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The Pan-Canadian Health Promoter Competencies and Glossary 2015

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What Are the Health Promoter Competencies?

The Health Promoter Competencies describe what health promoters are expected to be capable of doing to work effectively, efficiently, and appropriately in the field of health promotion. The set of Health Promoter Competencies is a framework for health promoters and others who use health promotion as an approach to improve health, health equity and the determinants of health.

Health Promotion

The policies and processes that enable people to increase control over and improve their health. These address the needs of the population as a whole in the context of their daily lives, rather than focusing on people at risk for specific diseases, and are directed toward action on the determinants or causes of health. Health promotion is action oriented and based on public policies to enable, support and protect health.

Source: Last J, ed. A Dictionary of Public Health. 2007.

Why Were the Competencies Developed?

The Health Promoter Competencies were developed in response to the increasing demand for practitioners with the knowledge, abilities, skills and values necessary to address the increasing complexity of health issues and burden of chronic diseases, the concern for health inequities, and the recognition of the importance of healthy public policies and creating supportive environments for health. In addition, the Health Promoter Competencies were developed to address several systemic challenges including: misunderstanding of the role and best use of health promoter positions; a lack of consistency in health promotion position descriptions; and, a need to better align training programs and continuing education with workforce needs.

In response, the Health Promoter Competencies are intended to:

- Increase understanding of the range of knowledge, skills, attitudes and values for health promotion practice that are needed to plan, implement, and evaluate health promotion action.
- Inform competency-based job descriptions and performance appraisal processes for health promoters.
- Inform health promotion training programs and continuing education.
- Inform health promoters' career planning and decision-making regarding professional development and training needs.
- Contribute to greater recognition and validation of the value of health promotion and the work done by health promotion practitioners.



Who Are the Competencies For?

These competencies are designed for use by health promotion practitioners, those that manage them, and academic institutions that provide education and training for health promoters.

Position titles and practice contexts vary considerably across the country. In developing these competencies, the perspective taken is that a health promotion practitioner is someone whose main role and function is health promotion. As such, these competencies are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter's strategies and actions (see text box). This includes not only those working in public health-related governmental and non-governmental organizations, but also potentially to other health and non-health based organizations, including those that may not identify as a health promoter.

Health promoters apply combinations of several approaches to support improved health:

- develop advanced knowledge of health and its determinants.
- analyse complex issues regarding how health is created and how health behaviours are brought about.
- think strategically and work for strategic change, which often calls for a level of influence and leadership beyond the authority and status of many health promotion posts.
- champion ways of working based on evidence of effectiveness, theory and clear ethical principles.
- commit to working with thoroughness and in ways which involve people and encourage participation. Rather than becoming the expert on which others come to depend, the health promoter is committed to building capacity and skills in others to do health promotion themselves.¹

As a core public health function, health promotion-related competencies are included within the **Core Competencies for Public Health in Canada**. In other words, all public health practitioners are expected to possess health promotion-related competencies. However, for individuals whose main role and function is health promotion, there is a greater depth and breadth of expectations for health promotion-related competencies. The Health Promoter Competencies therefore build and expand upon the public health core competencies to provide greater detail regarding the knowledge, skills, abilities, and values necessary for health promotion practitioners (see Figure 1).

Ottawa Charter for Health Promotion

Strategies:

- Advocate for conditions favourable to health
- Enable people to achieve their full health potential
- Mediate between differing interests in society for the pursuit of health.

Actions:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services.



Recognizing that there are different levels of proficiency, Figure 1 shows two levels of Health Promoter Competencies. Further information on the distinguishing characteristics between levels of proficiency, as well as examples for each competency statement, are provided in a Health Promoter Position Profile located in the on-line toolkit. Sample position descriptions for both proficiency levels, as well as a side-by-side comparison between the Health Promoter Competencies and the Core Competencies for Public Health in Canada, are also included in the toolkit.

Figure 1: The Health Promoter Competencies Build and Expand Upon the Core Competencies for Public Health



*Description of levels 1 and 2, as well as examples for each competency statement, may be found in the Health Promoter Position Profile located in the online toolkit.

Core Values and Principles Underpinning the Health Promoter Competencies

As described in the Ottawa Charter, improvement in health requires a secure foundation in the basic prerequisites for health (see text box). How knowledge and skills are applied in health promotion is critical. The following core values and principles guide health promotion practice:

Prerequisites for Health – Ottawa Charter

- peace
- shelter
- education
- food
- income
- a stable eco-system
- sustainable resources
- social justice and equity.

- a social-ecologic model of health that takes into account the cultural, economic, and social determinants of health.
- a commitment to equity, civil society and social justice.
- a respect for cultural diversity and sensitivity.
- a dedication to sustainable development.



