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## Competences in Health Network Management Intellectual Output II:

# Regional Health Network Manager Competence and Competency Profile

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# Introduction—Project & Background

The *Competences in Health Network Management (Com.HeNet)* project—Funded by the ERASMUS+ grant program of the European Union under grant no. 2019 1 DE01 KA203 005025—was launched in 2019 September by the **consortium of several European higher education hubs:**

- FOM University of Applied Sciences (consortium leader),
- Universidad Católica San Antonio de Murcia (partner),
- Eötvös Loránd University (partner),
- Medical University of Silesia (partner),
- FH Joanneum (partner), and
- the Technical University of Sofia (partner).

**Associated partners:**

- Bavarian Health and Food Safety Authority (LGL) and
- the Bulgarian Red Cross

also participate in the project, which, in essence, aims to develop curriculum modules For Health Network Management (HNM) with a European standard—enabling health professionals to implement and successfully manage health networks (HN) on a regional level in accordance with European quality guidelines. In order to develop—and later to disseminate—this curriculum, project partners Found it essential that a document should collect and identify the competences (and competencies) of a Health Network Manager as a preceding project step. This document titled *Regional Health Network Manager Competence and Competency Profile* (referred in the up-coming chapters as the Profile), therefore, has been created to support and expedite the curriculum development in the field of HNM.

As part of the Foundation of the project implementation, partners conducted research in their countries, in which local health professionals and social service providers—as interview subjects—answered the same questionnaire in many European localities about the expected roles and responsibilities of a Health Network Manager. In each partner country 5 to 7 interviews were conducted, according to the same standardized interview guide everywhere. Based on these interviews, partners created country-level *Regional Health Manager Competence and Competency Profiles*—including the Health Network Manager’s needed skills, attitudes, knowledge, and competences reported by their interview subjects—which served as the basis of this EU-level *Regional Health Network Manager Competence and Competency Profile*. Along the development of this document, we also relied on previously developed competence and competency profiles of related areas. We processed some international examples, not cited elsewhere, i.e., *WHO-ASPHER Core Competency Framework (Czabanowska et al., 2020)*, *the IUPHE Core Competencies for Health Promotion framework (IU-PHE, 2016)*, *the Competencies, and Sub-competencies for Health Education Specialists framework (HESPA, 2015 and 2016)*, and *the Core Competencies for Health Promotion Practitioners. Australian Health Promotion Association (APHA 2009)*.

# Prospective Aim and Utilization of the Competency Profile

The aim of this Profile is to serve as a basis for the development of a meaningful curriculum for those working as Health Network Managers in the European Union (even if not called Health Network Managers). For this aim, both the Competence and Competency Profile needs to be as comprehensive as possible to map the required knowledge and skill areas along with the needed depth of these competencies. The condition of a high quality curriculum is not the thorough and deep coverage of all the relevant academic and operational/practical areas, but to include these to various extent, filtering and merging when needed, and, above all, using innovative, state-of-the-art educational methods and tools, fitting the needs of Health Network Managers the best.

Accordingly, as the reader will see, the range of activities, knowledge, and skills included in this profile is definitely impossible for one person to fully comprehend: only a team of different professionals—possibly with the occasional help of external experts—could acquire all the knowledge that is needed for running a local health network successfully. No one can be an expert in epidemiology and data analysis, strategic management, Fund raising, persuasion, conflict management, and people skills all at once. In other words, this is a competency profile For Health Network Management instead of that of a single Health Network Manager. Nevertheless, Health Network Managers personally have to be aware, on the one hand, of all the tasks that have to be done, and on the other hand, also has to have certain skills, knowledge, and attitudes to make all these happen. This profile covers all the necessary tasks in a structured manner, as well as the knowledge areas to be covered in order to fulfil these. At the same time, the required depth of certain knowledge indicated at the end of the Profile highlights the areas in which an individual HNM has to have deeper or more elaborated knowledge.

Related to this, the question of entry requirements/attributes of the applicants for the training arises. Taking into consideration that the main scientific/activity field of the curriculum is of health promotion and prevention, we have a reason to expect that our “target group” already has a certain level of knowledge related to public health and epidemiology. Also, as many of the tasks are related to management, a background knowledge related to managerial studies is also possible. The setting of these requirements (both regarding the curriculum and the job itself) depends highly on country-level legislation. The Profile, nevertheless, is able to be used with whatever such setting by personalizing the curriculum and providing extra support For those lacking one area or the other.

A possible alternative solution could be to design a module-based curriculum instead of a comprehensive one. This solution would flexibly allow the applicants with different backgrounds to cherry-pick the modules covering areas they experience a shortage in, while also would give a greater Freedom in the Formulation of the modules without the necessary time constraints of a single, unified, comprehensive training.

# Focus

## Locality

Because the position of and the environment related to Health Network Managers in the partner countries is highly heterogeneous—e.g., in some EU regions, a Health Network Manager may be responsible for a population of a few hundred people, while in other regions, they may service for a population of 100 000,—different interview subjects in different EU localities had very diverse concepts in mind about the responsibilities and the power of a Health Network Manager—in other words, about what a Health Network Manager would, could, and should do. In order to handle these differences and provide sustainable recommendations for operational Health Network Managers, it was inevitable to set the level of mandate and power to the locality—meaning a limited number of municipalities or a statistical microregion at most.

The project partners agreed to define the relevant population size according to the definitions used by the Eurostat in the Nomenclature of Territorial Units for Statistics (NUTS) system. The Profile described in this document fits best the tasks and responsibilities of a professional responsible for a region/population size up to the (former) upper LAU (Local Administrative Unit) level, which is the former NUTS 4 regions. What is common in these regions is that they cover a geographical area serving as a meaningful administrative unit—a single municipality, or a cluster of municipalities. Accordingly, the population size of LAUs in the European Union varies to a great extent, from a few thousands to more than 100 000, which will definitely affect the nature of the responsibilities of a Health Network Manager, but not exceeding the frame of the Profile described here.

## Non-healthcare Determinants of Health

In line with the essential goals of community health initiatives, this Profile extends the focus beyond the health care system; and puts more emphasis on the non-healthcare determinants of health, in order to successfully serve as a basis of a curriculum that offers solutions for Regional Health Network Managers:

- to engage communities and people in health projects and
- to promote the community's and people's role and determination in health.

## Links and Differences With Other Competence Profiles in the Public Health Field

The competence profile developed within the Com.He.Net project in the context of the training program for regional health network managers (RHNM), shows some clear affinity and interconnection with other competence profiles in the field, also referred here. This similarity and partial overlap between the profiles is a natural element, resulting from the proximity of the professional activity areas of specialists these profiles target, as well as from the similar methodological assumptions adopted when developing them.

The public health specialist competence profile developed by ASPHER and WHO can be seen as an umbrella covering a broad framework of professional responsibilities of public health specialists, regardless of their actual position and scope. For this reason it may serve as a reference point in defining the special characteristics of the Com.HeNet RHNM Profile. The RHNM Profile in this regard could be considered as one located under the umbrella formed by the ASPHER profile, while aiming at a narrower and more specific range of reference: the detailed characteristic of the tasks supposed to be carried out by managers responsible for driving a specific type of organizational formula within the systemic structure of the health system, namely the regional health networks.

