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Appendix 1

EUMAHP Competencies
Analytical competencies
- Understanding of social, cultural and subjective determinants of health and well-being
- Social research skills and tools to interpret social phenomena
- Ability to generate, interpret and handle socio-economic and epidemiological information
- Comparative analysis. Critical appraisal
- Ability to identify, document and analyse equity issues
- Ability to interpret and address cultural, social and generational diversity
- Ability to identify, analyse and use evidence

Social management competencies
- Sensitivity towards groups and i
- Democratic and empowering leadership institutional dynamics. Ability to deal with such dynamics skills
- Conflict resolution skills. Creative thinking. Critical thinking
- Motivation skills
- Team Building

Policy making competencies
- Understanding of public sectors, policies and services
- Understanding of local policies and government
- Policy analysis and policy evaluation skills
- Leadership skills
- Negotiation skills. Consensus and partnership building

Communication competencies
- Dialogue skills, active and careful listening, empathy, compassionate listening
- Diplomacy, public relation skills
- Writing skills
- Ability to produce and use media resources
- Language skills, oratory skills, ability to communicate in a second language

Operational competencies
- Management skills: Leadership, decision making, resource mobilization skills, scheduling tasks
- Planning skills: proposal writing, strategic planning, logical frameworks, mastering complexity
- Monitoring skills: ability to select, adapt and use monitoring tools
- Evaluation: ability to identify and construct indicators
- Technical and report-writing skills

Appendix 2

ASPHER *Provisional List of Public Health Competencies Phase 2 (Oct 2008) Available from:*
http://www.aspher.org/index.php?site=core_competencies_in_ph

Health Promotion and Disease Prevention
<u>Practical competencies</u>

Health determinants, risk factors – The student shall be able to:
- Describe the main challenges for public health, and critically assess the relation between these challenges and principles and models of disease prevention and health promotion
- Describe and identify target groups in terms of their health and their cultural and socioeconomic features and contexts, and appreciate a wide range of views and values and their contribution to the overall 'health picture'
- Describe and identify major population health risks amenable by health promotion and disease prevention, especially in relation to:
  - Alcohol abuse
  - Smoking
  - Lack of physical exercise
  - Poor diet
  - Risky traffic behaviour and risky behaviour at the workplace and in the home
  - Other
- Describe and identify biological, physical, chemical, social and social-psychological principles and elements involved in prevention and health promotion:
  - Primary prevention, including environmental and behaviour modification programmes (nutrition; physical exercise) and biomedical interventions (e.g., vaccination programmes, programmes for the prevention of cardiovascular diseases)
  - Secondary prevention (screening)
  - Tertiary prevention, including rehabilitation and other interventions in social medicine
  - Preventive and health promotion programmes with specific target groups, including the school health services, the child and adolescent dental services, the health and social care services for the elderly, services for mentally disabled
- Carry out a lifestyle (tobacco, physical exercise, diet, alcohol, accident prone behaviour, etc.) survey in a population
- Devise and set up a health surveillance system including lifestyle (tobacco, alcohol, physical exercise, diet, accident prone behaviour, other) and disease, including:
  - The resident population as a whole
  - Defined risk groups or target groups for intervention, e.g., children, elderly, handicapped, socially disadvantaged, other
- Analyse the scale of the lifestyle components (tobacco, physical exercise, diet, alcohol, accident prone behaviour, other) of the epidemiology of common diseases in a population
- Identify the barriers to healthy lifestyle (smoking cessation, physical exercise, diet, alcohol, accident preventing, other)in a community
- Plan a surveillance system to monitor the nutritional health of schoolchildren
- Monitor nutrition status with anthropometric, hematologic, biochemical measures for macro and micronutrient deficiency conditions among vulnerable groups.

Theories and principles of health promotion and prevention – The student shall be able to:

- Define, identify, discuss and evaluate basic concepts and types of prevention and health promotion
- Illustrate the general contributions of:
  - The social sciences and
  - The biomedical sciences
- to the theory and practice of:
  - Health promotion
  - Disease prevention
- Explain the development of social psychological theories, from individual, intra-personal theories (e.g., the Health Belief Model) to inter-personal theories (e.g., Bandura's Social Learning Theory) and system based theories (e.g., Ford's Theory of Motivation)

Strategy making, programme development, management and evaluation – The student shall be able to:

- Describe the history and evolution of health promotion, including the relationships between health education, health promotion and the new public health
- Identify and assess critically basic and general principles of strategy making and concrete strategies implemented in prevention and health promotion
- Apply and discuss relevant health educational theories in the context of concrete health promotion challenges
- Analyse health education in texts based on empirical studies
- Describe and discuss health and health promotion programmes in own country
- Identify the range of factors influencing public health policy in own country
- Know and identify the role of the arena/setting – local community, school, workplace, consumer interfaces in the health and social services – for health education, like in the theories of diffusion and social change
- Define and describe the planning of health education in the context of the models, like the Precede-Proceed Model
- Identify barriers for the implementation of health education in individuals and population groups, based on theories of diffusion and social change
- Develop and conduct a project for public health programme evaluation, especially primary, secondary and tertiary prevention, including effect evaluation and process evaluation; health economic evaluation; organisational evaluation; health technology assessment; comprehensive strategies
- Plan, implement and evaluate health promotion programmes and activities
- Plan, implement and evaluate disease prevention activities:
  o Primary prevention (e.g., smoking cessation; hip fracture prevention in the elderly)
  o Secondary prevention (screening)
  o Tertiary prevention (e.g., rehabilitation; management of heart failure; malnutrition in cancer patients, arthrosis in obese persons)
- Promote the health of populations by influencing lifestyle and socio-economic, physical and cultural environment through methods of all the elements of health promotion, health protection, and disease prevention, as applied to populations, communities and individuals
- Devise a healthy policies for populations, e.g., "food and health" policy for a population
- Work with local communities on how to improve the access to healthy lifestyle (smoking cessation, physical exercise, healthy diet, accident preventing, other)

- Assess critically the evidence relating to the effectiveness of health and healthcare interventions, programmes and services, and apply this to practice as to improve services and interventions through audit and evaluation
- Review critically the main Public Health and Health Promotion trends in their local and national context and in a wider European and global perspective
- Design a multinational/multisectoral health promotion project, integrating different approaches
- Build collaboration with individuals, groups and organizations, demonstrating communication with individuals, groups and organizations
- Implement strategies to put the policies into effect and assess the impact of policies on health;
- Select appropriate staff and project colleagues
- Lead teams and individuals, build alliances, develop capacity and capability, work in partnership with other practitioners and agencies and use the media effectively to improve health and wellbeing
- Participate in an intersectoral and international work environment
- Work with governmental agencies, private industry, and all other public health stakeholders
- Identify health promotion measures for selected health problems effective on the regional/European level
- Define indicators for monitoring health promotion projects that are comparable on the local, regional, national and European level
- Take into account cultural differences within Europe for project planning, management and communication
- Identify effective approaches for selected health problems at regional and/or European levels
- Identify effective health promotion strategies for reducing health inequalities in Europe
- Identify appropriate health promotion measures, in line with EU-policies, for specific problems (tobacco, nutrition, drugs, alcohol abuse, injuries, etc.) for use at local and regional levels
- Identify health topics referred to in EU strategies and in the WHO strategy for Europe
- Promote shared ownership of health problems and their solutions with stakeholders and the public in general

Communication – The student shall be able to:
- Demonstrate excellent communication skills in relation to e.g. politicians, decision makers, board of health, academics, commercial organizations, NGOs, the media, community groups, the general population
- Communicate evidence from empirical studies on disease prevention and health promotion to lay audiences, professionals and decision makers at European, national and regional level
- Indicate relevant public health intervention based on evidence from empirical studies on disease prevention and health promotion
- Effectively use the media to improve health and wellbeing
- Advise governments on cross-cutting aspects of health policy, e.g., agricultural policy likely to promote healthy nutrition, or traffic policy to prevent traffic accidents
- Recommend public health interventions, such as:

- o Physical exercise programmes targeting selected groups, e.g., children, handicapped, elderly
- o Smoking cessation programmes
- o Healthy diet programmes, including food fortification policies and vitamin and mineral supplementation for groups at risk, e.g. infants, children, women, middle aged and older adults for prevention of micronutrient deficiencies including anaemia, vitamin D deficiency and osteoporosis
- Communicate by appropriate use of media to the population about health services
- Communicate information about traditional medicine and alternative therapies

<u>Intellectual competencies – The student shall know and understand:</u>
Health determinants, risk factors – The student shall know and understand:
- The influence of positive and negative risk factors in the onset and development of disease
- General mechanisms and principles underlying poor health, e.g.:
  - o The impact of smoking and alcohol consumption on health
  - o The impact of physical inactivity on health
  - o The impact of diet on health - malnutrition, obesity, cardiovascular disease, cancer, etc.
- The epidemiology of common disorders associated with lifestyle factors, in resident populations and in specific vulnerable groups
- Social determinants of health, such as the effects of social cohesion on health outcomes
- An understanding of social marketing
- Changing patterns of determinants of health, including physical, environmental, social, biological and psychological factors
- Models of health
- Priority action areas for health promotion and disease prevention in the health strategy and public health programme of the EU
- The influence of industry and agriculture upon:
  - o Tobacco smoking
  - o Physical inactivity
  - o The nutritional environment
- Knowledge and sensitivity to gender issues, and to ethnic factors, age, and other health markers
- Broader epidemiological changes in patterns of health and disease in Europe and in the rest of the world in recent times

Theories and principles of health promotion and prevention – The student shall know and understand:
- History of Health Education/ Health Promotion in different countries
- Concepts of empowerment, participation, social capital, capacity building, etc.
- The concept of Salutogenesis
- Cultural competencies in health promotion
- How policy is formed, structured and how to influence it, including by use of health advocacy
- Methodology of designing health plans
- Applications of health promotion assessment and change theories and models such as the „Stages of Change Model", the „Social Learning Theory", the „Theory of Planned Behavior", „Diffusion of Innovations-Theory", the „Health Belief Model", etc.

- Applications of planning models such as the PRECEDE-PROCEED-model, the Public Health Action Cycle, Social Marketing, etc.
- The importance of the setting in which health promotion takes place, and the application of the settings approach in, for example:
  - Health and social services settings
  - Educational settings
  - Work place including unemployment
  - Recreation (art, sport, etc.)
  - Transport settings
  - Spatial environment
  - Arena for health promotion work, e.g. health advocates and advisers
- The basic principles of primary, secondary (screening) and tertiary prevention
- The PH professional should know the basic features of infection disease control, including vaccination
- The basic principles underlying tertiary prevention, and of the potential benefits of rehabilitation of various forms to improve the health of individuals (Tertiary prevention)
- The basic principles of and designs for public health programme evaluation, especially primary, secondary and tertiary prevention, including effect evaluation and process evaluation; health economic evaluation; organisational evaluation; health technology assessment; comprehensive strategies
- Outcome and process evaluation
- International practices and standards for public health monitoring and intervention

Strategy making, programme development, management and evaluation – The student shall know and understand:
- Evidence-based health promotion
- Quality standards
- Principles and practice of decision making at relevant levels – local, regional, national, European
- The evidence of health promotion and disease prevention effectiveness across European countries
- The principles that need to be satisfied before a screening programme can be established Secondary prevention)
- National and European policy and legislation relating to lifestyle and health risks, including tobacco smoking, alcohol consumption, labelling of food products, drugs, workplace safety, etc.
- Conflict resolution, social marketing, techniques of community development
- The Settings Approach and its national and international networks
- The benefits and means of community development, including the roles and cultures of partner organisations such as local authorities
- The role of strategic partnerships and the added value of organisations working together
- The role of target setting, e.g. public service agreements, local authority agreements

Communication – The student shall know and understand:
- Basic principles and theories of communication

Appendix 3

Australia
Core Competencies for Health Promotion Practitioners
http://www.healthpromotion.org.au/images/stories/pdf/core%20competencies%20for%20
hp%20practitioners.pdf

1. Programme planning, implementation and evaluation competencies
1.1 Needs (or situational assessment competencies
An entry level health promotion practitioner is able to demonstrate knowledge of how to

- 1.1.1 locate, conduct and critically analyse relevant literature (includes peer reviewed and grey literature, local, state and national strategic plans, and relevant area and organisational reports and policies);
- 1.1.2 compile an epidemiological and socio-demographic picture of the geographical or community population or setting of interest,
- 1.1.3 involved community members and stakeholders in the needs assessment process;
- 1.1.4 seek input from academic and practitioner specialist for the particular health issue or problem being assessed,
- 1.1.5 determine priorities for health promotion action from available evidence using local, state and national data and information collected,
- 1.1.6 identify behavioural, environmental, social and organisational risk and contributory factors for the particular health issue or problem of concern;
- 1.1.7 identify processes that are effective in setting priorities for health promotion action, and
- 1.1.8 recommend specific actions based on the analysis of information.

1.2 Programme planning competencies
An entry level health promotion practitioner is able to:

- 1.2.1 plan a comprehensive health promotion intervention to address a priority health problem in a population or setting based on an appropriate needs assessment (see 1 above),
- 1.2.2 formulate appropriate, realistic and measurable programme goal and objectives,
- 1.2.3 select appropriate (proven/best practice) mix of strategies to achieve objectives,
- 1.2.4 identify resources (skills, personnel, partner contributions, money) available/necessary to develop, implement and evaluate a sustainable programme, and
- 1.2.5 develop a logical, sequenced and sustainable health programme based on theory and evidence with an effective action plan and a sound and adequate budget

1.3 *Competencies for planning evidence-based strategies*
An entry level health promotion practitioner is able to:

- 1.3.1 apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientation and abilities,
- 1.3.2 critically appraise the evidence relating to interventions to identify effective and ineffective ways to address priority health issues and their contributing factors to guide programme planning and implementation

1.3.3   establish and facilitate community partnerships within and outside the health sector

1.3.4   match strategy selection to programme objectives

1.3.5   undertake or assist in the development and implementation of a variety of health promotion strategies including health education strategies, mass media strategies, community development and community engagement processes, advocacy and lobbying strategies, social marketing strategies, health policy strategies, structural and environmental strategies and health impact assessment,

1.3.6   identify theories and models that are relevant to the development and implementation of health promotion strategies outlined in the above point;

1.3.7   participate in the development of innovative and evidence-based health promotion strategies to achieve identified objectives

1.3.8   develop and coordinate production of appropriated programme support materials (pamphlets, posters and other audio-visual materials)

1.3.9   co-ordinated or carryout pre-testing of programme resources, and

1.3.10   facilitate programme ownership and community sustainability.

1.4 Evaluation and research competencies

An entry level health promotion practitioner is able to:

1.4.1   incorporate evaluation into the planning of health promotion programmes,

1.4.2   identify appropriate evaluation designs,

1.4.3   design evaluation plans that incorporate process, impact, and outcome measures,

1.4.4   identify evaluation methods applicable to health promotion;

1.4.5   select evaluation instruments;

1.4.6   interpret evaluation findings;

1.4.7   monitor programmes and adjust objectives and strategies based on the analysis of evaluation data;

1.4.8   apply and interpret descriptive statistical methods and analyses;

1.4.9   critically analyse quantitative and qualitative data to report on programme effectiveness;

1.4.10   communicate evaluation findings

1.4.11   prepare evaluation research proposals for funding; and

1.4.12   prepare ethics approvals

2. Partnership building competencies

An entry level health promotion practitioner is able to:

2.1   Identify partners within and outside the health sector that could determine or enhance the success of health promotion efforts;

2.2.   develop effective partnerships with key stakeholders, gatekeepers, and target group representatives; and

2.3   establish appropriate partnerships with relevant organisations and agencies and facilitate collaborative action.

3. Communication and report writing competencies

An entry level health promotion practitioner is able to:

3.1   write reports for a variety of audiences and purposes including papers for peer reviewed journals, in-house reports, programme plans and programme update reports;

3.2   write for professional audiences

3.3   write for lay audiences
3.4   write submissions, grants or applications for funding;
3.5   write of newspapers including media releases;
3.6   apply interpersonal skills (negotiation, team work, motivation, conflict management, decision making, and problem solving skills);
3.7   facilitate meetings
3.8   debate health-related issues using evidence-based arguments;
3.9   give presentations on health promotion programmes or topics at workshops or conferences;
3.10   interpret information for professional, non professional and community audiences; and
3.11   use current technology to communicate effectively.

4. Technology competencies
An entry level health promotion practitioner is able to:
4.1   operated a computer, word processing and email systems;
4.2   use software for footnotes, endnotes, and other report layout requirements:
4.3   manage database and spreadsheet applications;
4.4   use the internet as a work tool;
4.5   use technology based systems to identify and review the literature; and
4.6   operate audiovisual and multimedia equipment

5. Knowledge competencies
An entry level health promotion practitioner is able demonstrate knowledge of:
5.1   the following concepts: definition of health and health promotion, inequalities and inequities in health including the concept of the social gradient and relevance to practice, the action areas for health promotion, as well as the determinants of health (biological, behavioural and socio-environmental);
5.2   the biomedical, behavioural and socio-environmental models of health and their relevance to health promotion practice in general and needs assessment in particular:
5.3   the history and development of health promotion (including Alma Ata 1978, Ottawa Charter 1986, Sundsvall Statement 1991, Jakarta Declaration 1997, Mexico Ministerial Statement 2000, and the Bangkok Charter 2005)
5.4   the health promotion principles of practice, evidence-based practice, equity, multidisciplinary knowledge base, intersectoral collaboration, population health approach, multi-strategic interventions, effective partnerships, cultural competence;
5.5   Stages of programme planning, strategy selection, implementation, evaluation and sustainability of programmes
5.6   relevant theories and models of behaviour change, social and political change, social marketing, organisational development;
5.7   health promotion strategies to promote health – health education, advocacy, lobbying, media campaigns, community development processes, policy development, legislation;
5.8   quantitative and qualitative evaluation methods and uses
5.9   descriptive statistics and basic epidemiology definitions and concepts
5.10   literature searching and critical analysis, how to access peer reviewed journals from a variety of relevant disciplines such as health promotion,

public health, social sciences, public policy, communication, media and organisational change disciplines

5.11 the Australian health system and broader systems that impact on health

5.12 the use of policy in promoting and maintaining the health of populations

5.13 effective interpersonal, group and public communication and effective written and oral communication and media strategies and

5.14 resource development and pre-testing resources

Principles of Ethical Practice of Health Promotion

The principles should:

1. Address the social determinants of health as the underlying processes that influence the health and wellbeing of individuals and communities

2. Achieve community health through respect of the rights of individuals and groups within the community

3. Develop and evaluate policies, programmes and priorities through processes that ensure an opportunity for input from community members

4. Advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all

5. Seek the information and evidence needed to implement effective policies and programmes that protect and promote health

6. Provide communities with relevant information that they need to make informed decisions on policies and programmes while obtaining the community's consent for their implementation

7. Act in a timely manner on the information they have within the resources and the mandate given to them by the public

8. Incorporate a variety of approaches that anticipate and respect diverse values, beliefs and cultures in the community

9. Implement policies and programmes in a manner that most enhances the physical and social environment

10. Protect the confidentiality of information that can bring harm to an individual or community if made public

11. Ensure the professional competence of their employees and

12. Engage in collaborations and affiliations in ways that build the public's trust

The values and beliefs underpinning the above principles of ethical practice are derived from the following:

- People have a right to resources necessary for health – this is supported by Article 25 of the Universal Declaration of Human Rights

- People are inherently social beings and are interdependent. They rely on one another for friendship, family, community safety and survival. However, a person's right to make decisions for themselves must be balanced against the fact that each person's actions affect other people

- The effectiveness of institutions depends on the public's trust – factors contributing to this trust include open and transparent communication; truthfulness; accountability; reliability and reciprocity. Collaboration is a key element in effective health promotion

- People and their physical environment are interdependent

- Each person is a community should have an opportunity to contribute to public discourse

- Identifying and promoting the fundamental requirements for health in a community are primary concerns for health promotion – the way society is structured is reflected in the health of a community. The primary concern of health promotion is with the underlying determinants of health which include the social, environmental, political, economic and cultural aspects of society
- Knowledge is important and powerful – improving health means acquiring knowledge about its creation and sharing that knowledge so as to provide informed participation in policy making processes and programme development and implementation
- Science (including social science) is the basis for much of our health promotion knowledge – the scientific method provides a relatively objective means of identifying the factors necessary for health in a population and for evaluating policies and programmes. Evidence forms the basis of effective decision making in health promotion and evidence may be obtained from a variety of quantitative and qualitative methodologies. Eclectic use of methodologies is a characteristic of good health promotion practice.
- Knowledge is not morally neutral but often demands action which should be utilised in a timely way. Often, action is required in the absence of all the information necessary. In other instances, policies are demanded by the fundamental values and dignity of each person, even if implementing them is not calculated to be optimally efficient or cost effective at the time. In both situations, values inform the application of information or action in the absence of information.

