Discipline Competencies for Dental Public Health in Canada

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Developed by:

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What are Discipline Competencies?

Discipline competencies are the essential knowledge, skills and attitudes necessary for the practice of dental public health. They provide the building blocks for effective dental public health practice, and the use of an overall public health approach. They provide a baseline for what is required to fulfill dental public health system functions that include population health assessment, surveillance, disease and injury prevention, health promotion and health protection. The above paragraph and the following introductory information has been adapted with permission from the work of the Public Health Association of Canda with the Core Competency profile. ²

Why do we need Discipline Competencies?

Discipline competencies may improve the health of the public by:

- contributing to a more effective workforce;
- encouraging service delivery that is evidence-based, population-focused, ethical, equitable, standardized and client-centred;
- helping to create a more unified workforce by providing a shared understanding of key concepts and practices; and
- helping to explain the nature of dental public health and dental public health goals.

Discipline competencies will benefit the people who work in public health by:

- providing guidelines for the basic knowledge, skills and attitudes required by individual workers in dental public health;
- · identifying areas of common ground;
- supporting the recruitment, development and retention of dental public health workers;
- providing a rational basis for developing curricula, training and professional development tools; and
- improving consistency in job descriptions and performance assessment;

Discipline competencies can help public health organizations to:

- identify the knowledge, skills and attitudes required to fulfill dental public health functions:
- help identify the appropriate numbers and mix of dental and other public health workers in a given setting;
- identify staff development and training needs;
- provide a rationale for securing funds to support workforce development;
- develop job descriptions, interview questions, and frameworks for evaluation and quality assurance; and
- facilitate collaboration, shared goals and interdisciplinary work.

In summary, discipline competencies are designed to strengthen practice, support standards of practice and recognize specialized knowledge and skills.

How were the current Discipline Competencies developed?

The work on shared abilities was stimulated by public health events that emphasized the need to strengthen and develop the public health workforce. In their report –*Building the Public Health Workforce for the 21st Century* –The Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources proposed a pan-Canadian framework to strengthen public health capacity. ³ Identifying core competencies was one of the foundational building blocks in that framework.

PHAC in turn stimulated the development of Discipline Competencies in several areas including the dental area. The Canadian Association of Public Health Dentistry (CAPHD) has been leading the development of the discipline competencies for dental public health professionals. This work has received ongoing support from PHAC as part of the larger Pan-Canadian Public Health Core Competencies Initiative.

The first draft of the competencies was generated in 2006 from the literature related primarily to the competencies of specialists in dentistry. The shared abilities contained within the draft were then explored through a web-based survey in March 2007. Those practicing and educating in dental public health were invited to participate; there were 144 respondents. The central questions of the survey asked respondents to rate the importance of each ability and the proficiency needed in their work. Based on survey data, the competencies were layered to identify foundational as well as more advanced and expert abilities. The competencies were also clustered under the domain headings used in the Core Competency² document to integrate more effectively with the pan-Canadian initiative.

The next release was then explored by the participants of the July 2007 workshop (n=26) associated with the CAPHD national conference. Their feedback resulted in the generation of a separate domain for policy and program abilities. The next release of the competency profile was used as the foundation for six focus groups (n=37) conducted in the spring of 2008. These groups expressed the need to more clearly identify for whom the competencies were intended. They also recommended that the competency profile be supported with examples.

The final validation phase included a spring workshop involving CAPHD members as well as representatives from a variety of national organizations (n=20). At this point the definition of a dental public health worker was expanded to include people who had gained their abilities through work experiences and other self-directed learning activities. To accommodate this more inclusive approach the layers of the competency profile were expanded from three to four. The discipline competencies in this document reflect the feedback gained during this consultation process. They are presented with the knowledge that these competencies will gradually evolve as they are shaped by practice considerations and changes.

Who are the Discipline Competencies For?

The Discipline Competencies were intended to be inclusive; they were developed to identify the abilities needed by various dental health workers in the public health sector. To support this, the competencies have been stratified into four layers, with each layer building on the previous one.

The *basic shared competencies* are intended for all workers in the dental public health sector; they are based on postsecondary eduction and / or experiential learning acquired

through work including self-directed learning. All people who work in the dental public area are expected to have these abilities.

The foundational competencies are intended for people who have post-secondary education in the field of dental public health and who have sufficient experience to work independently with minimal supervision in their area. These individuals are expected to possess all of the foundational competencies at least at a basic level of proficiency. Administrative staff and some other dental public health workers (such as chair-side assistants and dentists providing clinical services) are expected to have the basic shared competencies and may also have a sub-set of the foundational competences depending on their role.

The advanced competencies and the expert competencies identify abilities that are possessed to various degrees by various dental professionals. It is unlikely that one individual will posses all the abilities articulated at the advanced and expert levels. These competencies can be viewed as team abilities and the competency profile can serve as a tool for assessing and creating the best mix of competencies for a dental public health team.

Ensuring that dental public health workers acquire, and maintain competence and proficiency in all of the categories discussed in this document is a shared responsibility. Individuals must be supported and assisted by employers, professional organizations, educational institutions, regulatory bodies, unions, and governments at the federal, provincial/territorial and local levels.

Attitudes and Values

The discipline competency statements are not designed to stand alone, but rather to form a set of knowledge, skills and attitudes practiced within the larger context of the values of public health. All public health workers share a core set of attitudes and values. These attitudes and values have not been listed as specific discipline competencies because they are difficult to teach and even harder to assess. However, they form the context within which the competencies are practiced. This makes them equally important.

Important values in public health include a commitment to equity, social justice and sustainable development, recognition of the importance of the health of the community as well as the individual, and respect for diversity, self-determination, empowerment and community participation. These values are rooted in an understanding of the broad determinants of health and the historical principles, values and strategies of public health and health promotion (see Appendix A glossary).

As professionals, dental public health workers are also guided by their respective codes of ethics and practice standards associated with their overlapping yet unique scopes of practice. They work within their professional and personal scope of practice, while respecting the practice parameters of others.