However, a closer insight reveals a visibly different distribution of key accents of the two profiles, where the ASPHER profile seems to have a more balanced nature, although with an evident dominance of components related to health aspects, while the Com.HeNet's RHNM Profile shows a visibly stronger focus on areas related to management processes within a complex organizational environment including a wide catalogue of stakeholders, who are highly diversified in their nature, positions and strength. As a result, competencies related to understanding stakeholder environment, conflict resolution, facilitation and community network management are much more prominently exposed in the RHNM profile. Competencies related to project management are also an important component of the profile, which has been identified as an important piece contributing to its universality across different health systems, as featured in different European countries. In this perspective, issues directly related to public health play a subservient role in relation to management tasks, unlike in the ASPHER profile, where it seems to be the opposite.

Finally, the last element differentiating the two competence profiles is a stronger emphasis on the area related to informational technologies and digital competencies in the Com.HeNet profile, with a particular focus on data collection and management with the use of system-specific tools. This part plays a subservient role to network and project management, with a particular need for filling a kind of gap existing in current health care management-related competence profiles that has been identified during the process of developing the Com.HeNet profile.

# How to Read and Utilize the Regional Health Network Manager Competence Profile?

## Competence vs. Competency Profile?

Competence vs. competency. The difference between the two concepts is not at all straightforward and they often blend into each other even in international literature, which is not at all surprising given that the two concepts are very closely related and hard to define accurately in their nature. This Profile Follows the definitions, cited by Teodorescu (2006):

Competence: “Human competence is a Function of worthy performance (W), which is a Function of the ratio of valuable accomplishments (A) to costly behavior (B).” (Gilbert, 1996, p. 17).

Competency: “Those characteristics—knowledge, skills, mindsets, thought patterns, and the like—that when used whether singularly or in various combinations, result in successful performance.” (Dubois, 1998, p. 5)

In other words: competence is one’s ability to do something (and something worthy in the field of interest, naturally), while competency is what somebody learned or acquired in order to become competent. E.g., the ability to perform health needs assessment is a competence, for which one needs to have certain competencies (knowledge, skills, and attitudes) in various fields from public health and epidemiology through data collection and analysis till project management and communication.

## Starting from the End

This Profile is intended to be based on competences, but also aims at collecting and defining the needed competencies behind each competence category. The competences are in the form of the flow of activities. One can imagine the words “Being able to. . .” at the beginning of every item. It was essential to describe activities, as this Profile seeks to answer the question:

- “What makes a Health Network Manager a successful accomplisher?”
- “From the day they first enter the office as a newly mandated Health Network Manager, what flow of actions will they have to perform so that in, say, five years, they will be able to say that ‘I achieved what I was to achieve?’”

Therefore, it was necessary to define what is the goal that would be to achieve:

In five years, there is a lively partnership network of a variety of local actors. The network partners provide several health promotion and prevention programs to the local population in a coordinated manner. The services meet the population’s needs and expectations and are popular among the community. All actors (institutional, as well as individual ones) perceive health as an asset and as a necessary condition, as well as an outcome related to all fields of life in a complex manner. The health literacy and health behavior of the population improves, so does the physical and living conditions, and there is an increasing social cohesion along with decreasing health and social inequalities in the community.

To develop the Profile the following questions had been asked repeatedly:

- “What needs to be done, so that in five years a community arrives at this desired stage?”
- “How the listings provided fit in this flow of activities?”
- “What else needs to be done?”
- etc.

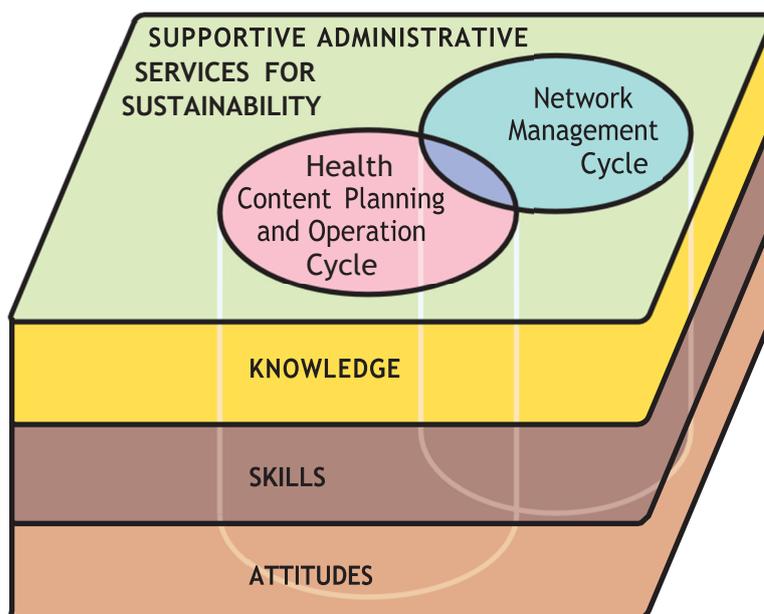
It also has to be noted that the success of any such activity depends not only on the health network manager and their team, but is affected by many social, environmental, and other factors. These factors are also a target of the activities, however, any outcome should and could be evaluated only taking these factors in consideration.

## Developing the Structure

As mentioned before, the development of this Profile had been preceded by interviews, in which local health professionals and social service providers—as interview subjects in many European localities—identified the main activities and roles of a Regional Health Network Manager. However, these were very different kinds and levels of activities—some categories were very wide like “network management,” while others were very specific activities, like, “writing contracts.” The development of the Profile consisted of outlining a coherent and comprehensive structure which includes all of the activities listed by the interview subjects, and to identify other activities that most probably will have to be done or covered by Health Network Managers. For example, if contracting is a necessary activity then some kind of accounting—or at least administering of resources—also will have to be included, etc.

Therefore, this Profile identifies two main categories related to professional content, and an additional one that serves the first two. The two main categories are the “Health Content Planning and Operation Cycle” with all the activities related directly to health promotion and prevention planning and development, and the “Network Management Planning and Operation Cycle” with all the activities related to the organization and management of the Health Network. These two categories, however, are far from distinct: they are interrelated at several points. As a background of these two, the Profile identifies a third category with broader managerial, administrative, and support activities. Activities listed here are related to and are a condition of every other activity in both main categories.

*Figure 1:* Competence fields and their relation to competencies for Health Network Managers



*Figure 1* shows how the three competence areas (Health Content Planning and Operation, Network Management, and Sustainability Operations) are interrelated, and how they are based on the competency layers of knowledge, skills,

and attitudes. The idea behind *Figure 1* is based on the “The Public Health Skills” and “Career Framework Cube” From *Public Health Skills and Career Framework (2008)*, however, it has been largely reworked and reorganized to fit this particular Profile.

## Knowledge Levels

This Profile is intended to be based on competences, but also aims at collecting and defining those competencies that are the preconditions of professional operation. Therefore, within the competency (knowledge, skills, and attitudes) items, the Profile introduces and defines basic, intermediate, and advanced knowledge levels to set the entry threshold of the training and curriculum later to be developed. The concept behind the categorization of these levels is defined in *Table 1*.

