

Ontario Health Promoters: Gains of Organizing/Risks of Professionalizing **Commentary from the Ontario Prevention Clearinghouse¹** **Fall 2006**

[Note: On April 2008, the Ontario Prevention Clearinghouse became Health Nexus -- and in French, Nexus Santé. See www.healthnexus.ca and www.nexussante.ca]

Background & context

This paper outlines the position of the Ontario Prevention Clearinghouse (OPC) on the idea of creating an association or college of health promotion in Ontario. The purpose of this paper is to contribute to the best possible outcomes for the practice of health promotion and health promotion practitioners.

Suggestions of a professional association to establish credentials for health promoters have surfaced several times in the past few years, most recently on the CLICK4HP health promotion listserv (<http://www.click4hp.ca>) in March 2006 with an inquiry about a 'college of health promoters'. The discussions of the issues on that listserv, and in other online forums and e-lists, have parallels to musings from health promoters that OPC works with in consultations and workshops, in the Ontario Health Promotion Resource System's (OHPRS) 2005 needs assessment survey, in discussion papers from Health Promotion Ontario and in national work on public health and health promotion competencies. Among the currently expressed concerns² are

- inadequate means to network face-to-face and non-electronic means to ask others in health promotion for advice and assistance;
- lower than desired credibility for health promotion and health promoters, and inconsistent and sometimes minimal understanding on the part of credentialed health professionals (including management of organizations hiring health promoters) about the skill and knowledge sets required to successfully practice health promotion;
- compensation that is not comparable with selected credentialed colleagues (e.g. nurses);
- hiring competitions that do not provide advantage to those with formal training in health promotion, especially recent graduates of Fitness and Health Promotion Diploma programs

This discussion echoes debates and organizing efforts in the past 20 years. During the 1980s several short-lived groups formed in Ontario. In the 1990s the primary organization of health promoters became Health Promotion Ontario – Public Health; subsequently renamed Health Promotion Ontario when it opened its membership beyond those working in public health units. The precursors of today's Health Promotion Ontario was a health promotion specialists group within public health and a formal health promotion division within the Ontario Public Health Association. A health promoters group also existed briefly within the community health centre sector. An effort in the 1980s was made to form the Canadian Health Education Society with interested members coming primarily from graduates for Ontario and Atlantic university programs in health promotion; however CHES was unable to be sustained and dissolved by 1991. Within these groups and more broadly, a debate about the benefits – and risks – of professionalizing health promotion surfaces every few years. Today's discussion echoes earlier debates and efforts.

The rest of this paper represents OPC's best advice on a number of topics related to the current discussion.

Networking

OPC encourages the desire for networking among health promoters, which is one of the expressed needs in the current discussions. For some health promoters adequate networking can occur through existing venues.

¹ The Ontario Prevention Clearinghouse is Ontario's leading bilingual health promotion organization. Working in English and French, OPC helps others promote health better. The Clearinghouse builds capacity and engages individuals, organizations and communities to improve our population's health by providing leadership, training and consultation, knowledge exchange and translation, and network development.

² Identified through email exchanges, postings on Click4HP, and personal communications undertaken by OPC staff.

The annual conferences of the Ontario Public Health Association, the Association of Ontario Health Centres, the Ontario Healthy Communities Coalition, as well as conferences sponsored by groups such as FOCUS,³ the Self-Help Resource Centre, and OPC are great places to network. The international health promotion and social determinants of health listservs [Click4HP](#) and [SDOH](#), the health promotion e-bulletins [OHPE](#) and [Le Bloc-Notes](#), the heart health e-list and e-bulletin by the Ontario Heart Health Program, and the many active living and fitness forums and e-bulletins such as [OPHEA's e-connection](#) all support virtual networking. Local Francophone networks exist in the Toronto and Welland/Niagara areas. OPC, and members of the Ontario Health Promotion Resource System, organize training and consultation events upon request. OPC will be glad to support the exploration and development of additional networking means with and for Ontario health promoters.

