could ask themselves the question. Can we do this job effectively with the available staff ratio? Staffing restrictions i.e. .not enough staff for the job to be accomplished, adding to the job, never taking away Programs that are not providing the desired goals. I think your list of core competencies for Public health is too broad and general for each category, I personally don't think any organization could accomplish all that in one life time .What I was asked to evaluate was a set of lofty goals, from who and where in Public health? If you are saying these principles are our guiding light we will need more funding for staff in future.*
- *It should not be discipline-based. Qualities that I look for during job interviews include effective teamwork, good program planning and organisational skills ,creativity of thought, curiosity*

- *Include Public Health Inspector's and Tobacco Enforcement Officer's duties/requirements.*
- *One needs excellent "people" skills and cross-cultural training if working in a milieu that is different from one's own background.*
- *1.3 and 1.4 are too broad and hard to imagine what that looks like in practice. Even with the glossary of terms, I am still unclear on "basic public health sciences" and "basic research methods used in public health." Great work, especially with socio-cultural competencies!!! Can't wait to see implementation!*
- *Health promotion has been lost in Canada this past few decades as it was not assigned to anyone. It is a separate entity and needs to be addressed specifically not subsumed by the general as it has been in the recent past. Core competencies are fine and the need for basic rather extensive knowledge is essential for all public health workers but specific tasks still need to be assigned and resources both personal and financial allocated toward providing the ability to promote health and teach people to take more control over their own health. If resources are not allocated this becomes yet another exercise in futility and adds to the roomful of paper studies. Community capacity building can be encouraged by professionals to help change the political will. We need commitment to long range planning.*
- *Progressive approach, updated image so that public health is understood in its broadest sense - not only as immunization experts*
- *What excellent work - I am thrilled with the progress of these competencies, and believe it will be a significant help in workforce development*
- *Relation to functional aspects of professional specific ethics in the REAL PH setting.*
- *Please bear in mind that libraries and other information professionals (and their skills) are frequently under recognized and underused. If they are incorporated into the planning and development stages, information provision (data, research, nuggets of priceless minutiae) becomes less problematic further on down the line.*
- *In some health units, there may be specialized personnel who may not be front-line staff, but who do contribute to health service delivery and programming, e.g. project managers, e-communications specialists, marketing specialists, equal access specialists. It's unclear whether the core competencies apply to these staff or not from your list of who should respond to this survey. These specialized staff are essential to the operations of the public health unit.*
- *This is such a broad field that the scope of the survey will vary greatly depending on the occupation of the person providing feedback. Possibly targeting smaller sub-sections of Public health practitioners would give more accurate results.*
- *The core competencies listed under leadership Domain are certainly essential in terms of allowing a Public health practitioner to perform her job to the utmost of her ability. Unfortunately, these competencies do not exist to the extent that they should in most health regions.*
- *Depending if you are in a rural office with one nurse practitioner or in a larger office could affect one's scope of practice- Also for nurses in a Focus oriented practice , they may belong to programs for maternal child and have little knowledge or training regarding communicable diseases as related to older persons*
- *It is good to see the revised and shortening list.*
- *Don't make them too specific. There is a broad range of public health practitioners working at various levels. Competencies need to reflect broader public health components such as disease prevention, health promotion, needs assessment etc. rather than specific components such as improving workplace health*

- *Many of the competencies address research, statistics, etc. These seem to be more appropriate roles for an epidemiologist vs. all public health professionals. As suggested by the Capacity Review report, each health unit having an Epidemiologist would be beneficial. Similarly, some of the competencies speak to Communications, or health promoters/registered dieticians or roles more appropriate for Management staff rather than every public health professional. I have difficulty seeing how many of these competencies would be applicable for Public Health Inspectors or Dental practitioners. Perhaps we are expecting too much of every public health professional. I think a better approach would have been to identify the discipline-specific competencies FIRST & then look for similarities amongst them to develop the core competencies for all public health professionals.*
- *Includes a phrase about how people make decisions about using health services. I think this could be left out of the competency.*
- *I'm confused about your focus are your competencies many would be required for management, but not for field staff.*
- *Share results out with those impacted by public health and those organizations and individuals who partner with public health.*
- *I think for me it is a wonderful picture and reminder of how generalized public health nursing needs to be, somehow specialist or team specific public health nurses lose track of this global image you are providing us.*
- *I am ambivalent about section 7. While I rated these all as "core", it is because they are quintessential motherhood statements about leadership/ or perhaps human resource management. We do want good leadership skills in public health and they are part of a package, but this set is so generic (which you would expect them to be) that I am not seeing how they add to the mix. They could be skills for leadership at an auto plant. If they were missing we would have less growth and unhappy workplaces in public health, but I am not sure of the fit in this package. For instance I found that the issues of budget and policy development were not applicable to all because in my mind they are leadership responsibilities. Any way if these are meant to be the gunny sack of all the good skills one should have in public health as opposed to those things which more articulate what is specific to public health, I guess they are fine.*
- *Bring it into selected PHUs in several provinces and identify provincial variations*
- *Conduct some Focus Groups with PH staff in various provinces and the Feds who have been in three or more content areas (e.g. injury prevention, health promotion, chronic disease prevention)*
- *All PH staff should have a basic course in Evaluation's Core competencies such as the Canadian Evaluation Society's (four-day) Essential Skills Series*
- *Also some basic understanding of the epidemiologist's many uses.*
- *I think a bullet could be added to the communication Domain to capture the need to communicate between departments/specialties in a meaningful way. For instance, a public health strategy is more effective if all the players are together in 1 room rather than addressing an issue in their compartmentalized roles.*
- *There is a DEFINITE lack of leadership in public health.*
- *Coyne, Hall, and Clifford (1997) proposed that "a core competence is a combination of complementary skills and knowledge bases embedded in a group or team that results in the ability to execute one or more critical processes to a world class standard." Two ideas are especially important here. The skills or knowledge must be complementary, and taken together they should make it possible to provide a superior product." There are three tests for Core Competencies Potential access to a wide variety of markets - the core competence must be capable of developing new products and services. A core competence must make a significant contribution to the perceived benefits of the end product. Core Competencies should be difficult for competitors to imitate. In many industries, such competences are likely i.e. better model. There*

is skill levels of competence: Basic, applied work, in depth, expert Degree of initiative - reactive, active, proactive, catalytic/visionary Intent of action- respond, resolve, address, initiate Scope of influence- task , function, operation, government org. I think you are going it backward, need level of skills and then what are you demonstrating. Leadership is lacking in public health, it is a autocratic, hierarchical system that needs to CHANGE! I had difficulty answering the survey as I am at different skill levels in the Domain and as a nurse I would work in a multidisciplinary team in public health i.e. work with physicians, dentists, dental hygienists, social workers, audiologists, individuals, communities and populations and the Domains did not cover the different skill levels required to demonstrate

- *Somehow ensure the same continued commitment and support back from the Government (likely impossible). As PH professionals we are holding ourselves to very high standards we should expect that lawyers and bankers and other professionals on the Gov't side should hold themselves to the same high standards.*
- *Thanks for allowing us the opportunity to contribute to this important project.*
- *Core competencies are mainly discipline-specific. In addition, managers, supervisors, and program planners/evaluators have different, and usually more advanced, core competencies.*
- *The core competencies are great and essential to PH in Canada....but what I think is lacking is the so how do you carry these out.....for example I think it is important to contribute to the workplace safety...how do I do this and furthermore where are the policies to help me do this? I do not think we can depend on the manager level staff to provide this as they would all be different and or they would not be done.*
- *How do these pan-Canadian public health competencies fit with the core competencies initiative of the Ontario Public Health Association?*
- *This format is good.*
- *Not sure*
- *Many of these core competencies are management and consultant's roles. I would separate the competencies into those of staff, managers, consultants, etc.*
- *Assessment and Analysis, and Policy development and Program planning skills are absolutely essential for leadership of Public Health Provincially and Federally but it is not realistic to think that on the ground staff would all have these skills.*
- *More publicity is needed to see how competencies can apply to all practitioners*
- *While I think that all public health professionals should have a general understanding of evaluation processes, data analysis issues, policy development, etc., I don't think that everyone has to be able to carry out these tasks.*
- *I found this survey difficult. I wasn't certain about the desirable category. I might believe that a skill is essential within the organization but only desirable in many staff. It looked to me that if I chose desirable, then it meant that the skill was not essential among at least some within the public health organization. I think that you should make it clearer whether one is choosing that the skill is not essential for individual staff or just desirable and not essential for the whole organization. Maybe I'm just being obtuse.*
- *Always keep in mind the difference in urban, rural and remote areas. Each has different challenges.*

