

# CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA WORKSHOP



---

## FINAL REPORT

Prepared by the Public Health Association of Nova Scotia  
PO Box 33074, Halifax, NS. B3L 4T6  
Phone: (902) 883-3438  
Fax: (902) 883-3400  
[info@phans.ca](mailto:info@phans.ca) & [www.phans.ca](http://www.phans.ca)



Presented to Carla Troy  
Program Director  
Skills Enhancement for Public Health: Core Competencies for Public Health in Canada  
Office of Public Health Practice  
Public Health Agency of Canada  
120 Colonnade Road A/L 6503A  
Ottawa, ON K1A 0K9

Date: December 31, 2009

## TABLE OF CONTENTS

<b>Executive Summary</b> .....	3
<b>Background</b> .....	7
Introduction .....	7
Purpose and Objectives .....	8
Planning the workshop.....	8
<b>Process and Agenda for the Day</b> .....	12
Objective # 1. To enhance participants' understanding of <i>Core Competencies for Public Health in Canada: Release 1.0</i> .....	13
Objective # 2. To network, engage and celebrate the successful applications of the <i>Core Competencies for Public Health in Canada: Release 1.0</i> .....	13
Objective # 3. To advance public health capacity through furthering the integration of the <i>Core Competencies for Public Health in Canada: Release 1.0</i> .....	15
<b>Evaluation and Setting Objectives</b> .....	18
Evaluation of the day .....	18
Setting Strategic Objectives .....	20
Outcomes and Observations .....	22
Pre and Post Workshop Evaluations .....	22
Facilitators Observations of the day.....	25
Observations of the Steering Committee .....	26
<b>Conclusions</b> .....	28
<b>Recommendations</b> .....	29
<b>Appendices</b> .....	30

---

## EXECUTIVE SUMMARY

---

### BACKGROUND

On September 23, 2009, the Public Health Association of Nova Scotia (PHANS) provided a one day workshop for public health practitioners about the *Core Competencies for Public Health in Canada: Release 1.0* entitled, “Translating the Core Competencies for Public Health into Action”. This report describes the purpose of the workshop, who attended, how it was planned and delivered and the results achieved. It includes an analysis of the processes utilized, and the lessons learned. It is anticipated that this model, developed by and for the public health community in Nova Scotia will be a prototype with application to other jurisdictions and settings across Canada to support the implementation of the *Core Competencies for Public Health in Canada: Release 1.0*.

### PURPOSE AND OBJECTIVES

The overall purpose of the workshop was to bring together members of the public health community to develop a shared understanding of the *Core Competencies for Public Health in Canada: Release 1.0* and create mechanisms for their successful integration across the system. Ultimately, PHANS wanted participants to have a positive experience, to “buy-in” to the need for and value of the Core Competencies, and to end the day with a sense of the next steps and what actions they might take to further integrate the competencies into public health practice. The workshop was designed to attract a spectrum of public health practitioners from Nova Scotia’s District Health Authorities, the Nova Scotia Department of Health Protection and Promotion, university students, educators, and public health inspectors from the Nova Scotia Department of Agriculture and Nova Scotia Environment. The Workshop was to provide participants with an opportunity to work in detail with the public health competencies.

Specifically, the workshop was designed to provide participants an opportunity to achieve three objectives:

1. To enhance their understanding of *Core Competencies for Public Health in Canada: Release 1.0*
2. To network, engage and celebrate the successful applications of the *Core Competencies for Public Health in Canada: Release 1.0* and,
3. To advance public health capacity through furthering the integration of the *Core Competencies for Public Health in Canada: Release 1.0*.

## **PLANNING THE WORKSHOP**

Planning commenced one year before the event, beginning with the formation of a Steering Committee that included PHANS members, public health practitioners and representatives from the Public Health Agency of Canada, the Nova Scotia Branch of the Community Health Nurses Association of Canada and the Nova Scotia Department of Health Promotion and Protection. Students, management personnel, nurses, epidemiologists, nutritionists, public health inspectors, dental hygienists, policy makers and educators worked collaboratively to develop the objectives and framework for the workshop. The Planning Framework included:

1. Determining the date of the event
2. Finding a suitable location to host the event
3. Developing a system to register attendees
4. Formulating a public relations strategy and promoting the event
5. Hiring a workshop facilitator
6. Applying for funding to support the event
7. Determining the workshop content
8. Forming a workshop evaluation plan

The diligent and comprehensive work of the Steering Committee led to the delivery of a successful workshop. This report describes the results achieved and the lessons learned.

## **PROCESS AND CONTENT FOR THE DAY**

Contracted workshop facilitators guided participants through activities to assist in asset mapping and the identification of enablers and gaps to using and integrating the Core Competencies. All activities were based on the three workshop objectives and included pre and post workshop evaluations completed by participants, a card sort activity, a presentation “Overview of the Core Competencies for Public Health in Canada Initiative and their use in Public Health” by Jennifer Lowe, National Coordinator Core Competencies for Public Health, a panel discussion, small group work using an interview matrix process, individual and small group work to evaluate the day, post workshop evaluations completed by participants and a wrap up session with Carla Troy, Program Director, Skills Enhancement for Public Health, Public Health Agency of Canada.

## RESULTS ACHIEVED

One hundred sixty-six (166) persons registered to attend the workshop. Most were from Public Health Services of Nova Scotia's District Health Authorities, the Department of Health Promotion and Protection, universities and First Nations organizations.

Workshop participants were from many disciplines and organizations involved in public health and they were representative of all levels of the public health workforce in Nova Scotia. This heterogeneity created an environment within which a variety of view points and experiences were shared. As well, the speakers in the panel presentation were similarly representative of the diversity which exists in the public health workforce. Their presentations provided a unique opportunity for persons working in specific disciplines to hear about work being done in a wide range of areas of public health.

The first workshop objective "To enhance participants' understanding of the *Core Competencies for Public Health in Canada: Release 1.0*" was partially achieved according to evaluation discussions and the results of the post workshop evaluation. This objective would have been better met for some participants if the workshop had provided more detailed and practical examples of how the competencies could be implemented or integrated. On the other hand, almost all workshop participants had received and read materials about the competencies before attending the workshop and indicated they thought they would be useful in their practice.

The second objective "To network, engage and celebrate the successful applications of the *Core Competencies for Public Health in Canada: Release 1.0*" was well achieved according to the results of the post workshop evaluation. Achievement of this objective was likely enhanced by the activities that provided opportunities for group discussion and information sharing during the day.

The third objective "To advance public health capacity through furthering the integration of the *Core Competencies for Public Health in Canada: Release 1.0*" was also well achieved. Most participants indicated they planned to discuss the competencies with their colleagues and use them in their practice to identify knowledge gaps, to improve service delivery or for professional development. However, participants also pointed out during evaluation discussions that in order to achieve integration of Core Competencies into daily practice, there is a need for individual, manager and organizational development and support.

The public health workforce does however experience challenges when attempting to integrate the competencies into practice. The Core Competencies may not be a priority for individuals, managers and organizations and an underlying resistance to change at the management or organizational level was identified. Subsequently, there is a perception that resources, support and time have not been adequately provided to those interested in learning about the competencies or to promote their integration. Further, there is a lack of clarity and understanding at multiple levels regarding the mechanisms required to operationalize the Core Competencies into organizational and individual practice.

## RECOMMENDATIONS

The Core Competencies provide a template for a number of human resources management processes, such as selection, development, succession planning, performance management, and career development. At the human resource level, there are many existing opportunities to foster the integration of the competencies. In order to capitalize on these opportunities it will be important to:

1. Promote the role of managers as critical for successful integration of the competencies.
2. Build capacity for managers and leaders by providing tools, training and support in competencies so they can assess, measure, and monitor.
3. Focus greater effort into promoting the Core Competencies for Public Health in Canada: Release 1.0 at the senior management level and planning levels, and across disciplines.
4. Encourage human resource departments and teams to continue to integrate the Core Competency statements and goals into human resource processes and practices.
5. Provide staff with dedicated time and resources that will encourage the integration of the Core Competencies into practice.

These efforts must be combined with leadership, mentorship and organizational support in order to build a culture which promotes and rewards the implementation of the Core Competencies.

---

## BACKGROUND

---

### INTRODUCTION

On September 23, 2009, the Public Health Association of Nova Scotia (PHANS) provided a one day workshop for public health practitioners about the *Core Competencies for Public Health in Canada: Release 1.0* entitled, “Translating the Core Competencies for Public Health into Action”. This report describes the purpose of the workshop, who attended, how it was planned and delivered and the results achieved. It includes an analysis of the processes utilized, and the lessons learned. It is anticipated that this model, developed by and for the public health community in Nova Scotia will be a prototype with application to other jurisdictions and settings across Canada to support the implementation of the *Core Competencies for Public Health in Canada: Release 1.0*.

The advent of a Public Health Renewal process in Nova Scotia in 2006 and the introduction of the *Core Competencies for Public Health in Canada: Release 1.0* by the Public Health Agency of Canada in 2007 brought about the development of this workshop. Both initiatives recognize the need to strengthen and develop the public health workforce. The *Core Competencies for Public Health in Canada: Release 1.0* (Core Competencies) are the essential skills, knowledge and attitudes necessary for the broad practice of public health. The Core Competencies strengthen the public health workforce by building individual and organizational capacity and supporting learning strategies to prepare staff for excellence.

The Public Health Association of Nova Scotia lead this initiative; the first *Core Competencies for Public Health in Canada: Release 1.0* workshop to be led by a Provincial or Territorial public health association in Canada. PHANS is a voluntary not-for-profit organization, associated with the Canadian Public Health Association. Its mission is to work towards:

- Supporting a broad vision of health for Nova Scotia by advocating for policy change, and
- Strengthening the capacity of public health practitioners in Nova Scotia by providing networking and educational opportunities.