[Health Promotion Ontario](#) is a network that, in the field of health promotion, advocates for human and financial resources; fosters a commitment to higher standards; supports continuing education and research; facilitate exchange and sharing; provides input to policy and system development; and fosters interdisciplinary and intersectoral participation. Health Promotion Ontario's emphasis is population-based health promotion and it began with a specific public health focus and membership. Since 2005 HPO is open to individuals employed in an occupation that uses health promotion strategies, who hold a university degree (or equivalent training and experience) and who apply a variety of health promotion skills.⁴

One possibility is that the differences between the newer college programs that emphasize health promotion as it applies to individual wellness and generally include a fitness component, and Ontario's longer-standing health promotion approaches that emphasize population health promotion as defined by the World Health Organization's Ottawa Charter for Health Promotion, are an undercurrent of the current discussions. We encourage the graduates of Ontario's relatively new college programs to explore a fit with Health Promotion Ontario before (and instead of) forming a competing network.

Entry into health promotion practice

OPC believes strongly that a key *strength* of the field of health promotion is the rich variation in backgrounds of health promoters. More than 20 years ago, the World Health Organization stated⁵ that health promotion is best performed by individuals with a wide variety of training and backgrounds and suggested that it would be detrimental for health promotion to be delivered by one professional group to the exclusion of others. OPC agrees that the field of health promotion is robust specifically because health promoters come to health promotion with many types of experience and training (e.g. health promotion training, nursing, social work, community development). Some people's learning is gained significantly through university or college-based education, whereas others add informal training in health promotion to social service, education and health work experience and training. Historically, this approach to health promotion has ensured openness to a broad spectrum of people within community organizations, agencies, social, educational and health services and institutions, as well as the public and private sectors at provincial and national levels. This openness also generates openness that will help the field increasingly include individuals from diverse communities and cultures.

OPC acknowledges that there are very real challenges that result from multiple appropriate backgrounds in health promotion. Key among these is the faulty impression that anyone can do health promotion. We believe this challenge can be addressed by recognition of the skills and knowledge set (defined as competencies) necessary for good health promotion practices.

Competencies

In the past decade, numerous employment sectors have increasingly turned to the development and adoption of competencies as a means to improve expectations and standards. The Canadian Association of Teachers of Community Health at a symposium in 2000 explored this topic. The participants in that session concluded that health promotion competencies could be useful if they were broadly defined and treated as

³ FOCUS Community Programs and Resource Centre carry out Ontario government supported alcohol and drug abuse prevention programming, including and chronic disease prevention, in their communities, and host annual conferences.

⁴ See HPO's constitution available at http://www.hpoph.org/about/Revised_Constitution.doc

⁵ WHO (1986) A discussion document on the concepts and principles of health promotion. *Health Promotion International*, **1**, p. 75.

guidelines. At the same time, the participants expressed significant concern that limiting or rigid uses of competencies as professional standards could easily be detrimental for health promotion. Michel O'Neill (Laval University) identified numerous potential risks in developing competencies⁶.

That discussion has been by-passed by initiatives to develop agreed upon competencies, including health promotion competencies, underway as part of Canada's public health renewal. Thus, today's task is to ensure that competencies add to the practice of health promotion, rather than narrow or diminish its practice. Competencies can be exceedingly valuable for health promoters, their supervisors and their employing organizations in defining job breadth, depth and expectations. Competencies, for instance, can help integrate the breadth of the Ottawa Charter for Health Promotion within health promotion expectations and contribute to the recognition of healthy public policy and work to address determinants of health as central to health promotion practice.

While OPC welcomes competencies, we will strive to be sure that these competencies are guidelines to *inform* practice, not prescriptions to limit practice. For example, within its own practice, OPC relies upon competencies from a variety of sources.⁷ A concern is that a national effort to identify one set of health promotion competencies for public health will be time consuming, and that the competencies identified for public health will not be a perfect match for other settings. Once identified, competencies will need to be applied to training, not just on-the-job practice. And while all this is going on, do we run the risk, as O'Neill asked in 2000, of slowing down the development of new practices in a field that is still young?

