Australian HEALTH PROMOTION Association

Core Competencies for Health Promotion Practitioners

This is a set of health promotion core competencies for health promotion practitioners, organisations, employers, and educators. It identifies competencies for health promotion at beginner practitioner level.

What is Health Promotion?

Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.[1]

This definition is based on the WHO's Ottawa Charter 1986[2]. This Charter, and others, including the Jakarta Declaration on leading health promotion into the 21st century (1997)[3], Mexico Ministerial Statement's resolution on Health Promotion (2000)[4] as well as the Sundsvall Statement on Supportive Environments for Health (1991)[5] and the Bangkok Charter (2005)[6] form the generic principles which guide health promotion practice. The health promotion profession has evolved alongside and in response to the international health promotion movement and the broader new public health movement.

Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.

What is a Health Promotion Officer (HPO)?

A Health Promotion Officer is a health professional specialising in maintaining and improving the health of populations and reducing health inequities among population groups through the action areas articulated in the Ottawa Charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. A clear statement of each action area is contained within the Ottawa Charter for Health Promotion.[7]

Health Promotion Officers are responsible for the planning, development and implementation of health promotion policies and projects using a variety of strategies, including health education, mass media, community development and community engagement processes, advocacy and lobbying strategies, social marketing, health policy, structural and environmental strategies. Workforce development and capacity building strategies are also important components of health promotion practice.

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1 Source: Nutbeam D (1986) Health Promotion Glossary. Health Promotion Vol.1 (1) Oxford Uni.Press

2 World Health Organisation. *Ottawa Charter for Health Promotion.* First International Conference on Health Promotion, Ottawa. 1986. http://www.who.int/hpr/docs/ottawa.html

3 World Health Organisation. *Jakarta Declaration on Leading Health Promotion into the 21st Century.* Fourth International Conference on Health Promotion, Jakarta. 1997.

4 World Health Organisation. *Mexico Ministerial Statement for the Promotion of Health.* The Fifth Global Conference on Health Promotion. Bridging the Equity Gap. 5-9 June Mexico City.

5 World Health Organisation. *Sundsvall Statement on Supportive Environments for Health.* Third International Conference on Health Promotion, Sundsvall, Sweden 9-15 June. http://www.who.int/healthpromotion/conferences/previous/sundsvall/en/index.html

6 World Health Organisation. *The Bangkok Charter for Health Promotion in a Globalized World.* 6th Global Conference on Health Promotion, Bangkok, Thailand, 11 August 2005. http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/

7 World Health Organisation. *Ottawa Charter for Health Promotion.* First International Conference on Health Promotion, Ottawa. 1986. http://www.who.int/hpr/docs/ottawa.html

PART ONE

The Australian Health Promotion Association's national competencies framework is aimed at a graduate level of competency.

The national competencies framework will be expanded to incorporate competencies that would be expected from a senior generalist practitioner of five or more years standing, and in more specialised areas of practice. Some of these areas include health promotion program research and evaluation; social marketing and communication; culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) specialist areas of practice as well as competencies expected at a higher degree level.

The core competencies described here will be subject to a regular review process by the Australian Health Promotion Association and updated in response to changes in contemporary practice. They are designed to be used across all areas of health promotion.

Where does this project fit?

The Health Promotion Competencies project is integral to the Australian Health Promotion Association's Strategic Plan 2009-2012. It has, as one of its objectives, the development of an effective and sustainable health promotion workforce in Australia. Priority areas for this objective include:

- Training and Education
- Health Promotion Workforce Development
- Health Sector Workforce Development.

What are core competencies?

Competency is defined as *'the ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specified contexts'* (ref – HP Forum 7, Issue 71). Core competencies are **the minimum baseline set of competencies that are common to all health promotion roles**. They are what all health promotion practitioners are expected to be capable of doing in order to work efficiently, effectively and appropriately in the field.

Discipline specific competencies are the competencies that are specific to particular disciplinary areas in health promotion (e.g. research and evaluation; social marketing). They are not included in this set of competencies.

What benefits will Core Competencies have for people who work in health promotion?

Health Promotion Core Competencies can be used to:

- ensure there are clear guidelines for the knowledge, skills, attitudes, and values needed to plan, implement and evaluate health promotion efforts efficiently, effectively and appropriately
- assist employers/managers develop relevant job descriptions and a better understanding of health promotion roles in individual workplaces
- provide a tool for use in career planning and deciding on professional development and training needs
- provide more opportunities for movement across roles and organisations within the health sector
- integrate training with the daily activities carried out in the work setting
- shape training programs and qualifications to make them more relevant for the work carried out in the field
- make performance appraisal processes more relevant and transparent
- promote better communication and team work in multidisciplinary projects by providing a common language and shared understanding of key concepts and practices used in health promotion; and
- contribute to greater recognition and validation of the value of health promotion and the work done by health promotion practitioners.