In 2007 PHANS members approved a resolution to encourage the adoption and implementation of the *Core Competencies for Public Health in Canada: Release 1.0* by public health practitioners in Nova Scotia. Organizing a workshop for public health practitioners was one of the strategies that PHANS used to fulfill its commitment to this resolution and to its mission to work towards strengthening the capacity of the public health workforce in Nova Scotia.

## PURPOSE AND OBJECTIVES

The overall purpose of the workshop was to bring together members of the public health community to develop a shared understanding of the *Core Competencies for Public Health in Canada: Release 1.0* and create mechanisms for their successful integration across the system. Ultimately, PHANS wanted participants to have a positive experience, to “buy-in” to the need for and value of the Core Competencies, and to end the day with a sense of the next steps and what actions they might take to further integrate the competencies into public health practice. The workshop was designed to attract a spectrum of public health practitioners from Nova Scotia’s District Health Authorities, the Nova Scotia Department of Health Protection and Promotion, university students, educators, and public health inspectors from the Nova Scotia Department of Agriculture and Nova Scotia Environment. The Workshop was to provide participants with an opportunity to work in detail with the public health competencies.

Specifically, the workshop was designed to provide participants an opportunity to achieve three objectives:

1. To enhance their understanding of Core Competencies for Public Health in Canada: Release 1.0,
2. To network, engage and celebrate the successful applications of the *Core Competencies for Public Health in Canada: Release 1.0* and,
3. To advance public health capacity through furthering the integration of the *Core Competencies for Public Health in Canada: Release 1.0*.

## PLANNING THE WORKSHOP

A full year before the event, PHANS developed a vision for the workshop. PHANS members and Jennifer Lowe, National Coordinator Core Competencies for Public Health, Office of Public Health Practice, Public Health Agency of Canada were invited to join a Steering Committee. The Steering Committee met for one to two hours every two weeks throughout the planning process by teleconference.

### **Ten months before the workshop (November 2008)**

A Steering Committee was formed that included PHANS members, public health practitioners and representatives from the Public Health Agency of Canada, the Nova Scotia Branch of the Community Health Nurses Association of Canada and the Nova Scotia Department of Health Promotion and Protection. Students, management personnel, nurses, epidemiologists, nutritionists, public health inspectors, dental hygienists, policy makers and educators worked collaboratively to develop the objectives and framework for the workshop by February, 2009. The Steering Committee met by teleconference one to two hours every two weeks throughout the planning process.



Selecting the final three workshop objectives was a lengthy process which began with the identification of twenty one objectives grouped into four main areas; knowledge and awareness; application and impact; measurement and evaluation, and integration. Potential workshop participants and key public health informants were consulted to help refine and prioritize these objectives in order to identify what could reasonably be accomplished in a one day workshop format for a diverse group of public health workers from different professions, positions and worksites with differing levels of experience, knowledge and understanding of the Core Competencies. Once the workshop objectives were determined, the Steering Committee developed a Planning Framework (Appendix) to guide its ongoing activities. This included:

- Determining the date of the event
- Finding a suitable location to host the event
- Developing a system to register attendees
- Formulating a public relations strategy and promoting the event
- Hiring a workshop facilitator
- Applying for funding to support the event
- Determining the workshop content
- Forming a workshop evaluation plan

Terms of Reference (Appendix) for the Workshop Steering Committee were written by the PHANS Board of Directors to define roles and responsibilities for the Steering Committee and the Board.

#### **Five months before the workshop (April 2009)**

The Steering Committee selected the Debert Hospitality Centre in Debert, Nova Scotia to hold the workshop. Several candidate sites were assessed, however the Debert Centre was selected for its central location in the province, ease of access from the major highways, reasonable cost, its reputation and its capacity to host events of this type (<http://www.debertcentre.ca/home.htm>). A contract was negotiated with the Debert Centre to define all requirements and costs.

Subsequently, the Steering Committee determined the date of the workshop. A mid week date in September was selected as the ideal time to hold the workshop as it is usually a less busy time for public health workers and few other conferences were booked during this month. The final date was confirmed six months before the workshop based on the availability of the Debert Hospitality Centre.

### Three months before the workshop (June 2009)

Due to the complexities and effort required to register attendees for such an event, the Steering Committee engaged a company to perform all registrations. Registration Solutions ([www.registration.ca](http://www.registration.ca)), a business specializing in handling conference registrations was contracted to: design and create an on-line Delegate Registration Form; collect and track all registration monies and accept payments by credit card; manage all payments, refunds, invoicing and provide comprehensive reconciliation of all monies collected; design, create and provide all name badges; and provide on-going reports as necessary and a full wrap-up attendance and financial report.

Registration Solutions were instructed to close registrations when 200 participants were registered, or by September 18, 2009. This enabled the Steering Committee to plan and negotiate an appropriate number of meals, and to organize information folders, agendas, and other printed materials. A contract was signed by the PHANS Board and an interim deposit of \$500 confirmed this arrangement.

The Steering Committee then determined registration fees for the workshop. Based on an estimated budget of approximately \$20,000 and a projected attendance of between 100 – 150 participants, the following fees were established:

Member Status	Qualifier	Workshop Fee
Non PHANS member		\$100
Non PHANS member	full time student	\$50
PHANS member		\$80
PHANS member	full time student	\$40
New member*	Regular	\$80 + \$40 = \$120
New member*	full time student	\$40 + \$20 = \$60
Bulk purchase	groups of 15 or more and registered before August 20	\$75 per person
Fees were waived for workshop speakers and panelists.		
* fee structured as an incentive to join PHANS		

Assistance was provided by the Public Health Agency of Canada, Office of Public Health Practice to support the costs of professional fees for registration and facilitation service providers.

A public relations strategy was developed to promote the workshop. This included regular postings advertising the workshop on the PHANS list serve and website ([www.phans.ca](http://www.phans.ca)). Members were requested to forward the posts to their colleagues, while the Steering Committee distributed the workshop poster and registration information to universities, community colleges, community health centres, community health boards and other official agencies including the Public Health Agency of Canada, Atlantic Region and the First Nations and Inuit Health Branch - Atlantic Region, Health Canada. The workshop was also advertised on the Nova Scotia Department of Health Promotion and Protection website, the Health Promotion Clearing House E Bulletin and invitations were sent to key contacts of the Newfoundland Labrador and New Brunswick, Prince Edward Island Public Health Associations.

The Steering Committee continued to refine the workshop content, based on the three workshop objectives.

### **Two months before the workshop (July 2009)**

The Steering Committee engaged a workshop facilitator. Three known facilitators were invited to submit proposals to facilitate the workshop. PONO Consultants International ([www.ponoconsultants.com](http://www.ponoconsultants.com)) was selected based on their reputation and experience working with health care organizations in Nova Scotia. A contract was agreed to with the PHANS Board.

Contract deliverables included:

- A pre-meeting with the Steering Committee by teleconference to explore content and process deliverables, measuring and reporting requirements, logistics and meeting harvest
- Further to the developed agenda, designing and facilitating a one-day workshop with materials
- A post-meeting with the Steering Committee to debrief the event, discuss integration and possibilities, and build momentum and sustainability
- A draft report including recommendations, lessons learned and better practices for planning, implementation and evaluation of similar workshops in other jurisdictions
- Transcribing and preparing a draft and final workshop reflections report

The Steering Committee worked with PONO Consultants to finalize the process and content of the Workshop, including identifying and approaching panel participants and organizing group activities and to develop a Workshop Evaluation Plan.

### **One month (and days) before the workshop (August and early September, 2009.)**

The Steering Committee met with officials at the Debert Hospitality Centre to finalize menus and site logistics. The Committee then ordered printed material supplies from the Public Health Agency of Canada to provide to workshop attendees. Finally, the Committee addressed any

remaining details for the day including designating volunteers to staff a registration table to greet participants and distribute information folders and name badges, and determining speaker's gifts, and prizes for group activities.

---

## PROCESS AND AGENDA FOR THE DAY

---

On the day of the workshop, the workshop participants were welcomed by a team of volunteers and were given a folder containing their name tag, the workshop agenda, the *Core Competencies for Public Health in Canada: Release 1.0* manual, the *Core Competencies for Public Health in Canada: Release 1.0* z-card reference tool, a Skills Online brochure and Skills Enhancement for Public Health: Skills Online and Core Competencies for Public Health in Canada program description, a paper clip to promote the newly released *Core Competencies for Public Health in Canada: Release 1.0* Orientation Module ([www.corecompetencies.ca](http://www.corecompetencies.ca)), pen, paper and workshop evaluation forms.

Following welcome remarks and introductions by Heather Christian, PHANS Vice-President, Janet Braunstein-Moody, Senior Director, Public Health System Renewal, Nova Scotia Health Promotion and Protection prefaced the day by illustrating the importance of the workshop as an opportunity to bring together members of the public health community to develop a shared understanding of the *Core Competencies for Public Health in Canada: Release 1.0*, and to celebrate the successful application of competencies already happening across the province. Ms. Braunstein-Moody encouraged participants to mentor each other throughout the day, to learn from national and international perspectives, and highlighted the purpose of the Core Competencies as enabling the public health workforce to achieve greater levels of proficiency and capacity in order to meet the challenges of today and tomorrow. Ms. Braunstein-Moody also noted that the Core Competencies have been adopted as the foundation of public health renewal in Nova Scotia.

Throughout the day the workshop facilitators guided participants through activities to assist in asset mapping and the identification of enablers and gaps to the use and integration of the Core Competencies. All activities were based on the three workshop objectives previously defined.