Appendix 4

Israel
Competencies for Health Promotion
Melville L, Howat P, Shilton T, Weinstein R (2006) Health promotion competencies for the Israeli workforce. *Promotion and Education,* 13(3):178-184.
(competencies in italics are the new competencies added to the original Australian list)

1. Needs and determinants
Carry out appropriate needs assessment and demonstrate understanding of the determinants of health.
- Health promotion practitioners should be able to:
- Identify and source data on the health needs of individuals / communities /populations
- Identify behavioural, environmental and organisational factors that promote or compromise health
- Review and interpret needs assessment data
- Assist and involve communities in identifying their needs and in setting priorities for health promotion
- Determine priorities for health promotion from available evidence using regional, state and national data
- Analyse the behavioural, social, political and environmental determinants on the health of individuals and populations with due consideration to equity and social justice

2. Planning and consultation
Plan appropriate health promotion interventions
Health promotion practitioners should be able to:
- Critically analyse relevant literature
- Involve community members and stakeholders in programme planning and evaluation
- Develop logical, sequenced and sustainable health programmes based on theory and evidence.
- Formulate appropriate and measurable objectives
- Select and account for the implementation of appropriated (proven/best practice) strategies
- Develop funding proposals for large and small-scale health promotion programmes
- Advise health sector organisations on changes needed in health policy
- *Identify current political trends that may bear on programme planning and implementation*

3. Community Empowerment
Implement strategies that empower other professionals and community members to undertake health promotion
Health promotion practitioners should be able to:
- Assist, support and build capacity in service providers and clinical workers to adopt health promotion methods and programmes
- Apply community development processes
- Devolve programmes to community
- Contribute to the development of knowledge of health promotion practice of others

4. Policy, advocacy and environment

Apply strategies that focus on policy, structural and environmental change

Health promotion practitioners should be able to:

- Apply health policy strategies
- Apply structural/environmental strategies
- Participate in the policy process
- Apply political, media and community advocacy skills
- Be aware of national and state priorities and determine how these impact on local plans

5. Partnership Building

Develop and implement partnerships for health

Health promotion practitioners should be able to:

- Establish and facilitate community partnerships within and outside the health sector
- Establish appropriate partnerships and facilitate collaborative action
- Collaborate effectively with communities, organisations and other sectors to identify key components of effective policy to promote health
- Liaise and collaborate with other professionals and organisations

6. Education and Media

Implement appropriate education and media interventions

Health promotion practitioners should be able to:

- Apply a range of approaches to health education
- Coordinate production of appropriate programme support materials (pamphlets, posters and other audio-visual materials)
- Coordinate or carry out pre-testing procedures
- Coordinate health-related screening and health risk appraisal
- Apply mass media strategies
- Apply group strategies
- Apply health sponsorship strategies
- Facilitate/provide various styles of professional development (e.g. workshops, conferences)

7. Communication

Communicate effectively with other professionals and clients

Health promotion practitioners should be able to:

- Write for professional audiences
- Write submissions, grants or applications for funding
- Write reports
- Write for lay audiences
- Write for newspapers
- Apply interviewee skills on radio
- Apply interviewee skills on TV
- Communicate verbally and listen reflectively
- Present to a range of audiences and tailor communications to consider cultural and other differences (culture, gender, age, ethnicity)
- Debate health-related issues using evidence based arguments
- Be able to articulate health promotion jargon into salient language

- Apply interpersonal skills (negotiation, team work, motivation, conflict resolution, decision making, and problem solving skills)
- *Write papers for professional publications/journals and to prepare abstracts for conference presentation*

8. Knowledge

Demonstrate appropriate knowledge necessary for conducting health promotion
Health promotion practitioners should be able to:
- Examine and apply knowledge of societal values in planning and implementing HP programmes
- Consider and apply theory to health promotion planning, implementation and research
- Apply knowledge of the structure and function of the human body to health issues and diseases
- Examine and synthesise information on different health issues/topics, diseases and prevention
- Apply knowledge of epidemiology to health issues
- Demonstrate knowledge of the health system and broader systems that impact on health
- Demonstrate knowledge of organisational development and change
- Demonstrate and apply knowledge of capacity building in health and other sectors
- Stay abreast of national and international developments in the health promotion field
- *Command of at least one additional language other than Hebrew, which is spoken by the target population*
- *An in-depth knowledge of approaches to health among the three central religions in Israel (Judaism, Islam and Christianity)*
- *Possess in-depth knowledge of, and familiarity with, the traditional cultures, attitudes and beliefs of major minority groups in Israel*

9. Organisation and Management

Organise and manage health promotion interventions
Health promotion practitioners should be able to:
- Manage projects effectively including resource management, achieving and reporting progress within budget and on time
- Demonstrate leadership skills
- Demonstrate personal qualities (creativity, sensitivity, initiative, flexibility, co-operation and professional integrity)
- Facilitate meetings
- Co-ordinate volunteers
- Demonstrate business skills such as budget planning and reporting, and contract management
- Work as part of a team

10. Evaluation and Research

Evaluate health promotion
Health promotion practitioners should be able to:
- Identify appropriate evaluation designs
- Select evaluation instruments
- Develop evaluation instruments

- Monitor programmes and adjust objectives
- Apply and interpret statistical methods /analyses
- Interpret evaluation findings
- Communicate evaluation findings
- Identify research methods applicable to health promotion
- Prepare research evaluation proposals for funding
- Prepare ethics approvals
- Coordinate validation of instruments

11. Use of Technology
Demonstrate the application of appropriate technology
Health promotion practitioners should be able to:
- Operate a PC, word processing and email systems etc
- Create written/graphic presentation materials via PC
- Manage data-base and spreadsheet applications
- Use basic computer based statistical programmes
- Use the internet as a work tool
- Use technology based systems to identify and review the literature
- Demonstrate use of computerised health information/resources
- Operate audiovisual/multimedia equipment

Appendix 5

New Zealand
Health Promotion Competencies
http://www.hpforum.org.nz/resources/HPCompetenciesforAotearoaNZ.pdf

Knowledge Cluster One
Te Tiriti o Waitangi
Elements
1.1   Historical background and context
1.2   Content and meaning of Māori and English texts
1.3   Relevance and significance to both treaty partners

At level one a health promoter will have knowledge of:
- The 1835 Declaration of Independence
- Other key events leading to the signing of te Tiriti o Waitangi in 1840
- The significance of the two treaty partners
- The articles of te Tiriti and relevant health promotion models

At level two a health promoter will have knowledge of level one as well as:
- Both the Māori and English texts and the significance of the oral account
- The cultural, political and economic impact of colonisation on Māori since the signing of te Tiriti
- The pre-eminent place of te Tiriti in guiding health promotion practice in Aotearoa-New Zealand

At level three a health promoter will have knowledge of level two as well as:
- The legal and cultural significance (law and lore) of te Tiriti o Waitangi for both Māoriand Tauiwi
- Organisational policies and practices around operationalising te Tiriti
- Contemporary debate on te Tiriti

Knowledge Cluster Two
Cultural Diversity in Aotearoa-New Zealand Nga Kanorau Tikanga i Aotearoa
Elements
2.1   Cultural awareness and responsiveness to the needs of tangata whenua
2.2   Cultural beliefs, norms and practices of different Pacific peoples
2.3   Cultural beliefs, norms and practices of Tauiwi
At level one a health promoter will have knowledge of:
- The significance of tangata whenua as the indigenous people of Aotearoa-New Zealand
- Examples of tikanga Māori concepts relevant to health promotion practices
- The multi cultural make up of Aotearoa-New Zealand

At level two a health promoter will have knowledge of level one as well as:
- The cultural diversity between and within iwi and hapu
- The different Pacific Islands communities within New Zealand and understand key individual differences
- The principles and elements of cultural safety

At level three a health promoter will have knowledge of level two as well as:
- Models of behaviour consistent with tikanga Māori
- The different contexts and backgrounds of migrant and refugee peoples
- The tikanga around use of tereo, powhiri and poroporoaki

Origins and Evolution of Global Health Promotion

Nga Putaketanga me te Kunenga mai o te Whakapiki Hauora Puta noa i te Ao

Elements

3.1   Historical developments in health promotion philosophy and practice
3.2   Content, context and significance of the Ottawa Charter
3.3   Current and on going developments and approaches
3.4   Relationship of health promotion to public health, health education and disease prevention

At level one a health promoter will have knowledge of:
- Health promotion key concepts and values and how these differ from health education
- The medical, behavioural and socio-environmental approaches to health
- The content and importance of the Ottawa Charter as a tool for health promotion practice

At level two a health promoter will have knowledge of level one as well as:
- Origins of public health and its relationship to health promotion
- Global developments in health promotion leading up to the Ottawa Charter and the key stages in its evolution since then

At level three a health promoter will have knowledge of level two as well as:
- The global determinants of health

Knowledge Cluster Four

Theory Underpinning Health Promotion Practice

Te Aria o te Mahi Whakapiki Hauora

Elements

4.1   Models of health promotion practice
4.2   Models of empowerment and enablement
4.3   Diverse theories of learning
4.4   Group processes and dynamics

At level one a health promoter will have knowledge of:
- Awareness of the differences between communities
- Ways of empowering individuals, groups
- The significance of context and process in effective adult learning
- Change as a key element in health promotion practice

At level two a health promoter will have knowledge of level one as well as:
- Community based practice and community development
- Structural analysis and its role in bringing about change
- The nature of group processes
- Principles and practices of adult learning
- The nature and dynamics of interpersonal power and decision making

At level three a health promoter will have knowledge of level two as well as:
- The theory, characteristics and criteria upon which to base best practice
- How to devolve decision-making and other resources to communities

<u>Knowledge Cluster Five</u>
The Health Status of New Zealanders
Te Hauora o nga Tangata o Aotearoa
Elements
5.1   Wider determinants of health status and wellbeing
5.2   Lifestyle factors that influence health status and wellbeing
5.3   Major diseases contributing to ill health
5.4   Demography of health inequalities
At level one a health promoter will have knowledge of:
- The wider determinants of health and well being
- The major lifestyle factors and diseases which influence health status
- The four cornerstones of Māori health; tinana, hinengaro, wairua and whanau
At level two a health promoter will have knowledge of level one as well as:
- How models and theories of change influence health behaviours
- The relationship between structural inequalities and the demography of health
- The implications of population based and health strategies for health status
At level three a health promoter will have knowledge of level two as well as:
- How epidemiology relates to health status
- The link between health status and social sciences fields of study

<u>Knowledge Cluster Six</u>
Community and Political Awareness
Nga Mohiotanga Totika
Elements
6.1   Community networks, agencies and services
6.2   Range of information and resources available
6.3   Health systems and relevant structures in Aotearoa-New Zealand
6.4   Impact of local, national and global policies on health
6.5   Social movements and philosophies that influence social change
At level one a health promoter will have knowledge of:
- Key community agencies, services and resources
- Decision makers at local and national levels
- Health systems and structures in Aotearoa-New Zealand
- Public health policy
At level two a health promoter will have knowledge of level one as well as:
- Gaps in information and community resources
- Key legislation and policies
- Awareness of a variety of group and organisational cultures
- The processes involved in building coalitions and strategic alliances
- Networking processes
- The policy making process
At level three a health promoter will have knowledge of level two as well as:
- The impact of global policies on Aotearoa-New Zealand
- Different group and organisational theories
- Social movements, theories and philosophies that influence change

Research, Planning and Evaluation

Te Rangahau, te Maheretanga me te Arotakenga

Elements

7.1 Range of planning and evaluation approaches

7.2 Range of research methods

7.3 Kaupapa Māori research

7.4 Ethical issues in research

At level one a health promoter will have knowledge of:

- What is involved in conducting a needs assessment
- Goals, objectives and strategies as key elements in the planning of a health promotion programme
- Formative, process and impact/outcome evaluation

At level two a health promoter will have knowledge of level one as well as:

- A range of planning models appropriate to health promotion
- The merits, limitations and appropriate use of qualitative and quantitative research
- The processes involved in kaupapa Māori research
- The steps involved in a research process

At level three a health promoter will have knowledge of level two as well as:

- The key ethical issues in health promotion research and their implications for practice
- A range of research methods and models appropriate to health promotion

Skill Cluster One

Working with Te Tiriti o Waitangi

Te Mahi Tahi me Te Tiriti o Waitangi

Elements

1.1 Integrate the principles and provisions of Te Tiriti into health promotion practice

1.2 Integrate Māori perceptions and realities of health into health promotion practice

1.3 Raise awareness of the relevance of te reo and tikanga

1.4 Consult iwi using appropriate processes

1.5 Advocate by, with and for Māori health promotion practice

At level one a health promoter will have knowledge of:

- Recognise cultural requirements of Māori and how tikanga relates to health promotion, practice
- Build appropriate working relationships with Māori colleagues

At level two a health promoter will have knowledge of level one as well as:

- Practice health promotion within a te Tiriti based framework
- Critically evaluate own and the organisation's work practices to facilitate cultural safety for Māori
- Analyse work issues from a tikanga Māori and Tauiwi perspective
- Model behaviour consistent with tikanga in relationships with Māori
- Encourage and support Māori health promotion practice
- Build appropriate working relationships with Māori communities and groups
- Use waiata and karakia appropriately and participate in Māori processes

At level three a health promoter will have knowledge of level two as well as:

- Support others in the process of developing te Tiriti based health promotion practice
- Advocate for the prioritisation of resources for Māori and help build structures and processes that work for Māori
- When appropriate develop the use of te reo in both oral and written communication

<u>Skill Cluster Two</u>
Programme/Project Planning, Implementation and Evaluation
Te Maheretanga, te Whakatinanatanga me te Arotakenga
Elements
2.1   Structure planning to achieve well informed and sustainable programmes and services
2.2   Work collaboratively when planning, implementing and evaluating programmes
2.3   Identify, use and integrate a range of health promotion strategies
2.4   Manage the expectations of a range of stakeholders

At level one a health promoter will have knowledge of:
- Conduct a needs assessment that identifies and describes
  - a health problem and population of interest
  - the risk factors/ conditions
  - the key stakeholders
- Develop a written programme plan that includes
  - a goal and specific, measurable and achievable objectives
  - an action plan that includes realistic timetables and appropriate strategies
- Undertake the core steps involved in a formative and process evaluation
- Develop programme plans that include a consideration of the potential impact on Māori

At level two a health promoter will have knowledge of level one as well as:
- Utilise a variety of sources for programme planning
  - consultation with a range of stakeholders
  - research existing programmes & resources
- Write a programme plan that addresses
  - evidence for the chosen strategies
  - specific performance indicators
  - budget management
  - appropriate evaluation approaches
  - factors needed to ensure sustainability
- Implement or facilitate an evaluation plan that
  - collects, analyses and interprets evaluation data
  - reports on findings
  - Implement a programme in a variety of key settings or environments
- Contribute to the acquisition of funding
- Use multifaceted programme strategies addressing
  - advocacy for healthy public policy
  - determinants for health
  - education and skill development
  - creating supportive environments
  - social marketing
  - community development and community action
  - reorientation of health services

At level three a health promoter will have knowledge of level two as well as:
- Incorporate into programme planning
  - a critique of the approaches taken
  - a focus on long term strategies and outcomes
  - a consideration of the requirements and confines of contract specifications
- Analyse the influence of national and global contexts and trends to programme planning

- Negotiate for funding from a variety of sources
- Support colleagues and agencies in their planning processes

Skill Cluster Three
Contribute to the Learning of Others
Te Tautoko/Awhina i te Akoako a etahi atu
Elements
3.1   Deliver and enable learning in a range of contexts
3.2   Develop individual skills and knowledge
3.3   Develop group/community skills and knowledge
3.4   Train the trainers/educate the educators
3.5   Promote workforce development and training
At level one a health promoter will have knowledge of:
- Plan a learning opportunity/training session outlining
- introduction and aims
- main content
- conclusion
- tasks for the trainer and learner
- Deliver and assess such a session either with or under the supervision of a more experienced practitioner
- Use basic teaching aids including whiteboard, flip chart and OHT projector
- Provide relevant information, advice and support
At level two a health promoter will have knowledge of level one as well as:
- Independently plan, deliver and assess a training session in specified contexts
- Integrate content, context and process when planning training
- Plan, deliver and evaluate a session that
- assesses knowledge, skills and attitudes of participants
- sets learning goals and objectives
- delivers content suitable for time, resources, participants
- takes into account the characteristics of adult learners
- utilises a range of teaching aids
- creates physical, psychological and cultural climates conducive to learning
- Assess learning through
- skills learned
- learner feedback
At level three a health promoter will have knowledge of level two as well as:
- Conduct a training needs analysis
- Plan, deliver and evaluate a training session in a variety of contexts and formats
- Train others to deliver training

Skill Cluster Four
Advocacy and Political Action
Te Kanohi Tautoko ka Kitea
Elements
4.1   Build inter-sectoral coalitions and strategic alliances
4.2   Inform, engage and support community action
4.3   Influence local, national and global decision-makers for healthy public policies
4.4   Pro-actively reorient health services to focus on wellbeing
At level one a health promoter will have knowledge of:
- Identify the issue, potential allies and opponents

- Raise awareness and influence public opinion by
  - identifying and accessing media
  - acquiring and disseminating a range of resources and information useful for groups and communities
- Participate in formal and informal community networks

At level two a health promoter will have knowledge of level one as well as:

- Communicate and/or negotiate with key decision--makers
  - local authority personnel
  - Members of Parliament
  - government agencies and officials
  - community leaders
- Participate in other key lobbying processes for policy change including
  - make oral and written submissions
  - circulate and promote petitions
  - prepare and circulate position papers
- Utilise the power of networks and coalitions by
  - seeking out networks and actively participating in them
  - establishing local or national coalitions
  - facilitating networking and coalition processes
  - resourcing community action with practical support for coalition maintenance

At level three a health promoter will have knowledge of level two as well as:

- Plan a campaign that
  - frames up the debate for policy change in a health promotion context
  - sets clear advocacy objectives and uses a range of advocacy strategies
  - develops and maintains strategic alliances
  - develops and implements a media advocacy plan
  - critiques opposing arguments and develops strategies to address with them
  - evaluates and reformulates plans
- Utilise political and social change processes in strategies
- Advocate for adequate and appropriate resources and policies for health promotion work to address the determinants of health
- Strategise around internal organisational constraints when they conflict with sound health
- Advocate for health promotion to be on the agenda of sectors other than health
- Advocate for health services, structures and policies to focus on health determinants and wellbeing promotion practices
- Use global political movements to influence change in Aotearoa-New Zealand and internationally

Skill Cluster Five
Communication
Te Whakawhitiwhiti Korero/Whakaaro
Elements
5.1   Communicate in written form and orally to suit a range of contexts and stakeholders
5.2   Develop media skills and engage the media
5.3   Identify and develop information and resources
5.4   Demonstrate an understanding of social marketing
At level one a health promoter will have knowledge of:

- Communicate simple written and oral messages clearly in a given context
  - write reports and letters
  - question to confirm understanding

- listen actively - respond to body language
- Use the media as a source of information

At level two a health promoter will have knowledge of level one as well as:
- Communicate complex written and oral messages clearly in a range of contexts
  - adapt language, delivery and protocol to audiences and settings
  - listen reflectively, question actively
  - respond to the unexpected
- Communicate effectively using available electronic devices
  - world wide web
  - email
  - range of tele-communications
- Access and strategically use the media
  - develop and maintain relationships with key media personnel
  - develop arguments that advance health promotion objectives
  - write letters to the editor, press releases and articles
  - develop techniques for handling radio and television interviews
- Develop a social marketing plan that includes an audience analysis and identifies appropriate messages and mediums
- Plan and develop a health promotion resource
  - establish need
  - consult, develop and pre test
  - produce
  - develop a distribution strategy
  - evaluate

