



Pan-Canadian Health Promoter Competencies' Toolkit: Health Promoter Position Profile

Purpose and Overview

This job profile is a resource to assist understanding of health promoter roles and positions, and to foster greater consistency in their design.

A job profile provides a greater level of detail than a job description by defining the scope of practice and articulating the competencies needed to successfully perform the job. Examples of health promoter job descriptions are available elsewhere in the online toolkit.

This job profile is of potential interest to health promoters, those that hire and manage them, as well as those involved in the education and training of health promoters. It includes:

- Background information on the function of health promotion, health promoter roles, and settings
- The Health Promoter Competencies' preamble, competency statements and glossary
- Discussion of proficiency levels with examples for each competency statement.



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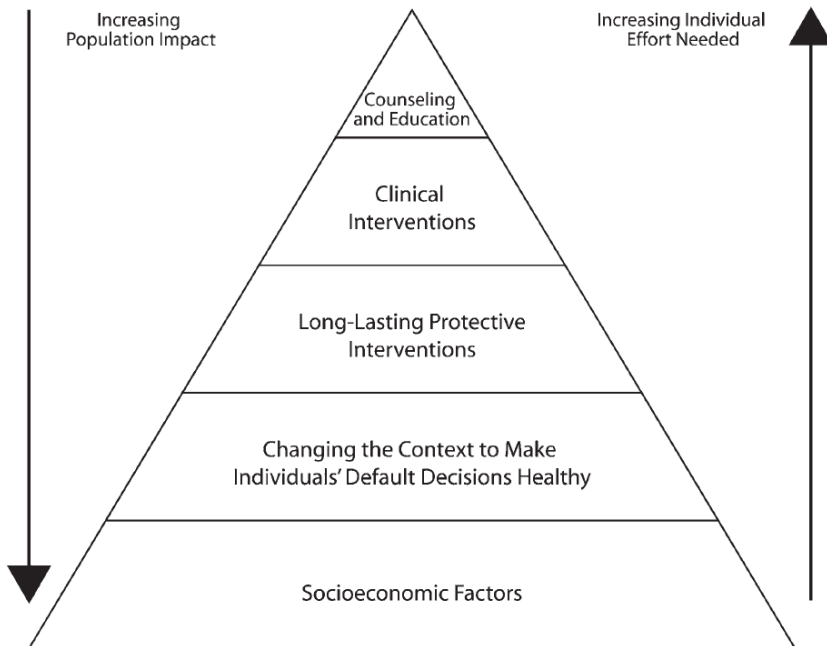
Background

The Health Promotion Function

Health promoters have a wide range of job titles and are employed in a diverse set of health and other organizations. The common element is that their main role and function reflects the strategies and actions of the Ottawa Charter to advocate for conditions favourable to health, enable people to achieve their full health potential, and mediate between differing interests in society for the pursuit of health.

A common misunderstanding is to equate health promotion with the education and counselling of individuals. While such approaches play a role in individual-level care and services, from a population perspective, such approaches are limited by their potential reach, as well as the extent of individual effort required to achieve behaviour change particularly if social and physical environments do not support health. As shown in Figure 1, the greatest potential for impacting the population's health requires changes to these physical and social environmental contexts.

Figure 1: Health Impact Pyramid



Source: Frieden TR. A framework for public health action: The health impact pyramid. Am J Public Health 2010; 100(4): 590-595. (Used with permission)



Role Summary

Health promoters analyze the nature of a health issue or problem and provide specialized analysis and advice based on theory, evidence and experience on how to address it through the appropriate mix of health promotion strategies.

The work of health promoters includes:

Organizational Development – developing organizations to be more health promoting; e.g., in schools, workplaces and health and other organizations.

Community Development – developing communities to be more health promoting; e.g., neighbourhoods, cultural communities and communities of interest.

Strategy Development – developing a strategic approach to improving health and ensuring that local, regional and national policies that can affect the public’s health do so in a health promoting way.

Personal Development – developing the personal, emotional, and social skills and abilities of lay and professional people in order for them to maximise their own health and build a health promoting capacity for those around them.

Partnership development – developing partnerships with key people, communities and organizations who can affect or influence the public’s health, and to enable these partnerships to be better able to promote health.