If the competencies are considered as the notes to a musical score, the values and attitudes that practitioners bring to their work may be considered the tempo and emotional component of the music. One may be a technically brilliant musician but without an appropriate tempo, rhythm and emotion, the music will not have the desired impact.

Discipline Statements in Eight Categories

The discipline competencies are based on the essential functions of dental public health: population health assessment, health surveillance, disease and injury prevention, health promotion and health protection. They are organized under eight categories:

- oral public health sciences;
- oral health assessment and analysis;
- oral health program planning, implementation and evaluation;
- oral health policy planning, implementation and evaluation;
- partnerships, collaboration and advocacy;
- · diversity and inclusiveness;
- communication; and
- leadership.

The discipline competency statements incorporate the ideas and wording of the September 2007 release of the Core Competencies through the Public Health Association of Canada. This applies in particular to the foundational and advanced competencies that integrate the elements of the Pan Canadian Core Competencies. However, Domain 3 of the Core Competencies has been subdivided into 2 domains, one pertaining to programs and the other to policy. As well, many of the competencies have been contextualized to dental public health and shaped to the views expressed by dental professionals through the various validation phases. This document reflects an adaptation of the work on Core Competencies. It also includes ability statements drawn from the literature including a consultation document from the NHS Public Health Resource Unit in Scotland.

Each of the domain areas includes a brief description of the domain to differentiate it from the other domains. However, there are areas of overlap within the domain structure as with most frameworks. The competency statements are then identified at the basic, foundational, advanced and expert level within each domain. Each level builds on the previous level; hence items from the previous level are not repeated. Together the various levels identify essential abilities needed by dental public health workers. Each competency includes a practice example to support clarity and understanding of the competency statement. The competencies are also supported by a glossary that is found in Appendix A and a table that maps the discipline competencies to the PHAC Core Competencies (see Appendix B).

1. Oral Public Health Sciences

This category includes key knowledge and critical thinking skills related to the dental public health sciences: behavioural and social sciences, biostatistics, epidemiology, environmental public health, demography, workplace health, and the prevention of chronic diseases, infectious diseases, psychosocial problems and injuries. Competency in this category requires the ability to apply knowledge in practice.

A dental public health worker is able to ...

Level A: Basic Shared Competencies

1.1 Recognize that oral health sciences are the foundation of dental public health.

Example: Identify to children how cavities develop using explanations grounded in science.

Apply guidelines on infection control when working with the public.

1.2 Demonstrate a willingness to pursue learning opportunities in dental public health. Example: Attend an in-service about programs offered in the region. Attend regional lectures and conferences.

Level B: Foundation Competencies

1.3 Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention, health protection and emergency preparedness, as well as the factors that influence the use of health services.

Example: Discuss the need for a prenatal oral self-care program for new immigrants to reduce the incidence of early childhood caries.

Access work-related resources that keep you informed about your community(ies).

1.4 Demonstrate knowledge about the history, concepts, values, structure and interaction of public health, health care services and oral health services at local, provincial/territorial and national levels.

Example: Identify how the key elements in the Ottawa Charter have affected public health services.

Investigate the history of dental health services in the province including start and stop dates for specific programs.

1.5 Use research recommendations to support health programs.

Example: Provide the public with information on the value of community water fluoridation.

1.6 Demonstrate the ability to pursue lifelong learning opportunities in dental public health. Example: Access systematic reviews comparing manual and powered toothbrushes. Seek out educational opportunities that directly apply to your work.

Level C: Advanced Competencies

- 1.7 Apply knowledge in behavioural, social and biological sciences to dental public health practice.
 - Example: Apply the epidemiology triangle (host, environment and agent) to the issue of Early Childhood Caries.

Incorporate behavioural science research to inform the development of a tobacco cessation program.

- 1.8 Use evidence and research to support dental health policies and programs.

 Example: Support breastfeeding programs based on scientific evidence that breastfeeding does not cause Early Childhood Caries.
- 1.9 Apply knowledge of program evaluation to oral health interventions and programs. Example: Recognize a gap in program services and develop a plan to implement program changes to address this.
- 1.10 Apply knowledge of political action to support oral health policies and programs.

 Example: Invite community elders to a meeting to discuss the development of a tobacco intervention program for teens.

 Initiate a dialogue about water fluoridation research with community groups.

Level D: Expert Competencies

1.11 Apply specialized knowledge of behavioural, social and biological sciences to dental public health practice.

Example: Apply BMI index, median income data from census, and children's hypertension evaluations to determine relationships and linkages to dental disease.

1.12 Apply in-depth knowledge of oral diseases and conditions to the measurement of such in individuals and communities.

Example: Use DMFT/deft and Fluorosis indices to monitor progression of outcomes of interest and establish year over year trends.

1.13 Apply in-depth knowledge of etiologic factors and preventive or therapeutic agents in the selection of interventions and programs.

Example: Explain why current science supports oral health interventions in the periodontal disease/diabetes relationship rather than others such as periodontal disease/preterm low birth babies.

1.14 Apply knowledge of qualitative and quantitative research to the development and evaluation of oral health programs and policies.

Example: Use respondents' views on appearance of mild fluorosis as well as the Fluorosis and DMFT/deft indices to determine the appropriateness of a fluoride intervention and which potential modality may be most appropriate.

1.15 Apply knowledge of economics and financial management to the development, implementation and evaluation of oral health programs and policies.

Example: Compare oral health outcome, and human and fiscal resources necessary to deliver a fluoride mouth-rinse program vs. a pit and fissure sealant program.

2. Oral Health Assessment and Analysis

This category describes the competencies needed to collect, assess, analyze and apply information (including data, facts, ideas and concepts). These competencies are required to make evidence-based decisions, prepare budgets, and make recommendations for policy and program development.

A dental public health worker is able to ...

Level A: Basic Shared Competencies

- 2.1 Recognize an oral health concern or issue.

 Example: Recognize that a child has red and swollen gums.
- 2.2 Recognize that internal and external factors may impact oral health programs. Example: Identify that something is not working with the toothbrushing program.
- 2.3 Recognize sources of oral health information, including community resources.

 Example: Refer people to low cost community dental clinics.