*Table 1:* Basic, intermediate, and advanced knowledge levels—example

| BASIC   | INTERMEDIATE  | ADVANCED   |
|---|---|--|
| <p>On this level, the Health Network Manager is able to identify the need For a task related to a competence. Health Network Manager is able to draw relevant professional conclusions From task results.</p> <p><i>(E.g., Health Network Manager does not know how to conduct a full health needs assessment study, but has to know when they need one—also has to be able to utilize already existing external information and to draw relevant professional conclusions from these.)</i></p> | <p>On this level, the Health Network Manager is able to brief and support the completion of a task related to a competence.</p> <p><i>(E.g., Health Network Manager identifies special areas of interests related to health needs assessment, and briefs the supplier/colleague who conducts the study by relevant hypotheses/questions.)</i></p> | <p>On this level, the Health Network Manager is able to complete or manage the completion of a task related to a competence individually and successfully.</p> <p><i>(E.g., Health Network Manager completes or manages the health needs assessment study individually.)</i></p> |

As mentioned before, the reason behind this extensive approach is that the output of this material should be a training material for Regional Health Network Managers coming from diverse backgrounds and facing hetero-

geneous community health challenges. Depending on the special demands of their particular community, Health Network Managers need tailor-fit training materials, which the above categorization aids pragmatically.

# Competence Model

## 1. Health Content Planning and Operation Cycle

### 01. Assess regional health needs

- A. Plan and prepare health needs assessment process
  - a. Identify the data needs of health needs assessment
    - i. Identify what kind of data should be collected
    - ii. Identify the possible benchmarking data available (e.g., data of other regions)
    - iii. Identify what level of data should be collected (micro, aggregated, to what level aggregated)
  - b. Identify possible data sources and owners
  - c. Identify legal possibilities to acquire data and make the necessary steps to become legally eligible to acquire data
- B. Collect statistical micro-level data (on health status, health literacy, health behavior, social determinants of health, and health care utilization)
  - a. Define a sampling method
  - b. Define the mode of micro data collection (survey [live or online], semi-structured interviews, Focus groups, etc.)
  - c. Design the questionnaire/interview outline, test and adjust questionnaire/interview outline
  - d. Contact persons to be questioned/interviewed
  - e. Perform data collection
- C. Collect aggregated statistical data (e.g., based on open administrative data bases, other kind of administrative data bases, data owned by health care providers, data owned by other local/regional actors) regarding a) health status and b) available health services
  - a. Contact data owners
  - b. Collect data
- D. Reveal the community's perception regarding their own health and health needs
  - a. Perform stakeholder analysis regarding the local population/community
    - i. Collect information on the structure and properties of local community
    - ii. Identify stakeholder groups
    - iii. Identify the specific aspect, interest, probable problems and needs of stakeholder groups
    - iv. Identify probable key stakeholders
    - v. Identify channels in order to access and get attention of local population, involve local

media

- b. Organize local community events, Focus groups to address the issue of health to the community and reveal their perception relevant to health (possibly focusing on more closely defined topics related to health)
  - i. Decide on the form, method and size of community gatherings to be organized
  - ii. Perform preparative steps (location, catering, preparing/printing meeting materials) accordingly
  - iii. Contact/invite key stakeholders, local influencers (if known at this step) personally
  - iv. Send invitation to local population/desired members of focus groups through the channels identified, emphasizing the benefits they could gain by participating (e.g., having greater impact on local policy forming)
  - v. Facilitate meetings
  - vi. Record outcomes
  - vii. Give Feedback and Follow-up to the participants, building lasting connections
- E. Analyzes data (involving external experts is possible)
  - a. Analyze individual health-related data (descriptive and inferential statistical analysis)
  - b. Build database based on aggregated data and individual analysis results
  - c. Analyze statistical data and outcomes of the participative events comprehensively
  - d. Identify health needs and service gaps
    - i. Identify specific health problems of the population, related to other, similar populations or areas (e.g., higher level of certain kinds of diseases)
    - ii. Identify specific health literacy gaps of the population
    - iii. Identify specific health behaviors of the population, related to other, similar populations or areas (e.g., higher level of certain health threatening activities)
    - iv. Identify specific environmental health threatening factors the population faces (e.g., local air pollution levels, traffic characteristics, housing characteristics, etc.)
    - v. Identify specific social health determinants of the population (e.g., SES structure, low income, unemployment, low educational attainment levels, etc.)
    - vi. Identify specific health care utilization problems and gaps in the population (e.g., access of primary and specialized care, availability of pharmacies, problems with health care quality and safety, etc.)
    - vii. Identify patterns and causes of different forms of health inequalities
  - e. Prioritize the identified issues, possibly in another round of participative event

**02. Planning and developing health promotion and prevention projects, programs, activities**

- A. Identify and register health promotion/prevention activities already running in the community
- B. In an emergent process, through repeated participative events/actions, involving both local population, non-network stakeholders and the network, identify a broader range of health promotion/prevention activities that meet both the needs and the will of the population and are available for and intended by network; distill priority areas and directions of interventions
  - a. Based on results of health needs assessment, outline fields of possible interventions that are expected to improve local population's health status
    - i. Match incidence/prevalence/burden of diseases in the community
    - ii. Match intermediary factors affecting health (e.g., behavior, environment)
    - iii. Match community characteristics, gaps, and inequalities in the social determinants of health (e.g., income, education, psychosocial environment, social cohesion and exclusion)
    - iv. Match health care system characteristics (availability, access, quality, responsiveness, equity focus)
    - v. Match problem and needs perception of the population
  - b. Identify resources/competencies needed to run identified interventions
  - c. Identify resources/competencies acquired by network and program/project/activity plans of network
- C. Coordinate and facilitate intervention/program development by network
  - a. Identify cornerstones of the program
    - i. Target group
    - ii. Priorities and desired outcomes
    - iii. Stakeholders
  - b. Based on cornerstones, identify possible intervention methods and tools
  - c. Based on scientific evidence, experiences, resources and competencies, as well as stakeholder "need and will" analysis, design actual interventions
    - i. Methods and tools design
    - ii. Materials
    - iii. Timing
- D. Develops own interventions/programs
  - a. Identify cornerstones of the program
    - i. Target group
    - ii. Desired outcomes
    - iii. Stakeholders

- b. Based on cornerstones, identify possible intervention methods and tools
- c. Based on scientific evidence, experiences, resources and competencies, as well as stakeholder “need and will” analysis, designs actual interventions
  - i. Methods and tools design
  - ii. Materials
  - iii. Timing
- E. Quality management
  - a. Quality assurance
    - i. Create a shared understanding of what quality means for this project
    - ii. Establish quality standards
    - iii. Establish quality procedures
  - b. Develop a Quality Management Plan
    - i. Determine targets/major deliverables
    - ii. Divide up responsibilities for quality management. Determine roles
    - iii. Determine control activities and procedures
    - iv. Determine quality management tools (control charts, flowcharts, check sheets, etc.)
- F. Facilitate and monitor preparations for future evaluation and feedback for network programs/ interventions
  - a. Define outcome areas
  - b. Plan evaluation methods
  - c. Collect preliminary data as benchmark
- G. Prepare Future evaluation and Feedback both For own and network programs/interventions
  - a. Define outcome areas
  - b. Plan evaluation methods
  - c. Collect preliminary data as benchmark

### **03. Implement projects and programs developed**

- A. Contribute to the implementation of programs developed/provided by network partner
  - a. Support the responsiveness of the external environment/stakeholders (who are not directly involved/affected, but may interfere with the success of the program)
    - i. Identify and analyse stakeholders of external environment, identify potential sources of resistance, as well as shared interests
    - ii. Contact external stakeholders and introduce the aims and the program to them
    - iii. Seek the active/passive support of external stakeholders
  - b. Support the responsiveness of the recipient environment
    - i. In cooperation with network partner, identify and analyze stakeholders of recipient