- *Work with provincial affiliation in implementing a Mandatory Cross Cultural orientation within the universities / schools for all health care professional and para-professional. Contact all universities and colleges across the country and review what is professional and paraprofessional and include all providers/practitioners what they would see as competencies. (not all professional and paraprofessional would have access to this information ensure that standards are in place for cross accreditation within programs and linkages to other programs, (recruitment and retention) i.e. Community Health representative to LPN to Nursing diploma/ degree to health promotions/Doctor (streamlines core training with accreditation) A Health Prevention and Health promotion section core competencies identifiable/inclusion in the Job description as per training.*
- *A number of the competencies seemed to be aimed at public health managers, as opposed to "any" practitioner.*
- *Some of the competencies you enquired about are part of the basic education program for university degree programs such as nursing. This provides enough knowledge to understand information given. To obtain more in-depth knowledge, a higher level of education would be needed, such as a master's degree, and would be appropriate for higher level positions such as in management. However, a master's level would not be needed by all staff.*
- *Some of the items (such as policy-making, marketing) are more fitting for managers to work on, not the front line people working directly with clients.*
- *Examples of what each statement looks like to someone who is frontline, another for the consultant group and another for the management group. The PHRED had developed examples for front-line and the consultant group as to what each competency statement might look like for someone at that level. This helped to translate to people and to reduce fears of being overwhelmed (at least a little).*
- *Defining competency levels - that is not every level in the organization would be at the same level of competency.*
- *Look at the discipline-specific competencies that being developed. Are there items being identified by many / all disciplines that are really cross-cutting? If yes, are they in this group. If no, should they be added?*
- *Making them more public, reader- friendly so everyone understands and can contribute*
- *Support Services can provide specialized skills in data research & analysis, program development, staff skill development, marketing, communication, leadership, staff training, and media. These services should remain outside the realm of direct program provision, but part of the on-going 'team' approach to public health. Use these specialized skills and individuals to enhance the program development, delivery, and evaluation and leave the medical professionals to do what they know best. No one is meant to be a 'jack of all trades' and in order to provide the 'Best' that we can for community health we must adopt more of a 'team' approach and ensure that everyone is given appropriate credit for the value each one contributes to the overall outcomes. The core competencies are generally good, but no one person should be expected to be able to 'do it all'. This kind of belief only creates mediocrity in service provision to the community.*
- *Examples might enhance understanding and increase validity of responses.*
- *This is an excellent list. I'd add something about ability to decide on priorities as the list of wants/needs will always exceed a five year old's Christmas list. I'm not sure if the statement about determinants of health adequately addressed understanding of the role that the environment plays in determining health.*
- *There is a lack of focus on environmental health issues; the core competencies listed in this survey are very high level program related pieces. Public health is also found in the doing not just the policy development and planning.*
- *Tap into professional expertise more when planning public health programs or determining policies. (i.e. dieticians, dental, etc.).*

- *Seem fairly comprehensive.*
- *I think it would help to have the competencies described with a definition of the key words, and skills that show growth from novice to expert. In reality front line staff cannot meet all these competencies in their day to day work but can know, apply, and understand the synergistic effect of all these competencies... therefore valuing all members and levels of responsibility within the Public Health Team*
- *I am assuming that the opportunity to participate in this consultation is inclusive of First Nations, Inuit and Metis public health professionals. How are roles such as Community Health Representatives (CHRs) being addressed by this consultation? Are they included? Excluded? See Road to Competency: CHRs and the need for national, competency-based training and credible career paths for Inuit, Metis and First Nations health and wellness workers prepared by Merryl Hammond, April 15, 2006, National Indian & Inuit Community Health Representatives Organization (NIICHO)*
- *Some of the competencies would be understood and implemented at different degrees depending on one's responsibility/role in the organization. For example, nursing staff might "participate" in the development of a project, health promotion staff has more of a role in the development and management of a project, and management would make key decisions re resources, direction, etc. So more of a "who does what and how" without being too prescriptive or detailed.*
- *It needs to be recognized that Public Health Practitioners need a level of experience behind them as we often work alone and require using our experience to guide us. Just because a nurse has their BN degree does not mean she/he is qualified to work in Public Health. It is also very important to have experienced preceptors and the time given to preceptors to ensure new practitioners receive adequate support, not just put to work and ask your co-workers for help as needed.*
- *I think a skills assessment of Public Health Nurses, what do they feel comfortable doing. Ask what they know about levels of government, research, their community etc. Also, ask about their scope of practice, what is everyone doing out there.*
- *Include area specific to education for each component.*
- *I personally do not agree with licensing of public health nursing, I would be open to it as long as there is no monetary cost to me, the nurse. All studying time needs to be paid by the employer, as well.*
- *How about engaging students in public health in the process -- because of their course work they are often more up to speed on these kinds of dialogues than are clinicians in the field. They are also the next generation of public health specialists and so their contributions really matter.*
- *Knowledge of veterinary zoo noses! let's not forget the intimate role animals play in our lives, too often the animal side of things is forgotten*
- *Difference between the role of a manager and the role of an entry-level practitioner - many competencies only necessary for broader managerial level positions.*
- *Data analysis is very complex and should be more than a core competency.*
- *These competencies listed seem pretty basic. Thinking into the next 2 decades will need competencies that might also include understanding the non medical & global health determinants better. e.g. Low Birth Weight, what are the medical determinants, what are the social determinants and as viewed by different sectors in the population. What are the effects of LBW on society and society on LBW???*
- *Make them amendable to a full time one year program for appropriate senior applicants who are IN the work force as per American MPH models. Data management and analysis should be more emphasized.*
- *I like these as I believe that all baccalaureate prepared practitioners should be able to have many of these. Some are more advanced practice (nursing term) or consultant level, usually a masters prepared person.*

- *One notable problem is the way you lumped all PH employees together. It may be essential for upper management, desirable for mid and unnecessary for the PH nurse doing a well baby clinic. Or some other combination.*
- *Today's technological advancement brings more opportunities for decentralized (network-type) structures in every sphere of human beings life. Such structures can be hard to reach and even harder to regulate. In relation to the public health sphere, new approaches in regulation of decentralized structures should be developed. Such approaches may require a shift in our analysis: from structural analysis towards analysis of processes and development of new tools for such an analysis.*
- *Provide questions that are more specific to the respective fields.*
- *Many of my responses were based on the fact that not all Public Health Practitioners need to know all of the core competencies because many are on a management level that front line staff are not involved or privy to.*
- *My Comments:*
 - **Point 1.** *The survey seems to miss out on defining what a public health professional is and the categories, functions, specialties, sub-categories. Where did this list of 7 "Domains" come from? 1) Core public health sciences, 2) Assessment & analysis, 3) Policy development & program planning, 4) Partnership, collaboration & advocacy, 5) Communication, 6) Socio-cultural, and 7) Leadership. This list of "the six public health functions" would have worked also: 1) Surveillance, 2) Knowledge development, exchange and dissemination, 3) Community-based programming and capacity-building, 4) Public information, 5) Leadership, coordination, and strategic policy development, 6) Monitoring and evaluation. I think the list of Public health practitioners listed in the introduction: medical health officers, public health nurses, environmental public health professionals, public health dentists, community medicine specialists, epidemiologists, health educators, health promoters, registered dietitians, nutritionists, kinesiologists or physical educators public health consultants, policy analysts, decision makers, managers could be categorized into these: 1) Public health delivery, 2) Surveillance, 3) Education, 4) Consultation, 5) Policy, management and governance. Where did this list come from? It would be nice if we had one common list of all PH professions so that we could all talk the same language. Environmental public health professional, Nurse, Occupational health practitioner, Epidemiologist, General practitioner, Medical specialist, Health educator / health promoter, Physical educator / kinesiology educator, Dietician / nutritionist, Health dentistry (includes dentists, dental hygienists, dental assistants), Laboratory personnel / technician, Program analyst/researcher, Other.*
 - **Point 2.** *In my view all public health professionals (I prefer it to practitioner) need: an understanding of what public health is, what the public health system is, how the public health system works, how they contribute /fit in to make it work. Those are the general requirements. There are specific areas of knowledge and skill to work in specialized areas and sub-specialties within PH.*
 - **Point 3.** *I would hope that the field of public health would not establish and use the core competencies in such a way that it would limit the employability of qualified people who do not fall into the newly created official category of "public health practitioner" and would be required to have a background of training for these competencies specifically. There are many people who work in public health who have come from many backgrounds. To suggest that they were not able to work in public health seems a denial of reality. Public health is such a varied field, that it takes many different types of skills which can be obtained from working in many other types of fields. To create a "club" in order to "keep out" those who do not have the "core competencies" I think would be a mistake. The field needs people from many varied backgrounds more than ever given the collaborative nature of modern public health and the requirement to build bridges and share knowledge and ideas. The strength of the field of public health is that it attracts people from many backgrounds. Many jobs within the field are generalist type jobs which brings strength to the field. Only some fields within public health are specialized enough that they demand certain specific knowledge, skills, and abilities. Many skills can be learned on the job and through the transferability of knowledge, skills, and abilities from other specialized fields. It's important to use the core competencies to describe public health work, but not to use them to deny entry to the field. Because many people have a variety of skills that are easily transferable to the public health field, but may not have a public health training per se. The problem*

with the survey is that there are too many sub-specialties within public health. E.g., someone doing surveillance won't necessarily need the skills of someone working in another sub-field such as community-based programming. To find the core, i.e. what they both need is the task. Some are too general (i.e. Desirable - used by many within the public health field and beyond) and some are too specific (i.e. needed by one specialty in public health but not others).