 Be familiar with all written resources available through your dental program.
- 2.4 Collect, store and retrieve information about dental public health services.

 Example: Collect and input information into a universal data collection program.

Level B: Foundation Competencies

- 2.5 Recognize the relationship between oral health and general health.

 Example: Provide information to a community group about the relationship between periodontal disease and diabetes.
- 2.6 Identify oral health sources of information, including community assets and resources.

 Example: Review internet websites to access pamphlets about self-care instructions in different languages.

 Connect with your provincial and national colleagues to access resources.
- 2.7 Identify internal and external factors that may impact oral health services.

 Example: Recognize reasons why a Public Health Dental Clinic has declining attendance.

Level C: Advanced Competencies

- 2.8 Assess population oral health and its determinants.

 Example: Investigate the demographic characteristics of the children in the schools in your area.
- 2.9 Collect, store and retrieve information on dental public health issues. Example: Use data collection tools to document practice.
- 2.10 Analyze oral health information to determine implications, uses, gaps and limitations. Example: Identify at risk segments of the school aged population who would most benefit from oral health preventive programs.

2.11 Identify options for next steps based on the review of oral health information.

Example: Work collaboratively with management to determine the best allocation of resources for oral health programs.

2.12 Use an evidence-based approach and other sources of information to inform oral health decisions.

Example: Conduct a literature search about the presence of Bisphenol A in dental materials.

Use studies to review protocols associated with the placement of pit and fissure sealants.

2.13 Apply research methods used in dental public health including biostatistics and epidemiology.

Example: Use non-parametric tests to explore the differences between the oral health needs of well seniors over a 10 year span using data collected annually at a seniors centre.

2.14 Recommend specific actions based on the analysis of information.

Example: Recommend joint meetings including dental professionals, physicians, nurses, dieticians and health promoters to encourage a more holistic view of community needs.

Recommend removal of junk food from schools given the increasing caries rate in school populations.

Level D: Expert Competencies

2.15 Apply knowledge regarding application and limitations of statistics when planning oral health studies.

Example: Consult with researchers on the design of oral health studies.

2.16 Interpret oral health information, considering the current ethical, political, legislative, scientific, socio-cultural and economic contexts.

Example: Plan and implement an oral health status surveillance system.

2.17 Translate study findings into relevant conclusions and recommendations.

Example: Recommend an oral health intervention based upon the analysis and

interpretation of oral health data, and socioeconomic and demographic data.

3. Oral Health Program Planning, Implementation and Evaluation

This category describes the competencies needed to effectively choose options, and to plan, implement and evaluate programs in dental public health. This also includes the management of stressful incidents such as outbreaks and emergencies.

A dental public health worker is able to ...

Level A: Basic Shared Competencies

3.1 Describe oral health programs.

Example: Respond to a telephone request for information about a school screening program.

3.2 Assist in collecting information to support program planning and evaluation.

Example: Create a list of long-term care homes for the implementation of a survey.

Collect information during a focus group to assist with the evaluation of dental program.

3.3 Assist in the implementation of oral health interventions.

Example: Schedule appointments for dental screening.

Level B: Foundation Competencies

3.4 Describe selected program options to address specific oral health issues.

Example: Identify the potential of a school fluoride mouth rinse program to address increasing rates of caries in school aged children.

3.5 Assist in the planning of oral health programs.

Example: Conduct interviews with new mothers about their top 3 oral health concerns for their baby as part of the planning process for a new prenatal program.

3.6 Implement oral health interventions taking into consideration differing social, cultural and economic factors.

Example: Meet with a local multicultural group to provide information about oral care and nutrition for pre-school children.

Plan a dental presentation for an ESL group of Vietnamese parents.

Level C: Advanced Competencies

3.7 Incorporate clinical epidemiology and clinical practice guidelines into planning of oral health interventions.

Example: Use local statistical information to develop a fluoride varnish pilot project for 4-year olds.

3.8 Select evidence informed strategies and interventions for the promotion of oral health, and the prevention and control of disease.

Example: Develop a presentation for pregnant women to inform them about the transfer of oral bacteria between mother and newborn.

- 3.9 Describe the implications of options, as they apply to the social determinants of health. Example: Explore how a fluoride varnish program could provide increased access and decrease caries in children from low socioeconomic backgrounds.
- 3.10 Plan a course of action taking into account relevant legislation, emergency planning procedures, regulations, policies and evidence.

Example: While conducting a presentation for staff at a retirement home you observe several people wandering around dressed inappropriately and the home smells strongly of urine. A worker distributing medication cannot understand what you are asking. You determine a course of action that will ensure these issues are addressed.

- 3.11 Set priorities to maximize outcomes based on available resources.
 - Example: Determine which grades will be screened over a school year when one dental hygienist has to go off on extended leave.
- 3.12 Implement a program to address the oral health priorities.
 - Example: Review screening data to determine high, moderate and low risk portions of the community in order to sequence services so that those with highest need are guaranteed service.
- 3.13 Manage the budget and available resources to support program sustainability.

 Example: Review monthly budget reports that outline contract Children Oral Health
 Initiative Programming and collectively determine work plans.
- 3.14 Evaluate oral health programs using evaluation approaches and standards.

 Example: Collect information about client services provided, DMFT scores and client demographics during the course of an enamel sealant program.
- 3.15 Implement continuing quality assurance.
 - Example: Monitor and report levels of fluoridation in water supplies. Conduct calibration of all examiners on an ongoing basis.
- 3.16 Assist in the early identification, prevention and management of incidents, outbreaks and emergencies.

Example: Identify a possible increase in the incidence of fluorosis in an area that might lead to an investigation of fluoride levels in the water supply.

Level D: Expert Competencies

- 3.17 Conduct strategic planning related to population oral health issues.
 - Example: Partner with nutrition and pediatric professionals to address childhood obesity and dental caries.
- 3.18 Conduct population-based studies to answer oral health questions.
 - Example: Conduct a study to assess whether oral hygiene services in nursing homes will decrease the risk of respiratory infections.
- 3.19 Design systems to evaluate oral health programs.