- a participatory approach to engaging the population in identifying needs, setting priorities, and planning, implementing, and evaluating the practical and feasible health promotion solutions to address needs.²

How Were the Competencies Developed?

The development of the Health Promoter Competencies began in 2006 with the preparation of a literature review, environmental scan and discussion paper resulting in a preliminary draft set of competencies in 2007.³ While preliminary steps at consultation were begun in 2008, a series of consultations in four provinces were conducted in 2013-2015 to seek input on the competencies. Additional feedback was received through conference workshops, webinars, and online surveys. Recently published health promoter competency from Europe, Australia and New Zealand were also reviewed.

Improvements in the competency set were incorporated resulting in the final version comprised of 34 statements organized into 9 domains. While individual statements enable assessment and training of individual competencies, the statements are inter-dependent. The performance of a health promotion task will typically require the integration of competency statements from multiple domains.

Supporting Information and Tools

A glossary of terms is provided following the list of competencies. To support the use of the Health Promoter Competencies, an online toolkit has been developed, which will be of potential interest to practitioners, their managers and academic institutions. The competency-based tools include, but are not limited to, sample position descriptions, interview question examples, and a self-assessment tool.

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¹ NHS Careers. Health promotion specialist. Available at: <http://www.nhscareers.nhs.uk/explore-by-career/wider-healthcare-team/careers-in-the-wider-healthcare-team/corporate-services/health-promotion-specialist/>.

² Allegrante et al. Domains of core competency, standards, and quality assurance for building global capacity in health promotion: The Galway Consensus Conference Statement. *Health Educ Behav* 2009; 36(3):476-482.

³ These reports and additional background information regarding the Health Promoter Competencies may be found at: www.healthpromotioncanada.ca.

Pan-Canadian Health Promoter Competencies



1. Health Promotion Knowledge and Skills

Draw upon a multi-disciplinary base of core concepts, principles, theory and research to understand health issues and inform health promotion action.

A health promoter is able to:

- 1.1 Apply a population health promotion approach, including determinants of health and health equity, to the analysis of health issues.
- 1.2 Apply health promotion principles, theory and research to:
 - a) Identify options for health promotion action.
 - b) Plan, implement and evaluate health promotion action.

2. Situational Assessments

Partner with communities to conduct a situational assessment for a health issue to assess needs, strengths and opportunities in the context of health determinants and health equity. A situational assessment integrates consideration of the health needs of the population; the social, economic, political, cultural and environmental contexts; stakeholder perspectives; and, existing evidence and experience; in order to inform options for health promotion action.

A health promoter is able to:

- 2.1 Retrieve and synthesize population health status information to describe the importance and underlying causes of a health issue.
- 2.2 Access and critically appraise evidence (i.e. published and grey literature, systematic reviews, and promising practices) for potential health promotion action.
- 2.3 Conduct an environmental scan to identify community perspectives, assets, resources, challenges and gaps.
- 2.4 Interpret population health status information, evidence, and environmental scan findings to identify options for health promotion action.

3. Plan and Evaluate Health Promotion Action

Working with stakeholders, develop a plan to achieve measureable health promotion goals and objectives based on a situational assessment's findings. Modify the plan as needed based on monitoring of its implementation and evaluation of its impact.

A health promoter is able to:

- 3.1 Develop a plan to implement health promotion action including goals, objectives, and implementation and evaluation steps.
- 3.2 Identify and oversee resources (e.g., skills, personnel, partner contributions, budget) to develop, implement and evaluate sustainable health promotion action.
- 3.3 Monitor and evaluate the implementation of health promotion action.



4. Policy Development and Advocacy

Reflecting community needs, contribute to the development of, and advocacy for, policies to improve health and reduce inequities.

A health promoter is able to:

- 4.1 Describe the potential implications of policy options (i.e., health, economic, administrative, legal, social, environmental, political and other factors, as applicable).
- 4.2 Provide strategic policy advice on health promotion issues.
- 4.3 Write clear and concise briefs for health promotion issues.
- 4.4 Apply understanding of the policy making process to assist, enable and facilitate the community to contribute to policy development.

5. Community Mobilization and Building Community Capacity

Facilitate community mobilization and build community capacity around shared health priorities.

A health promoter is able to:

- 5.1 Develop relationships and engage in a dialogue with communities based on trust and mutual respect.
- 5.2 Identify and strengthen local community capacities to take action on health issues.
- 5.3 Advocate for and with communities to improve their health and well-being.

6. Partnership and Collaboration

Work collaboratively with partners and across sectors to enhance the impact and sustainability of health promotion action.