At level three a health promoter will have knowledge of level two as well as:
- Communicate complex ideas and concepts clearly across a range of contexts

Skill Cluster Six
Facilitation
Te Awhina Rapuara
Elements
6.1   Facilitate group processes
6.2   Facilitate community processes
6.3   Acknowledge and mediate conflict
At level one a health promoter will have knowledge of:
- Assist group and community meetings/sessions by
  - collecting agenda items/preparing proposed agenda
  - introducing participants
  - opening/setting the scene
  - attending to both task and process
  - seeking contributions from others in group
  - summing up/closing
  - assigning and following through on tasks
- Facilitate small group discussions

At level two a health promoter will have knowledge of level one as well as:
- Assist group and community processes by:
  - establishing safe ground rules
  - employing strategies to deal with problems/ pitfalls
  - testing for consensus decision making/ agreement
- Use an understanding of power to empower groups and communities
- Assess group dynamics to facilitate group processes

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At level three a health promoter will have knowledge of level two as well as:

- Assist group and community processes by
- assuming 'outside' facilitator's role on request
- acknowledging and mediating conflict
- dealing with negative feelings in positive ways
- facilitating for social change
- encouraging and supporting leadership
- Train others in facilitation skills

Skill Cluster Seven
Research
Nga Mahi Rangahau
Elements
7.1   Critically analyse and disseminate relevant research and literature
7.2   Identify and employ a range of research approaches
7.3   Plan, conduct and write up a research project
At level one a health promoter will be able to:

- Identify sources of information
- Review relevant research articles
- Use research findings to inform health promotion practice

At level two a health promoter will be able to demonstrate level one skills as well as:

- Review relevant research and critique key information using critical appraisal techniques
- Keep up to date with contemporary health promotion related research
- Employ electronic technology for research where this is available
- Design and pilot identified data collecting tools
- Gather information through
- sample surveys
- interviews
- focus groups
- Work collaboratively with communities and other stakeholders on action research

At level three a health promoter will be able to demonstrate level two skills as well as:

- In collaboration with researchers, undertake the steps involved in a formal research programme/project
- access funding
- review recent literature
- frame up a research question
- address ethical issues
- choose methods or approaches that enable the question to be answered
- gather and collate the information
- analyse the data
- write up a research report
- disseminate the findings
- Use research results and epidemiology to inform policy and programme development

<u>Skill Cluster Eight</u>
Professional Development
Te Whakapakari Pukenga
Elements
8.1   Critically reflect on and evaluate own work
8.2   Maintain professional knowledge and skills
8.3   Identify, develop and maintain professional networks
8.4   Assist colleagues achieve professional growth
At level one a health promoter will be able to:
- Identify own professional strengths, weaknesses and needs with manager/mentor
- Access identified opportunities for professional growth/ upskilling
- Reflect on the core values underpinning health promotion practice
- Participate actively in own performance review

At level two a health promoter will be able to demonstrate level one skills as well as:
- Develop ongoing goals for professional growth with manager/ mentor/ peers
- Pro-actively maintain and update professional growth
- Critically reflect on own performance and practice and integrate learning
- Receive constructive feedback from others and integrate learning
- Give constructive feedback to others
- Apply ethical principles/guidelines as they relate to health promotion practice
- Participate actively with others in any relevant professional networks and organisations
- When possible present at national workshops/ conferences and publish papers

At level three a health promoter will be able to demonstrate level two skills as well as:
- Provide supervision/ mentoring for colleagues
- Pro-actively address political and organisational barriers to professional development
- Take a leadership role in professional networks and organisations
- Contribute to the critical debate on health promotion in Aotearoa-New Zealand
- When possible present at international workshops/conferences and publish papers
- Provide the team with
- strategic direction
- leadership
- a role model for best practice
- knowledge or skills in rare supply

<u>Skill Cluster Nine</u>
Health Promotion Management
Te Whakahaere Whakapiki Hauora
Elements
9.1   Advocate for effective, healthy and sustainable services
9.2   Promote and demonstrate sound health promotion principles and practice
9.3   Actively develop the health promotion workforce
9.4   Demonstrate strategic leadership
Health Promotion Management is presented as only one level. Health promotion management incorporates high level technical capabilities and knowledge. This cluster presumes the competent manager has an in-depth knowledge and understanding of te Tiriti o Waitangi and the Ottawa Charter.

In addition to generic management knowledge and skills a health promotion manager will be able to:

- Promote understanding of the need for, and the adoption of, health promotion practice based on te Tiriti o Waitangi
- Demonstrate the full range of knowledge and skills required for competent practice
- Successfully negotiate contracts and funding for sustainable services
- Facilitate strategic health promotion planning
- Demonstrate accountability and effectiveness to a range of stakeholders
- Advocate for health promotion at all levels
- Challenge organisational decisions that constrain or prevent good health promotion practice
- Facilitate robust critical debate and reflection on health promotion practice
- Undertake meaningful assessment of staff performance
- Access and provide opportunities for quality health promotion training for staff
- Develop and implement quality assurance and quality improvement strategies
- Model and support consultative ways of working and other key health promotion principles
- Have a recognised health promotion or related qualification

Generic Competencies for Public Health
http://www.pha.org.nz/documents/GenericCompetenciesforPublicHealthMarch2007.pdf

Public Health Knowledge
The knowledge based competencies that are essential and specific to the practice of public health.

1. Health Systems
   1.1   Demonstrates knowledge of the health systems and structures in New Zealand
   1.2   Demonstrates knowledge of key international health agreements.

2. Public Health Science
   2.1   Demonstrates knowledge of what constitutes public health and how it relates to public health practice in specific contexts
   2.2   Demonstrates knowledge of the determining factors that affect health and health inequalities in New Zealand.
   2.3   Demonstrates knowledge of the basic concepts of health economics.
   2.4   Demonstrates knowledge of the basic epidemiological concepts

3. Policy, legislation and regulation
   3.1   Demonstrates knowledge of the use of policy in a public health context
   3.2   Demonstrates knowledge of how legislation and regulations are applied in a public health context.

4. Research and Evaluation
   4.1   Demonstrates understanding of the principles of research and its applications in public health.
   4.2   Demonstrates understanding of the principles of evaluation and its applications in public health.

5. Community Health Development
  5.1   Demonstrates knowledge of community development in a public health context.

<u>Public Health Practice</u>
Focus on competencies required for effective public health practice, but that are not exclusive to the practice of public health.

6. Te Tiriti o Waitangi
  6.1   Demonstrates knowledge and understanding of the intent of Te Tiriti o Waitangi
  6.2   Analyses public health issues from a Tiriti o Waitangi perspective
  6.3   Participates with Maori to improve Maori health
  6.4   Demonstrates understanding of the concepts of Whatnau, hapu and iwi
  6.5   Uses culturally appropriate values, processes and protocols when working with Maori.

7. Working across and understanding cultures
  7.1   Demonstrates knowledge of the nature of culture
  7.2   Demonstrates knowledge of the principles of cultural safety and takes responsibility for maintaining safety in regards to cultural values, norms and practices.

8. Communication
  8.1   Listens actively
  8.2   Uses different communications styles to facilitate understanding accommodate
  8.3   Uses oral communication effectively in a range of contexts
  8.4   Communicates clearly in writing for the given context
  8.5   Consults with others in a wide range of settings

9. Leadership, teamwork and professional liaison
  9.1   Positively influences the way teams work together
  9.2   Demonstrates understanding of the many aspects of leadership
  9.3   Instigates, coordinates and facilitates groups
  9.4   Establishes and maintains effective professional relationships to improve health outcomes.

10. Advocacy
  10.1 Demonstrates the ability to advocate in achieving public health outcomes
  10.2 Demonstrates the ability to negotiate to achieve public health outcomes.

11. Professional Development and Self Management
  11.1 Manages self to improve performance and professional development.

12. : Planning and Administration
  12.1 Accesses a range of organisational information
  12.2 Describes how work plan fits with organisational and wider public health priorities
  12.3 Completes appropriate administration record keeping and allocated financial responsibilities according to contractual and legal frameworks and organisational policies as they apply.
  12.4 Demonstrates understanding of the public health role in an emergency response.

Appendix 6

Canada
Health Promotion Competencies
http://hpo.squarespace.com/storage/HP%20Competencies%20Consultation%20Summary%20Report%20March%202009.pdf

1. Demonstrate knowledge necessary for conducing health promotion that includes:
    1.1 Applying determinants of health framework to the analysis of health issues
    1.2 Applying theory to health promotion planning and implementation
    1.3 Applying health promotion principles in the context of the roles and responsibilities of public health organisations.
    1.4 Describing the range of interventions available to address public health issues.

2. Conduct a community needs/situational assessment for a specific issue that includes:
    1.1 Conduct population assessment using health data for a specific health issue
    1.2 Collect and critically appraise evidence (i.e. published and grey literature, systematic reviews)
    1.3 Conduct an environmental scan to identify community assets and resources
    1.4 Analyse all evidence and data to identify effective program priorities for action

3. Plan appropriate health promotion programs that include:
    3.1 Develop a plan to implement program goals, objectives, evaluation and implementation steps
    3.2 Develop a budget for part of a program
    3.3 Monitor and evaluate implementation of interventions

4. Contribute to policy development and advocacy that includes:
    4.1 Describing the health, economic, administrative, legal, social and political implications of policy options
    4.2 Providing strategic policy advice on health promotion issues
    4.3 Writing clear and concise policy statements for complex issues

5. Facilitate community mobilization and build community capacity around shared health priorities that include:
    5.1 Engaging in a dialogue with communities based on trust and mutual respect
    5.2 Identifying and strengthening local community capacities to take action on health issues
    5.3 Advocating for and with individuals and communities that will improve their health and wellbeing

6. Engage in partnership and collaboration that include:
    6.1 Establish and maintain linkages with community leaders and other key health promotion stakeholders (e.g. schools, businesses, faith groups, community associations, labour unions, etc.)
    6.2 Utilizing leadership, team building, negotiation and conflict resolution skills to build community partnerships
    6.3 Building coalitions and stimulating intersectoral collaboration on health issues

7. Communicate effectively with community members and other professionals that includes:

    7.1 Providing health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences

    7.2 Apply social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns

    7.3 Using the media, advanced technologies and community networks to receive and communicate information.

    7.4 Interacting with and adapting policies and programming that respond to the diversity in population characteristics

Public Health Competencies
http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf

1. Pubic Health Sciences

    1.1 Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the delivery and use of health services

    1.2 Demonstrate knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels

    1.3 Apply the public health sciences to practice

    1.4 Use evidence and research to inform health policies and programs

    1.5 Demonstrate the ability to pursue lifelong learning opportunities in the field of public health

2. Assessment and Analysis

    2.1 Recognize that a health concern or issue exists

    2.2 Identify relevant and appropriate sources of information, including community assets and resources

    2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues

    2.4 Analyze information to determine appropriate implications, uses, gaps and limitations

    2.5 Determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts

    2.6 Recommend specific actions base don the analysis of information

3. Policy and program planning, implementation and evaluation

    3.1 Describe selected policy and program options to address a specific public health issue

    3.2 Describe the implication of each option, especially as they apply to the determinants of health and recommend or decide on a course of action

    3.3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies

    3.4 Implement a policy or program and/or take appropriate action to address a specific public health issue

    3.5 Demonstrate the ability to implement effective practice guidelines

3.6 Evaluate an action, program or policy

3.7 Demonstrate an ability to set and follow priorities, and to maximise outcomes based on available resources

3.8 Demonstrate the ability to fulfil functional roles in response to a public health emergency

4. Partnerships, Collaboration and Advocacy

4.1 Identify and collaborate with partners in addressing public health issues

4.2 Use skills such as team building, negotiations, conflict management and group facilitation to build partnerships

4.3 Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources

4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities

5. Diversity and Inclusiveness

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

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

5.3 Apply culturally relevant and appropriate approaches with people from diverse cultural, socioeconomic, and educational backgrounds, and personal of all ages, genders, health status, sexual orientations and abilities

6. Communication

6.1 Communicate effectively with individuals, families, groups, communities and colleagues

6.2 Interpret information for professional, non-professional and community audiences

6.3 Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques

6.4 Use current technology to communicate effectively

7. Leadership

7.1 Describe the mission and priorities of the public health organization where one works, and apply them in practice

7.2 Contribute to developing key values and a shared vision in planning and implementing public health programs and policies in the community

7.3 Utilize public health ethics to manage self, others, information and resources

7.4 Contribute to team and organizational learning in order to advance public health goals

7.5 Contribute to maintaining organizational performance standards

7.6 Demonstrate an ability to build community capacity by sharing knowledge, tools, expertise and experience

Appendix 7

USA
Health Education

Responsibility I: Assess Individual and Community Needs for Health Education
Competency A: Access existing health-related data
Entry Level
1. Identify diverse health related databases
2. Use computerised sources of health-related information
3. Determine the compatibility of data from different data sources
4. Select valid sources of information about health needs and interests

Advanced 2 (Doctorate and 5 years' experience or more)
1. Critique sources of health information.

Competency B: Collect health-related data
Entry Level
1. Use appropriate data-gathering instruments
2. Apply survey techniques to acquire health data
3. Conduct health-related needs assessments
4. Implement appropriate measures to assess capacity for improving health status

Competency C: Distinguish between behaviours that foster or hinder well-being
Entry Level
1. Identify diverse factors that influence health behaviours
2. Identify behaviours that tend to promote or compromise health

Advanced 1 (baccalaureate/master's, 5 years' experience or more
1. Explain the role of experiences in shaping patterns of health behaviour

Competency D: Determine factors that influence learning

Advanced 1 (baccalaureate/master's, 5 years' experience or more
1. Assess learning literacy
2. Assess learning styles

Advanced 2 (Doctorate and 5 years' experience or more)
1. Assess the learning environment

Competency E: Identify factors that foster or hinder the process of health education
Entry Level
1. Determine the extent of available health education services
2. Identify gaps and overlaps in the provision of collaborative health services

Advanced 1 (baccalaureate/master's, 5 years' experience or more

1. Assess the environmental and political climate (e.g. organisational, community, state, and national) regarding conditions that advance or inhibit programme goals
Advanced 2 (Doctorate and 5 years' experience or more)
1. Investigate social forces causing opposing viewpoints regarding health education needs and concerns
Competency F: Infer needs for health education from obtained data
Entry Level
1. Analyse needs assessment data

Advanced 1 (baccalaureate/master's, 5 years' experience or more
1. Determine priorities for health education

Advanced 2 (Doctorate and 5 years' experience or more)
1. Predict future health education needs based upon societal changes

Responsibility II: Plan Health Education Strategies, Interventions, and Programs
Competency A: Involve people and organisations in programme planning
Entry Level
1. Identify populations for health education programmes
2. Elicit input form those who will affect, or be affected by the programme
3. Obtain commitments from individuals who will be involved in the programme
4. Develop plans for promoting collaborative efforts among health agencies and organisations with mutual interests

Advanced 1 (baccalaureate/master's, 5 years' experience or more
1. Involve participants in planning health education programmes

Competency B: Incorporate data analysis and principles of community organisation
Entry Level
1. Use research results when planning programmes
2. Apply principles of community organisation when planning programmes
3. Suggest approaches for integrating health education within existing health programmes
4. Communicate need for the programme to those who will be involved

Advanced 1 (baccalaureate/master's, 5 years' experience or more
1. Incorporate results of needs assessment into the planning process

Competency C: Formulate appropriate and measurable programme objectives
Entry Level
1. Design developmentally appropriate interventions

Advanced 1 (baccalaureate/master's, 5 years' experience or more
1. Establish criteria for health education programme objectives
2. Develop programme objectives based upon identified needs
3. Appraise appropriateness of resources and materials relative to given objectives
4. Revise programme objectives as necessitated by changing needs

Advanced 2 (Doctorate and 5 years' experience or more)
1. Develop subordinate measurable objectives as needed for instruction
2. Evaluate the efficacy of various methods to achieve objectives

Competency D: Develop a logical scope and sequence plan for health education practice

    <u>Entry Level</u>
1. Determine the range of health information necessary for a given programme of instruction
2. Select references relevant to health education issues or programmes

    <u>Advanced 1 (Baccalaureate/master's, 5 years' experience or more)</u>
1. Organise the subject areas comprising the scope of a programme in logical sequence
2. Analyse the process for integrating health education into other programmes

    <u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Incorporate theory-based foundations in planning health education programmes.

Competency E: Design strategies, interventions and programmes consistent with specified objectives

    <u>Advanced 1 (Baccalaureate/master's, 5 years' experience or more)</u>
1. Plan a sequence of learning opportunities that reinforce mastery of preceding objectives
2. Select strategies best suited to achieve objectives in a given setting

    <u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Formulate a variety of educational methods
2. Match proposed learning activities with stated programme objectives
3. Select appropriate theory-based strategies in health programme planning

Competency F: Select appropriate strategies to meet objectives

    <u>Entry Level</u>
1. Analyse technologies, methods, and media for their acceptability to diverse groups
2. Match health education services to proposed programme activities

    <u>Advanced 1 (Baccalaureate/master's, 5 years' experience or more)</u>
1. Plan training and instructional programmes for diverse populations
2. Incorporate communication strategies into programme planning

    <u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Select educational materials consisted with accepted theory

Competency G: Assess factors that affect implementation

    <u>Entry Level</u>
1. Determine the availability of information and resources needed to implement health education programmes for a given audience
2. Identify barriers to the implementation of health education programmes

    <u>Advanced 1 (Baccalaureate/master's, 5 years' experience or more)</u>
1. Analyse factors (e.g. learner characteristics, legal aspects, feasibility) that influence choices among implementation methods.
2. Select implementation strategies based upon research results

Responsibility III: Implement Health Education Strategies, Interventions, and Programmes
Competency A: Initiate a plan of action

Entry Level
1. Use community organisation principles to facilitate change conducive to health
2. Pretest learners to determine baseline data relative to proposed programmes
3. Deliver educational programmes to diverse populations
4. Facilitate groups

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Apply individual or group process methods as appropriate to given learning situations

Competency B: Demonstrate a variety of skills in delivering strategies, interventions, and programmes

Entry Level
1. Use instructional technology effectively
2. Apply implementation strategies

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Select methods that best facilitate achievement of programme objectives
2. Apply technologies that will contribute to programme objectives

Advanced 2 (Doctorate and 5 years' experience or more)
1. Use a variety of educational methods

Competency C: Use a variety of methods to implement strategies, interventions, and programmes

Entry Level
1. Use the Code of Ethics in professional practice
2. Apply theoretical and conceptual models from health education and related disciplines to improve programme delivery
3. Demonstrate skills needed to develop capacity for improving health status
4. Incorporate demographically and culturally sensitive techniques when promoting programmes
5. Implement intervention strategies to facilitate health-related change

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
Employ appropriate strategies when dealing with controversial health issues

Competency D: Conduct training programmes
Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Demonstrate a wide range of strategies for conducting training programmes

Advanced 2 (Doctorate and 5 years' experience or more)
1. Use instructional resources that meet variety of training needs

Responsibility IV: Conduct Evaluation and Research Related to Health Education
Competency A: Develop plans for evaluation and search

Entry Level
1. Synthesise information presented in the literature
2. Evaluate research designs, methods, and findings presented in the literature

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Develop an inventory of existing valid and reliable tests and survey instruments

Advanced 2 (Doctorate and 5 years' experience or more)
1. Assess the merits and limitations of qualitative and quantitative methods

Competency B: Review research and evaluation procedures
Entry Level
1. Evaluate data-gathering instruments and processes
2. Develop methods to evaluate factors that influence shifts in health status

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Identify standards of performance to be applied as criteria of effectiveness
2. Identify methods to evaluate factors that influence shifts in health status
3. Select appropriate methods for evaluating programme effectiveness

Advanced 2 (Doctorate and 5 years' experience or more)
1. Establish a realistic scope of evaluation efforts
2. Select appropriate qualitative and/or quantitative evaluation design

Competency C: Design data collection instruments
Entry Level
1. Develop valid and reliable evaluation instruments
2. Develop appropriate data gathering instruments

Competency D: Carry out evaluation and research plans
Entry Level
1. Use appropriate research methods and designs in health education practice
2. Use data collection methods appropriate for measuring stated objectives
3. Implement appropriate qualitative and quantitative evaluation techniques
4. Implement methods to evaluate factors that influence shifts in health status

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Assess the relevance of existing programme objectives to current needs

Advanced 2 (Doctorate and 5 years' experience or more)
1. Apply appropriate evaluation technology
2. Analyse evaluation data

Competency E: Interpret results from evaluation and research
Entry Level
1. Analyse evaluation data
2. Analyse research data
3. Compare evaluation results to other findings
4. Report effectives of programmes in achieving proposed objectives

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Compare programme activities with the stated programme objectives
2. Develop recommendations based upon evaluation results

Advanced 2 (Doctorate and 5 years' experience or more)
1. Determine the achievement of objectives by applying criteria to evaluation results
2. Communicate evaluation results using easily understood terms

Competency F: Infer implications from findings for future health-related activities
Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Suggest strategies for implementing recommendations that result from evaluation
2. Apply evaluation findings to refine and maintain programmes

Advanced 2 (Doctorate and 5 years' experience or more)
1. Propose possible explanations for evaluation findings

Responsibility V: Administer Health Education Strategies, Interventions and Programmes
Competency A: Exercise organisational leadership
Entry Level
1. Conduct strategic planning
2. Analyse the organisation's culture in relationship to programme goals
3. Promote cooperation and feedback among personnel related to the programme

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Develop strategies to reinforce to change organisational culture to achieve programme goals
2. Ensure that programme activities comply with existing laws and regulations
3. Develop budgets to support programme requirements

Advanced 2 (Doctorate and 5 years' experience or more)
1. Facilitate administration of the evaluation plan

Competency B: Secure fiscal resources
Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Manage programme budgets

Advanced 2 (Doctorate and 5 years' experience or more)
1. Prepare proposals to obtain fiscal resources

Competency C: Manage human resources
Entry Level
1. Develop volunteer opportunities

Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Demonstrate leadership in managing human resources
2. Apply human resource policies consistent with relevant laws and regulations
3. Identify qualifications of personnel needed for programmes
4. Facilitate staff development
5. Apply appropriate methods of conflict resolution

Competency D: Obtain acceptance and support for programmes
Advanced 1 (Baccalaureate/master's, 5 years' experience or more)
1. Use concepts and theories of public relations and communications to obtain programme support.
2. Facilitate cooperation among personnel responsible for health education programmes.