Health Information – developing ways of providing appropriate and accurate information about people’s health, what social and behavioural factors can affect their health, and what can be done to improve health.

Project Management – managing specific health promoting projects in order to ensure they are ethical, effective and efficiently delivered.ⁱ

Settings

Reflecting the influence of the determinants of health, health promoters are employed in a diverse set of settings. With health promotion as a core function of public health organizations, health promoters have been employed in governmental and non-governmental public health settings with an early emphasis on the prevention of chronic diseases and injuries. With increasing interest in creating supportive environments for health, the establishment of healthy public policies, and the reduction of health inequities, health promoters are increasingly being deployed to address a broader range of health issues including maternal-child health, communicable diseases, environmental health, and overall health and well-being. Similarly, the skills of health promoters are increasingly being deployed in

ⁱ Adapted from National Health Service Careers (UK). Health promotion specialist.



other health fields (e.g., mental health, primary health care), as well as non-health settings (e.g., municipalities, school boards, workplaces).

Health Promoter Competencies – Preamble

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.

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.



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

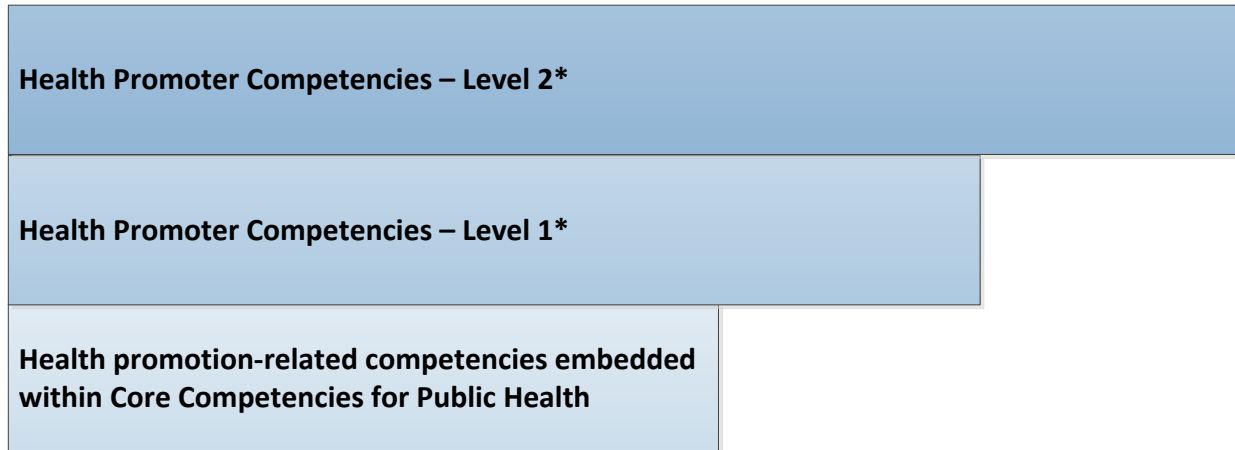
- develop advanced knowledge of health and its determinants
- analyse complex issues regarding how health is created and how health behaviours are brought about
- think strategically and work for strategic change, which often calls for a level of influence and leadership beyond the authority and status 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.ⁱⁱ

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 2). Recognizing that there are different levels of proficiency, Figure 2 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 later in this profile. 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 included in the toolkit.

ⁱⁱ Adapted from National Health Service Careers (UK). Health promotion specialist.



Figure 2: 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, are provided later in this profile.

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 | • income |
| • shelter | • a stable eco-system |
| • education | • sustainable resources |
| • food | • 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.ⁱⁱⁱ

ⁱⁱⁱ 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.



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.^{iv} 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.

Many individuals and organizations have assisted the development of these competencies. Their contributions have included the provision of feedback and advice on improvements to the competencies, actively recruiting consultation participants, and arranging space and logistics to host workshops and webinars. The extent of enthusiastic participation from health promoters across the country has been invaluable and indicative of the extent of interest in this initiative.

This project has been overseen by a Pan-Canadian Committee on Health Promoter Competencies (2013-2015):

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

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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.



