

Public Policy Competencies for Public Health: A Scoping Review

Val Morrison, Audrey Kamwa Ngne

2022, Montréal, Canada

Introduction

Public health actors are required to understand and intervene in public policy as part of their work. In an effort to gauge the treatment of public policy competencies for public health, the National Collaborating Centre for Healthy Public Policy (NCCHPP) undertook a scoping review with analysis of competency frameworks and related documents in public health over the past 15 years. The findings are briefly presented here.

To read the full report, *Public Policy Competencies for Public Health*, click here: <https://ccnpps-ncchpp.ca/public-policy-competencies-for-public-health-a-review-of-the-literature/>

Methodology

Using an adapted version of the Prisma Extension for Scoping Reviews (Tricco et al., 2018), we conducted a scoping review with analysis of the scientific and grey literature on public policy competencies for public health in the fall of 2019. Of an initial total of 1668 documents, after selection and inclusion, we were left with 43 documents. From an initial list of 361 competencies, through stages of constant comparison inquiry (Butler-Kisber, 2010) we generated seven mutually exclusive thematic categories and one residual category, into which we placed each of the 361 competencies. As a result of comments and re-examination, one cross-cutting competency (Leadership) also emerged.

Public Policy Competencies

Policy Analysis / Development



Related to the design, development, implementation, analysis, impact, and evaluation of policies related to public health. Includes knowledge of how policies are made, how they might impact population health, and the ability to delineate policy options for a specific public health problem using evidence-based data. This competency is by far the most frequently referenced. Mentioned in 41 of 43 documents.

Influence / Advocacy



Includes competencies derived from the role of public health in advocating for policies that improve health. Advocacy and influence are mentioned in relation to decision makers, stakeholders, and the public, as is the ability to take positions on matters of policy that affect, or have the potential to affect, public health. Mentioned in 32 of the 43 documents.

Partnership / Collaboration



Includes competencies related to forming partnerships and collaborations, working with community members and stakeholders, as well as those related to intersectoral collaboration. Mentioned in 28 of 43 documents.

Communication



Concerned with the ability to effectively communicate with decision makers and the public. Competencies such as: strategic use of media; writing clear and concise policy briefs and memos; and stating policy options to different audiences. Mentioned in 27 of 43 documents.

Policy Context



Includes competencies related to the social, cultural, and political context. Knowledge of population composition, cultural awareness, health systems, political context, and jurisdictional responsibilities are classified as policy context competencies. Mentioned in 21 of 43 documents.

Social Determinants / Equity



Includes all of the competencies that emphasize the importance of the social, economic, political, and environmental determinants of health and issues related to equity and health inequalities. Mentioned in 10 of 43 documents.

Policy Theory



This includes competencies which emphasize familiarity with different theories of policy, politics, public health, intervention, and social theory. Mentioned in 4 of 43 documents.

Leadership

Although not included as a thematic category in our original analysis, after comments received and considering that our analysis flattened tiered competencies to avoid repetition, we include it here as a cross-cutting competency (i.e. one that is mentioned as necessary in all of the thematic categories as one occupies positions that demand it).

Limits

This study is limited in scope to exploring what has been said, in competency frameworks and in related documents, about what public health actors need to know about public policy; it cannot be considered as a definitive statement of what those competencies are. Further, the competency categories that emerged lack coherent definition as a result of a corollary lack within the documents themselves. Additionally, because of the limits imposed by our inclusion criteria, we may have missed some competencies that were considered in sections other than those explicitly related to public policy, making them appear as less frequently mentioned, such as we found for social determinants/equity. We are confident that, within these limits, our findings are an accurate reflection of public policy competencies found in the frameworks and related documents.

Next Steps

This study is an important step in considering what public health actors need to know about public policy and the policy-making process. We hope to contribute to the discussion of public health competencies generally, and of those related to public policy specifically. One area for further exploration on this topic is the integration of public policy competencies into public health organizations such that they become part of the infrastructure of public health.

References

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