Activities included pre and post workshop evaluations completed by participants, a card sort activity, a presentation "Overview of the Core Competencies for Public Health in Canada Initiative and their use in Public Health" by Jennifer Lowe, National Coordinator Core Competencies for Public Health, Office of Public Health Practice, Public Health Agency of Canada, a panel discussion, small group work using an interview matrix process, individual and small group work to evaluate the day, post workshop evaluations completed by participants and a wrap up session with Carla Troy, Program Director, Skills Enhancement for Public Health, Public Health Agency of Canada.

**OBJECTIVE # 1. TO ENHANCE PARTICIPANTS' UNDERSTANDING OF *CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0***

**Card sorting activity**

Tables of eight participants were provided with a deck of cards containing the seven Core Competency categories and 36 Core Competency statements. As a group they were asked to reflect on the Core Competencies while organizing the competency statements. This exercise challenged participants to demonstrate their knowledge of the Core Competencies as well as to learn from other participants.

**Presentation by Jennifer Lowe**

Ms. Lowe, National Coordinator Core Competencies for Public Health, presented "Overview of the Core Competencies for Public Health in Canada Initiative and Their Use in Public Health". She reviewed the public health competencies work from a national perspective and provided a brief introduction to the development of the Core Competencies as well as their use and integration across the country.

**OBJECTIVE # 2. TO NETWORK, ENGAGE AND CELEBRATE THE SUCCESSFUL APPLICATIONS OF THE *CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0***

**Panel presentations and discussion**

Five panel members shared the work their organizations were undertaking with respect to the Core Competencies. The panelists and an outline of their presentations are as follows;

Kenda MacFadyen, Project Executive, Public Health Human Resources, Department of Health Promotion and Protection, spoke of the work being completed by the Living the Core Competencies Working Group to develop a plan to formally incorporate the Core Competencies for Public Health in Canada into the daily practice of Nova Scotia's public health workforce. She highlighted the connection between the Pan Canadian Framework for Public Health Human Resource Planning and the work being done in Nova Scotia by local (District Health Authority Public Health Services) and provincial (Department of Health Promotion and Protection) departments and pointed out how this connection draws attention to the importance of viewing competencies as a fundamental building block of essential skills, knowledge and attitudes necessary for the broad practice of public health and as a basic building block to develop the workforce in Nova Scotia.

Kim Barro, Project Executive, Public Health Renewal, Department of Health Promotion and Protection, spoke on the process used by the Pan Canadian Task Force on Public Health Nutrition Practice to enhance Public Health Nutrition Practice in Canada. Using its previous work, including a literature review and key informant interview process as the framework, the

Task Force developed a consultation document. Through a rigorous consultation process this consultation document has evolved into a broad stakeholder recommendation document entitled "Strengthening Public Nutrition Practice". Included in the recommendations is a definition of Public Health Nutrition Practice, how the core competencies for Dietetic practice can be enhanced and what organizational and leadership structures are needed to enhance Public Health Nutrition Practice in Canada.

Cora Cole, Epidemiologist, Guysborough, Antigonish, Strait and Cape Breton District Health Authority, spoke of the Core Competencies as they have been applied to epidemiologists. Ms. Cole provided a brief history regarding how discipline specific competencies for public health epidemiologists were first developed for epidemiologists in Ontario through the Association of Public Health Epidemiologists in Ontario (APHEO) and explained how these competencies are being reviewed by the Pan-Canadian Epidemiologist Network (PCEN). She spoke on the "Lessons Learned" by PCEN as they moved through the process of adapting and adopting discipline specific core competencies and provided some insight into the discussions around deciding for whom the competencies apply (i.e., how do you define a public health epidemiologist. Is it by university degree, experience or both?) Ms. Cole also discussed the debate around the "level" of competency required for entry versus senior/managerial staff and the anxiety associated with using discipline specific competencies for licensing, accreditation, job promotion, or otherwise.

Donna Meagher-Stewart, School of Nursing, Dalhousie University spoke on the application of the Core Competencies to the discipline of public health nursing education and education of public health nurses. She described the relationship between the Core Competencies in Public Health in Canada: Release 1.0 and the Public Health Nursing (PHN) Discipline-Specific Competencies that were released June 2009 by the Community Health Nurses of Canada. She described the development process of the PHN Discipline-Specific Competencies noting that they were built from several sources: Core Competencies in Public Health in Canada: Release 1.0, a mapping document of the Canadian Community Health Nursing Standards of Practice and the PHN Discipline-Specific Competencies, an extensive literature review, and a Delphi process with key informants across Canada to achieve consensus on the final eight competency categories and sixty-six competency statements. Dr. Meagher-Stewart further explained how the discipline-specific competencies extend the baseline of the Core Competencies by describing added competencies that are specific to PHN practice.

Gary O'Toole, Director, Environmental Health, Department of Health Promotion and Protection spoke on the application of the Core Competencies to the field of public health inspection. His presentation provided a summary of work to date on the Canadian Institute of Public Health (CIPHI) Inspector's Continuing Professional Competencies project. Faced with the challenge of bringing membership into a professional development model that is consistent with international environmental public health professional organizations, CIPHI began work on establishing discipline specific competencies in 2004. The competencies will be used as the foundation for a continuing education model in which members will need to participate to maintain their national credential. The work begins in earnest in 2010 as provincial branches of CIPHI implement the model in their respective jurisdictions.

**OBJECTIVE # 3. TO ADVANCE PUBLIC HEALTH CAPACITY THROUGH FURTHERING  
THE INTEGRATION OF THE *CORE COMPETENCIES FOR PUBLIC HEALTH IN  
CANADA: RELEASE 1.0***

**Interview Matrix Activity**

The Interview Matrix exercise encouraged participants to ask questions and then engage in active listening. The exercise was conducted in two parts to allow for different responses to emerge and to encourage collaboration through one-to-one sharing and small group discussion.

During the first part of the exercise, the focus was to create an environment where participants were able to openly share their input on a particular question without interruption or fear of rebuttal. The purpose was to obtain pointed feedback on the specific questions from everyone in the room.

During the second part of the exercise, participants were encouraged to engage in open dialogue around a specific question with those participants who were responsible for recording feedback to that same question, thereby providing the opportunity for participants to voice their thoughts on the question they were asking during Part One, to comment on the responses they heard and to expand to a bigger perspective.

This exercise enabled participants to work with the Core Competency framework and the individual Core Competency categories, and to brainstorm how Public Health professionals can apply the Core Competencies in their daily practices. Four questions were developed by the Steering Committee for use in this exercise:

1. What do the Core Competencies mean to you?
2. What are the challenges or barriers to implementing the Core Competencies?
3. What support do you need to implement the Core Competencies into your organization?
4. What one action can you take tomorrow to adopt, embrace or integrate the Core Competencies into your workplace?

**Part 1- Interviews**

Individuals were asked to select a question and then to form groups of four where each person had a different question pertaining to the Core Competencies. Individuals were invited to reflect on their question for a period of time and then interview the other three members of their group. By the end of the exercise every participant had answered each of the four questions.

## Part 2- Small Group Discussion

After answering each question, participants were asked to break into small groups according to the question number so that participants with the same question came together to discuss what they heard during the interviews. Individuals were asked to report back to the group on the responses they received to their question. Then as a group, they were asked to record high-level summary points and common themes from their interviews on flip chart paper. Their small group reflections for each of the four interview questions, summarized and themed from the flip chart entries, follow:

### Question 1 - What do the Core Competencies mean to you?

- Provide direction, accountability and focus to the daily work of public health professionals.
  - Create a foundation for public health practice
  - Help to guide and prioritize day to day work
  - A means to collaborate several different “professions” under one common goal: “To increase the health of the population”
- Define, clarify, standardize and guide performance and behavioural expectations for the public health work force regardless of the specific discipline.
  - Validates work of Public Health in areas of diversity, social justice, and equity
  - Giving work of Public Health strength and credibility
  - Puts broad Public Health lens on work
- Provide a framework for professional and personal development and human resources planning and strategy.
  - Raises the bar for practice; increasing personal standards for Public Health professionals
  - Complimentary use of competencies across system and disciplines
  - Incorporating core competencies with mentoring, e.g. new staff and students
  - Orientations, interviews, performance reviews all need to reflect the Core Competencies
- Provide a consistent global perspective based on common language to assess professional development and measure performance.
  - We can transfer the Core Competencies to other settings both in and out of Public Health including students and faculty
  - Homogeneous baseline for Public Health practice in Canada
  - Self assessment and measuring performance

### Question 2 - What are the challenges or barriers to implementing the Core Competencies?

- Lack of time and resources for development.
  - Lack of staff time—competing demands (acute care, client response times)
  - Time and workload—operational requirements seen as issue important
  - Lack of knowledge from all levels, including team leaders, management
  - Lack of dedicated computer space and time
  - Lack of consistent information
- Underlying resistance to change at the personal and institutional level.
  - Resistance to change; Staff interest in maintaining ways of working— discomfort with a shift; Having to let go of practices/programs that don’t fit



- Fear of not being able to “measure up” can I even learn?
- Need a champion
- Not prioritized at the management or human resources level.
  - Perceived lack of support from some senior managers in leadership in making them (Core Competencies) a priority.
  - Human Resource practices have not yet adopted the Core Competencies and when they are used in hiring/orientation (there is) no or little follow through—not tied to performance structures or accreditations.
- Lack of clarity and understanding about how to operationalize and integrate Core Competencies into organizational and individual practice at multiple levels (Human Resource processes, education, daily practice).
  - Incorporating into personal profile or annual goals
  - Not sure how to integrate the Core Competencies into university curriculum when there is too much else expected (nutrition and nursing)
  - Understanding core versus discipline specific competencies
  - Lack of clarity—where do Core Competencies fit with the transformation of Public Health
  - Lingo of core competencies (internally and externally-community at large) and concrete examples.

