



**First European Conference on Core Competencies
for Public Health Education
10 – 11 April, 2008
Aarhus University, Aarhus, Denmark**

CONFERENCE REPORT



AARHUS UNIVERSITET

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Nordea Danmark-fonden

Local organising committee of the conference

Anders Foldspang, Vice President, ASPHER (chair)

Søren Kjærgaard, Head, Institute of Public Health, Aarhus University

Jens Krogh, Director, Centre of Public Health, Central Denmark, Region

Academic panel of the conference

Jo E. Asvall, Regional Director Emeritus, World Health Organization, Office for Europe,
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Naomi Chambers, President, European Health Management Association (EHMA)

Johannes Flensted-Jensen, Vice Mayor, Central Denmark Region

Anders Foldspang, Vice President, ASPHER

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Gudjon Magnusson, Professor, Reykjavik University, Iceland

Søren Mogensen, Dean, Faculty of Health Sciences, Aarhus University

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Leif Vestergaard, Director of Health, Central Denmark Region

Acknowledgement

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FOREWORD

The *First European Conference on Core Competencies for Public Health Education*, held 10 – 11 April, 2008, at Aarhus University, Aarhus, Denmark, was attended by 85 participants from 27 European countries. We are indebted to the distinguished keynote speakers and to the participants, for spending their valuable time and sharing their professional experience to develop lists of competencies. We are grateful for the support by the Academic Panel and for sponsoring by the Nordea-Danmark fonden, the Central Denmark Region, and the Institute of Public health, Aarhus University. We do look forward to the future collaboration and the development of strong communicative lines between Public Health decision makers and employers – and academic Public Health teachers and scientists.

Anders Foldspang
Chair, Local Organising Committee
Vice President – ASPHER

Jens Krogh
Director, Centre for of Public Health
The Central Denmark Region

Søren Kjaergaard
Head, Institute of Public Health
Aarhus University

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Introduction

ASPHER's *European Public Health Core Competencies Programme (EPHCC) for Public Health Education* was initiated during spring 2007 and includes about 100 European academic Public Health teachers and scientists organised within six thematic workgroups:

- WG1. Methods;
- WG2. Social environment and health;
- WG3. Physical, chemical and biological environment and health;
- WG 4. Health policy, organisation, management and economics;
- WG 5. Health promotion and prevention;
- WG 6. Cross-disciplinary themes, including strategy making, ethics, other themes.

The core competencies programme is planned to include at least three phases:

1. *June-October 2007*
Development, by ASPHER members, of provisional lists of competencies – a mapping exercise.
2. *November 2007-October 2008*
Further mapping and development of lists of competencies in cooperation with PH stakeholders and in the light of Public Health functions.
3. *November 2008-October 2009*
Classifying competencies according to, e.g., educational level.

During Phase 1, competences aimed at in various Public Health educational settings were reported and classified as either intellectual or practical. As points of view concerning the logical structure of a catalogue of competencies can be expected to vary considerably across borders, no more specific or detailed classification scheme was implemented in this phase but left to later discussion. Results were published in the Phase 1 Report.

Building on the Phase 1 Report, the aim of the *First European Conference on Core Competencies for Public Health Education*, held 10 – 11 April, 2008, at Aarhus University, Aarhus, Denmark, was to collect more competencies for academic Public Health education. This part of the programme was intended to include a continued dialogue between, on one side, Public Health decision makers and managers and, on the other side, schools of Public Health – in order to identify some of the crucial competencies, which Public Health professionals must possess

*) Foldspang A. Provisional Lists of Public Health Core Competencies. European Public Health Core Competencies Programme (EPHCC) for Public Health Education. Phase 1. ASPHER Series N°2. Brussels: ASPHER, 2007. - The report can be found on ASPHER's homepage www.aspher.org .

so that they will be able to effectively develop, organise, implement, carry out and evaluate Public Health interventions.

Accordingly, conference participants actually produced a huge variation of highly professional suggestions for competencies to be added to those already included in the Phase 1 Report. The Phase 2 Report of the programme will include these and other suggestions and is planned to appear by end of October, 2008.

The basic inclusive principle (see the Phase 1 Report) is meant to be maintained during the whole of Phase 2, allowing for as much practical as well as theoretical experience as possible to be integrated in the lists. As you will see, this is clearly reflected in the conference work group reports, which to some extent include mutually overlapping competencies and also overlaps with what is already in the Phase 1 Report. Moreover, a bit of more structure was clearly called for at the conference, so that the main themes, with their intellectual and practical competencies, should be further subdivided. In the present phase of the process, such structuring probably should leave out details and mainly be suggestive in order not to violate the main perspective of inclusiveness.

Following Phase 2, in Phase 3 and in future phases of the programme, there also could be a need for a more firm and, at the same time, broad organisational rooting. Thus, one perspective could be the establishment of a *European standing committee on core competencies in Public Health education*, with representatives from both sides: The decision makers' and employers' side and the academic side – and other international organisations and structures as well, like WHO and EU. The standing committee could develop a *common catalogue of core competencies in European Public Health education* - representing the two sides and their mutual correspondence. Also the development of a *European testing institution* offering examination of Public Health students as concerns defined competencies at all academic levels – bachelor, master (graduate and postgraduate), Ph.D. - thus paving the road to European Public Health academic degrees at these levels. European Schools of Public Health – and schools in other parts of the World - will then ensure the supply of relevant, high quality educational programmes, aiming at the agreed-upon competencies. Last but certainly not least: *Continued and further developed contact* between, on one side, European Ministries of Health, international organisations and other representatives of Public Health systems, and, on the other side, the academic and educational systems.

Such contact could be sustained by, e.g., workshops. Following the Aarhus conference, workshops actually are by now being organised in European countries to allow for a developed, close and concrete dialogue about competencies needed to meet Public Health challenges. Suggestions for workshops are welcomed.

Furthermore, the *Second European Conference on Core Competencies for Public Health Education*, is being organised to be held on 30 October, 2008, in Paris, under the auspices of the Ecole des Hautes Etudes de Santé Publique (EHESP), France, and as an official part of the activities associated with the French EU Chairmanship in 2008.

Thus, so far the process of developing lists of competencies in Public Health education certainly seems productive.

Anders Foldspang

Conference programme

Thursday 10 April, 2008

- 12:00-15:00 Registration
- 12:00-14:00 Lunch
- 14:00-14:20 Opening ceremony
- 14:20-15:00 *Public Health Functions and Demands for Competencies in Public Health Training in European Countries.* Gudjon Magnusson, Professor, Reykjavik University, Iceland.
- 15:00-15:20 *An example: ECDC lists of core competencies for field epidemiologists in the European Union.* Dr. Carmen Varela, Senior Expert, ECDC, Stockholm.
- 15.20-15:35 *ASPHER's core competencies project, Phase 2. Introduction to Group Work.* Anders Foldspang, Vice President, ASPHER.
- 15:35-16:00 Coffee break.
- 16:00-18:30 Group work.
- 18:30-18:45 Summary highlights from group work.
- 20:00 Conference dinner at the Varna Mansion

Friday 11 April 2008

- 8:30-10:00 Group work
- 10:00-10:30 Coffee break
- 10:30-11:15 Group work.
- 11:15-12:00 Highlights from group work
- 12:05-12:25 *Public Health Education: Competencies, Quality Development and Accreditation.* Jacek Sitko, President, ASPHER.
- 12:25-12.45 *An example: Skills and Career framework for Public Health in the UK.* Jenny Wright, Director, Public Health Resource Unit (PHRU), London.
- 12.45-12:55 *What should we do next?* Anders Foldspang.
- 12:55-13:00 Closing of conference.
- 12:50-14:00 Lunch.

Opening

Søren Mogensen, Professor, Dean, Faculty of Health Sciences, Aarhus University

Your Excellencies, Honoured Guests, dear Colleagues and Participants,

It is my pleasure as Dean of the Faculty of Health Sciences at the University of Aarhus to welcome all of you – from as many as 27 European Countries – to the First European Conference on Core Competencies for Public Health Education.

Professionalisation of the Public Health workforce is crucial to our ability to meet threats to the population's health and to answer to the challenges in building cost-effective health systems, based on sound scientific evidence.

The number of Public Health professionals is, however still very low and does not correspond to the need. Thus, supporting and developing research and education in the Public Health field is a major responsibility for the faculties of European universities.

The Danish Master of Public Health educational programme was initiated in 1996. Since then, bachelor and master programmes in Public Health have been implemented as well, and a nationwide Ph.D.-school has been established.

Here in Aarhus a unique collaboration has been established within the framework of what we have named the Environment for Public Health, between the Institute of Public Health at the university and the Centre of Public Health at the Region – actually the two hosts of the present conference, organised by ASPHER.

Parallel to - and learning from - what has shown to be an important dynamic for developments in the clinical sector, we thus strive to integrate scientific research, education and practice also in the Public Health field.

This is supported by a variety of public health disciplines in the environment, including epidemiology, biostatistics, environmental health, family medicine, nursing, health services research, social medicine and rehabilitation as well as prevention and health promotion.

Neither research nor education can be developed without international cooperation. We thus appreciate the deep involvement of professor Anders Foldspang in the work of ASPHER. Anders Foldspang, now Vice President of ASPHER, is Professor at the Department of Health Services Research and has through 12 years been the Director of our Master of Public Health programme. Now he has been the driving force behind this conference.

Lists of core competencies – the main theme of this conference - are essential to understand the interplay between challenges and how to meet these challenges. In this phase of ASPHER's competencies programme, the aim is to establish contact between decision-making, planning and managing environments on one side – and the academic Public Health culture on the other side.

This is a working conference, and I do look forward to the results provided by you after the two days.

I wish you all a constructive and fruitful conference!

Kjeld Kjeldsen, Deputy General Director, National Board of Health, Denmark

On behalf of the National Board of Health – on behalf of the National level - I hereby bring thanks to the ASPHER organisation. Denmark and Europe are indebted to ASPHER for the magnificent work. Work, which has led to Phase 1 – The Provisional Lists of Public Health Core Competencies - and now to the first European conference on core competencies for public health education here in Aarhus.

The conference will provide a framework for the dialogue between the public health stakeholders – that means public health decision makers and managers – and the academic level at the schools of public health.

The dialogue is a step on the way to specify the best program – the core competencies for students at the schools of public health. The right competencies are those, which reflect the present and forecast the future reality as concerns population health, the health system, and other systems influencing health.