Example: Use surveillance data for program evaluation.
Incorporate oral health-related quality of life measures in the design of systems to evaluate oral health programs.

4. Oral Health Policy Planning, Implementation and Evaluation

This category describes the competencies needed to effectively choose options, and to plan, implement and evaluate policies in dental public health for the improvement and protection of oral and general health, and wellbeing.

A dental public health worker is able to ...

Level A: Basic Shared Competencies

- 4.1 Implement policies within the dental public health work environment.
 - Example: Describe to teachers why screening service is only provided in inner city schools.
- 4.2 Provide feedback regarding the impact and outcomes of oral health policies.

Example: Report feedback received from the public about the steps required to apply for financial assistance.

Level B: Foundation Competencies

- 4.3 Work with others to implement oral health policies.
 - Example: Collaborate with other community partners to implement a universal 1-year dental screening program.
- 4.4 Collect data about oral health policies to support their evaluation.
 - Example: Collect screening outcomes for a regional and /or provincial kindergarten survey.
- 4.5 Identify gaps in oral health policies to relevant decision-makers.
 - Example: Identify the need for an information protocol to assist clients screened in public health clinics who do not qualify for financial assistance.
- 4.6 Make suggestions to improve oral health policies.
 - Example: Identify to your manager the need to provide clients with information about low cost dental clinics.

Provide feedback regarding effectiveness of sterilization and disinfection products based on patient turnover constraints.

Level C: Advanced Competencies

- 4.7 Analyze policy options related to oral health issues.
 - Example: Consult with colleagues from Health Protection to integrate the provincial infection control protocols that were developed for hospital and private practice context into dental public health programs.
- 4.8 Interpret and communicate information about policies within organizational context.

Example: Explain a new immunization policy introduced for front line workers interacting with the public to the office based staff members who do not agree with its elements.

4.9 Develop recommendations related to oral health policy issues.

Example: Adapt policies related to monthly biological monitoring of sterilizers to accommodate to the frequency of use parameters of the dental program.

4.10 Write policy statements related to oral health programs. *Example: Write a policy and procedure manual.*

4.11 Assist with the development and application of legislation related to oral health issues. Example: Participate in the consultation process related to a provincial review of public health program standards.

Level D: Expert Competencies

4.12 Analyse current policies and legislation related to oral health issues.

Example: Determine obstacles and facilitators to improve decision-making related to access to dental care.

Prepare a council report recommending new policies and procedures in response to a change in legislation around dental hygienists' scope of practice.

4.13 Initiate healthy public policy and legislation in collaboration with others.

Example: Develop a policy statement and procedure regarding the application of fluoride varnish by public health nurses and family home visitors.

Write an evidence-based report on sealant use for consultation by decision-makers.

4.14 Work with diverse professions, groups and organizations to implement policies.

Example: Serve on an interdisciplinary committee to examine a new health and safety policy.

Work with dental and government organizations to implement policies for expanded functions for dental and non-dental professionals.

5. Partnerships, Collaboration and Advocacy

This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. Partnership and collaboration optimizes performance through shared resources and responsibilities. Advocacy—speaking, writing or acting in favour of a particular cause, policy or group of people—often aims to reduce inequities in health status or access to health services.

A dental public health worker is able to ...

Level A: Basic Shared Competencies

- 5.1 Respect the varied roles and scopes of practice of public health workers and community partners.
 - Example: Seek information from nurses to understand the immunization schedule of children.

Identify the need to refer a client to a dietician when questions are beyond your scope of knowledge.

- 5.2 Promote the value of oral health with the public and other health professionals. *Example: Identify the importance of primary teeth to teachers.*
- 5.3 Work effectively with others to improve, support and promote oral and overall health. Example: Provide contact information related to low cost dental services.

Level B: Foundation Competencies

community center.

5.4 Clarify own role with the public and others as it pertains to oral health promotion.

Example: Identify the differences between various dental professionals for clients at a

Explain the role of dental public health workers to public health nurses.

- 5.5 Work with related professions and communities on oral health initiatives.
 - Example: Work with the implementers of a literacy program for women in the sex trade to include oral self-care as a component of the program.

 Work with professionals and policy makers in long-term facilities to include oral health assessments for residents.
- 5.6 Build capacity for oral health and general wellbeing through community development strategies.

Example: Develop a table clinic focusing on the mouth-body connection for

presentation at a community health fair.

Work with community agencies, organizations, groups and individuals to problem solve access to care issues for high priority community groups.

Level C: Advanced Competencies

5.7 Collaborate with partners in addressing oral health issues.

Example: Engage school nurses and teachers in a discussion about the relationship between oral and general health.

Collaborate with social, medical, dental sectors when addressing access to dental care issues.

5.8 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.

Example: Organize a workshop for coworkers to explore the interconnectedness of the various roles and responsibilities within the unit responsible for home-care activities.

Work with community groups to identify oral health issues and develop collaborative strategies together.

5.9 Facilitate an equitable allocation of resources.

Example: Work within management decision-making process to ensure oral health receive sufficient funding reflecting the needs of the community.

5.10 Contribute oral health input into other programs and organizations.

Example: Develop an oral health module for a prenatal program.

Provide oral health input into general health assessments for clients entering long-term care facilities.

5.11 Maintain linkages with community leaders and other key stakeholders.

Example: Facilitate the development of a partnership between a community clinic and a dental hygiene program to provide oral self-care education for new immigrants.

Level D: Expert Competencies

5.12 Facilitate dialogue among governments, community partners and other stakeholders to support healthier communities.

Example: Initiate briefings and town hall meetings on selected topics that will provide a platform for governments and other stakeholders to present their views on current oral health issues of particular communities.

5.13 Work within interprofessional and intersectoral teams to integrate oral health promotion interventions with related health promotion interventions.

Example: Organize a health care symposium focusing on the integration of various health care services.

5.14 Reconcile differences between unions and decision-makers.

Example: Utilize evidence from community health needs and professional interests to facilitate constructive negotiation process.

Negotiate a bonus leave package for employees who develop new, workable initiatives.