- environment, identify potential sources of resistance, as well as shared interests and possible source of motivation
- ii. Moderate between network partner and recipient environment if needed
- c. Coordinate activities of network
  - i. Collect and share plans and activities within network
  - ii. Facilitate cooperation and coordination and moderate network partners if necessary
- d. Assist data collection for assessment, in coordination with network partner
  - i. Supervise program assessment planning and performing
- e. Assist communication of the program towards internal/external stakeholders and wider public
- B. Implement own programs
  - a. Ensure the support of external environment/stakeholders (who are not directly involved/affected, but may interfere with the success of the program)
    - i. Identify and analyze stakeholders of external environment, identify potential sources of resistance, as well as shared interests
    - ii. Contact external stakeholders and introduce the aims and activities to them
    - iii. Seek the active/passive support of external stakeholders
  - b. Ensure the support of recipient environment
    - i. Identify and analyze stakeholders of recipient environment, identify potential sources of resistance, as well as shared interests and possible sources of motivation
    - ii. Communicate program and seek support
  - c. Plan and manage project activities, coordinate cooperating actors, facilitate and supervise/run the project/program
  - d. Prepare program assessment
    - i. Collect data in identified performance areas
    - ii. Involve participants (target groups), internal and external stakeholders by letting them express their experiences
  - e. Communicate program towards internal/external stakeholders and wider public
    - i. Identify target groups and communication channels
    - ii. Create and deliver communication materials/messages

#### **04. Assess projects and programs implemented**

- A. Assist program assessment for programs delivered by network
  - a. Provide evaluation guideline to harmonize evaluation (based on steps below)
  - b. Assist analysis
  - c. Assist recording and reporting assessment outcomes
  - d. Disseminate assessment results across network

- B. For own programs: reconsider assessment plan; acquire further data for assessment if needed
  - C. For own programs: perform effectiveness and quality analysis by:
    - a. The evaluation of outputs of the program
    - b. Identify quality improvements/failures
      - i. The evaluation of customer/client satisfaction with the program
      - ii. Comparison of pre- and post-test values
      - iii. Assess the outcomes of the program in different fields (health status, health behavior, health literacy, social relations and cohesion in the community, effects on physical environment, effects on socioeconomic factors)
      - iv. Assess probable time gaps relevant
      - v. Assess probable confounding factors related to program effects
    - c. Validate deliverables
    - d. Update lessons learned
  - D. For own programs: perform efficiency analysis based on results of effectiveness analysis and costs of programs
  - E. For own programs: record and report program outcomes and disseminate results across NETWORK
  - F. Provide reports
- 05. Adjust projects and programs based on assessment findings if necessary (go to 01.)**

## 2. Network Management Cycle

### 01. Stakeholder analysis—identify stakeholders/network members

- A. Identify stakeholders on supervisor level
  - a. Identify stakeholders within the maintaining bodies
  - b. Identify stakeholders within the controlling organizations of the maintaining bodies
  - c. Identify local decision and policy maker stakeholders
- B. Identify stakeholders on the ally level
  - a. Identify stakeholders amongst regional health providers
  - b. Based on regional health assessment findings, identify stakeholders amongst other regional organizations (nurseries, schools, nursing homes, etc.)
  - c. Based on regional health assessment findings and utilizing existing information (e.g., local homepages, etc.), identify stakeholders amongst regional CSOs
  - d. Based on regional health assessment findings, identify stakeholders amongst influential regional community leaders (priests, leisure activity club leaders, sports managers, etc.)
- C. Only applicable if non-governmental resources may be involved in project implementation and Funding: identify stakeholders on the sponsor level (regional business leaders, entrepreneurs, relevant service providers)
  - a. Consider local entrepreneurs
  - b. Consider small and medium-sized enterprises
  - c. Consider multinational enterprises operating local centers/plants/etc.
- D. Think about regional communities as stakeholders—level of beneficiaries
  - a. Also consider community as participants in health planning
- E. Identify possible relationships and dependencies between stakeholders
- F. Based on resources and needs, prioritize For the next phases who to involve first and how to expand the network

### 02. Reach out to stakeholders/network members

- A. Meetings, approaching stakeholders
  - a. Reach out to supervisor level stakeholders
    - i. Prepare reporting package with high professional content, needs, projected goals and benefits
    - ii. Communicate goals and needed assets
    - iii. Listen to supervisors' health development-related ideas and goals
    - iv. Identify possible support modalities

- b. Reach out to ally level stakeholders
  - i. Prepare proposal package with high professional content, projected goals and benefits, expected modalities of collaboration (PPT, pamphlet, leaflet, etc.)
  - ii. Communicate goals and needed assets
  - iii. Listen to allies' health development-related ideas and goals
  - iv. Identify different modalities of the possible collaboration
- c. Reach out to sponsor level stakeholders
  - i. Prepare proposal package with projected goals and benefits, expected modalities of contribution, propose promotion surfaces, visibility benefits, or other viable benefit packages for sponsor (PPT, pamphlet, leaflet, cold calls/letters, etc.)
  - ii. Communicate goals and needed assets
  - iii. Identify different modalities of the possible collaboration
- d. Reach out to beneficiary level stakeholders
  - i. Actively communicate with communities about health, community development, etc. via social media, local papers
  - ii. Communicate goals and needed assets
  - iii. Prepare the basis for participation-based health planning development

*Table 2:* Proposal packages—What packages need to be used when reaching out to stakeholders?

| STAKEHOLDER   | PROPOSAL/REPORTING PACKAGE   |
|---|--|
| maintaining bodies and their controlling organizations  | reporting package with high professional content, needs, projected goals and benefits  |
| policy and decision makers                              |  |
| health providers  | proposal package with high professional content, projected goals and benefits, expected modalities of collaboration (PPT, pamphlet, leaflet, etc.)   |
| organizations (nurseries, schools, nursing homes, etc.) |  |
| CSOs  |  |
| community leaders                                       |  |
| sponsors  | proposal package with projected goals and benefits, expected modalities of contribution, propose promotion surfaces or packages for sponsor (PPT, pamphlet, leaflet, cold calls/letters, etc.) |
| communities   | actively communicate with communities, engage, report about future projects via social media, local papers—gain visibility as a one-person brand   |

- B. Record and conclude findings and experiences of stakeholder meetings, prepare stakeholder engagement
- a. Consider local power lines and dynamics:
    - i. in business
    - ii. in politics/policy
    - iii. in community
  - b. Based on these findings, identify potential sources of resistance, as well as shared interests and possible sources of motivation
    - i. Based on findings, rethink stakeholder analysis if high priority meetings conclude so
    - ii. Based on findings, be ready to modify scope (due to professional or diplomatic reasons, or due to altered resource demands)
  - c. Re-approach stakeholders if necessary, negotiate the terms of cooperation

- i. Finalize meetings and oral agreements with written agreements where applicable
- ii. Prioritize stakeholders by their level of interest invested in your work
- iii. Prioritize stakeholders by their level of power/influence over your work
- iv. Finalize stakeholders' roles

### 03. Engage stakeholders/network members

#### A. Engage stakeholders

##### a. Engage supervisor level stakeholders

- i. Communicate and get approval for (short, mid-, and long term) health project goals and needs
- ii. Maintain their interest—actively report project milestones
- iii. Continuously influence them to support health project goals by funding, decisions

