Being Global in Public Health Practice and Research: Complementary Competencies Are Needed

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ABSTRACT

Different sets of competencies in public health, global health and research have recently emerged, including the Core Competencies for Public Health in Canada (CCPHC). Within this context, we believe it is important to articulate competencies for global health practitioners—educators and researchers that are in addition to those outlined in the CCPHC. In global health, we require knowledge and skills regarding: north-south power dynamics, linkages between local and global health problems, and the roles of international organizations. We must be able to work responsibly in low-resource settings, foster self-determination in a world rife with power differentials, and engage in dialogue with stakeholders globally. Skills in cross-cultural communication and the ability to critically self-reflect on one's own social location within the global context are essential. Those in global health must be committed to improving health equity through global systems changes and be willing to be mentored and to mentor others across borders. We call for dialogue on these competencies and for development of ways to assess both their demonstration in academic settings and their performance in global health practice and research.

Key words: Cultural competency; competency-based education; capacity building; world health; mentors

La traduction du résumé se trouve à la fin de l'article.

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Public health practitioners, educators and researchers have long been involved in international health and now global health. Global health arose from the spaces where population and public health, health promotion, and international development converge. Although global health as a field is in a state of flux,^{1,2} “global” captures the scope and interconnectedness of public health – transcending political borders and boundaries, in keeping with the Canadian Public Health Association's tagline “Across Canada and Around the World”.

International colleagues³ and the United States Association of Schools of Public Health (<http://www.asph.org/>) have taken the position that “Global health is public health.” Public health researchers in Canada have advocated for global health research⁴ and supported the Canadian Global Health Research Initiative (<http://www.idrc.ca/ghri/>). The Canadian Institutes of Health Research–Institute of Population and Public Health has been particularly inclusive of global health research (http://www.cihr-irsc.gc.ca/e/documents/ipph_strategic_plan_e.pdf). Within this context of evolving and overlapping concepts and fields of practice and research are questions related to the necessary competencies, capacities, skill sets, or abilities to engage in global health practice and research.

The purpose of this commentary is twofold. First, it seeks to stimulate a constructive dialogue on key competencies for global health practice and research. Second, it seeks to ensure that those engaging in this emerging field are conscious of the distinct features of global health practice and research, e.g., historical context, international regimes that influence health globally, and international organizations that function on the global scale.

Competencies in public health

The core competencies for public health in Canada (CCPHC) have been put forward as a set of shared attitudes and values and competency statements in seven categories for Canadian public health practitioners⁵ (see Box 1). Educators and practitioners have worked to extend this list to make them more specific to particular disciplines, such as those for public health epidemiologists.⁶ No similar sets have reached consensus in public health research, global health, or global health research. Some public health graduate students have argued that public health competencies should necessarily include global health-related matters.⁷

Competencies in global public health

As graduate study of global public health in North America has become increasingly popular, academic institutions have taken the initiative to identify competencies that are either complementary to those for public health (e.g., University of Toronto (see Box 2)),

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or distinct for global public health (e.g., University of Washington⁸).

Competencies in public health research

While reserving research for consultant roles, the CCPHC define research as: “Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. ...” (ref. 1, p. 13). Relevant research competencies in doctoral training have been developed by health behaviour researchers in the USA and health services researchers.⁹ In Canada, public health researchers have recognized that CCPHC are increasingly consonant with research funders’ interest in key professional skills, such as those envisaged in the Tri-Agency Statement of Principles, e.g., communication [CCPHC Category 6] and interpersonal skills [CCPHC category 7], integrity, research management, and civic responsibilities through societal engagement [CCPHC category 4]. As well, the emphasis in the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research on knowledge translation and exchange (<http://www.cihr-irsc.gc.ca/e/29418.html>) is in keeping with the communication responsibilities and capacities of public health researchers.

Competencies in global health research

Members of the Canadian Coalition for Global Health Research (CCGHR) have responded to a thirst for training and mentoring among researchers new to global health. Global health research can be broadly defined as “research that prioritizes equity and improved well-being for all people worldwide.” (<http://www.ccghr.ca>). Global health research examines transnational health issues, determinants and solutions; involves and collaborates with many disciplines within and beyond the health sciences; and is undertaken in order to inform (and be informed by) policy and practice at the local, national and global levels.

In keeping with a growing literature on fostering health research capacity for development,¹⁰ the capacity development program area of CCGHR addresses capacities of individuals (researchers, small research teams, research-users, etc.), of institutions (non-governmental organizations, universities, agencies, ministries, etc.) and of systems (national health research systems or cross-national networks). Correspondingly, CCGHR has developed “catalyst competencies” (see Box 3), involving more generic skills that complement discipline-based research methods and context-specific global health competencies.