5.15 Manage stakeholder relationships.

Example: Bring together representatives from government, education and front-line health care providers to formulate an oral health plan for a specific high priority community.

6. Diversity and Inclusiveness

This category identifies the socio-cultural competencies required to interact effectively with diverse individuals, groups and communities. It is the embodiment of attitudes and practices that result in inclusive behaviours, practices, programs and policies.

A dental public health worker is able to ...

Level A: Basic Shared Competencies

- 6.1 Recognize that the determinants of health influence health and well-being.

 Example: Recognize that income influences the ability to access dental care.

 Recognize that education influences oral health status.
- 6.2 Work with others to implement culturally sensitive health interventions for diverse populations.

Example: Implement a culturally appropriate oral health session to an Aboriginal parenting group.

Work with ESL programs in your community to increase awareness of Early Childhood Caries.

6.3 Make suggestions to improve oral health interventions from a diversity and inclusiveness perspective.

Example: Suggest having a pamphlet in Spanish for new immigrants from Latin America.

Suggest having an interpreter present during an oral health session for new immigrants.

Level B: Foundation Competencies

6.4 Recognize how the determinants of health influence the health of and well-being of specific population groups.

Example: Identify how cultural beliefs about health and illness influence the oral health habits of individuals and groups.

6.5 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Example: Use examples of culturally relevant food choices when providing information about healthy food choices.

6.6 Address population diversity in implementing oral health programs and policies.

Example: Provide an oral screening service for clients at an HIV drop-in-center.

Consult with community prior to developing oral health programs and policies to ensure they reflect the needs of its diverse groups.

Level C: Advanced Competencies

- 6.7 Apply knowledge of oral health inequities and inequalities in designing oral health programs and policies.
 - Example: Negotiate with administrators of a homeless shelter to provide oral cancer screening clinics.
- 6.8 Adapt oral health policies and program delivery and evaluation to respond to diversity in population characteristics.
 - Example: Gain information about a specific immigrant population to adapt an oral health program for the targeted group.
 - Interview the elders of an Aboriginal community to gain information about the outcomes of an oral health program.

Level D: Expert Competencies

6.9 Create culturally safe and supportive environments within public health programs and organizations.

Example: Monitor and address sexual harassment policies within the working environment.

6.10 Support the development of a diverse public health workforce.

Example: Participate in a staff orientation workshop to discuss diversity issues.

7. Communication

Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including: internal and external exchanges, written, verbal, non-verbal and listening skills, computer literacy, providing appropriate information to different audiences, working with the media and social marketing techniques.

A dental public health worker is able to...

Level A: Basic Shared Competencies

7.1 Recognize the need to provide health information to non-professional community members.

Example: Refer oral health inquires from individuals, families, groups, coworkers and colleagues to appropriate sources of information.

Help clients with dentures to make an appointment to have their mouth checked.

7.2 Communicate with individuals, families, groups, coworkers and colleagues about oral health.

Example: Use plain language to explain key dental concepts to participants in an inner-

city oral screening program.

Provide clients with limited family income with language appropriate

educational pamphlets.

7.3 Use current technology to communicate about oral health issues.

Example: Use email to communicate with others in the program.

Use computer programs to create documents regarding the program.

Level B: Foundation Competencies

7.4 Interpret information for non-professional and community audiences related to oral health issues.

Example: Use plain language to explain the benefits of fluoride to parents living in a non-fluoridated community.

Describe the influence of caries on children's ability to eat, sleep and learn.

7.5 Provide learning opportunities for clients to explore values, and to gain knowledge and skills about oral health.

Example: Interview clients to determine the beliefs they hold about oral health.

Identify gaps in clients' oral health knowledge.

Use video-conferencing technology to communicate about oral health in order to reach remote communities.

7.6 Provide resources and information to the community and other professionals about oral health issues.

Example: Use language specific pamphlets to support the use of protective health gear. Develop fact sheets for residential care aids to help them support residents with dry mouths.

Level C: Advanced Competencies

7.7 Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.

Example: Use health literacy principles and assessment tools to develop messages surrounding oral cancer.

Create public health announcements to promote oral health month.

7.8 Create safe and supportive learning environments for clients to explore oral and general health issues and practices.

Example: Provide a private environment for single mothers to explore the challenges they face with their children's oral health.

Develop oral health curricula in partnership with educational authorities/iurisdictions.

Use management information systems to improve oral health programs.

Example: Run reports to profile the mix of services provided by different clinicians.

Use project management software to manage program cycles.

7.10 Provide programmatic and scientific information tailored to professional and community audiences.

Example: Develop a referenced table to highlight changes in antibiotic premedication related to dental services for the regional dental staff.

7.11 Support the development of social marketing messages directed to oral health issue. Example: Work with communication consultants to shape a message related to smokeless tobacco.

Level D: Expert Competencies

7.9

7.12 Design management information systems to support oral health programs.

Example: Use quality assurance strategies to evaluate internal and external communication.

7.13 Transfer knowledge of effective oral health promotion interventions and policy development to key stakeholders.

Example: Translate the results of oral health studies into recommendations for Ministry of Health decision-makers.

Design change strategies to advance health and oral health when current health policies are inconsistent with evidence and best practices.

8. Leadership

This category focuses on leadership competencies that build capacity, improve performance and enhance the quality of the working environment. They also enable organizations and communities to create, communicate and apply shared visions, missions and values.

A dental public health worker is able to...

Level A: Basic Shared Competencies

- 8.1 Support the mission and priorities of the public health organization where one works. *Example: Identify the priorities of the program to clients.*
- 8.2 Contribute to developing key values and a shared vision.

 Example: Participate in a staff meeting focused on the revision of program goals.
- 8.3 Act ethically with clients, information and resources.

 Example: Store records in a safe place.

 Protect the identity of clients when communicating information.
- 8.4 Contribute to team and organizational learning.

 Example: Help new workers understand the importance of record keeping.
- 8.5 Contribute to maintaining performance standards in oral health. Example: Report infractions of infection control guidelines.

Level B: Foundation Competencies

- 8.6 Contribute to implementing public health programs and policies in the community.