- **Point 4.** My understanding was as follows; I don't know if those were your definitions. A. Essential = used by all in PH B. Desirable = used by anybody whether in public health or outside of public health C. Too specific = used by some in PH but not all in PH D. Not relevant = not used by any within the PH field E. Can't say = too ambiguous - i.e. used wrong wording in question; could substitute another word and it would apply; e.g., demonstrate (specific to a specialty in PH) vs. understand (general); identify (specific job) vs. understand (general). Words like identify, understand, are general words like use, develop, demonstrate are more specific and describe actions for a specific type of work in a sub-field. Many criteria could be re-worded by changing the verb so that they could apply. Some criteria are worded very generally that it could apply to anyone in any field; but when it says "applied to public health" then it becomes specific enough that it is either essential or too specific. Therefore, the wording of criteria may affect the results as there may not have been consistent understanding by those completing the survey.
- **Point 5.** The challenge of finding core competencies without diluting them too much is illustrated by looking at the two major fields in public health - infectious disease and chronic disease. Is it realistic to expect to find common core competencies across these fields? Does a list of core competencies mean that everyone working in each of 7 (or 6 or 5) fields need them?
- **Point 6.** The survey has the effect of getting a lot of people thinking about the issue. There should be more discussion with a broader audience before decisions are made.
- **Point 7.** My comments may reflect misunderstandings on my part and that I am new to the PH field although I have studied it for many years and worked in a related health field.
- Glad to see that we are moving forward with this competency program. I am hoping that this will prevent individuals from joining a profession and make them keep their skill current.
- Cultural competence the meaning and usage, which may fall under socio-cultural requires greater reflection....Cultural Competence within health is historically 'actioned' as a practice of positive communicate with 'others' outside one's cultural norms. When, in essence, it is the embodiment of attitudes, beliefs and practice that results in behaviour at an individual, group and institutional level. Gaining a clearer understanding of the heterogenic nature of cultural norms and practice among and between groups and institutions requires greater reflection and exploration.
- Many of the competencies I noted as 'too specific' seemed to be more the Domain of managers versus 'core' competencies of all staff. All staff can be expected to contribute towards policy development; data analysis etc but I found the wording around expectations a little too strong in many of the statements. All staff can be expected to act within a budget but not all staff can be expected to be able to develop a budget. I would say that's a management role in most organizations.
- There should be a comprehensive process to ensure that the general core competencies are consistent and encompass the specific core competencies for each professional discipline group.
- I think that it is imperative that the roles and responsibilities of frontline community health workers e.g. community health representatives, cultural liaison workers in public health settings, multicultural health brokers, diabetes workers, ETC. be INCLUDED within the core competencies. This means that there needs to be an entry level of competencies that does NOT require a university degree.

- *I was very pleased to see an emphasis on research and evidence-based practice in the first few competencies. As a public health practitioner, I am often seeing how epidemiology and public health science is questioned by the media and the people in the communities that we serve. As public health moves forward, I believe that a key to our success will be our ability to not only conduct meaningful, rigorous, scientific research, but also our ability to translate that into a format that the populations we serve will adequately understand.*
- *This is good - wide decimation of this questionnaire - I received it through my connection with the Public Health Agency of Canada - Skills Enhancement Modules - as well as through a few colleagues connected with the PHAC.*
- *I found that some of the competencies were too broad and looked like we were trying to capture too much in one statement.*
- *Under communication, I would include a competency in responding to media as well as using the media.*
- *Good food for thought in the questions and the entire framework.*
- *Some aspects too particular to different services: i.e. general knowledge of evaluation-audit does not provide enough experience to do the job effectively.*
- *I think we have a long way to go to be able to achieve the standards. Essentially, all public health professionals should be able to navigate through these basic core competencies, but in the meantime we have a number of staff that are continuing to work with minimal technological skills who are relying on others to help them, and creating a gap between the their abilities and those who have technology skills.*
- *Contribution is a generic term which could encompass different levels of competencies. A public health practitioner's contribution could be minimal or great. I concur with its use.*
- *Make it very readable and understandable...avoid jargon and complicated phrasing.*
- *I had difficulty with your core competencies as they seemed more directed at leaders, managers, policy makers than to field delivery PH professionals. This skews the responses.*
- *The questions appeared to be aimed more at personnel in health practices that are generally seen as senior staff or management. Yes, some of the items pointed out in each Core Competency Domains should be practiced by everyone in the health field, but those who are seen as front line personnel carrying out the mandates of a specific program usually do not need to be as involved in the planning and assessment and financial value of the program. Is it worthwhile to break the survey down as to management and front line staff needs or considerations?*
- *Great process and survey. Careful wording will help -- e.g. 7.5: "manage this, that OR the other thing," rather than "this, that AND the other thing" to make the item more applicable to those who (for example) don't manage other staff. There is a significant lack of medical competencies here, such that anyone with experience in statistics and policy could likely meet most of these competencies. The thing that makes public health special is that it deals with HEALTH -- the human body and mind -- and an understanding of those things (body and mind) is CORE.*
- *These core competencies are all good; however, it is important to understand that the field of public health is a collaboration and cooperation of the various partners (individual, organization, jurisdictions) towards the common goal. The strengths brought by each partner enhance the outcome. For example, not all those working in public health need to be experts in surveillance or in health economics or in any other specialty; however they need to have a basic understanding of all the areas and strength in their area of expertise. This way a leader in the field can bring together an epidemiologist, a biostatistician, an expert on health economics, an expert on social marketing, and an expert in the topic area (e.g. tobacco control) and then make informed decisions on policy and program priorities.*

- *Get beyond the catch-all phrases like "population health" with ambiguous meanings; identify the processes that contribute to data collection and interpretation and concentrate on the disciplines (e.g. epidemiologists, scientific review, policy specialists, laboratory scientists and diagnosticians, health program delivery professionals, etc) involved - get the key concepts from each of these disciplines that everyone should know (e.g. what is a cluster of disease, what is an outbreak, what are proximal sources, how do acute and chronic diseases work, how do they impact on the health system, how is information management used to both prioritize front-line health care delivery and information transfer for public health surveillance and control, etc.).*
- *While I agree in principle with the core competencies, I am not sure if all elements are essential. For example, if I work at a local level, I may not need awareness of the international or even national context. It depends on scope.*
- *Some of the concepts are very broad and difficult to answer with the options provided. Would suggest creating a few extra questions to make others more specific.*
- *General duty PHN's are not involved with program planning & evaluation with our RHA. We collect and submit data, & then follow recommendations from the program managers of our region.*
- *Just a note: I work in Children's Programs... there is a need to look at competencies in terms of health promotion work as well as response to disease outbreak.*
- *Consider using a less policy/program/practice model specific to government to identify competencies that could be integrated within existing health community and workplace community structures is the answer to lean towards the professionalization and creation of public health practitioner specialists or to integrate the values and competencies in existing systems and upstream points of service/contact with individuals (and not just schools!) Thanks for the interesting thoughts provoked interesting - will be watching.*
- *Great work!*
- *I chose to answer "too specific not applicable to all practitioners" in some fields because some levels of employee are not involved in this work yet all Public health practitioners at higher level must have this core skill, knowledge.*
- *Why was language not mentioned as a core competency and also education?*
- *A lot of the statements are directed to the management level people who n the decision. Field level staff like myself, are too busy delivering the services like immunization and teaching to do any of the development or research type activities, so the core competencies in my opinion should be divided according to what level of public health you are working at. Obviously a PHN working in immunization clinics or teaching parenting or prenatal classes have never or will never have time to develop policies or do research so they should not be expected to have the same level of knowledge or understanding or research methods as an epidemiologist.*
- *Consult with First Nations, Inuit and Metis communities and leaders and their health organizations and institutions. Provide a background on jurisdictional issues and the various health systems in Canada. This clarifies how diverse and complex Canada's issues are.*
- *Empower those below management level to have input in the decision making process as they are the ones who see what is needed (are on the front lines). Too many decisions are made based on administrative needs rather than actual needs of our clients.*
- *Ability to synthesize information, and translate it to practical solutions, in a timely manner*
- *Re communication Domain: 'communication' and 'education' are intertwined. This particular Domain does not clearly identify the competencies in relation to communication and health education.*