The right competencies will strengthen the society to understand the connections and dynamics between population health, the health system, and other parts of society. The right competencies will strengthen society to make decisions, which support the balance between population need and the systems, which influence the population's health.

Because everything is constantly changing - the population health profile is changing, and the health system is changing - we need the right competencies. At the same time we have to realise that the right competencies are dynamic by nature. Therefore it is good to read in the Phase 1 report that the process of development lists of competencies is planned to be a continuous one.

Also the continuous work and process have to be started, and some years from now I believe that this conference will be seen as the starting point for an ongoing process for developing and maintaining strong and relevant competencies for students at the schools of Public Health.

Thanks and congratulations to ASPHER for the initiative. It is an initiative with a great potential impact on health and rational use of resources on health.

Ole Have Jørgensen, Chair, the Board of the Danish MPH Education Programme

Ladies and Gentlemen.

Thank you very much for the invitation to take part in this opening of the first European Conference on core competencies in Public Health.

As a representative of the national association of local authorities in Denmark I have been involved in the establishment of the MPH education in Denmark, and I have been a member of the board since this education started in Denmark.

As a long-time chief executive in a larger Danish Municipality – Horsens, the first Danish member of the WHO Healthy Cities program – I am also familiar with the work on health promotion, as it has been developed by Danish local authorities.

After retirement, I have started my own personal health promotion programme as member of the management staff of the international Danish company Bestseller, where I have experienced the great concern of health and health promotion among employees.

Studying the list of competencies, for instance concerning methods in Public Health, I feel almost overwhelmed - 121 different competencies. And there is no difference in level when it comes to social environment and health, physical, chemical and biological environment and health et cetera.

This shows us that if we are, and will continue to be, very good as concerns knowledge and skills, we will be successful when it comes to production of results among our customers, the people and the societies, we work for.

If our track record of improved public health over the last 20 years is satisfactory, we have earned the right to be satisfied. Or is the fact that there is a shortage of results based on the skills and techniques we represent? Probably, we still have a long way to go.

I have noticed the whole idea behind the list of competencies – and I see why it is necessary to have a complete overview of the education to improve quality - and hence the outcome of your and your students' work.

I like the list, and in particular I like that communication has such a central position all over – but I wonder if we could be more aware of the necessity to cooperate with colleagues with other competencies and skills, in order to achieve more and better results.

The future colleagues are stakeholders, as are others. I personally – and my Danish friends know my attitude – would like to draw your attention to one particular theme. Studies, not only in Denmark, have shown that level of education (not in health promotion but the general school education) turns out to be the key factor, when it comes to explaining levels of public health.

Do we always bear this fact in mind, and do we put sufficient emphasis on education, when we discuss different initiatives – and do we see the public schools as a key Public Health stakeholder at the local level?

We have a lot of challenges, a lot of work needs to be done, and your knowledge and skills will be very much needed in the future.

Therefore I wish you a lot of hard work and a pleasant stay here in Aarhus.

Stojniew Jacek Sitko, President - ASPHER

Dear Participants.

First of all, welcome at this ASPHER Conference. Your presence here shows how important the issue of the Public Health professional competencies is. In fact it is, because of its strong connection to the efficiency and relevance of the PH workforce in Europe and also beyond Europe. This, in turn, is crucial to our ability to successfully tackle the PH challenges. And these challenges are now changing fast, and probably even faster today than in the past.

The major players at the health scene definitely have identified the significance of this issue and are taking actions by now. WHO has been involved already for a long time in the Development of Professional Workforce in Health. There is an increasing interest to that issue at the EU-DG-Sanco. The European Recommendations for quality training are there as well. Our sister organizations in US, namely ASPH/APHA, are far more advanced here yet - what also shows the relevance of dealing with this subject. Some other continents' PH organizations are considering - or even developing already - the same studies.

ASPHER has recognized the importance of problem of competencies in PH for a long time already - as education and training denote our focal point. Either in PEER¹ review, EMPH² or Accreditation³ – to name only a few examples out of ASPHER's portfolio - the core competencies in PH have been one of the central issues. Not a long time ago also a successful methodology to identify the gaps between employers' expectations and the education in PH (called SAQ – Self Assessment Questionnaire)⁴ have been developed by three ASPHER – Member Schools of Public Health.

¹ **PEER** stands for: Public Health Education European Review – which is a supportive , quality of public health education - external review, established by ASPHER in 1993 and carried out successfully on request of many SPHs so far (for details see: Quality Improvement and Accreditation of Training Programs in PH (called also: „Blue Book”), J.Bury (ed) ASPHER - Foundation Merieux, Lyon, June 2001, or: www.aspher.org (projects))

² **EMPH** - European Master of Public Health (see: *The European Master Of Public Health – Vademecum*, A.Foldspang, T.Louvet (ed's), ASPHER, 2003, project funded by the EU-DG Sanco available at: www.aspher.org (projects))


³ **Accreditation** – European Accreditation of Public Health Accreditation – (see: www.phaccr.eu) a project founded in the framework of EU Leonardo da Vinci, which led to elaborations of Standards, Procedures, and structure of EAAPHE – European Accreditation Agency for Public Health Education; two pilot accreditations of MPH programs took place in the year 2007.

⁴ **SAQ** - Leonardo da Vinci PL/00/B/F/PP/140155 Improving Employability of Public Health Graduates. (<http://www.healthgraduates.mcg.pl/>) after thematic monitoring carried out by Ernst & Young the project was selected to be an example of good practice in Europe.

Now, we are participating in the important common effort organized by ASPHER in collaboration with Aarhus University and its SPH, an effort to establish a process of identifying and upgrading these Core Competencies in Public Health. Thank you very much for coming, then, and let's do our job here in order to advance with this important matter.

Plenary presentations, 10 April 2008

Public Health Functions and Demands for Competencies in Public Health Training in European Countries. Gudjon Magnusson, Professor, Reykjavik University, Iceland.



Public Health Functions and Demands for Competencies in Public Health Training in European Countries

Aarhus 10 April 2008

Gudjón Magnússon MD PhD
Professor of Public Health
Reykjavík University

Global WHO Priorities 2007-2012

- Health and development
- Health and security
- Health systems
- Information, knowledge
- Partnerships
- Performance

The WHO European Region is confronted by diversities

- ✓ Huge and increasing inequalities both between and within countries

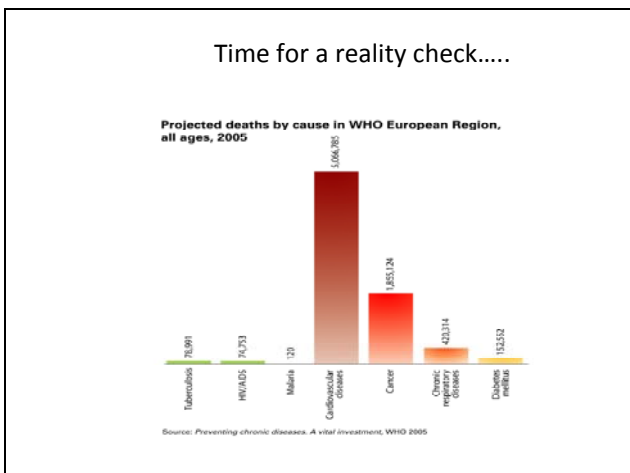
Healthy life expectancy (latest available)

Highest
San Marino: 73.4 years
Sweden: 73.3 years
Switzerland: 73.2 years

Lowest
Turkmenistan: 54.4 years
Tajikistan: 54.7 years
Kazakhstan: 55.9 years

Leading NCD conditions in Europe

Disease	Disease burden (DALYs)	Deaths
Cardiovascular diseases	23%	52%
Neuropsychiatric disorders	20%	3%
Cancer	11%	19%
Digestive diseases	5%	4%
Respiratory diseases	4%	4%
Diabetes mellitus	1%	1%
Musculoskeletal diseases	4%	0%
Sense organ disorders	4%	0%
Other NCDs	5%	2%
Total	77%	86%



WHO European Region – the challenges

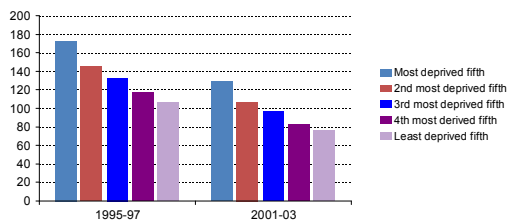
- Non communicable diseases
- Strengthening health systems
- Children and adolescent health
- High tobacco and alcohol consumption
- Mental health
- Injuries and accidents
- HIV/AIDS
- TB
- Environmental health
- New emerging threats

What does the future hold?

- By 2050, more than one-quarter of Europe's population is expected to be over 65 years
- More than one-third of men over 60 years of age have 2 or more chronic conditions - with the number increasing with age and among women

Social gradient

Age-adjusted death rates/100,000 for circulatory diseases*
in those aged <75 years by area deprivation: England



(Tackling Health Inequalities: Status Report on Programme for Action, 2005)

Developing an understanding of scope and public health knowledge

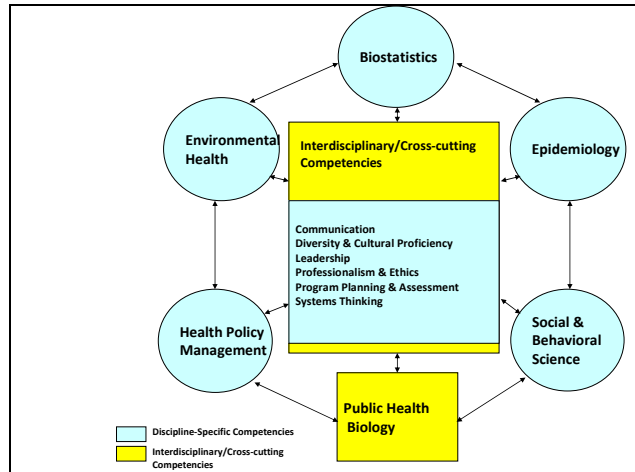
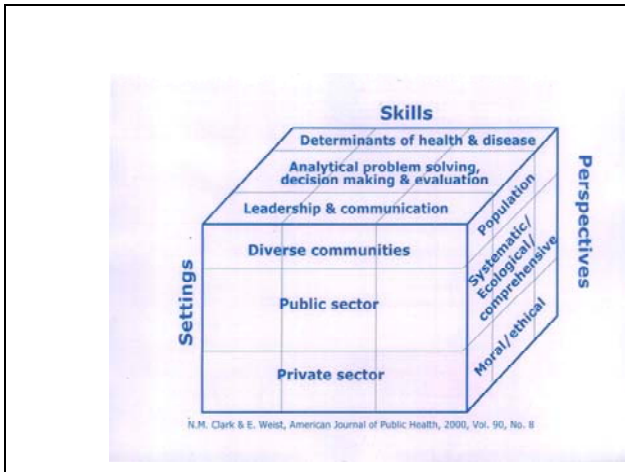
- ✓ Professionals will at any time possess only a very limited proportion of available knowledge
- ✓ Much of the knowledge will be superseded or reversed by new knowledge
- ✓ The nature of public health challenges changing rapidly
- ✓ Status of professionals should not depend on initial training alone

Understanding of the different settings

- ✓ Public health practitioners are expected to be effective in different environments
- ✓ Effective public health practitioners have to work with many different partners and paradigms
- ✓ Who employs the public health professionals and what are their agendas?