PART TWO

Entry level competencies

Planning, implementing and evaluating appropriate health promotion programs are the major skills required of an entry level health promotion practitioner.

It is expected that entry level health promotion practitioners will work as part of a team and have a tertiary degree in health promotion, public health, social science, education, communication or urban development.

The major competencies required include:

1. Program planning, implementation and evaluation competencies
   - **1.1** Needs (or situational) assessment competencies
   - **1.2** Program planning competencies
   - **1.3** Competencies for planning evidenced based strategies
   - **1.4** Evaluation and research competencies
2. Partnership building competencies
3. Communication and report writing competencies
4. Technology competencies
5. Knowledge competencies

1. Program planning, implementation and evaluation competencies

1.1 Needs (or situational) assessment competencies

An entry level health promotion practitioner is able to demonstrate knowledge of how to:

1.1.1 locate, conduct and critically analyse relevant literature (includes peer reviewed and grey literature, local, state and national strategic plans, and relevant area and organisational reports and policies)

1.1.2 compile an epidemiological and socio-demographic picture of the geographical or community population or setting of interest

1.1.3 involve community members and stakeholders in the needs assessment process

1.1.4 seek input from academic and practitioner specialists for the particular health issue or problem being assessed

1.1.5 determine priorities for health promotion action from available evidence using local, state and national data and information collected

1.1.6 identify behavioural, environmental, social and organisational risk and contributory factors for the particular health issue or problem of concern

1.1.7 identify processes that are effective in setting priorities for health promotion action, and

1.1.8 recommend specific actions based on the analysis of information

1.2 Program planning competencies

An entry level health promotion practitioner is able to:

1.2.1 plan a comprehensive health promotion intervention to address a priority health problem in a population or setting based on an appropriate needs assessment (see 1 above).

1.2.2 formulate appropriate, realistic and measurable program goal and objectives.

1.2.3 select appropriate (proven/best practice) mix of strategies to achieve objectives

1.2.4 identify resources (skills, personnel, partner contributions, money) available/necessary to develop, implement and evaluate a sustainable program, and

1.2.5 develop a logical, sequenced and sustainable health program based on theory and evidence with an effective action plan and a sound and adequate budget.

PART TWO

1.3 Competencies for planning evidenced based strategies

An entry level health promotion practitioner is able to:

1.3.1 apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientation and abilities

1.3.2 critically appraise the evidence relating to interventions to identify effective and ineffective ways to address priority health issues and their contributing factors to guide program planning and implementation

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

1.3.4 match strategy selection to program objectives

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

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

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

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

1.3.9 co-ordinate or carryout pre-testing of program resources, and

1.3.10 facilitate program ownership and community sustainability.

1.4 Evaluation and research competencies

An entry level health promotion practitioner is able to:

1.4.1 incorporate evaluation into the planning of health promotion programs

1.4.2 identify appropriate evaluation designs

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

1.4.4 identify evaluation methods applicable to health promotion

1.4.5 select evaluation instruments

1.4.6 interpret evaluation findings

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

1.4.8 apply and interpret descriptive statistical methods and analyses

1.4.9 critically analyse quantitative and qualitative data to report on program effectiveness

1.4.10 communicate evaluation findings

1.4.11 prepare evaluation research proposals for funding, and

1.4.12 prepare ethics approvals.

2. Partnership building competencies

An entry level health promotion practitioner is able to:

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

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

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

3. Communication and report writing competencies

An entry level health promotion practitioner is able to:

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

3.2 write for professional audiences

3.3 write for lay audiences

3.4 write submissions, grants or applications for funding

3.5 write for newspapers including media releases

3.6 apply interpersonal skills (negotiation, team work, motivation, conflict management, decision making, and problem solving skills)

3.7 facilitate meetings

3.8 debate health-related issues using evidence-based arguments

3.9 give presentations on health promotion programs or topics at workshops or conferences

3.10 interpret information for professional, non professional and community audiences

3.11 use current technology to communicate effectively

4. Technology competencies

An entry level health promotion practitioner is able to:

4.1 operate a PC, word processing and email systems

4.2 use software for footnotes, endnotes, and other report layout requirements

4.3 manage database and spreadsheet applications

4.4 use the internet as a work tool

4.5 use technology based systems to identify and review the literature, and

4.6 operate audiovisual and multimedia equipment

5. Knowledge competencies

An entry level health promotion practitioner is able to demonstrate knowledge of:

5.1 the following concepts: definition of health and health promotion, inequalities and inequities in health including the concept of the social gradient and relevance to practice, the action areas for health promotion, as well as the determinants of health (biological, behavioural and socio-environmental)

5.2 of the biomedical, behavioural and socio-environmental models of health and their relevance to health promotion practice in general and needs assessment in particular

5.3 the history and development of health promotion (including Alma Ata 1978, Ottawa Charter 1986, Sundsvall Statement 1991, Jakarta Declaration1997, Mexico Ministerial Statement 2000, and the Bangkok Charter 2005)