Advanced 2 (Doctorate and 5 years' experience or more)
1. Provide support for individuals who deliver professional development (courses)

Responsibility VI: Serve as a Health Education Resource Person
Competency A: Use health related information sources
    <u>Entry Level</u>
1. Match information needs with the appropriate retrieval systems
2. Select a data system commensurate with programme needs
3. Determine the relevance of various computerised health information resources
4. Access health information resources
5. Employ electronic technology for retrieving references

Competency B: Respond to requests for health information
    <u>Entry Level</u>
1. Identify information sources needed to satisfy a request
2. Refer requesters to valid sources of health information

Competency C: Select resources materials for dissemination
    <u>Entry Level</u>
1. Evaluate applicability of resource materials for given audience
2. Apply various processes to acquire resource materials
3. Assemble educational material of value to the health of individuals and community groups

Competency D: Establish consultative relationships
    <u>Entry Level</u>
1. Analyse parameters of effective consultative relationships
2. Analyse the role of the health educators as a liaison between programme staff and outside groups and organisations
3. Act as liaison among consumer groups, individuals, and health care provider organisations
4. Apply networking skills to develop and maintain consultative relationships
5. Facilitate collaborative training efforts among health agencies and organisations

    <u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Describe consulting skills needed by health educators

Responsibility VII: Communicate and Advocate for Health and Health Education
Competency A: Analyse and respond to current and future needs in health education
<u>Entry Level</u>
1. Analyse factors (e.g. social, cultural, demographic, and political) that influence decision-makers

<u>Advanced 1 (Baccalaureate/master's, 5 years' experience or more)</u>
1. Respond to challenges facing health education programmes
2. Implement strategies for advocacy initiatives
3. Use evaluation data to advocate for health education programmes

<u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Analyse the interrelationships among ethics, values and behaviour
2. Relate health education issues to larger social issues

Competency B: Apply a variety of communication methods and techniques
<u>Entry Level</u>
1. Assess the appropriateness of language in health education messages
2. Compare different methods of distributing educational materials
3. Respond to public input regarding health education information
4. Use culturally sensitive communication methods and techniques
5. Use appropriate techniques when communicating health and health education information
6. Use oral, electronic, and written techniques for communicating health education information
7. Demonstrate proficiency in communicating health information and health education needs

Competency C: Promote the heath education profession individually and collectively
<u>Entry Level</u>
1. Develop a personal plan for professional growth

<u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Describe the state of the art of health education practice
2. Explain the major responsibilities of the health educator in the practice of health education
3. Explain the role of health education associations in advancing the profession
4. Explain the benefits of participating in professional orgnaisations

Competency D: Influence health policy to promote health
<u>Entry Level</u>
Identify the significance and implications of health care providers' messages to consumers

<u>Advanced 1 (Baccalaureate/master's, 5 years' experience or more)</u>
1. Use research results to develop health policy

<u>Advanced 2 (Doctorate and 5 years' experience or more)</u>
1. Describe how research results influence health policy
2. Use evaluation findings in policy analysis and development

Code of Ethics for the Health Education Profession
http://www.nchec.org/credentialing/ethics/

Preamble

The Health Education profession is dedicated to excellence in the practice of promoting individual, family, organisational, and community health. Guided by common ideals, Health Educators are responsible for upholding the integrity and ethics of the profession s they face the daily challenges of making decisions. By acknowledging the value of diversity in society and embracing a cross-cultural approach, Health Educators support the worth, dignity, potential and uniqueness of all people.

The Code of Ethics provides a framework of shared values within which Health Education is practiced. The Code of Ethics is grounded in fundamental ethical principles that underlie all health care services: respect for autonomy, promotion of social justice, active promotion of good, and avoidance of harm. The responsibility of each health educator is to aspire to the highest possible standards of conduct and to encourage the ethical behaviour of all those with whom they work.

Regardless of job title, professional affiliation, work setting, or population served, Health Educators abide by these guidelines when making professional decisions.

Article 1: Responsibility to the Public

A Health Educator's ultimate responsibility is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health. When a conflict of issues arises among individuals, groups, organisations, agencies, or institutions, health educators must consider all issues and give priority to those that promote wellness and quality of living through principles of self-determination and freedom of choice for the individual.

Section 1: Health Educators support the right of individuals to make informed decisions regarding health, as long as such decisions pose no threat to the health of others.

Section 2: Health Educators encourage actions and social policies that support and facilitate the best balance of benefits over harm for all affected parties.

Section 3: Health Educators accurately communicate the potential benefits and consequences of the services and programs with which they are associated.

Section 4: Health Educators accept the responsibility to act on issues that can adversely affect the health of individuals, families, and communities.

Section 5: Health Educators are truthful about their qualifications and the limitations of their expertise and provide services consistent with their competencies**.**

Section 6: Health Educators protect the privacy and dignity of individuals.

Section 7: Health Educators actively involve individuals, groups, and communities in the entire educational process so that all aspects of the process are clearly understood by those who may be affected.

Section 8: Health Educators respect and acknowledge the rights of others to hold diverse values, attitudes, and opinions.

Section 9: Health Educators provide services equitably to all people.

<u>Article II: Responsibility to the Profession</u>

Health Educators are responsible for their professional behaviour, for the reputation of their profession, and for promoting ethical conduct among their colleagues.

Section 1: Health Educators maintain, improve, and expand their professional competence through continued study and education; membership, participation, and leadership in professional organizations; and involvement in issues related to the health of the public.

Section 2: Health Educators model and encourage non-discriminatory standards of behaviour in their interactions with others.

Section 3: Health Educators encourage and accept responsible critical discourse to protect and enhance the profession.

Section 4: Health Educators contribute to the development of the profession by sharing the processes and outcomes of their work.

Section 5: Health Educators are aware of possible professional conflicts of interest, exercise integrity in conflict situations, and do not manipulate or violate the rights of others.

Section 6: Health Educators give appropriate recognition to others for their professional contributions and achievements

<u>Article III: Responsibility to Employers</u>

Health Educators recognize the boundaries of their professional competence and are accountable for their professional activities and actions.

Section 1: Health Educators accurately represent their qualifications and the qualifications of others whom they recommend.

Section 2: Health Educators use appropriate standards, theories, and guidelines as criteria when carrying out their professional responsibilities.

Section 3: Health Educators accurately represent potential service and program outcomes to employers.

Section 4: Health Educators anticipate and disclose competing commitments, conflicts of interest, and endorsement of products.

Section 5: Health Educators openly communicate to employers, expectations of job-related assignments that conflict with their professional ethics.

Section 6: Health Educators maintain competence in their areas of professional practice.

<u>Article IV: Responsibility in the Delivery of Health Education</u>

Health Educators promote integrity in the delivery of health education. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to the needs of diverse populations and communities.

Section 1: Health Educators are sensitive to social and cultural diversity and are in accord with the law, when planning and implementing programs.

Section 2: Health Educators are informed of the latest advances in theory, research, and practice, and use strategies and methods that are grounded in and contribute to development of professional standards, theories, guidelines, statistics, and experience.

Section 3: Health Educators are committed to rigorous evaluation of both program effectiveness and the methods used to achieve results.

Section 4: Health Educators empower individuals to adopt healthy lifestyles through informed choice rather than by coercion or intimidation.

Section 5: Health Educators communicate the potential outcomes of proposed services, strategies, and pending decisions to all individuals who will be affected.

Article V: Responsibility in Research and Evaluation

Health Educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.

Section 1: Health Educators support principles and practices of research and evaluation that do no harm to individuals, groups, society, or the environment.

Section 2: Health Educators ensure that participation in research is voluntary and is based upon the informed consent of the participants.

Section 3: Health Educators respect the privacy, rights, and dignity of research participants, and honour commitments made to those participants.

Section 4: Health Educators treat all information obtained from participants as confidential unless otherwise required by law.

Section 5: Health Educators take credit, including authorship, only for work they have actually performed and give credit to the contributions of others.

Section 6: Health Educators who serve as research or evaluation consultants discuss their results only with those to whom they are providing service, unless maintaining such confidentiality would jeopardize the health or safety of others.

Section 7: Health Educators report the results of their research and evaluation objectively, accurately, and in a timely fashion.

Article VI: Responsibility in Professional Preparation

Those involved in the preparation and training of Health Educators have an obligation to accord learners the same respect and treatment given other groups by providing quality education that benefits the profession and the public.

Section 1: Health Educators select students for professional preparation programs based upon equal opportunity for all, and the individual's academic performance, abilities, and potential contribution to the profession and the public's health.

Section 2: Health Educators strive to make the educational environment and culture conducive to the health of all involved, and free from sexual harassment and all forms of discrimination.

Section 3: Health Educators involved in professional preparation and professional development engage in careful preparation; present material that is accurate, up-to-date, and timely; provide reasonable and timely feedback; state clear and reasonable expectations; and conduct fair assessments and evaluations of learners.

Section 4: Health Educators provide objective and accurate counselling to learners about career opportunities, development, and advancement, and assist learners secure professional employment.

Section 5: Health Educators provide adequate supervision and meaningful opportunities for the professional development of learners.

Approved: **Coalition of National Health Education Organizations, November 8, 1999, Chicago**

Appendix 8

Estonia
Professional Requirements

5.1 General knowledge and skills
5.1.1 Human rights, professional ethics and behaviour
5.1.2 Civics
5.1.3 Legislation
      1. Legal acts of the Republic of Estonia regarding professional activity
      2. International legal acts
      3. Work law
5.1.4 Basics of economy
5.1.5 Health economics and project financing
5.1.6 Management
5.1.7 Communication
5.1.8 Customer service
5.1.9 Teamwork
5.1.10 Supervision
5.1.11 Counselling and guidance
5.1.12 Language skills
      1. Estonian – basic level
      2. One foreign language – intermediate level
      3. Second foreign language – advanced level
5.1.13 Media and public relations
5.1.14 Computer literacy
5.1.15 Using office and communication technology

5.2. Basic knowledge and skills
5.2.1 Philosophy and development of health and health promotion
      1. Concepts of health
      2. Values and ethics in health promotion
      3. Development of health and life quality, salutogenisis
      4. Concepts of health promotion, disease prevention, health protection, support,
      treatment and rehabilitation
      5. Determinants of health
      6. Different approaches to health promotion
      7. Development of health promotion
5.2.2 Theories and models in health promotion
      1. Social psychology
      2. Health psychology
      3. Theories of politics, socialising of politics
      4. Theories and models of organisational changes
      5. Theories and models of changes effecting individuals
      6. Interpersonal theories and models
      7. Theories and models of community organisations
      8. Frame-models for achieving changes in health
5.2.3 Applied health promotion
      1. Population health analysis: methods and didactics
      2. Evaluation of local needs and capabilities: methods and didactics
      3. Evidence base, literature analysis

4. Selection and application of theories

5. Action plan drawing skills

6. Composing a goal matrix

7. Selection of health promotion intervention didactics

8. Composing strategies

9. Implementation of strategies and planning of action continuance

10. Evaluation of health promotion programmes

11. Documenting intervention

12. Communication and guidance of changes

13. Health promotion casework

14. Health promotion activity in localities and institutions

15. Health promotion work at population level

5.2.4 Basics of research

1. Theory and ideology of scientific research

2. Methodological approaches of research

3. Qualitative and quantitative researches

4. Research drafts and ways of measurement

5. Analysis of research validity and credibility

6. Composing a research poll

7. Monitoring

8. Data analysis

9. Systematic literature search and analysis

10. Composing a research protocol and report

11 Subject participation based research

12 Basics of statistics

13 Basics of epidemiology

14 Demography

15 Using data analysis programmes

5.2.5 Health promotion organisation and structures

1. Healthcare systems and health policy in Estonia

2. International health promotion organisation and structures

3. Globalisation and health

4. Public health in the European Union

5. Public health in countries with different development levels

Appendix 9

Key Area 01. Surveillance and assessment of the population's health and well-being.
01.0 Undertake surveillance and assessment of the population's health and well-being
<u>Core</u>

01.00.1 Manage, analyse, interpret and communicate information, knowledge and statistics about health and well-being

01.00.2 Mange, analyse, interpret and communicate information, knowledge and statistics about needs and outcomes of health and well-being

01.01 Collect and form data and information about health and well-being and/or stressors to health and well-being

<u>Foundation</u>

01.01.1 Collect data and information about health and well-being and/or stressors to health and well-being

01.01.02 Form data and information about health and well-being and/or stressors to health and well-being for later analysis

01.02 Obtain and link data and information about health and well-being and/or stressors to health and well-being

<u>Foundation</u>

01.02.1 Obtain data and information about health and well-being and/or stressors to health and well-being

01.02.2 Link data and information about health and well-being and/or stressors for health and well-being

01.03 Analyse and interpret data and information about health and well-being and/or stressors to health and well-being

<u>Core</u>

01.03.1 Analyse data and information about health and well-being and/or stressors to health and well-being

01.03.2 Interpret data and information about health and well-being and/or stressors to health and well-being

01.04 Communicate and disseminate data and information about health and well-being and/or stressors to health and well-being

<u>Foundation</u>

01.04.1 Draft and structure communications about health and well-being and/or stressors to health and well-being

01.04.2 Finalise and disseminate communications about health and well-being and/or stressors to health and well-being

01.05 Facilitate others' collection, analysis, interpretation, communication and use of data and information about health and well/being and/or stressors to health and well-being

<u>Core</u>

01.05.1 Advise others on data and information related to health and well-being and/or stressors to health and well-being and its uses

01.05.2 Enable others to develop and apply their knowledge and skills in relation to data and information about health and well-being and/or stressors to health and well-being

01.06   Undertake surveillance and assessment of the population's health and well-being

<u>Core</u>

01.06.1   Collect and link data and information about health and well-being and related needs of a defined population

01.06.2   Analyse and interpret data and information about the health and well-being and related needs of a defined population

<u>Foundation</u>

01.06.3   Communicate data and information about the health and well-being and related needs of a defined population

Key Area 02 Promoting and protecting the population's health and well-being

02.0   Promote and protect the population's health and well-being

<u>Advanced</u>

02.00.1   Plan, implement, monitor and evaluate strategies for promoting the health and well-being of the population

02.00.2   Plan, implement, monitor and evaluate disease prevention and screening programmes to improve the population's health and well-being

02.00.3   Plan, implement, monitor and evaluate strategies for protecting the health and well-being of the population

02.01   Communicate with individuals, groups and communities about promoting their health and well-being

<u>Foundation</u>

02.01.1   Provide information to individuals, groups and communities about promoting health and well-being

<u>Core</u>

02.01.2   Enable individuals, groups and communities to develop their knowledge and skills about promoting health and well-being

02.02   Encourage behavioural change in people and agencies to promote health and well-being

<u>Foundation</u>

02.02.1   Encourage people and agencies to see the need to change their behaviour to improve health and well-being

<u>Core</u>

02.02.2   Enable people and agencies to sustain their behaviour change

02.02.3   Work with people and agencies to evaluate the effectiveness of their behaviour change

02.03   Work in partnership with others to promote health and well-being and reduce risks within settings

<u>Foundation</u>

02.03.1   Work in partnership with others to assess risk to health and well-being settings

02.03.2   Work in partnership with others to improve settings so that they promote health and well-being

02.03.3   Work in partnership with others to evaluate settings following improvements

02.04   Work in partnership with others to prevent the onset of adverse effects on health and well-being in populations

<u>Core</u>

02.04.1   Identify and contact people in the population who are in need of primary preventive interventions

02.04.2   Support people in the population during the process of primary preventive interventions

02.05   *Work in partnership with others in contact, assess and support individuals in populations, who are at risk from identified hazards to health and well-being*

Core

02.05.1   Trace and establish contact with individuals who are at risk, or who place others at risk, or who place others at risk, from hazards to health and well-being

02.05.2   Assist individuals to participate in secondary preventive interventions

02.06   *Work in partnership with others to protect the public's health and well-being from specific risks*

Foundation

02.06.1   Work in partnership with others to plan investigations to protect the public's health and well-being from specific risks

02.06.2   Work in partnerships with others to identify how to apply plans to protect the public's health and well-being from specific risks

02.06.3   Undertake own role in a partnership to protect the public's health and well-being from specific risks

Key area 03: Developing quality and risk management within an evaluative culture

03.00   *Develop quality and risk management within an evaluative culture*

Foundation

03.00.1   Assess risks to the population's health and well-being and apply this to practice

03.00.2   Assess the evidence and impact of health and healthcare interventions, programmes and services and apply the assessments to practice

03.00.3   Improve the quality of health and healthcare services and interventions through audit and evaluation

03.01   *Develop one's own knowledge and practice*

03.01.1   Reflect on and evaluate one's own values, priorities, interests and effectiveness

03.01.2   Synthesise new knowledge into the development of one's own practice

03.02   *Contribute to the development of the knowledge and practice of others*

Core

03.02.1   Enable others to solve problems and tackle issues arising in practice

03.02.2   Enable others to learn and benefit from one's experience

03.03   *Support and challenge workers on specific aspects of their practice*

Core

03.03.1   Enable other workers to reflect on their own values, priorities, interests and effectiveness

03.03.2   Provide professional supervision to individual workers

03.04   *Manage the performance of teams and individuals*

Advanced

03.04.1   Allocate work to teams and individuals

03.04.2   Agree objectives and work plans with team sand individuals

03.04.3   Assess the performance of teams and individuals

03.04.4   Provide feedback to teams and individuals on their performance

03.05   *Contribute to improvements at work*

Advanced

03.05.1   Improve work activities

03.05.2   Recommend improvements to plans

Key area 04: Collaborative working for health and well-being

04.00   *Improve health and well-being through working collaboratively*

Advanced

04.00.1   Develop and sustain cross-sectoral collaborative working for health and well-being

04.00.2   Advise others on health and well-being, related issues and their impact
04.00.3   Communicate effectively with the public and others about improving the health and well-being of the population

04.01   Build relationships within and with communities and organisations

Foundation
04.01.1   Develop contacts within and with communities

Core
04.01.2   Negotiate the purpose and basis for community development opportunities
04.01.3   Initiate joint working relationships within and with communities