The role of schools of public health

- ✓ Train the public health workforce
- ✓ Promote through multi-purpose modules public health components into other disciplines
- ✓ Provide opportunities for updating the knowledge of public health professionals, high level decision makers and health managers



“Rapid changes in an already complex global health situation are taking place in a context in which the global public health workforce is unprepared to confront these challenges.”

R.Beaglehole et al, The LANCET, 19 June, 2004

Thank you!


An example: ECDC lists of core competencies for field epidemiologists in the European Union. Dr. Carmen Varela, Senior Expert, ECDC, Stockholm.



An example: ECDC lists of core competencies for field epidemiologists in the European Union

Dr. Carmen Varela, Senior Expert
European Centre for Disease Prevention and Control
First European Conference on Core Competencies for Public Health Education - 10, 11 April 2008, Aarhus University

ecdc.europa.eu



Why a list of core competencies for field epidemiologists

- Strengthening the epidemiological capacity to fight against infectious diseases in the EU - core function of ECDC
- Crucial elements:
 - Structure in public health administrations (budget, facilities, equipment, etc)
 - Professionals in appropriate number, trained or/and experienced
- To define the profession of intervention/field/applied epidemiologist, independently of the level: local, regional, national, supra-national
- Recommendation of ECDC consultation with MS, 2005
- To base training programmes in agreed core competencies

2




What is a competence?

“Competencies are action-oriented statements that delineate the essential knowledge, skills and abilities in the performance of work responsibilities”

Source: Nelson Jc, The Public Health Competency Handbook: Optimizing Individual & Organizational Performance for the Public's Health, Atlanta, GA: Centre for Public Health Practice of the Rollins School of Public Health, 2002

3



Field/Intervention epidemiologist - proposed ECDC definition

The epidemiologist that applies the science of epidemiology to the prevention and control of public health problems and works in intervention and response activities

Field epidemiology

The constellation of problems faced by epidemiologists who are called upon to investigate urgent public health problems...

Source: Field Epidemiology, 2nd edition Michael Gregg

4



Users of the list of core competencies

- Public health institutions at the EU level
- Intervention epidemiologists
- Trainers
- Trainees

5




Uses of the list of core competencies

- Tool to assess training needs in public health institutes
- Professional development
 - Recruitment
 - Promotion
 - Vacancy notices
- Curriculum design of competency-based training programmes
- Tool to assess skills of professionals and trainees
 - Sub-competencies for specific tasks
- It may facilitate accreditation processes

6



The development process



First thoughts

- Who should be involved in the process?
 - Institutions
 - Experts
- How many?
- Timeline
- Methodology
- Public Health framework


8



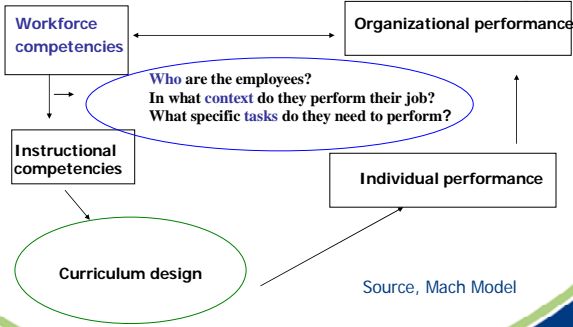
Literature review and web search

- Previous experiences
 - TEPHINET competencies for field epidemiologists and FETP curriculum
 - CSTE / US CDC applied epidemiology competencies
- Good references
 - ASPH Masters Degree in PH Core competencies development project
 - Focus groups for PH Competencies development, Leonardo da Vinci Project
 - Vademecum European Masters Public Health

9




Approach



The diagram illustrates the Mach Model. It features four main boxes: 'Workforce competencies' (top left), 'Organizational performance' (top right), 'Instructional competencies' (bottom left), and 'Individual performance' (bottom right). A double-headed arrow connects 'Workforce competencies' and 'Organizational performance'. A double-headed arrow connects 'Instructional competencies' and 'Individual performance'. A box in the center contains the questions: 'Who are the employees?', 'In what context do they perform their job?', and 'What specific tasks do they need to perform?'. Arrows point from this central box to the four main boxes. A green oval labeled 'Curriculum design' is positioned below 'Instructional competencies', with an arrow pointing to 'Individual performance'. The text 'Source, Mach Model' is located at the bottom right of the diagram.


10



Scope

- Workforce competencies, vs instructional
- Broad statements
- Middle-career positions
 - this approach was taken to facilitate the process. Afterwards, in a later phase, the competencies can be developed for other career stages.
- "core"
 - The term "core" indicates that the competencies should be a minimum pre-requisite for any field epidemiologist, regardless of the level he/she works in the public health administration. They should be common to all.

11



Working paper and mail review Autumn 2006

- Presentation of objectives, method and scope
- Evaluation of the list of domains and competencies
 - Validity
 - Comprehensiveness
 - Phrasing
- Inclusion of more competencies per domain
- Exclusion
- Reviewers: ECDC experts, EPIET coordinators and Epiet Alumnae Association (EAN)

12

ECDC expert meeting, 31 Jan 2007



• Presentation of different perspectives and users

- USC CDC
- EUPHA (the employers)
- ASPHER
- FETP India

• Tools

- Draft tables with list of domains, areas and competencies
- Fact sheets US CDC Competencies for applied epidemiology (tier for middle-career epidemiologists)

13

Working Group Activity n.1 Common tasks for all field epidemiologists



WG A:

write a job description for a post of intervention epidemiologist in the local level of your country (including the tasks to be performed);

WG B:

same exercise but for the national level

Brief presentation in plenary & discussion about tasks common to both groups

14

Working Group Activity n.2 Consensus on domains and core competencies



With the results of WG Activity 1, use the proposed draft list of domains and competencies to

- Choose those that are essential for the previous exercise, and phrase them accordingly
- Add new domains or competencies,
- Delete those that are not essential

15

Second mail review



- CC Group – from Expert meeting January 2008
- Advisory Forum working group
- Distributed to EUPHA network



Updated list, published in website

July 2007, Eurosurveillance announced process and ECDC Online Survey

16

Institutions and networks that contributed with experts-reviewers



- Advisory Forum (AF) WG of Preparedness and Response - ECDC
- Field Epidemiology Training Programmes (FETPs)
- Institutes Public Health Surveillance in the EU
- Association of Schools of Public Health in the European Region (ASPHER)
- European Union Public Health Association (EUPHA)
- World Health Organization (WHO)
- Training Programmes in Epidemiology and Public Health Intervention Network (TEPHINET)
- Centers for Disease Prevention and Control (CDC) of the United States
- Epiet Alumnae Association (EAN)
- European Programme for Intervention Epidemiology Training (EPIET)

17

Online survey, July-August 2007 Support for ECDC list of core competencies



- Likert scale - Respondents agreed or strongly agreed that 81 of 85 should be core competencies
- Uncertainty about 4 competencies
 - Public health policy
 - Apply economic methods and tools to support and evaluate decision making in health
 - Laboratory issues
 - Create a protocol for specimen collection
 - Identify the appropriate tests needed for the diagnosis of a disease
 - Statistical and other data analysis
 - Use software packages for other types of data analysis (modelling, etc)

18




The list of 80 core competencies for field epidemiologists in the European Union

Specific areas and domains

Table 1: Areas and domains in public health epidemiology

Category	Area	Domain
Specific for the profession	Public health	1. Public health science
		2. Public health policy
	Applied Epidemiology	3. Risk assessment
		4. Public health surveillance
		5. Outbreak investigation
		6. Epidemiological studies
		7. Infectious diseases
		8. Laboratory issues
		9. Public health guidance
Common to other professions	Biostatistics	10. Probability
		11. Inferential statistics
		12. Sampling
	Applied Informatics	13. Internet
		14. Statistical and other data analysis
	Communication	15. Editing and presentations
		16. Risk communication
		17. Written communication
	Management	18. Oral communication
		19. Use of new technologies
		20. Planning and use of resources
		21. Team building and negotiation
	Capacity development	22. Mentorship
		23. Training
	Ethics	24. Protection of individuals
		25. Confidentiality
		26. Conflicts of interests




Specific areas and domains

Public health

- Public health science
- Public health policy


Applied epidemiology

- Risk assessment
- Public health surveillance
- Outbreak investigation
- Epidemiological studies
- Laboratory issues
- Infectious diseases
- Public health guidance



Cross cutting areas

- Biostatistics
- Applied informatics
- Communication
- Management
- Capacity development
- Ethics



Outbreak investigation

- Create a case definition and adjust it as necessary during the investigation
- Describe the outbreak in terms of person, place and time
- Generate hypothesis about the cause and/or risk factors of the outbreak
- Conduct analytical epidemiological investigation to identify the source
- Recommend appropriate evidence based measures to control the outbreak
- Report and present results of an investigation

Epidemiological studies

- Write a study protocol using investigation techniques consistent with the public health problem
- Conduct epidemiological studies
- Report and present results of a study
- Recommend evidence-based interventions in response to epidemiological findings



Domain: Public health surveillance

core competencies

- Run a surveillance system
- Conduct surveillance data management
- Perform descriptive analysis of surveillance data
- Interpret disease and public health events trends from time series analysis
- Identify key findings from surveillance data analysis and draw conclusions
- Evaluate surveillance systems
- Recognize the need for and set up a new surveillance system
- Use event-based surveillance, also called epidemic intelligence, to detect health threats
- Be familiar with laws on surveillance and reporting of communicable diseases at national, EU level and globally (International Health Regulations)

Development of core competencies - Barriers



- Huge diversity of job descriptions related to field epidemiology in the EU, according to different administrative health structure of MS
- What is a competence? Do we all have the same concept?
- Formulation of competencies, Verbs to be used!
- Level of detail
- Areas, domains and competencies

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Next steps



The list of core competencies was presented in Sept 2007

- to the MS, during 2nd Consultation on ECDC training strategy
- to ECDC Advisory Forum

It was published on ECDC website in Jan 2008

- We need to promote the use of the list, by different users
- Sub-competencies may be developed
 - to assess the ability to perform specific tasks and
 - for instructional design, to fit learning objectives and curriculum

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Acknowledgements



- Expert Meeting, 31 January, Stockholm (CC-group)

Preben Aavitsland, Katharina Alpers, Nancy Binkin, Jeanette de Boer, Arnold Bosman, Luca Busani, Katarzyna Czabanowska, Denis Coulombier, Ruth Gelletlie, Brigitte Helynck, Yvan Hutin, Denise Koo, James Stuart, Alena Petrakova, Lara Payne, Zoltan Voko, Marta Valenciano and Carmen Varela

- Those that distributed the list to different professional associations and networks in the EU
- All public health professionals that provided ideas and concepts and those that participated in the online survey
- All the institutions of origin of experts-reviewers


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Thanks!