**Question 3 - What support do you need to implement the Core Competencies into your organization?**

- Time and dedicated development opportunities.
  - Training needs to be an incentive (and where they exist, there is inconsistency across District Health Authorities)
  - Human Resource support – training for managers/ leaders
  - Education – getting everyone to the same level, tailored discipline specific examples
  - Have training tools (beyond website) for the Core Competencies – include them in the Public Health Service orientation
  - Learn about core competencies – case studies, make it fun, use a classroom setting
- Leadership, mentorship and organizational support to build a culture which promotes and rewards individuals for developing these required competencies and skills.
  - Making it (part of) our organizational culture – valued by manager therefore role is supported
  - There needs to be organizational support – all levels and consistent to make it happen – lets put the stake in the ground
  - We need leaders/champions to walk the talk
  - Management support – freeing up time to devote to this
  - Leaders to be passionate about Core Competencies
  - Mentors who understand the Core Competencies
- Integration of the competencies in work and human resource processes, such as performance management, hiring activities, job descriptions, work orientation, work plans, etc.
  - Make performance evaluations reflective of core competencies
  - Including it into hiring, job descriptions, orientation, work plans, etc so that it becomes part of everything we do
  - Build them into regular performance, objectives, and activity reports

- Consistency across province and within each area/ district
- Communication about the Core Competencies for Public Health to keep them visible.
  - Keep Core Competencies visual in Public Health office; Make Core Competencies information accessible for all staff (internet, meetings, teleconferences, webinar)
  - Language is a barrier... let's continue using the plain language

**Question 4 - What one action can you take tomorrow to adopt, embrace or integrate the Core Competencies into your workplace?**

- Work with human resources to integrate the Core Competencies into all training, recruitment and retention efforts.
  - Advocating for meaningful appraisals
  - Performance reviews – opportunity to reflect and part of performance objectives
  - Incorporating Core Competencies into interview process
  - Keep Core Competencies on team meeting agenda – “Book club’ approach
  - Use framework for decision making
  - Target individual Core Competencies regarding individual programs
- Contribute to the building and maintenance of a culture of awareness which promotes the integration of the core competencies at the workplace.
  - Workshop to examine how/where “our” practice fits with Core Competencies
  - Sharing, listen with intent, be curious
  - Discussing practice issues
  - Using the “lingo”; Keep language simple – refer back to experiences
  - Bring conversation forth during staff meeting (open- faced discussion for staff)
  - Visibility – posters, pictures, brochures
  - Share information with staff; Talk about Core Competencies more with staff – workshops
  - Continue to explore and reflect upon where I fit with each of the Core Competencies
  - (look for) opportunity to “connect” daily practice/work to Core Competencies

---

**EVALUATION AND SETTING OBJECTIVES**

---

**EVALUATION OF THE DAY**

Participants were asked to complete two sets of evaluations: one for the Public Health Agency of Canada and another for the Public Health Association of Nova Scotia. The Public Health Agency of Canada evaluations included a pre and post workshop questionnaire. These were collected, collated and analyzed by the Public Health Agency of Canada (Appendix). The Public Health Association of Nova Scotia evaluation asked participants to reflect on their learnings for the day and what they claimed as most valuable. Participants were also invited to set personal strategic objectives for moving forward in incorporating the Core Competencies into their professional practices.

Participants were asked to reflect on five questions, both individually and as a group, and to record their discussions and explorations. The five questions were:

1. Did the workshop activities stimulate your learning?
2. Has the workshop improved or enhanced your understanding of the Core Competencies?
3. Identify three things that you take away as learned from this workshop?
4. What else was valuable for you today?
5. What would you like to have discussed today that we didn't?

Small group reflections for each of the five evaluation questions are summarized and themed as follows.

**Question 1 - Did the workshop activities stimulate your learning?**

Responses to this question were mixed, depending on the experience, expectations and perspectives of the participants. Overall, participants indicated that the workshop activities (card sorting activity and interview matrix) stimulated learning at different levels, depending on expectations and perspective. A few participants felt the panel presentations were disappointing, but did not articulate specific reasons why.

**Question 2 - Has the workshop improved or enhanced your understanding of the Core Competencies?**

Responses to this question were also mixed. Some said “yes” – the workshop provided context and history of competency development and helped them to better understand the Core Competencies for Public Health. Some said “somewhat” – that more practical application and time for deeper conversation on specific competencies would have been helpful and relevant. Some said “no” – the workshop stimulated my interest but not my understanding – “need more specific instruction with concrete examples.”

**Question 3 - Identify 3 things that you take away as learned from this workshop?**

*The importance of the Core Competencies for Public Health as a language to frame the practice of public health.*

*The history and development of the competencies, what is happening at the provincial and federal levels – making the connections.*

*What was learned from the experiences of other participants on how to apply, implement and or integrate the core competencies into practice, i.e. into recruitment, interviewing and performance reviews.*

*The development of discipline specific competencies.*

*Public health services across the province are more similar than different – we all share basic knowledge.*

**Question 4 - What else was valuable for you today?**

Participants reported value in the networking opportunities and the dedicated time to review, revisit and talk about the Core Competencies and the challenges and opportunities related to implementing them.

**Question 5 - What would you like to have discussed today that we didn't?**

Participants reported they would have liked to discuss:

- a deeper discussion of each competency.
- more practical ways to implement the Core Competencies, specific individual examples of what people are doing and more real life examples.
- opportunities to assess individual-level Core Competencies.

**SETTING STRATEGIC OBJECTIVES**

Participants were asked to set personal strategic objectives for moving forward in incorporating the Core Competencies into their professional practices.

**What learning or skills do you feel you can improve upon now following today's workshop?**

*Try to incorporate Core Competencies – need time to do and talk to others*

*Need to apply competencies lens to my work*

*Find my individual professional gaps and create learning objectives*

*Awareness around my increased understanding*

**What specific short-term changes will you make to incorporate the Core Competencies into your practice?**

*Keep this folder active; Read more and learn more*

*Translating Core Competencies into student placements*

*Be more intentional for self or others—self reflection tool*

*Make standing agenda item at team meetings for learning purposes*

*We will be incorporating the Core Competencies in communication, planning etc within our team (and with our partners)*

**What specific long-term changes will you make to incorporate the Core Competencies into your practice?**

*Incorporate into all job descriptions and performance management*

*Competency based work plan to integrate into team priorities plan*

*Build into work plan and yearly objectives*

**WRAP-UP AND ADJOURN**

Carla Troy, wrapped up the workshop by restating that the purpose of the *Core Competencies for Public Health in Canada: Release 1.0* is to define what public health professionals are already doing. She recalled how in the beginning, people did not understand how provincial and national objectives were connected and further clarified that the national program is a way to bring public health professionals together from across the country, to facilitate cooperation and synergy. Participants were reminded that the Core Competencies only define what they are already doing, and they were invited to explore how they have demonstrated them in their previous work experiences.

The intent of the Core Competencies is to reinforce what we already know, bring our proficiency level up to where we would like it to be, put down on paper what we are doing, and enable us to talk the same language across the country. Canada is not the only country doing this — at a global health meeting it was identified that this work needs to be done and other countries are using Canada as an example. The Core Competencies unite us nationally and globally under a common goal.

The Core Competencies are not a threat; they are a means of putting into common language what we do as public health professionals. They identify common characteristics across the country for job descriptions and interviews. We now clearly define those skills and have elevated them a level by demanding that people demonstrate how they have achieved the Core Competencies.

Ms. Troy also identified that the Core Competencies are important for making changes in educational systems, where there has been little or no integration. Now, we can identify Core Competencies for academic institutions and medical schools, and help them to integrate the Core Competencies into training for public health practitioners. Our job now is the application of the Core Competencies such that graduates are aware of what they have to reach for. Carla reminded participants that they have an opportunity to make a difference and that each person has a voice. She ended by indicating that the Core Competencies were not dreamt by people at the national level, they were developed and refined by over 4,000 public health professionals across this country.

---

**OUTCOMES AND OBSERVATIONS**

---

**PRE AND POST WORKSHOP EVALUATIONS**

At the request of the Public Health Agency of Canada, participants were asked to complete a short questionnaire before the workshop began and another questionnaire at the conclusion of the workshop. This process was prepared, administered and analyzed by the Public Health Agency of Canada.

**Before the Workshop**

The pre-workshop questionnaire (Appendix) was designed to assess participant familiarity with and exposure to the *Core Competencies for Public Health in Canada: Release 1.0*. As shown in Table 1, almost all (99.1%) participants had heard of the Core Competencies prior to attending the workshop. The sources of this information varied. Less than one half of participants (40.2%) had heard of the Core Competencies through the Public Health Agency of Canada’s website, or a public health related conference (40.2%), whereas 57% had heard of them from a colleague. Participants indicated that “Other Sources” of information included the workplace, the Public Health Association of Nova Scotia, employer or work related persons other than colleagues, or from documents and e-mail messages sent to the workplace. Very few (2.7%) identified professional journals as a source of information. Most (93.8%) had received material related to the Core Competencies prior to attending the workshop. However, this question did not identify if that material was read prior to or following the e-mail message sent to potential registrants from the Public Health Association of Nova Scotia when promoting or advertising for the event. A large percentage (89.6%) indicated that they had read the *Core Competencies for Public Health in Canada: Release 1.0*. Most (91%) participants indicated that they planned to read the Core Competencies and thought they would be useful to public health practice (83.3%) even before reading them.

