

Integration and Use of the Core Competencies for Public Health in Canada Version 1.0: Results of a Pan- Canadian Scan

Final Report

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The views expressed in this document are those of the City of Hamilton Public Health Services and do not necessarily represent those of the Public Health Agency of Canada.

Executive Summary

The Public Health Agency of Canada introduced the *Core Competencies for Public Health in Canada: Release 1.0* in September, 2007. Two years along, informal interactions with public health organizations across the country suggested that the dissemination of the Core Competencies was well underway across the country. However, little measurement had been done to document whether these competencies were being actively adopted and integrated at the individual, organizational and systems levels of public health workforce development.

In February, 2009, the Public Health Agency of Canada, Skills Enhancement for Public Health Program commissioned a Pan-Canadian Scan of the Core Competencies for Public Health in Canada: Release 1.0, in consultation with the City of Hamilton, Public Health Services. The purpose of the Scan was to develop a point-in-time snapshot of the Core Competencies efforts currently underway or emerging within local, regional, provincial and territorial jurisdictions across Canada.

The Scan had two key components. The first component was a web-based written survey administered to 151 public health organizations across Canada. The second component engaged key informants identified from the survey respondent sample in a telephone interview to further explore the results of the survey with a skilled interviewer. A total of 60 respondents, representing 58 public health organizations completed the survey and 9 key informants were engaged in telephone interviews.

Building on an analysis of the survey data and key informant responses, emerging themes were identified and recommendations proposed for the consideration of public health organizations across Canada. They include:

- Increase emphasis on formal adoption of the Core Competencies
- Continue awareness building and strengthen the focus on practice-based learning
- Capitalize on workforce driven capacity-building
- Engage public health disciplines in adaptive Core Competencies work
- Equip coaches and mentors
- Develop new tools and methods for integration
- Mobilize Core Competencies integration through network building
- Create space and opportunities for shared learning among public health organizations
- Support public health leadership at all levels of organizing

Summary of Recommendations

1. Increase emphasis and efforts to encourage public health systems and organizations to formally adopt the use of the Core Competencies for Public Health in Canada Release 1.0 and competency based approaches to workforce development.
2. Continue efforts and programs that will educate and raise awareness of the Core Competencies for Public Health in Canada Release 1.0.
3. Incorporate practice-based learning approaches as a key component of any public health strategy to raise awareness or educate the workforce in the use of the Core Competencies for Public Health Release 1.0.
4. Develop and disseminate tools and resources that will help organizations design “workforce-driven” activities to apply the use of the Core Competencies within their own workforce settings.
5. Support creative partnerships and collaborations that will advance the integration and use of the Core Competencies within and between each of the public health disciplines.
6. Encourage the development of competency based coaching and mentoring opportunities within public health organizations.
7. Equip organizations with human resources, tools and methods that will support the integration of the Core Competencies and competency based workforce development into everyday practice.
8. Strengthen and promote the use of networking strategies to create gathering spaces for shared learning and competent workforce collaboration between public health organizations.
9. Engage and support Core Competencies leadership at all levels of organizing.

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Introduction

In recent years, there has been rapid advancement of initiatives to strengthen the public health workforce in Canada. A key component of this developmental work has been the creation of the *Core Competencies for Public Health in Canada: Release 1.0*, also referred to as the Core Competencies. As a fundamental building block for workforce development, they describe the essential skills, knowledge, and attitudes necessary for the broad practice of public health in Canada.

There are 36 Core Competencies organized under seven categories: 1) public health sciences; 2) assessment and analysis; 3) policy and program planning, implementation and evaluation; 4) partnerships, collaboration and advocacy; 5) diversity and inclusiveness; 6) communication; and, 7) leadership. The 36 core competency statements can be found in the publication, *Core Competencies for Public Health in Canada: Release 1.0*, produced by the Public Health Agency of Canada.

The Public Health Agency of Canada, through its Skills Enhancement for Public Health program, has led and supported the identification, validation and subsequent launch of the *Core Competencies for Public Health in Canada: Release 1.0* since September 2007. To date, much of the Agency's efforts have been to increase awareness and knowledge of the Core Competencies and develop tools and resources to help support their use.

Ongoing interactions with the public health community across the country indicate that the application and integration of the *Core Competencies for Public Health in Canada: Release 1.0* into public health practice has been vast and diverse. However, this anecdotal evidence provides only a limited estimate of how much innovative work is being done across Canada.

Additional documentation was deemed necessary to establish a baseline understanding of how the Core Competencies are being adopted and integrated at the individual, organizational and systems-based level in jurisdictions across Canada. What have the 'early adopters' achieved to date? What have they learned that would benefit those just coming on board? How many 'late adopters' remain to be supported to use and integrate the Core Competencies within their organizations or systems?

In collaboration with the City of Hamilton, the Public Health Agency of Canada's Skills Enhancement for Public Health: Core Competencies team commissioned a point-in-time environmental scan to examine how the *Core Competencies for Public Health in Canada: Release 1.0* are being used across local, provincial and territorial public health organizations and systems.

Approach

The conceptual development of the Pan-Canadian Scan of the Core Competencies for Public Health in Canada (the Scan) is grounded in evidence from the literature. The approaches used to develop the Scan and its related activities are informed by theories that "...have the greatest potential for evaluating the uptake and adoption of a new public health approach or innovation".¹

In a paper, entitled "Evaluation Plan for Implementation of Core Competencies for Public Health Initiative",² Brian Rush describes Diffusion Theory as one model for evaluating the growth process for a given innovation. He refers to diffusion as a process by which "...an 'innovation', whether it is an idea, a belief, a particular behaviour, or a new practice, is spread within and across populations". He also suggests that the development of the *Core Competencies for Public Health in Canada: Release 1.0* is one such example of an innovation. The dissemination of the core competencies across the Canadian public health landscape, through emerging ideas and strategies about how they might be used, can also be considered an innovation.

Rush also cites the work of Valente and Fosados³, which expands on Diffusion Theory by presenting five core factors that influence the adoption of an innovation at both the individual and organizational levels. These include:

- 1) People and organizations pass through different stages of any adoption process
- 2) Diffusion takes time and this can often be a long time
- 3) It is not unusual for people/organizations to modify an innovation, or even stop using it, and then to restart it at a later date
- 4) The way that we perceive the characteristics of an innovation influences its adoption
- 5) Both individual and organization characteristics influence adoption

The Pan-Canadian Scan was also informed by the Public Health Agency of Canada's *Logic Model for the Implementation of Core Competencies for Public Health in Canada*.⁴ This model describes five components of 'implementation' including dissemination, support for practitioners, support for public health organizations, development and support for the public health system, and evaluation. Both the scan methodology and analysis of the results were informed by this logic model.

¹ Rush, Brian (2006) *Evaluation Plan for Implementation of Core Competencies for Public Health Initiative*

² *ibid*, p. 6

³ *ibid*, p. 6

⁴ Public Health Agency of Canada, Skills Enhancement for Public Health Program, April 2008

Methods

The project began in February 2009. The purpose of the project was to develop a point-in-time snapshot of the Core Competencies efforts underway, or in development, across local, provincial and territorial public health organizations and systems in Canada.

Project Overview

The project had three primary objectives:

- 1) Establish the key questions for the scan, design research activities and determine the scope and methods of participation (Research Design Phase).
- 2) Survey a broad cross-section of Canadian public health organizations and gather data regarding the current status of public health core competency integration within these organizations (Point-in-Time Survey Phase).
- 3) Engage a smaller sample of survey participants in a focused exploration of the factors and conditions that may be contributing to or impeding the adoption and integration of the Core Competencies in Canadian public health organizations (Key Informant Interview Phase).

Project Team

The project was commissioned by the Public Health Agency of Canada, Skills Enhancement for Public Health Program. The City of Hamilton, Public Health Services (Public Health Services) served as principal consultant, contributing both in kind and contracted services to the project. This included a project team of technical and subject matter experts, assembled from across the Public Health Services Planning and Continuous Improvement Division.