Dialogue on competencies in global health and research

During a pre-conference workshop at the Canadian Public Health Association’s Centennial Scientific Conference in June 2010, we explored competencies in addition and complementary to those in the CCPHC that were needed by global health practitioners and researchers. Participants were from a range of clinical, public and global health backgrounds, and at different stages of their careers, from undergraduate students to senior public health practitioners involved in competency development, global health promotion practice, and global health research. Many found it challenging to distinguish global health and public health initially, but agreed that global health is best understood as an extension of public health. One participant offered the concept of “epistemic communities”¹¹ that global health colleagues are seeking to construct, the same way

Box 1. Categories of Core Competencies for Public Health in Canada (CCPHC) (ref. 5, pg. 3)

1. Public Health Sciences
2. Assessment and Analysis
3. Policy and Program Planning, Implementation and Evaluation
4. Partnerships, Collaboration and Advocacy
5. Diversity and Inclusiveness
6. Communication
7. Leadership

Box 2. Global Public Health Competencies, University of Toronto Master of Public Health – Global Health Concentration

Able to:

- a) Understand the political economy of global health issues.
- b) Bring a determinants-of-health and population health perspective to problem analysis, policy development and project design.
- c) Be cognizant of the linkages between local & global health problems.
- d) Work within the mandates, roles and approaches of international organizations.
- e) Build coalitions and work in partnership with the NGO sector and local community organizations.
- f) Be sensitive to cultural differences and adapt methods to local contexts.
- g) Understand broad ethical issues as they relate to equity globally.
- h) Apply appropriate ethical approaches to international, country-level and local projects.
- i) Continue to advance knowledge, understanding and skills in research or professional practice in the field of global health.

Box 3. Canadian Coalition for Global Health Research Catalyst Competencies

- A. Global learning, mentoring and leadership – actively reflecting upon, improving and shaping the research work of individuals, institutions and systems in cross-cultural settings;
- B. Global partnering and networking – coordinating, collaborating and exchanging across countries and jurisdictions to help individuals, institutions and systems work together on collaborative research and training projects; and
- C. Global level knowledge translation and exchange – from synthesis of existing evidence, through engaging research-users in dialogue and brokering, to dissemination and uptake of findings, recognizing the limitations of resource-poor settings and political-economic challenges in uptake across countries.

that health promotion colleagues did in relation to broader public health some decades ago. Defining global health practice and research competencies is an important part of this self-identification process.

Participants emphasized that contexts (historical, cultural, resource, etc.) exhibit a more explicit or influential role when considered globally. Correspondingly, those active in global health need to understand and be able to engage in multiple contexts simultaneously. Global health practice and research require knowledge of political systems, health systems and social determinants of health with a greater diversity than one could expect within one nation. Those engaged in global health practice and research are also confronted with a plethora of international regimes, both bilateral and multilateral, that have direct and indirect impacts on global health. Participants also noted the challenges of working in what may be regarded as more extreme contexts, particularly with very limited resources, and the need to be highly flexible. While the group acknowledged that the slate of CCPHC competencies were

Table 1. Competencies for Public Health, Global Health Practice and Research

Core Competencies for Public Health Practice*	Our Proposed Complementary Competencies		
	Global Health Practice†	Public Health Research†	Global Health Research†
Category 1: Public Health Sciences 1.2 Demonstrate knowledge about the history, structure and interaction of public health and health care services at local, provincial/ territorial, national and international levels.	Demonstrate knowledge of: GH.1 historical and present north-south power dynamics; social and political contexts and determinants of health. GH.2 linkages between local and global health problems. GH.3 international organizations, their interactions and their effects on local actions for health.	R.1 Demonstrate knowledge of the ways research has been historically funded, generated and used in different contexts and levels of the public health and the health care systems.	
Category 2: Assessment and Analysis 2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues. 2.4 Analyze information to determine appropriate implications, uses, gaps and limitations.		R.2 Critically analyze, synthesize and manage available knowledge. R.3 Identify 'actionable determinants' or entry points for research to action.	
Category 3: Policy and Program Planning, Implementation and Evaluation 3.3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies. 3.6 Evaluate an action, policy or program.	GH.4 Work effectively and responsibly in low-resource settings to promote sustainable interventions for global health.	R.4 Engage community members in research planning within a framework of trust and respect. R.5 Demonstrate proficiency in the use of evaluation research methods.	
Category 4: Partnerships, Collaboration and Advocacy 4.1 Identify and collaborate with partners in addressing public health issues. 4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships. 4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of communities.	GH.5 Foster self-determination, empowerment and community participation in GH contexts. GH.6 Actively recognize the interaction between political and economic history, power, participation and engagement globally. GH.7 Contribute to improving health equity at multiple levels, through systems changes.	R.6 Produce knowledge relevant to users through well-managed, ethically informed research. R.7 Identify and collaborate with researchers from different disciplines and partners from different cultures. R.8 Use research as an advocacy tool; recognizing the appropriateness of different strategies in particular situations. R.9 Use knowledge exchange mechanisms in community action, program management and policy-making.	
Category 5: Diversity and Inclusiveness 5.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, health status, sexual orientation and abilities.	GH.8 Critically self-reflect upon one's own social location and appropriately respond to others in their diverse locations. GH.9 Communicate effectively across disciplines and cultures. GH.10 Demonstrate commitment to global equity, social justice, and sustainable development.		GHR.1 Respect cultural diversity and values as they relate to global health research and interventions.
Category 6: Communication 6.3 Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.	GH.11 Create social spaces for dialogue between stakeholders across jurisdictions.		
Category 7: Leadership 7.4 Contribute to team and organizational learning in order to advance public health goals. 7.6 Demonstrate an ability to build community capacity by sharing knowledge, tools, expertise and experience.	GH.12 Demonstrate willingness to be mentored across borders. GH.13 Mentor others and develop long-term relationships of trust locally and globally. GH.14 Educate oneself about global health issues on an ongoing basis.		GHR.2 Work in transnational teams with a broad understanding of health research.

