The Council of ASPHER's European Public Health Reference Framework (EPHRF)

Annual Report 2018-19

4th May 2019/AF

Since the 2017-18 Annual Report, ASPHER's EPHRF Council met:

- 20th June 2018 during the Deans' & Directors' Retreat in London;
- 29th November 2018 during the European Public Health Conference 2018 in Ljubliana.

The Council's main activity has been the continued development, publication, funding and circulation of the 5th edition of ASPHER's European List of Core Competences for the Public Health Professional. The Editorial Committee of the List – Christopher Birt, Robert Otok, and Anders Foldspang (Chair) – has had regular phone meetings.

During 2017-18, the process involved repeated consultations with a total of 46 experts from seven sub-disciplines in public health: epidemiology and biostatistics; sociology; environmental health; health economics; leadership and systems thinking; nutrition; communicable disease prevention and control.

The list was printed as an ASPHER publication, which was distributed at the Deans' & Directors' Retreat in London in June 2018 as well as to all ASPHER members.

In April 2018 the Editorial Committee decided to seek also to publish the list in the scientific press, and the Chief Editor of the Scandinavian Journal of Public Health, Terje Eikemo, readily accepted to publish the list as a supplement in November 2018. We are grateful to Terje Eikemo for this important support. – To ensure free access, the cost in terms of page charge would be about € 6,000. We thus invited all members of ASPHER to contribute to the funding of the publication. In the end sixteen members during Autumn 2018 made possible the publication, namely (in alphabetical order):

- The Aletta Jacobs School of Public Health, University of Groningen, Groningen, The Netherlands;
- The Cambridge Institute of Public Health, University of Cambridge, Cambridge, UK;
- The Department of Public Health, Aarhus University, Aarhus, Denmark;
- The Department of Public Health and Policy, University of Liverpool, Liverpool, UK;
- L'École des hautes études en santé publique (EHESP), Rennes, France;
- The European Observatory on Health Systems and Policies, Brussels, Belgium;
- The Faculty of Public Health, London, UK;
- The Institute of Family Medicine and Public Health, University of Tartu, Tartu, Estonia;
- The London School of Hygiene and Tropical Medicine, London, UK;
- The London School of Economics, London, UK;
- The Public Health Association of Latvia, Riga, Latvia;
- The School of Health and Society, University of Salford, Salford, UK;
- The School of Public Health, University Hospital Düsseldorf, Düsseldorf, Germany;
- The Swedish Red Cross University College, Stockholm, Sweden;
- The Swiss School of Public Health (SSPH+), Zürich, Switzerland;
- UMIT - University for Health Sciences, Medical Informatics and Technology, Hall, Austria.

We are grateful for this expression of member support to the philosophy and quality of ASPHER's European List of Core Competences for the Public Health Professional and to ASPHER's Public Health Core

Competences Programme, which was started in 2006, endorsed by WHO member states in 2012, and thus by now has got an eleven year long history.

We negotiated free copies for distribution at the EPHC in Ljubliana, and in the end the SAGE Publishing Company was kind enough to offer 200 free copies. We are grateful for this support from the publisher. Many copies were distributed during the European Public Health Conference 2018 in Ljubliana, and the rest will be available during the Deans' & Directors' Retreat 2019 in Erice.

To increase the visibility, the Editor-in-Chief of the European Journal of Public Health, Peter Allebeck, offered us a commentary concerning the 5th Edition of the List. The commentary was published in September 2018. We are grateful to Peter Allebeck for this contribution to the general awareness of the existence and use of the list.

Together with WHO's Essential Public Health Operations (EPHOs), the complete list supports the development of bachelor-and-master curricula in schools and departments of public health, aiming at the education and training of the generalist public health professional in comprehensive public health at the necessary high academic and practical level, and parts of the list can be extracted for shorter courses, e.g. MPH courses. The list also is a tool for the evaluation of individual students and trainees and can sustain public health job descriptions. It forms the basis of the structure of ASPHER's online Public Health Repository with reports from ASPHER member schools, aiming at individual career planning as well as services planning; procedures for these services have to be developed.