Research Design

The research design followed a step-by-step process, including:

- A selective review of current Canadian literature related to the measurement and evaluation of innovation and the adoption of such innovation by systems and organizations.
- Constructing specialized tools to support the collection of data from a broad sample of Canadian public health organizations.
- Qualitative pre-testing of the tools with an ad hoc panel of public health professionals (Refer to Appendix A)
- Administration of the tools

In April 2009, research design work was completed. Two tools were developed, including a web survey and a key informant telephone interview schedule. Prior to administration, each tool was pre-tested informally by a small convenient sample of public health professionals recruited with the assistance of the Skills Enhancement for Public Health team.

Web Survey

A self-reporting web survey tool was constructed to capture information from individual public health organizations (refer to Appendix B). The *Pan-Canadian Environmental Scan of the Core Competencies for Public Health Web Survey* was designed to obtain a point-in-time 'snapshot' of Core Competencies activities currently underway across Canadian public health organizations. A survey form was developed in English and French. Survey data were gathered electronically and stored in a secure and encrypted survey database on site at Public Health Services in Hamilton. The web survey was divided into six information sections:

- Demographic information about the respondent
- Perceived knowledge and awareness of the Core Competencies
- Strategies for integration
- Opportunities and challenges in using the *Core Competencies for Public Health in Canada: Release 1.0*
- Collaborations and Networks developed as a consequence of the Core Competencies
- Uptake and use of the Skills Online continuing education program.

The scope of survey participation was delimited to organizations that deliver and/or plan public health services in Canada, including local/regional public health organizations, provincial/territorial governments and public health associations. This was determined in consultation with the project sponsor and an ad hoc voluntary panel of public health workforce development experts recruited from across Canada. Organizations excluded from the survey sample included, academic or educational institutions and researchers and public health discipline-specific organizations (for example, Canadian Institute of Public Health Inspectors, Community Health Nurses of Canada).

The survey sample was sourced from current organizational contact lists, made available through the Skills Enhancement for Public Health Program. These lists had been previously compiled by the Public Health Agency of Canada and included descriptive organizational information, such as the name and mailing address of the organization, senior administrative contact person(s), telephone and/or electronic communications contact information. At the time of the survey, this list was considered comprehensive and included local, regional and provincial/territorial organizations from every public health jurisdiction in Canada.

Using a convenient sampling technique, the survey was sent via email to N=151 (100%) of the organizations listed. An accompanying electronic cover letter described the purpose of the survey and provided a direct link to the online survey (refer to Appendix B). Participants could respond to the survey on their own, or could compile responses in consultation with others from within their organization. A reminder email was sent approximately 4 weeks after the initial email. After 6 weeks, follow-up by direct telephone contact was attempted.

Key Informant Interview

A key informant interview schedule was designed to obtain a more in-depth look at what organizations are doing and why, the challenges they are facing, and what they might be planning for the future (refer to Appendix C). Upon completing the web survey, each respondent was asked if they would be willing to participate in a telephone interview, further exploring key themes and ideas raised from the survey results. A total of 42/60 (70%) respondents agreed to be contacted to participate in the telephone interview.

Using a qualitative data collection method, known as data saturation technique⁵, an optimal sample size of n=22 respondents was established. Assuming there would be a high level of interest in the second level interview process, an interview sampling 'matrix' was designed to ensure a proportional sample of interviewees would be approached from across jurisdictions and organizational types (refer to Appendix D). The matrix combined information about the type of organization, geographic location and the organizational intensity of Core Competency integration reported (i.e. low, medium or high) from the web survey.

Limitations

The emergence of the 2009 pH1N1 pandemic affected the initial web survey launch in April, 2009. Concerned about the impact on survey participation rates, the planned timeline for completing the web survey was extended by 4 months. The extension of web survey administration into the summer months of July and August 2009 presented additional limitations. Many of the individuals originally contacted to complete the survey were unavailable during that time due to vacation. With the assistance of an independent project consultant, efforts were made to follow-up electronically and by telephone with those who had not yet completed the survey.

⁵ For the purposes of this study, the authors' estimated point at which a qualitative data sample would reach a constructive 'saturation point'. That is, a point where common responses were consistently emerging from the interview process.

In October and November 2009, a second wave of pH1N1 pandemic response was underway across Canada. Public health organizations were preparing for the roll-out of a national pH1N1 immunization strategy. Many of the web survey respondents who had agreed to further participate in a key informant interview were redeployed to respond to pH1N1 related activities. It is believed that this played a major role in the resultant sample of interviewees. By the end of the study time frame a total of 8/22 (36%) interviews had been completed.

Results

Appendix E provides detailed summary tables for each survey question.

Respondent Profile

A total of 60/151 (40%) respondents, from 58 public health organizations, completed the web survey. Many survey respondents were executive or senior managers within their respective organizations. A smaller number of organizations delegated the survey response to specialists with functional roles such as human resources, practice development, educational or workforce development specialists. A total of 46/60 (77%) respondents completed the survey on their own. The remaining 14/60 (23%) respondents consulted with others from within their organization in completing the survey.

Respondents were asked to describe their organization. Table 1 provides a comparative overview by organization type.

Table 1: Respondent Organization Type

	Frequency	%
Local or Regional Public Health Authority or Organization	44	73
Public Health Associations	4	7
Provincial/Territorial Government Agency	11	18
Other	1	2
TOTAL	60	100

A total of 44/60 (73%) described their organization as "local or regional public health authorities/organizations". Another 11/60 (18%) represented "provincial or territorial government agencies", and 4/60 (7%) identified as

a “public health association or society”. Only 1/60 respondent (2%) characterized their organization as “other”.

The majority of respondents, or 37/60 (62%) identified their geographical service area as a mix of urban and rural populations. The remainder of the respondent sample was made up of a smaller, but almost equal number of “urban” or “rural” representations. The sample also had a proportion of “remote/isolated” organizations represented with 10/60 (16%) respondents to the survey. Table 2 provides a summary.

Table 2: Geographical Area Served by Respondent Organization

	Frequency	%
Urban	6	10
Rural	7	12
Remote Isolated	10	16
Mixed (an area that includes rural, remote and urban characteristics)	37	62
TOTAL	60	100

In terms of accreditation, 24 respondents (40%) indicated that their organizations were accredited. Of these, 16/24 (67%) were accredited by Accreditation Canada and 7/24 (29%) were accredited by the Ontario Council on Community Health and Accreditation. One respondent was aware that their organization was accredited, but could not confirm a specific accreditation affiliation. A total of 26/60 (43%) respondents indicated that their organizations were not accredited at the time of the survey. The remaining 10/60 (18%) respondents could not confirm if their organization was accredited, or noted that they worked for agencies in which accreditation was not applicable.

Activities for Building Knowledge and Awareness

Almost half of all respondents, or 28/60 (47%), indicated their organizations supported activities to build knowledge and awareness of the Core Competencies within their work force. Another 26/60 (43%), answered “no” to this question while 6/60 (10%) respondents did not know if their organizations supported knowledge and awareness-building activities, or noted that these activities were not applicable at their organization.

Respondents were asked to estimate the degree to which they felt other staff in their organizations might be aware of the *Core Competencies for Public Health in Canada: Release 1.0*. Only 21/60 (35%) respondents felt that the majority of their organizational staff was aware. Another 31/60 (52%) respondents indicated that only “some staff” within their organization were aware of the *Core Competencies for Public Health in Canada: Release 1.0*. A total of 3/60 (5%) respondents indicated that none of their staff were aware. The remaining 5/60 (8%) respondents did not know if staff in their organization were aware or stated that staff awareness was not applicable to their organization.