 Example: Support parents and community people to establish a low-cost dental clinic in a local community center.
- 8.7 Manage self, information and resources in a way that honours public health ethics. Example: Maintain confidentiality of identified internal processes.
- 8.8 Contribute to team and organizational learning to advance public health goals.

 Example: Participate in the development of guidelines for end-of-life oral care in residential care facilities.
- 8.9 Demonstrate an ability to share knowledge, tools, expertise and experience. Example: Contribute to collective knowledge on topics discussed at staff meetings.

Level C: Advanced Competencies

8.10 Operationalize the mission of the organization within unit's scope of work.

Example: Organize a workshop to develop a plan for making the mission obvious within the literature describing a new program.

- 8.11 Create learning opportunities and build strong oral health teams with different skills sets. Example: Establish polices to support regular learning opportunities.
- 8.12 Mentor others in their professional development initiatives.

 Example: Assist others to identify their performance goals and objectives.

Assist others in the development of their learning plans.

8.13 Advocate for and secure resources to promote oral health.

Example: Work with community groups to gain grants from charitable organizations. Prepare internal funding proposals for consideration by the organization's management.

Level D: Expert Competencies

8.14 Develop a strategic vision for dental health within the organization.

Example: Engage dental staff in developing an oral health strategy within the organization's mission and vision.

8.15 Evaluate organizational performance in relationship to recognized standards.

Example: Develop standards and guidelines related to performance for individuals, programs and organizations.

Evaluate dental public health human resources using the organization's standards and guidelines.

- 8.16 Build alliances and partnerships within changing political environments.

 Example: Initiate communication with key leaders in the changing environment.
- 8.17 Manage resources to achieve optimal oral health and wellbeing.

 Example: Demonstrate accountability to the organization's leadership.
- 8.18 Build the capabilities of the dental public health workforce.

Example: Support continuing competence through participation in dental public health conferences.

8.19 Build on successes to increase the capacity of the system.

Example: Critique evaluations of dental programs to identify successes and failures. Identify successes in the organization's programs that contribute to the success of oral health components.

Conclusion

Public health systems and services vary between and within provinces and territories across Canada. Thus, the use of the discipline competencies for dental public health may also vary according to different jurisdictional contexts. The adoption of discipline competencies in dental public health requires acceptance and commitment from a variety of groups including:

- federal and provincial/territorial governments,
- regional health authorities and local public health units,
- employers and organizations,
- human resource departments and managers,
- unions,
- dental public health associations (national and provincial/territorial),
- professional associations,
- · regulatory bodies,
- accreditation organizations,
- · national examination boards.
- · academic institutions, and
- individual dental public health workers.

As the dynamic practice of dental public health evolves over time, so too must the core and discipline competencies that describe the practice. In collaboration with its partners, the Canadian Association of Public Health Dentistry is committed to ensuring that the discipline competencies remain current and relevant. This will include monitoring the impact of applying the discipline competencies to dental public health practice and within the broader professional and postsecondary educational system.

The practice of public health is both an art and a science. The common language and purpose of discipline competencies helps to define describe and standardize complex work in an equally complex environment. Demographic changes, globalization, new threats to health and security, and increasing pressures on dental health services will continue to intensify the need for a highly skilled and diverse dental public health workforce. Dental public health workers in the 21st century will need to tap into their shared and unique knowledge, skills and attitudes to promote health and well-being in every community across Canada.

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Core Competencies for Public Health in Canada Glossary of Terms

Public Health Agency of Canada, September 2007²

This glossary was compiled by Dr. John M Last in October 2006 and revised and edited by Peggy Edwards in July 2007 in response to suggestions from the consultation process and changes in the original text.

Advocacy: Intervention such as speaking or writing in favour of a particular issue or cause, policy or group of people. In the public health field, advocacy is assumed to be in the public interest and directed towards good or desirable ends, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.

Analysis: The examination and evaluation of relevant information in order to select the best course of action from among various alternatives. In public health, this requires the integration of information from a variety of sources.

Assessment: A formal method of evaluating a system or a process, preferably quantitative but sometimes necessarily qualitative, often with both qualitative and quantitative components.

Attitude: A relatively stable belief or feeling about a concept, person or object. Attitudes can often be inferred by observing behaviours. Related to definition of values.

Collaboration: A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone.

Communication skills: These are the skills required by public health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language i.e. verbal skills often reinforced by visual images.

Community participation: Procedures whereby members of a community participate directly in decision-making about developments that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intensive action-oriented participation in community development (including political initiatives and strategies). The Ottawa Charter for Health Promotion emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health (www.phac-aspc.gc.ca/phsp/phdd/pdf/charter.pdf).

Consultant/specialist: Consultants/specialists are public health staff who are likely to have advanced preparation in a special content area or a specific set of skills. They provide expert advice and support to front line providers and managers although they may also work directly with clients. Examples of consultants/specialists include epidemiologists, community medicine specialists, environmental health scientists, evaluators, nurse practitioners and advanced practice nurses.

Core competencies for public health: 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. Taken together, they provide the building blocks for effective public health practice, and the use of an overall public health approach.

Culturally-relevant (and appropriate): Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Data: A set of facts, usually quantitative. (See definition --information.)

Determinants of health: Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health. For more details, please visit www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants.

Disease and injury prevention: Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion.

Diversity: The demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.

Empowerment: A process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. (See definition – Health Promotion)

Equity/equitable: Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and varioussocial and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.

Ethics: The branch of philosophy dealing with distinctions between right and wrong, with the moral consequences of human actions. Much of modern ethical thinking is based on concepts of human rights, individual freedom and autonomy, on doing good and not harming. The concept of equity, or equal consideration for every individual, is paramount. In public health, the community need for protection from risks to health may take precedence over individual human rights, for instance when persons with a contagious disease are isolated and their contacts may be subject to quarantine. Finding a balance between the public health requirement for access to information and the individual's right to privacy and to confidentiality of personal information may also be a source of tension.

Evaluation: Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.

Evidence: Information such as analyzed data, published research findings, results of evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.