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

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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Level of Proficiency

Application of the Health Promoter Competencies to workforce development tasks will need to consider the expected level of proficiency. For example, establishing position descriptions, self-assessing competencies, as well as setting the level of instruction in academic programs will require consideration of proficiency level. In some organizations, particularly larger ones, there will likely be an identifiable separation in proficiency between two or more levels of health promoter positions. In other settings, there may exist only one level of position, although what this level is will depend upon the intended role and focus. And in yet other settings, there may be no dedicated health promoter positions and defining expectations for these positions will need to consider the level of expected proficiency of priority health promoter competencies in addition to other expected competencies.

For illustrative purposes, this job profile provides two levels of proficiency. Developers of health promoter position descriptions will need to apply and adapt the level most suited for what is envisioned for a particular position. The following table provides the conceptual distinction between these ‘Level 1’ and ‘Level 2’ health promoter positions. It should be emphasized that the characteristics are not hard categories. For example, possession of a master’s degree does not automatically confer practice at Level 2, particularly in the absence of experience. Similarly, a practitioner without a master’s degree, but who has substantial experience and can apply competencies in difficult, complex scenarios with little ongoing guidance is aligned more with a Level 2 practitioner. While not described further, a ‘Level 3’ might also be envisioned as an expert leader in the field instructing others, reviewing and researching the area, and contributing to performance improvements.

Table 1: Conceptualizing ‘Level 1’ and ‘Level 2’ Proficiency Levels of Health Promoters

| Characteristic | Level 1 | Level 2 |
|--|--|--|
| Application of competencies | Applies in routine and somewhat difficult situations | Applies in difficult and considerably difficult situations |
| Comparability to public health core competency proficiencies | Front line provider | Consultant/specialist |
| Guidance | Requires frequent guidance | Requires occasional/infrequent guidance |
| Focus | Often single risk factor or issue | Often multi-factorial and/or complex issues |
| Experience | Limited | Substantial |
| Training | Undergraduate | Graduate |



Proficiency Examples by Competency Statement

The following tables provide examples to illustrate application of the health promoter competency statements for relatively ‘routine situations’ (i.e., ‘Level 1’) and ‘more difficult/complex situations’ (i.e., ‘Level 2’). For some of the competency domains in which individual statements complement each other, the same topic/issue has been utilized.

These examples are provided for illustrative purposes. For example, they do not capture the full breadth of potential topics and scenarios that encompass health promotion practice. In addition, while an attempt has been made to distinguish ‘routine’ versus ‘complex’ situations, contexts can be highly variable such that an issue that may be routine in one setting may be complex in another.

| Domain 1 – Health Promotion Knowledge and Skills <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|--|--|--|
| 1.1. Apply a population health promotion approach, including determinants of health and health equity, to the analysis of health issues. | Describe opportunities and barriers to increasing physical activity in workplace(s) with attention to intra-population differences (risks of chronic diseases, control of work environment, safety, access to showers, etc.) | Describe occurrence of, impacts, and contributors to falls in the elderly with attention to intra-population differences (income, housing, underlying health status, social supports, etc.) |
| 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. | Apply comprehensive workplace model to identify options for workplace health promotion interventions. Describe comprehensive approach to increase workplace physical activity (policies, education/skills, staff involvement, etc.) | Apply health promotion principles, theory and research to identify options to address multiple health determinants, health promotion strategies and levels of intervention to reduce falls in the elderly. Apply health promotion principles, theory and research to describe comprehensive approach (policies, collaboration/partnership, involvement of seniors, advocacy, etc.) to reduce falls in the elderly |

| Domain 2 – Situational Assessments <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|---|---|--|
| 2.1. Retrieve and synthesize population health status information to describe the | Collate relevant health data to describe healthy eating and physical activity and their | Collate relevant health data to describe physical activity and its determinants in school-aged |



| | | |
|---|--|--|
| importance and underlying causes of a health issue. | determinants for pre-school children | children and youth |
| 2.2. Access and critically appraise evidence (i.e. published and grey literature, systematic reviews, and promising practices) for potential health promotion action. | Appraise an existing study or systematic review for the promotion of healthy eating and physical activity in childcare facilities and identify implications for practice | Contribute to/lead conduct of a systematic review of existing evidence for effective interventions for promoting active transportation to/from school |
| 2.3. Conduct an environmental scan to identify community perspectives, assets, resources, challenges and gaps. | Assess the strengths and limitations of existing approaches to support healthy eating and physical activity in area's childcare facilities | Interview relevant stakeholders (schools, parents, youth, police, transportation planning/operations, etc.) regarding opportunities and challenges for promoting active transportation to/from schools. |
| 2.4. Interpret population health status information, evidence, and environmental scan findings to identify options for health promotion action. | Analyze and interpret health status information, evidence and environmental scan to identify options for program and policy interventions to increase healthy eating and physical activity in childcare facilities. (e.g., to inform public health director) | Analyze and interpret health status information, evidence and environmental scan to identify options for program and policy interventions to increase active transportation to/from schools. (e.g., to inform report to health board & school board) |