<http://ecdc.europa.eu/pdf/Core.comp.pdf>

ASPHER's core competencies project, Phase 2. Introduction to Group Work.

Anders Foldspang, Chair, ASPHER's European Public Health Core Competencies Programme (EPHCC) for Public Health Education




First European Conference on Core Competencies
for Public Health Education
10 – 11 April, 2008
Aarhus University, Aarhus, Denmark

ASPHER's Core Competencies Programme, Phase 2:

Introduction to Group Work

Anders Foldspang
Vice President - ASPHER
Association of
Schools of Public Health
in the European Region
Professor, MD, Ph.D.
Institute of Public Health
University of Aarhus, Denmark

www.aspher.org



Aim of conference

To further develop and support the dialogue between

- Schools of Public Health and
- Public Health Stakeholders
 - Ministries of Health
 - Regional and municipal health authorities
 - Employers
 - International Organisations
 - Other stakeholders

- As concerns competencies necessary for Public Health professionals

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Aim of conference

To further develop lists of competencies for Public Health professionals
- so that they will be able to:

- Develop
- Organise
- Implement
- Carry out and
- Evaluate

- Public Health interventions relevant to meet future challenges

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Aim of conference

Public Health interventions relevant to meet future challenges:

- Threats to population health
- Developments in health systems

- By definition, the two main areas of Public Health

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ASPHER'S Competencies Programme

European Public Health Core Competencies Programme
for Public Health Education

Phase 1 March-October 2007 – *mapping...*
Phase 2 November 2007-November 2008 – *dialogue...*
Phase 3 November 2008-November 2009 – *focussing*

- *Educational level...*
- *Selected health problems*
- *Selected aspects: Health systems planning/management*

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Work Groups

- Methods
- Social environment and health
- Physical, chemical and biological environment and health
- Health policy, organisation, management and economics (A+B)
- Health promotion and prevention (A+B)
- Cross-disciplinary themes, including
 - Strategy making
 - Ethics
 - Other themes

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Group Work

Please consider the following dimensions:

- Population health
- Health systems development
- Time
- Place
- Public Health functions (see the Phase 1 Report)
- The need to develop scientific and practical knowledge
- Public Health Human Resources
- The Public Health labour market
- Other aspects

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Group Work

Please *do not yet* consider Public Health educational level:

- Bachelor
- Graduate master
- Ph.D.
- or
- Postgraduate master – the classical MPH

(That is for Phase 3)

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Group Work

Please classify competencies in:

- Intellectual competencies – *knowledge*
- Practical competencies – *skills*

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Group Work

What should be included:

- Competencies which you did not find in the Phase 1 Report
(please do not spend too much time checking whether a suggested competence already was in the report...)
- All suggested competencies within the Work Group theme
– please be *inclusive*

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Group Work

For further instruction, please see the conference material:

- Instructions for the group work (*'Programme...'*)
- The Phase 1 Report

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Group Work

Reporting

10 April 18:30-18:45

- Brief questions from groups

11 April 11:15-12:00 *Highlights*

- Each group max. 5 minutes
- Each group selects 3 main aspects

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Thank you for your attention

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Plenary presentations, 11 April, 2008

Public Health Education: Competencies, Quality Development and Accreditation.

Jacek Sitko, President, ASPHER.

Public Health Education: Competencies, Quality Development and Accreditation

by Stojgniew J. SITKO
ASPHER

Institute of Public Health Faculty of Health Sciences, Jagiellonian University
mxsitko@cyf-kr.edu.pl

Background

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

One of the



Association of School of Public Health in the European Region
major, basic objectives is:

Improvement of Quality of Education

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

Rationale:

- No alternative to improvement of Q in Education
- Developing: Accreditation, certification, licensing...
- Different Q of Edu. evaluation in different countries
- Encouraging examples beyond Europe (eg US)
- Encouraging examples of other fields (eg.MBA, eng)
- Distinctive EU policy to improve the Q of education
- Mobility - open labour market...
- Need for quality PH workforce

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

THE WAY BEHIND US

- tools elaboratet by/with involvement of:




Association of School of Public Health in the European Region

(1993 - present)

PEER

Public Health European Education Review


- a tool of external, but supportive,
- quality evaluation
- an ASPHER „product”:
- over 20 SPHs reviewed



Criteria In: QI and ACCR of Training Programs In PH („BlueBook”),
ASPHER - Foundation Merieux, Lyon, June 2001
- for details - see www.ASPHER.org

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

ACCREDITATION



Ol and **ACCREDITATION** of Training Programs in PH („BlueBook“),
ASPHER - Foundation Merieux, Lyon, June 2001
- for details - see www.ASPHER.org

2002 – Accreditation Framework Document of ASPHER
– preliminary **Standards**
(EU supported project)

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

ACCREDITATION




end of
2007 - elaboration of Standards, Procedures and EAAPHE structure
> European Accreditation Agency for Public Health Education
8 European Partners (included EUPHA), WHO-Europe support
(Leonardo da Vinci EU grant)

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

PH-ACCR Project

Main results



- Accreditation **STANDARDS** and **PROCEDURE** for programme Master of Public Health...

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)




Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

PH-ACCR Project

Main results

Dimension 1. AIM AND OBJECTIVES OF THE PUBLIC HEALTH PROGRAMME			
Standard	Context	Sources of evidence	Minimum requirement
1.1:1 The programme has a clearly formulated aim, with learning objectives adequate to the development of competencies in public health and that are responsive to changes in environment, evidence and needs.	1.1:1a The programme has an explicit aim shared among the staff and host and/or founder institution(s) and known to students and stakeholders – that provides a framework for all programme activities and helps develop an academic and corporate identity.	1.1:2a Documents indicating aim and objectives, which might include minutes of relevant meetings, information leaflets and other written information such as action plans. 1.1:2b Interviews of relevant persons.	1.1:2 Existence of a publicly available official document stating aim and objectives of the programme, relevant to public health.
1.2:1 The programme demonstrates its ability to respond appropriately to change in environment, evidence and needs.	1.2:1a The programme demonstrates its ability to respond appropriately to change in environment, evidence and needs.	1.2:2a Records of recent substantial change (if any), especially related to the responsiveness of the programme, e.g. development of a parallel track to meet needs of part-time students or development of new teaching modules.	1.2:3 =

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

PH-ACCR Project

Main results

- Accreditation **STANDARDS** and **PROCEDURE** for programme Master of Public Health
- Hosting of EAAPHE provided, **Business Plan**
- International Accreditation Expert (Reviewers)Team
- 2 **Pilot Accreditations** - SPH Sheffield (UK) and Kaunas (LT)
- PH-ACCR web site launched
- Dissemination - multiple fora in Europe and beyond
- „Market expectation“ for PH-Education ACCR is there

Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

www.PHACCR.eu



PH-ACCR

ASPHER
Partners
Accreditation Standards
Other organisations

Accreditation of Public Health Training Programs in Europe

ASPHER has for over the last decade advocated for the establishment of accreditation system of public health (PH) education and is now about to launch – together with other European partners, the European Accreditation Agency for Public Health Education (EUPHA). This activity is coming very much along with a directive of European Union of improvement and regulating the quality of education (eg. Copenhagen Declaration, Nov. 2002). According to the Lisbon Strategy (March, 2000) special emphasis is put on vocational training access to education. lifelong learning and mutual recognition of diploma and certificate acquired in different European educational settings. The diversity of PH training programs between countries resulting in different training products, growing local/trade specific learning and exchange of education as well as a relatively low level of professionalization of the PH workforce are important reasons for an accreditation scheme to be established.

EUPHA ASPHER

13 Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

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ASPHER

About us Membership Projects Services

Welcome to the Association of Schools of Public Health in The European Region.

ASPHER is the key independent organisation in Europe dedicated to strengthening the role of public health through the training of public health professionals for both practice and research.

Founded in 1966 ASPHER has over 70 institutional members located throughout the Member States of the European Union (EU), Council of Europe (CE) and European Region of the World Health Organisation (WHO).

