CORE HEALTH PROMOTION COMPETENCIES FOR AUSTRALIA 2007

Ray James[1]

Peter Howat[1,4]

Trevor Shilton[2]

Cheryl Hutchins[3]

Linda Burke[1, 4]

Richard Woodman[4]

[1]**The Centre for Behavioural Research in Cancer Control, Curtin University**

[2]**The National Heart Foundation of Australia (WA Division)**

[3]**ACT Health Promotion Authority (Healthpact),**

[4]**WA Centre for Health Promotion Research, Curtin University**

Perth, Western Australia, May 2007

On behalf of the Australian Health Promotion Association (AHPA), the Public Health Association of Australia Health Promotion Special Interest Group (PHAA HPSIG), and the International Union for Health Promotion and Education SW Pacific Regional Committee (IUHPE).

Australian HEALTH PROMOTION Association

Public Health Association of Australia

IUHPE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION

Core Health Promotion Competencies for Australia

Preface

Four hundred health promotion practitioners throughout Australia completed an on-line survey on Health Promotion Competencies for Australia at the end of 2005. This was followed by a series of workshops throughout Australia in 2006 to identify practical uses of the competencies and to determine a set of core competencies for health promotion practice in Australia. Many of the participants requested information about the results of the study. This brief report has been produced to describe the process and the final result. In addition more detailed accounts are contained in two articles that are being prepared for publication.

The process used to develop these competencies engaged a significant number of Australian health promotion professionals and many of the leaders in the field. Stages 1 and 2 led to the development of a set of 83 competencies for *"A person who identifies themselves as being a health promotion worker and who spends 50 per cent or more of their work time in health-promotion related activities"*

Stages 3, 4 and 5 helped to identify practical uses of the competencies and a smaller set of *core* competencies i.e. competencies that a health promotion practitioner should have no matter what setting they worked in. During the workshops conducted as part of Stages 3, 4 and 5 some participants wanted to add new competencies, reword or others. Suggestions varied in different workshops and in some cases contradicted the work completed in Stage 1 and 2. This illustrates the diverse nature and development of health promotion practice and philosophy.

To obtain real consensus in such circumstances is likely to be impossible. However, the 'consensus' we have reached is a compromise which should accommodate 'mainstream' approaches to health promotion. We acknowledge that there are some limitations to the process used and to the final set of core competencies that has been developed. A limitation we acknowledge is that many of the competencies listed are quite broad and therefore may be open to different interpretations. The only way to minimise misinterpretation is to write each competency so they are very specific. This process results in an inordinately long and complex list of competencies. Our experience indicates that such lists are not user friendly and tend to have little practical use.

The core health promotion competencies presented in this report are the result of input from several hundred people working in health promotion in Australia. We are aware that many people currently utilise these competencies for a variety of purposes and find them helpful. We hope that you will find this project a useful contribution to advancing health promotion practice in Australia. We welcome feedback from the field.

Background

The first national project to identify Health Promotion Competencies in Australia was undertaken in the early 1990's via the Western Australian Centre for Health Promotion Research at Curtin University (WACHPR), with the National Heart Foundation (WA), and the Health Department of WA, under the auspices of the Australian Association of Health Promotion Professionals, now the Australian Health Promotion Association: (AHPA).[1-4]

These competencies were revised in 2000-01 under the auspices of AHPA and the National Health Promotion Workforce Development Task Group, a committee of the National Public Health Partnership Group.[5-8] A recommendation of the 2000-01 study was that the competencies be reviewed and updated at least in a 5-year cycle. [6]

The process used for the above studies was subsequently applied to a similar project in Israel in 2003.[9] Health Promotion Competencies were also a major focus in the International Union for Health Promotion and Education (IUHPE) 2005 Conference Workforce Development Stream in Melbourne.[10] Feedback from conference participants indicated strong international support for development of a set of core competencies for the health promotion workforce.

