

**Trevor Shilton
Peter Howat
Ray James
Cheryl Hutchins
Linda Burke**

**REVISION OF HEALTH PROMOTION
COMPETENCIES FOR AUSTRALIA
2005**

**Western Australian Centre for Health Promotion Research,
The Centre for Behavioural Research in Cancer Control, Curtin University,
and
The National Heart Foundation of Australia (WA Division)
Perth, Western Australia**

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Revision of health promotion competencies for Australia 2005

Preface

At the end of 2005, 400 health promotion practitioners throughout Australia completed an on-line survey on health promotion competencies for Australia. This information is currently being collated and a final report and articles will be prepared. We also plan to conduct workshops around Australia during the year to give health promotion practitioners an opportunity to have input into the next stage of the project which includes identifying core essential competencies.

Many of the respondents to the survey have requested information about the results of this survey. This brief report has been produced as an interim measure until the final report and articles are published later in the year.

Background

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

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

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

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

A project management group representing these organisations was formed (Trevor Shilton, Peter Howat, Ray James and Cheryl Hutchins, and project officer, Linda Burke.) and planned the project in two main stages.

Stage 1

The list of 75 competencies from 2001 was reviewed and edited by the management group. This was followed by consultation with a group of senior health promotion professionals from around Australia who advised on modifications to the 2001 competencies list. The competencies were sent as a multiple-choice survey by way of a program called 'Survey monkey' via email to an expert panel of 39 participants.

The participants were requested to rank the list of competencies based on what they considered to be:

- essential competencies
- desirable, but not essential competencies
- specific competencies
- competencies not relevant to health promotion practice.

Space was allowed for comment on the competencies and respondents were also invited to add additional competencies.

The respondents remained anonymous, although their responses could be viewed separately. This program also enabled the results to be collated systematically and printed into a clear table format for review and analysis.

Definitions

For the purpose of this research **health promotion** is defined as follows:

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

A **health promotion practitioner** is defined as follows:

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

Results

A Few changes were recommended and the competencies were amended accordingly. The revised competencies were then used as a basis for the main survey for health promotion practitioners.

Stage 2

This stage involved a modified Delphi study where the revised competencies list was emailed as an online questionnaire, again via Survey Monkey, to the Australian health promotion workforce (identified from membership lists of AHPA and PHAA, and through contact with employing organisations such as NGO's and Health Departments).

Participants were invited to rate each competency as ‘essential’, ‘desirable’ or ‘not relevant’, and to suggest changes to wording, as well as additions to the list.

Results

Responses were received from 400 practitioners. The results of these were collated.

Only the summary tables of the main results are presented here, with a comparison with the 2001 survey.

The data in the tables is compiled from the 2001 survey of health promotion practitioners (n= 205) along with the 2005 survey of health promotion practitioners (n=400)

Data is presented for only the YES response that the competency is ‘ESSENTIAL’. E.g. in 2001, 161 (78.2%) of the respondents agreed that the first competency (“**Identify and source data on the health...**”) was ‘Essential’. In 2005, for the same competency: 363 or 91% of the sample agreed it was ‘Essential’.

Note that that there is missing data for most competencies ie not all subjects answered each item.

We are in the process of identifying where there is a statistically significant difference between the 2001 and the 2005 responses for each competency. That information will be presented later.

1. NEEDS AND DETERMINANTS

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Carry out appropriate needs assessment and demonstrate understanding of determinants of health				
Health promotion practitioners should be able to:				
• Identify and source data on the health needs of individuals/ communities/ populations	161	78.2	363	91
• Identify behavioural, environmental and organisational factors that promote or compromise health	171	83	367	92
• Review and interpret needs assessment data	135	66.2	299	75
• Assist and involve communities in identifying their needs and in setting priorities for health promotion	150	72.8	308	77
• Identify processes that are effective in setting priorities for health promotion.	136	66.3	284	71
• Determine priorities for health promotion from available evidence using regional, state and national data.	123	59.7	290	74
• Analyse the behavioural, social, political and environmental determinants on the health of individuals and populations with due consideration to equity and social justice.	130	62.8	258	66