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14 Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

Thank you for your attention

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15 Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

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www.ASPHER.org

mxsitko@cyf-kr.edu.pl

16 Public Health Education: Competencies, Quality Development and Accreditation - SJ.Sitko ASPHER (4/08)

**An example: Skills and Career framework for Public Health in the UK. Jenny Wright,
Director, Public Health Resource Unit (PHRU), London.**


Public Health Resource Unit 

An Example: Skills and Career Framework for Public Health in the UK

Jenny Wright
Director, Public Health Resource Unit, Oxford
April 2008

Jenny.wright@phru.nhs.uk

1 "Supporting Public Health"
30 August 2008


Public Health Resource Unit 

What I will cover

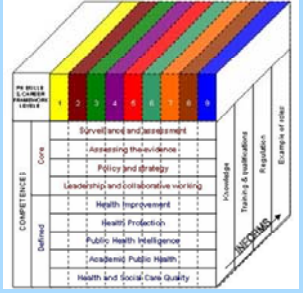
The UK Framework:

- What it is
- How it is structured
- What we are doing with it
- How we hope it could help inform ASPHER Phase 3

2 "Supporting Public Health"
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The Public Health Skills and Career Framework




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30 August 2008

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Examples of public health workforce levels 1-9

1. Volunteer worker
2. Healthcare assistant; child care worker
3. Health promotion assistant; pharmacy assistant; data entry
4. Health protection assistant; community development worker
5. Information analyst; community pharmacist
6. Public health nurse; sexual health advisor; environmental health officer
7. Nutritionist; health promotion officer; researcher
8. Public health doctor
9. Director of public health in a large organisation

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4 Core Areas

- Surveillance and assessment of population's health and well-being
- Assessing evidence of effectiveness
- Policy and strategy development and implementation
- Leadership and collaborative working

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5 areas of "defined" practice

- Health improvement
- Health protection
- Public health intelligence
- Academic public health
- Health and social care quality

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Principles

- Language accessible
- Concise
- Straightforward
- Clear
- “Culture free”
- “Essence of public health”

7 *“Supporting Public Health”*
30 August 2008

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Example 1

Core Area 1

<u>Level</u>	<u>Shows how</u>	<u>Knows how</u>
2	Collect & record data accurately	How contributes to population health
6	Assess implications surveillance data relating to defined populations & recommend response	Understand strengths, uses, interpretation and limitations of types of data; understand links to determinants of health

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30 August 2008

Public Health Resource Unit

Example 2

Core Area 2

<u>Level</u>	<u>Shows how</u>	<u>Knows how</u>
5	Collect & collate evidence from various sources identified by others	Knowledge of various sources of evidence & their use
7	Influence development of policies on the basis of critically appraised evidence.	Understanding of appraising the quality of primary & secondary research

9 *“Supporting Public Health”*
30 August 2008

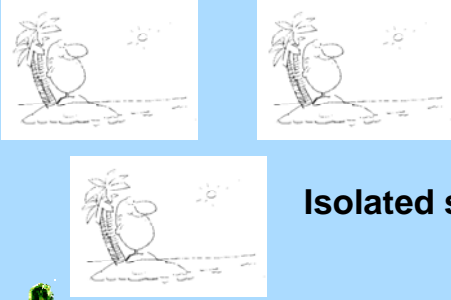
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Why we need a framework

- Worsening health indicators
- Flexible, competent, motivated, regulated public health workforce to lead the response
- Fragmented, disparate, undeveloped, underused, largely unregulated workforce

10 *“Supporting Public Health”*
30 August 2008

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Isolated silos

11 *“Supporting Public Health”*
30 August 2008

Public Health Resource Unit

How it was developed - July 06 - April 08

- Commissioned by Government’s Department of Health
- Series of UK-wide workshops (representation national public health organisations and members workforce)
- Consultation
- Published 1 April 2008

12 *“Supporting Public Health”*
30 August 2008

Public Health Resource Unit

How it is being used

- Individuals (where fit/ gaps/ competence development needs/ career routes)
- Groups/ disciplines/teams (competences for roles)
- Employers/workforce planners (what need in workforce)
- Universities/ education institutions (curricula content – undergraduate/ masters)

13 "Supporting Public Health" 30 August 2008

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And the 'wider workforce'

How a whole range of the workforce (operational/ strategic) can make a difference in their role
e.g. urban planners

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Next stages UK

Department of Health Funded:

- Development regulatory frameworks (practitioners/ specialists)
- Training routes in specific area of practice

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Fit with ASPHER core competency programme?

- Points in common/what we have learnt
- Read across/ groupings
- Language
- Can it help? e.g. UK framework differentiates levels e.g. 1st degree/ 2nd degree
- Modify to fit?

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Example

<p>ASPHER <i>Physical, Chemical & Biological and Environmental Health</i></p> <p>Practical Demonstration of skills of risk communication with public</p> <p>Intellectual Approaches for assessing, preventing & controlling environmental hazards that pose risks to human health & safety</p>	<p>UK Framework <i>Health Protection</i></p> <p>Shows How <i>level 4</i> Communicate risks to health, well-being and safety to individuals & advise how risks can be prevented, ameliorated and controlled</p> <p>Knowledge base <i>level 3</i> Knowledge of how risks can be assessed and managed</p> <p><i>level 6</i> Understanding of principles of roles & responsibilities of emergency planning & managing environmental chemical and radiological incidents</p>
---	--


17 "Supporting Public Health" 30 August 2008


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Piloting?

Partners to test it within EU?

18 "Supporting Public Health" 30 August 2008


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Thank you

Please view the Framework on www.phru.nhs.uk

Jenny.wright@phru.nhs.uk



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19 "Supporting Public Health"
30 August 2008

Statement at the closure session. Jo E. Asvall, MD, MPH

ASPHER's initiative to reach consensus on the Public Health competences to be taught at European Schools of Public Health is crucial. As we all know, promoting and protecting health in today's European societies pose formidable challenges and cover a very broad range of issues indeed. Designing educational programmes for the many different professionals required for public health action in Europe can have profound influence on which direction health development in countries – and in Europe as a whole – will take for many years to come.

In the short time available I will not go into the many fascinating *technical issues* required for understanding the biological, behavioural, socioeconomic, environmental and health care elements that influence health, or how to build effective strategies to optimize their health promotion, preventive and care possibilities.

As we all know, public health is not just a technical issue – it frequently means choosing among non-comparable outcomes⁵. Such choices require a clear moral stand, and since World War II a *strong ethical foundation has been a hallmark for public health in Europe*. In today's global economy this stand is increasingly challenged by different groups and regions. ASPHER's test will be to provide their students with the insights and tools that can make them staunch defenders of this European value also for the coming generation! If that happens, this will also be an inspirational example for public health development in *other* parts of the World.

As for the *management issues*, sustainability in public health strategic thinking is a must! This means creating a *strong and shared vision* in each nation, with longer term targets that can inspire and empower national as well as local structures, public as well as private ones so that they will actively support such a development through their own efforts.

This has been done for the European Region of WHO as a whole - and as an inspiration for each Member State – through the *European Health for All Policy*. First adopted by the European Regional Committee of WHO (i.e. the "*Regional Health Parliament*" that today comprises the 52 countries of that region) in 1980, this policy was expanded in 1984. That expansion included the formulation of long-term, outcome oriented *Targets*, of *Indicators*⁶ to measure progress towards them, and of a region-wide *Evaluation* at set intervals. Those evaluations would lead to the official and systematic *updating of the policy, its targets and their strategies*⁷.

Such systematic updates were finalized in 1991 and 1998, and in 2005 the Regional Committee stated that the 1998 version (*Health 21*) still was valid. Thus, the European HFA policy

⁵ E.g. health versus cost; the rare and serious versus the more common and less serious etc

⁶ Incorporated into the health statistical system of each Member State


⁷ Based on a) the changes that had occurred in the problems addressed by the Targets and b) the scientific evidence of Target-specific strategies recommended by the Policy

framework has proven itself to be sustained now for 25 years, and its numerous interactive networks⁸ have taken its ideas to a wide range of partners throughout Europe.

Health 21 is a very broad and comprehensive health policy, with a strong ethical foundation. *I will therefore strongly recommend that ASPHER in its further work takes a very close look at Health 21 as an inspiration for identifying the type of competencies that public health education in Europe should provide.*

⁸ Healthy Cities, Healthy Regions, Health Promoting Schools, Health in Prisons, European Forum of Medical Associations and WHO (EFMA) etc

What should we do next? Anders Foldspang, Chair, ASPHER's European Public Health Core Competencies Programme (EPHCC) for Public Health Education



First European Conference on Core Competencies
for Public Health Education
10 – 11 April, 2008
Aarhus University, Aarhus, Denmark

ASPHER's Core Competencies Programme, Phase 2:

What should we do next?

Anders Foldspang
Vice President - ASPHER
Association of
Schools of Public Health
in the European Region
Professor, MD, PhD,
Institute of Public Health
University of Aarhus, Denmark

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Conference Report

A conference report will be sent to:

- Conference participants
- Ministries of Health
- ASPHER members
- International organisations – WHO, EU, Other
- ASPHER sister organisations
- Other stakeholders

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Phase 2 Report

The Phase 2 Report is planned to be published
November 2008

Before that:

- Please send more ideas to me
- You will receive the draft report for comments

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Thank you for your attention

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Group work

Programme

Thursday 10 April 2008

- 16:00-16:30 Introduction
- Presentation of work group participants
 - Introduction to the ASPHER lists of competencies presented in the Phase 1 Report
 - Public Health functions
 - Identification and prioritisation of major themes
- 16:30-18:00 Discussion
- Competencies from the points of view of (*please apply a dimension whenever relevant!*):
 - Challenges in *population health* – present and future – across Europe
 - Challenges in *health systems* – present and future – across Europe - services, planning, economy and management:
 - Health service systems, incl. health care - primary, secondary and tertiary; social service systems; environmental systems; other systems with population health impact
 - Challenges as concerns the *production of knowledge*:
 - *Applied decision supporting knowledge*: Surveillance of population health; monitoring the functioning of health systems;
 - *Public Health science*
 - *Public Health functions*
 - *The Public Health labour market*
 - *Collaboration* with the lay public and with other professions
 - *Comprehensive* Public Health education (MPH, BSc., ph.d.) vs. *selective* Public Health training (medical specialisation; selected functions and courses)
 - What the (comprehensive) Public Health graduate needs to know (*intellectual competencies*)
 - What the (comprehensive) Public Health graduate needs to be able to do (*practical competencies*)
 - *Other dimensions* (please suggest!)
- 18:00-18:15 Summary of group work
- 18:30-18:45 *Plenary session*: Selected, brief highlights from group work.

Friday 11 April 2008

8:30-10:00 Discussion

- The themes of 10 April, continued.
- Other themes, e.g.:
 - Other professions
 - Suggestions for prioritisation of competencies (e.g. evidence- or policies based).
 - Possible overlaps of competencies between work groups

10:00-10:30 Coffee break

10:30-11:00 Continued group work

- The above themes, continued.
- Summarising the group work

11:15-12:00 *Plenary session:* Highlights from group work

Each group is asked to select three items.

Instructions for group work

Aim

The aim of the conference – including the group work, which plays a central role in the conference - is to support and further develop the dialogue between, on one side, public health decision makers and managers and, on the other side, schools of public health, as concerns competencies necessary for public health professionals in order that they will be able to develop, organise, implement, carry out and evaluate public health interventions relevant for meeting present and future challenges to European populations' health.

The aim of the group work was to list competencies suggested by participants and classify the suggested competencies as either (a) practical (skills) or (b) intellectual (knowledge, understanding), this way adding to the mapping process.

Work group themes

In accordance with ASPHER's competencies programme itself, conference participants were organised in 6 thematic work groups (including four subgroups, in total 8 groups) with each their theme.