This report explains the process undertaken in 2005 to update the Australian Health Promotion Competencies as a collaboration of the Australian Health Promotion Association, the Public Health Association of Australia Health Promotion Special Interest Group (PHAA HPSIG), and the International Union for Health Promotion and Education (IUHPE) SW Pacific Regional Committee. Two members of the Project Management Group, who also sit on the IUHPE's Workforce Development and Training Committee, will present the work to that committee with a view to further advancing international dialogue on health promotion competencies. The opportunity exists for international development to occur through the IUHPE committee structure, its journal, and the World Conference on Health Promotion and Health Education in Vancouver in 2007.

Methodology and Results

A project management group representing AHPA, PHAA HPSIG and IUHPE was formed with Trevor Shilton, Peter Howat, Ray James and Cheryl Hutchins. A project officer, Linda Burke, was appointed to assist the group and Mr Richard Woodman assisted with the data analysis. The project was conducted in five stages.

Stage 1.

The list of 83 health promotion competencies from 2001 was reviewed and edited by the management group. The revised list was sent to 39 senior health promotion professionals around Australia as a multiple-choice survey via 'Survey Monkey' for suggestions and modifications.

The participants were requested to rate each of the competencies based on what they considered to be:

- **Essential competency**
- **Desirable, but not essential competency**
- **Specific competency**
- **Not relevant to health promotion practice.**

For the purpose of this research, ***health promotion*** was defined as:

"Health promotion can be regarded as a combination of educational, organizational, economic, and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through knowledge, attitudinal, behavioural, social and environmental changes".[11]

A ***health promotion practitioner*** was defined as:

"A person who identifies themselves as being a health promotion worker and who spends 50 per cent or more of their work time in health-promotion related activities"

Space was allowed for comment on the competencies and respondents were also invited to add additional competencies. The respondents remained anonymous, although their responses could be viewed separately. Survey Monkey enabled the results to be collated systematically and printed into a clear table format for review and analysis.

Results

A number of changes to language and categories were recommended and the competencies were amended accordingly. A revised list of 83 competencies was then used as a basis for the main survey for health promotion practitioners.

Stage 2

The revised list of 83 competencies was emailed as an online questionnaire, via Survey Monkey, to the Australian health promotion workforce as identified from membership lists of AHPA and PHAA and through contact with employing organisations such as NGO's and State Health Departments. Participants were invited to rate each competency as **'essential'**, **'desirable'** or **'not relevant'**, and to suggest changes to wording, as well as additions to the list.

Results

Responses were received from 400 practitioners. These results were collated and an Interim Report and Summary Tables were posted on AHPA and PHAA websites. The summary tables compared the 2005 results (n = 400) with the 2001 survey (n = 205).
Data was presented only for the **YES** response that a competency is 'ESSENTIAL'. Eg in 2001, 161 (78.2%) of the respondents agreed that the first competency ("**Identify and source data on the health…")** was 'Essential'. In 2005, 363 respondents (91% of the sample) agreed this was 'Essential'.

We identified items that showed a statistically significant difference between the 2001 and the 2005 responses for each competency. There were 22 competencies that were rated 'essential' by over 80% of respondents. Forty-two competencies received
less than 65% support and 19 competencies fell between 65% and 80% support. Twenty-six of the competencies received significantly increased support ($p < .05$) in 2005.

Table 1: Respondent support for 'Essential' health promotion competencies

% of 'essential' ratings	Total N Competencies
> 80%	22
65% - 79%	19
< 65%	42
Total	83

Significant increase: 2001 vs 2005 = 26 ($p < .05$)

Stage 3

Between July and October 2006 members of the management committee visited each state and territory to present the results of the competencies survey, to workshop potential uses for the competencies and to discuss the issue of core competencies. Several respondents remarked that 83 health promotion competencies were too many to deal with and would prefer to know the 'core' or 'essential' competencies. There were 10 workshops conducted with 210 participants (Table 2).