##### b. Engage ally level stakeholders

- i. Communicate and get approval for (short, mid-, and long term) health project goals and needs
- ii. Drive cooperation
- iii. With relevant project management tools continuously supervise allies' contribution to health project, provide support if needed

##### c. Engage sponsor level stakeholders

- i. Communicate and get approval for (short, mid-, and long term) health project goals and needs
- ii. Maintain their interest—actively report project milestones
- iii. Continuously influence them to support health project goals by funding

##### d. Engage beneficiary level stakeholders

- i. Communicate (short, mid-, and long term) health project goals
- ii. Actively communicate the need for community involvement
- iii. Create platforms (community meetings, social media, health programs) to listen and hear community needs

#### B. Maintain engagement, create platforms for participation, and reinforce own (Health Network Manager's) role in network—toolkit proposal, see Table 3

##### a. Gain HNM visibility

- i. Prove track record: provide continuous reporting and communicate milestones
- ii. Prove competency: generate and/or disseminate health-related content via social media, web, or local media
- iii. Be visible as a health influencer on local platforms—persuade community actors to consider HNM as a stakeholder to their organization

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- iv. Gain trust: reach out and cooperate with local influencers
- b. Create own platforms to connect, drive, and influence sponsors, allies, and supervisors
  - i. Perform regular reporting
  - ii. Organize business meetings
  - iii. Organize professional coordination meetings
  - iv. Organize community forums

*Table 3:* Maintain engagement, create platforms for participation, and reinforce own (Health Network Manager's) role in network toolkit

|   | PROFESSIONAL REPORTING   | BUSINESS AND COMMUNITY EVENTS | PROF. COORDINATION MEETINGS   | COMMUNITY FORUMS   | SOCIAL MEDIA   | PRESS / TV / MEDIA       | WEBSITE                  |
|---|--|-------------------------------|---|--|--|--------------------------|--------------------------|
|   | <b>PROFESSIONAL GOAL OF THE HEALTH NETWORK MANAGER:</b> to gain HNM's visibility, to prove competency, to gain trust |                               |   | <b>PROFESSIONAL GOAL OF THE HEALTH NETWORK MANAGER:</b> to build and to engage community, to persuade community actors to consider HNM and other network partners as a stakeholder to their organization |  |                          |                          |
|   | <b>PROJECT GOAL:</b> to maintain interest, to prove track record, to gain project visibility, to gain Funds          |                               | <b>PROJECT GOAL:</b> to develop and to coordinate professional content during project, to involve professionals and community, to let community self-drive their health |  | <b>PROJECT GOAL:</b> to inform community, to get the community to participate in health projects |                          |                          |
| maintaining bodies and their controlling organizations        | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>  |  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| policy and decision makers                                    | <input type="checkbox"/>   | <input type="checkbox"/>      | <input type="checkbox"/>  |  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| health providers  |  | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| other organizations (nurseries, schools, nursing homes, etc.) |  | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| CSOs  |  | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| community leaders   |  | <input type="checkbox"/>      |   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| sponsors  |  | <input type="checkbox"/>      |   |  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| communities   |  |                               |   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |  |  |   |   |   |   |
|--|--|--|--|---|---|---|---|
| community influencers (in a later stage they may appear) |  |  |  | □ | □ | □ | □ |
|--|--|--|--|---|---|---|---|

#### 04. Realize & disseminate health program

- A. Based on activities performed in 03., realize health program
  - a. Plan program
  - b. Allocate and use Funding (municipal budget + sponsor funding)
  - c. Coordinate stakeholders and oversee their tasks
    - i. Manage professional content of the project and negotiate with professional stakeholders (allies + community)
    - ii. Manage operational tasks of the project and negotiate with supervising stakeholders and sponsors—as well as with allies if involved in operation
- B. Ensure wide accessibility
  - a. Put entry threshold low
  - b. Pre- and post-communication of the health project via the following channels:
    - i. website
    - ii. social media
    - iii. local newspapers, television, online press
    - iv. community forums
    - v. banners, leaflets, etc.
- C. Use event management tools if necessary
  - a. Manage hardware suppliers
  - b. Manage sponsorship agreements and sponsor visibility
  - c. Purchase goodies
  - d. Ensure accessibility

#### 05. Assess network operation and facilitate synergies within the network

- A. Observe and evaluate network operation
  - a. Re-evaluate stakeholders by their interest invested in the project, if necessary
  - b. Find ways to raise their interest, if necessary
- B. Observe network dynamics
  - a. Support and lean on naturally developing cooperation between stakeholders within the network
  - b. Delegate tasks based on network dynamics, if possible—consider naturally occurring synergies

and conflicts

C. Establish platforms For best practices and experience sharing

**06. Adjust network management tasks and processes based on assessment finding if necessary  
(go to 01.)**

## 3. Supportive Administrative Services for Sustainability

### 01. Administration-related tasks

- A. Administer contracting
- B. Handle necessary purchases and internal assets
  - a. Office environment needs
  - b. IT tools (hardware and software)
  - c. Event-related purchases (banners, catering, audio and visual technology, etc.)
  - d. PR and marketing service and materials
  - e. Stationaries
  - F. Legal matters
  - g. Health planning support if necessary
- C. Administer accounting and resource usage
- D. Support management process

### 02. Overarching management tasks

- A. Management of material resources, human resources, financial resources and information resources
  - a. Manage material resources
  - b. Manage HR resources
  - c. Manage financial resources
  - d. Manage information resources
  - e. Raise Funds
    - i. Reveal and follow financial sources
    - ii. Write grant applications to ensure continuous funding
    - iii. Manage sponsors in- and outside of network
  - F. Monitor tasks and processes
  - g. Provide feedback to actors
- B. Run project management
  - a. Operationalize and algorithmize complex tasks and processes
  - b. Define interrelated tasks and preconditions
  - c. Define and communicate timing
  - d. Monitor processes
  - e. Provide feedback to actors

### 03. Continuous learning

- A. Expand knowledge by health-content-related training and learning and sharing best practices

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- B. Expand knowledge by management-related training and learning and sharing best practices
- C. Improve sensitivity in interaction with social minority and disabled community groups
- D. Expand knowledge in community organization by learning new tools and sharing best practices

# Competency Model

This table demonstrates the competencies essential to successfully complete the Health Content Planning and Operation and Network Management Cycle competences. As mentioned in the foreword, belonging to each area of competency, 3 levels of skills and knowledge are defined, where basic level stands for the optimal minimum, intermediate level marks the intermediary, and advanced level means proficient knowledge/skills in the defined competency category.