Work group functions

Mapping competencies

In the present phase of the competencies programme, mapping competencies and classifying them as either practical or intellectual are the crucial challenges, whereas classifying competencies in terms of educational level is planned to follow in the next phase of the programme, Phase 3. In order that this process should be as effective as possible, work group chairs were encouraged to support a broad discussion at the beginning of the group work and to narrow it as the time for the final presentation approached.

All suggestions for Public Health competencies should be accepted in this *inclusive phase of the mapping process*. This means that if a work group member suggested a competence, then it should be included and not necessarily be subject to discussion concerning its relevance. Work group members would of course be aware that Public Health challenges vary across Europe and from time to time and across cultures – as also reflected in the Work Group Conference Programme above.

Reporting

In practice, plenary reports were not intended to cover the whole field assigned to the individual groups – this would not be realistic. The work groups were however encouraged to select at least three main points of view for presentation 11 April, especially such points which mirror the added value arising from the communication between Public Health stakeholders and Public Health teachers. Plenary reports 10 April were intended to identify aspects of common interest for the process of the group work, whereas plenary reports 11 April were intended to express highly prioritised competencies – or groups of competencies – as identified during the group work. Group reports were delivered on USB sticks and are communicated in this report after only slight edition, with the exception of the report from Work Group 2, which was sent in after the conference.

Work group reports

Work Group 1: Methods

Chairs: Ramune Kalediene and Linus Sumskas, Faculty of Public Health, Kaunas University of Medicine, Lithuania

Surveillance systems

Knowledge

Understand what a surveillance system is; Know the principles of surveillance; Be able to describe the types of surveillance; Know the location and content of relevant datasets; Know what surveillance systems exist within own country and EU, WHO.

Skills

Data collection; Basic analysis of surveillance data; Basic data interpretation; Communicate the information contained in reports of relevant datasets.

Study design

Knowledge

Understanding the relationship between methodology and methods; Understand different types of study design (qualitative, quantitative and mixed methods) and analysis including their strengths and weaknesses; Understanding the concepts of bias and confounding, validity (internal and external) and generalisability; Understand and be able to discuss limitations, levels of evidence; deductive and inductive methods; Know criteria for assessing quality of research.

Skills

Ability to critically evaluate data collection tools; To be able to identify appropriate study designs to address a research question; Critical appraisal of previously conducted studies (published and unpublished); Interpretation of findings.

Data collection tools and methods

Knowledge

Understand the different methods of data collection (qualitative, quantitative and mixed methods); Informed consent and the ethics of data collection; Recruitment methods.

Skills

Apply data collection methods; Recruitment skills; Conduct a face to face interview (quantitative and qualitative); Able to extract data from documents (such as medical records).

Data analysis

Knowledge

Understand the methods of data analysis for both qualitative and quantitative data.

Skills

Be able to undertake a basic (descriptive) analysis of both qualitative and quantitative data and interpret the output.

Evaluation

Knowledge

Understand the theoretical concepts of measuring outcomes including validity and reliability; Know SMART criteria and its uses; Know existing standardised data collection instruments for measuring outcomes (e.g. KAP, QOL questionnaires, SF36, etc.).

Skills

Find and apply indicators for the work situation; Be able to assess outcomes against SMART criteria; Ability to use instruments for measuring outcomes (e.g. KAP, QOL questionnaires, SF36 etc).

Communication

Knowledge

Understand the main channels of communication between the profession and other professional, the public, and political leaders

Skills

Capable of undertake written and oral communications; Write a variety of documents such as research reports, public communications, ministerial briefings

Work Group 2: Social environment and health

*Chair: Natalia Wege, Heinrich Heine Universität, Düsseldorf, Germany **

As stated in the Conference Agenda, the aim of Group Work was the further development of the list for competencies regarding social environment and health in cooperation with Public Health stakeholders.

Key discussion points

- Revision of competencies;
- Clarification of the competencies, definition of key words;
- Competencies from the point of view of challenges in population health across Europe (present and future);
- Competencies from the point of view of labour market.

Recommendations

- Intellectual competencies: need to expand 'the student will know and obtain critical reflections and analytical capabilities across all areas in this thematic field'.
- Overall the competencies reflect a traditional Public Health approach. A European set of Public Health Competencies needs to reflect a true multi disciplinary approach.
- Migration is a great challenge in Europe. Different cultural perspectives have to be taken into account. A core element would be an explicit understanding of the different cultural perspectives of the peoples/populations within Europe with recognition of differing social norms.
- Competencies should be concentrated at the outcome, and the goal is – to improve health by social disadvantaged groups. PH experts should be able to reduce the impact of negative influences on health, maximize the health opportunities.
- The list of competencies should be more precise, further detailed description is required.

Clarification and revision of competencies

Intellectual competencies

1. Basic philosophy and concepts of the social sciences:

The item includes the following sociological concepts, hypotheses and definitions concerning the relations between social phenomena:

* In collaboration with Professor Johannes Siegrist, Heinrich Heine Universität, Düsseldorf, Germany

- Individual and society;
- Concept of the social environment;
- Social structure, social processes,
- Social group;
- Socioeconomic status, socioeconomic position;
- Social inequalities.

Comment 1: add an “understanding of humanities”.

2. Basic terminology of scientific disciplines that analyse the impact of the social environment on health (e.g. sociology, social epidemiology, demography, social psychology):

- Socioeconomic position, social status, social mobility (inter- intra-generational);
- Material deprivation, relative deprivation;
- Life course epidemiology, latency model, pathways model, accumulation model;
- Prospective, observational studies (birth cohort study);
- Incidence and prevalence of diseases, morbidity and mortality;
- Socialization, learning, social norms and values;
- Health-related lifestyle (health adverse behaviour)
- Personality factors (i.e., locus of control, self-efficacy, resiliency, etc.)

Comment 1: add history, cultural studies and geography.

3. Basic methods of social research (quantitative and qualitative);

The item includes knowledge of:

- Principles of research design in social studies;
- Methods of data collection:
 - Collection of primary data: self-administrated questionnaires, structured standardised interviews (CAPI, CATI), non-standardised open interviews; focus groups; observational techniques';
 - Collection of secondary data: available data from epidemiological studies to be accessed for secondary data analysis, administrative data (pros and contras);
 - Range, value and utility as sources of data for sociological research.
- methods of data analysis:
 - Descriptive statistics;
 - Basic ideas of sampling and statistical inference;
 - The measurement of association and correlation and tests of significance;
 - Multivariate techniques;

- Effect modification, mediation, moderation, structural equation models (SEM).

- survey research methods:

- Scientific methods, quantification and standardisation as applied to survey research;
- Design of quantitative survey samples;
- Instruments and procedures;
- Sources of survey.

4. Different levels of impact of social environment on health (macro-, meso-, micro-level of analysis);

- Macro-level: social-economic/socio-ecological environment, e.g neighbourhood deprivation, traffic load, air pollution, social capital;

- Meso-level: housing and living circumstances, working conditions, social network, social support;

- Micro-level: structure and quality of close social relationships in primary groups, work within couples, role conflicts within couples, quality of exchange in terms of reciprocity, trust.

Comment 1: knowledge of and critical reflections on the different levels of impact...

5. Core areas of the social environment with relevance to health (e.g. neighbourhood, housing, work and employment);

Comment 1: Knowledge of and critical reflections on....

6. Actual social conditions of living of the population (European, national, regional, local);

Including selected population groups: households and families, urban and rural population, aboriginal population, immigrant population, metropolitan influenced zones (MIZ), lone-parent families, visible minority population.

- Indicators of social condition of living: income, standard of living, consumption patterns, housing, transport, leisure, media and culture, social security, social and political participation and integration, public safety and crime, education and vocational training, total life situation, labour market and working conditions;
- Neighbourhood characteristics: safety, crime, education, poverty, lone parent households, unemployment rate.
- Community's social capital: social trust, social support, social cohesion, participation, social isolation.

Comment 1: Knowledge of and critical reflections on...

Comment 2: Numbers 6, 7 and 8 can be combined.

7. *Actual health behaviour of the population (European, national, regional, local);*

- Health behaviour: exercise activity, dietary behaviour, alcohol and drug abuse, cigarette smoking...
- Health-related behaviour of specific subgroups, e.g. adolescent risk behaviour.

8. *Main components of conditions of living for the entire population and for selected population segments, especially children, elderly people, adult persons in- and outside the labour market, immigrants;*

- Neighbourhood characteristics: safety, crime, education, poverty, lone parent households, unemployment rate, ...
- Community's social capital: social trust, social support, social cohesion, participation, social isolation

9. *Social distribution of health within and between populations (with special emphasis on socio-economic status, age, gender and culture)*

Comment 1: add... 'on individual and aggregate level'.

10. *Major trends of social change with relevance to health, with special reference to demography (demographic and epidemiologic transition), social structure (mobility, migration) and economic and technological development (e.g. globalisation)*

This issue includes:

- Challenges of the impact of European integration and globalization:

- Free movement of persons (workforce- and patient mobility), services and goods of the internal market, through the competition rules and (pharmaceutical) industrial policy;
- Possible positive social implications (solidarity, equity, accessibility and quality of care);
- Changes and health care systems (the competition rules);
- changes in labour markets: the rise in non-traditional work arrangements (increases in the proportion of the labour force employed part-time, in shiftwork, self-employed, and in the proportion of workers holding multiple jobs and casual/temporary jobs).

- Extended life expectancy, growing elderly population:

- Demographic and social policy aspects of population ageing, social security;

- Technological development:

- Improvements of medical care;
- Extending the capacities of health worker;
- New EU policies.

Comment 1: Need to add 'historical and cultural changes'

11. *Impact of social change on health (at different levels (e.g. globalisation vs. urban development) and in core areas (e.g. family, work))*

Keywords:

- Demographic and epidemiological transition; psychosocial stress; lifestyle changes; material deprivation.

Comment 1: Social changes benefit the more affluent and articulate populations but disproportionately have a negative impact on the most disadvantaged.

12. *Main pathways linking the social environment with health (material, psychosocial, behavioural)*

Comment 1: Pathways; mechanisms; process?

Comment 2: add 'cultural' into the bracket.

13. *Explanation of social determinants of health with emphasis on material pathways (e.g. poverty, income inequality, neighbourhood deprivation)*

14. *Explanation of social determinants of health with emphasis on psychosocial pathways (social stressors and protective factors)*

E.g. social network, social cohesion, social anomie, social support, models of psychosocial stress (e.g. demand-control, effort-reward imbalance, unfairness).