- *Expand the articulation and understanding of the social competencies and, even more important, develop a better understanding of how to educate practitioners and policy makers for competence in this Domain.*
- *While some of the items "would be great to have", clearly, not all practitioners require this in depth knowledge or application of these ideal goals. If I am a nurse taking blood, I do not need all of these aforementioned skills if interacting with media, able to conduct analysis using the latest stats, etc, etc.*
- *The core competencies are applied differently depending on your scope of responsibility as per job description- manager/leader; staff level; specialist etc. The opportunity to apply/practice the full range of competencies varies according to the scope of the assignment one is in - specialized vs. general. The practice of the full range requires a multi year plan for development.*
- *Perhaps it can be divided in different sections (i.e. frontline staff verses management). The competencies will vary between different groups.*
- *In essence, the general core competencies should provide a fundamental framework for the development of discipline specific competencies. Therefore, there should be a systematic and comprehensive process to ensure that the general core competencies are fully encompassing of, and consistent with, the discipline specific core competencies that are currently being established (e.g. Public Health Inspectors). This requires the establishment of on-going formal communications and working/liaison relationships with the professional disciplines. In order to verify that the general core competencies are complete, clear, and valid, there should also be an active and on-going process for requesting, receiving and incorporating feedback from professionals at the individual and group levels.*
- *In my 30+ years in Public Health, I have found the skill most lacking in all of us is the ability to communicate to the level of the client in a respectful, non condescending, effective manner. Sensitivity of the clients' limitations to comprehend for whatever reason is essential and communication must be constantly adjusted to deal with this.*
- *I think they're great! They really reflect the way public health work has evolved, and will continue to evolve.*
- *The list is strong on issues such as data collection, policy development, program planning and social marketing. However, there does not seem to be as much attention paid to the core public health duties such as development of practical knowledge, inspection and investigation techniques, legal interventions etc.*
- *The present organizational structure and hiring/job classification system appears tied to some extent to out-of-date ideas about education and resultant competencies, which in turn lead to ongoing "positioning" and tugs-of-war among professionals. In some units, there appears to be concerted efforts to replicate or maintain old-style, hierarchical hospital-type inter-professional relationships, rather than apply public or population health approaches in which a wide variety of skills can be appreciated, and equitably remunerated. Existing collective agreements and registration trends for nurses contribute to this situation.*
- *Some of the items are so broad that it was really hard to differentiate between desirable and core - philosophically it would be ideal, but realistically given the wide variety of work settings and roles within each setting, the best I could give was desirable.*
- *Felt the document addressed the key competencies.*
- *I think you have done an excellent job - the challenge will be how to discern what is "speciality" work (i.e. health promoter) vs. all staff (i.e. a public health nurse should be able to do). This would greatly assist many of us in the field who are struggling with this issue.*
- *Increase funding.*
- *Along with the five options, have a category in which it says "desirable, but unable to accomplish due to insufficient funding, support."*

- *I found it a little hard rating the competencies for different public health professionals. For example, the competencies for an epidemiologist would be more extensive/different than a public health nurse... it is hard to group these professionals together.*
- *Verbal and written communication skills should be separate competencies, as these would be evaluated separately and are different skills. Organizational competencies are important, e.g. effective and timely communication within and among staff, support of research and planning functions, commitment to an organizational mission.*
- *Thank you for the opportunity to comment.*
- *Possibly providing some concrete examples of how each is applied.*
- *Not just to focus on emergency issues and planning for possible epidemics, but to make plans and put money into key issues in population health to directly impact the determinants of health where there is currently crisis- housing, income, access to health care, etc.*
- *The majority of staff are "hands on" people and have nothing to do with management issues such as policy making, enforcement, etc. There should be more for them.*
- *See above - be more detailed in communication skills within the communication Domain.*
- *Many of these competencies are applicable to all but in varying degrees depending on their position or role in the organization; more like a matrix than a forced choice yes-no-maybe. Also, do we need a common multidisciplinary conceptual model as a basis for our practice? This may have been articulated already and I just don't recall. However, in the beginning statement the use of the terms health and illness clearly sets out a conceptual definition to which not all practitioners subscribe.*
- *There were very few items that I didn't mark as either essential or desirable. Traditionally many of these have been the Domain of only a select few in public health, but I believe that the more the front line worker is aware of and competent in the majority of these skills, the better off public health will be as an organized body seeking the best for all of us in this country.*
- *All competencies listed however competencies given a hierarchy approach under each area depending if working at a field level, management level, regional/provincial level.*
- *Answers to parts of the questionnaire would depend on where in the public health system you are working so this may put a slant on the answers you are receiving.*
- *A Records Management program which has fallen by the wayside and needs to be brought into the forefront.*
- *I feel that this survey is a very comprehensive list of core competencies and cannot identify any additional competencies at this time.*
- *Could go into further ethical standards, such as utilizing public health resources appropriately.*
- *The ability (personal and professional) and proper training to work closely with families, crises, students/teens.*
- *Ability to translate and apply recently gained knowledge or practice information into daily practice(s) (i.e. to investigate and incorporate changes to practice)*

- *I was just on the CHNET-Works Fireside Chat and I believe that practical core competencies need to be developed around social justice. Dr. Nancy Edwards put forward these excellent ideas of "additional wording for consideration": Core public health sciences - Describe public health's "explicit role in righting social injustices" (Kass, 2001) - Analysis & assessment - Use data to describe health inequalities and health inequities. Policy Development - State the expected ways in which each policy option may reduce or increase social and health inequities. Partnership & collaboration - Solicit input from individuals and organizations to address inequities. Support governments and community partners to build just institutions. Facilitate dialogue about the fair allocation of resources. Socio-cultural - Understand and apply the Universal Declaration on Human Rights. These are drawn from Dr. Nancy Edward's presentation.*
- *Integration and networking with other health units to streamline services and avoid duplication of planning and resource development.*
- *Knowledge based things - fundamental principles of immunization, communicable diseases, mat-child health, sexual-reproductive health including core knowledge re. HIV*
- *What's already been mentioned. Need to know how to access surveillance data, read, understand and apply it in practice or program planning. Need also to be adept in community health appraisals methods beyond basic surveillance.*
- *Access to adequate resources - scientific supporting data, Policy background information, epidemiological & population data. Resources suitable for a variety of lay audiences that support policies & programs.*
- *Skill development in prioritizing.*
- *Understanding the dynamics of groups is integral to practicing in the ever-changing and newly emerging public health environment. Effective interdisciplinary teams are built on mutual understanding and respect of each others discipline and way of thinking.*
- *Understanding of social justice - respect for capacity and uniqueness of disciplines vs. we are all generic and do generic work.*
- *Diversity awareness and training, critical analysis skills*
- *Understanding the difference between leadership and management. Adaptation of various leadership styles for different situations and individuals*
- *Resources for tobacco misuse could be delivered by the CHn, CHR. Certified Tobacco Counsellor.*
- *Based on the questions asked I may satisfy all the questions and yet not be competent at the "nitty-gritty" of what my job in providing direct service to the public asks of me. Nice concepts but what does it actually look like in service delivery?*
- *There needs to be discipline specific competencies to be able to address areas of specializations. e.g. Environmental Public Health.*
- *Focus on values....*
- *Frontline assessing skills, hands on work like giving injections.*
- *Competency to guide and precept students in public health practices.*
- *Skills for empowering the community and increasing community participation Skills for facilitating programs in the community Skills for conducting needs assessments and stakeholder analysis*