2. PLANNING AND CONSULTATION

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Plan appropriate health promotion interventions				
Health promotion practitioners should be able to:				
• Critically analyse relevant literature	138	67.3	275	72
• Involve community members and stakeholders in program planning and evaluation	156	75.7	319	83
• Develop logical, sequenced and sustainable health programs based on theory and evidence	152	74.1	319	83
• Formulate appropriate and measurable objectives	164	79.6	329	86
• Select and account for the implementation of appropriate (proven/best practice) strategies	134	65.4	302	79
• Develop funding proposals for large and small-scale health promotion programs	79	38.3	160	42
• Develop, review or critique policies that promote health within and outside the health sector	53	26	120	31
• Advise health sector organisations on changes needed in health policy	39	19.1	104	27

3. COMMUNITY EMPOWERMENT

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Implement strategies that empower other professionals and community members to undertake health promotion				
Health promotion practitioners should be able to:				
• Assist, support and build capacity in service providers and clinical workers to adopt health promotion methods and programs.	116	56	254	68
• Apply community development processes	108	52.7	236	63
• Devolve programs to community	121	59	211	57
• Contribute to the development of knowledge of health promotion practice of others	102	49.3	233	62

4. POLICY, ADVOCACY AND ENVIRONMENT

	2001 practitioners		2005 practitioners	
Apply strategies that focus on policy, structural and environmental change	Freq.	%	Freq.	%
Health promotion practitioners should be able to				
• Apply health policy strategies	90	43.9	222	60
• Apply structural/environmental strategies	100	48.5	189	51
• Participate in the policy process	82	39.6	122	33
• Apply political, media and community advocacy skills	55	26.7	186	50
• Be aware of national and state priorities and determine how these impact on local plans	138	66.7	312	84

5. PARTNERSHIP BUILDING

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

6. EDUCATION AND MEDIA

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Implement appropriate education and media interventions				
Health promotion practitioners should be able to:				
<ul style="list-style-type: none"> Apply a range of approaches to health education 	155	74.9	278	77
<ul style="list-style-type: none"> Coordinate production of appropriate program support materials (pamphlets, posters and other audio-visual materials) 	104	50.2	156	43
<ul style="list-style-type: none"> Coordinate or carry out pre-testing procedures 	81	39.3	154	43
<ul style="list-style-type: none"> Coordinate health-related screening and health risk appraisal 	33	16.1	77	21
<ul style="list-style-type: none"> Apply mass media strategies 	61	29.6	89	25
<ul style="list-style-type: none"> Apply group strategies 	107	51.9	186	52
<ul style="list-style-type: none"> Apply health sponsorship strategies 	33	16.3	67	19
<ul style="list-style-type: none"> Facilitate/provide various styles of professional development (eg. workshops, conferences) 	94	45.9	165	46

7. COMMUNICATION

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Communicate effectively with other professionals and clients				
Health promotion practitioners should be able to:				
<ul style="list-style-type: none"> Write for professional audiences 	82	39.6	158	44
<ul style="list-style-type: none"> Write submissions, grants or applications for funding 	88	42.7	179	50
<ul style="list-style-type: none"> Write reports 	175	84.5	322	90
<ul style="list-style-type: none"> Write for lay audiences 	147	71	293	82
<ul style="list-style-type: none"> Write for newspapers 	77	37.2	93	26
<ul style="list-style-type: none"> Apply interviewee skills on radio 	37	18	60	17
<ul style="list-style-type: none"> Apply interviewee skills on TV 	22	10.7	33	9
<ul style="list-style-type: none"> Communicate verbally and listen reflectively 	183	88.4	323	91

<ul style="list-style-type: none"> • Present to a range of audiences and tailor communications to consider cultural and other differences (culture, gender, age, ethnicity) 	148	71.5		285	82
<ul style="list-style-type: none"> • Debate health-related issues using evidence based arguments 	107	51.7		206	59
<ul style="list-style-type: none"> • Be able to articulate health promotion jargon into salient language 	174	84.1		302	87
<ul style="list-style-type: none"> • Apply interpersonal skills (negotiation, team work, motivation, conflict resolution, decision making, and problem solving skills) 	181	87.9		315	90