Respondents were then asked to describe the activities in their organization undertaken to support the building of knowledge and awareness of the *Core Competencies for Public Health in Canada: Release 1.0*. As Table 3 illustrates, the single most frequent knowledge and awareness building activity involved disseminating materials, such as *Core Competencies for Public Health in Canada: Release 1.0* publication and z-card reference tools, Skills Enhancement for Public Health brochures, and other print resources.

A total of 22/28 (79%) organizations reported they had distributed or directed their staff to these and/or other related materials. Additional activities included posting articles in newsletters, posting information on staff intranets and organization websites, standing items at staff meetings, and regular emails from senior staff.

Table 3: Activities to Support Knowledge and Awareness Building of the Core Competencies

	Frequency*	%
Distribution of materials	22	79
Integration of Core Competencies in Human Resources Tools, Processes	16	57
Collaborating and partnering with others	9	32
Research and consultation	7	25
Adaptation and pilot testing	7	25
Conferences and workshops	7	25
Staff orientation	4	14
Formal organizational adoption	4	14
Documentation and asset mapping	3	11
Promoting use of Skills Online	3	11
Establishing specialized staff roles	2	7
TOTAL	86	--

(*Multiple responses permitted; n=28 respondents)

Just over half, or 16/28 (57%) respondents, reported that their organizations were actively adopting or adapting the Core Competencies for use in existing or emerging “competency-based” human resources tools and/or processes. Almost one in every three, or 9/28 (32%), respondents identified collaboration and partnerships with other organizations as contributing to organizational knowledge and awareness of the Core Competencies.

Presumably, the opportunity to collaborate plays a role in leveraging knowledge building and knowledge transfer within and between organizations. It also suggests that knowledge, supported through collaboration, can inform other integrative strategies and activities such as public health human resource processes.

Conferences and workshops present additional opportunities for building knowledge and awareness within public health organizations. One in four respondents noted that they had attended and/or presented at a conference with a focus on the Core Competencies. Others had organized their own Core Competency internal organizational workshops and workforce-wide learning events. A number of provincial associations indicated that they were working with their members to make the *Core Competencies for Public Health in Canada: Release 1.0* a focus of association activities.

Research and development activities and piloting projects were also identified as activities that can leverage workforce and strategic organizational awareness of the *Core Competencies for Public Health in Canada: Release 1.0*. The practical development of new tools, resources and/or processes, often done in collaboration with other partner organizations, uses capacity-building as the strategic platform for increasing the awareness and integration of the Core Competencies.

The limitations of the survey did not make it possible to take full inventory of what these tools, resources and processes entail. An interesting example cited was some work that a number of remote or isolated public health organizations are doing to adapt the Core Competencies to the needs of the North as part of their knowledge-building activities. However, no particular details were shared with regard to what the adaptation entails, or the extent of location-specific knowledge-building activities. This would be an interesting question to explore in future scanning work.

Strategies for Integration

The web survey explored whether organizations had implemented strategies to support the use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*. Just over half, or 33/60 (55%), respondents indicated their organization had been involved in implementing such strategies. A smaller number, or 23/60 (38%), responded that their organizations had not developed such strategies. The remaining 4/60 (7%) respondents did not know if their organizations had implemented any strategies, or identified that the question was not applicable. Table 4 provides a response summary.

Table 4: Percentage of Organizations Who Have Developed Strategies to Integrate the Core Competencies

	Frequency	%
Yes	33	55
No	23	38
Do not know	3	5
Not Applicable	1	2
TOTAL	60	100

Table 5 provides a summary of integration approaches as described by survey respondents.

Table 5: Strategies for the Use and Integration of the Core Competencies

	Frequency*	%
Integration of Core Competencies in Human Resources Tools, Processes	11	33
Participation in provincial/territorial tools and capacity building projects	10	30
Discipline-specific adaptation initiatives	9	27
Staff training and professional development	8	24
New staff/student orientation activities	5	15
Internal organizational capacity-building activities	3	9
Specialized staffing and resources	2	6
Electronic and web-based dissemination	2	6
TOTAL	50	--

* Multiple responses permitted (n=33 respondents)

Human Resources Processes

From the survey results, one of the key approaches identified for integration of the *Core Competencies for Public Health in Canada: Release 1.0* was through human resources processes. One-third (11/33) of responding organizations, indicated that they have been integrating the Core Competencies into job descriptions, interview processes, staff recruitment, performance appraisals, and new staff orientation programs and materials.

Inter-Organizational Initiatives

Another 30% (10/33) of organizations indicated they had been involved at some level in developing and/or participating in inter-organizational working groups, provincial committees and project partnerships with provincial/federal departments or agencies. This includes collaborative activities, such as human resources tool-building workgroups, provincial capacity-building partnerships and engagement with the Public Health Agency of Canada. Respondent comments suggest that such activities have served to create the space for leveraging and expanding the breadth of integration of the Core Competencies across public health organizations.

Discipline Specific Initiatives

From the survey data, it is evident that the translation and adaptation of the Core Competencies for discipline-specific uses is a growing area of interest for public health organizations. A total of 9/33 (27%) respondents acknowledged they had been working on some type of discipline-specific initiative with a view to translating the use of the Core Competencies, or adapting complementary discipline-specific competencies, for use in a variety of workforce development processes.

Workforce Education and Applied Learning Opportunities

Many of the activities that build knowledge and awareness were also identified as integration strategies for the *Core Competencies for Public Health in Canada: Release 1.0*. Staff professional development and public health workforce orientation activities that incorporate the use of the Core Competencies were identified as typical approaches.

Integrative Opportunities Created by the Core Competencies

Many respondents reported that the introduction of the *Core Competencies for Public Health in Canada: Release 1.0* has created new workforce development

opportunities within their organization and in association with other partner organizations that would not have existed before their introduction. Table 6 provides a summary of how organizations are leveraging benefits from the use of the Core Competencies.

Table 6: Opportunities Created Through the Use of the Core Competencies

	Frequency*	%
Integration at team/program level	10	30
Integration with professional practice development activities	8	24
Leveraging new capacity through inter-organizational networks	8	24
Informing organizational workforce development strategies/processes	5	15
Informing the adaptation of discipline-specific competencies	4	12
Building workforce competency through web-based approaches	4	12
TOTAL	39	--

(*Multiple responses permitted; n=33 respondents)

Respondents reiterated the importance of the Core Competencies to informing broader public health workforce development on a number of levels. This includes both strategic and program delivery levels, as well as informing individual practice and professional development. There is a need to continue emphasis on the introduction of the Core Competencies. At the same time, many ‘early adopters’ are eager to move forward with the development of capacity and tools that more fully integrate the use of the Core Competencies into everyday workforce and practice development.

One-third of respondents believed the Core Competencies are already informing and creating opportunities to enhance workforce performance at the team or program levels. One in four respondents reported their organization was currently incorporating the use of the Core Competencies into professional practice development activities. The same proportion of respondents identified both intra and inter-organizational collaboration as important to leveraging new opportunities for workforce development capacity building. Increased collaboration between public health organizations is resulting in the development of new tools and approaches to advance the use of the Core Competencies across the public health workforce.

The need to develop and pilot test new tools and approaches was identified by a number of respondents. Examples of such tools include tools for performance management, such as performance appraisal and learning plans, new staff orientation activities, health human resources skills databases and competency-based approaches to professional development.

A small number of organizations are actively advancing the use of the Core Competencies in discipline-specific settings. This includes building on the Core Competencies in the development of discipline-specific competency frameworks. It also includes adapting tools aligned with the Core Competencies for discipline-specific uses.

Other organizations are using web-based approaches, such as e-learning modules and websites to create the space and opportunity for broader dialogue and learning about the Core Competencies. These approaches complement knowledge building and dissemination and can help to close the distance between early and later adopters of the Core Competencies.

Challenges to Integration

Respondents to the web survey were asked to describe the challenges their organizations had encountered in building knowledge and awareness, while using and integrating the *Core Competencies for Public Health in Canada: Release 1.0*. A total of 33/60 (55%) responded to this question. Table 7 provides a summary of the challenges identified.