Accordingly, before the Deans' & Directors' Retreat 2018 in Erice, an online questionnaire has been developed and circulated to all ASPHER members concerning the main core competences (at chapter level) and the EPHOs they offer in their educational and training programmes. This is intended to form a basis for strategic discussion and development and for collaboration in general between schools and departments of public health and, more specific, among the members of the institutions' collaborative networks, such as the UK-Nordic-Baltic Network and the Network of the SPHs in the SEE Region.

The Council has started planning for the 6th Edition of ASPHER's European List of Core Competences for the Public Health Professional to be published in 2020, possibly with additional contributions from external advisory experts on, e.g. law, ethics, and health promotion. Moreover, to stabilise the future of the list, enlargement of the EPHRF Council will be attractive.

Anders Foldspang
EPHRF Chair
Past President - ASPHER

Publications

Foldspang A, Birt CA, Otok R (Eds.). ASPHER's European List of Core Competences for the Public Health Professional. Scand J Public Health 2018;46:Supplement 23:1-52.
Freely accessible at http://journal.sagepub.com/home/sjp

Birt CA, Foldspang A, Otok R. Meeting the population health challenge: what should you know, and what should you be able to do? Eur J Public Health 2018;28:789-90. *(Attached)*

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Commentary

Meeting the population health challenge: what should you know, and what should you be able to do?

Obesity in children: example of routine work in a public health department

It is obvious to the casual observer that the prevalence of obesity has increased markedly in recent years, not least among schoolchildren. This must, therefore, figure prominently amongst the various public health problems which challenge any local public health department. Any responsible public health professional employed to lead that department, accountable to the local municipality for the state of health of the local population, would be bound to speculate about how best to develop a strategy designed to decrease the obesity development in schoolchildren. S/he would identify research literature and routine documentation. Much of the literature in the scientific press presents rows of complicated statistical computations, difficult to interpret. Qualitative studies on the burden of being an obese schoolchild also seem a brilliant idea, but they happen to be not so much more reader-friendly—using specific, very philosophical terms, and they can describe and analyse individual cases and groups, but quantitative studies are needed in addition. However, after reading much of the available and intelligible literature, the public health department staff feel that they have some understanding of the obesity problem. The next stage will be to secure an overview of the situation in this particular childhood population. The department has access to demographic data from both the public surveillance system and the school system. However, collection of some *ad hoc* local data would be desirable to help identify risk groups, which potentially may become target groups for specific interventions. This might best be done by taking a representative sample of local schoolchildren, to find out more about their dietary and physical activity habits and routines, their heights and weights, and their social backgrounds. The senior staff members will need to determine, e.g.:

- The number of children at each age to be recruited.
- Who should ask the questions in an interview?
- Would collaboration with the school nurses be possible, e.g. for measuring the height and weight of each child?

However, there seem to be problems of variability and reliability. At a meeting it becomes apparent that the weight measurement scales readings vary considerably, between different sets of scales, for the same child. Moreover, body height measurement should take place without shoes on, but taking shoes on and off takes time, and measurement with shoes on will demand correction.
The public health team should next decide which effective and cost-effective, as well as ethically acceptable interventions to recommend; these might include mass interventions or targeted high-risk group interventions, or a combination of the two. Local politicians often believe, this must be easy, so that they demand decision-making without delay, and 'strong leadership'. In a neighbouring municipality, an intervention was implemented, consisting of a school kiosk selling green salad, fruit and water; this was combined with some attractive posters and additional written dietary information for children and parents—but without systematic documentation of effect. The team is determined to suggest science based interventions, but no real science was evident in the neighbouring municipality; however, local politicians are demanding immediate interventions with significant results, so the public health team discusses what changes they can hope to achieve, and how substantial the changes must be before they can justify a claim that findings are 'significant'.
Nevertheless, the team must determine targets for their intervention; they would set these, as according to the best available evidence, for specific time frames, and for particular age groups. The team is professionally responsible for choosing the best intervention programme, for its implementation, and for all of its outcomes and consequences and for improvement in the physical and mental development of local children, as well as matters of ethical, social and cultural acceptability. The implications also for other groups must be considered—teachers, school nurses and parents—and implementation may demand changes in the structure and work patterns of the school health organisation. Finally, the schoolchildren must be followed up over a relevant span of time to observe to what extent the targets have been achieved (if at all). Many preceding interventions have proved fruitless, and any scientific report was hidden behind glamorous political agendas!