8. KNOWLEDGE

	2001 Practitioners			2005 practitioners	
	Freq.	%		Freq.	%
Demonstrate appropriate knowledge necessary for conducting health promotion					
Health promotion practitioners should be able to:					
<ul style="list-style-type: none"> • Examine & apply knowledge of societal values in planning and implementing HP Programs 	132	64.4		235	68
<ul style="list-style-type: none"> • Consider and apply theory to health promotion planning, implementation and research 	159	77.2		281	81
<ul style="list-style-type: none"> • Apply knowledge of the structure and function of the human body to health & issues diseases 	70	33.8		95	27
<ul style="list-style-type: none"> • Examine & synthesise information on different health issues/ topics, diseases and prevention 	125	60.4		208	60
<ul style="list-style-type: none"> • Apply knowledge of epidemiology to health issues 	87	42		169	49
<ul style="list-style-type: none"> • Demonstrate knowledge of the health system and broader systems that impact on health 	116	56		238	69
<ul style="list-style-type: none"> • Demonstrate knowledge of organisational development and change 	84	40.6		149	43
<ul style="list-style-type: none"> • Demonstrate and apply knowledge of capacity building in health and other sectors 	104	50.5		234	68
<ul style="list-style-type: none"> • Stay abreast of national and international developments in the health promotion field 	122	58.9		246	71

9. ORGANISATION AND MANAGEMENT

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Organise and manage health promotion interventions				
Health promotion practitioners should be able to:				
• Manage projects effectively including resource management, achieving and reporting progress within budget and on time	155	75.2	263	77
• Demonstrate leadership skills	94	45.6	183	54
• Demonstrate personal qualities (creativity, sensitivity, initiative, flexibility, co-operation and professional integrity)	158	76.7	278	82
• Facilitate meetings	126	61.2	207	61
• Co-ordinate volunteers	55	26.7	59	17
• Demonstrate business skills such as budget planning and reporting, and contract management	63	30.6	97	28
• Work as part of a team	190	92.2	332	97

10. EVALUATION AND RESEARCH

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Evaluate health promotion				
Health promotion practitioners should be able to:				
• Identify appropriate evaluation designs	131	63.6	246	72
• Select evaluation instruments	107	51.7	228	67
• Develop evaluation instruments	54	26.2	142	42
• Monitor programs and adjust objectives	161	78.2	300	88
• Apply and interpret statistical methods/analyses	33	16	76	22
• Interpret evaluation findings	131	63.6	253	74
• Communicate evaluation findings	158	76.7	282	83
• Identify research methods applicable to health promotion	90	43.5	175	51
• Prepare research/evaluation proposals for funding	54	26.2	97	29
• Prepare ethics approvals	35	17	73	22
• Coordinate validation of instruments	24	11.7	47	14

11. USE OF TECHNOLOGY

	2001 practitioners		2005 practitioners	
	Freq.	%	Freq.	%
Demonstrate the application of appropriate technology				
Health promotion practitioners should be able to:				
• Operate a PC, word processing and email systems etc	181	87.9	317	94
• Create written/graphic presentation materials via PC	111	53.9	225	67
• Manage data-base and spreadsheet applications	55	26.7	124	37
• Use basic computer based statistical programs	45	21.8	106	31
• Use the internet as a work tool	145	70.4	229	88
• Use technology based systems to identify and review the literature	112	54.4	213	63
• Demonstrate use of computerised health information/resources	77	37.4	183	54
• Operate audiovisual/multimedia equipment	99	48.1	183	54

Implications for public health

This revised list of competencies has several potential uses which can contribute to the enhancement of health promotion practice in Australia. Based on applications of the previously developed competencies by the investigators four of the useful applications are:

1. To assist with health promotion course development at tertiary institutions. ⁴
2. To assist with staff development in community organisations (including NGO's) ⁸,
3. To assist with the development of job descriptions, and
4. To assist with an analysis of skill/competency levels of staff in community organisations ⁸.

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