| Domain 3 – Plan and Evaluate Health Promotion Action <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|--|---|--|
| 3.1. Develop a plan to implement health promotion action including goals, objectives, and implementation and evaluation steps. | Develop a project plan (or, contribute to team's development of program plan) | Develop a plan for a multi-component program |
| 3.2. Identify and oversee resources (e.g., skills, personnel, partner contributions, budget) to develop, implement and evaluate sustainable health promotion action. | Assist community agencies to develop a grant application for a health promotion action. | Oversee the resources for the implementation and evaluation of a health promotion project. |
| 3.3. Monitor and evaluate the implementation of health promotion action. | Monitor achievement of expected targets for a health promotion project. | Develop and apply program logic model including short- and long-term outcomes. |

| Domain 4 – Policy Development and Advocacy <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|--|---|--|
| 4.1. Describe the potential implications of policy options (i.e., health, economic, administrative, legal, social, environmental, political and other factors, as applicable). | Perform SWOT (strength, weakness, opportunities, threats) analysis of options for a routine issue (e.g., food-related fundraising in schools) | Perform SWOT (strength, weakness, opportunities, threats) analysis of options for a difficult/complex issue (e.g., influencing/changing vendor for school cafeterias to offer affordable, healthy, flavourful foods) |
| 4.2. Provide strategic policy advice on health promotion issues. | Provide advice for routine issue (e.g., food-related fundraising in schools) to school stakeholders | Provide advice on difficult issue to senior leadership (e.g., influencing/changing vendor for school cafeterias to offer affordable, healthy, flavourful foods) |
| 4.3. Write clear and concise briefs for health promotion issues. | Contribute to brief for public health leader on approach to routine issue. | Prepare brief for presentation to health board on difficult/contentious issue |
| 4.4. Apply understanding of the policy making process to assist, enable and facilitate the community to contribute to policy development. | Support school parent advisory committee to advocate for healthy food choices in school | Support community parents and school staff to advocate for traffic calming and speed reductions on residential streets. |



| Domain 5 – Community Mobilization and Building Community Capacity <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|--|---|---|
| 5.1. Develop relationships and engage in a dialogue with communities based on trust and mutual respect. | Engage in conversations with groups and associations around a single issue (e.g., adequacy/safety of community housing) | Engage in conversations with groups and associations around a complex issue (e.g., adverse health determinants of inner city indigenous population) |
| 5.2. Identify and strengthen local community capacities to take action on health issues. | Enable community groups to identify priorities for action to improve adequacy/safety of community housing | Enable inner city indigenous population to identify their strengths and pursue action to improve health priorities (e.g., child development, etc.) |
| 5.3. Advocate for and with communities to improve their health and well-being. | Support community groups to advocate to relevant government(s) to improve community housing | Support inner city indigenous population to advocate for improved services/supports (e.g., housing, police, healthcare, etc.). |



| Domain 6 – Partnership and Collaboration <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|---|---|---|
| 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.). | In support of improved physical activity and healthy eating policy in childcare facilities, communicate on regular basis with childcare association, provincial policy lead, municipal policy lead providing subsidized spaces, etc. | Meet with diverse range of community leaders and stakeholders to develop strategic relationships and understand perspectives on complex issue (e.g., homelessness) |
| 6.2. Utilize leadership, team building, negotiation and conflict resolution skills to build community partnerships. | Work with childcare facilities' staff to understand their concerns and identify path for successful policy implementation (physical activity and healthy eating) across differing types of facilities (small/large, subsidized/private, etc.) | Sponsor inter-sectoral meetings to discuss perspectives, identify common goals, resolve sources of disagreement and identify a plan of action for homelessness |
| 6.3. Build and support coalitions to stimulate intersectoral collaboration on health issues. | Support diverse coalition pursuing action to address single health issue (e.g., seeking breastfeeding-friendly spaces in shopping centres and restaurants) | Support diverse coalition pursuing action to address complex health issue (e.g., comprehensive approach to homelessness – housing, mental health, addictions, healthcare, etc.) |