Public health is both science and art, focussing on (i) population health and (ii) interventions designed to modify population health, as well as on (iii) the interaction between the two.[1–3] How can governments, municipalities and members of the public be assured that professionals employed in general public health positions possess the necessary competences, in terms of knowledge and skills, to be able to tackle such routine, common and everyday, but still very complicated work, as described earlier, with its demand for a systematic, evidence-based, cost-effective, ethically sound, sequential, rationally goal-oriented strategy and its consequential implementation and outcomes?

The complexity of such public health work is at least as great as that required every day for other professional groups, such as in medicine, economics, law, political science; it is accordingly logical to expect public health education and training to exhibit a curriculum of comparable size and quality to those required for other professions, representing best practice in all aspects of public health practice and research.

Theories, methods and tools designed to observe, describe and analyse populations in matters relating to their health (obesity, in this example), and to their health-related characteristics (in the obesity example, social and economic background and behaviour patterns), are essential and indispensable. No population or group health challenge can be met without epidemiology and statistical methods for uni-, bi- and multivariate modelling. Together with disciplines focussing on population levels of living and thus on social and economic as well as material environmental determinants of population health, they form the foundations of public health principles and methods as directed towards the population health component. Inevitably, the list of parameters and procedures necessarily must be long, as presented in the 5th Edition of the European List of Core Competences for the Public Health Professional, recently published by the Association of Schools of Public Health in the European Region (ASPHER).[3] The development, selection, implementation and follow-up of adequate interventions—such as health promotion, health protection, disease prevention—necessarily will likewise demand a series of competences in terms of knowledge and skills. Thus, the main structure of the list reflects the definition of public health, with both a population component

Table 1 Main chapters of ASPHER's European List of Public Health Generic Core Competences for the Public Health Professional

1. Methods in public health—quantitative and qualitative methods
2. Population health and its social, economic and political determinants
3. Population health and its material—physical, radiological, chemical and biological—environmental determinants
4. Heath policy; economics; organizational theory, leadership and management
5. Health promotion, health protection and disease prevention
6. Ethics

and an intervention component, with an associated chapter on general philosophies, principles and methods (both quantitative and qualitative) and a chapter on ethics (table 1).

This competences list is comprised of knowledge and skills, but certainly does not prescribe any particular or specific set of 'public health attitudes', inevitably reflecting cultural, ethnic, political, religious and other norms - other than the basic positive attitude asked for in all professional work, for instance as expressed in a separate text concerning good professional behaviour.[4]

To be professionally and academically interpretable and applicable, the list has to be both logically and strictly systematic, comprehensive,[5] and recognisably appropriate by everyone engaged in work involving all aspects and sub-disciplines of public health practice, research and teaching. Moreover, the fifth edition has been enriched by the scrutiny of experts within epidemiology and biostatistics; sociology; environmental health; nutrition; infectious disease prevention and control; health economics; leadership. Like its predecessors—the third edition being endorsed by European WHO member states in 2012[1,6]—it is suited for curriculum building; planning of training programmes; testing of students and trainees; individual and organisational accreditation; career planning; systems development.[7]

Conflicts of interest: None declared.

References

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2 Foldspang A. *From Potential to Action. Public Health Core Competences for Essential Public Health Operations. A Manual. Vol. I, II, III*. Brussels: ASPHER, 2016.

3 Foldspang A, Birt C, Otok R, editors. ASPHER's European List of Core Competences for the Public Health Professional, 5th ed. (a) Brussels: ASPHER, 2018. (b) Scand J Public Health. *Supplement* 2018;46:in press.

4 Good Public Health Practice Framework. London: Faculty of Public Health, 2018. Available at: http://fph.org.uk (3 July 2018, date last accessed).

5 Otok R, Czabanowska K, Foldspang A. Public health educational comprehensiveness: the strategic rationale in establishing networks among schools of public health. *Scand J Public Health* 2017;45:720–2.

6 European Action Plan for Strengthening Public Health Capacities and Services. Copenhagen: WHO Regional Office for Europe, 2012.

7 Foldspang A, Otok R. Competences based individual career and workforce planning in public health. *Eurohealth* 2016;22:21–6.

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