**Table 1 – Pre-Workshop Evaluation (N = 113)**

QUESTION	% YES	% NO
Had ever heard of Core Competencies	99.1	0.9
Heard of Core Competencies through conference	40.2	58.9
Heard through source;		
PHAC website	40.2	58.9
Journal	2.7	95.6
Colleague	57.0	42.0
Other sources	37.1	61.6
Received CC materials prior to workshop	93.8	6.3
Had read CC materials	89.6	7.5
Think CCs useful in practice	84.8	9.1
Plan to read CCs	91.0	3.0
Before reading, thought CCs would be useful	83.3	12.5

### After the workshop

The post workshop questionnaire was designed to assess to what extent the workshop had increased participant understanding of the Core Competencies and how well the event had met their learning needs. As shown in Tables 2 and 3, less than half (41.1%) felt the workshop increased their understanding of the Core Competencies, some 33% were unsure and the remaining 25.9% felt the workshop had not increased their understanding. However, most participants indicated that they would discuss the Core Competencies with their colleagues (90.2%), and/or use them in their daily work (97.3%). When asked how they plan to use the Core Competencies, 83.9% indicated that they would use the Core Competencies to identify gaps in their knowledge or skills; 80.4% intended to use them to develop professionally; and 67.0% indicated the Core Competencies would help them develop service delivery. Fewer respondents indicated that they would use the Core Competencies to develop interview guidelines (34.8%) or write job description (22.3%).

When asked how well the workshop had met their learning needs, close to 90% of the respondents said the group activities and opportunities to network had met their needs well or very well. Close to 70% said the evaluation of the day and setting strategic objectives, and the presentations about the Core Competencies by J. Lowe, and about Living the Core Competencies by K.MacFadyen had met their needs well or very well. However, only 61.6 % said the panel discussions met their needs well or very well. Additional comments from respondents about the day are included in the appendices.

**Table 2 – Post workshop Evaluation (N = 113)**

QUESTION	% YES	% NO	% SOMEWHAT / UNSURE
Has workshop increased your understanding of Core Competencies?	41.1	25.9	33.0
Will you discuss Core Competencies with colleagues?	90.2	2.7	7.1
Will you use the Core Competencies in practice?	97.3	0.0	2.7
How will you use the Core Competencies?			
Identify gaps in knowledge / skills	83.9	15.2	0.9
Professional development	80.4	18.8	0.9
Career planning	47.3	51.8	0.9
Improve service delivery	67.0	32.1	0.9
Develop interview guides	34.8	64.3	0.9
Write job description	22.3	76.8	0.9
Other	10.7	0	0

**Table 3 – How Well Did the Workshop Meet Your Needs (N=113)**

Component	Very Well	Well	Not Really	Not At All
Test Knowledge of Core Competency Exercise	21.4	55.4	18.8	1.8
Public Health Agency of Canada Presentation	8.9	58.9	22.3	4.5
Living Core Competencies Presentation	8.9	59.8	22.3	5.4
Panel Discussion	20.5	41.1	31.3	2.7
Group Activities	34.8	53.6	7.1	0.0
Evaluations / Strategic Objective	9.8	61.6	16.1	4.5
Opportunity for Networking	32.1	57.1	4.5	6.0

**Who attended the workshop?**

Registration Solutions registered one hundred sixty-six (166) persons to attend the workshop. Most were from Public Health Services of Nova Scotia's District Health Authorities, the Department of Health Promotion and Protection, the Department of Agriculture, universities and First Nations organizations. Three participants were from out of province (New Brunswick or Newfoundland Labrador). Some 113 completed the pre and post workshop questionnaires.

As shown in Tables 4 and 5, participants included front line staff, managers and specialists/consultants and represented most of the public health disciplines. Table 6 shows that more than half (52%) of the participants had five or more years of public health working experience.

**Table 4 – Workshop participants – Work Discipline (N= 113)**

Work Discipline	% (#)
Nursing	52.7(60)
Environmental Public Health Professional	1.8 (2)
Health Promoter	10.7(12)
Dietician/Nutritionist	8.9 (10)
Epidemiologist	1.8 (2)
Public Health Dentistry	6.3 (7)
Physician	1.8(2)
Program Analyst/Researcher	1.8 (2)
Other	12.5 (14)



**Table 5 – Workshop participants – Work Position (N=112)**

<b>Work Position</b>	<b>%</b>
Frontline	61.6 (69)
Manager	13.4 (15)
Specialist/consultant	14.3 (16)
other	9.8 (11)

**Table 6 – Workshop participants –  
Years of Work Experience in Public Health (N =112 )**

<b>Years</b>	<b>%</b>
< 1 year	7.1
1-5 years	40.2
5-10 years	23.2
10-15 years	7.1
15-20 years	6.3
More than 20 years	15.2

#### **FACILITATORS OBSERVATIONS OF THE DAY**

In their report to the Steering Committee, Judith Richardson and Chantal Brine, of PONO Consultants International Inc., provided the following account of the day from their perspectives.

“Although our room for the day did not leave much space between tables, participants chose to use the opportunity to foster collaboration. The seating arrangement invited conversations as participants had to share a small space.

PHANS and the structure of the day invited participants to collaborate in a different way, asking people across disciplines and geographical locations to engage in open dialogue, discuss issues and ideas that impacted their careers, and make sense out of new learnings. Collaborate they did. The day created the space for people to have the conversations they needed with exactly the right people, and it is clear from the evaluation feedback that participants appreciated the opportunity to network. Participants took the opportunity to start to build relationships across the province with professionals outside of their own discipline, a step toward breaking down obstacles to true collaboration.

Throughout the card sorting activity it was evident that some participants were resistant to participating in the exercise while others expressed ‘this isn’t anything new’. We saw participants laughing throughout the exercise and some offering explanations to others as to why a card belonged in a certain place, or not. We saw participants engaged in discussions throughout the day – great interest was demonstrated as conversations were unstoppable!

Participants were eager to hear and learn from the panelists’ experiences in implementing the Core Competencies. This was evidenced by the amount of questions asked during the question

period of the panel presentations. Furthermore, some participants expressed an interest in delving deeper into the examples provided by panelists (as evidenced by their evaluations).

Evidence of sustaining interest and engaged participants throughout the day was reflected in an almost 100% retention rate after lunch!

We saw the following themes throughout the panel presentations as follows:

- Stakeholder consultation
- Continuing work with competencies in work units
- Education standards – certification/ accreditation
- Fear of what competencies mean to average employee
- Awareness still needs to be addressed
- Value of competencies to health professionals' work
- Work units addressing challenges
- Increasing awareness of value in this opportunity presented with Core Competencies

The structure of the workshop and honesty of presenters and participants allowed PHANS to show up as a leader in this initiative. Balance was demonstrated in talking about the challenges and successes involved in the initiative which allows for fluidity in the change and creates the space for public health professionals to go through the fear to be able to see the greater potential of Canadian Public Health being realized through this Core Competencies initiative.

In any change process, resistance can arise at any given moment. During the change process tough decisions have to be made and communicated. New possibilities and new priorities are intimidating to employees – the ones who most often have to live with the effects of these decisions. Many theorists believe that the main reason organizational changes fail is because management does not focus on the endings that are a natural consequence of any change. The Core Competencies build capacity by providing space for people to reflect on both the successes and barriers and resistance to become more fluid in change and create the conditions in a positive way.”

#### **OBSERVATIONS OF THE STEERING COMMITTEE**

The Steering Committee approached the organization of the workshop with energy and enthusiasm. The diligent and comprehensive planning done by the Steering Committee was a major reason the workshop was an overall success. What factors led to this success? And what did we learn?

### Factors leading to success

- **The support of the Public Health Agency of Canada** was critical and essential, including their attendance at Steering Committee meetings, providing up-to-date information and resources regarding Core Competencies, and linking the Steering Committee to the national/federal Core Competencies scene.
- **The commitment and enthusiasm of the Steering Committee.** Most of this group was recruited through the PHANS member list serve. Some stayed with the Committee throughout the planning process. Others would join, take on a task, complete it and then leave. It was a fluid group with a core of constant members and others helping out as needed. Recruiting for this group through the PHANS member list serve also proved to be an excellent way to involve members in activities – a goal of the Board. Many key members of the public health community were consulted along the way. The results achieved came from working collaboratively with the public health community.
- **The in-kind support and involvement of the Nova Scotia Department of Health Protection and Promotion.** Some of their staff were on the Steering Committee. They also enabled consultation and collaboration with the Living Core Competencies Working Group – a group of regional and provincial public health staff developing a Core Competencies implementation plan for Nova Scotia. Through regular consultation, the Steering Committee was reassured its work was informing and supporting their work.
- **Engaging Registration Solutions ([www.registration.ca](http://www.registration.ca)) to handle participant registration.** This enabled participants to register on-line with a credit card and was worth the fee. It enabled the Committee to avoid assigning a complex, time intense task to a volunteer, and it controlled who had access to any money being collected.
- **Engaging PONO Consultants International Inc. to facilitate the workshop.** Their expertise helped to create a positive, safe learning environment that encouraged conversation, highlighted and celebrated knowledge, demonstrated operating in a collaborative manner, demonstrated and encouraged strategic reflection, and cultivated a culture of achievement.
- **The Debert Hospitality Centre and the date.** Fortunately, we chose a date well before H1N1 pandemic activities took over. The Centre, although crowded, was central to most participants, provided excellent food and the environment was conducive to learning and networking.
- **The publicity and communication promoting the workshop.** The Steering Committee utilized electronic resources at no cost, including the website and PHANS list serve. The Committee encouraged all association members to pass along any notices or promotions to their friends and colleagues. Publicity began before the date was confirmed. Once the date of the workshop was confirmed, email notices were sent frequently and repetitively.
- **Holding the PHANS Annual General Meeting on the same day.** This enabled a good attendance of members and non members, enabled at least four participants to join the Association as new members, and overall presented PHANS as a capable and strong organization and voice for public health in Nova Scotia.

### **What did we learn?**

Based on the outcomes achieved, the Steering Committee worked well and accomplished its objectives by working collaboratively and engaging supports along the way. The Steering Committee utilized the skills and expertise of its members to create success.

What could have been done better? The fee structure for registrations seemed reasonable and acceptable. However, offering a Bulk Fee to organizations should be reviewed. Administratively, it was difficult to manage and there may be more effective and efficient ways to encourage organizations to pre-register their staff.