- *A deep understanding of the Determinants of Health (DOH) and an ability to integrate these concepts not only into public policy development but also into daily practice with the community. Client-centered practice that puts the individual or community at the centre of any interaction. Ability to also integrate the DOH into Health Unit functioning e.g. all employees feel heard and valued, sharing of power.*
- *Evaluation and justification for programs and services offered.*
- *Ability to manage competing priorities. Flexibility to work within different teams and varying job responsibilities in an emergency situation.*
- *Good grounding on evolution of Canadian Health care system, Constitutional Act, Canada Health Act and other relevant acts which drives the engine of health care. Knowledge of health care spending and Health Resources distribution and similarity and differences of Public Health Acts in different jurisdiction is vital. Regulation of healthcare professionals and scope of their practices in general.*
- *List provided seems quite comprehensive but doesn't address that the skill levels needed within each competency vary depending on the position*
- *Support from Health Unit management for continuing education and skill enhancement.*
- *Communication - I felt that the communication domain could be broadened. In some areas of practice in public health, we do not have the answers or there are competing messages, for example the safety of... may not be known, or there could be different views on a topic such as food safety would prohibit this food served for their reasons however, for this situation, from a healthy eating perspective it would be recommended -- how are these issues dealt with, when we are speaking with our partnerships, how do public health practitioners communication among themselves to sort through these differing views. Interdisciplinary practice -- One means or route is communication to address the above comments however another is that we need a greater understanding of the importance of interdisciplinary practice/approaches, which may have been included in the list, though I didn't go through it with this lens, so I may have missed it.*
- *Interagency multidisciplinary communication and collaboration.*
- *Comfort with using technology and nursing informatics systems*
- *I think that the Primary Health Care model is a very useful framework for helping individuals, groups and communities to address their issues. Also Community mobilization and engagement frameworks.*
- *I applaud the current list and feel that it is quite comprehensive. Although it is not specifically articulated, a basic understanding of the role of all public health professionals is needed to enable us to respect and draw on each others areas of expertise. I believe this principle is embedded in the current competencies as listed.*
- *Identification of and conduct of applied research and investigation Use of regulatory authority.*
- *Degree or diploma prepared individuals only.*
- *Immunization competency in pre, peri and post natal health.*
- *Practitioners should be able to understand social health inequities, DOH framework and social justice issues.*
- *Targeting population; testing messages; coalition building; community development; multicultural sensitivity; readability; evaluation principles and methods; needs assessment development and application.*
- *Clear understanding of the role of PHAC and how this differs from the roles of provincial Ministries of Health.*
- *Add to Leadership domain: contribute to the professional development of new employees and students*

- *Effective communication skills including public relations and dealing with the media skills.*
- *This list is comprehensive; nothing to add.*
- *Ability to interact and relate with clientele as the human aspect is needed as much as the educational/intellectual component.*
- *Understanding of inter-departmental functions of other colleagues. Collaboration with these individuals.*
- *Define what specific health profession should carry out specific tasks.*
- *The desperate need to resolve crises in public health in Canada is almost all related to Aboriginal and northern communities. Public health practitioners must have knowledge specifically on Aboriginal cultures, and preferably have an understanding of the northern context if they work in the northern context.*
- *As an "on the ground" public health nurse and not a policy maker I am thinking of my practice. One of the most problematic and challenging skills in my own practice has been immunizations! I realize that across Canada immunization schedules vary (why I can't imagine) but there must be a way to safely standardize an approach that limits errors. I also believe, that anyone who provided immunizations should be certified. In BC public health nurses must complete a certification exam. Physicians do not. I have been contacted by physicians seeking information on what they should give for children "off schedule", some physicians do not "believe" in the standard provincial schedule so children are all over the map with their imms. Some children have not received appropriate imms, or they were given at too early an age so count as "zero" dose and must therefore be repeated. I believe that this is an important aspect of our practice and crucial to the health of all Canadians. It is extremely frustrating and a very challenging aspect of practice in our day to day work. I have been a nurse for over 26 years and a public health nurse for 18 months and have found this aspect of my practice frustrating and challenging.*
- *At least an annual participation in Public Health Education by all practitioners. These sessions should be organized so that different professionals can participate. Example a repeat session every two months. Target PHU, MD's, Nurses, Social Services, Emergency planning groups so the group will be all educated to meet the same level of standards.*
- *Competencies and accountability of the Policy makers, funding sources, and Government officials. Learning to respect those working with the public to the best of their abilities within the context of the work place environment.*
- *Knowledge of...*
- *Contributes to resource and leadership planning and application to ensure strong public health practice and application of principles in Canada.*
- *Understanding of immunization programs, working with minority populations, strength building approaches and new characteristics/changes in dealing with clients.*
- *Research skills, evaluation skills.*
- *I can't think of any other competencies to add to this comprehensive list! A suggestion for 6.1 is that it uses the word "competently" instead of or in addition to the word "sensitively" to reflect the work that is happening with regards to "Cultural competency"... i.e. the need to move beyond cultural sensitivity.*
- *Have equal access to public health services across the provinces (different regions do different things and some regional disparity exist). Also policies that are developed for prevention should cross over into the acute care setting. Public Health agencies run into road blocks with practitioners from acute care settings when our goals are ultimately the same, Keeping our communities healthy or making them healthier, with shared policies.*
- *Establishment of short vs. long term objectives, deliverables, milestones - in essence an awareness of project management skills.*

- *Project management.*
- *Knowledge of unique communication skills essential to professional survival in the ever changing cultural profile of the Canadian society.*
- *Ongoing education and re-education. Common courses in emergency preparedness that all public health practitioners would have to take and that would clarify their role in case of an emergency.*
- *Social justice should be added.*
- *Health Care Professionals need education and training in using technology and managing their information better using that technology.*
- *Might be beneficial to precede the core competencies with a brief definition of Public Health and its scope, as well as a list of the various roles and their job descriptions. - Perhaps would be beneficial to divide list of core competencies*
- *In terms of policy development and marketing plans, this type of work - however important it is - does not rank high on our service priority guidelines in day to day work, for many of us.*
- *One item that needs to be thought about is how to ensure that public health professionals engage in on-going professional development and/or reflective learning. While certain professionals are regulated by Colleges and need to fulfill College requirements, not all jobs necessitate College association. As well, just because you fulfill College prof. dev. requirements does not mean that they were in the area of public health. How do we ensure public health professionals keep up-to-date?*
- *Good work, excited to see it when it's completed!*
- *In the socio-cultural domain, more is needed to demonstrate how we need to be looking at the determinants of health and how we can practice in a community development approach. Building community capacity also could be expanded.*
- *Re the next section... for statistical purposes... question 5 - it would have been beneficial had you defined 1st., 2nd, 3rd line....*
- *Please broaden scope to encompass domains of knowledge development, research, evidence-based practices and public policy environmental policy and practices in a clearer manner.*
- *As above.*
- *How are the CCHN Standards being integrated?*
- *General core competencies are necessary for all public health professionals; whereas some specific core competencies may need to be tailored to meet individual professions within the public health domain i.e. nursing, dental hygiene, nutrition etc. as it applies to their respective Colleges.*
- *Inclusion of the concepts from answer in #1. How we are with others (clients, peers) forms the platform for relationships. Basic public health principles i.e. power sharing, equity, capacity building and team should be lived by public health practitioners in every aspect of their work.*
- *Typically there is too much bureaucracy and politics internally and externally for many of these competencies to be unbiasedly implemented. Too much time and resources are spent on development of policies and planning [more often than not "word smithing" and internal power struggles] and the like and less on providing services. Mission statements mean nothing. As do many of these competencies simply because they are never completed.*
- *The Skills Enhancement on line courses available through PHAC are a great option for PH. Need to expand and continue to develop these and allow staff work time to do these.*
- *Overall, I must congratulate for undertaking this task which was long overdue.*