04.02   Develop, sustain and evaluate collaborative work with others

Core
04.02.1   Explore and assess the potential for collaborative working
04.02.2   Initiate and develop collaborative working relationships and arrangements
04.02.3   Sustain collaborative working relationships and arrangements
04.02.4   Review and evaluate collaborative working

04.03   Represent one's own agency at other agencies' meetings

Foundation
04.03.1   Obtain information from other agencies' meetings
04.03.2   Make contributions to other agencies' meetings

04.04   Involve groups and communities in all aspects of improving health and well-being and reducing inequalities

Foundation
04.04.1   Work in partnership with communities to assess health and well-being and related needs
04.04.2   Work in partnership with communities to plan how to improve health and well-being

Core
04.04.3   Work in partnership with communities to implement policies, strategies, services, programmes and interventions to improve health and well-being
04.04.4   Work in partnership with communities to evaluate policies, strategies, services, programmes and interventions to improve health and well-being

04.05   Enable the views of groups and communities to be heard through advocacy on their behalf

Core
04.05.1   Establish with groups and communities their interests, concerns and priorities
04.05.2   Act on behalf of groups and communities when they are not able to represent their interests, concerns and priorities
04.05.3   Enable groups and communities to monitor and evaluate the advocacy
04.05.4   Enable groups and communities to find alternative solution to advocacy

04.06   Provide information and advice to the media about health and well-being and related issues

Advanced
04.06.1   Advise the media about specific issues relating to health and well-being
04.06.2   Respond to requests fro information from the media

Key area 05: Developing health programmes and services and reducing inequalities
05.00   Develop health programmes and services and reduce inequalities.
Advanced

05.00.1 Enable inequalities in health and well-being to be reduced through planning and targeting services and programmes

05.00.2 Plan, implement, monitor and evaluate programmes, services and interventions to address health and well-being needs

05.01 Work in partnership with others to plan, implement and review programmes and projects to improve health and well/being and reduce inequalities

Foundation

05.01.1 Work in partnership with others to plan programmes and projects to improve health and well-being

05.01.2 Work in partnership with others to implement programmes and projects to improve health and well-being

Core

05.01.3 Work in partnership with others to evaluate programmes and projects to improve health and well-being

05.02 Manage change in organisational activities

Advanced

05.02.1 Identify opportunities for benefits and disadvantages

05.02.2 Evaluate proposed changes for benefits and disadvantages

05.02.3 Plan the implementation of change in activities

05.02.4 Agree the introduction of change

05.02.5 Implement changes in activities

05.03 Develop people's skills and roles within community groups/networks

Core

05.03.1 Assist community groups/networks to define their needs for people and skills

Advanced

05.03.2 Enable community/groups networks to support volunteers and staff

05.03.4 Work with community groups/networks to review their purpose

05.04 Assess, negotiate and secure sources of funding

Core

05.04.1 Determine and assess potential sources of funding

05.04.2 Negotiate and secure sources of funding

Key area 06: Policy and strategy development and implementation to improve health and well-being

06.00 Improve health and well-being through policy and strategy development and implementation

Core

06.00.1 Work in partnership with others to shape and influence the development of policies to improve health and well-being and reduce inequalities

06.00.2 Work in partnership with others to implement strategies for putting policies to improve health and well-being into effect

06.00.3 Assess the impact of policies on health and well-being

06.01 Work in partnership with others to plan, implement, monitor and review strategies to improve health and well-being

Core

06.01.1 Develop and agree priorities and targets for improving health and well-being and reducing inequalities

06.01.2 Plan how to put strategies for improving health and well-being and reducing inequalities into effect

06.01.3 Implement strategies for improving health and well-being and reducing inequalities

06.01.4   Work in partnerships with others to monitor and review strategies for improving health and well-being

06.02   Work in partnership with others to assess the impact of policies and strategies on health and well-being

<u>Core</u>

06.02.1   Work in partnership with others to make a preliminary assessment of the impact of policies and strategies on health and well-being and the reduction of inequalities

<u>Advanced</u>

06.02.2   Work in partnership with others to undertake a full assessment of the impact of policies and strategies on health and well-being

06.03   Work in partnership with others to develop policies to improve health and well-being

<u>Core</u>

06.03.1   Advise how health improvement can be promoted in policy development

06.03.2   Contribute to the formulation of policy focused on improving health and well-being

<u>Advanced</u>

06.03.3   Evaluate and review the effects of policies on health improvement

06.04   Appraise policies and recommend changes to improve health and well-being

<u>Advanced</u>

06.04.1   Monitor and trends and developments in policies for their impact on health and well-being

06.04.2   Present information and arguments to others on how policies affect health and well-being and the reduction of inequalities

06.04.3   Evaluate and recommend changes to policies to improve health and well-being

Key area 07: Collaborative working for health and well-being

07.00   Improve health and well-being through working with and for communities

<u>Foundation</u>

07.00.1   Involve communities as active partners in all aspects of improving health and well-being

<u>Core</u>

07.00.2   Empower communities to improve their own health and well-being

07.00.3   Enable communities to develop their capacity to advocate for health and well-being

07.01   Facilitate the development of people and learning in communities

<u>Foundation</u>

07.01.1   Work with communities to define human resources needs

07.01.2   Work with communities to meet personal requirements

<u>Core</u>

07.01.3   Work between organisations in communities to identify and develop opportunities for learning in partnerships

07.02   Create opportunities for learning from practice and experience

<u>Core</u>

07.02.1   Promote opportunities for learning from practice and experience

07.02.2   Facilitate opportunities for learning from practice and experience

07.03 Support communities to plan and take collective action

<u>Advanced</u>

07.03.1   Support communities to identify aims and objectives for collective action

07.03.2   Support communities to develop a plan of collective action

07.03.3   Support communities to put an agreed plan into action
07.04   *Work with communities to establish and sustain networks to improve health and well-being*

<u>Core</u>
07.04.1   Support community groups/networks to identify and review strengths and weaknesses

<u>Advanced</u>
07.04.2   Support community groups/networks to develop their own practice
07.04.3   Promote inclusive and empowering ways of working within communities
07.05   *Enable people and groups to address issues related to health and well-being*
<u>Core</u>
07.05.1   Enable people to determine their own health issues and concerns
07.05.2   Enable people to plan how to address their issues and concerns
07.05.3   Act as a resource as people take actions to address their issues and concerns
<u>Advanced</u>
07.05.4   Support people in evaluating their actions and learning from their experience
07.06   *Enable people to improve others' health and well-being*
<u>Core</u>
07.06.1   Negotiate and agree with people how they may enable others to improve their health and well-being
07.06.2   Enable people to improve the health and well-being of others
07.06.3   Enable people to review the effectiveness of their work with others
07.07   *Work with individuals and others to minimise the effects of specific health conditions*
<u>Advanced</u>
07.07.1   Provide initial support to individuals who have been identified with a specific condition
07.07.2   Provide further support to individuals with a specific condition to enable them to minimise its effects and complications

Key area 08: Strategic leadership for health and well-being
08.00   *Strategically lead the improvement of health and well/being and the reduction of inequalities*
<u>Advanced</u>
08.00.1   Develop, sustain and implement a vision and objectives for improving health and well-being
08.00.2   Lead teams and individuals to improve health and well-being
<u>Core</u>
08.00.3   Develop capacity and capability to improve health and well-being
08.01   *Facilitate the value of, and need for, health and well-being*
<u>Advanced</u>
08.01.1   Sustain and share a vision for improving health and well-being
<u>Core</u>
08.01.2   Lead others in improving health and well-being
08.02   *Promote the value of, and need for, health and well-being*

<u>Core</u>
08.02.1   Create and capitalise upon opportunities to advocate the need for improving health and well-being
<u>Foundation</u>
08.02.2   Promote the improvement of health and well-being as an essential value

08.03   Lead the work of teams and individuals to achieve their objectives

<u>Advanced</u>

08.03.1   Plan the work of teams and individuals

08.03.2   Assess the work of teams and individuals

08.03.3   Provide feedback to teams and individuals on their work

08.04   Design learning programmes

<u>Foundation</u>

08.04.1   Choose options for meeting learning needs

<u>Core</u>

08.04.2   Design learning programmes for learners

08.05   Enable learning through presentations

<u>Foundation</u>

08.05.1   Giver presentations to groups

08.05.2   Produce follow-up exercise

08.06   Evaluated and improve learning and development programmes

<u>Foundation</u>

08.06.1   Choose how to evaluate programmes

<u>Core</u>

08.06.2   Analyse information to improve learning and development programmes

08.06.3   Make improvements to learning and development programmes

Key area 09: Research and development to improve health and well-being

09.00   Improve health and well-being through research and development

<u>Core</u>

09.00.1   Appraise, plan and manage research related to improving health and well-being

09.00.2   Interpret research findings and implement them in practice

09.01   Plan, undertake, evaluated and disseminate research and development about improving health and well-being

<u>Advanced</u>

09.01.1   Plan research and development about improving health and well-being

09.01.2   Research and develop the improvement of health and well-being

09.01.3   Evaluate and disseminate research and development about improving health and well-being

09.02   Develop and maintain a strategic overview of developments in knowledge and practice

<u>Core</u>

09.02.1   Collate and appraise developments in knowledge and practice

09.02.2   Identify areas of knowledge and practice that need further development

09.03.3   Co-ordinate the dissemination of information and developments in knowledge and practice

09.03   Develop and implement and evaluate strategies to advance knowledge and practice

<u>Core</u>

09.03.1   Prioritise areas for research and development activity to advance knowledge and practice

09.03.2   Plan how needs for research and development activity should be addressed

09.04   Commission, monitor and evaluate projects to advance knowledge and practice

<u>Advanced</u>

09.04.1   Commission projects to advance knowledge and practice

09.04.2   Monitor and evaluate the process and progress of projects against targets

09.04.3   Support project staff to enable them to achieve project objectives

09.05   *Contribute to the evaluation and implementation of research and development*
            outcomes

<u>Foundation</u>

09.05.2   Contribute to planning the implementation of research and development
            outcomes

<u>Core</u>

09.05.1   Contribute to decision making about the potential value of research and
            development outcomes

09.05.3   Facilitate the implementation of research and development outcomes

<u>Advanced</u>

09.05.4   Contribute to the evaluation and review of implementing research and
            development outcomes

Key are 10: Ethically managing self, people and resources to improve health and well-being

10.00   Ethically manage self, people and resources to improve health and well-being

<u>Advanced</u>

10.00.1   Manage the development and direction of work

10.00.2   Manage services that are aimed at improving health and well-being

10.01   *Promote people's equality, diversity and rights*

<u>Foundation</u>

10.01.1   Promote people's rights and responsibilities

10.01.2   Promote equality and diversity of people

10.01.3   Promote people's rights to the confidentiality of information

10.02   *Prioritise and manage own work and the focus of activities*

<u>Foundation</u>

10.02.1   Evaluate demands for services

10.02.2   Negotiate and agree priorities and plans

10.02.3   Monitor and review services in response to emerging needs and issues

10.03   *Manage the use of financial resources*

<u>Core</u>

10.03.1   Make recommendations for expenditure

<u>Advanced</u>

10.03.2   Control expenditure against budgets

10.04   *Monitor and review progress with learners*

<u>Core</u>

10.04.1   Review progress with learners

10.05   *facilitate individual learning and development through mentoring*

<u>Core</u>

10.05.1   Identify the learning and development needs of individuals

10.05.2   Plan with individuals how learning and development needs will be addressed
            through mentoring

10.05.3   Mentor individuals to achieve identified outcomes

10.05.4   Review the effectiveness of mentoring with individuals

10.06   *Enable individual learning through coaching*

<u>Core</u>

10.06.1   Coach individual learning

10.06.2   Help individual learners to apply their learning

Skills for Health
Public health is divided into nine areas of work. There are four core areas that anyone working in public health must know about and have certain competences within.   The framework is defines nine levels of skills and competence and knowledge.

Core Areas
1. Surveillance and assessment of the population's health and well-being.
Level 2

1.2.1	Collect and record data accurately
1.2.2	Identify any mistakes in recording data and notify the relevant manager.

Level 3

1.3.1	Collect data on people and/or the services they use, to contribute to knowledge of the population's health and wellbeing.
1.3.2	Raise any issues with data collection or quality with a relevant person.

Level 4

1.4.1	Obtain and use routine data to describe the health and wellbeing of a defined population.
1.4.2	Collect and collate basic data on health and wellbeing and the related needs of a defined population.
1.4.3	Undertake simple analysis of various types of data on health and wellbeing and needs.
1.4.4.	Summarise and present data and the results of simple analysis of health and wellbeing and needs in simple formats.
1.4.5	Check the quality of own data and results of analysis.

Level 5

1.5.1	Collect and collate routine data on health and wellbeing and needs using a range of tools and techniques.
1.5.2	Analyse routine data on health and wellbeing and needs using basic analytical techniques.
1.5.3	Collect and collate non-routines data on health and wellbeing and needs that is specific to own area of expertise or practice, using specified methods and tools.
1.5.4	Analyse non-routine data on health and wellbeing and needs that is specific t own area of expertise or practice, using basic analytical techniques.
1.5.5	Interpret data on health and wellbeing within own area of expertise or practice.
1.5.6	Communicate and disseminate findings of the health and wellbeing of a population to others.

Level 6

1.6.1	Collate surveillance and assessment of data on a defined population using appropriate methods.
1.6.2	Analyse and interpret surveillance and assessment data relating to a defined population, using appropriate quantitative and qualitative techniques and identifying the key messages that emerge.
1.6.3.	Assess the implications of surveillance and assessment data relating to a defined population and recommend appropriate response(s).
1.6.4.	Present, communicate and disseminate data on health and wellbeing in a variety of ways as appropriate to various audiences.

<table>
<tr><td>1.6.5</td><td>Facilitate and support others in collecting, collating, analysing and communicating data on health and wellbeing and needs.</td></tr>
</table>

Level 7

1.7.1 Assess and describe the health and wellbeing and needs of specific populations and the inequities in health and wellbeing experienced by populations, communities and groups.

1.7.2 Measure, analyse, compare and interpret the health and wellbeing and needs of various populations, communities and groups.

1.7.3 Identify gaps in surveillance data and initiate action to fill these gaps.

1.7.4 Influence decision-making about population health and wellbeing through the presentation, communication and dissemination of data and analysis of health and wellbeing and needs.

1.7.5 Advise others on the collection, analysis and reporting of surveillance and assessment data for your specific area of expertise.

1.7.6 Interpret and apply indicators for monitoring the population's health and wellbeing.

Level 8

1.8.1 Develop and manage services and systems for describing and assessing the health and wellbeing and needs of defined populations.

1.8.2 Assess and describe the health and wellbeing and needs of populations using a variety of methods.

1.8.3 Translate findings about health and wellbeing and needs into appropriate recommendations for action, policy decisions and service commissioning, delivery and provision.

1.8.4 Disseminate the findings and implications of data relating to health and wellbeing and needs to various audiences.

1.8.5 Contribute to the development of indicators for monitoring the population's health and wellbeing and needs and associated targets.

Level 9

1.9.1 Take a strategic overview of surveillance and assessment data across a wide variety of agencies.

1.9.2 Make decisions on the basis of surveillance data in a multi-agency environment.

1.9.3 Evaluate surveillance and assessment data and address any gaps and deficiencies that are found.

1.9.4 Influence policy and priority setting at national, regional or local level through the effective use of surveillance data.

1.9.5. Ensure health and wellbeing surveillance data is presented in a meaningful way to all relevant audiences.

2. Assessing the evidence of effectiveness of interventions programmes and services to improve population health and well-being.

Level 1

2.1.1 Follow policies, procedures, guidelines and protocols in own work.

2.1.2 Record data relating to own area of work.

Level 2

2.2.1 Record data that will inform the effectiveness of own area of work.

Level 3

2.3.1 Collect evidence relating to a specific subject.

2.3.2 Contribute to the collation of evidence relating to a specific subject.

2.3.3. Recognise any invalid or inaccurate information and take appropriate action.

2.3.4 Summarise and present simple evidence.

2.3.5 Carry out specific tasks related to reviewing own area of work.

2.3.6 Apply evidence to own work.

Level 4

2.4.1 Find and retrieve simple evidence

2.4.2 Validate simple evidence

2.4.3 Communicate evidence to a limited audience.

2.4.4 Carry out specific activities related to reviewing effectiveness of own area of work.

2.4.5 Apply evidence to own area of work.

Level 5

2.5.1 Collect and collate evidence from various sources identified by others.

2.5.2 Assess and validate evidence form various sources.

2.5.3 Synthesise and interpret evidence from various sources.

2.5.4 Communicate evidence to others.

2.5.5 Apply evidence in own role.

2.5.6 Identify whether the benefits of own work might contribute to the development of the evidence base, and share this with others.

2.5.7 Develop specific performance indicators based on evidence to review the effectiveness of own work.

2.5.8 Contribute to reviewing the effectiveness of own area of work.

Level 6

2.6.1 Frame a question to be used as the basis for reviewing literature in relation to evidence on a specific issue.

2.6.2 Identify, collect and collate the evidence that is needed to answer a question on a specific issue.

2.6.3 Synthesise, appraise and summarise evidence on a specific issue.

2.6.4 Communicate findings of the appraisal of evidence on a specific issue.

2.6.5 Apply evidence within own area of work.

2.6.6 Advise others about using evidence in the work.

2.6.7 Contribute to the development and implementation of evidence-based policies, procedures, guidelines and protocols.

Level 7

2.7.1 Critically appraise and summarise evidence from a range of sources.

2.7.2 Formulate recommendations fro change on the basis of critically appraised evidence.

2.7.3 Influence the development of policies, procedures, guidelines or protocols on the basis of critically appraised evidence.

2.7.4 Advise a range of audiences about evidence.

2.7.5 Identify gaps in evidence and initiate action to fill these gaps.

2.7.6 Review own area of work to ensure it is effective in achieving its aims.

Level 8

2.8.1 Make and influence decisions based on evidence of effectiveness

2.8.2 Challenge the decisions that others make when evidence has not been taken into account.

2.8.3 Lead on the evaluation of interventions, programmes and services.

Level 9

2.9.1 Set and maintain a culture of continuous evidence-based improvement.

2.9.2 Influence political and partnership decision-making to maximise the application and use of evidence in achieving change.

2.9.3   Anticipate and meet challenges to evidence in a range of political and partnership environments.

2.9.4   Communicate and disseminate critically appraised evidence to key decision-makers in various organisations.

2.9.5   Integrate critically appraised evidence into work programmes and services.

3. Policy and strategy development and implementation for population health and well-being.

Level 1

3.1.1   Feedback to relevant person any positive or negative comments relating to policies.

Level 2

3.2.1   Alert relevant people when policies have an adverse effect on people's health and wellbeing and/or own work.

Level 3

3.3.1   Apply policies and strategies in own role.

3.3.2   Feedback to relevant person when policies and strategies have helped or hindered people's health and wellbeing in own work.

Level 4

3.4.1   Support the implementation of policies and strategies in own area of work.

3.4.2   Offer constructive comments on the effect of policies and strategies on health and wellbeing.

3.4.3   Seek advice when there are issues with applying policies and strategies to own work.

Level 5

3.5.1   Contribute to the implementation of policies and strategies in own area of work.

3.5.2   Support others in implementation policies and strategies within a defined area.

3.5.3   Contribute to development of specific policies and strategies.

3.5.4   Identify the actual and/or potential impact of policies and strategies on the population's health and wellbeing in own area of work.

Level 6

3.6.1   Contribute to the interpretation and application of policies and strategies in own area of work.

3.6.2   Implement relevant aspects of policies and strategies in own area of work.

3.6.3   Appraise draft policies and strategies and recommend changes to improve their development.

3.6.4   Contribute to assessing the potential or actual impact of policies and strategies on health and wellbeing in own area of work.

Level 7

3.7.1   Interpret and communicate local, regional and national policies and strategies within own area of work.

3.7.2   Work with a range of people and agencies to implement policies and strategies in interventions, programmes and services.