Practice controls - accreditation and regulation

OPC believes that the effort entailed to become a regulated health profession would be immense and counter-productive. As stated above, OPC believes that promotion of health occurs best when the field is participatory, multi-disciplinary and significantly informed by promising and best practices. We hope the future of health promotion relies on explicitly demonstrating strengths rather than implicitly relying on a standardized test or membership. OPC suggests that formalized self-regulation, with or without a legislative framework, does not apply well to most health promotion practitioners in most settings. These approaches are primarily intended to protect the public and control competition within professional fields of practice.

When health promoters speak about the idea of a 'college' they are talking about becoming a regulated health profession. Regulated health professions are those professions regulated under the Ontario Regulated Health Professions Act, an act established to protect the public's right to safe, effective and ethical health care⁸. Colleges are the regulating bodies established to ensure efficiency, accountability, performance, quality and transparency of regulated health professionals. Most, but not all, regulations include controlled acts, those acts that, if performed by a non-regulated individual, could engender harm to a patient. It should be noted that the process to become a regulated health profession is rigorous, time-consuming and long-term. OPC would rather see effort put towards improving practice through learning and sharing among health promoters.

Some unregulated professions have voluntary accreditation programs. Kinesiology is a good example. The Ontario Kinesiology Association is a voluntary association whose certified members must be graduates of four-year bachelors programs in kinesiology or human kinetics. The Association requires participation in

⁶ Final Report from the Symposium for Teachers of Health Promotion and Community Health (CATCH), October 22, 2000, retrieved July 20, 2006 from <http://www.utoronto.ca/chp/CCHPR/teacherssymposiumreport.doc>

⁷ For instance, the Australian Health Promotion Association's 2002 "Review of Competencies for Australian Health Promotion", the Prairie Region HP Research Centre's 2004 "Health promotion capacity checklists: a workbook for individual, organizational and environmental assessment" and the FPT Joint Task Group on Public Health Human Resources 2005 "Draft Set of Public Health Workforce Core Competencies."

⁸ Currently 23 professions are regulated by 21 colleges and a small number of new professions are being recommended for regulation by the Health Professions Regulatory Advisory Council. Among regulated health professions are nurses, physicians, dentists and dental hygienists, pharmacists, massage therapists, midwives, and dietitians. See *Regulation of Health Professions in Ontario: New Directions*, April 2006, retrieved July 31, 2006 from http://www.health.gov.on.ca/english/public/pub/ministry_reports/new_directions/new_directions.pdf

its continuing education standards program as a mandatory duty of membership, and imposes upon members a code of standards and ethics designed to protect the public, the profession, and the certified kinesiologist. It may be of interest to note that the Health Professions Regulatory Advisory Council just released a new report this spring: *Regulation of Health Professions in Ontario: New Directions*.⁹ This report to the Minister of Health and Long-Term Care recommends that kinesiology become a regulated profession. Although kinesiologists involvement in health promotion is mentioned, the Advisory Council's recommendation to regulate relies on its understanding that 'significant risks exist where untrained or unqualified practitioners are in private practice or engaged in treating vulnerable groups in hospital, long-term care and community settings,' and also on a multi-year history on the part of the Ontario Kinesiology Association to address both the public interest and the practice of kinesiology. If the Government decides to regulate kinesiology, it is likely that, in the future, only members of the to-be-established college will be able to call themselves kinesiologists.

The challenge of being without certification is particularly tough for health promoters working entirely within the primary care sector where most workers are regulated, or at least accredited, and where compensation reflects these requirements. However, OPC suggests that the gains of encouraging varied training and backgrounds in health promotion are contrary to, and will be diminished by, accreditation.

In closing....

OPC is keen to support increased networking and improve understanding about the knowledge and skills required to promote health effectively. At this time, we will not support initiatives that will exclude individuals with some backgrounds and protect those with other backgrounds.

Please check out our resources and services at www.opc.on.ca, and contact us at info@opc.on.ca or by contacting one of our staff listed on our website.

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⁹ April 2006. Retrieved from http://www.health.gov.on.ca/english/public/pub/ministry_reports/new_directions/new_directions.pdf July 23, 2006