Front line provider: Public health staff who have post-secondary education and experience in the field of public health. Front line providers have sufficient relevant experience to work independently, with minimal supervision. Front line providers carry out the bulk of day-to-day tasks in the public health sector. They work directly with clients, including individuals, families, groups and communities. Responsibilities may include information collection and analysis, fieldwork, program planning, outreach activities, program and service delivery, and other organizational tasks. Examples of front line providers are public health nurses, public health/environmental health inspectors, public health dietitians, dental hygienists and health promoters.

(Health) planning: A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity of all health departments commonly comprises short-term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods with a feasible time horizon, often 5 years ahead, sometimes as far ahead as 10 or even 15 years.

Health policy: A course or principle of action adopted or proposed by a government, party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation and evaluation. Policy development is the creative process of identifying and establishing a policy to meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of and access to health services and programs.

Health program: A description or plan of action for an event or sequence of actions or events over a period that may be short or prolonged. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas a health project is a short-term and usually narrowly focused activity.

Health promotion: The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and re-orient health services. (A public health system core function.)

Health protection: A useful term to describe important activities of public health, specifically in food hygiene, water purification, environmental sanitation, drug safety and other activities that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards. (A public health system core function.)

Information: Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.

Investigation: A systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define and resolve a public health issue.

Leadership: Leadership is described in many ways. In the field of public health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.

Lifelong learning: A broad concept where education that is flexible, diverse and available at different times and places is pursued throughout life. It takes place at all levels - formal, nonformal and informal - utilizing various modalities such as distance learning and conventional learning.

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Facilitating change in people's lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Reconciling such conflicts in ways that promote health may require considerable input from health promotion practitioners, including the application of skills in advocacy for health.

Mission: The purpose for which an organization, agency, or service, exists, often summarized in a mission statement.

Partnerships: Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued.

Performance standards: The criteria, often determined in advance, e.g., by an expert committee, by which the activities of health professionals or the organization in which they work, are assessed.

Population health assessment: Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health. The health of the population or a specified subset of the population can be measured by health status indicators such as life expectancy and hospital admission rates. (A public health system core function.)

Public health: An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.

Public Health Agency of Canada: (PHAC) Established in 2004, PHAC aims to help protect the health and safety of all Canadians. Its activities focus on preventing chronic diseases and injuries, health promotion, and responding to public health emergencies and infectious disease outbreaks. Details are available at http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/phac-aspc/index_e.html.

Public health practitioner: Syn: public health professional, public health worker. A generic term for any person who works in a public health service or setting. They may be classified according to profession (nurse, physician, nutritionist, etc); according to role and function (direct contact with members of the public or not); whether their role is hands-on active interventions or administrative, etc; or in various other ways.

Public health sciences: A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, genetics, nutrition, molecular biology, and more.

Research: Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. In public health, there is an ill-defined distinction between research and routine surveillance, case finding, etc. Qualitative research aims to do in-depth exploration of a group or issue, and the methods used often include focus groups, interviews, life histories, etc.

Social justice: Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income.

The goal of public health—to minimize preventable death and disability for all—is integral to social justice.

Social marketing: The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population. Surveillance: Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death. (A public health system core function.)

Surveillance: Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death. (A public health system core function.)

Sustainable development: The use of resources, investments, technology and institutional development in ways that do not compromise the health and well-being of future generations. There is no single best way of organizing the complex development-environment-health relationship that reveals all the important interactions and possible entry points for public health interventions.

Values: The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and protection from harm of infants, children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. Values can affect behaviour and health either beneficially or harmfully.

Vision: If a strategic plan is the "blueprint" for an organization's work, then the vision is the "artist's rendering" of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group's work together.

Working environment: A setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite – tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury.

Comparison of Dental Discipline and Core Documents

1. Oral Public Health Sciences

Dental Discipline Competencies	PHAC Core Competencies
Level B: Foundation Competencies	
Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention, health protection and emergency preparedness, as well as the factors that influence the use of health services.	Demonstrate knowledge about the following concepts: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the use of health services.
Demonstrate knowledge about the history, structure and interaction of public health, health care services and oral health services at local, provincial/territorial and national levels.	Demonstrate knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.
Use research recommendations to support health programs.	
Demonstrate the ability to pursue lifelong learning opportunities in dental public health.	Demonstrate the ability to pursue lifelong learning opportunities in the field of public health.
Level C: Advanced Competencies	
Apply knowledge in behavioural, social and biological sciences to dental public health practice.	Apply the public health sciences to practice.
Use evidence and research to inform dental health policies and programs.	Use evidence and research to inform health policies and programs.
Apply knowledge of program evaluation to oral health interventions and programs.	Apply the public health sciences to practice.
Apply knowledge of political action to support oral health policies and programs.	Apply the public health sciences to practice.

2. Oral Health Assessment and Analysis

Dental Discipline Competencies	PHAC Core Competencies
Level A: Basic Shared Competencies	
Recognize an oral health concern or issue.	Recognize that a health concern or issue exists.
Collect, store and retrieve information about dental public health services.	Collect, store and retrieve accurate and appropriate information on public health issues. (aspects)
Level B: Foundation Competencies	
Recognize the relationship between oral health and general health.	·
Identify oral health sources of information, including community assets and resources.	Identify relevant and appropriate sources of information, including community assets and resources.
Identify internal and external factors that may impact oral health services.	
Level C: Advanced Competencies	
Assess population oral health and its determinants.	
Collect, store and retrieve information on dental public health issues.	Collect, store and retrieve accurate and appropriate information on public health issues.
Analyze oral health information to determine implications, uses, gaps and limitations.	Analyze information to determine appropriate implications, uses, gaps and limitations. Determine the meaning of information, considering the current ethical, political, scientific, socio-cultural and economic contexts.
Identify options for next steps based on the review of oral health information.	
Use an evidence-based approach and other sources of information to inform oral health decisions.	
Apply research methods used in dental public health including biostatistics and epidemiology.	
Recommend specific actions based on the analysis of information.	Recommend specific actions based on the analysis of information.