3.7.3   Contribute to the development of policies and strategies beyond own area of work.

3.7.4   Contribute to the development of policies and strategies within our own area of work.

3.7.5   Assess the actual or potential impact of policies and strategies on health and wellbeing.

3.7.6   Provide specialist input to policies and strategies that are under development.

3.7.7   Alert the relevant people to issues and gaps in policies and strategies that are affecting health and wellbeing.

Level 8

3.8.1   Interpret and apply local, regional and national policies and strategies.

3.8.2   Influence the development of policies and strategies at other levels and/or within own area of work.

3.8.3   Develop and implement policies and strategies in own area of work.

3.8.4   Identify opportunities for policy development that will improve health and wellbeing and reduce inequalities.

Level 9

3.9.1   Identify where new policies and strategies are needed to improve the population's health and wellbeing.

3.9.2   Lead on the development and implementation of policy and strategy to improve the population's health and wellbeing.

3.9.3   Lead on assessing the impact of policies and strategies on the population's health and wellbeing.

3.9.4   Influence the development of policies and strategies to improve the population's health and wellbeing.

4. Leadership and collaborative working for population health and well-being.

Level 1

4.1.1   Contribute to the work of the team.

4.1.2   Communicate effectively within your own team.

Level 2

4.2.1   Work effectively as a member of a team to improve population health and wellbeing.

4.2.2   Communicate effectively with people related to own work role to improve the population health and wellbeing.

Level 3

4.3.1   Contribute to the work of various teams or agencies

4.3.2   Work as an effective team member.

4.3.3   Work effectively with other teams to improve population health and wellbeing.

4.3.4   Communicate effectively with a range of people related to own work role.

4.3.5   Actively feedback team opportunities and issues to the relevant person.

Level 4

4.4.1   Work effectively with people from teams and agencies other than one's own to improve population health and wellbeing.

4.4.2   Be an effective member of various teams.

4.4.3   Support others in undertaking specific activities and tasks.

4.4.4   Promote the value of health and wellbeing and the reduction of inequalities in own work.

4.4.5   Communicate effectively for a range of purposes and with various audiences.

4.4.6   Constructively reflect on own work and area of practice

Level 5

4.5.1   Collaborate with others effectively to improve population health and wellbeing.

4.5.2   Lead on discrete areas of work.

4.5.3   Identify and influence other people and agencies in own area of work to improve population health and wellbeing.

4.5.4   Contribute effectively to change within own area of work.

4.5.5   Promote the value of population health and wellbeing and the reduction of inequalities in various teams or agencies.

4.5.6 Communicate using various techniques appropriate to the audience and the purpose of the communication.

4.5.7 Share knowledge to facilitate the development of others.

Level 6

4.6.1 Engage and work collaboratively with a range of people and agencies to improve population health and wellbeing.

4.6.2 Identify opportunities and develop structures to take forward approaches to improve population health and wellbeing including making use of partnership working.

4.6.3 Coordinate programmes or projects to improve population health and wellbeing.

4.6.4 Contribute effectively to change and developments within own area of work.

4.6.5 Promote the value of health and wellbeing and the reduction of inequalities across settings and agencies.

4.6.6 Review the effectiveness of collaborative working and make recommendations for improvement.

4.6.7 Facilitate the development of others using a variety of methods.

Level 7

4.7.1 Manage programmes or projects to improve population health and wellbeing.

4.7.2 Engage and influence others in and beyond own organisation to improve population health and wellbeing.

4.7.3 Lead others across projects or programmes to improve population health and wellbeing.

4.7.4 Lead and influence change in own area of work.

4.7.5 Advocate for health and wellbeing and reducing health inequalities.

4.7.6 Work effectively with various media to communicate key issues relevant to health and wellbeing and needs.

4.7.7 Review the effectiveness of collaborative working and make the necessary improvements.

4.7.8 Build and sustain capacity and capability through individual and team development.

4.7.9 Have insight into own behaviour within teams and in various settings.

Level 8

4.8.1 Lead on improving population health and wellbeing within and/or across organisations.

4.8.2 Engage and lead a group to influence positively the population's health and wellbeing.

4.8.3 Improve the population's health and wellbeing through effective use of negotiating, influencing, facilitation and management skills within a multi-agency environment.

4.8.4 Manage programmes and/or services to successful completion within available resources and timescales.

4.8.5 Lead change in a complex environment, handling uncertainty, the unexpected and conflicts appropriately.

4.8.6 Review collaborative working and put in place the necessary improvements.

4.8.7 Build and sustain capacity and capability through individual, team, organisational and partnership development.

Level 9

4.9.1 Set strategic direction and vision for health and wellbeing and communicate it effectively to improve population health and wellbeing.

4.9.2 Build and sustain strategic alliances and partnerships within a politically challenging environment.

4.9.3 Create and sustain infrastructure and cultures that enable strategic direction and vision to be realised.

4.9.4 Secure, prioritise and allocate resources to achieve optimal impact on population health and wellbeing.

4.9.5 Lead change within a politically challenging, multi-agency and multi-sectoral environment.

4.9.6 Lead on the sustainable development of capacity and capability to improve population health and wellbeing.

4.9.7 Maximise leadership and partnership working skills to improve population health and wellbeing, balancing the interests of organisational, political and multi-agency agendas and imperatives.

There are five non-core or 'defined' areas, representing the contexts within which individuals principally work and develop:

5. Health improvement

Level 1

5.1.1 Offer accurate information on health and wellbeing on specific issues to others.

Level 2

5.2.1 Provide information to others on how to improve health and wellbeing.

5.2.2 Signpost individuals to people and agencies that can help them improve their health and wellbeing.

5.2.3 Undertake health improvement tasks and activities as requested.

5.2.4 Listen to people's views and concerns about health and wellbeing and pass relevant information to others as agreed.

Level 3

5.3.1 Engage effectively with individuals and communities.

5.3.2 Implement specific activities within health improvement projects.

5.3.3 Communicate with people about their health and wellbeing and the actions they may take to achieve improvement.

5.3.4 Support individuals to communicate their views of and concerns about health and wellbeing, and convey these to others.

Level 4

5.4.1 Contribute to the planning and evaluation of health improvement projects and approaches.

5.4.2 Implement specific aspects of health improvement projects and approaches.

5.4.3 Communicate with individuals, groups and communities using various methods to enable them to improve their health and wellbeing.

5.4.4 Support individuals and groups to make and maintain informed choices about improving their health and wellbeing.

5.4.5 Communicate to relevant people the health concerns and interests of individuals and communities.

Level 5

5.5.1 Listen to and involve the public and communities in improving health and wellbeing and reducing inequalities.

5.5.2 Identify and take advantage of opportunities to improve health and wellbeing and reduce inequalities.

5.5.3 Plan, implement and review specific aspects of health improvements projects.

5.5.4 Develop resources for specific audiences to support the improvement of health and wellbeing and the reduction of inequalities.

Level 6
    5.5.5   Provide information and advice on specific measures and approaches to improve health and wellbeing.

    5.5.6   Articulate the health interests and concerns of individuals and communities to relevant people.

Level 6

    5.6.1   Involve communities and the public in assessing their health and wellbeing and needs, and identifying approaches to addressing these needs.

    5.6.2   Involve communities and the public in the planning, implementation and evaluation of health improvement programmes and projects.

    5.6.3   Plan, implement and review health improvement programmes and projects in various settings.

    5.6.4   Develop resources to support health improvement and reduction of inequalities for a range of audiences.

    5.6.5   Support communities and the public in articulating and advocating for health and wellbeing and their health concerns.

Level 7

    5.7.1   Lead on the implementation and review of health improvement programmes across agencies, partnerships and communities.

    5.7.2   Manage health improvement programmes across agencies, partnerships and communities.

    5.7.3   Advocate for communities' health and wellbeing and their concerns.

Level 8

    5.8.1   Plan and commission programmes to improve population health and wellbeing and reduce inequalities.

    5.8.2   Lead on the development, implementation and evaluation of health improvement programmes across agencies, partnerships and communities.

    5.8.3   Build sustainable capacity and resources for health improvement and the reduction of inequalities.

    5.8.4   Ensure infrastructure and processes are in place to enable and support communities in the articulation of their views and concerns about health and wellbeing.

Level 9

    5.9.1   Influence and shape the multi-agency political and policy agenda to maximise opportunities for improving population health and wellbeing and reducing inequalities.

    5.9.2   Engage with strategic partners in all sectors and the public to determine goals, priorities, strategies and success criteria for improving population health and wellbeing and reducing inequalities.

    5.9.3   Lead on commissioning for improving population health and wellbeing and reducing inequalities.

6. Health protection

Level 1

    6.1.1   Contribute to activities to protect health, safety and wellbeing in own area of work.

Level 2

    6.2.1   Identify and report risks to health, wellbeing and safety in won area of work.

Level 3

    6.3.1   Contribute to interventions to protect health, wellbeing and safety in relation to won area of work.

6.3.2 Explain to individuals the reasons for monitoring risks and undertaking activities to protect health, wellbeing and safety.

Level 4

6.4.1 Inspect, monitor and audit risks to health, wellbeing and safety in own area of work.

6.4.2 Report on medium to high risk activity in own area of work.

6.4.3 Communicate risks to health, wellbeing and safety to individuals and advise how the risks can be prevented, ameliorated or controlled.

Level 5

6.5.1 Contribute to field epidemiological investigations.

6.5.2 Implement interventions to protect health and wellbeing, taking into account health inequalities.

6.5.3 Identify and communicate with at-risk contacts and give advice under guidance.

6.5.4 Determine and deliver simple interventions to protect health, wellbeing and safety at an individual level.

6.5.5 Communicate risks to health, wellbeing and safety and provide advice to individuals on how to prevent, ameliorate or control the risks.

6.5.6 Assess risks to health, wellbeing and safety through audit, inspection, monitoring and analysis of basic data sets.

6.5.7 Contribute to the management of outbreaks or incidents.

Level 6

6.6.1 Determine and deliver specific interventions to protect individual and community health, wellbeing and safety.

6.6.2 Identify and work with partners to protect vulnerable populations from a specific risk.

6.6.3 Implement interventions to address health inequalities and the specific needs and risks that affect vulnerable groups.

6.6.4 Implement an agreed course of action during an incident or outbreak.

6.6.5 Identify hazards and assess serious risks to health, wellbeing and safety at individual and/or community level.

6.6.6 Coordinate contact tracing.

6.6.7 Interpret, analyse and report on interventions to protect population health wellbeing and safety, dealing appropriately with sensitive information.

6.6.8 Communicate risks to health, wellbeing and safety to individuals and communities and provide advice on how to prevent, ameliorate or control the risks.

Level 7

6.7.1 Manage systems, programmes, processes or interventions to protect population health and wellbeing.

6.7.2 Lead the implementation of an agreed course of action during an incident or outbreak.

6.7.3 Prepare material for, and effectively use the media for, the communication of health messages.

6.7.4 Plan to prevent, ameliorate or control risks to health and wellbeing at individual and/or community level.

6.7.5 Anticipate and predict risks and identify appropriate actions at individual and/or community level using surveillance and intelligence.

6.7.6 Assess complex risks to health and wellbeing and determine courses of action.

6.7.7 Determine and implement interventions to reduce the various complex influences on health inequalities and vulnerable groups.

6.7.8   Lead specific processes and be involved in the design of an epidemiological investigation.

Level 8

6.8.1   Manage multi-disciplinary or multi-sectoral policy or programmes to protect the population's health and wellbeing and achieve specified health goals.

6.8.2   Manage programmes of short- and long-term risk analysis, communication, reporting and research in relation to actual or perceived major threats to health and wellbeing.

6.8.3   Manage improvement of capability, contingency planning and resilience in order to monitor and respond to the increasing variety of infectious and environmental hazards.

6.8.4   Manage risk communication on issues considered or perceived to be major threats to population health and wellbeing.

6.8.5   Anticipate and predict risks and threats to population health, wellbeing and safety through the application of surveillance and assessment data, intelligence and horizon scanning.

6.8.6   Design and lead an epidemiological investigation.

Level 9

6.9.1   Strategically lead and direct multi-disciplinary or multi-sectoral policy or programmes to protect population health, wellbeing and safety and achieve specified health goals.

6.9.2   Lead programmes of short- and long-term risk analysis in relation to actual or perceived major threats to health and wellbeing.

6.9.3   Lead improvement of capability, contingency planning and resilience in order to monitor and respond to an increasing variety of infectious and environmental hazards.

6.9.4   Lead complex risk communication (particularly with the public) on issues considered or perceived to be major threats to population health, wellbeing or safety.

6.9.5   Lead the epidemiological investigation of priority problems affecting health, wellbeing or safety.

6.9.6   Lead the management and investigation of incidents and outbreaks of infection.

6.9.7   Lead the planning, implementation and review of multi-agency or multi-sectoral measures to prevent, ameliorate or control risks to population health, wellbeing and safety.

7. Public Health Intelligence

Level 1

7.1.1   Notice and report anecdotal issues relating to data to the relevant person.

Level 2

7.2.1   Communicate health-related information to a relevant manager.

Level 3

7.3.1   Collect data on defined populations.

7.3.2   Contribute in drafting health intelligence reports

7.3.3   Report data quality inaccuracies or where the data do not make sense.

Level 4

7.4.1   Collect data from a range of sources.

7.4.2   Clean and manipulate raw data and prepare them for analysis

7.4.3   Manage and interrogate data sets.

7.4.4   Undertake basic analysis of data

7.4.5   Identify anomalies in data and take the appropriate action.

7.4.6   Report the analysis of data on health and wellbeing.

Level 5
7.5.1   Collect and collate data from a wide range of sources.
7.5.2   Ensure data are complete and valid for the purpose for which it is to be used.
7.5.3   Analyse and interpret routine data using appropriate analytical techniques.
7.5.4   Present the outcomes of data analysis.
7.5.5   Monitor and quality assure routine data collection, collation and analysis.
Level 6
7.6.1   Develop data collection, analysis and communication systems and approaches that meet users' needs.
7.6.2   Assist in the development of new data sets and new health intelligence techniques.
7.6.3   Collate and form data and information related to health and wellbeing and health needs.
7.6.4   Determine appropriate analytical methods and apply these in the analysis of data and information on health and wellbeing.
7.6.5   Support others who are undertaking data collection, collation and analysis.
7.6.6   Provide advice to others on data collection, collation, analysis, communication, validity and disclosure.
Level 7
7.7.1   Identify and evaluate user needs for data collection, analysis and communication.
7.7.2   Design, implement, evaluate and advise on a range of health data and intelligence approaches.
7.7.3   Identify, exploit, adapt and develop non-routine and new data sources to improve health intelligence.
7.7.4   Advise on and apply a range of quantitative and qualitative data collection, collation and analytical methods to produce health intelligence.
7.7.5   Scope and resolve complex analytical problems.
7.7.6   Assure the quality of data collection, collation, analysis and communication.
7.7.7   Translate and communicate findings into appropriate recommendations.
Level 8
7.8.1   Identify and evaluate user strategic needs for health data and intelligence and negotiate solutions to meet these needs.
7.8.2   Contribute to the design of large-scale health data and intelligence systems, using approaches that effectively support users.
7.8.3   Communicate and disseminate health data and intelligence from a wide range of sources to various populations.
7.8.4   Influence policy and priority setting and performance through drawing valid inferences from quantitative and qualitative analysis
7.8.5   Withstand challenges to health data and intelligence.
7.8.6   Scan the environment for, and assess the relevance and usability of, new health data and intelligence, methods and systems.
Level 9
7.9.1   Scan diverse and new environments for issues and evidence related to health data and intelligence and feed the information into planning of future intelligence gathering.
7.9.2   Champion the benefits and uses of health data and intelligence and its improvement in a range of arenas using evidence.

7.9.3 Withstand challenges to health data and intelligence and influence the political agenda to improve them.

7.9.4 Lead the commissioning and development of health data and intelligence.

7.9.5 Engage effectively with strategic partners to identify and take forward joint aims and goals relating to health data and intelligence.

7.9.6 Lead on joint strategies and approaches related to health data and intelligence.

7.9.7 Provide advice and guidance on complex health data and intelligence issues.

7.9.8 Evaluate the effectiveness of the health data and intelligence service(s) and improve them so that they are fit for purpose.

8. Academic public health

Level 1

8.1.1 Undertake basic research tasks.

8.1.2 Undertake specific tasks to support the learning of others.

Level 2

8.2.1 Undertake specific research activities.

8.2.2 Undertake specific activities to support the learning of others.

Level 3

8.3.1 Contribute to various aspects of a research project.

8.3.2 Assist with the planning and design of learning sessions.

8.3.3 Facilitate the learning of individuals.

8.3.4 Give feedback to individuals on their progress.

Level 4

8.4.1 Apply research findings to practical issues related to population health and wellbeing in our won area of work.

8.4.2 Contribute to defining a research strategy and summarising the results.

8.4.3 Disseminate research findings within area of work using methods appropriate to the audience.

8.4.4 Contribute to the planning and design of learning sessions.

8.4.5 Facilitate the learning of individuals and small groups.

8.4.6 Supervise and assess learners' progress and provide feedback.

Level 5

8.5.1 Apply and interpret qualitative and quantitative research methods.

8.5.2 Distinguish between association and causation in relationships among measured variables.

8.5.3 Interpret the results of simple commonly used multivariate statistical models.

8.5.4 Define appropriate outcome measures and data requirements for specific quantitative and qualitative research proposals.

8.5.5 Critique research publications for their validity and reliability.

8.5.6 Disseminate research findings within area of work using methods that are appropriate to the audience.

8.5.7 Plan and develop materials and approaches to facilitate the learning of individuals and groups with wider education and training programmes.

8.5.8 Facilitate the learning of individuals and groups using a variety of methods.

8.5.9 Assess learners' achievements and provide appropriate feedback.

8.5.10 Critically reflect on feedback and apply to own work.

Level 6

8.6.1 Formulate a specific research question regarding population health and wellbeing.

8.6.2 Advise others of the relative strengths and limitations of various research methods to address a specific research question.

8.6.3   Communicate primary or secondary research findings using methods appropriate to the audience.

8.6.4   Plan and design learning sessions for learners in various contexts.

8.6.5   Facilitate the learning of learners in various contexts.

8.6.6   Supervise and assess learners' progress and give appropriate feedback.

8.6.7   Respond reflectively to being assessed.

Level 7

8.7.1   Contribute to the determination of research and development priorities in own area of work.

8.7.2   Identify the resource implications of varied research strategies.

8.7.3   Turn a complex problem relating to population health and wellbeing into an answerable research question.

8.7.4   Design and undertake research projects using the appropriate methodology.

8.7.5   Identify the potential for misleading findings from various research methods and identify way sot avoid them.

8.7.6   Critique the validity and feasibility of research proposals.

8.7.7   Develop own areas of research in relation to population health and wellbeing.

8.7.8   Supervise research into population health and wellbeing.

8.7.9   Draw appropriate conclusions from research in the context of its development and make recommendations for own and other's research.

8.7.10   Plan, commission and quality assure specific aspects of education and training programmes.

8.7.11   Contribute to curriculum development in population health and wellbeing.

8.7.12   Plan learning sessions about population health and wellbeing for various learners and contexts.

8.7.13   Facilitate learning about population health and wellbeing by applying various teaching and learning methods appropriate to the context and the learners.

Level 8

8.8.1   Determine priorities for research and development into population health and wellbeing.

8.8.2   Translate complex contemporary research results into information and knowledge that can improve population health and wellbeing.

8.8.3   Make recommendations on how the evidence base can be improved through research and development.

8.8.4   Initiate and lead direction for education, training and research in relation to population health and wellbeing.

8.8.5   Organise the design and/or commissioning of education and training programmes related to population health and wellbeing.

8.8.6   Design and deliver and education and training programme based on own area of work.

8.8.7   Communicate complex issues that can affect health and wellbeing to a variety of audiences.

8.8.8   Develop and sustain effective links between academic and service sectors.

Level 9

8.9.1   Initiate and lead multi-disciplinary and multi-sectoral long-term strategic research, education and training related to population health and wellbeing.

8.9.2   Lead the development of an integrated curriculum for population health and wellbeing.

8.9.3   Influence development in education related to population health and wellbeing.

8.9.4   Lead academic policy in a national or international context in relation to population health and wellbeing.

8.9.5   Determine priorities for research and development into population health and wellbeing.

9. Health and social care quality

Level 1
9.1.1   Contribute to activities to promote health and social care quality in own area of work.