15. *Explanation of social determinants of health with emphasis on behaviour pathways (healthy lifestyle, sociological and psychological models of behavioural change)*

- Models of health behaviour;
- Relationships between social structure, culture, health policy, political processes, economics and health behaviour;
- Community dynamics and principles of community development;

Comment 1: Add new competence on culture- "Explanation of social determinants of health with emphasis on cultural pathways (e.g. traditions, values, beliefs)

16. *Conceptual and methodological bases of assessing and monitoring social environment with relevance to health, including their ethical implications*

17. Importance of collecting primary data to generate new knowledge with relevance to social determinants of health and of applying this knowledge in scientific research and in systems for routine surveillance and monitoring

18. Indicators of health status and of social environment in administrative data (at different levels: European, national, regional, local)

- Social indicators: level of education, adult and youth unemployment rate, long-term unemployment rate, low income rate, children in low income families, average personal income, median share of income, safety, crime;
- Health behavior;
- Well-being;
- Health conditions;
- Functioning: disability days, participation and activity limitation, disability-free life expectancy (DFLE), disability-adjusted life expectancy (DALE);
- Mortality: Infant mortality, perinatal mortality, life expectancy, mortality by selected causes, potential years of life lost (PYLL).

Comment 1: The term 'administrative data' is an inclusive term to cover a wide range of data sources, e.g. morbidity, income etc.

19. Sources of information (national and European data sources, surveillance/monitoring systems, e.g. national surveys, European Health For All Database – WHO/Europe, EUROSTAT))

20. Definition of population groups with elevated health risks within health monitoring systems

Comment 1: Do not restrict to health systems e.g. criminal justice, employment, immigration.

21. Strengths and weaknesses of administrative data as basis on health monitoring systems

Comment 1: Assessments of the quality of data (usefulness, reliability, comparability and validity) from a range of sources see 20.

Practical competencies - Revision

1. Communicate evidence from empirical sociologic, anthropologic and social epidemiologic population studies and from qualitative studies to a lay audience, professionals and decision makers on European, national, regional and local level

Comment 1: add political science.

Comment 2: Number 1 should become number 2.

2. Suggest relevant public health intervention based on empirical evidence from sociologic and social epidemiologic population studies and from qualitative studies

Comment 1: change spelling to 'Based on empirical evidence form relevant quantative and qualitative studies'.

Comment 2: Number 2 become number 3

3. Implement basic terminology of sociology, social epidemiology, demography, anthropology and psychology to describe the impact of the social environment on health

For details see intellectual competencies number 2.

Comment 1: add history, cultural studies and geography.

Comment 2: Number 3 becomes number 4.

4. Implement basic methods of social research (quantitative and qualitative)

Students will be able to....

- Apply the key methodological principles in the design of different types of research;
- Design of quantitative survey samples, instruments and procedures;
- Develop, validate and apply data collection forms and questionnaires;
- Critically evaluate research findings;
- Understand of the relationship between measurement, theory construction and testing, develop a critical understanding of the relationship between theory and measurement;
- Summarize and present data using graphic methods;

Comment 1: Number 4 should become number 1

5. Identify different levels of impact of social environment on health to perform assessments on macro-, meso- and micro-level

See intellectual competencies number 4.

6. Identify core areas of the social environment and their measurement with relevance to health and understand major research findings

Comment 1: Add the word Public before 'health'.

7. *Describe the social distribution of health within and between populations and connect it to major related research findings*

8. *Describe and discuss the importance of social and mental factors, culture, behaviour and environment for the population's health and for the development of health promotion and preventive programmes*

Comment 1: Change "social" to "socio-economic".

Comment 2: Does the word "environment" include a broad definition of environment?

Comment 3: Remove 'behaviour' replace with 'collective lifestyle'.

9. *Describe and discuss crucial components of conditions of living for the entire population as well as for selected population groups, especially children, elderly, adults in- and outside the labour market, immigrants, underprivileged ethnic groups*

Comment 1: Are prisoners included?

Comment 2: Include those with chronic illness, people with physical, mental and learning disabilities.

Comment 3: add 'minorities'.

10. *Identify, retrieve and analyse major trends of social change with special reference to demography, social structure and economic and technological development*

For more details see intellectual competencies number 10.

Comment 1: Add history, cultural studies and geography.

11. *Recognise the significance of impact of social change on health and understand major related research findings*

For details see intellectual competencies number 11.

Comment 1: Number 8 and 11 appear to be the same?

12. *Recognise main pathways by which the social environment influences health and understand major related research findings;*

- Material;
- Psychosocial;
- Behavioural.

Comment 1: Change 'social' to 'socio-economic'.

Comment 2: Pathways; mechanisms; process?

13. Differentiate material, psychosocial and behavioural explanations of social determinants of health and understand major related research findings

- Material: poverty, income inequality, neighbourhood deprivation;
- Psychosocial: social stressors and protective factors; e.g. social network, social cohesion, social anomie, social support, models of psychosocial stress (e.g. demand-control, effort-reward imbalance, unfairness);
- Behavioural explanations: healthy lifestyle, sociological and psychological models of behavioural change;
- Combined strategy to investigate the influence of social determinants (direct and indirect effects) on health outcomes;
- Statistical tools path analysis:
 - E.g. tools to analyse such an approach include path analysis,
 - Structural equation models (SEM)

Comment 1: change spelling to “Recognise and differentiate material, psychosocial and behavioural explanations of social determinants of health and understand major related research findings”.

Comment 2: Number 12 and 13 could be combined.

14. Use current health and social indicators in administrative data to assess the impact of social determinants on health

See intellectual competencies...

15. Work with routinely available data to explain socio-environmental influences on health

16. Identify population groups with elevated health risks within health monitoring systems and recognise their health needs

Work Group 3: Physical, chemical and biological environment and health

Chair: Soeren Kjaergaard, Institute of Public Health, Aarhus University

Additional competencies

Theoretical

The student shall have knowledge about:

- Combined health effects of physical, chemical, biological and psychosocial factors;
- Health systems on EU and national level which handle physical, chemical, biological factors and their health effects;
- The psychosocial exposures and health effects;
- How to evaluate new research (scientific) results;
- Gene and environment interactions;
- The significant elements of the history of environmental and occupational sciences and incidents;
- Environmental economy;
- How to identify potential stakeholders;
- How to identify elderly people as a vulnerable group.

Practical

The student shall be able to:

- Detect and to forecast developing risks from new technologies;
- Assess combined exposures and their health effects;
- Organize and provide the evidence based environmental and occupational health inspection;
- Develop skills in team work in exposures assessment and interpretation of results;
- Teach and lead a team of specialist in specific fields in environmental health (including occupational health);
- Monitor and interpret environmental exposures and to have knowledge about limitation in assessment measures for environmental pollutions;
- Use the new information systems and linkage of exposure data bases with health databases;
- Identify specific problems in public health sciences in the total environment;
- Communicate risk in relation to gene – environment interactions;
- Give advocacy in structural interventions for preventive measures;

- Design and to organize health inspection systems;
- Make health impact assessment of measures including implementation of legislation;
- Communicate and cooperate with NGOs including trade unions;
- Communicate and cooperate with mass media.

Selected topics

1. Competencies both A. intellectual and B. practical could be summarized in 3 overall groups:
 - Health risk assessment;
 - Health risk management;
 - Health risk communication.
2. There is large overlap with other areas in Public Health, but also the main difference is that one has to have knowledge and practical skills in exposure assessment of environmental factors.
3. The area is characterized by the fact, that results have to be realized not only by ministry of health but also by almost all other governmental and non governmental bodies and therefore policymaking competencies are very important.

Work Group 4: Health policy, organization, management and economics

Work Group 4 A

Chair: Tom Kuiper, Faculty of Health, Medicine and Life Sciences, University of Maastricht, Netherlands

Summary of Work

- Dialogue
- The opinion of stake holders

Dimension « labour market »

- The labour market point of view:
 - Focus on the job and the skills required to do the job

Decision making in a «political» context



Practice

Research

Most important: ability to combine and interlink:

- Art vs science;
- Generalist vs. specialist;
- Leadership skills in the domain of PH.

A PH graduate should be able to:

- Understand an organisation, decision making process, behaviour;
- Acquire an overview;
- Recognize what skills are needed and where to find it;
- Get to the “right” question;
- Translate a problem into a research question;
- Transform and translate;

- Properly evaluate the magnitude of a problem and propose ways to reduce/manage this dimension;
- Plan interventions after a proper evaluation;
- Manage the implementations;
- Convince, explain and preempt;
- Understand a « political » context and develop an effective working in it (at all levels).

Work Group 4 B

Chair: André Meijer, European Public Health, Maastricht University, Netherlands

Day one

- Job markets – specifically problem for specifically situation;
- Public health management – what are the problem and what are the method to solve – this can be done just with help of specialists – statisticians economists,
- In Europe – apparently different problems but in fact is the same – collection of different point of view will be very good for all of us - differences in the details;
- Skill and competency in public health – very dangerous because of pharmaceutical industry, politics, insurance company etc.. – if you try for example to stop the smoking you will be the enemy of government;
- Detailed competence definitions – big mistake?
- Tactics;
- Look in the learning process – international level;
- Academic program is not able to give practical competency to the students;
- Economical knowledge – necessary or not – need basic knowledge;
- We have to anticipate what s can happened in the future – to elaborate high level policy but in same situation you can't predict full situation;
- Economics become an important aspects in our activity;
- Problem is to react quickly to change ;
- Risk management methods in public health organization;
- Quality and resources – choice of different strategies;
- Ethics;
- Set targets;
- Monitoring;
- Periodic update;
- Strategies;

- Be able to make dialog with all sectors;
- Harmonizing curricula for MBH program to connect with PhD program in public health;
- All process will be based on public health;
- Try to find subcategory of competency for specific situation;
- Common agenda in public health for all European country.

Day two

- Public private mix;
- Pressure from the economic consideration – judge plan and strategies in this direction;
- Ethical basis – solidarity;
- Develop information systems;
- Check impact;
- Individual care insurance;
- Development in the public health house;
- Insurance system public – private;
- Identifying the problem, know the resource and be able to use;
- European coverage – equality , solidarity - right to medical assistance;
- Investment in health;
- Analyzing the situation;
- To communicate for influence the health policy in their country;
- How works the system – have to know;
- Identify how to provide educational program;
- Examination systems;
- Analyze quality – protocols;
- Genetic screening?? Ethics? Genetic password;
- Find better solution;
- How to implement the programs;
- Link to individual issues;
- Private insurance – problem – go to have benefit;
- Power to make change;
- Know how an argument can be delivered to political decision makers;
- Competency in technology assessment – apply to organization;
- Technology managements;
- Easy dimension;
- Mobilize pupil group.