3. Oral Health Program Planning, Implementation and Evaluation

Dental Discipline Competencies	PHAC Core Competencies
Level B: Foundation Competencies	
Describe selected program options to address specific oral health issues.	Describe selected policy and program options to address a specific public health issue.
Assist in the planning of oral health programs.	
Implement oral health interventions taking into consideration differing social, cultural and economic factors.	
Level C: Advanced Competencies	
Incorporate clinical epidemiology and clinical practice guidelines into planning of oral health interventions.	
Select evidence informed strategies and interventions for the promotion of oral health, and the prevention and control of disease.	
Describe the implications of options, as they apply to the social determinants of health.	Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.
Plan a course of action taking into account relevant legislation, emergency planning procedures, regulations, policies and evidence.	Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.
Set priorities to maximize outcomes based on available resources.	Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.
Implement a program to address the oral health priorities.	Implement a policy or program and/or take appropriate action to address a specific public health issue.
Manage the budget and available resources to support program sustainability.	
Evaluate oral health programs using evaluation approaches and standards.	Evaluate an action, policy or program.
Implement continuing quality assurance.	Demonstrate the ability to implement effective practice guidelines. [related outcome]
Assist in the early identification, prevention and management of incidents, outbreaks and emergencies.	Demonstrate the ability to fulfill functional roles in response to a public health emergency.

4. Oral Health Policy Planning, Implementation and Evaluation

Dental Discipline Competencies	PHAC Core Competencies
Level B: Foundation Competencies	
Work with others to implement oral health policies.	Demonstrate the ability to implement effective practice guidelines.
Collect data about oral health policies to support their evaluation.	Evaluate an action, policy or program.
Identify gaps in oral health policies to relevant decision-makers.	
Make suggestions to improve oral health policies.	
Level C: Advanced Competencies	
Analyze policy options related to oral health issues.	Describe selected policy and program options to address a specific public health issue. Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.
Interpret and communicate information about policies within organizational context.	Implement a policy or program and/or take appropriate action to address a specific public health issue.
Develop recommendations related to oral health policy issues.	Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.
Write policy statements related to oral health programs.	Demonstrate the ability to implement effective practice guidelines. [example of the competency]
Assist with the development and application of legislation related to oral health issues.	Demonstrate the ability to implement effective practice guidelines.

5. Partnerships, Collaboration and Advocacy

Dental Discipline Competencies	PHAC Core Competencies
Level B: Foundation Competencies	
Clarify own role with the public and others as it pertains to oral health promotion.	
Work with related professions and communities on oral health initiatives.	
Build capacity for oral health and general wellbeing through community development strategies.	Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities. [related competency]
Level C: Advanced Competencies	
Collaborate with partners in addressing oral health issues.	Identify and collaborate with partners in addressing public health issues.
Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.	Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.
Facilitate an equitable allocation of resources.	Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources. [related competency]
Contribute oral health input into other programs and organizations.	
Maintain linkages with community leaders and other key stakeholders.	

6. Diversity and Inclusiveness

Dental Discipline Competencies	PHAC Core Competencies
Level B: Foundation Competencies	
Recognize how the determinants of health influence the health of and well-being of specific population groups.	Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.
Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.	Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.
Address population diversity in implementing oral health programs and policies.	Address population diversity when planning, implementing, adapting and evaluating public health programs and policies. [some aspects]
Level C: Advanced Competencies	
Apply knowledge of oral health inequities and inequalities in designing oral health programs and policies.	Address population diversity when planning, implementing, adapting and evaluating public health programs and policies. [some aspects]
Adapt oral health policies and program delivery and evaluation to respond to diversity in population characteristics.	Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.

7. Communication

Dental Discipline Competencies	PHAC Core Competencies
Level A: Basic Shared Competencies	
Communicate with individuals, families, groups, coworkers and colleagues about oral health.	Communicate effectively with individuals, families, groups, communities and colleagues.
Use current technology to communicate about oral health issues.	Use current technology to communicate effectively.
Level B: Foundation Competencies	
Interpret information for non-professional and community audiences related to oral health issues.	Interpret information for professional, nonprofessional and community audiences.
Provide learning opportunities for clients to explore values, and to gain knowledge and skills about oral health.	Communicate effectively with individuals, families, groups, communities and colleagues. [aspects]
Provide resources and information to the community and other professionals about oral health issues.	Communicate effectively with individuals, families, groups, communities and colleagues. [aspects]
Level C: Advanced Competencies	
Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.	Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques. Use current technology to communicate effectively. [aspects]
Create safe and supportive learning environments for clients to explore oral and general health issues and practices.	
Use management information systems to improve oral health programs.	Use current technology to communicate effectively. [aspects]
Provide programmatic and scientific information tailored to professional and community audiences.	Communicate effectively with individuals, families, groups, communities and colleagues. [aspects]
Support the development of social marketing messages directed to oral health issues.	

8. Leadership

Dental Discipline Competencies	PHAC Core Competencies
Level A: Basic Shared Competencies	
Support the mission and priorities of the public health organization where one works.	Describe the mission and priorities of the public health organization where one works, and apply them in practice.
Contribute to developing key values and a shared vision.	Contribute to developing key values and a shared vision in planning and implementing public health
Act ethically with clients, information and resources.	Utilize public health ethics to manage self, others, information and resources. [an aspect]
Contribute to team and organizational learning.	
Contribute to maintaining performance standards in oral health.	
Level B: Foundation Competencies	
Contribute to implementing public health programs and policies in the community.	
Manage self, information and resources in a way that honours public health ethics.	Utilize public health ethics to manage self, others, information and resources. [an aspect]
Contribute to team and organizational learning to advance public health goals.	Contribute to team and organizational learning in order to advance public health goals.
Demonstrate an ability to share knowledge, tools, expertise and experience.	
Level C: Advanced Competencies	
Operationalize the mission of the organization within unit's scope of work.	Describe the mission and priorities of the public health organization where one works, and apply them in practice.
Create learning opportunities and build strong oral health teams with different skills sets.	Contribute to team and organizational learning in order to advance public health goals.
Mentor others in their professional development initiatives.	Contribute to team and organizational learning in order to advance public health goals.
Advocate for and secure resources to promote oral health.	