Table 2: Health Promotion Competencies Workshops 2006

Date	State	Facilitators	Participants (n)
26 July 2006	Perth, WA	Trevor Shilton, Peter Howat, Ray James	38
16 Aug 2006	Rural WA (VC)	Trevor Shilton, Ray James	26
11 Sept 2006	Melbourne, Vic	Cheryl Hutchins	15
20 Sept 2006	Canberra, ACT	Cheryl Hutchins	8
19 Sept 2006	Darwin, NT	Trevor Shilton	16
24 Sept 2006	Sydney, NSW	Peter Howat	20+
27 Sept 2006	Brisbane, QLD	Peter Howat	40
9 Oct 2006	Hobart, Tas	Ray James	25
10 Oct 2006	Davenport, Rural Tas	Ray James	13
20 Oct2006	Adelaide, SA	Ray James	26 n = 207

Workshop participants identified a wide range of potential uses for the health promotion competencies which fit into eight categories. The participants had difficulty editing the list of 83 competencies to a shorter, core list, in the limited time available. The management group therefore decided to present the list of competencies at the National Health Promotion Conference in Adelaide in May 2007 and ask participants to help narrow the list of core competencies.

Stage 4

Ray James presented two sessions at the National Health Promotion Conference in Adelaide in May 2007. Only six of the 30 participants had been involved in any stages of the process to develop the 2005 Health Promotion Competencies or the workshops in 2006. In Session 1, Ray James presented the background to the health promotion competencies work, the process for developing the 2005 list, and the list of potential uses developed by the 2006 workshops.

In Session 2 he asked the group to examine the original list of health promotion competencies from 2001 and compare these to the 2005 list with a special note of those competencies that have over 80% support, those that have less than 65% support and the 19 competencies that have between 65% - 80% support. An executive decision had been made by the management group to automatically include all competencies that had over 80% support in the list of core health promotion competencies.

Two handouts were prepared to indicate the 2001 and 2005 list of competencies and the list of 19 competencies between 65% - 80%. The 30 participants were asked to form groups of 3-5 people and discuss which of the 19 competencies between 65% - 80% they would keep as core competencies. Eight groups reported back.

There was no clear consensus on which competencies should be kept and which should be eliminated as ‘core’. Most of the participants remarked that there was not adequate time to consider and discuss the 19 competencies or to decide on a method for including or eliminating any of the competencies between 65% - 80%. A few of the participants mentioned they would like

to re-write the language of the competencies. Others remarked that they were not in agreement with the low scores some competencies received from the 400 respondents. As a result of the difficulty the group had making a final decision on the core competencies the management group later discussed several options for selecting a core list of health promotion competencies for Australia in 2006.

Stage 5

The management group reviewed the feedback from the National Conference Workshop and decided to study the list of 19 competencies that had between 65% - 80% support. Nine of the 19 competencies showed significant increased support between 2001 and 2005. These had between 67% and 79% support. A decision was made to include these 9 competencies with the 22 competencies that had over 80% support. This provided a list of 31 core health promotion competencies (See list of Core Health Promotion Competencies 2007 in Appendix).

Summary and Conclusions: Implications for health promotion and public health

The Core Health Promotion Competencies for Australia 2007 have been developed in collaboration with the Australian Health Promotion Association, the Public Health Association Special Interest Group for Health Promotion and members of the IUHPE working party on health promotion competencies. The modified Delphi Technique has included senior health promotion practitioners and over 600 practitioners around Australia. The resulting list of 31 health promotion *core* competencies can be used to help practitioners define health promotion, to clarify job roles, to assist managers to define job descriptions and do performance reviews, help build capacity in the health workforce, provide guidance for developing and revising tertiary education courses and assist people to gain health promotion jobs.

Practitioners can pick individual competencies from the over all list and use them to define specific jobs or roles, or to assess individual or organisational competency in health promotion tasks. We hope that the Core Health Promotion Competencies will be put to good use by practitioners and we welcome feedback on their use. We also recommend that this list be reviewed and revised in 2010 as the field of health promotion is constantly evolving and will require a different set of core competencies in the future.

