



Ontario Public Health Association
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Project Report
Core Competencies in Public Health:
Summary of Work to Date and Long Term Management Plan

Submitted to
Ontario Public Health Association Board of Directors
and
Federal Provincial Territorial Advisory Group on Population Health and Health Security:
Strengthening Public Health Infrastructure Task Group

Submitted by
Ontario Public Health Association
Core Competencies Task Group

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Background Information

About the Ontario Public Health Association (OPHA)

The mission of the Ontario Public Health Association (OPHA) is to provide leadership on issues affecting the public's health and to strengthen the impact of the people who are active in public and community health throughout Ontario.

OPHA is a voluntary, charitable association of individuals and Constituent Societies from various sectors and disciplines that have an interest in improving the health of Ontarians. (See also www.opha.on.ca)

About the OPHA Core Competencies Project

In March, 2003, the OPHA Board of Directors identified a need to define the core competencies that are unique to official public health for Ontario. This consensus set of core competencies will outline skills, knowledge and attitudes necessary for professionals working in public health units in Ontario. They will enable a more effective public health workforce and build public health capacity to respond to emerging communicable disease threats and to manage chronic diseases and other health promotion issues. A consensus set of unique core competencies for public health professionals based in official public health units is a first step to help individuals, employers, discipline groups and educators to develop a modified list of competencies specific to their needs.

OPHA established a Core Competencies Task Group (the Task Group) that reports directly to the OPHA Board. The Task Group is responsible to define core competencies for public health to guide public health education, research and practice in Ontario. Membership on the committee includes representatives of the OPHA constituency and consists of:

- Representatives from each of the 10 OPHA Constituent Societies
- Representatives from the OPHA Board
- A representative from the Association of Local Public Health Agencies (ALPHA)
- A representative from the Public Health Division
- A representative from Health Canada
- A representative from the education sector
- A representative from Canadian Public Health Association (appointed April, 2004)

(See Appendix 1 for List of members and back-up members)

The Task Group may invite other resources such as The Health Communications Unit and consulting staff to share information and to consult as required.

There has been tremendous interest in this project both at provincial and national levels. Public health stakeholders believe that core public health competencies must be identified to improve communication within the official public health system and with community partners, and to facilitate educational opportunities for public health professionals.

Definitions

The Task Group recognizes “public health as what society does collectively to assure the conditions for people to be healthy”¹. Like the US Institute for Medicine², the Task Group recognizes that the governmental public health infrastructure and several potential partners in the public health system, namely, the community, the health care delivery system, employers and business, the media, and academia all contribute to public health. However, this project focuses on unique core competencies for the governmental / official public health infrastructure in Ontario.

Core Competencies Project Activities to Date

The Task Group recognized that defining core competencies requires consensus about core functions or services for official public health agencies. The Task Group met four times since its inception, in the fall, 2003, to begin the process of defining core functions and core competencies for public health. Meetings were held at the OPHA Board office in Toronto and at the OPHA annual meeting in Windsor. Members that were unable to attend in person joined the meetings by teleconference.

From January to March, 2004 the following activities were completed: literature review, meeting of Core Competency Task Group and invited guests, February 5th & 6th, 2004; facilitated discussions; synthesis of literature and discussions; development of a communications strategy; and development of a draft management plan (see Appendix 2 for diagram of components of the project). The outcomes of these activities are described below.

This phase of the project, which was completed on March 31, 2004, was coordinated by Jane Underwood, Underwood and Associates under the direction of a planning group comprised of co-chairs of the Task Group, Sandra Laclé and Isabelle Michel from Sudbury & District Health Unit and PHRED; Connie Utrecht, past president, OPHA from Toronto Health Unit; and Sophie Bart, Coordinator, Communications & Volunteer Resources and David MacKinnon, Executive Director, OPHA secretariat.

Literature Review

Sullivan and Michel,³ (Appendix 3) reviewed national and international literature about core public health functions/services, core competencies and processes to develop them. Recent public health reports were also reviewed to help with setting the core functions and competencies in the current Ontario and Canadian context.