*Table 4:* Knowledge and skills attributed to different knowledge areas

|                                      | KNOWLEDGE  | SKILLS   |
|--------------------------------------|--|--|
| Epidemiology and Social Epidemiology |  |  |
| BASIC                                | Has a well-established knowledge of the most widespread diseases, their prevalence in the population, and their determinants. Has a clear understanding of the complex nature of health and surrounding factors.   | Is able to recognize and causally connect health affecting factors and their consequences in a wide range of fields. Recognizes if there is a need for more advanced epidemiological knowledge in order to proceed.                                  |
| INTERMEDIATE                         | Has an elaborated knowledge on diseases, risk factors and causal connections between these. Understands the causal relationships between different determinants, as well as determinants and diseases. Has a well-established knowledge on the basic notions and measures in Epidemiology. | Is able to recognize and causally connect factors affecting health and their consequences locally, in a wide range of fields. Recognizes relevant data and is able to perform basic epidemiological calculations related to the population in focus. |
| ADVANCED                             | Has a proficient knowledge in Epidemiology: the distribution and causes of diseases and disease prevention and control.  | Is able to perform a wide range of activities based on research, planning, and implementation related to all diseases and health condition categories, at all levels of the society, in different settings.  |

|               | KNOWLEDGE   | SKILLS  |
|---------------|---|---|
| Public Health |   |   |
| BASIC         | <p>Is aware of the study areas of Public Health, and of the areas it addresses with activities. Understands the evolution of the Focus of public health, from sanitary work through medicalized interventions to a broader, community based action range. Is aware of a wide range of possible public health interventions and their applicability. Specifically knows basic health promotion and prevention activities.</p>                          | <p>Is able to recognize what kind of public health activities/ interventions would be suitable in case of a certain problem/situation. Recognizes if there is a need for more advanced public health knowledge in order to perform activities.</p>  |
| INTERMEDIATE  | <p>Has an elaborate knowledge in the field of Public Health. Has a deep understanding of community based Public Health interventions, the conditions of success, and the current global trends (HIAP, Whole-society-approach, etc.).</p>  | <p>Is able to analyze and assess health-related needs and based on those, derive what kind of Public Health activities/interventions would be suitable in the local situation. Is able to assess the probable outcomes of different interventions or the lack of those. Recognizes if there is a need of more advanced public health knowledge in order to proceed.</p> |
| ADVANCED      | <p>Has a proficient knowledge in Public Health: different kind of disease prevention and health promotion programs and activities—their effects, applicability, strengths, and boundaries. Fully understands the complex nature of health and is able to act accordingly. Has a deep understanding of community based Public Health interventions, the conditions of success, and the current global trends (HIAP, Whole-society-approach, etc.).</p> | <p>Is able to perform a wide range of activities based on research, planning, and implementation related to all diseases and health condition categories, at all levels of the society, in different settings.</p>  |

|  | KNOWLEDGE   | SKILLS   |
|--|---|--|
| Interdisciplinary social and human science |   |  |
| BASIC                                      | Has a basic understanding of the stratification of the society and its main factors and the rules of interactions between human beings, and how all these differ across different layers of the society.  | Is able to empathize and communicate with people from different backgrounds. Is able to accept views different from theirs as valid.   |
| INTERMEDIATE                               | Has a good understanding of the stratification of the society, its factors and their interactions, as well as of basic drives of and the rules of interactions between human beings. Understands how the social differences affect one's circumstances, perception, and motivation in different settings. Understands the nature of "wicked" social problems, the complex phenomena of the society, and the power of participative decision making.   | Is able to empathize and communicate with people from different backgrounds. Understands that people from different backgrounds perceive and understand their situation, problems, and needs differently and fully acknowledges the validity of these diverging realities.   |
| ADVANCED                                   | Has an elaborated knowledge of the stratification of the society, its factors and their interactions, as well as of basic drives of and the rules of interactions between human beings. Understands how the social differences affect one's circumstances, perception and motivation in different settings. Understands the nature of "wicked" social problems, the complex phenomena of the society, and the power of participative decision making. | Is able to empathize and dependably communicate with people from different backgrounds. Understands that people from different backgrounds perceive and understand their situation, problems, and needs differently and fully acknowledges the validity of these diverging realities. Is able to communicate with a group of people from heterogeneous background at once, and to help them to perceive, understand, and accept each others' perspectives. |

|              | KNOWLEDGE   | SKILLS  |
|--------------|---|---|
|              | Municipal health and general public policy, planning, institutions and financing, institutional, economic and social environment  |   |
| BASIC        | Has a basic understanding of the structure, scope of activities, legal mandate, and financial incentives of institutions and actors related to local health and other social systems.   | On a basic level, is able to assess what different actors of the local system can be approached.  |
| INTERMEDIATE | Has a clear understanding of the structure, scope of activities, legal mandate, and financial incentives of institutions and actors related to local health and other social systems.   | Is able to accurately assess the boundaries and motivations of actors of the local public and social system.  |
| ADVANCED     | Has a deep understanding of the structure, scope of activities, legal mandate, and financial incentives of institutions and actors related to local health and other social systems. Has an insight into the organizational structure and ways of operation, internal affairs, and conflicts of these actors. Has a clear understanding of the broader embedment of these actors. | Is able to accurately assess the boundaries and motivations of actors of the local and higher level health and social systems. Is able to work out ways to affect the behavior of these actors based on this ability/knowledge. |

|       | KNOWLEDGE  | SKILLS  |
|-------|--|---|
|       | Research design, data sources and data collection methods in health  |   |
| BASIC | Knows the possible sources of secondary and institutional data. Has a basic understanding of relevant research areas, design, and data collection methods. | Is able to create and ask a simple questionnaire or interview guideline. Can acquire data from secondary sources (online) and institutional sources. Is able to differentiate output and outcome measures. Recognizes if there is a need for more advanced research knowledge and skills in order to proceed. |

|                     |  |  |
|---------------------|--|--|
| <b>INTERMEDIATE</b> | Has an intermediate understanding of research design in terms of matching research goals and possible methods, and relevant data collection procedures. Understands the issue of detecting causality and is able to design a research accounting for that. | Is able to design a narrowscope research, formulate research questions, applicable and suitable researches, and data collection methods, and identify the target population. Is able to design a sampling method and assess the possible sources of errors of any research design or sampling. Recognizes if there is a need for more advanced research knowledge and skills in order to perform activities. |
| <b>ADVANCED</b>     | Has an expert level of quantitative and qualitative research knowledge and statistical-analytical knowledge.   | Is able to plan, design, perform, and evaluate a full research project.  |

| <b>KNOWLEDGE</b>  |  | <b>SKILLS</b>       |   |
|---|--|---------------------|---|
| Analysis of health data, interpretation of analytic results |  |                     |   |
| <b>BASIC</b>  | Has a basic knowledge in data analysis. Understand descriptive statistics and indices.   | <b>BASIC</b>        | Is able to perform basic descriptive analysis on a given data set. Is able to calculate indices. Is able to interpret the results.            |
| <b>INTERMEDIATE</b>   | Has an intermediate knowledge in data analysis. Understands descriptive statistics and indices. Understand the issue of detecting causality. | <b>INTERMEDIATE</b> | Based on a given dataset, can create, analyze, and interpret meaningful measures independently. Is able to perform simple bivariate analysis. |
| <b>ADVANCED</b>   | Has an expert level of quantitative and qualitative research knowledge and statistical-analytical knowledge.                                 | <b>ADVANCED</b>     | Is able to design and perform multivariate research.  |

| <b>KNOWLEDGE</b>  |  | <b>SKILLS</b> |  |
|---|--|---------------|--|
| Data- and database management, ICT skills in general, data security |  |               |  |
| <b>BASIC</b>  | Practical knowledge, see: skills column. | <b>BASIC</b>  | Is able of structure a simple database and input data. Has a basic ability in ICT (user level knowledge with commonly used softwares, basic skills in online operations). Is aware of the basic requirements of data security (incl. sensitive personal data). |