Table 7: Challenges to Integrating the Core Competencies

	Frequency*	%
Time and resources needed to keep Core Competencies moving forward	18	55
Understanding how to use the Core Competencies	9	27
Need practical tools, expertise and supports to integration	6	18
Other organizational priorities take precedence	3	9
Relating Core Competencies to discipline-specific needs	3	9
Lack of clearly articulated government strategy for public health (uncertainty about what is expected)	2	6
TOTAL	41	--

(*Multiple responses permitted; n=33 respondents)

Time and resources were the most frequently identified challenges to integration of the Core Competencies. Over half, or 18/33 (55%) of all

respondents cited these factors as key challenges to integration. One respondent summed it up as follows:

"The biggest challenge has been time for review, assessment, implementation and integration...We have shifted our outcome target to 2010 related to core competencies."

Another respondent reflected on the need for both financial and human resources to move the Core Competencies forward as an integrated component of workforce development noting:

"(The) lack of resources – financial and human resources – is always in the forefront of driving initiatives. We are also challenged by other more acute issues that need attention (within our organization)."

The impact of other competing priorities on the strategic development of Core Competencies initiatives will be an ongoing concern for integration work. Respondents said they were often challenged by more immediate or urgent issues that required attention within their organization, most notably, preparations for pandemic response.

Understanding the Core Competencies and how best to use them to inform and support workforce development was also a concern. A total of 9/33 (27%) respondents described this as a key issue within their public health organization. In the words of one respondent:

"The concepts contained within the documents of the Core Competencies are recognized as part of the daily work of public health; however, use of this document is sporadic...While there is knowledge that they exist, their integration for use as a tool has not yet occurred...A conscious effort to make these more visible and to include (them) in a concrete way is needed to change usual practices."

Respondents expanded further on the need for active engagement and practical strategies for integration. There is a need for practical tools to be

developed, along with the expertise and support to help organizations integrate their use in public health settings.

There is some uncertainty about how the Core Competencies fit with other public health discipline-specific standards and/or requirements. Some are concerned that the Core Competencies are too numerous to be applied to most public health roles. Others felt staff may be overwhelmed by expectations to adhere to discipline-specific professional standards while also having to demonstrate proficiency in each of the 36 competencies outlined in *Core Competencies for Public Health in Canada: Release 1.0*.

Collaborations, Networks and Partnerships

Less than half of the respondents, or 26/60 (43%) indicated that their organization had formed any external collaborations, networks or partnerships with others to advance the use of the Core Competencies. A total of 22/60 (37%) indicated their organization had not yet been involved in such activities. Another 12/60 (20%) respondents reported they did not know whether such activities had been undertaken within their organization. Table 8 provides a detailed summary of activities and outputs that have been leveraged for organizations through collaboration, networking and partnering.

Table 8: Collaboration, Networking and Partnering Activities

	Frequency*	%
Consultation and involvement with constituent groups	8	31
Collaboration with Skills Enhancement for Public Health and other PHAC programs	6	23
Working with schools of public health and schools of nursing	5	19
Involvement with provincial/territorial project working groups	4	15
Project partnerships with provincial public health associations	4	15
Intra-organizational working groups and partnerships (i.e., internal to a public health organization)	4	15
Provincial/territorial systems planning groups (government)	2	8
TOTAL	33	--

(*Multiple responses permitted; n=26 respondents)

There are different types of relationships supporting this collaborative work, including:

- Collaborations among public health organizations within or between provinces and/or territories
- Consultation and networking among “constituent groups or societies” (e.g. public health nurses, public health inspectors, epidemiologists, health promotion specialists, etc.)
- Research collaborations between public health and academic post-secondary institutions
- Engagement and collaboration between public health organizations and communities (e.g. First Nations, local human services organizations, diverse cultural communities, etc.)
- Departments/units within public health organizations working together to share information and practical tools or strategies for engaging staffs and teams in competency-based learning and development initiatives (e.g. in-house training modules, web-based learning, professional development workshops).

A number of respondents indicated that their collaborative work was inspired by earlier involvement in consultations related to the development of the *Core Competencies for Public Health in Canada: Release 1.0*. Several respondents noted that their organizations had benefited from outreach, support and encouragement received from the Public Health Agency of Canada and its Skills Enhancement for Public Health team.

New project collaborations have emerged between public health organizations interested in working together to optimize and leverage resources to build new system and organizational capacity. Many projects are iterative in nature – one initiative will inform or leverage the formation of another. There is an interest and willingness to work together on shared initiatives, often leading to the further establishment of pilot or demonstration projects that encourage an expanded level of participation.

Many collaborative activities have benefited from tapping into individuals who have been ‘early adopters’ of Core Competencies integration. Collaboratives draw upon these individuals as catalysts to innovation, gatekeepers of learning and experienced capacity-builders. Respondents noted that many of their collaborative initiatives began informally either through ‘word of mouth’ or participation in organized gatherings, such as national or provincial conferences, through existing networks and associations, or through involvement in shared learning events and workshops.

Skills Enhancement for Public Health: Skills Online

When asked about their awareness of the *Skills Online* continuing education modules for public health professionals, 51/60 (86%) felt that staff in their organization had some awareness of the program. However, when asked to estimate the proportion of staff members who may have registered for one of the online modules, perceptions changed. The most frequent response to this question was that only “some, or a very few staff” had actually participated. Table 9 provides a summary of responses.

Table 9: Proportion of Staff Taking *Skills Online* Modules

	Frequency	%
Majority of staff	5	8
Some staff	24	40
Very few staff	15	25
None	13	22
Do Not Know	3	5
TOTAL	60	100

When asked whether their employers support staff to take *Skills Online* modules, 44/60 (73%) respondents indicated ‘yes’, 5/60 (8%) indicated ‘no’, 10/60 (17%) marked the question as ‘not applicable’. Table 10 provides an illustration of the ways in which employers are supporting staff in taking *Skills Online* modules.

Table 10: Employer Methods of Support for *Skills Online*

	Frequency*	%
Access to computers at work	44	100
Access to Internet at work	38	86
Provide time at work to complete modules	19	43
Provide organizational recognition to those who complete modules	11	25
Provide time off in lieu after completion of a module	4	9
Other	8	18
TOTAL	124	--

*Multiple responses permitted; n=44 respondents

All (n=44) who answered the question reported that their employer offered staff access to computers at work. Only 38/44 (86%) indicated that staff

also had access to the Internet through such computers. A total of 19/44 (43%) respondents indicated that their employer provides time at work to complete the modules. Another 11/44 (25%) stated that some type of recognition is provided to those staff who complete the modules. For a very small number of employers, or 4/44 (9%), this recognition could also include "time off" provided in lieu after successful completion of a module.

Recommendations

Based on the web survey data and a subsequent exploration of these results with key informants, a number of key themes have emerged. This section provides an overview of these themes and recommendations for the consideration of public health organizations across Canada.

1. Increase emphasis and efforts to encourage public health systems and organizations to formally adopt the use of the Core Competencies and competency based approaches to workforce development.

The *Core Competencies for Public Health in Canada: Release 1.0* have been a catalyst to broad public health workforce development and capacity building. In organizations which have formally adopted their use, the Core Competencies are creating a more constructive and strategic platform for assessing staff performance, building learning and professional development capacity, and informing both discipline and program specific workforce planning. An interviewee offered this assessment:

“So there’s certainly an increased level of awareness and I would say at the end of the day there is enthusiasm to keep going and...utilize (the Core Competencies). I think (there is) recognition that this is important to public health,...in order to increase the standards for public health and increase the capacity of public health workers.”