- *Hopefully this exercise will narrow down the number of competencies as there are too many - ones that are left should be reviewed to see if they can be consolidated into fewer but more comprehensive core competencies.*
- *Overall, the survey is well presented and in-depth. The reference to front line health care practitioner's contributions to policy making and collaboration with community and Government agencies in promoting Health Care initiatives is important. More questions related to primary health care practitioner would be helpful.*
- *Significant difference in resources available between different regions. So while priority may be essential, resources available may shift skill to more "desirable" not that non-essential, but unreasonable to hope for category.*
- *This is a good list.*
- *Please correct spelling of dietitian (using a "c" is the American spelling) in future documents. It is especially irritating to RDs when a Canadian public health agency isn't aware of this difference.*
- *I believe that if all public health practitioners in Canada were able (required/challenged) to reach a minimum competency in all areas that are listed, our workforce could really change and challenge the status quo, and we would be recognized as world leaders in the field of public health. I am excited to see the next steps in this process.*
- *Don't forget laboratory practitioners.*
- *I feel the Illustration table developed by PHRED should have been included with this survey. As has been discussed in other settings, these competencies do not stand well on their own. They are open to interpretation and thus misunderstanding. People will have applied their own levels of competency (perhaps appropriately but also inappropriately). You must take this into account as you interpret your results. Another helpful item that was not included was the domain descriptors. For the reader, they are a nice introduction to the competencies that follow in each section. I think it's terrific they have been reduced to 44 -- there may be room for further reduction.*
- *Competencies are important in promoting public health, however these competencies are not necessarily congruent with current public health practice because of inadequate resources. Additionally the broader approach to policy development and developing healthy communities is not consistent with the program focus to service delivery that many organizations have assumed.*
- *Again.... degree or diploma prepared candidates only. Those of less education do not have the broad base knowledge skills.*
- *Most of these are relevant to management and not direct service in my organization.*
- *Much improvement from the original 62.*
- *Looks good to me.*
- *See message in 1. Very well done.*
- *This survey is blatantly modelled for the south and in urban areas. Has this survey and core competencies received support from the National Aboriginal Organizations? From the territorial governments? Need a Prefer-not-to-say on the age question.*
- *I am a public health nurse practicing at the "ground level" of this health care specialty. It is difficult to respond to some of these questions because I am thinking in the broad sense about what is needed at all levels. In my practice I do not believe that I need to be able to analyze data and develop statistical evaluation measures but I do believe that my managers need these skills. I just want to be able to make a difference with the clients I see and meet with on a daily basis. My only real contribution to policy is to identify concerns and advocate with other health providers to address these concerns. This sometimes means taking it to my supervisors and hoping that they can advocate for action. I have recently worked*

with a community agency to write a proposal, on my "off time", for provincial funding to develop a program that will meet the specific health needs of a specific population in our community. I do not believe it will happen otherwise, and I further believe that if it is left to healthcare to collaborate with community agencies, it will not meet the needs of the community and will not be designed in a way that works with the population's unique health needs and challenges. But community agencies know HOW to collaborate in a meaningful way and generally is able to develop programs and situate them to meet the needs of the target population in a meaningful way. We could all learn from them! Public health comes close but still needs to learn. This is why I have identified these as Core skills that are needed.

- *Include Emergency Preparedness groups in all communities, and provinces in the planning for specific public health issues.*
- *Public Health is an essential aspect of health care delivery. However, the northern, isolated and semi-isolated communities are constantly overlooked, band-aided, understaffed, lack of effective leadership from Government, and the health and safety of the nurses is not addressed.*
- *Identify core competencies required to Manage staff and programs and separated them from those required for front line staff*
- *I chose 'not common to all Public health practitioners' for some items -- everyone should contribute to all those I clicked that way, but not necessarily be primary doers.*
- *You've done a great job!*
- *It seems very management based, rather than front line approach; however this may be a sign of our organization.*
- *I think the draft list of core competencies is very good. One suggestion I have is that there be levels of competence for these core competencies for practitioners depending on their role within a public health organization.*
- *The ability to determine barriers and options for addressing barriers to desired outcomes and also to learn to deal with provincial and municipal bureaucracy when planning community based initiatives with community organizations*
- *I like the list of core competencies but I see them applied to the depth and the breadth team or organization. With the exception of the leadership domain that consists of professional values that are cross-cutting, I believe it is unrealistic to expect each practitioner to have knowledge in all areas. I appreciate that the biostatistician or epidemiologist is not able to work with community partners or inform policy. But their work should help inform a knowledge translation specialist or community worker or policy person. "Basic research methods" seems very broad as I believe public health research borrows methodology from many fields including social sciences, biostats, chemistry etc - methodologies that are incredibly specific. Perhaps you mean "epidemiology" which I believe is a core methodology but not the only basic research method for public health.*
- *What about ongoing competence? Updating? Certification and recertification?*

Q2.1 Quelles autres compétences essentielles sont nécessaires à la pratique en santé publique au Canada?

Q2.2 Nous apprécierons du feedback, des commentaires ou des suggestions sur comment nous pourrions améliorer le cadre des compétences essentielles.

- *En continuant d'offrir des programmes de formation continue en ligne comme le programme d'amélioration des compétences en épidémiologie. Des programmes qui sont accessibles facilement par les praticiens de partout au Canada (incluant les régions éloignées) facilitent la diffusion de l'information et soutiennent l'intérêt des professionnels.*
- *La suite des choses: il serait pertinent de reconnaître les compétences de santé publique déjà présentes dans notre organisation afin de susciter un réel intérêt à maintenir et / ou acquérir des compétences additionnelles en ce Domaine. Par exemple, reconnaître dès maintenant les quelques détenteurs de formation spécifique en santé publique tel une maîtrise en santé publique ou santé communautaire ou en épidémiologie (exigé pour devenir facilitateur des modules en ligne en santé publique) via une prime de scolarité telle que celle décrite à l'Institut professionnel de la fonction publique.*
- *La formule déjà existante est très intéressante. Une autre formule pourrait de prendre un cas X et de faire la pratique suggérée dans la théorie.*
- *En améliorant les budgets destinés à la formation en santé publique*
- *Déterminer les rôles clés par ordre d'efficacité et d'intervention. - Avoir une population représentative d'intervention pouvant réagir au premier ordre - possibilité de mobiliser ce personnel à tout moment sans restriction. - Effectuer des exercices.*
- *Pour améliorer le cadre au Québec, il vous faudra d'abord convaincre les organisations de santé publique comme l'Institut national de santé publique, la Direction de santé publique du ministère de la santé du Québec, les directions régionales de santé publique et les Tables de concertation nationale de santé publique.*
- *Proposer des formations le plus possibles gratuites dans le réseau (ou en quelque sorte obligatoires), car si comme intervenant de santé publique je désire parfaire mes compétences je trouve difficile de le faire à même mes fonds personnels (aucune déduction fiscale possible... l'impôt nous dit que c'est à l'employeur de payer) quand je paie 250\$ pour une formation ce n'est pas la même chose pour moi que si je m'étais payée un beau sac à main... Or si je reconnais que je pourrais m'améliorer, ce n'est pas évident que mon employeur voudra y contribuer financièrement. D'autres part au Québec certaines formations (notamment en gestion ce qui n'est pas négligeable pour réaliser les fonctions de santé publique) offertes aux employés des Agence, ne le sont pas aux médecins car même si ces derniers travaillent dans des Agences de santé publique, ils ne sont pas considéré comme des employés de l'Agence parce qu'ils sont payé par la RAMQ...*
- *L'apprentissage en ligne est un véhicule de formation fonctionnel, pertinent et efficace. Je souhaiterais que certains modules d'apprentissage se développent autour de sujets tels l'utilisation des méta analyse dans le cadre de la documentation des états de situations des problématiques de santé publique, le problème des inégalités sociales et de santé et du positionnement au niveau national, régional, provincial et local... Les principes de la communication persuasive. Je crois que ces trois thèmes permettraient de déborder le champ des compétences quasi exclusives aux équipes attirées aux maladies infectieuses, principales compétences développées dans les modules 1 à 5. Je vous remercie de votre attention.*
- *La formation par Internet est une bonne façon d'offrir la possibilité d'améliorer nos compétences.*
- *Obtenir l'opinion des professionnels de première ligne. À chaque compétence, inclure un exemple d'application pratique.*