|                     |  |  |
|---------------------|--|--|
| <b>INTERMEDIATE</b> | Practical knowledge, see: skills column. | Is able to structure a multilevel database, to keep track of the data and combine databases. Has an intermediate ability in ICT (proficient knowledge with commonly used softwares, intermediate skills in online operations). Is aware of the requirements of data security (incl. sensitive personal data), knows what can and what cannot be done.  |
| <b>ADVANCED</b>     | Practical knowledge, see: skills column. | An expert in database management, can handle many different kind of databases, and prepare a database for different purposes (e.g., as a basis of online publication), etc. Has an extended ability in ICT (proficient knowledge with different specific softwares, proficient skills in network operations). Proficient knowledge regarding the requirements of data security (incl. sensitive personal data) and ability to reach this security. |

| KNOWLEDGE  |   | SKILLS   |
|--|---|--|
| <b>Planning and evaluating public health interventions</b> |   |  |
| <b>BASIC</b>   | Has a basic understanding of what kind of basic public health interventions and activities match different public health problems. Recognizes the patterns of public health problems of a population. Knows and recognizes the element of a policy planning cycle.                                    | Is able to match a single intervention to a single problem adequately. Is able to follow the steps of a policy planning cycle.   |
| <b>INTERMEDIATE</b>  | Has a wide knowledge of public health interventions and the experiences accumulated related to them in different settings and environments. Knows what factors affect the success of a public health program. Has a deep and detailed understanding in public policy planning and the planning cycle. | Is able to design a detailed full cycle of a local public health intervention in the main relevant fields, according to a health (outcome) problem, or different areas of health determinants. Is aware of the needs (e.g., data) of the evaluation of the program from the beginning. |

|   |  |  |  |
|---|--|--|--|
| <b>ADVANCED</b>                               | Has an expert level of knowledge of public health interventions and the experiences accumulated related to them in different settings and environments. Has an expertise in policy planning. | Is able to design a detailed full policy cycle for any kind and level of public health intervention.   |  |
| <b>KNOWLEDGE</b>                              |  | <b>SKILLS</b>  |  |
| People skills, diplomacy, conflict management |  |  |  |
| <b>BASIC</b>                                  | Practical knowledge, see: skills column.   | Is able to communicate effectively and straightforwardly with others. Has basic knowledge about the nature of work-related interpersonal interactions, understands work hierarchy. Eager to refine their own people skills.  |  |
| <b>INTERMEDIATE</b>                           | Practical knowledge, see: skills column.   | Possesses good people skills. Has good knowledge about the nature of work-related interpersonal interactions, adapts well to work hierarchy. Is able to communicate effectively and respectfully with others in an assertive yet nonaggressive manner. Highly considers task completion efficacy.  |  |
| <b>ADVANCED</b>                               | Practical knowledge, see: skills column.   | Possesses very good people skills. Has outstanding knowledge about the nature of workrelated interpersonal interactions, effectively adapts the challenges of work hierarchy. Is able to communicate effectively and respectfully with others, in an assertive manner. Is able to build productive working relationships and an environment, and to create sincerity and trust. Handles and delegates tasks and responsibilities with high efficacy. |  |
| <b>KNOWLEDGE</b>                              |  | <b>SKILLS</b>  |  |
| Stakeholder analysis                          |  |  |  |
| <b>BASIC</b>                                  | Practical knowledge, see: skills column.   | Is able to identify key local stakeholders (at least regarding institutional actors), their interests, and power.  |  |

|                    |  |   |
|--------------------|--|---|
| INTERMEDIATE       | Practical knowledge, see: skills column. | Is able to identify key stakeholders and their allies, their interests, and power.  |
| ADVANCED           | Practical knowledge, see: skills column. | Is able to run a full stakeholder analysis from identifying stakeholders, their interests, powers, their relations to the health-related goals and activities, as well as their relations to each other and their conflicts of interest, and ways they can be motivated.  |
| <b>KNOWLEDGE</b>   |  | <b>SKILLS</b>   |
| Event organization |  |   |
| BASIC              | Practical knowledge, see: skills column. | Can handle the organization of a simple event for 10-20 people (invitations, location, catering, preparation of documents). Has basic event timing and planning skills, able to engage stakeholders and target audience.  |
| INTERMEDIATE       | Practical knowledge, see: skills column. | Can handle the organization of an event For 20-100 people (invitations, location, catering, preparation of documents, negotiating with speakers/organizing program elements). Has intermediate event timing and planning skills, able to engage stakeholders and target audience as soon as in the development phase. Makes effort to integrate programs and platforms into the event to please internal stakeholders and sponsors. Has branding and PR goals in mind as well. Engages audience pre- and post-event via 1-3 channels. |

|                 |  |   |
|-----------------|--|---|
| <b>ADVANCED</b> | Practical knowledge, see: skills column. | Is not only able to smoothly time and plan events, but has a holistic view and approach to event management, communications, PR, branding, stakeholder and community engagement as a whole. Can develop the content as well as handle the organization of complex, multi-scene events with over 100 people. Plans long term. Involves internal stakeholders and sponsors transparently in the process of the planning and provides relevant visibility for them along the way. Proficiency in overseeing the multichannel promotion of the event. |
|-----------------|--|---|

|   |   | KNOWLEDGE  | SKILLS |
|---|---|--|--------|
| Implementation sciences / Change management |   |  |        |
| <b>BASIC</b>                                | Understands the importance and the basics of implementation science.  | Is able to identify the elements of the behavioral change model (e.g., COM-B) related to a simple health intervention.   |        |
| <b>INTERMEDIATE</b>                         | Has an intermediate level working knowledge in implementation science and change management, knows the basic tools applicable. Understands the nature and causes of resistance towards change. Understands the three basic elements necessary for change (ability, opportunity, and motivation) and how these should be taken into consideration. | Is able to design an implementation process plan using the interdisciplinary approach of change management.  |        |
| <b>ADVANCED</b>                             | Has an expert level working knowledge in implementation science and change management, knows the tools applicable. Understands the nature and causes of resistance towards change, and is aware of a wide range of tools of how to manage it.   | Is able to design an implementation process using the interdisciplinary approach of change management. Is capable of taking the necessary steps on different levels, with different actors and stakeholders. |        |

| KNOWLEDGE  |  | SKILLS   |  |
|--|--|--|--|
| Facilitation of participative process                            |  |  |  |
| BASIC  | Knows what a participative process is and why involvement is important.  | Is able to assist a trained facilitator in the organization, preparation, and facilitation of a local participative process.   |  |
| INTERMEDIATE   | Knows what a participative process is and why involvement is important. Knows several different participative techniques and has some experience in co-facilitating participative processes.   | Is able to plan, organize, prepare, facilitate, or co-facilitate, document, and report a local participative process with a limited scope, with another similarly experienced colleague, or independently.   |  |
| ADVANCED   | Is aware of the psychological, cultural, sociological background that makes participative process a powerful policy tool. Knows many different participative techniques, is aware of their usability in different settings, topics, and situations. Has long lasting experience in facilitating participative processes. | Is able to plan, organize, prepare, facilitate, document, and report any kind of participative processes independently.  |  |
| KNOWLEDGE  |  | SKILLS   |  |
| Strategic management (harmonize goals, activities and resources) |  |  |  |
| BASIC  | Has a basic understanding of organizational structure, culture, knows of the main management areas.  | Based on community health environment needs, is able to manage community network relations, project functions (professional health content, administration, communication) and resources to ensure community health development. Can connect internal stakeholders and regional policy and decision makers on the long term by expediting and utilizing the synergies among them, in order to aid reaching community health goals. Relies on basic stakeholder analysis findings, and can plan to build network accordingly. Builds strong bond with supervising stakeholders. |  |