Many public health organizations are making positive strides towards competency-based workforce development and capacity building. From a strategic and integrative perspective, these organizations have recognized the importance of formally integrating the use of the Core Competencies as part of overall competency based workforce development efforts. They recognize that knowledge and awareness building activities can only take an organization so far. It is through strategic adoption and practical application of these competencies that a more meaningful uptake of the *Core Competencies for Public Health in Canada: Release 1.0* will be realized.

2. Continue efforts and programs that will educate and raise awareness of the Core Competencies for Public Health in Canada Release 1.0.

The results of the web survey suggest there is a need to continue and even ramp up efforts designed to raise awareness and educate the public health workforce about the Core Competencies for Public Health in Canada Release 1.0. The survey also provides some evidence that awareness of *Skills Online*, a Public Health Agency of Canada, Office of Public Health Practice program, may require increased emphasis and more active promotion.

3. Incorporate practice-based learning approaches as a key component of any public health strategy to raise awareness or educate the workforce in the use of the Core Competencies for Public Health Release 1.0.

Key informants stressed that integration of the use of the Core Competencies will be easier to accomplish when awareness building and education are supported by practice-based applications of their use “in the field”. One respondent discussed this need for practicality in the following way:

“Part of the challenge is to be able to create infrastructure and human resources capacity that can go between the lines and that focus on mobilizing the work force around core competency initiatives and not simply creating ... information and hoping that people absorb it and then apply it. It has to be very hands-on; it has to be very practical...in terms of engaging the work force. But that’s a mobilization strategy, as opposed to an education strategy...our primary approach has been a mobilization strategy and through mobilization learning happens naturally. Education becomes a natural by-product of mobilizing.”

Adult learning is a dynamic process that is best achieved through a mix of approaches and opportunities. Future public health workforce development strategies should, therefore, be flexible in scope with a stronger emphasis on closing the distance between mass dissemination educational approaches and supporting the practical demonstration of competency-based behaviours in work place settings.

4. Develop and disseminate tools and resources that will help organizations design “workforce-driven” activities to apply the use of the Core Competencies within their own workforce settings.

Encouraging activities and initiatives that are driven by staff – especially those at the frontlines of public health - strengthens the odds for short and long-term Core Competencies integration success within an organization. One key informant expands on this concept:

“(For example) we have three different...core competency building projects that have emerged from within our own workforce...when things are workforce driven, as opposed to driven from the top down...we want to capitalize on that and that builds its own energy and its own sense of incentive and initiative in moving forward. And there’s a lot of learning both individually and organizationally that’s happening because of it. ”

Drawing on the survey and key informant findings, this emerging evidence suggests that staffs are more likely to engage and adopt the use of the Core Competencies when it comes from working with their peers.

5. Support creative partnerships and collaborations that will advance the integration and use of the Core Competencies within and between each of the public health disciplines.

There is much work being done by public health disciplines to adapt and build on the *Core Competencies for Public Health in Canada: Release 1.0*. Engaging each of the public health disciplines, as well as other professional groups, in collaborative competency based integration initiatives, is an important system building strategy. The Core Competencies provide the building blocks on which discipline-specific competencies have been constructed. It makes sense, then, to draw on the diverse and extensive working knowledge that has been produced by these discipline-driven efforts. Such a partnership can also serve to create new capacity and a knowledge infrastructure that will be needed for the future development of program or technical competencies for public health.

6. Encourage the development of competency based coaching and mentoring opportunities within public health organizations.

Integration of the Core Competencies will be more effectively achieved when public health staff, regardless of their role, can recognize their relevance to everyday practice. They need Core Competencies to be applicable, measurable, and relevant to their functional roles. They need information and

support to help them in the application of competency-based approaches to their work.

I think that employees and managers alike need some (support) on how to recognize when they're demonstrating the competencies...some idea of how to develop their competencies. (Having someone to say) "Here's the type of activities that you can do in your job, or here's the type of learning activity that you can participate in that would help develop that competency"...

This is where coaches or mentors can make a significant contribution to the overall advancement of competent workforce development in an organization. Organizational leaders need encouragement and supportive strategies they can use in identifying coaching and mentoring opportunities with their staffs. Once identified, these individuals may require further training, tools or resources that will enhance the coaching or mentoring experience.

7. Equip organizations with human resources, tools and methods that will support the integration of the Core Competencies and competency based workforce development into everyday practice.

As evidenced by the results of the web survey and key informant interviews, the integration and use of the Core Competencies is both a strategic and iterative process. The speed and extent to which integration may be occurring within a public health organization depends on the resources that may be available to move the process forward. This includes, but is not limited to, the availability of human resources, tools and methods that can actively support this work. One key informant illustrates this need by citing the lack of a comprehensive database of staff skills and competencies within their organization, as a significant public health human resources planning issue:

"At the end of the first round of H1N1, back in the spring, I spent some time with our emergency planning lead and we were talking about some of the "learning" from the first round of (H1N1). And, one of the things she identified...was the fact that we had no information on hand here. We didn't have a data base that could tell us the kinds of skills and competencies that people throughout our work force need to have at any given time (and) that we could use to deploy them to different kinds of roles in a community emergency response."

The need for supportive resources is felt across the public health system. Organizations that are new to working with the Core Competencies are seeking tools and approaches that will help them to get started with in-house competency based workforce initiatives. At the same time, those organizations with established track records of integrative activities need resources to help them keep their momentum moving in a forward direction.

8. Strengthen and promote the use of networking strategies to create gathering spaces for shared learning and competent workforce collaboration between public health organizations.

Integrating Core Competencies in support of broader public health workforce development will be a lengthy and difficult process if the onus for adoption remains primarily with the individual public health professional. There is a need to create meeting spaces – conventional and virtual - for knowledge transfer and to encourage and leverage shared capacity building through the formation of both intra and inter-jurisdictional networks. They make it possible for both early adopters and emerging interests to meet, share ideas and experiences, sow the seeds and build alliances for new initiatives.

The results of the Pan-Canadian Scan have provided many illustrations of how networks are contributing to Core Competencies integration. For example, a one-day conference put on by a provincial public health association created numerous benefits to the organization and across the province.

The conference brought together academia, education, health authorities, cultural communities and public health to discuss the role of the *Core Competencies for Public Health in Canada: Release 1.0* across the province. In addition to increasing outreach and targeting broader audiences, a number of new networks developed from this event. As a result, the public health association was able to promote its activities to a larger audience and acquire some new members.

9. Engage and support Core Competencies leadership at all levels of organizing.

Mobilizing public health workers around the active adoption of the Core Competencies requires that the organizations and broader governance systems in which they operate are adequately informed, supported and resourced. It is important to generate buy-in at the highest levels with strategies in place to continuously engage the leadership of such systems.

One key informant alludes to this with the following comment:

“...as a public health system we have adopted the core competencies at a provincial and local level. We had the public health directors at the local level and the directors at the provincial level say that (they) want the core competencies to be reflected in our practice and our HR processes, and in our daily work and that we’ve adopted them as a set of competencies for our work force.”

The need to support and equip leaders and champions in continuing to drive and sustain the Core Competencies process in the future is crucial. From the perspective of one key informant:

“I think for us as a system...part of what we need will be champions and...folks there to really support the work that people at the local level are doing...one of the things that we’ve identified is that we need either managers that are champions or...public health directors that are champions, even VPs of community health that are champions of the core competencies. ”

Integrating the Core Competencies requires that space is made and supports offered to leaders in all of their forms and at all levels of organizing. There are key qualities required of such leaders, effectively summed up by a key informant:

“You need to be a bit of a broker, a bit of a change agent, a bit of a visionary in the sense that you’ve got to, sometimes you have to poke and prod people to think about it through a different set of lenses. I’ll use the word ‘harbinger’...I like to talk about core competencies because I’m excited about it... I can be an interpreter of what core competencies are but in very practical ways with people.”

It will be these qualities that will lead the Canadian public health system towards the desired end state of a competent and flexible public health workforce.