Level 2
9.2.1   Work in line with policies, guidelines, protocols and procedures.
9.2.2   Make changes in own practice.
9.2.3   Offer suggestions for improving own and others' work.

Level 3
9.3.1   Apply policies, guidelines, protocols and procedures in own work.
9.3.2   Maintain quality in own work and encourage others to do so.
9.3.3   Communicate with users of services.
9.3.4   Offer suggestions for improving services.

Level 4
9.4.1a   Implement policies, guidelines, protocols and procedures in area of practice.
9.4.1b   Contribute to the improvement of services.
9.4.1c   Develop relationships with the users of services in own area of work.

Level 5
9.5.1   Signpost patients, clients to services on the basis of accessing and analysing relevant information and evidence on quality.
9.5.2   Audit services and practices using appropriate methods (including information form patients, clients or users) and use to improve services.
9.5.3   Implement policies, guidelines, protocols and procedures to deliver quality services.
9.5.4   Gain feedback from patients, clients or users by means of appropriate methods, and use it to improve services.
9.5.5   Identify, assess and communicate risks to service quality in own area of work.
9.5.6   Communicate and disseminate information that improves practices or services.

Level 6
9.6.1   Set quality standards within an area of service or practice.
9.6.2   Support services to deliver quality outcomes.
9.6.3   Monitor performance and/or practices against quality standards, identify failures and risks and follow appropriate procedures to address them.
9.6.4   Contribute to service reviews.
9.6.5   Interpret data from incidents or untoward events and ensure risks are addressed through individual practice and/or governance arrangements.

Level 7
9.7.1   Assess health and social care service needs, utilisation and outcomes.
9.7.2   Evaluate the clinical and cost effectiveness of health and social care services to inform decisions about overall service provision.
9.7.3   Apply relevant health and social care process and outcome data to the planning of services,, frameworks and standards.
9.7.4   Facilitate the development of guidelines, policies and procedures to develop services based on evidence of best practice.
9.7.5   Generate appropriate information to support the commissioning and quality assurance agenda.
9.7.6   Engage and work with various communities to develop services.
9.7.7   Contribute to the project management of a governance issue.

9.7.8   Apply learning from incidents to improve quality.

Level 8

9.8.1   Appraise business and financial proposals for new service developments or configurations form a provider or commissioner perspective.

9.8.2   Assess the economic arguments for and against health, clinical and other developments.

9.8.3   Prepare and present service specifications, service frameworks, models of care and care pathways to relevant audiences.

9.8.4   Lead and report on the management of a governance issue.

9.8.5   Inform the commissioning process and ensure equity through the use of appropriate methods.

9.8.6   Manage the development of outcomes and quality standard setting across organisations, networks or commissioning.

9.8.7   Obtain consensus about a complex commissioning issue.

Level 9

9.9.1   Engage with, and advise, strategic partners and decision-makers to determine goals, priorities, targets, strategies, success criteria and outcome measures to achieve improvements in quality and patient, client and user safety.

9.9.2   Influence the political agenda at a range of levels to maximise opportunities for improvement in health and social care quality and patient, client or user safety.

9.9.3   Strategically lead the commissioning of improvements in health and social care quality and patient, client or user safety.

9.9.4   Develop strategic organisations and cross-organisational plans (including investment and disinvestment decisions).

9.9.5   Coordinate the response to system issues, incidents and problems in health and social care quality.

9.9.6   Lead the developments of outcomes and quality standard setting across organisations and/or networks.

9.9.7   Lead option appraisal and business development processes.

9.9.8   Develop a framework for, and advise on, priority setting within the commissioning process.

9.9.9   Lead, negotiate and resolve one-off funding requests outside normal or standard contracts.

Appendix 10

Italy
CREPS Comptencies for Health Promotion Training.
http://www.cipespiemonte.it/cedo/allegati/2132_giacchiform.pdf

Piemonte Region (2005) *Costruire un profilo di competenze per gli operatori della Promozione della Salute.* DoRS-Piemonte Region, Preventative Medicina and Hygiene Specialist School-Siena University, Public Health Department-Torino University.
The following competencies have been translated from the original Italian to English by Colette Dempsey.

Function 1: Conduct an individual and community needs assessment
- Obtain information correlated to health, in accordance to the social and cultural environment, growth and development factors, needs and interests in these settings
- Identify the risk and protective determinants of health
- Identify and select needs arising from the information collected

Function 2: Plan/design effective interventions
- Involve all the community stakeholders (organisations, human resources and potential participants) using a participative model approach, which is useful to sustain and assist the planning of the intervention
- Develop projects based on theory and evidence based, arranged in a logical and sustainable order
- Formulate objective that are appropriate and measurable
- Design interventions, both educational and non, pertaining to the objectives

Function 3: Implement health promotion interventions
- Carry out the task with competence and in the most effective way with respect to the specific setting
- Select and apply the methods and tools of communication that are most suited to deliver the intervention to the specific target
- Monitor the intervention and review if necessary , the objectives and activities

Function 4: Evaluate the theoretical and practical efficacy of the heath promotion intervention
- Design and put in practice, plans for evaluating the outcomes of the intervention
- Interpret and disseminate the results of the evaluation
- Monitor and reorient the intervention through a continuous process of evaluation to foresee (failures)
- Obtain, from the results found, recommendations for the planning of future interventions

Function 5: Manage health promotion activities effectively
- Formulate the organisation's health promotion (point of vies)
- Facilitate cooperation between the organisation and the different actors of the health promotion intervention
- Promote advocacy and commitment for the development of policy favourable to health and against inequality

Function 6: Provide information and advice for the development of health promotion projects
- Use effective methods to obtain and make available useful information for projects
- Provide advice and other information in the most effective way
- Provide educational and informative materials, resources and tools

- Provide information for the development and planning of health promotion activities

Function 7: Communicate effectively in relation to health, needs and resources
- Analyse the different characteristics that can facilitate or be a barrier to communication to the different groups and organisations in the population
- Select and utilise methods and techniques of communication appropriate to the specific setting

Function 8: Apply the appropriate principals and methods of research in health promotion
- Conduct documented research
- Promote, design, conduct and collaborate using the appropriate qualitative and quantitative research methods
- Apply the methods and results found in the research to health promotion practice

Appendix 11

Croatia
Specialist Section of Public Health - Santé Publique of the Union Européenne des Médecins Spécialistes (UEMS) in 2001 Dr Iain J

April 2001

<u>1. List and definitions of competencies</u>

Purpose : to assist in defining European wide competencies that would help trainers and trainees to practise the specialty of public health medicine (PHM). The level of knowledge, skill and understanding would be that level which would reasonably be expected at the time of becoming registered as a specialist in PHM.

Generic competency : the doctor who has specialised in public health medicine has an understanding of the population perspectives as well as the individual perspectives for a condition or disease. She/he is able to define structures and processes for health improvements across the totality of health services[2]. She/he has technical knowledge, skills and attitudes based on undergraduate medical training, postgraduate general training and higher specialist training in the competencies listed below.

Advocacy : knowledge to facilitate change in others so that they recognise the importance of the public health/population perspective; lobbying on behalf of the public and their health; leadership of opinions and movements and motivating others

Audit : measurement of work against current standards; able to present the results of audits and to identify relevant actions

Communicable diseases : public health control including understanding Public Health Laboratory Services, food and nutrition hygiene; disposal of clinical waste, disinfection and sterilisation; organisation of preventative infection control across the totality of health services[2] ; knowledge of the roles of other agencies and of communicable disease laws; outbreak control; including international issues

Communication skills : assertiveness and self-care, management of self and people including delegating tasks; appraisal, training and personal development

Computing skills : use of basic computer packages in the management of medical informatics and in support of evaluating the provision of health care

Environmental health : surveillance and control of health problems in the environment including air, food, water, and chemicals; advice on corrective actions across the totality of health services[2]; including effects of urbanisation and international issues

Epidemiology : for specific diseases, knowledge of determinants, causes and distribution; incidence, prevalence, numerators, denominators, populations at risk; design and interpretation of epidemiological studies; application of appropriate statistical methods

Health need assessment : distinguish between need, demand and supply; able to review the health of a defined population and identify areas for improvement; the relevance of health

economics, particularly analyses of cost-effectiveness, cost-utility, and cost-benefits; strengths and weaknesses of different methods of measuring health needs and status

Health promotion : collective and individual responsibilities; primordial, primary, secondary and tertiary prevention; including food and nutrition hygiene; understanding the different models of health promotion and the importance of public participation; ability to evaluate health promotion programmes

Information : collection and publication of data from censuses and registries; national population structure and regional and international differences in respect of age, sex, occupation, social class, ethnicity; use and management of information systems for health service planning both inside and outside hospitals

Management skills : contribute to the planning at all levels from policy, strategy, and through to practices; leadership of project groups on a multiprofessional and multiagency basis; understanding different cultures and values; includes hospital direction when appropriate and the totality of health services[2]

Organisation of health care : knowledge of how the health services are organised, funded and funding allocation mechanisms; policy and strategy developments and the local delivery of health care; international comparisons and their interpretation

Outcomes assessment : knowledge and use of appropriate sources of information about outcomes – efficacy, effectiveness; relationships of outcome measures to the perspectives of the patient and the professional, and managers; knowledge of evaluations and their methodological limitations

Prioritisation : understanding methods used to determine priorities and their strengths and weaknesses; understanding the competing and conflicting influences on public and political perceptions of need for health care and the resultant constraints on action

Professional development : needs assessment for self, ability to keep competencies up to date; reflective learning through analyses of own work

Professional governance : knowledge about audit, standards and governance in the public health medicine specialty; issues of the infrastructure, coherence, culture, appropriateness of tasks, and assessment of own performance

Quality assessment : evaluations of health and other service programmes in terms of processes and outputs from the different perspectives of users, professional carers, and managers

Research methods : understand the differences between quantitative and qualitative methods and able to critically evaluate the evidence from both types of research; able to critically appraise published papers for their impacts on public health

Sociology : understanding the concepts of the science in social patterns and experiences of health particularly differences in ethnic groups, refugees, migrants; knowledge of the roles of social, cultural and psychological variations in the aetiology of illness

The Section members who have been involved in the production of this list of competencies and the definitions include : Denmark, Eire, Italy, Portugal, Slovenia, Spain, Switzerland, United Kingdom. The competencies will require further revisions as the work of the specialty changes and the Section proposes to revisit the list in not more than two years time. The Section members may well choose to prioritise between these competencies and the list is a recommended common standard.

[1] : in the contexts of this paper, National Authority means the body responsible for the qualification of medical specialists in each member state of the EC. It can be a combination of competent professional or university organisations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS recommendations. In some countries the National Authority is organised regionally within the country with national coordination.

[2] : in the contexts of this paper, totality of health services means services inside and outside hospitals, and in primary, secondary, or tertiary care, and across national boundaries where appropriate.

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uems8.doc
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2. Competencies acquired upon completion of the Postgraduate Program of Professional Studies in Medicine.

PUBLIC HEALTH program

After completing the MPH program student will be able to demonstrate **understanding of the three main public health specialist areas - health promotion, disease prevention and health care system organization and quality management**. Students will acquire following knowledge and skills:

- Collection, analysis and interpretation of community health indicators and comparison with those of other populations
- Assessment and analysis of the health needs
- Planning for health skills and implementation of the public health interventions
- Literature search and the use of public health, online data bases (Croatia and WHO),
- Critical assessment of the evidence of the effectiveness of the health promotion interventions, programs and services
- Analysis of the macro environment with the aim to identify key stakeholders and their interrelationship
- Selection of the public health priorities (among recognized needs)
- Analysis of determinants (problem root causes) and opportunities for intervention

- Strategy development for addressing priority issues
- Plan development and implementation (resources, actors, processes, monitoring and evaluation)
- Information gathering from public health data basis (CDC, Cochran, USA, Canada and UK preventive medicine task force) about successful public health interventions
- Analysis of the effectiveness of fiscal, financial, legal and other measures aiming to improve health or prevent disease
- Use of information technology, statistical and epidemiological methods, cost benefit analysis, collection and analysis of the health care system data
- Planning, organization, monitoring and evaluation of the health care system,
- Personal management skills – recognising own management stile and preferences (roles) in different teams, time management, people and resources management, project management (within available time and resources),
- Communication skills (written and oral communication, public and media relations).

Appendix 12

Map of Competencies

Country & competency numbers	Catalysing Change enabling change and empowering individuals and communities to improve their health
Australia 1.3.10	Facilitate programme ownership and community sustainability
New Zealand Skills	3 Contribute to the learning of others 3.1 Deliver and enable learning in a range of contexts 3.2 Develop individual skills and knowledge 3.3 Develop group/community skills and knowledge 3.4 Train the trainers/educate the educators 3.5 Promote workforce development and training
Canada	
5.	Facilitate community mobilization and build community capacity around shared health priorities that include:
5.1	Engage in a dialogue with communities based on trust and mutual respect
5.2	Identify and strengthen local community capacities to take action on health issues
5.3	Advocate for and with individuals and communities that will improve their health and wellbeing
UK	
3.8.4	Identify opportunities for policy development that will improve health and wellbeing and reduce inequalities
3.9.4	Influence the development of policies and strategies to improve the population's health and wellbeing
4.6.2	Identify opportunities and develop structures to take forward approaches to improve population health and wellbeing including making use of partnership working
4.6.7	Facilitate the development of others using a variety of methods
4.7.2	Engage and influence others in and beyond own organisation to improve population health and wellbeing
4.7.8	Build and sustain capacity and capability through individual and team development.
4.8.2	Engage and lead a group to influence positively the population's health and wellbeing.
4.8.7	Build and sustain capacity and capability through individual, team, organisational and partnership development

	4.9.1	Set strategic direction and vision for health and wellbeing and communicate it effectively to improve population health and wellbeing
	4.9.4	Secure, prioritise and allocate resources to achieve optimal impact on population health and wellbeing
	4.9.6	Lead on the sustainable development of capacity and capability to improve population health and wellbeing
	5.3.3	Communicate with people about their health and wellbeing and the actions they may take to achieve improvement
	5.6.1	Involve communities and the public in assessing their health and wellbeing and needs, and identifying approaches to addressing these needs
	5.6.2	Involve communities and the public in the planning, implementation and evaluation of health improvement programmes and projects
2. GCS		**Leadership** providing strategic direction and opportunities for participation and opportunities for participation in developing healthy public policy, mobilizing and managing resources for health promotion and building capacity
Australia		
	3.6	Apply interpersonal skills (negotiation, team work, motivation, conflict management, decision making, and problem solving skills);
	3.7	Facilitate meetings
New Zealand Skills		*Facilitation* *6.1 Facilitate group processes* *6.2 Facilitate community processes* *6.3 Acknowledge and mediate conflict*
Canada		
	6.2	Utilize leadership, team building, negotiation and conflict resolution skills to build community partnerships
PHETICE		
		Leadership
UK		
	1.7.5	Advise others on the collection, analysis and reporting of surveillance and assessment data for your specific area of expertise.
	1.8.1	Develop and manage services and systems for describing and assessing the health and wellbeing and needs of defined populations
	1.9.1	Take a strategic overview of surveillance and assessment data across a wide variety of agencies
	1.9.2	Make decisions on the basis of surveillance data in a multi-agency environment
	2.6.6	Advise others about using evidence in the work
	2.6.7	Contribute to the development and implementation of evidence-based policies, procedures, guidelines and protocols

2.7.2	Formulate recommendations for change on the basis of critically appraised evidence
3.9.2	Lead on the development and implementation of policy and strategy to improve the population's health and wellbeing
3.9.3	Lead on assessing the impact of policies and strategies on the population's health and wellbeing
4.6.2	Identify opportunities and develop structures to take forward approaches to improve population health and wellbeing including making use of partnership working.
4.7.1	Manage programmes or projects to improve population health and wellbeing
4.7.2	Engage and influence others in and beyond own organisation to improve population health and wellbeing
4.7.3	Lead others across projects or programmes to improve population health and wellbeing.
4.7.4	Lead and influence change in own area of work
4.7.8	Build and sustain capacity and capability through individual and team development
4.8.1	Lead on improving population health and wellbeing within and/or across organisations
4.8.4	Manage programmes and/or services to successful completion within available resources and timescales
4.8.5	Lead change in a complex environment, handling uncertainty, the unexpected and conflicts appropriately
4.9.1	Set strategic direction and vision for health and wellbeing and communicate it effectively to improve population health and wellbeing
4.9.2	Build and sustain strategic alliances and partnerships within a politically challenging environment
4.9.3	Create and sustain infrastructure and cultures that enable strategic direction and vision to be realised
4.9.4	Secure, prioritise and allocate resources to achieve optimal impact on population health and wellbeing
4.9.5	Lead change within a politically challenging, multi-agency and multi-sectoral environment
4.9.6	Lead on the sustainable development of capacity and capability to improve population health and wellbeing
4.9.7	Maximise leadership and partnership working skills to improve population health and wellbeing, balancing the interests of organisational, political and multi-agency agendas and imperatives
5.7.2	Manage health improvement programmes across agencies, partnerships and communities
5.8.3	Advocate for communities' health and wellbeing and their concerns
3. GCS	**Assessment** conducting assessment of needs and assets in communities and systems that leads to the identification and analysis of the behavioural, cultural, social, environmental, and organisational determinants that promote or compromise health
Scot 01.0	Undertake surveillance and assessment of the population-s health and well/being

	01.02	Obtain and link data and information about health and well/being and/or stressors to health and well/being
Aust 1.1		Needs (or situational assessment competencies)
	1.1.1	Locate, conduct and critically analyse relevant literature (includes peer reviewed and grey literature, local, state and national strategic plans, and relevant area and organisational reports and policies
	1.1.2	Compile an epidemiological and socio/demographic picture of th geographical or community population or setting of interest
	1.1.3	Involve community members and stakeholders in the needs assessment process
	1.1.4	Seek input from academic and practitioner specialist for the particular health issue or problem being assessed
	1.1.5	Determine priorities for health promotion action from available evidence using local, state and national data and information collected
	1.1.6	Identify behavioural, environmental, social and organisational risk and contributory factors for the particular health issue or problem of concern
	1.1.7	Identify processes that are effective in setting priorities for health promotion action
	1.1.8	Recommend specific actions based on the analysis of information.
New Zealand Skills		7.1 Critically analyse and disseminate relevant research and literature

7.2 Identify and employ a range of research approaches |
Canada		2 Conduct a community needs/situational assessment for a specific issue that includes:
	2.1	Conduct population assessment using health data for a specific issue
	2.2	Collect and critically appraise evidence(i.e. published and grey literature, systematic reviews and promising practices) on the health issue and effective interventions
	2.3	Conduct an environmental scan to identify community assets and resources
		Analyse all evidence and data to identify effective program priorities for action
Phetice		
		Assessment and analysis
UK		Surveillance and assessment of the population's health and well-being
Level 4		
	1.4.1	Obtain and use routine data to describe the health and wellbeing of a defined population.
	1.4.2	Collect and collate basic data on health and wellbeing and the related needs of a defined population.
	1.4.3	Undertake simple analysis of various types of data on health and wellbeing and needs.