The final reports for the workshop were discussed but not confirmed in detail. As a result there was not a clear understanding about who would be writing this report and it fell to the Steering Committee to pull it together after the Workshop. This delayed the completion of the report. Future endeavours should consider the costs and budget required to hire a report writer and professional format for the final report.

---

## **CONCLUSIONS**

---

The overall purpose of the workshop was to bring together members of the public health community to develop a shared understanding of the *Core Competencies for Public Health in Canada: Release 1.0* and create mechanisms for successful integration across the system. Based on the comments of the participants and the facilitators, this goal was achieved.

Workshop participants were from many disciplines and organizations involved in public health and they were representative of all levels of the public health workforce in Nova Scotia. This heterogeneity created an environment within which a variety of view points and experiences were shared. As well, the speakers in the panel presentation were similarly representative of the diversity which exists in the public health workforce. Their presentations provided a unique opportunity for persons working in specific disciplines to hear about work being done in a wide range of areas of public health.

Ultimately we wanted participants to have a positive experience, to “buy-in” to the need for and value of the Core Competencies, and to end the day with a sense of the next steps and what actions they might take to further integrate them into public health practice.

The first workshop objective “To enhance participants’ understanding of the *Core Competencies for Public Health in Canada: Release 1.0*” was partially achieved according to evaluation discussions and the results of the post workshop evaluation. This objective would have been better met for some participants if the workshop had provided more detailed and practical examples of how the competencies can be implemented or integrated. On the other hand, almost all workshop participants had received and read materials about the competencies before attending the workshop and indicated they thought they would be useful in practice.

The second objective “To network, engage and celebrate the successful applications of the *Core Competencies for Public Health in Canada: Release 1.0*” was well achieved according to the results of the post workshop evaluation. Achievement of this objective was likely enhanced by the activities that provided opportunities for group discussion and information sharing during the day.

The third objective “To advance public health capacity through furthering the integration of the *Core Competencies for Public Health in Canada: Release 1.0*” was also well achieved. Most participants indicated they planned to discuss the competencies with their colleagues and use them in their practice to identify knowledge gaps, to improve service delivery or for professional development. However, participants also pointed out during evaluation discussions that in order to achieve integration of Core Competencies into daily practice, there is a need for individual, managerial and organizational development and support.

The public health workforce does however experience challenges when attempting to integrate the competencies into practice. The Core Competencies may not be a priority for individuals, managers and organizations and an underlying resistance to change at the management or organizational level was identified. Subsequently, there is a perception that resources, support and time have not been adequately provided to those interested in learning about the competencies or to promote their integration. Further, there is a lack of clarity and understanding at multiple levels regarding the mechanisms required to operationalize the Core Competencies into organizational and individual practice.

---

## RECOMMENDATIONS

---

The Core Competencies provide a template for a number of human resources management processes, such as selection, development, succession planning, performance management, and career development. At the human resource level, there are many existing opportunities to foster the integration of the competencies. In order to capitalize on these opportunities it will be important to:

1. Promote the role of managers as critical for successful integration of the competencies.
2. Build capacity for managers and leaders by providing tools, training and support in competencies so they can assess, measure, and monitor.
3. Focus greater effort into promoting the Core Competencies for Public Health in Canada: Release 1.0 at the senior management level and planning levels, and across disciplines.
4. Encourage human resource departments and teams to continue to integrate the Core Competency statements and goals into human resource processes and practices.

5. Provide staff with dedicated time and resources that will encourage the integration of the Core Competencies into practice.

These efforts must be combined with leadership, mentorship and organizational support in order to build a culture which promotes and rewards the implementation of the Core Competencies.

---

## APPENDICES

---

**Agenda**

**Poster**

**Pre and post workshop evaluation results**

**Statement of workshop income and expenses**

**Terms of reference – Workshop Steering Committee**

**Steering Committee Planning Framework**

**Members of the Steering Committee**

**Public Health Association of Nova Scotia  
Translating the Core Competencies for Public Health into Action**

<i>Time</i>	<i>Event</i>
9:00 to 9:30 am	<i>Welcome with Janet Braunstein Moody &amp; Heather Christian</i>
	<i>Test your knowledge and enhance your understanding of the Core Competencies for Public Health</i>
9:30 to 10:15 am	Presentation by Jennifer Lowe Overview of the Core Competencies for Public Health in Canada Initiative & their use in Public Health
10 :15 – 10 :45 am	Coffee Cake and Networking Break Sponsored by Public Health Services Annapolis Valley Health, South Shore Health and South West Health, Public Health Capital Health, Public Health Services of CEHHA, PCHA and CHA Public Health Services, Guysborough/Antigonish/Strait and Cape Breton District Health Authorities
10:45 to 11am	<i>Living the Core Competencies</i> Presentation by Kenda MacFadyen
11:00 am to Noon	<i>Sharing Experiences with the Core Competencies- Panel Discussion</i> Kim Barro, Cora Cole, Donna Meagher Stewart & Gary O'Toole
12:00 to 1:00 pm	Lunch PHANS Annual General Meeting
1:00 to 2:30 pm	<i>Group Interview Activity to Explore Use, Integration and Support for the Core Competencies</i>
2:30 to 2:45 pm	Nutrition and Networking Break Sponsored by Public Health Services Annapolis Valley Health, South Shore Health and South West Health, Public Health Capital Health, Public Health Services of CEHHA, PCHA and CHA Public Health Services, Guysborough/Antigonish/Strait and Cape Breton District Health Authorities
2:45 to 3:45 pm	<i>Evaluations &amp; Strategic Objectives</i> Closing Remarks by Carla Troy
4:00 pm	<i>Adjournment</i>

*The Public Health Association of Nova Scotia and its partners would like to thank the Public Health Agency of Canada for their support and collaboration in making this event a success.*

CORE COMPETENCIES FOR PUBLIC HEALTH  
IN CANADA



PHANS

**YOU ARE INVITED TO JOIN US**  
**TRANSLATING THE CORE**  
**COMPETENCIES FOR PUBLIC HEALTH**  
**INTO ACTION**

*A ONE DAY WORKSHOP*

**DATE: SEPTEMBER 23, 2009**

**TIME: 8:30 AM - 4:00 PM**

**Location: Debert Hospitality Centre, Debert, NS**

---

The workshop will provide an opportunity for members of the public health community to:

- ✓ Enhance understanding of Core Competencies for Public Health in Canada: Release 1.0.
- ✓ Network, engage and celebrate successful applications of the Core Competencies into public health practice.
- ✓ Advance public health capacity through furthering the integration of the Core Competencies into public health practice.

For information and/or to register please go to

[www.phans.ca](http://www.phans.ca)

**Registration closes September 15, 2008**

**Register now – don't miss out on a great workshop!**

**Sponsored by the**

**PUBLIC HEALTH ASSOCIATION OF NOVA SCOTIA**

PO Box 33074, Halifax, NS. B3L 4T6

**Thank you to our collaborating partners:**

**The Public Health Agency of Canada, Nova Scotia's Public Health Services  
and the Nova Scotia Department of Health Promotion and Protection**



# TRANSLATING THE CORE COMPETENCIES FOR PUBLIC HEALTH INTO ACTION

## WORKSHOP EVALUATION

SEPTEMBER 23, 2009 DEBERT, NOVA SCOTIA

In order to better understand the level of awareness of the Public Health Agency of Canada's *Core Competencies for Public Health in Canada: Release 1.0*, we would like you to take some time to complete the following questionnaire.

The questionnaire is to be completed in two parts: 1. before starting the workshop (section entitled Pre-Workshop Data); and, 2. after completing the workshop (sections entitled Post-Workshop Data, A Bit About Yourself, and Workshop Evaluation). The information that you provide will help improve our communications and support for use activities for the Core Competencies for Public Health in Canada initiative, as well as similar workshops in the future. Your responses will be kept completely confidential. Only a summary of the group data will be reported.

We thank you in advance for your time and participation.

---

### PRE-WORKSHOP DATA

**CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: RELEASE 1.0** are the knowledge, skills and attitudes necessary to practice public health. They were launched in September 2007 at the 98<sup>th</sup> Annual Conference of the Canadian Public Health Association. The following questions are about the *Core Competencies for Public Health in Canada: Release 1.0*.

1. Have you ever heard about the *Core Competencies for Public Health in Canada: Release 1.0*?
  - Yes (Go to question 2)
  - No (Go to question 3)

2. How did you hear about the *Core Competencies for Public Health in Canada: Release 1.0*? Please check all that apply.

- Conference/workshop/other presentation, please specify \_\_\_\_\_
- Journal, please specify \_\_\_\_\_
- Newsletter, please specify \_\_\_\_\_
- Public Health Agency of Canada's website
  - From a colleague
  - Other, please specify \_\_\_\_\_

3. Before today, had you received any *Core Competencies for Public Health in Canada: Release 1.0* materials?

- Yes
- No (Go to question 7)

4. Which *Core Competencies for Public Health in Canada: Release 1.0* materials did you receive? Please check all that apply.

- Manual
- z-Card reference tool
- Bookmarked Internet website
- Core Competencies for Public Health in Canada Orientation Module at: [www.corecompetencies.ca](http://www.corecompetencies.ca)
- Other, please specify \_\_\_\_\_

5. Have you read the *Core Competencies for Public Health in Canada: Release 1.0*?

- Yes
- No (Go to question 7)

6. Do you think that the *Core Competencies for Public Health in Canada: Release 1.0* will be useful to public health practice?

- Yes (Go to question 9)
- No (Go to question 9)
- Don't know (Go to question 9)

## POST-WORKSHOP DATA

### CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

7. Do you plan to read the *Core Competencies for Public Health in Canada: Release 1.0*?

- Yes
- No
- Don't know

8. Even before reading the *Core Competencies for Public Health in Canada: Release 1.0* do you think they will be useful to public health practice?