Next Steps

Moving forward, it is important to broadly disseminate the results of the current Pan-Canadian Scan of the Core Competencies for Public Health to public health organizations across Canada.

Continued engagement of organizational partners from across Canada, including those from local, regional, or provincial/territorial jurisdictions is essential to sustaining integration efforts. It is through ongoing dialogue and timely collaborative opportunities that the practical development of new tools, methods and system-wide initiatives will emerge.

Given some of the limitations of the current research, it may also be beneficial to consider additional research that will further examine the extent to which the Core Competencies for Public Health in Canada Release 1.0 are being used and integrated within public health workforce settings.

APPENDICES

Appendix A Pan-Canadian Environmental Scan - Ad Hoc Panel

Appendix B Web Survey

Appendix C Key Informant Interview Script

Appendix D Key Informant Interview Sampling Framework

Appendix E Web Survey Results Summary Tables

Appendix A

Pan-Canadian Environmental Scan Survey Pre-Testing Panel

Caroline Ball
Project Manager, Core Competencies
City of Hamilton, Public Health Services

Luanne Jamieson
Program Evaluation Coordinator
City of Hamilton, Public Health Services

Aimee Linkewich
Education Officer
Thunder Bay District Health Unit

Jennifer Lowe,
National Core Competencies Coordinator
Skills Enhancement for Public Health Program
Public Health Agency of Canada

Suzanne Mahaffey,
Director of Public Health Services
Saskatoon Health Region

Cheryl Martin
Director, Public Health Planning
Corporate Support, Planning and Legislation
British Columbia Ministry of Healthy Living and Sport

Karen MacDougall,
Evaluation Consultant
Skills Enhancement for Public Health Program
Public Health Agency of Canada

Colleen Van Berkel
Manager, Applied Research and Evaluation
City of Hamilton, Public Health Services

Appendix B

Dear Public Health Community Stakeholder,

In collaboration with the City of Hamilton, Public Health Services, the Public Health Agency of Canada's Core Competencies for Public Health in Canada program is conducting an environmental scan of ways in which the *Core Competencies for Public Health in Canada: Release 1.0* are being used across the country. We invite you to participate in this process.

In recent years, there has been rapid advancement of several initiatives to strengthen the public health workforce in Canada. A key milestone has been the identification of the public health core competencies - a fundamental building block for workforce development. The Public Health Agency of Canada has actively led and supported the identification, validation and the subsequent launch of the *Core Competencies for Public Health in Canada: Release 1.0* (<http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf>) and continues to actively promote and support their use.

Ongoing interactions with the public health community across the country indicate that the application and integration of the *Core Competencies for Public Health in Canada: Release 1.0* into practice is vast and diverse. As such, the Public Health Agency of Canada wishes to undertake a snapshot environmental scan of the ways in which the *Core Competencies for Public Health in Canada: Release 1.0* are being used and explore the challenges and opportunities for integrating them into practice. The result will be a more accurate picture of core competencies efforts underway or in development across local, provincial and territorial public health organizations.

We would appreciate your participation in this online survey to reflect on the experiences of your organization in the use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*. You have been identified as the key contact within your organization for the purposes of participating in this survey. If you are not the appropriate person to complete this survey, please pass this information to the appropriate individual. We require one completed survey for each organization. The survey takes 30 to 45 minutes to complete. You may need to consult with other staff in your organization as appropriate and feasible.

Please follow the survey link below. At the end of the survey, you will be asked if you are willing to be contacted to participate in a one-hour follow-up telephone interview to further explore core competency related activities in your organization. You can decide on your further participation at that time.

The Public Health Agency of Canada and the City of Hamilton, Public Health Services thanks you in advance for you time and attention.

Sincerely,



Jennifer Lowe, RN, MSc
National Core Competencies Coordinator
Public Health Agency of Canada



Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
City of Hamilton

Core Competencies for Public Health in Canada: Release 1.0 Pan-Canadian Environmental Scan, April-May 2009

Core competencies are the essential knowledge, skills and attitudes necessary for the broad practice of public health. They help strengthen the public health workforce by building individual and organizational capacity, and supporting learning strategies to equip the field for excellence.

Led by the Public Health Agency of Canada, a set of *Core Competencies for Public Health in Canada: Release 1.0* defines 36 Core Competencies organized under 7 categories:

-  1) Public Health Sciences
-  2) Assessment & Analysis
-  3) Policy & Program Planning, Implementation & Evaluation
-  4) Partnerships, Collaboration & Advocacy
-  5) Diversity & Inclusiveness
-  6) Communication
-  7) Leadership

<http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

This environmental scan is an exploration of organizational awareness, knowledge, use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*. You have been selected to provide information on behalf of your organization about activities in your organization related to the *Core Competencies for Public Health in Canada: Release 1.0*. You may need to consult with other staff in your organization as appropriate and feasible. If needed, the survey can be printed. The survey can be completed in more than one sitting. If you leave the survey midway, your information will be saved and the survey can be completed at a later time.

Terms of Use

Core Competencies for Public Health in Canada: Release 1.0 **Pan-Canadian Environmental Scan, April–May 2009**

In collaboration with the City of Hamilton, Public Health Services, the Public Health Agency of Canada's Core Competencies for Public Health in Canada program is conducting an environmental scan of ways in which the *Core Competencies for Public Health in Canada: Release 1.0* (<http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf>)

are being used across the country. The purpose of this environmental scan is to explore organizational knowledge and awareness, and the use and integration the *Core Competencies for Public Health in Canada: Release 1.0*. The information that you provide will help to inform future activities and initiatives related to the Core Competencies for Public Health in Canada.

Your participation in this study is voluntary. Your decision whether or not to participate will not affect your continuing access to Core Competencies for Public Health in Canada information or services. If you decide to participate, you may withdraw at any time, even after agreeing to the terms of use or part-way through the study. If you choose to withdraw from the study, you must contact the project to inform us of your withdrawal. Contact information for the survey is listed below. In cases of withdrawal, any data you have provided to that point will be destroyed unless you indicate otherwise. If you do not want to answer specific questions in the study, you are not obligated to do so.

In this study, we will be asking for your demographic information, such as your position and your agency's geographical location. Anything that we find out about you that could identify you will not be published or disclosed. The information obtained will be kept on a secure data server housed at Hamilton Public Health Services. After one year, the information will be destroyed.

If you have questions or require more information about the environmental scan, please contact:

Caroline Ball, Project Manager, Core Competencies
Public Health Services, City of Hamilton
1 Hughson Street North, 3rd Floor, Hamilton, Ontario, L8R 3L5
(905) 546-2424, ext. 2997
caroline.ball@hamilton.ca

CONSENT

I have read the information presented in the information letter about the environmental scan being conducted by the Public Health Agency of Canada and Hamilton Public Health Services. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I want to know about the environmental scan. I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in this environmental scan. Completion of this survey indicates my agreement to participate in the Environmental Scan in accordance with the terms of use.

I agree
(Enter Survey)

I do not agree
(Exit Survey)

Section 1 - You and Your Organization

S1Q1. Your name (Name of individual completing the survey): _____

S1Q2. What is your job title? _____

S1Q3. How did you complete this survey?

- On your own
- In consultation with other staff in your organization

S1Q4. Name of organization: _____

S1Q5. Type of organization:

- ρ Local/Regional, Health or Public Health, Unit/Authority
- ρ Provincial/Territorial Government Agency
- ρ Public Health Association or Society
- ρ Other. Please specify: _____

S1Q6. What type of geographical area does your organization serve? (Check all that apply)

- Rural
- Urban
- Remote/Isolated
- Mixed

S1Q7. Is your organization accredited?

- Yes, by Accreditation Canada
- Yes, by the Ontario Council on Community Health and Accreditation
- No
- Don't know
- Not applicable

Section 2 – Knowledge and Awareness

S2Q1. Has your organization supported activities to help build knowledge and awareness of the *Core Competencies for Public Health in Canada: Release 1.0*?