A health promoter is able to:

- 6.1 Establish and maintain linkages with community leaders and other key health promotion stakeholders (e.g., schools, businesses, local governments, faith groups, non-governmental organizations, etc.).
- 6.2 Utilize leadership, team building, negotiation and conflict resolution skills to build community partnerships.
- 6.3 Build and support coalitions to stimulate intersectoral collaboration on health issues.

7. Communication



Communicate health promotion information effectively with diverse audiences using appropriate approaches and technologies.

A health promoter is able to:

- 7.1 Provide information tailored to specific audiences (e.g., professional, community groups, general population) on population health status and health promotion action.
- 7.2 Apply communication methods and techniques to the development, implementation and evaluation of health promotion action.
- 7.3 Use the media, information technologies, and community networks to receive and communicate information.
- 7.4 Communicate with diverse populations in a culturally-appropriate manner.

8. Diversity and Inclusiveness

Interact effectively with diverse individuals, groups and communities to promote health and reduce health inequities.

A health promoter is able to:

- 8.1 Recognize how the determinants of health (biological, social, cultural, economic and physical environments) influence the health and well-being of specific population groups.
- 8.2 Address population diversity when planning, implementing, adapting and evaluating health promotion action.
- 8.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.



9. Leadership and Building Organizational Capacity

Provide leadership within employing organization to build health promotion capacity and performance including team and individual level learning.

A health promoter is able to:

- 9.1 Describe the context of health promotion structures and roles at different jurisdictional levels.
- 9.2 Describe how the work of health promotion supports the organization's vision, mission and priorities.
- 9.3 Contribute to developing key values and a shared vision in planning and implementing health promotion action in the community.
- 9.4 Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.
- 9.5 Contribute to maintaining organizational performance standards.
- 9.6 Manage self, others, information and resources in an ethical manner.
- 9.7 Contribute to team and organizational learning in order to advance health promotion goals (e.g., mentor students and other staff; participate in research and quality assurance initiatives).
- 9.8 Pursue lifelong learning in the field of health promotion (e.g., professional development; practice development).



Glossary

Note: the terms defined in this glossary are based on the sources cited, but are, in some cases, slightly reworded to make them more directly relevant to this project. For some terms, additional contextual or explanatory information is provided.

Advocacy

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.¹

In the health promotion field, advocacy is assumed to be in the public interest, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.²

Brief (Policy)

A policy brief should present the rationale for choosing a particular policy option in a current policy debate. It requires succinct consideration of policy options for a particular audience, which may be internal or external, and may include officials, politicians, journalists, advocates and researchers. As any policy debate is a market place of competing ideas, the purpose of a policy brief is to convince the target audience of the relevance or urgency of an issue and the need to adopt the proposed policy or course of action outlined, thereby serving as an impetus for change.³ Since health promotion policy issues tend to be relatively complex, briefs need to succinctly consider the issue and policy options for decision makers.

Communication (skills)

Communication is a bi-directional set of skills to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language; i.e., verbal skills, often reinforced with visual images.²

Community

Groups of people affiliated by geographic proximity, special interest, or similar situations.⁴

In many societies, particularly those in developed countries, individuals do not belong to a single, distinct community, but rather maintain membership of a range of communities based on variables such as geography, occupation, social and leisure interests.¹



Community Capacity

The collection of individual skills and knowledge networks, organizations, and businesses that a healthy community is built upon.⁵

The abilities and resources of the individuals, citizen associations and local institutions that individually and/or collectively assure the health, well-being, and quality of life of the community and all its members.⁶

Community Mobilization

Community mobilization is a capacity-building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.⁷

Context of Health Promotion Structures and Roles

The mandates and actions of governmental and non-governmental organizations that contribute to the population's health and wellbeing.

Critically appraise evidence

The process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.⁸



Determinants of health

The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.¹

Definable entities that cause, are associated with, or induce health outcomes. Health promotion is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, determinants of health, in combination, create different living conditions which impact on health.²

Within the determinants of health, two sub-sets are commonly encountered: social determinants of health; and, more recently, ecological determinants of health. See their definitions for more details.

Diversity and Inclusiveness

Diversity: the demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.²

Inclusiveness: creating a culture that strives for equity and embraces, respects, accepts, and values differences.⁹

Ecological Determinants of Health

The ecosystem-based ‘goods and services’ that we get from nature are the ecological determinants of health. Among the most important of these are oxygen, water, food, fuel, various natural resources, detoxifying processes, the ozone layer and a reasonably stable and habitable climate.¹⁰



Environmental Scan

The acquisition of information about events, trends and relationships in the organization's external environment to assist planning organizational action. The approach is tailored to the issue and context. Typically, a broad range of issues and perspectives are examined covering social, economic, political, technological and other trends. Information is gathered from a variety of sources that may include surveys, interviews, focus groups and site visits, as well as leading-edge thinkers.¹¹ A SWOT analysis may then be conducted to identify strengths, weaknesses, opportunities and threats.