- Yes
- No
- Don't know

9. Has this workshop increased your understanding about *Core Competencies for Public Health in Canada: Release 1.0*?

- Yes
- Somewhat
- Stayed the Same
- No

10. When you return to your practice setting, do you plan to discuss the *Core Competencies for Public Health in Canada: Release 1.0* with colleagues?

- Yes
- No
- Not sure

11. Do you plan to use the *Core Competencies for Public Health in Canada: Release 1.0* in your public health practice?

- Yes
- No
- Not sure

12. How do you think you might use the *Core Competencies for Public Health in Canada: Release 1.0*? Please check all that apply.

- Identify gaps in my knowledge and/or skill set
- Professional development planning
- Career pathway planning
- Improve service delivery
- Develop interview guide/questions
- Write job descriptions

Other \_\_\_\_\_

## POST-WORKSHOP DATA

### CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

13. Thinking about use of *Core Competencies for Public Health in Canada: Release 1.0*, what support would be helpful?

---

---

---

---

### A BIT ABOUT YOURSELF (this section is optional)

14. Which discipline best describes your current public health practice? Please select one.

- Nurse
- Environmental public health professional
- Health promoter
- Dietitian / nutritionist
- Epidemiologist
- Public health dentistry (including dentist, dental hygienist, dental assistant, dentist)
- Physician
- Program analyst / researcher
- Policy maker
- Other \_\_\_\_\_

15. Which group best describes your current position? Please select one.

- Front line
- Manager
- Specialist / consultant
- Other \_\_\_\_\_

16. What is the highest level of formal education that you have completed? Please select one.

- Less than high school graduation
- High school
- Some college / technical school
- College / technical school
- Some university
- University undergraduate degree
- Some graduate school
- University graduate degree
- Other \_\_\_\_\_

17. How long have you been working as a public health practitioner?

- Less than 1 year
- 1 to 5 years
- More than 5, up to 10 years
- More than 10, up to 15 years
- More than 15, up to 20 years
- More than 20 years

---

## WORKSHOP EVALUATION

**We welcome any comments or suggestions that you may have! The information that you provide will be used to help plan similar workshops in the future.**

18. How well did aspects of this workshop meet your needs?

	VERY WELL	WELL	NOT REALLY	NOT AT ALL	comments
Test Your Knowledge of the Core Competencies for Public Health Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Presentation on Core Competencies for Public Health in Canada Initiative and Their Use in Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Presentation on Living the Core Competencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Panel discussion on Sharing Experiences with the Core Competencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

	VERY WELL	WELL	NOT REALLY	NOT AT ALL	comments
Group Interview Activity to Explore Use, Integration and Support for Core Competencies	o	o	o	o	
Group Evaluation and Strategic Objectives Exercise	o	o	o	o	
Opportunities for networking	o	o	o	o	

19. What did you like best about this workshop?

---



---



---



---

20. If we were to offer a similar workshop in the future, what suggestions do you have to improve it?

---



---



---



---

21. Please feel free to write any additional comments.

---



---



---



---

**1. Have you ever heard about the *Core Competencies for Public Health in Canada: Release 1.0*?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	112	99.1	100.0	100.0
Missing	System	1	.9		
Total		113	100.0		

**2. How did you hear about the *Core Competencies for Public Health in Canada: Release 1.0*?**

*How did you hear? Conference?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	45	39.8	40.2	40.2
	no	66	58.4	58.9	99.1
	no response	1	.9	.9	100.0
Total		112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*How did you hear? Journal?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	3	2.7	2.7	2.7
	No	108	95.6	96.4	99.1
	no response	1	.9	.9	100.0
Total		112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*How did you hear? Newsletter? Specify.*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		110	97.3	97.3	97.3
	Not specified	1	.9	.9	98.2
	Not Specified	1	.9	.9	99.1
	PHS internal newsletter	1	.9	.9	100.0
Total		113	100.0	100.0	

*How did you hear? Website?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	45	39.8	40.2	40.2
	no	66	58.4	58.9	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*How did you hear? Colleague?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	64	56.6	57.1	57.1
	no	47	41.6	42.0	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

**3. Before today, had you received any *Core Competencies for Public Health in Canada: Release 1.0* materials?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	105	92.9	93.8	93.8
	no	7	6.2	6.3	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		



**4. Which Core Competencies for Public Health in Canada: Release 1.0 materials did you receive?**

*Which Core Competencies materials did you receive? Manual?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	81	71.7	77.1	77.1
	no	20	17.7	19.0	96.2
	no response	4	3.5	3.8	100.0
	Total	105	92.9	100.0	
Missing	Skip System	7	6.2		
		1	.9		
	Total	8	7.1		
Total		113	100.0		

*Which Core Competencies material did you receive? Zcard?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	66	58.4	62.9	62.9
	no	35	31.0	33.3	96.2
	no response	4	3.5	3.8	100.0
	Total	105	92.9	100.0	
Missing	Skip System	7	6.2		
		1	.9		
	Total	8	7.1		
Total		113	100.0		

*Which Core Competencies material did you receive? Bookmark website?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	37	32.7	35.2	35.2
	no	63	55.8	60.0	95.2
	3.00	1	.9	1.0	96.2
	no response	4	3.5	3.8	100.0
	Total	105	92.9	100.0	
Missing	Skip System	7	6.2		
		1	.9		
	Total	8	7.1		
Total		113	100.0		

*Which Core Competencies material did you receive? Orientation module?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	33	29.2	31.4	31.4
	no	68	60.2	64.8	96.2
	no response	4	3.5	3.8	100.0
	Total	105	92.9	100.0	
Missing	Skip	7	6.2		
	System	1	.9		
	Total	8	7.1		
Total		113	100.0		

**5. Have you read the *Core Competencies for Public Health in Canada: Release 1.0*?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	95	84.1	89.6	89.6
	no	8	7.1	7.5	97.2
	no response	3	2.7	2.8	100.0
	Total	106	93.8	100.0	
Missing	Skip	6	5.3		
	System	1	.9		
	Total	7	6.2		
Total		113	100.0		

**6. Do you think that the *Core Competencies for Public Health in Canada: Release 1.0* will be useful to public health practice?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	84	74.3	84.8	84.8
	don't know	9	8.0	9.1	93.9
	no response	6	5.3	6.1	100.0
	Total	99	87.6	100.0	
Missing	Skip	13	11.5		
	System	1	.9		
	Total	14	12.4		
Total		113	100.0		

**7. Do you plan to read the *Core Competencies for Public Health in Canada: Release 1.0*?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	61	54.0	91.0	91.0
	don't know	2	1.8	3.0	94.0
	no response	4	3.5	6.0	100.0
	Total	67	59.3	100.0	
Missing	Skip System	45	39.8		
	Total	1	.9		
Total		46	40.7		
Total		113	100.0		

**8. When you return to your practice setting, do you plan to discuss the *Core Competencies for Public Health in Canada: Release 1.0* with colleagues?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	101	89.4	90.2	90.2
	no	3	2.7	2.7	92.9
	not sure	8	7.1	7.1	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

**9. Do you plan to use the *Core Competencies for Public Health in Canada: Release 1.0* in your public health practice?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	109	96.5	97.3	97.3
	not sure	3	2.7	2.7	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

**10. How do you think you might use the *Core Competencies for Public Health in Canada: Release 1.0*?**

*Will use Core Competencies to identify gaps in my knowledge and/or skills set*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	94	83.2	83.9	83.9
	no	17	15.0	15.2	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*Will use Core Competencies for professional development planning*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	90	79.6	80.4	80.4
	no	21	18.6	18.8	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*Will use Core Competencies for career pathway planning*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	53	46.9	47.3	47.3
	no	58	51.3	51.8	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*Will use Core Competencies to improve service delivery*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	75	66.4	67.0	67.0
	no	36	31.9	32.1	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*Will use Core Competencies to develop interview guide/questions*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	39	34.5	34.8	34.8
	no	72	63.7	64.3	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

*Will use Core Competencies to write job descriptions*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	25	22.1	22.3	22.3
	no	86	76.1	76.8	99.1
	no response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

**11. Which discipline best describes your current public health practice?**

*Discipline*

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Nursing	59	52.2	52.7	52.7	
	Environmental Public Health Professional	2	1.8	1.8	54.5	
	Health Promoter	12	10.6	10.7	65.2	
	Dietitian/Nutritionist	10	8.8	8.9	74.1	
	Epidemiologist	2	1.8	1.8	75.9	
	Public Health Dentistry	7	6.2	6.3	82.1	
	Physician	2	1.8	1.8	83.9	
	Program Analyst/Researcher	2	1.8	1.8	85.7	
	Other	14	12.4	12.5	98.2	
	No Response	2	1.8	1.8	100.0	
	Total	112	99.1	100.0		
	Missing	System	1	.9		
	Total		113	100.0		

**12. Which group best describes you current position?**

*Position*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Frontline	69	61.1	61.6	61.6
	Manager	15	13.3	13.4	75.0
	Specialist/consultant	16	14.2	14.3	89.3
	other	11	9.7	9.8	99.1
	No Response	1	.9	.9	100.0
	Total	112	99.1	100.0	
Missing	System	1	.9		
Total		113	100.0		

**13. What is the highest level of formal education that you have completed?**

*Education*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some				
	College/technical school	2	1.8	1.8	1.8
	College/technical school	5	4.4	4.5	6.3
	University Undergraduate degree	55	48.7	49.5	55.9
	Some Graduate School	11	9.7	9.9	65.8
	University Graduate Degree	34	30.1	30.6	96.4
	Education other	2	1.8	1.8	98.2
	No Response	2	1.8	1.8	100.0
	Total	111	98.2	100.0	
Missing	System	2	1.8		
Total		113	100.0		

**Public Health Association of Nova Scotia (PHANS)  
2008-2009 Conference/Workshop Steering Committee  
Terms of Reference (May 2009)**

Background

The Public Health Association of Nova Scotia (PHANS) is planning a workshop for September 2009. The overall purpose of the workshop is to: bring together key public health and health system stakeholders to develop a shared understanding of the *Core Competencies for Public Health in Canada: Release 1.0* and create mechanisms for successful integration across the system. The workshop will provide a venue/opportunity for Public Health stakeholders to:

- Enhance understanding of *Core Competencies for Public Health in Canada: Release 1.0*
- To network, engage and celebrate the successful applications of the core competencies for PH
- To advance public health capacity through furthering the integration of the *Core Competencies for Public Health in Canada: Release 1.0*.