* We have included competencies within the seven CCPHC categories that we felt were relevant to global health (www.phac.aspc.gc.ca/core_competencies).

† These additional and complementary competencies were developed with participants at a pre-conference workshop at the 2010 annual conference of the Canadian Public Health Association.

applicable to global health practice, the discussion led to the generation of 14 additional global health practice, and public health and global health research competencies that coincide with each of the seven CCPHC categories (Table 1).

Workshop participants also considered several CCGHR global health research competencies generic to all public health research in an era of collaborative, respectful, practice-informed and action-oriented research. In particular, the need for transdisciplinary approaches, the ability to find 'entry points' for action, and the importance of research identifying "actionable determinants" were emphasized as competencies for both public and global health

researchers.¹² Respect for cultural diversity which may impact upon research, particularly ethics provisions in different countries, and the ability to work in transnational teams on different kinds of health research were regarded as particularly important for global health researchers.

Important attitudes and values underlying the CCPHC and consonant with CCGHR's emphasis on equity include the commitment to equity, social justice¹³ and sustainable development. The CCPHC's respect for diversity and self-determination was deemed crucial, as was the ability to self-reflect upon one's own social location and respond to others in theirs (Table 1, GH.8). The CCPHC approach to

empowerment and community participation was also seen as key in partnership development for research, in keeping with CCGHR's Partnership Assessment Tool (see <http://www.ccgghr.ca/default.cfm?content=pat&lang=e&subnav=library>). Some participants referred to the guidance that both CIHR and CCGHR have developed on conducting research and interacting ethically with Aboriginal communities as appropriate for both public health and global health researchers.¹⁴

Given the demands of understanding contexts, the need for enhanced capacities in self-reflection, and the requirements of flexibility and commitment, several participants reinforced the need for mentorship to develop these competencies. Mentorship for global health research leadership has received attention among nurses¹⁵ and mentor development and training has been important in CCGHR's capacity development work (see mentorship modules at <http://www.ccgghr.ca>).

DIRECTIONS

As global health practice and research develop as epistemic communities, we expect greater clarity on required competencies. The tremendous effort that has gone into developing the CCPHC is also needed in global health if we are to serve both our students and colleagues well. We will also need not only a parsimonious set of competencies, but corresponding methods to assess their demonstration in academic settings and their performance in global health practice and research. We hope this commentary initiates a constructive dialogue on the explicit identification of competencies held in common with the field of public health and those distinctly required of the subfields of global health practice and research.

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RÉSUMÉ

Différents ensembles de compétences en santé publique, en santé mondiale et en recherche ont vu le jour récemment, dont les Compétences essentielles en santé publique au Canada (CESPC). Dans ce contexte, nous croyons important d'exposer clairement les autres compétences nécessaires aux praticiens-éducateurs et aux chercheurs en santé mondiale, en plus des CESPC. En santé mondiale, nous avons besoin de connaissances et de compétences sur : les rapports de force Nord-Sud, les liens entre les problèmes de santé locaux et mondiaux, ainsi que les rôles des organisations internationales. Nous devons pouvoir travailler de façon responsable dans des milieux faibles en ressources, favoriser l'autodétermination dans un monde où règnent les rapports inégalitaires, et nouer un dialogue avec des parties prenantes à l'échelle mondiale. Des compétences en communications interculturelles et la capacité de réfléchir de façon critique à notre propre situation sociale dans un contexte mondial sont essentielles. Les intervenants en santé mondiale doivent s'employer à améliorer l'équité en santé en opérant des changements dans les systèmes mondiaux et être disposés à vivre des expériences de mentorat outre-frontières. Nous réclamons un dialogue sur ces compétences et la mise en œuvre de moyens pour évaluer à la fois la façon dont elles sont enseignées et les résultats qu'elles permettent d'obtenir dans la pratique et dans la recherche en santé mondiale.

Mots clés : compétence culturelle; éducation axée sur les compétences; renforcement des capacités; santé mondiale; mentors