Many countries, groups and agencies around the world have identified the need to develop and support a public health workforce that provides prevention and health promotion programs and services, surveillance and can respond effectively and appropriately to public health emergencies and emerging issues. Key recent reports, including the National Advisory Committee on SARS and Public Health, chaired by Dr. David Naylor^{4 5}, the Standing Senate Committee on Social Affairs, Science and Technology led by Senator Kirby^{6 7} and a report commissioned by the

¹ Institute of Medicine (IOM) (November ,2002) *Shaping the Future of the Public's Health in the 21st Century* p.1 (http://books.nap.edu/html/assuring_health/reportbrief.pdf)

² *Ibid*, p.1

³ Sullivan, L. and Michel, M., (March 2004) Core Competencies in Public Health, Literature Summary. OPHA, Toronto

⁴ National Advisory Committee on SARS and Public Health. (October 2003). Health Canada, Ottawa

⁵ Here on in referred to as the *Naylor Report*

⁶ Standing Senate Committee on Social Affairs, Science and Technology. (November 2002)

⁷ Here on in referred to as the *Kirby Report*

Canadian Institutes for Health Research (CIHR)⁸, all identify the need to revamp public health and build a strong public health infrastructure in Canada.

Key to the process of developing core competencies is agreement on the core functions of public health. Core functions are defined as the set of actions carried out specifically to achieve the central objective of public health – improving the health of the population.⁹ In Canada, no official list of essential or core public health functions exists; however there appears to be general agreement with the functions outlined in the report of the Advisory Committee on Population Health (ACPH),¹⁰ which are:

- Population health assessment
- Health surveillance
- Health promotion
- Disease and injury prevention
- Health protection

Suggestions have been made for additional functions such as population health advocacy¹¹, emergency response and preparedness, development of public health human resources and research.¹²

Core Competency Task Group Meeting February, 2004

The Core Competency Task Group and invited guests met on February 5th & 6th, 2004; in Toronto. Janet Victor and Michelle Wilson, Eventives and Rita Plaskett, ASSET - A Strategic Solution Every Time! did the logistics planning for the meeting. Diana Daghofer, The Alder Group, facilitated the discussions. The participants are listed in Appendix 4. Dr. Kathleen Miner from Rollins School of Public Health, Emory University, Atlanta, Georgia was the keynote speaker. She has worked closely with the Centers for Disease Control and Prevention in workforce preparedness. Dr. Miner provided extraordinary insights based on her experience in the United States with a core competencies development process that took ten years. The meeting was sponsored by the Centre for Surveillance Coordination, Health Canada.

Synthesis of Literature and Discussions

Defining what public health is, what it does and how it achieves its mission is required as a basis for defining core competencies. Core public health competencies include the knowledge, skills and abilities required for public health to respond proactively and reactively to public health issues. Public health core competencies are defined as the skills that are common to all public health professionals and that are fundamental to delivering core public health services. In addition each professional discipline contributes specific core competencies which in combination with the general core competencies result in effective public health programming.

No official core competencies have been developed for Canada or Ontario. However several provinces do include lists of mandatory services to be provided by public health professionals

⁸ Canadian Institutes of Health Research (CIHR) - Institute of Population and Public Health. (June 2003).

⁹ Pan American Health Organization (PAHO). (2002) *Public Health in the Americas — conceptual renewal, performance assessment and bases for action*. PAHO.

¹⁰ Advisory Committee on Population Health Highlights Report. (2001). 21-25.

¹¹ Nova Scotia Public Health Services Website. *Who we are, What we do*. www.gov.ns.ca/health/publichealth

¹² National Advisory Committee on SARS and Public Health. (October 2003). *Learning's from SARS - Renewal of Public Health in Canada*. Health Canada.

(e.g. Ontario Mandatory Health Programs and Services Guidelines¹³) and several discipline groups outline specific standards of practice (e.g. Community Nurses Association of Canada¹⁴). These services and standards may serve as a basis to develop cross cutting competencies for public health.

Findings from the literature review suggest that the following points be considered when defining public health core functions and competencies for Ontario.

- Reach consensus on public health core functions put forward by the ACPH and consider the additional elements proposed by the Naylor and other reports (e.g. emergency response and preparedness, population health advocacy).
- Develop core cross cutting public health competencies based on the agreed upon core functions.
- Make use of existing work and research conducted in other countries.
- Use an applied approach to developing the competencies.
- Consider core competencies as one strategy among many to ensure an ongoing strong public health workforce (e.g. develop curriculum, on the job training, organizational learning and financial support).
- Core competencies require review and regular updating to be responsive to changes in the public health environment.

A draft vision and purpose statement for core competencies was developed during the February, 2004 meeting (Appendix 5). The statement outlines a public health system that is responsive, equitable, consistent, standardized, of high quality, recognized, resourced, accountable and sustainable, resulting in improved health of the population. The goal is to enhance the public health system by defining measurable core functions and competencies. The objectives include workforce skills, communications, integration, education recruitment and funding.