Conclusions

- Specific competencies should be developed for the different fields for specific situations;
- We found more topics also to be mentioned in the list of competencies;
- The development of globalization - public health has to be more strongly based on research, which can make it able to fight from a technological and political point of view.

Work Group 5: Health promotion and prevention

Work Group 5 A

Chair: Mirosław Wysocki, National Institute of Public Health, Poland

Day one

Key points

- Focus on risk factors - not disease/ issues;
- Abilities to change behaviour in changed environments;
- Ottawa Charter as a basis;
- High level of cultural sensitivity;
- Too much on specific topics/issues - needs HP;
- Need to look at key basics – i.e. Ottawa Charter and what is included there, and then look at skills, knowledge and competencies;
- Need to look at settings, partnership, participation, ways of working, contexts;
- Framework – Skills for health.

Day Two

Key points

- Process important – even if broad at first; will need to be further defined. Discussion on adding more or defining etc Next stage: By whom and how is the list going to be shortened - repetition means that it could be shortened and key categories identified systematically;
- Comprehensive models may be useful in looking at competencies;
- Need to look at developments such as the UK lists, etc., and other HP competencies;
- Settings /environment key settings for competencies.
- Need to focus on HP as core – look at what HP is and then what are competencies. A HP way of assessment/implementation etc. Assessment for example – need to look at assets as well as needs – what is available and can be used/built – capacity building. Additional competencies – HP- partnership/empowerment- others around specific areas family health, sexual/mental health

Work Group 5 B

Chair: Christopher Birt, Public Health, University of Liverpool

General comments on the list:

- What are the definitions of lifestyle and other categories or expressions?
- Do we need the headings at all?
- Should promotion and prevention be dealt with separately or not(as suggested in the list) – argument to keep it together is EU competence;
- Most of the “lifestyle” chapter is mainly nutrition, huge number of other “lifestyle” competencies to be included!
- Concept of the chapters not clear!

Proposal

1. General introduction applied to all health promotion and prevention competencies.
2. Special/different settings.

Completion of listing of competencies:

- Knowledge about quality standards;
- Evidence-based health promotion;
- Cultural competencies in health promotion;
- Knowledge and sensitivity to gender issues, risks and protection factors, age, others...
- Monitoring and evaluation competencies.

Additional competencies needed

- The public health professional should be able to communicate information about traditional medicine;
- The public health professional should be knowledgeable and conversant of up to date appropriate IT applications (challenges in health systems);
- The public health professional should be knowledgeable of the influence of positive and negative risk factors in the onset and development of disease especially in the following areas: e.g. see page 36 in phase 1 report for nutrition;
- The public health professional should be knowledgeable of changes in population in Europe over time e.g. demographic changes and migration;

- The public health professional should be knowledgeable of broader epidemiological changes in patterns of health and disease in Europe and in the rest of the world in recent times;
- The public health professional should be knowledgeable of changing patterns of determinants of health, including physical, environmental, social, biological and psychological;
- The public health professional needs to understand how the health systems work and thereby be aware of how to make them more accessible to people;
- The public health professional should be able to communicate about health services to the population e.g. use of media;
- The public health professional should have the skills to access knowledge from all sources and to carry out a critical review of the information;
- The public health professional should have the skills to ensure that decision making on the information available is evidence based;
- The public health professional should have the knowledge of health surveillance systems in use in Europe;
- The public health professional should have the skills necessary to device and set up a health surveillance system;
- The public health professional should be knowledgeable of (important) Public Health related definitions;
- The public health professional should be promoting shared ownership of health problems and their solutions with stakeholders and the public in general;
- The public health professional should be able to demonstrate excellent communication skills to facilitate communication with, e.g., politicians, decision makers, boards of health, academics, commercial firms, e.g. health boards, NGOs, the media, community groups the general population;
- The public health professional should have the skills to evaluate health promotion and disease prevention programmes and to draw conclusions from these;
- The public health professional needs to have the skills to plan, prioritize, implement, manage and evaluate health promotion programmes generally;
- The public health professional must be fully conversant of the principles that need to be satisfied before a screening programme can be established (Secondary prevention);
- The public health professional needs to have the skills to plan, implement, manage and evaluate health screening programmes (Secondary prevention);

- The public health professional should be knowledgeable about the principles underlying the tertiary preventions, and of the potential benefits of rehabilitation of various forms to improve the health of individuals (Tertiary prevention);

Settings

- Health and social services setting;
- Educational setting;
- Work place including unemployment;
- Recreation (art, sport, etc.);
- Transport setting;
- Spatial environment;
- Arena for Health promotion work e.g. Health advocates, advisers;
- Decision making at all relevant levels; municipality, national, European, global.
-

Prioritization

- We rejected the proposed division into practical and intellectual competencies (general and lifestyle). We decided to make a list of general competencies and settings.

Health determinants, risk factors

- The public health professional should be knowledgeable of the influence of positive and negative risk factors in the onset and development of disease.

Communication

- The public health professional should be able to demonstrate excellent communication skills to facilitate communication with e.g. politicians, decision makers, board of health, academics, commercial organizations, NGOs, the media, community groups, the general population.

Management

- The public health professional needs to have the skills to plan, prioritize, implement, manage and evaluate health promotion programmes generally.

Work Group 6: Cross-disciplinary themes, including strategy making, ethics, other themes

Chair: Göran Bondjers, Nordic School of Public Health, Gothenburg, Sweden

The group started with a discussion of health and public health in order to have a common basis for the discussion. One representative pointed out that health is a responsibility for the whole society, including not only a long life but also a full life. Core competence in Public Health should be limited. A large optional part is essential, as there are local needs, and specific needs for the countries or questions. There are different challenges and solutions for different problems. Many professions would be involved in the promotion of health. Coordination between these professions would be the responsibility of the public health professionals.

Mode 1 and mode 2 knowledge production as discussed by Gibbons and Nowotny are relevant for the discussion on public health. Public health is an example of mode 2 knowledge production, i.e. knowledge production in a context. Mode 2 knowledge production includes collaboration between academia and society at large.

The group concluded that it might be worthwhile to delineate what would be core competencies acquired during PH studies from those acquired before entering PH studies.

Additional points to be included:

- The PH professional should be able to communicate relevant messages to the public
 - Therefore, the students needs to know:
 - Learning processes;
 - Strategic communication;
 - Principles of marketing;
- The PH professional should be able communicate his/her values;
 - Therefore, the students should be aware of their own values through self-reflection;
- The PH professional should be able to analyse the relationship between health and human rights and apply human rights principles in his/her daily work;
 - Therefore, the student needs to know legal and ethical aspects on health;
- The basic functions of society.
 - Therefore, the student needs to know the knowledge of other professions;
- The PH professional should know the basic features of infection disease control:
 - Vaccination;

- The PH professional should be knowledgeable about major global health problems to apply those to health problems of migrants or to work outside of Europe
- The PH professional shall know the concept of evidence based health measures;
 - Therefore, the student should know relevant data bases;
 - The student should be able to critically analyse such data;
- The PH professional should know basic concepts of human health;
 - Therefore, the student needs to learn basic anatomy and physiology;
- The PH professional needs to be aware of alternative health measures;
 - Therefore, the student needs to know what alternative health measures are common in society;
 - Therefore, the student needs to know legal aspects and security aspects;
 - Therefore, the student needs to know cultural and psychological aspects of such health measures;
- The PH professional should have skills in communicating with different groups and individuals in society;
 - The student should learn about relevant cultures;
- The PH professional should be able to learn innovative techniques in IT (for example for networking);
- The PH professional must be a life-long learner;
 - Learning about and respecting other professions important for public health;

Highlights:

- The PH professional should be able to analyse the relationship between health and human rights and apply human rights principles in his/her daily work;
 - Therefore, the student needs to know legal and ethical aspects on health;
- The PH professional should be knowledgeable about major global public health problems to apply those to health problems of migrants or to work outside of Europe;
- The PH professional must be a life-long learner;
 - Learning about and respecting other professions important for public health.

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ASPHER publications and ASPHER-related publications

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Foldspang A (Ed.). Provisional Lists of Public Health Core Competencies. European Public Health Core Competencies Programme (EPHCC) for Public Health Education. Phase 1. ASPHER Series N°2. Brussels: ASPHER, 2007.

Foldspang A, Louvet T, Normand C, Sitko SJ (Eds.). ASPHER 40th Anniversary. 1966-2006. Anniversary Book. ASPHER Series N°1. Saint-Maurice: ASPHER, 2006.

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La mejora de la Calidad y la Acreditación de programas de Formación en Salud Pública, Un proyecto conjunto, Fundación Merieux –ASPHER 2000-2001. Valencia: Escuela Valenciana de Estudios de la Salud: Artes Graficas, 2004.

Bury J, Gliber M. Quality Improvement and Accreditation of training programmes in Public Health, Fondation Mérieux-ASPHER Joint project 2000-2001. Lyon: Edition Fondation Mérieux, 2001.

Laaser U. The Internet Journal of Public Health Education, (http://www.aspher.org/D_services/I-JPHE/I-JPHE_Home_Page.htm). 1999; 1.

Ministry of Health Kazakhstan, WHO, ASPHER. Kazakhstan School of Public Health, Project Document. Copenhagen: Regional Office World Health Organisation, 1997.

ASPHER-European Commission. Inventory of Public Health and Health Promotion Training in the European Union, Database and Background materials, Maastricht: Primavideo, 1997.

ASPHER. Rapid Survey of National Institutes of Public Health in the European Union. St Maurice: ASPHER, 1996.

Laaser U, Leeuw de E, Stock C. Scientific Foundations for a Public Health Policy in Europe. Weinheim und München: Juventa Verlag, 1995.

ASPHER. The Athens Memorandum: Training and Research in Public health. ASPHER's support for article 129 and the European Commission's Communication on the Framework for Action in the Field of Public Health. Maastricht: University of Maastricht: Uniprint, 1994.

Köhler L, Bury J, Leeuw de E, Vaughan P. Collaboration in European Public Health Training: Position paper ASPHER. Maastricht: University of Maastricht: Uniprint, 1994.