- Yes
- No (Skip to S2Q3)
- Don't know (Skip to S2Q3)

S2Q2. Please list and describe activities that your organization has supported to help build knowledge and awareness of the *Core Competencies for Public Health in Canada: Release 1.0*. (e.g., dissemination of Core Competency materials – manual, z-card reference tool, website link; workshops/orientation sessions; official launches; lunch and learns focused on the Core Competencies)

Activity	Description (max 100 characters)
1.	
2.	
3.	

S2Q3. Are staffs in your organization aware of the *Core Competencies for Public Health in Canada: Release 1.0*? (Awareness = Individuals have been exposed to the *Core Competencies for Public Health in Canada: Release 1.0*, but lack the complete information about it)

- ρ Yes
 - ρ Majority of staff
 - ρ Some staff
 - ρ Very few staff
- ρ No
- ρ Don't know

Section 3 – Strategies, Approaches and Tools for Integration

S3Q1. Has your organization implemented strategies to support the use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*? (e.g., policies, procedures, tools for: recruitment, orientation, retention, professional development; performance measurement; staff roles dedicated to public health human resource issues/capacity building; etc.)

- ρ Yes
- ρ No (Skip to Section 4)
- ρ Don't know (Skip to Section 4)

S3Q2. Please list and describe ways that your organization supports the use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*.

Policies, Procedures, Tools, Staff Roles, etc.	Description (max 100 characters)
1.	
2.	
3.	
4.	

Section 4 – Opportunities and Challenges

S4Q1. Describe opportunities that your organization has identified to build awareness and knowledge, and in using and integrating the *Core Competencies for Public Health in Canada: Release 1.0?* (Max 300 characters)

S4Q2. Describe challenges that your organization has encountered in building awareness and knowledge, and in using and integrating the *Core Competencies for Public Health in Canada: Release 1.0?* (Max 300 characters)

Section 5 –Collaboration, Networks and Partnerships

S5Q1. Has your organization formed external collaborations, networks and/or partnerships with others to forward the work related to building awareness and knowledge, and/or using and integrating the *Core Competencies for Public Health in Canada: Release 1.0?*

ρ Yes

ρ No (Skip to Section 6)

ρ Don't know (Skip to Section 6)

S5Q2. Please list and describe ways that your organization has collaborated, networked or developed partnerships to help build awareness and knowledge, and/or use and integrate the *Core Competencies for Public Health in Canada: Release 1.0.*

Those Involved in the Collaboration / Network / Partnership	Describe the Activities involved in the Collaboration / Network / Partnership (e.g., advisory committee, shared project, etc.)	Describe the Benefits and Outputs associated with the Collaboration / Network / Partnership (e.g., resources shared, tools developed, etc.)
1.		
2.		
3.		

S5Q3. Have the collaborations/networks/partnerships that you have formed with others as described above helped to advance the work related to the *Core Competencies for Public Health in Canada: Release 1.0* in your organization?

Yes. Please describe.

No

Don't know

Section 6 – Skills Enhancement for Public Health: *Skills Online*

Led by the Public Health Agency of Canada, *Skills Online* (www.phac-aspc.gc.ca/skills) is a professional, continuing education program for public health practitioners. Delivered as a series of Internet-based modules, *Skills Online* is one opportunity to help practitioners acquire and maintain the *Core Competencies for Public Health in Canada: Release 1.0*.

S6Q1. Are staffs in your organization aware of the *Skills Online* professional, continuing education program?

Yes

Majority of staff

Some staff

Very few staff

No

Don't know

S6Q2. Have staffs in your organization taken modules offered through the *Skills Online* program?

Yes

Majority of staff

Some staff

Very few staff

No

Don't know

Not applicable

S6Q3. Does your organization support staff to take *Skills Online* modules?

Yes

No (Skip to Section 7)

Don't know (Skip to Section 7)

S6Q4. How does your organization support staff to take Skills Online modules? (Check all that apply)

- Access to computers at work
- Access to Internet at work
- Provide time at work to complete the modules
- Provide organizational recognition to those who complete modules
- Provide time off in lieu after successful complete of a module

Other. Please describe.

Section 7 – Consent to be Contacted to Participate in a Follow-Up Interview

This survey represents part of a larger examination of the ways the *Core Competencies for Public Health in Canada: Release 1.0* are being used and integrated in organizations across the country.

Would you be willing to be contacted to participate in a follow-up telephone interview to further explore core competency related activities in your organization?

- Yes Name: _____
Phone number: _____
- No

Thank you!

The Public Health Agency of Canada and the City of Hamilton, Public Health Services thanks you for taking the time to participate in this environmental scan. The information that you have provided will help to plan future Core Competencies for Public Health in Canada activities and initiatives. If you require more information on the Core Competencies for Public Health in Canada, please visit our website at: www.phac-aspc.gc.ca/core_competencies or email us at: corecompetencies@phac-aspc.gc.ca

Appendix C

Core Competencies for Public Health in Canada: Release 1.0 Pan-Canadian Environmental Scan

Key Informant Interview Script

Introduction:

You have recently participated in the **Core Competencies for Public Health in Canada: Release 1.0 Pan-Canadian Environmental Scan**. We appreciate your interest in participating in this follow-up interview. The interview will take about 30 - 45 minutes of your time.

The online survey that you completed discusses ways that your organization may be involved in activities related to the Core Competencies. In this interview we would like to explore six key areas/themes that help us to understand your organization's activities and thoughts related to the Core Competencies.

1. Has your organization engaged in Core Competency related activities?
 - 1a. If yes, what changes have occurred in your organization as a result of these activities?
 - How do you know these changes have occurred? (What are the signposts/milestones/evidence that illustrate this change?)
 - 1b. If no, why not?
 - What have been some of the challenges your organization has faced in this regard?
2. The web survey includes questions about activities that your organization has developed and supported to help build knowledge and awareness of the Core Competencies.
 - 2a. What has worked/is working?
 - 2b. What hasn't worked/isn't working?
 - How do you know what is working/not working.
 - 2c. What resources, tools, etc. are you developing?

- (If relevant) would you be willing to share a copy of the resources/tools that you developed?

2d. What additional resources or supports are needed to help build knowledge and awareness within your organization?

3. The survey refers to activities that your organization has developed and supported to help integrate the Core Competencies.

3a. What has worked/is working?

3b. What hasn't worked/isn't working?

- How do you know what is working or not working?

3c. What resources, tools, etc. are you developing?

- (if relevant) would you be willing to share a copy of the resources/tools that you developed?

3d. What additional resources or supports are needed to help integrate the Core Competencies in your organization?

4. Has your organization developed or mobilized collaborations, either internally or externally, to advance the adoption/integration of Core Competencies in your organization? These collaborations could include informal networks, information sharing or more formal activities such as partnerships.

4a. What has worked/is working? (advantages, opportunities)

4b. What hasn't worked/isn't working? (disadvantages, challenges)

- how do you know what is working/not working?

4c. What sorts of collaborations do you see as being helpful to further the integration of the core competencies in your organization?

4d. What resources, tools, etc. are you developing as a result of these collaborations?

- (if relevant) Would you be willing to share a copy of the resources/tools that you developed?

4e. What additional resources or supports are needed to further the development of these collaborations?

5. Have there been any changes in your organization as a result of your involvement in the integration of the Core Competencies?

5a. Has it been advantageous to your organization?

5b. Have there been any disadvantages to adopting the Core Competencies in your agency?

6. What are your future plans for integrating the Core Competencies in your organization?

7. Are there any other comments you would like to make with regard to this interview or to the questions presented in the web survey?

If you have any further comments that you would like to make please contact:

Debbie Jones,
Project Consultant

Core Competencies for Public Health in Canada: Release 1.0
Pan-Canadian Environmental Scan

meklet@yahoo.com

(905) 546-2424, ext. 3621

Thank you very much for participating in this project.