The full list of 83 competencies is available in a report on the AHPA website www.healthpromotion.org.au and PHAA website: www.phaa.net.au .[12]

Contact:

Ray.james@curtin.edu.au

Trevor.Shilton@heartfoundation.com.au

P.Howat@curtin.edu.au

References

1. Van Asselt K, Howat P, Henderson H, Shilton T, James R, et al. Identification of competencies for the health promotion practitioner: Phase 1. Paper presented at the Sixth National Health Promotion Conference. Melbourne, Vic. February 13-15, 1994.
2. Shilton T, Howat P, Collins J, Bull F, James R. Developing key competencies for the health promotion work force. Workshop for the Sixth National Health Promotion Conference. Melbourne, Vic. February 13-15, 1994.
3. Howat P, Blaze-Temple D, van Asselt K, Collins J, Maycock B, Shilton T, James R et al. Competencies for health promotion practice: identification and utilization. Paper presented at the Seventh National Health Promotion Conference. Brisbane, Q. February 12-15, 1995.
4. Howat P, Maycock B, Jackson L, Lower T, Cross D, Collins J, van Asselt K. Development of competency based university health promotion courses. Promotion and Education - International Journal of Health Promotion. 7(1): 33-38. 2000
5. Shilton T, Howat P, James R, Lower T. Health promotion development and health promotion workforce competency in Australia: An historical overview Health Promotion Journal of Australia. 12(2): 117-123, 2001.
6. Shilton T, Howat P, James R, Lower T. Review of Competencies for Australian Health Promotion. Perth: Western Australian Centre for Health Promotion Research, Curtin University, and National Heart Foundation (WA). ISBN 1 74067 1759. 2002.
7. Shilton T, Lower T, Howat P, James R. Perceived variations in urban and rural health promotion competencies. Health Promotion Journal of Australia. 14(1): 15-18, 2003
8. Shilton T, Howat P, James R, Lower T. Development of competencies for health promotion practitioners in Australia. Promotion and Education - International Journal of Health Promotion. 10(4): 162-171, 2003.
9. Melville L, Howat P, Shilton, T. Health Promotion Competencies for Israel. Paper presented at the International Union for Health Promotion and Education Conference, Melbourne, April 26-30, 2004.
10. Hutchins C, Shilton T, Howat P, Sann H et al. International core competencies for health promotion: Is it possible to find consensus upon a set of core knowledge and skills for health promotion? Session presented at the International Union for Health Promotion and Education Conference, Melbourne, April 26-30, 2004.
11. Howat P, Cross D, Maycock B et al. Towards a more unified definition of health promotion. Health Promotion Journal of Australia. 14(2): 82-4. 2003
12. Shilton T, Howat P, James R, Burke L, Hutchins C, Woodman R. (2006). *Revision of health promotion competencies for Australia. Final Report*. Perth, Western Australian Centre for Health Promotion Research, the Centre for Behavioural Research in Cancer Control, Curtin University, and the National Heart Foundation of Australia (WA Division). ISBN 1 74067 444 8

APPENDIX: Core Health Promotion Competencies for Australia 2007
* indicates where the competency had significant increased support (p=.**05)**

1. NEEDS & DETERMINANTS

	2001 practitioners		2005 practitioners
Carry out appropriate needs assessment and demonstrate understanding of determinants of health.	Freq. %		Freq. %
Health promotion practitioners should be able to:			
• Identify and source data on the health needs of individuals/ communities/ populations	161 78.2	*	363 91
• Identify behavioural, environmental & organisation factors that promote or compromise health	171 83	*	367 92
• Determine priorities for health promotion from available evidence using regional, state and national data.	123 59.7	*	290 74