- *Capsule formation à recevoir régulièrement par courriel. Cela consiste en une page d'enseignement sur un sujet de santé publique. Exemple : la gestion du risque, ce que vous devez savoir en une page synthèse avec les références en bas de page.*
- *Bien définir les attentes de l'organisation (identification et définition des compétences).*
- *Uniformiser avec le reste du monde la technologie....retirer l'obligation de Word Perfect et utiliser Word... nos contacts avec l'externe.... nos clients.... seraient grandement facilités.*
- *Certaines des énoncés présentaient plusieurs éléments de niveau différent, le choix de réponses ne permettait pas de discriminer entre les niveaux. Par exemple données primaires et secondaires. Certains professionnels doivent être capables de produire des données primaires et d'utiliser les données secondaires alors que d'autres n'ont qu'à utiliser les données secondaires. Il sera difficile d'interpréter ces résultats.*
- *Reconnaissance des cours en ligne de formation continue en santé publique par les universités. Si non, encourager la formation à l'université.*
- *Continuer à offrir de la formation continue par le web et offrir de la formation en région (pas juste dans les grands centres).*
- *Si je comprends bien, il n'y aura pas d'analyse selon les profils de pratique et la formation de base des intervenants?*
- *Plusieurs compétences énoncées sont essentielles dans un département ou direction de santé publique, par contre s'attendre à que chaque professionnel de santé publique les possède est utopique.*
- *Le cours de RCR à tous les professionnels de la santé. Comprendre le plan d'action et d'implantation des nouveaux CSSS. Gestion des listes d'attente. Comment prioriser les besoins vs les budgets.*
- *Fournir à chaque province des modules de cours pouvant être faits en ligne.*
- *La question des données probantes pose particulièrement problème en santé publique. C'est une approche à l'origine bio-médicale, qui est toujours en cours d'adaptation à la santé publique; c'est une démarche éminemment complexe et questionnable et promotion de la santé. Or le(s) énoncé(s) proposé(s) dans le sondage ne reflète(nt) pas du tout cette complexité, puisqu'on y laisse entendre implicitement que le concept même de données probantes est déjà bien accepté et défini en santé publique, ce qui n'est certainement pas le cas.*
- *Je n'ai pas aimé le format de question. Il était très difficile de distinguer les compétences spécifiques de celles s'appliquant à tous. La santé publique étant un phénomène complexe, les praticiens qui y oeuvrent développent des spécialisations. Les compétences qui en découlent sont essentielles, quoique contextualisées par le domaine plus précis d'expertise.*
- *Les compétences de base de santé publique devraient s'appliquer à tous les praticiens de santé publique, cependant ce sondage ne permet pas d'établir clairement la différence entre les différents rôles de santé publique tel que décideur, gestionnaire ou acteur de première ligne. Il faudrait trouver la façon d'identifier les rôles spécifiques de chaque niveau de responsabilité en santé publique.*
- *En tant que gestionnaire, il a été difficile de répondre aux questions. L'appellation praticien réfère au volet clinique. Ainsi, les réponses «non pertinentes» signifient qu'elles le sont pour les praticiens. Cependant, les questions sont très importantes et de base pour les gestionnaires.*
- *Les compétences personnelles et transversales les plus importantes sont particulièrement celles visant une meilleure adaptation des connaissances scientifiques aux enjeux politiques, organisationnels et communautaires, le transfert de connaissances – les experts ne doivent pas rester dans leur tour d'ivoire –, et assurer un leadership mobilisateur auprès des partenaires et les communautés.*

- *À mon avis, tous les praticiens en santé publique n'ont pas à tout savoir; tous doivent pouvoir lire comprendre et s'appuyer sur des données probantes pour agir, tous doivent avoir une vision large de la santé et une excellente connaissance des déterminants dans leur domaine à tout le moins, tous doivent connaître la logique d'une bonne programmation et connaître et appliquer une évaluation des résultats de leurs interventions ou actions. Tous n'ont pas à connaître la gestion pour faire de la santé publique mais bien sûr comme dans tout domaine certains doivent savoir gérer et compter. Il y a des expertises pointues en santé publique, des expertises particulières mais il y a une base commune à tous données probantes programmation et évaluation.*
- *C'est déjà excellent!*
- *Continuer de développer des liens avec différents partenaires de différents ministères et organismes.*
- *Merci pour ce travail important que vous faites : déterminer des compétences essentielles des professionnels en santé publique. C'est super.*
- *Collaboration et validation avec initiatives et expériences concrètes sur le terrain en matière de transfert de connaissances et de développement de compétences.*
- *Comme je l'ai mentionné à la question 1, le problème se situe au niveau de l'acquisition de ces compétences. Par exemple, dans le domaine de la santé et environnement, il existe peu de formation académique pour développer les connaissances dans ce domaine. Un programme axé sur ce sujet et offert en ligne permettrait de développer des professionnels de santé publique avec un niveau de connaissances essentielles à cette pratique spécialisée dont les besoins, considérant les changements majeurs dans l'environnement, se font grandissant.*
- *Gestion du risque, perception du risque au près des populations, communication du risque.*
- *- La connaissance de la promotion de la santé et des 3 étapes de la prévention. - Bien connaître les mandats et juridictions des différents paliers de gouvernement en matière de santé - Avoir des connaissances de base sur l'influence des politiques sur*
- *Une meilleure connaissance des différents groupes culturels et linguistiques existants dans nos région serait une grande amélioration pour avoir un impact réel sur les clientèles visées. Une bonne connaissance des données probantes n'est pas utile si les politiques ne les utilisent pas lorsqu'elles ne rencontrent pas l'agenda politique du gouvernement en place (exemple, sites d'injection supervisée). La réputation de l'Agence et du Gouvernement en général est vraiment compromise par le manque de consistant dans l'application de ses propres principes (délais, financement renouvelé chaque année sans vision à long terme, ingérence dans les champs de compétences provinciales... Nous devons être un complément aux provinces et non pas l'inverse.)*
- *Exécuter les tâches liées à son travail avec rigueur scientifique et éthique.*
- *Capacité de mise en oeuvre réaliste des programmes de santé publique. On peut faire de beaux programmes, mais si pas applicables dans la vraie vie, cela ne servira à rien.*
- *Est-ce déjà abordé? Savoir communiquer avec les médias.*
- *Être un agent de changement, potentiel de vendeur.*
- *Bien comprendre les besoins de la population desservie.*
- *Bonne connaissance du milieu, facilité à s'adapter à la clientèle, facilité à transmettre des messages concernant la santé.*
- *Gestion humaine de ressources. Amélioration du soutien des dirigeants. Élaboration de plan d'action des pratiques à partir de l'organisation du travail au niveau du terrain.*
- *Si tous les praticiens viennent à posséder toutes les compétences précitées, on aura fait un grand pas en avant.*

- *Je pense que les énoncés proposés précédemment recouvrent assez bien l'ensemble des compétences essentielles en santé publique.*
- *La capacité de réaliser une synthèse des connaissances scientifiques et relatives aux problèmes de santé publique pour déterminer les actions à prendre. Cette compétence est fondamentale et correspond à un rôle d'intégrateur.*
- *Bien comprendre le rôle propre à chacun des niveaux d'intervention en santé publique : local, régional, national et international. Bien comprendre la planification et le déploiement d'actions en vue d'agir sur les déterminants de la santé plutôt que d'agir uniquement sur les problèmes de santé. Bien connaître les fonctions essentielles de santé publique (surveillance, promotion et prévention, recherche, évaluation). Se familiariser avec les notions d'entente de gestion, reddition de compte, résultats attendus en lien avec le financement dédié, etc.*
- *Vision stratégique des enjeux, de l'élaboration ou la mise en oeuvre de programme collaboration et partenariat avec les organismes externes impliqués diffusion des connaissances aux intervenants et à la population.*
- *Bio-statistiques, épidémiologie, santé internationale.*
- *Ouvert à la multidisciplinarité.*
- *Compétences épidémiologiques. Analyse et gestion des risques.*
- *Domaine 1 - Référence spécifique aux fonctions essentielles : promotion, prévention, protection et surveillance; Domaine 3 - Gestion du changement; Domaine 7 - Direction d'équipe multidisciplinaire.*
- *Connaître les fondements scientifiques des interventions efficaces en santé publique ainsi que leurs conditions de succès. Être habile à exercer une influence stratégique dans mon organisation et avec mes partenaires Être capable d'appliquer des méthodes de priorisation.*
- *Je crois que les 7 catégories représentent globalement les compétences nécessaires pour la pratique en santé publique. Le problème est l'acquisition de ces compétences qu'il faudrait favoriser.*

APPENDIX 3

INTERVIEW GUIDE

QUALITATIVE INTERVIEW GUIDE

Public Health Agency of Canada



Pan-Canadian Core Competencies for Public Health (25 minutes)

Final– February 26
POR- 189-06

Respondent Name
Telephone #

Date/Time/Duration:

Confidentiality guaranteed
Sponsor: Public Health Agency of Canada

- Introduction: My name is _____, and I'm a researcher working with Createc+. Thank you for agreeing to participate in our follow-up interviews. As you know, we are conducting a survey on behalf of the Public Health Agency of Canada.
- This is part of the consultation approach being used by the Agency to develop a set of pan-Canadian Core Competencies common to all Public Health practitioners. This interview will take about 25 minutes.
- I would like to remind you that your name will be kept confidential. Your views will be combined with others participating in the study.
- If you have any questions regarding the pan-Canadian Core Competencies for Public Health, this survey or how the results of the survey will be used, there's an email address where you can write and a website you can visit. I can give this to you now, or at the end of the interview.

<p>http://www.phac-aspc.gc.ca/php-ppsp/core_competencies_for_ph_index_e.html or you can email directly at corecompetencies@phac-aspc.gc.ca.</p>

Q1 Briefly describe for me your work in the public health sector.