1.4.4	Summarise and present data and the results of simple analysis of health and wellbeing and needs in simple formats.	
1.4.5	Check the quality of own data and results of analysis.	
Level 5		
1.5.1	Collect and collate routine data on health and wellbeing and needs using a range of tools and techniques.	
1.5.2	Analyse routine data on health and wellbeing and needs using basic analytical techniques.	
1.5.3	Collect and collate non-routines data on health and wellbeing and needs that is specific to own area of expertise or practice, using specified methods and tools.	
1.5.4	Analyse non-routine data on health and wellbeing and needs that is specific to own area of expertise or practice, using basic analytical techniques.	
1.5.5	Interpret data on health and wellbeing within own area of expertise or practice.	
1.5.6	Communicate and disseminate findings of the health and wellbeing of a population to others.	
Level 6	*Level 6*	
1.6.1	Collate surveillance and assessment of data on a defined population using appropriate methods.	
1.6.2	Analyse and interpret surveillance and assessment data relating to a defined population, using appropriate quantitative and qualitative techniques and identifying the key messages that emerge.	
1.6.3	Assess the implications of surveillance and assessment data relating to a defined population and recommend appropriate response(s).	
1.6.4	Present, communicate and disseminate data on health and wellbeing in a variety of ways as appropriate to various audiences.	
1.6.5	Facilitate and support others in collecting, collating, analysing and communicating data on health and wellbeing and needs.	
Level 7		
1.7.1	Assess and describe the health and wellbeing and needs of specific populations and the inequities in health and wellbeing experienced by populations, communities and groups.	
1.7.2	Measure, analyse, compare and interpret the health and wellbeing and needs of various populations, communities and groups.	
1.7.3	Identify gaps in surveillance data and initiate action to fill these gaps.	
1.7.6	Interpret and apply indicators for monitoring the population's health and wellbeing.	
1.8.2	Assess and describe the health and wellbeing and needs of populations using a variety of methods.	
2.61	Frame a question to be used as the basis for reviewing literature in relation to evidence on a specific issue	
2.6.2	Identify, collect and collate the evidence that is needed to answer a question on a specific issue.	
2.6.3	Synthesise, appraise and summarise evidence on a specific issue	
2.7.1	Critically appraise and summarise evidence from a range of sources	

2.7.5	Identify gaps in evidence and initiate action to fill these gaps	
3.9.1	Identify where new policies and strategies are needed to improve the population's health and wellbeing	
4 GCS	**Planning** – developing measurable goals and objectives in response to assessment of needs and assets and identifying strategies that are based on knowledge derived from theory, evidence and practice	
Aus 1.2.1	plan a comprehensive health promotion intervention to address a priority health problem in a population or setting based on an appropriate needs assessment	
1.2.2	formulate appropriate, realistic and measurable programme goal and objectives	
1.2.3	select appropriate (proven/best practice) mix of strategies to achieve objectives	
1.2.4	identify resources (skills, personnel, partner contributions, money) available/necessary to develop, implement and evaluate a sustainable programme	
1.2.5	develop a logical, sequenced and sustainable health programme based on theory and evidence with an effective action plan and a sound and adequate budget	
1.3.2	critically appraise the evidence relating to interventions to identify effective and ineffective ways to address priority health issues and their contributing factors to guide programme planning and implementation	
1.3.4	match strategy selection to programme objectives	
1.3.5	undertake or assist in the development and implementation of a variety of health promotion strategies including health education strategies, mass media strategies, community development and community engagement processes, advocacy and lobbying strategies, social marketing strategies, health policy strategies, structural and environmental strategies and health impact assessment	
1.3.6	identify theories and models that are relevant to the development and implementation of health promotion strategies outlined in the above point	
1.3.7	participate in the development of innovative and evidence-based health promotion strategies to achieve identified objectives	
1.3.8	develop and coordinate production of appropriated programme support materials (pamphlets, posters and other audio-visual materials)	
New Zealand Knowledge 7.1	Knowledge of a range of planning and evaluation methods	
Skills 2.1	Structure planning to achieve well informed and sustainable programmes and services	
2.3	Identify, use and integrate a range of health promotion strategies	
7.3	Plan, conduct and write a research project.	
Canada		
3.1	Develop a plan to implement program goals, objectives, evaluation and implementation steps	
3.2	Develop a budget for part of a program	

Phetice	
	Policy and planning
UK	
1.8.3	Translate findings about health and wellbeing and needs into appropriate recommendations for action, policy decisions and service commissioning, delivery and provision
1.8.5	Contribute to the development of indicators for monitoring the population's health and wellbeing and needs and associated targets
3.5.3	Contribute to development of specific policies and strategies.
3.7.3	Contribute to the development of policies and strategies beyond own area of work
3.7.4	Contribute to the development of policies and strategies within our own area of work
3.8.3	Develop and implement policies and strategies in own area of work
3.9.2	Lead on the development and implementation of policy and strategy to improve the population's health and wellbeing
5.5.3	Plan, implement and review specific aspects of health improvements projects
5.6.3	Plan, implement and review health improvement programmes and projects in various settings
5.8.2	Lead on the development, implementation and evaluation of health improvement programmes across agencies, partnerships and communities
5 GCS	**Implementation** Carrying out effective and efficient, culturally sensitive, and ethical strategies to ensure the greatest possible improvements in health, including management of human and material resources
Australia 1.3.1	apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientation and abilities
Australia 1.3.5	undertake or assist in the development and implementation of a variety of health promotion strategies including health education strategies, mass media strategies, community development and community engagement processes, advocacy and lobbying strategies, social marketing strategies, health policy strategies, structural and environmental strategies and health impact assessment
New Zealand Skills 1.1	Integrate the principles and provisions of Te Tirti o Waitanig into health promotion practice
1.2	Integrate Maori perceptions and realities of health into health promotion practice
Canada	
3.1	Develop a plan to implement program goals, objectives, evaluation and implementation steps
3.3	Monitor and evaluate implementation of interventions

Phetice	
	Implementation and evaluation
UK	
2.4.5	Apply evidence to own area of work
2.5.1	Collect and collate evidence from various sources identified by others
2.5.2	Assess and validate evidence form various sources
2.5.3	Synthesise and interpret evidence from various sources
2.5.5	Apply evidence in own role
2.5.6	Identify whether the benefits of own work might contribute to the development of the evidence base, and share this with others
2.5.7	Develop specific performance indicators based on evidence to review the effectiveness of own work
2.6.5	Apply evidence within own area of work
2.6.7	Contribute to the development and implementation of evidence-based policies, procedures, guidelines and protocols
2.8.1	Make and influence decisions based on evidence of effectiveness
2.8.3	Lead on the evaluation of interventions, programmes and services
2.9.5	Integrate critically appraised evidence into work programmes and services
3.5.1	Contribute to the implementation of policies and strategies in own area of work
3.5.2	Support others in implementation policies and strategies within a defined area
3.6.2	Implement relevant aspects of policies and strategies in own area of work
3.8.3	Develop and implement policies and strategies in own area of work
3.9.2	Lead on the development and implementation of policy and strategy to improve the population's health and wellbeing
5.3.2	Implement specific activities within health improvement projects
5.4.2	Implement specific aspects of health improvement projects and approaches
5.5.3	Plan, implement and review specific aspects of health improvements projects
5.6.3	Plan, implement and review health improvement programmes and projects in various settings
5.8.2	Lead on the development, implementation and evaluation of health improvement programmes across agencies, partnerships and communities
6. GCS	**Evaluation** Determining the reach, effectiveness, and impact of health promotion programmes and policies. This includes utilising appropriate evaluation and research methods to support programme improvements, sustainabilit, and dissemination
Australia 1.4.1	incorporate evaluation into the planning of health promotion programmes
1.4.2	identify appropriate evaluation designs
1.4.3	design evaluation plans that incorporate process, impact, and outcome measures

1.4.4	identify evaluation methods applicable to health promotion;	
1.4.5	select evaluation instruments	
1.4.6	interpret evaluation findings	
1.4.7	monitor programmes and adjust objectives and strategies based on the analysis of evaluation data	
1.4.8	apply and interpret descriptive statistical methods and analyses	
1.4.9	critically analyse quantitative and qualitative data to report on programme effectiveness	
1.4.10	communicate evaluation findings	
1.4.11	prepare evaluation research proposals for funding;	
1.4.12	prepare ethics approvals	
New Zealand Knowledge 7.1	Range of planning and evaluation methods	
7.2	Range of research methods	
Canada		
3.3	Monitor and evaluate implementation of interventions	
Phetice		
	Implementation and evaluation	
UK		
1.9.3	Evaluate surveillance and assessment data and address any gaps and deficiencies that are found	
2.5.8	Contribute to reviewing the effectiveness of own area of work	
2.7.6	Review own area of work to ensure it is effective in achieving its aims	
2.8.3	Lead on the evaluation of interventions, programmes and services	
3.6.4	Contribute to assessing the potential or actual impact of policies and strategies on health and wellbeing in own area of work	
5.5.3	Plan, implement and review specific aspects of health improvements projects	
5.6.3	Plan, implement and review health improvement programmes and projects in various settings	
5.8.2	Lead on the development, implementation and evaluation of health improvement programmes across agencies, partnerships and communities	
7. GCS	**Advocacy** Advocating with and on behalf of individuals and communities to improve their health and well-being and building their capacity for undertaking actions that can both improve health and strengthen community assets.	
Aus 1.3.5	Undertake or assist in the development and implementation of a variety of health promotion strategies including health education strategies, mass media strategies, community development and community engagement processes, advocacy and lobbying strategies, social marketing strategies, health policy strategies, structural and environmental strategies and health impact assessment	

New Zealand		
Skills		
	1.5	Advocate by, with and for Maori health promotion practice
	4.1	Build inter-sectoral coalitions and strategic alliances
	4.2	Inform, engage and support community action
	4.3	Influence local, national and global decision/makers for health public policies
	4.4	Pro-actively reorient health services to focus on wellbeing
	9.1	Advocate for effective, healthy and sustainable services
Canada		
	4.1	Describe the health, economic, administrative, legal, social and political implications of policy options
	4.2	Provide strategic policy advice on health promotion issues
	5.3	Advocate for and with individuals and communities that will improve their health and wellbeing
UK		
	1.7.4	Influence decision-making about population health and wellbeing through the presentation, communication and dissemination of data and analysis of health and wellbeing and needs
	1.9.4	Influence policy and priority setting at national, regional or local level through the effective use of surveillance data
	2.7.3	Influence the development of policies, procedures, guidelines or protocols on the basis of critically appraised evidence
	2.8.1	Make and influence decisions based on evidence of effectiveness
	2.8.2	Challenge the decisions that others make when evidence has not been taken into account.
	2.9.2	Influence political and partnership decision-making to maximise the application and use of evidence in achieving change
	3.7.6	Provide specialist input to policies and strategies that are under development
	3.8.2	Influence the development of policies and strategies at other levels and/or within own area of work
	3.9.4	Influence the development of policies and strategies to improve the population's health and wellbeing
	4.5.3	Identify and influence other people and agencies in own area of work to improve population health and wellbeing
	4.7.2	Engage and influence others in and beyond own organisation to improve population health and wellbeing
	4.7.5	Advocate for health and wellbeing and reducing health inequalities
	4.8.2	Engage and lead a group to influence positively the population's health and wellbeing
	5.6.5	Support communities and the public in articulating and advocating for health and wellbeing and their health concerns
	5.7.3	Advocate for communities' health and wellbeing and their concerns
	5.9.1	Influence and shape the multi-agency political and policy agenda to maximise opportunities for improving population health and

		wellbeing and reducing inequalities
8. GCS		**Partnerships** Working collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion programmes and policies
Australia		
	1.3.3	Establish and facilitate community partnerships within and outside the health sector
	2.1	Identify partners within and outside the health sector that could determine or enhance the success of health promotion efforts
	2.2	Develop effective partnerships with key stakeholders, gatekeepers, and target group representatives
	2.3	Eestablish appropriate partnerships with relevant organisations and agencies and facilitate collaborative action
New Zealand Skills		
	2.2	Work collaboratively when planning, implementing and evaluating programmes
	2.4	Manage the expectations of a range of stakeholders
	4.1	Build inter-sectoral coalitions and strategic alliances
	4.2	Inform, engage and support community action
Canada		
	6	Engage in partnership and collaboration that includes
	6.1	Establish and maintain linkages with community leaders and other key health promotion stakeholders (e.g. schools, businesses, faith groups, community associations, labour unions, etc.)
	6.2	Utilize leadership, team building, negotiation and conflict resolution skills to build community partnerships
	6.3	Build coalitions and stimulate intersectoral collaboration on health issues
PHETICE		
		Teamwork
UK		
	3.7.2	Work with a range of people and agencies to implement policies and strategies in interventions, programmes and services
	4.3.2	Work as an effective team member
	4.3.3	Work effectively with other teams to improve population health and wellbeing
	4.4.1	Work effectively with people from teams and agencies other than one's own to improve population health and wellbeing
	4.4.2	Be an effective member of various teams
	4.5.1	Collaborate with others effectively to improve population health and wellbeing
	4.6.2	Identify opportunities and develop structures to take forward approaches to improve population health and wellbeing including making use of partnership working
	4.6.6	Review the effectiveness of collaborative working and make recommendations for improvement.
	4.8.3	Improve the population's health and wellbeing through effective

		use of negotiating, influencing, facilitation and management skills within a multi-agency environment
	4.8.6	Review collaborative working and put in place the necessary improvements.
	4.8.7	Build and sustain capacity and capability through individual, team, organisational and partnership development
	4.9.2	Build and sustain strategic alliances and partnerships within a politically challenging environment
	4.9.7	Maximise leadership and partnership working skills to improve population health and wellbeing, balancing the interests of organisational, political and multi-agency agendas and imperatives
9. Misc		**Cultural understanding, relevance and sensitivity**
Australia 1.3.1		apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientation and abilities
New Zealand Knowledge2		<u>Cultural Diversity in Aotearoa-New Zealand</u>
	2.1	Cultural awareness and responsiveness to the needs of tangata shen
	2.2	Cultural beliefs, norms and practices of different Pacific peoples
	2.3	Cultural beliefs, norms and practices of Tauiwi
Sills 1.1		Integrate the principles and provisions of Te Tirti o Waitanig into health promotion practice
	1.2	Integrate Maori perceptions and realities of health into health promotion practice
10 Misc		**Inequality**
	3.8.4	Identify opportunities for policy development that will improve health and wellbeing and reduce inequalities
	4.4.4	Promote the value of health and wellbeing and the reduction of inequalities in own work
	4.6.5	Promote the value of health and wellbeing and the reduction of inequalities across settings and agencies
	5.6.4	Develop resources to support health improvement and reduction of inequalities for a range of audiences
	5.8.3	Build sustainable capacity and resources for health improvement and the reduction of inequalities
	5.9.1	Influence and shape the multi-agency political and policy agenda to maximise opportunities for improving population health and wellbeing and reducing inequalities
	5.9.3	Lead on commissioning for improving population health and wellbeing and reducing inequalities
11 Misc		**Technology**
	3.11	use current technology to communicate effectively
	4.1	operated a computer, word processing and email systems

4.2	use software for footnotes, endnotes, and other report layout requirements	
4.3	manage database and spreadsheet applications	
4.4	use the internet as a work tool	
4.5	use technology based systems to identify and review the literature;	
4.6	operate audiovisual and multimedia equipment	
Canada		
7.3	Use the media, advanced technologies and community networks to receive and communicate information	
12. Misc	**Communication**	
Australia 1.3.8	Develop and coordinate production of appropriated programme support materials (pamphlets, posters and other audio-visual materials)	
1.4.10	communicate evaluation findings	
3.1	write reports for a variety of audiences and purposes including papers for peer reviewed journals, in-house reports, programme plans and programme update reports	
3.2	write for professional audiences	
3.3	write for lay audiences	
3.4	write submissions, grants or applications for funding	
3.5	write for newspapers including media releases	
3.6	apply interpersonal skills (negotiation, team work, motivation, conflict management, decision making, and problem solving skills	
3.7	Facilitate meetings	
3.8	debate health-related issues using evidence-based arguments	
3.9	give presentations on health promotion programmes or topics at workshops or conferences	
3.10	interpret information for professional, non professional and community audiences	
3.11	use current technology to communicate effectively.	
New Zealand HP Skills		
5.1	Communication in written form and orally to suit a range of contexts and stakeholders	
5.2	Develop media skills and engage the media	
5.3	Identify and develop information and resources	
5.4	Demonstrate an understanding of social marketing	
Canada		
4.3	Write clear and concise policy statements for complex issues	
7	Communicate effectively with community members and other professionals that include:	
7.1	Provide health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences	
7.2	Apply social marketing and other communication principles to the development, implementation and evaluation of health communication campaigns	
7.3	Use the media, advanced technologies and community networks to receive and communicate information	
7.4	Interact with and adapt policies and programming that respond to	

		the diversity in population characteristics
PHETICE		
		Communication
UK		
	1.5.6	Communicate and disseminate findings of the health and wellbeing of a population to others.
	1.6.5	Present, communicate and disseminate data on health and wellbeing in a variety of ways as appropriate to various audiences
	1.8.4	Disseminate the findings and implications of data relating to health and wellbeing and needs to various audiences
	1.9.5	Ensure health and wellbeing surveillance data is presented in a meaningful way to all relevant audiences
	2.4.3	Communicate evidence to a limited audience
	2.5.4	Communicate evidence to others
	2.6.4	Communicate findings of the appraisal of evidence on a specific issue
	2.7.4	Advise a range of audiences about evidence
	2.9.4	Communicate and disseminate critically appraised evidence to key decision-makers in various organisations
	4.3.4	Communicate effectively with a range of people related to own work role
	4.4.5	Communicate effectively for a range of purposes and with various audiences
	4.5.6	Communicate using various techniques appropriate to the audience and the purpose of the communication
	4.7.6	Work effectively with various media to communicate key issues relevant to health and wellbeing and needs
	4.9.1	Set strategic direction and vision for health and wellbeing and communicate it effectively to improve population health and wellbeing
	3.5.3	Communicate with people about their health and wellbeing and the actions they may take to achieve improvement
14 Misc		**Knowledge** (hp models. Policy, determinants etc)
Australia	1.3.6	Identify theories and models that are relevant to the development and implementation of health promotion strategies outlined in the above point;
		Demonstrate knowledge in
	5.1	the following concepts: definition of health and health promotion, inequalities and inequities in health including the concept of the social gradient and relevance to practice, the action areas for health promotion, as well as the determinants of health (biological, behavioural and socio-environmental);
	5.2	the biomedical, behavioural and socio-environmental models of health and their relevance to health promotion practice in general and needs assessment in particular
	5.3	the history and development of health promotion (including Alma

	Ata 1978, Ottawa Charter 1986, Sundsvall Statement 1991, Jakarta Declaration 1997, Mexico Ministerial Statement 2000, and the Bangkok Charter 2005)	
5.4	the health promotion principles of practice, evidence-based practice, equity, multidisciplinary knowledge base, intersectoral collaboration, population health approach, multi-strategic interventions, effective partnerships, cultural competence;	
5.5	Stages of programme planning, strategy selection, implementation, evaluation and sustainability of programmes	
5.6	relevant theories and models of behaviour change, social and political change, social marketing, organisational development	
5.7	health promotion strategies to promote health – health education, advocacy, lobbying, media campaigns, community development processes, policy development, legislation	
5.8	quantitative and qualitative evaluation methods and uses	
5.9	descriptive statistics and basic epidemiology definitions and concepts	
5.10	literature searching and critical analysis, how to access peer reviewed journals from a variety of relevant disciplines such as health promotion, public health, social sciences, public policy, communication, media and organisational change disciplines	
5.11	the Australian health system and broader systems that impact on health	
5.12	the use of policy in promoting and maintaining the health of populations	
5.13	effective interpersonal, group and public communication and effective written and oral communication and media strategies	
5.14	resource development and pre-testing resources	
New Zealand	3. Origins and Evolution of Global Health Promotion.	
3.1	Historical developments in health promotion philosophy and practice	
3.2	Content, context and significance of the Ottawa Charter	
3.3	Current and on going developments and approaches	
3.4	Relationship of health promotion to public health, health education and disease prevention	
	4 Theory underpinning Health Promotion Practice	
4.1	Models of health promotion practice	
4.2	Models of empowerment and enablement	
4.3	Diverse theories of learning	
4.4	Groups processes and dynamics	
	5. The health status of New Zealanders	
5.1	Wider determinants of health status and wellbeing	
5.2	Lifestyle factors that influence health status and wellbeing	
5.3	Major diseases contributing to ill health	
5.4	Demography of health inequalities	
	6 Community and political awareness	

6.1	Community networks, agencies and services
6.2	range of information and resources available
6.3	Health systems and relevant structures in Aotearoa-New Zealand
6.4	Impact of local, national and global policies on health
6.5	Social movements and philosophies that influence social change.
Canada	1. Demonstrate knowledge necessary for conducing health promotion that includes:
1.1	Apply determinants of health framework to the analysis of health issues
1.2	Apply theory to health promotion planning and implementation
1.3	Apply health promotion principles in the context of the roles and responsibilities of public health organisations
1.4	Describe the range of interventions available to address public health issues
UK	
3.8.1	Interpret and apply local, regional and national policies and strategies
Australia 1.3.9	co-ordinated or carryout pre-testing of programme resources,
PHETICE	
	Information processing
UK	
2.9.3	Anticipate and meet challenges to evidence in a range of political and partnership environments