Grey literature

Informally published written material (such as reports) that may be difficult to trace via conventional channels such as published journals and monographs because it is not published commercially or is not widely accessible. It may nonetheless be an important source of information for research and policy analysis, because it tends to be original and recent.¹²

Health communication

Health communication is a key strategy to inform the public about health concerns and to maintain important issues on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public increases awareness of specific aspects of individual and collective health as well as importance of health in development.^{1,13} See also Communication.

Health equity (and inequity)

Health equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions.

Health inequity is a sub-set of health inequality and refers to differences in health associated with social disadvantages that are modifiable, and considered unfair.¹⁴

Health issues

Health issues include, but are broader than health conditions since they include immediate and upstream causes or contributors to health outcomes from a determinants of health perspective. For example, the 'built environment' is a health issue because how communities are designed has implications for physical activity, vehicle emissions, social interaction, and other effects.



Health Promotion Action

Describes programs, policies and other organized health promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.⁶ (see ‘Health Promotion Program’ for more details).

Health Promotion Program (and projects)

A health promotion program is generally long term and comprehensive in nature to have population health impact. It typically includes a multifaceted set of planned complementary activities characterized by multiple strategies including creating supportive environments for health, building healthy public policies, intersectoral collaboration and community involvement. In contrast, a project is typically short-term and usually a more narrowly focused activity.¹⁵

Jurisdictional Levels

The structural organization of public health, health systems, and governments typically include the following levels: local/regional/municipal; provincial/territorial; federal; and, international (e.g., World Health Organization).

Monitor and Evaluate Implementation of Health Promotion Action

Monitor: routine, often episodic measurement, performance analysis, or supervision of a process, activity, or function with the aim of detection and correcting change or deviation from desirable levels.¹⁵

Evaluate: efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.¹⁵ This includes assessing process and outcomes.



Organizational Performance Standards

The criteria, often determined in advance, e.g., by an expert committee, by which the activities of the organization in which health promoters work, are assessed.² Sources of such standards may include system program standards, accreditation standards, etc.

Policy (Health)

A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization.²

Healthy public policy aims to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and by making social and physical environments health enhancing.¹

Population health promotion

Model developed by Hamilton and Bhatti¹⁶ that combines consideration of Ottawa Charter action strategies, determinants of health, and various levels of action including community, sector/system, and society. Furthermore, the model is supported by evidence-based decision-making and values and assumptions.

Population Health Status

The health of the population assessed and reported upon including the determinants of health and health inequities.

An output of population health assessment which is a core function of public health involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on local health status, health needs, and/or other public health issues.¹⁷ As part of a *situational assessment*, a health promoter retrieves and synthesizes relevant population health information to inform the development of program and policy interventions.



Principles

The following core values and principles guide health promotion practice:

- a social-ecologic model of health that takes into account the cultural, economic, and social determinants of health
- a commitment to equity, civil society and social justice
- a respect for cultural diversity and sensitivity
- a dedication to sustainable development
- a participatory approach to engaging the population in identifying needs, setting priorities, and planning, implementing, and evaluating the practical and feasible health promotion solutions to address needs.¹⁸

Research

Activities related to develop or contribute to generalizable knowledge, i.e., theories, principles, relationships, or the information on which these are based, that can be confirmed or refuted by recognized methods of observation, experiment, and inference.¹⁵

Situational assessment

The phrase “situational assessment” is now used rather than the previous term “needs assessment.” This is intentional to avoid the common pitfall of only looking at problems and difficulties, but to also consider the strengths of and opportunities for individuals and communities. It also means looking at socio-environmental conditions and broader determinants of health. A situational assessment influences planning in significant ways by examining the legal and political environment, stakeholders, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project.¹⁷

Social Determinants of Health

The conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Those wider set of forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.¹⁹

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Theory

A belief system based on observation and supposition. All commonly applied theories in the natural and public health sciences are subjected to frequent tests of their validity and are vulnerable to refutation.¹⁵ There is a broad range of relevant theories underlying health promotion practice including those addressing behaviour change, social support, organizational change, diffusion of innovations, policy change, etc. The health promoter applies relevant theory in conjunction with health promotion principles, knowledge, skills, and research to understand health issues and inform health promotion action.



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HEALTH
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