| Domain 7 – Communication <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|---|--|---|
| 7.1. Provide information tailored to specific audiences (e.g., professional, community groups, general population) on population health status and health promotion action. | Present and discuss findings from student health survey with school parent advisory committee | Present and discuss findings of neighbourhood differences in health status (including health determinants and inequities) to health board |
| 7.2. Apply communication methods and techniques to the development, implementation and evaluation of health promotion action. | Develop, pilot test and implement tailored point-of-decision stair use prompts | Work with social marketing firm to comprehensively promote targeted sexual health services for youth |
| 7.3. Use the media, information technologies, and community networks to receive and communicate information. | Use twitter feed to engage target audience as part of media event | Pilot innovative internet-based communication for youth sexual health services |
| 7.4. Communicate with diverse populations in a culturally-appropriate manner. | Utilize community media, e-newsletters and ethnic newspapers to communicate population-specific messages | Describe disease prevention and health promotion approaches in context of First Nations medicine wheel. |

| Domain 8 – Diversity and Inclusiveness <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|---|---|--|
| 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. | Recognize how low family income and local availability and food prices may limit the ability to follow recommendations for healthy eating | Recognize the impact of colonialism and residential school experiences on the health of indigenous communities. |
| 8.2. Address population diversity when planning, implementing, adapting and evaluating health promotion action. | Address how schools will be selected to participate in a pilot program balancing interest/self-selection versus need | Examine how improved public transportation policy will affect lower income families (e.g., reduce reliance/costs on a personal automobile; increasing access to employment opportunities). |



| | | |
|---|---|---|
| 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. | Work with community groups to identify how best to promote and support physical activity in Muslim female children and youth. | Work with local First Nations communities to identify how best to promote health and wellbeing. |
|---|---|---|

| Domain 9 – Leadership and Building Organizational Capacity <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|--|---|---|
| 9.1 Describe the context of health promotion structures and roles at different jurisdictional levels. | Describe the health promotion roles of own organization and most relevant partners. | Describe the roles of governmental and non-governmental organizations at local, provincial/territorial, federal and international levels for a particular health issue. |
| 9.2. Describe how the work of health promotion supports the organization’s vision, mission and priorities | Explain how supporting workplace policies supports the public health department’s goal of creating supportive environments for health. | Explain how creating supportive environments for physical activity complements clinical care’s work to prevent and treat chronic diseases. |
| 9.3. Contribute to developing key values and a shared vision in planning and implementing health promotion action in the community | Work with healthy schools committee to involve parents, teachers and students in developing a vision and health action plan for the school. | Work with municipal departments to establish a vision and plan for sustainable transportation |
| 9.4 Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources | Contribute to the setting of program priorities for action on improving municipal alcohol policies based on existing resources. | Set and monitor achievement of priorities for action on the built environment. |
| 9.5 Contribute to maintaining organizational performance standards | Assist in the collection of data in a consistent fashion from a program setting. | Establish quality criteria for the collection of program data. |
| 9.6 Manage self, others, information and resources in an ethical manner. | Recognize that community engagement is a long-term effort and that no external entity should assume it can bestow on a community the power to | Assess the ethics of a proposed policy using an ethical assessment framework (e.g., Nuffield Council that considers autonomy, consent, risk, the |



| Domain 9 – Leadership and Building Organizational Capacity <i>A health promoter is able to:</i> | Level 1 | Level 2 |
|--|--|--|
| | act in its own self-interest. | protection of children and reduction of inequalities). |
| 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) | Participate in a quality assurance initiative to improve the application of equity impact assessments in program planning. | Participate in knowledge translation activities to support incorporation of evidence-informed practices. |
| 9.8 Pursue lifelong learning in the field of health promotion (e.g., professional development; practice development) | Participate in a workshop to learn how to better apply policy frameworks to the analysis of public policies. | Pursue a developmental opportunity to lead a project to review the future direction of a program. |

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