During the February, 2004 meeting, a process was agreed upon for drafting the core competencies. Specific action items were identified to be undertaken between now and December 2005. Linkages and leadership at the national level such as Canadian Public Health Association and Health Canada is being sought and a financial plan was developed. The next steps include to review and to adopt core functions for Canadians and a core competency framework. Updates will be communicated regularly to the OPHA Board of Directors and Health Canada. The functions and competencies will be developed in a consultative manner, with input from all stakeholders. The target date to disseminate this work is December, 2005.

A synthesis of the meeting discussions was written by Stephanie Lawrence, Alder Group (see Appendix 6).

Communications Strategy

The communications strategy (see Appendix 7) identifies audiences, key messages, and vehicles, to ensure the stakeholders are informed and consulted appropriately throughout the process, from the pre-draft to implementation stages. Diana Daghofer, Alder Group took the lead to write this plan following discussions on February 6th and email feedback throughout February.

¹³ Ministry of Health, Mandatory Health Programs and Services Guidelines¹³ (1997) Queen's Printer for Ontario Toronto

¹⁴ Community Nurses Association of Canada, Canadian Community Health Nursing Standards of Practice (2003) author

This strategy outlines target audiences for communication, the current environment for public health, communications activities, vehicles and products, key messages and messengers, and an evaluation plan. It also provides an implementation plan to carry out these activities.

Communications objectives are provided for the three phases of development and implementation of the core competencies: the pre-draft stage, the consultation stage, and the implementation stage. Four target audiences are identified as key to this process, with the focus shifting from the early efforts to raise awareness within the public health system, to a broader focus outside of the governmental health system, including external partners. Key audiences are: public health professionals, health sciences faculties and programs, provincial and federal ministries of health, and external partners, including non-governmental organizations.

Key to acting on an unprecedented opportunity for public health to assert itself is the ability of the public health community to clearly articulate what public health is, what public health does, who does it and why it is important to the health and safety of the population. To be effective, core competencies must be developed with the full support and participation of public health professionals. It is also important to ensure that consumers, professionals, funders and politicians easily understand the face and role of public health.

The communication strategy outlines a number of channels, vehicles and products that take advantage of existing communications opportunities of Task Group members, and propose focused efforts where required. A central point of contact for communications is felt to be very important, with the OPHA web site proposed as this node. To engage as large a group of public health professionals as possible, a variety of consultation mechanisms are proposed, including face-to-face consultations as well as electronic options, such as an on-line or written survey and teleconferences.

Key messages focus on the individual, the organizational and the system levels of public health. A variety of messengers are identified, with an emphasis on champions at all levels within the public health system and among strategic partners.

An evaluation plan is proposed that addresses both communications and consultation activities, in both process and outcome. Finally, an implementation plan outlines the steps necessary to implement the communications and consultation strategy.

Long Term Management Plan and Funding Strategy

It is estimated that the core competencies project will span a minimum of an additional 19 months. Critical initial steps have already been completed. OPHA is ready to proceed with the plan for developing core functions and core competencies for public health. The activities required to meet these goals are listed in Table 1.

The implementation of this plan is dependent on external funding. Saira David, on behalf of OPHA investigated potential funding sources. Funding sources were identified from a variety of private and public organizations in Canada. The potential funding sources are categorized as follows:

- **Foundations, Community Funds and Charitable Funding Organizations** – These are flexible and innovative funding sources that should be explored because they are structured specifically to fund various projects initiated by non-for-profit charitable organizations.

- **Private Sector** – Several corporations provide grants and contributions to health-related projects. The private sector provides primarily one-time or short-term funding. This may pose a problem since voluntary sector organizations such as the OPHA usually require ongoing funding.
- **Government** – Federal, provincial, territorial and local governments together provide more than half of the voluntary sector's total annual revenues, with the large majority of funding (more than 85%) coming from the provincial and territorial governments¹⁵.

The research of the potential funding sources indicates that the most common form of direct funding mechanisms is contributions¹⁶ and grants¹⁷. The development of core public health functions and competencies is long-term in nature. The initial process itself is time consuming and core competencies require review and regular updating to be responsive to changes in the public health environment. Therefore, long-term funding commitments as well as collaboration and partnership are required to make significant progress.

The initial Health Canada funding which is now depleted was applied to the background work and to developing plans for the first few years of the project. The OPHA will apply to organizations simultaneously for funding of the Core Competencies Project and continue to explore opportunities to further diversify its funding sources. OPHA will work with funding partners to ensure that each funder contributes to unique components of the project.

¹⁵ A Code of Good Practice on Funding, Voluntary Sector Initiative, October 2002

¹⁶ Contributions are conditional transfer payments to an individual or organization for a specified purpose as set out in a contribution agreement. These funds must be accounted for and are audited.