5.4 the health promotion principles of practice: evidenced-based practice, equity, multidisciplinary knowledge base, intersectoral collaboration, population health approach, multi-strategic interventions, effective partnerships, cultural competence

5.5 stages of program planning, strategy selection, implementation, evaluation and sustainability of programs

5.6 relevant theories and models of behaviour change, social and political change, social marketing, organisational development

5.7 health promotion strategies to promote health – health education, advocacy, lobbying, media campaigns, community development processes, policy development, legislation

5.8 quantitative and qualitative evaluation methods and uses

5.9 descriptive statistics and basic epidemiology definitions and concepts

5.10 literature searching and critical analysis; how to access peer reviewed journals form a variety of relevant disciplines such as health promotion, public health, social sciences, public policy, communication, media and organisational change disciplines

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

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

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

5.14 resource development and pre-testing resources.

The competencies are informed by the following documents (listed in chronological order):

The Health Promotion Unit NSW Health *Competency Based Standards for Health Promotion in NSW*. NSW Health North Sydney August 1994. ISBN: 07310 0604 6. State Health Publication Number: (HP) 94-097.

Shilton T, Howat P, James R, Hutchins C, & Burke L. *Revision of Health Promotion Competencies for Australia 2005*. Western Australia Centre for Health Promotion Research, The Centre for Behavioural research in Cancer Control, Curtin University and the National Heart Foundation of Australia (WA Division) Perth, WA. 2006.

Public Health Association of New Zealand. *Generic Competencies for Public Health Practitioners in Aotearoa – New Zealand*. 2007. Available online at: http://www.pha.org.nz/documents/GenericCompetenciesforPublicHealthMarch2007.pdf

Public Health Agency of Canada. *Core Competencies for Public Health in Canada. Release 1.0.* Public Health Agency of Canada, Ottawa. September 2007. Available online at: www.phac_spc.gc.ca/core_completencies.

'Health Promotion' Section (pp14-15) in *Competency Standards for Public Health Practice 2007*. A report prepared for the Department of Health and Ageing, Canberra, by Human Capital Alliance. 2007.

Health Promotion Disciplinary Advisory Group. *Health Promotion Core Competencies*. Queensland Health. February 2008.

Community Services and Health Industry Skills Council and the Australian Government Department of Education, Science and Training. *Population Health: New Skills – Australian Apprenticeships*. Booklet. March 2008.

PART THREE

Developing an Ethical Framework for the Competencies

There is an implied ethics behind the practice of health promotion. However, increasingly society is demanding explicit attention to ethics as part and parcel of good practice. This is especially so given the increasingly pluralistic nature of society in which we can no longer simply adopt the values of a single culture or religion but must work out our common values in the midst of diversity. It is essential that these values underpin contemporary health promotion practice.

The following set of 12 principles is based on the Public Health Leadership Society's (USA) *Principles of Ethical Practice of Public Health*. They form the bases for the development of an ethical framework for the competencies and will be used by AHPA as the foundation for the construction of a Code of Ethics.

The principles of ethical practice of health promotion should:

1. Address the social determinants of health as the underlying processes that influence the health and wellbeing of individuals and communities.
2. Achieve community health through respect of the rights of individuals and groups within the community
3. Policies, programs and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members
4. Advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all
5. Seek the information and evidence needed to implement effective policies and programs that protect and promote health
6. Provide communities with relevant information that they need to make informed decisions on policies and programs while obtaining the community's consent for their implementation
7. Act in a timely manner on the information they have within the resources and the mandate given to them by the public
8. Incorporate a variety of approaches that anticipate and respect diverse values, beliefs and cultures in the community
9. Policies and programs should be implemented in a manner that most enhances the physical and social environment
10. Protect the confidentiality of information that can bring harm to an individual or community if made public
11. Ensure the professional competence of their employees, and
12. Engage in collaborations and affiliations in ways that build the public's trust.

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

- People have a right to resources necessary for health – this is supported by Article 25 of the Universal Declaration of Human Rights.
- People are inherently social beings and are interdependent. They rely on one another for friendship, family, community safety and survival. However, a person's right to make decisions for themselves must be balanced against the fact that each person's actions affect other people.
- The effectiveness of institutions depends on the public's trust – factors contributing to this trust include open and transparent communication; truthfulness; accountability; reliability and reciprocity. Collaboration is a key element in effective health promotion.
- People and their physical environment are interdependent.
- Each person in a community should have an opportunity to contribute to public discourse.

PART THREE

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

Endorsed by the Australian Health Promotion Association's (AHPA) Management Committee at their National Teleconference meeting on Thursday 5th February, 2009.

University of the Sunshine Coast, Maroochydore DC 4558, Queensland AUSTRALIA
Email: ahpa@usc.edu.au • **Phone:** 61 7 5430 2873 • **Fax:** 61 7 5430 1276