Purpose / Mandate:

The Conference/Workshop Steering Committee is responsible for the overall structure and organization of the Conference.

Goals:

1. To develop the overall conference objectives, budget and registration venues.
2. To facilitate communication between the PHANS Board, PHANS members and conference associates.
3. To recruit PHANS volunteers and other individuals to support conference functions.
4. To promote and encourage participation and attendance at the Conference.
5. To develop and implement a work plan that identifies how the above goals will be achieved and how the outcomes will be evaluated.

Roles and Responsibilities

The Conference Steering Committee is responsible for the:

- Development, design and production of all promotional materials (Announcements, Program Agenda, Brochure, etc.)
- Selection of conference site
- Negotiation of meeting space
- Distribution of promotional materials
- Administrative details regarding presenters and all invited speakers. This includes arranging travel and accommodation, equipment requirements, terms and conditions for speakers, chairpersons, panelists, exhibitors
- Securing audio visual equipment
- Meeting room set-ups and food and beverage requirements arrangements with conference site
- Receipt/processing of all registrations, preparation of participant name badges
- Ensuring that a conference program is posted on the PHANS website
- On-site preparation of participant handouts
- On-site management of registration and conference functions
- Development, receipt and tabulation of participant evaluations
- Preparation of Conference Report

The PHANS Board of Directors, with input from the Steering Committee, is responsible for:

- Signing of all conference contracts
- Development and approval of overall conference budget
- Solicitation of funds through sponsorship by provincial and federal governments (and the private sector?).
- Post-conference – review and payment of all contracts.

#### Membership:

Committee membership will include members of PHANS and other individuals who have expressed an interest in working towards achieving the goals and objectives of the conference.

Membership of the committee will consist of a minimum of 6 PHANS members including 3 members from the Board of Directors. Membership will be evaluated on an ongoing basis.

The person responsible for chairing the Steering Committee will be determined by the PHANS Board. The membership of the committee may select and appoint a committee co-chair.

#### Meetings:

The Committee will be active from November 2008 to October 2009 (approximately).

Teleconference meetings will be held monthly on a minimum basis and/or as required at more frequent intervals prior to the Conference.

A final wrap-up/evaluation session after the Conference will conclude the work of the Committee.

Minutes will be kept and recorded at each meeting of the committee with a record of decisions to ensure continuity and accountability.

A brief written summary report will be emailed to the PHANS Board Executive prior to each Board meeting. A final report will be provided to PHANS Members at the 2009 PHANS Annual General Meeting.

#### Authority:

The committee reports to the Board of Directors of PHANS. All recommendations and decisions of the committee must come to the Board of Directors for final approval.



## Planning for Core Competencies Workshop – Overview

Phase One: Thinking Through the Big Questions

Phase Two: Pulling the Details Together

Phase Three: Marketing, Program & Delegate Communication

Phase Four: Confirming Supplies & Delegate Arrangements Phase Five: Confirming Onsite Details

Phase Six: Final Considerations

THE EVENT

Phase Seven: Post Workshop Follow-Up

Planning Item	Lead	Considerations	Outcomes	Resources Human, Volunteer & Financial
Facility Logistics		<ul style="list-style-type: none"> <li>- food and beverage (allergies and intolerances)</li> <li>- finalize all meeting rooms and layouts required</li> <li>- communication needs (internet, office services, etc)</li> <li>- finalize all decisions in contractual form</li> <li>- ensure billed facility contract matches the original quote</li> </ul>		
Budget		<ul style="list-style-type: none"> <li>- draft budget; outline of all anticipated expenditures and revenues</li> <li>- explore sponsorship opportunities</li> <li>- arrange for payments</li> </ul>		
Public Relations/Communication		<ul style="list-style-type: none"> <li>- inform delegate of date, place &amp; objectives of the workshop</li> <li>- prepare promotional material for online, organizations, etc</li> <li>- develop communications strategy</li> <li>- media? Prepare all press releases for the conference to local, provincial, and national media agencies (newspaper, radio, and television).</li> <li>- Develop and supervise the media awareness</li> <li>- program and publicity of the conference in all locations.</li> <li>- Support the Printing, Video and Photography Audiovisual (all these might not be required)</li> <li>- Support the design of all logos and other materials for use throughout the workshop</li> </ul>		

<b>Planning Item</b>	<b>Lead</b>	<b>Considerations</b>	<b>Outcomes</b>	<b>Resources Human, Volunteer &amp; Financial</b>
Evaluation		Process Impact Learning Assessment		
Program Content		<ul style="list-style-type: none"> <li>- determine the length, format options and agenda of the conference</li> <li>- determine the speakers, and AV requirements</li> <li>- displays/posters</li> <li>- social component</li> <li>- Select and book all keynote speakers for the general sessions of the conference</li> <li>- Determine the mechanism for recognizing the contributions of each speaker in a memorable way.</li> <li>- Coordinate the presentation of daily general sessions during the workshop</li> <li>- Determine the current issue topics to be presented during the workshop</li> <li>- Organize the methodology for presenting topics.</li> <li>- Select presenters</li> </ul>		
Registration		<ul style="list-style-type: none"> <li>- Process for registration and roles required: who will manage the registration and payments?</li> <li>- Registration dates/deadlines</li> <li>- Pre-registration/onsite registration</li> <li>- Nametags</li> <li>- Delegate kits/registration packages</li> <li>- Promotional items</li> </ul>		Key link with PR/Communications
PHANS AGM		held to allow transactions of PHANS business to occur, to raise awareness		
Overall Details		<ul style="list-style-type: none"> <li>- If materials need to be shipped, where do they go to?</li> <li>- What are the onsite requirements such as registration, runners, exhibits, etc?</li> <li>- Signs required for the site/workshop</li> </ul>		
Post Conference Debrief		-		

**Draft Agenda  
In Person Planning Session**

<b>Time</b>	<b>Agenda Item</b>	<b>Lead</b>	<b>Resources</b>
9-930	Welcome, introductions, history of the project, review of objectives, housekeeping items		Handouts of objectives
930-1000	Large Group- what are the key milestones we want to meet between now and September for a successful event		
1000-1130	Small Group Work – Getting into the planning details of the categories determined in the framework; finalizing an action plan with steps and considerations		
1130-1200	Lunch		
1200-1230	Small Group Work- finalizing the morning work		
1230-130	Large Group- sharing back the highlights, answering questions, decision council (what needs to be decided today)		
130-200	Large Group- resources and next steps		
200-230	Wrap up		

## Join Us!

### Background

One of the ways that the public health system and public health employees contribute to reducing health disparities and promoting the health of populations is with a highly skilled work force. After extensive consultation with the public health community across Canada, *Core Competencies for Public Health in Canada: Release 1.0* was launched in September 2007. Core Competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach. As the Public Health system undergoes public health system renewal, the set of core competencies will assist in moving forward and it is a tool that supports our multidisciplinary practice. One of the steps of supporting the renewal of Public Health in Nova Scotia is the completion of an asset map of the Public Health work force in our province. This was completed in February- March 2008.

PHANS is planning a workshop for September 2009. The overall purpose of the workshop is to: bring together key public health and health system stakeholders to develop a shared understanding of the *Core Competencies for Public Health in Canada: Release 1.0* and create mechanisms for successful integration across the system.

The workshop will provide a venue/opportunity for Public Health stakeholders in to:

- Enhance understanding of *Core Competencies for Public Health in Canada: Release 1.0*
- To network, engage and celebrate the successful applications of the core competencies for PH
- To advance public health capacity through furthering the integration of the *Core Competencies for Public Health in Canada: Release 1.0*.

### Our Ask

We currently have a planning committee that has been working since December 2008. We know that many hands and minds make light work. We are hosting a planning session to work through the details; from logistics to evaluation to recruitment of sessions and communications. It is hoped you can join us Tuesday April 28 from 9-230pm, Public Health, Capital Health in the Community Room at 7 Mellor Avenue. Please RSVP to Holly Gillis if you are interested; [holly.gillis@cdha.nshealth.ca](mailto:holly.gillis@cdha.nshealth.ca) or 902.481.4958

Any questions, comments or considerations can be forwarded to Marie & Holly (Co-Chairs of the Workshop)

**Members of the Steering Committee**

## **The Core Competencies Workshop Steering Committee**

The Public Health Association of Nova Scotia extends a very warm thank you to the members of the Steering Committee, including:

Marie McCully Collier (chair)

Holly Gillis (co-chair)

Kip Grasse (co-chair)

Barbara Anderson

Cora Cole

Anne Lebens

Jennifer Lowe

Melissa McDonald

Marion MacLellan

Kenda McFadyen

Nancy McVicar

Donna Meagher-Stewart

Sincere thanks are also extended to the many volunteers who came forward to support the planning and delivery of the workshop in various capacities, including:

Shelly Boutlier

Sharon Costey

Tracey Lovett

Carmen MacKenzie

Jacqueline Spiers

Caryll Tawse

Tracy Willock