Appendix D

Core Competencies for Public Health in Canada: Release 1.0 Pan-Canadian Environmental Scan, May 2009

Key Informant Interview – Sampling Framework

Key informant interviews will be conducted via telephone with individuals representing 26 organizations that have identified their interest in participating in the follow up interview to the web survey.

Twenty-three respondents will represent local, regional or provincial/territorial public health service delivery organizations for each of the provinces/territories in Canada. In addition, three respondents representing a provincial/territorial organization will be included. The 26 key informant interviews will reflect a mix of organizations that have indicated low, medium or high level of integration with regard to the **Core Competencies for Public Health in Canada: Release 1.0**.

Province/Territory in Canada	Low level integration	Medium level integration	High level integration
NFLD (n = 2)			x
PEI (n = 1)	x		
NS (n = 2)		x	x,x,x,x,x
NB (English) (n = 1)		x	x
NB (French) (n = 1)			x
QUE (n = 2)	x,x,x		x
ONT (n = 3)	x,x	x,x,x	x,x,x,x,x,x,x,x
MAN (n = 2)	x	x,x,x,x	
SASK (n = 2)	x	x	
AL (n = 2)			
BC (n = 2)			x
YUK (n = 1)	x	x	
NWT (n = 1)		x	
NUN (n = 1)		x.x	
Provincial/Territorial Association (n = 3)			x
TOTAL (N = 26)	9	14	19

Table 1: Individuals who have agreed to be contacted for the key informant interview (lens 1) by province/territory and provincial/territorial association (lens 2) by level of integration as reported in section 2.0 & 3.0 in the web survey (lens 3).

Appendix E

Web Survey Results Summary Tables

S1Q3. How did you complete this survey?

	Frequency	%
On My Own	46	77
With Others	14	23
TOTAL	60	100

S1Q5. Type of organization:

	Frequency	%
Local or Regional Public Health Authority or Organization	44	73
Public Health Association	4	7
Provincial/Territorial Government Agency	11	18
Other	1	2
TOTAL	60	100

S1Q6. What type of geographical area does your organization serve?

	Frequency	%
Urban	6	10
Rural	7	12
Remote Isolated	10	16
Mixed (includes Rural &/or Remote Isolated combined with Urban)	37	62
TOTAL	60	100

S1Q7. Is your organization accredited?

	Frequency	%
Yes	1	2
Yes, by Accreditation Canada	16	26
Yes, by the Ontario Council on Community Health and Accreditation	7	12
No	26	43
Do Not Know	4	7
Not Applicable	6	10
TOTAL	60	100

S2Q1. Has your organization supported activities to help build knowledge and awareness of the *Core Competencies for Public Health in Canada: Release 1.0*?

	Frequency	%
Yes	28	47
No	26	43
Do not know	5	8
Not Applicable	1	2
TOTAL	60	100

S2Q2. Please list and describe activities that your organization has supported to help build knowledge and awareness of the *Core Competencies for Public Health in Canada: Release 1.0*.

	Frequency*	%
Distribution of materials	22	37
Integration of Core Competencies in Human Resources Tools, Processes	16	27
Collaborating and partnering with others	9	15
Research and consultation	7	12
Adaptation and pilot testing	7	12
Conferences and workshops	7	12
Staff orientation	4	7
Formal organizational adoption	4	7
Documentation and asset mapping	3	5
Promoting use of Skills Online	3	5
Establishing specialized staff roles	2	5
TOTAL	86	--

(*Multiple responses permitted; n=28 respondents)

S2Q3. Are staffs in your organization aware of the *Core Competencies for Public Health in Canada: Release 1.0*?

	Frequency	%
Majority of staff	21	35
Some or very few staff	31	52
No staff awareness	3	5
Do Not Know	3	5
Not Applicable	2	3
TOTAL	60	100

S3Q1. Has your organization implemented strategies to support the use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*?

	Frequency	%
Yes	33	55
No	23	38
Do not know	3	5
Not Applicable	1	2
TOTAL	60	100

S3Q2. Please list and describe ways that your organization supports the use and integration of the *Core Competencies for Public Health in Canada: Release 1.0*.

	Frequency*	%
Integration of Core Competencies in Human Resources Tools, Processes	11	33
Participation in provincial/territorial tools and capacity building projects	10	30
Discipline-specific adaptation initiatives	9	27
Staff training and professional development	8	24
New staff/student orientation activities	5	15
Internal organizational capacity-building activities	3	9
Specialized staffing and resources	2	6
Electronic and web-based dissemination	2	6
TOTAL	50	--

(* Multiple responses permitted; n=33 respondents)

S4Q1. Describe opportunities that your organization has identified to build awareness and knowledge, and in using and integrating the *Core Competencies for Public Health in Canada: Release 1.0*.

	Frequency*	%
Integration at team/program level	10	30
Integration with professional practice development activities	8	24
Leveraging new capacity through inter-organizational networks	8	24
Informing organizational workforce development strategies/processes	5	15
Informing the adaptation of discipline-specific competencies	4	12
Building workforce competency through web-based approaches	4	12
TOTAL	39	--

(*Multiple responses permitted; n=33 respondents)

S4Q2. Describe challenges that your organization has encountered in building awareness and knowledge, and in using and integrating the *Core Competencies for Public Health in Canada: Release 1.0*.

	Frequency*	%
Time and resources to keep Core Competencies moving forward	18	55
Understanding the Core Competencies and how to use them	9	27
Need practical tools, expertise and supports to integration	6	18
Other organizational priorities take precedence	3	9
Relating Core Competencies to discipline-specific needs	3	9
Lack of clearly articulated government strategy for public health (uncertainty about what is expected)	2	6
TOTAL	41	--

(*Multiple responses permitted; n=33 respondents)

S5Q1. Has your organization formed external collaborations, networks and/or partnerships with others to forward the work related to building awareness and knowledge, and/or using and integrating the *Core Competencies for Public Health in Canada: Release 1.0*?

	Frequency	%
Yes	26	43
No	22	37
Do Not Know	12	20
TOTAL	60	100

S5Q2. Please list and describe ways that your organization has collaborated, networked or developed partnerships to help build awareness and knowledge, and/or use and integrate the *Core Competencies for Public Health in Canada: Release 1.0*.

	Frequency*	%
Consultation and involvement with constituent groups	8	31
Collaboration with Skills Enhancement for Public Health and other PHAC programs	6	23
Working with schools of public health and schools of nursing	5	19
Involvement with provincial/territorial project working groups	4	15
Project partnerships with provincial public health associations	4	15
Intra-organizational working groups and partnerships (i.e., internal to a public health organization)	4	15
Provincial/territorial systems planning groups (government)	2	8
TOTAL	33	--

(*Multiple responses permitted; n=26 respondents)

S6Q1. Are staffs in your organization aware of the *Skills Online* professional, continuing education program?

	Frequency	%
Yes, majority of staff	26	43
Yes, some staff	21	35
Yes, very few staff	5	8
No	1	2
Do Not Know	7	12
TOTAL	60	100

S6Q2. Have staffs taken modules offered through the *Skills Online* program?

	Frequency	%
Majority of staff	5	8
Some staff	24	40
Very few staff	15	25
No	13	22
Do Not Know	3	5
TOTAL	60	100

S6Q3. Does you organization support staff to take *Skills Online* modules?

	Frequency	%
Yes	44	73
No	5	8
Do Not Know	1	2
Not Applicable	10	17
TOTAL	60	100

S6Q4. How does your organization support staff in taking modules?

	Frequency*	%
Access to computers at work	44	100
Access to Internet at work	38	86
Provide time at work to complete modules	19	43
Provide organizational recognition to those who complete modules	11	25
Provide time off in lieu after completion of a module	4	9
Other	8	18
TOTAL	124	--

* Multiple responses permitted; n=44 respondents