2. PLANNING & CONSULTATION

	2001 practitioners		2005 practitioners
Plan appropriate health promotion interventions.	Freq. %		Freq. %
Health promotion practitioners should be able to:			
• Involve community members and stakeholders in program planning and evaluation	156 75.7		319 83
• Develop logical, sequenced and sustainable health programs based on theory and evidence	152 74.1	*	319 83
• Formulate appropriate and measurable objectives	164 79.6		329 86
• Select and account for the implementation of appropriate (proven/best practice) strategies	134 65.4	*	302 79

3. COMMUNITY EMPOWERMENT

	2001 practitioners		2005 practitioners
Implement strategies that empower communities to undertake health promotion initiatives.	Freq. %		Freq. %
Health promotion practitioners should be able to:			
• Assist, support and build capacity in service providers and clinical workers to adopt health promotion methods and programs.	116 56	*	254 68

4. POLICY, ADVOCACY & ENVIRONMENT

	2001 practitioners		2005 practitioners
Apply strategies that focus on policy, structural and environmental change.	Freq. %		Freq. %
Health promotion practitioners should be able to:			
• Be aware of national and state priorities and determine how these impact on local plans	138 66.7	*	312 84

5. PARTNERSHIP BUILDING

	2001 practitioners		2005 practitioners
Develop and implement partnerships for health.	Freq. %		Freq. %
Health promotion practitioners should be able to:			
• Establish and facilitate community partnerships within and outside the health sector	161 78.2		300 82
• Establish appropriate partnerships and facilitate collaborative action	166 80.2		304 83
• Collaborate effectively with communities, organisations and other sectors to identify key components of effective policy to promote health	103 50.2	*	258 71
• Collaborate with other professionals & organisations	163 79.1	*	327 90

6. COMMUNICATION

	2001 practitioners			2005 practitioners	
Communicate effectively with other professional and clients.	Freq.	%		Freq.	%
Health promotion practitioners should be able to:					
• Write reports	175	84.5		322	90
• Write for lay audiences	147	71	*	293	82
• Communicate verbally and listen reflectively	183	88.4		323	91
• Present to a range of audiences and tailor communications to consider cultural and other differences (culture, gender, age, ethnicity)	148	71.5	*	285	82
• Be able to articulate health promotion jargon into salient language	174	84.1		302	87
• Apply interpersonal skills (negotiation, team work, motivation, conflict resolution, decision making, and problem solving skills)	181	87.9		315	90

7. KNOWLEDGE

	2001 practitioners			2005 practitioners	
Demonstrate appropriate knowledge for conducting health promotion.	Freq.	%		Freq.	%
Health promotion practitioners should be able to:					
• Consider and apply theory to health promotion planning, implementation and research	159	77.2		281	81
• Demonstrate knowledge of the health system and broader systems that impact on health	116	56	*	238	69
• Demonstrate and apply knowledge of capacity building in health and other sectors	104	50.5	*	234	68
• Stay abreast of national and international developments in the health promotion field	122	58.9	*	246	71

8. ORGANISAITON & MANGEMENT

	2001 practitioners			2005 practitioners	
Organise and manage Health promotion interventions.	Freq.	%		Freq.	%
Health promotion practitioners should be able to:					
• Demonstrate personal qualities (creativity, sensitivity, initiative, flexibility, co-operation and professional integrity)	158	76.7		278	82
• Work as part of a team	190	92.2	*	332	97

9. EVALUATION & RESEARCH

	2001 practitioners			2005 practitioners	
Evaluate health promotion.	Freq.	%		Freq.	%
Health promotion practitioners should be able to:					
• Select evaluation instruments	107	51.7	*	228	67
• Monitor programs and adjust objectives	161	78.2	*	300	88
• Communicate evaluation findings	158	76.7	*	282	83

10. USE OF TECHNOLOGY

	2001 practitioners			2005 practitioners	
Demonstrate the application of appropriate technology.	Freq.	%		Freq.	%
Health promotion practitioners should be able to:					
• Operate a PC, word processing and email systems etc	181	87.9	*	317	94
• Create written/graphic presentation materials via PC	111	53.9	*	225	67
• Use the internet as a work tool	145	70.4	*	229	88