¹⁷ Grants are transfer payments made to an individual or organization that do not need to be accounted for and are not subject to auditing, but for which eligibility and entitlement can be verified for which the recipient may need to meet pre conditions

Table 1 Proposed Workplan

Timeframe	Activity	Responsibility
April – June 04	○ Receive and incorporate feedback on background paper	- OPHA - Project Manager - Task Group
	○ Draft public health core functions for Ontario with possibility of national transference	- OPHA - Project Manager - Task Group
	○ Draft a framework for core competencies for Ontario with possibility of national transference	- OPHA - Project Manager - Task Group
	○ Establish and define linkage with CPHA ○ Consult on public health core functions and core competency framework with OPHA and CPHA ○ consult with Strengthening Public Health Infrastructure Task Group	- OPHA - Project Manager - Task Group - SPHI-TG
	○ Develop display and other materials for use by OPHA constituent societies (project description/process) and other groups to raise awareness	- OPHA staff, with direction from Task Group
	○ Implement first steps of the communications strategy*	- OPHA - Project Manager - Task Group
	○ Develop evaluation plan*	- OPHA - Project Manager - Task Group - PHRED
July – September 04	○ Refine core functions and begin drafting core competencies	- OPHA - Project Manager and writing team including consultants
	○ Conduct consultations in Ontario with constituent societies and other partners (e.g. Public Health Branch, AIPHa, COMOHO)	- OPHA - Project Manager - Task Group - Consultants

	<ul style="list-style-type: none"> ○ Support CPHA to conduct consultations across Canada, if requested. 	<ul style="list-style-type: none"> - OPHA - Project Manager - Task Group - CPHA - Consultants
	<ul style="list-style-type: none"> ○ Implement evaluation plan* ○ Implement communication strategy* 	<ul style="list-style-type: none"> - OPHA - Project Manager - Task Group - Consultants
October – March 2005	<ul style="list-style-type: none"> ○ Continue to develop core competencies 	<ul style="list-style-type: none"> - OPHA - Project Manager and writing team including consultants
	<ul style="list-style-type: none"> ○ Develop and deliver conference plenary at the OPHA Conference (November,2004) 	<ul style="list-style-type: none"> - OPHA - Project Manager - Task Group - Consultants
	<ul style="list-style-type: none"> ○ Host workshops at the OPHA annual conference and as appropriate 	<ul style="list-style-type: none"> - OPHA - Project Manager - Task Group - Consultants

Fiscal Year 2005/2006	<ul style="list-style-type: none"> ○ Conduct consultations to build consensus on public health core competencies in Ontario with possibility of national transference 	<ul style="list-style-type: none"> - OPHA - Project Manager Consultants
	<ul style="list-style-type: none"> ○ Develop and disseminate implementation kit 	<ul style="list-style-type: none"> - OPHA - Project Manager - Consultants - Implementation Task Group
	<ul style="list-style-type: none"> ○ Finalize report including evaluation* 	<ul style="list-style-type: none"> - OPHA Task Group with Project Manager
	<ul style="list-style-type: none"> ○ Plan for review and regular updating of core competencies with stakeholders and partners 	<ul style="list-style-type: none"> - OPHA Task Group with Project Manager
	<ul style="list-style-type: none"> ○ Refine evaluation processes* 	<ul style="list-style-type: none"> OPHA Task Group with Project Manager
	<ul style="list-style-type: none"> ○ Develop training and education plan 	<ul style="list-style-type: none"> OPHA Task Group with Project Manager

***Note: The evaluation and communication components will be ongoing throughout the implementation of the project plan**

Conclusion

A set of agreed upon unique core competencies for professionals working in official public health agencies is a starting point from which individuals, employers, discipline groups and educators can develop a modified list of competencies specific to their needs. OPHA has a strong organizational structure comprised of Constituent Societies and an excellent track record of partnerships with governments, non-governmental agencies, and public health practitioners to facilitate achievement of the project's goals. OPHA has systematically approached the challenge of beginning their core competencies project and has accomplished: a literature review, initial consultation with multiple stakeholders, development of clear plans and identification of a variety of funding sources. OPHA is well positioned to identify and define core public health functions and competencies for public health practitioners in Ontario. There is potential to contribute to the development of core functions and competencies for public health in Canada. Through the commitment of the OPHA Board, membership and staff, a strong foundation of important background work has begun the process of defining unique core competencies for public health which in turn will be the first step for strengthening public health capacity in Ontario.