Q2 Describe your work – activities, programs, and services.

- For what type of organization?
- Local/Regional/Provincial/Territorial/Federal level?
- Your role? Job title?
- Your discipline?

To make things easier, the word “Core Competencies” used throughout this interview refers to the combination of knowledge, skills and abilities that should be common to all public health practitioners in Canada, and essential to the practice of public health.

Q3 On a scale from 1 to 5, where 1 means that you ‘strongly disagree’ and 10 means that you ‘strongly agree’, please rate the following aspects of the survey on the pan-Canadian Core Competencies?

- Moderator: for each rating probe why.

It was easy to access the survey	1	2	3	4	5
The survey instructions and questions were clear and concise	1	2	3	4	5
It was easy to rate the core competencies	1	2	3	4	5
The survey took too much time to complete	1	2	3	4	5
The survey was a good opportunity for me to have input into the pan-Canadian Core Competencies for Public Health	1	2	3	4	5

The next set of questions will focus on the proposed set of pan-Canadian Core Competencies for Public Health.

Q4 In your opinion, what is the biggest opportunity for putting the pan-Canadian Core Competencies for Public Health into practice?

Q5 And what is the greatest challenge to putting the pan-Canadian Core Competencies for Public Health into practice?

Q6 Do you believe the proposed pan-Canadian Core Competencies for Public Health is a comprehensive set of knowledge, skills and abilities for all public health practitioners in Canada?

➤ Do the Core Competencies reflect your public health practice?

➤ Is the set of Core Competencies reasonable, ideal and/or realistic?

Q7 In order to best reflect the knowledge, skills and abilities of all public health practitioners in Canada, are there any changes that you would make to the proposed set of pan-Canadian Core Competencies for Public Health?

➤ What would you change, delete or add so that this set of pan-Canadian Core Competencies could be shared by all public health practitioners in Canada?

➤ Considering the current status of public health in Canada, what knowledge, skills, and abilities are not in the current set of Core Competencies and should be added?

➤ Considering the future of public health in Canada, what knowledge, skills and abilities should be added to the current set of Core Competencies?

Conclusion

Q8 Do you have any final comments or ideas that could help the Public Health Agency of Canada develop or implement a set of pan-Canadian Core Competencies for Public Health practice in Canada?

CONFIRM THAT ADDRESS FOR MAILING INCENTIVE WAS GIVEN TO RECRUITER.

If you have any questions about the survey, or require more information about the pan-Canadian Core Competencies for Public health Initiative, visit the Public Health Agency of Canada's website [http://www.phac-aspc.gc.ca/php-
psp/core_competencies_for_ph_index_e.html](http://www.phac-aspc.gc.ca/php-
psp/core_competencies_for_ph_index_e.html) or you can email directly at corecompetencies@phac-aspc.gc.ca.

We've reached the end of the survey. The information you provided will be very valuable to the Public Health Agency of Canada in helping them develop a set of pan-Canadian Core Competencies for Public Health. Thank you for your participation.

GUIDE D'ENTREVUE QUALITATIVE

Agence de santé publique du Canada

AGENCE DE SANTÉ PUBLIQUE *du* CANADA

Compétences essentielles pancanadiennes en santé publique (25 minutes)

**Final – 26 février
POR- 189-06**

Nom du répondant
Téléphone #

Date/Heure/Durée :

Confidentialité garantie

Commanditaire : Agence de santé publique du Canada

- Introduction: Je m'appelle _____ et je suis un(e) chercheur(euse) travaillant pour Créatec +. Merci d'avoir accepté de participer à nos entretiens de suivi. Comme vous le savez, nous menons un sondage pour le compte de l'Agence de santé publique du Canada.
- Cette entrevue fait partie de l'approche de consultation utilisée par l'Agence pour développer un ensemble de compétences essentielles communes à tous les praticiens en santé publique. Cette entrevue durera environ 25 minutes.
- Je vous rappelle que votre nom sera tenu confidentiel. Vos points de vue seront combinés à ceux de tous les autres participants à l'étude.
- Si vous avez des questions concernant les compétences essentielles pancanadiennes en santé publique, sur ce sondage ou sur la façon dont les résultats du sondage seront utilisés, il existe une adresse de courriel où vous pouvez écrire ainsi qu'un site web que vous pouvez visiter. Je peux vous fournir cette information maintenant ou à la fin de l'entrevue.

http://www.phac-aspc.gc.ca/php-psp/core_competencies_for_ph_index_f.html ou vous pouvez envoyer un courriel directement à corecompetencies@phac-aspc.gc.ca.

Q1 Décrivez-moi brièvement votre travail dans le secteur de la santé publique.

Q2 Décrivez votre travail – activités, programmes et services.

- Pour quel type d'organisation?
- Au niveau local/régional/provincial/territorial/fédéral?
- Votre rôle? Le titre de l'emploi?
- Votre discipline?

Pour rendre les choses plus faciles, le mot « Compétences essentielles » utilisé tout au long de cette entrevue fait référence à la combinaison du savoir, des habiletés et des capacités qui devraient être communes à tous les professionnels de la santé publique au Canada et fondamentales à la pratique en santé publique.

Q3 Sur une échelle de 1 à 5, où 1 signifie que vous êtes 'totalement en désaccord' et 10 signifie que vous êtes 'fortement en accord', veuillez évaluer les aspects suivants du sondage sur les compétences essentielles pancanadiennes.

- animateur : pour chaque évaluation, sondez pourquoi.

Il a été facile d'accéder au sondage	1	2	3	4	5
Les instructions du sondage ainsi que les questions étaient claires et concises	1	2	3	4	5
Il a été facile d'évaluer les compétences essentielles	1	2	3	4	5
Le sondage prenait trop de temps à compléter	1	2	3	4	5
Le sondage a été une bonne occasion pour moi de fournir un avis sur les compétences essentielles pancanadiennes en santé publique	1	2	3	4	5

La prochaine série de questions se concentrera sur l'ensemble proposé des Compétences essentielles pancanadiennes en santé publique.

Q4 Selon vous, quelle est l'occasion la plus favorable pour mettre en pratique les Compétences essentielles pancanadiennes en santé publique?

- Q5 Et quel est le plus grand défi pour mettre en pratique les Compétences essentielles pancanadiennes en santé publique?
- Q6 Croyez-vous que les Compétences essentielles pancanadiennes proposées en santé publique est un ensemble très complet du savoir, des habiletés et des capacités pour tous les praticiens en santé publique au Canada?
- Est-ce que les Compétences essentielles reflètent votre pratique en santé publique?
 - Est-ce que l'ensemble des Compétences essentielles est acceptable, idéal et/ou réaliste?
- Q7 Dans le but de mieux refléter le savoir, les habiletés et les capacités de tous les praticiens en santé publique au Canada, y a-t-il des changements que vous feriez à l'ensemble proposé des Compétences essentielles pancanadiennes en santé publique?
- Que changeriez-vous, supprimeriez-vous ou ajouteriez-vous afin que cet ensemble de Compétences essentielles pancanadiennes soit partagé par tous les praticiens en santé publique au Canada?
 - En considérant la situation actuelle de la santé publique au Canada, quel savoir, habiletés et capacités n'apparaissent pas dans l'ensemble actuel des Compétences essentielles et qui devraient être ajoutés ?
 - En considérant l'avenir de la santé publique au Canada, quel savoir, habiletés et capacités devraient être ajoutés à l'ensemble actuel des Compétences actuelles?

Conclusion

- Q8 Pour terminer, avez-vous d'autres commentaires ou des idées qui pourraient aider l'Agence de santé publique du Canada à développer ou à mettre en œuvre un ensemble de Compétences essentielles pancanadiennes pour la pratique en Santé publique au Canada?

CONFIRMEZ QUE L'ADRESSE POUR POSTER LE PAIEMENT A ÉTÉ DONNÉE À LA RECRUTEUSE.

Si vous des questions à propos du sondage ou avez besoin de plus d'informations concernant l'initiative sur les compétences essentielles pancanadiennes en santé publique, visitez le site web de l'Agence de santé publique du Canada au http://www.phac-aspc.gc.ca/php-ppsp/core_competencies_for_ph_index_f.html ou vous pouvez envoyer un courriel directement à corecompetencies@phac-aspc.gc.ca.

Nous sommes rendus à la fin du sondage. L'information que vous avez fournie sera très précieuse pour l'Agence de santé publique du Canada pour les aider à développer un ensemble de Compétences essentielles pancanadiennes en santé publique. Merci pour votre participation.