|              |   |  |
|--------------|---|--|
| INTERMEDIATE | <p>Has a good understanding of organizational structures, culture, has a well-established knowledge of management areas and techniques.</p> | <p>Based on community health environment needs, is able to grow community network relations, manage project functions (professional health content, administration, communication) and oversee resources to ensure community health development and target wide-scope community involvement. Able to connect internal stakeholders, regional policy and decision makers, the community and its influencers, as well as other stakeholders who can be directly operational in community health promotion on the long term by expediting and utilizing the synergies between them, in order to aid reaching community health goals. Is able to support and promote participative process. Can rely on basic stakeholder analysis findings, and can plan to build network accordingly. Is able to build strong bond with supervising stakeholders, community, and players of the municipal health system, policy, planning, institutions, and financing.</p>  |
| ADVANCED     | <p>Has an expert level knowledge in organizational sociology and management.</p>  | <p>Based on community health environment needs, is able to sustain community network relations with wide-scope community and stakeholder involvement, manage growing project functions (professional health content, administration, communication) and oversee resources to ensure and promote community health development. Works as a regional health influencer, who represents a sustained network dedicated to health promotion. Can connect internal stakeholders, regional policy and decision makers, the community and its influencers, as well as possible corporate sponsors and other stakeholders who can be directly operational in community health promotion on the long term by expediting and utilizing the synergies between them, in order to aid reaching community health goals. Is able to support and promote participative process. Can rely on advanced stakeholder analysis findings, and can plan to build network accordingly. Is able to build strong bond with supervising stakeholders, community, and players of the municipal health system, policy, planning institutions, and financing, as well as local corporate players. Has the ability to drive regional knowledge-transfer and CSR projects.</p> |

|                                     | KNOWLEDGE  | SKILLS   |
|-------------------------------------|--|--|
| <b>(Operational) communications</b> |  |  |
| <b>BASIC</b>                        | Basic grammar and text structuring and editing knowledge. Basic social media knowledge. Basic knowledge of branding/image elements application.  | Can write short, simple copies in basic genres. Can apply logos and image elements.  |
| <b>INTERMEDIATE</b>                 | Good grammar and text structuring and editing knowledge. Proper knowledge of branding/image elements application. Social media user knowledge and PR knowledge.  | Is able to write different copies (briefings, reports, announcements). Automatically applies logos and image elements. Is able to present to an audience shortly. Knows what PR tasks to outsource. Can brief suppliers (graphic designer/local PR agency) efficiently. Confidently manages social media presence. Occasionally feeds news to local media. |
| <b>ADVANCED</b>                     | Good to outstanding grammar and text structuring and editing knowledge. Proper to good knowledge of branding/image elements application. Understanding non-organic social media presence. Advanced PR knowledge. | Proficient in writing different copies, knows what genre to use to appeal to audience. Proficient in presenting to different kinds of audiences. Aware of image and branding element use. Organizes and initiates social media non-organic campaigns. Effectively outsources PR tasks to suppliers with tangible results. Maintains media presence.        |
|                                     | KNOWLEDGE  | SKILLS   |
| <b>Project management</b>           |  |  |
| <b>BASIC</b>                        | Practical knowledge, see: skills column.   | Is able to keep track and report of project phases and steps based on a preliminary prepared schedule.   |
| <b>INTERMEDIATE</b>                 | Practical knowledge, see: skills column.   | Is able to order necessary resources (e.g., time, money) to project phases, to structure timing and interconnect- edness of project phases and steps, and keep track of project proceedings. Is able to meaningfully use project management support tools (e.g., softwares).   |

|                     |  |   |
|---------------------|--|---|
| <b>ADVANCED</b>     | Practical knowledge, see: skills column. | Is able to order necessary resources (e.g., time, money) to project phases, to structure timing and interconnect- edness of project phases and steps, keep track of project proceedings, and communicate the process with the par- ticipants effectively. Is able to meaningfully use project management support tools (e.g., softwares). |
| <b>KNOWLEDGE</b>    |  | <b>SKILLS</b>   |
| <b>Reporting</b>    |  |   |
| <b>BASIC</b>        | Practical knowledge, see: skills column. | Is able to report along the process, address challenges, ask for support. Is able to report milestones and provide project transparency.  |
| <b>INTERMEDIATE</b> | Practical knowledge, see: skills column. | Is able to report along the process, address challenges, ask for support if needed. Can influence decisions. Is able to report milestones and provide project transparency. Has viable decision-influencing insights.   |
| <b>ADVANCED</b>     | Practical knowledge, see: skills column. | Is able to report, address challenges, and ask for support aware of the consequences and the decision-influenc- ing effects of their own report. Is able to perform their work and their persona in their working community as a transparent and goal-driven professional, can report accordingly.  |
| <b>KNOWLEDGE</b>    |  | <b>SKILLS</b>   |
| <b>Fund-raising</b> |  |   |
| <b>BASIC</b>        | Practical knowledge, see: skills column. | Is able to access project's own budget, can ask for min- imal extra resources from supervisor to fill minor extra budget item gaps.   |
| <b>INTERMEDIATE</b> | Practical knowledge, see: skills column. | Is able to access project's own budget. Can apply for national grants and regional sponsor funds (in line with national sponsorship rules) to create new resources.   |

|                             |  |  |
|-----------------------------|--|--|
| <b>ADVANCED</b>             | Practical knowledge, see: skills column. | Is able to access project's own budget. Can apply for international and/or research grants and multinational corporate sponsor funds (in line with national sponsorship rules) to create new resources.                            |
| <b>KNOWLEDGE</b>            |  | <b>SKILLS</b>  |
| <b>Knowledge management</b> |  |  |
| <b>BASIC</b>                | Practical knowledge, see: skills column. | Is able to deal with a limited set of information in an organized manner mostly for the purposes of project management flow inside the network   |
| <b>INTERMEDIATE</b>         | Practical knowledge, see: skills column. | Is able to identify, record, organize, and disseminate information For the purposes of the project management flow and for broader goals as well, inside and outside of the network  |
| <b>ADVANCED</b>             | Practical knowledge, see: skills column. | Is able to identify, record, organize, and disseminate information for the purposes of the project management flow and for broader goals as well, inside and outside of the network in a highly elaborated and transparent manner. |

# Competence—Competency Matrix

In the chart on the next pages, you will find the expected knowledge/skills level a Health Network Manager should reach to address the relevant competence items (activities) successfully. In the first column of the matrix, you find the relevant **competences fields** extracted from the Competence profile (pages 8-23). The first row contains the different **competency areas** needed for a future Health Network Manager to become competent in the indicated competence fields. In the second row, the **knowledge (K)** and the **skills (S)** related to the given competency area are differentiated. For some competencies, both knowledge and skills are attached, for some others, only knowledge or only skills. Finally, in the cells of the Matrix, to a given competence and the corresponding competencies, **the needed level of knowledge/skills is indicated** on three different levels, using both numbering and coloring to make the table more straightforward. Number 1 (green) refers to **basic level**, number 2 (yellow) refers to **intermediate level**, and number 3 (red) refers to **advanced level** of either knowledge or skills—marking the expected minimum level of each knowledge category/skill a Health Network Manager should reach to perform Health Network Management tasks successfully.



Table 5a: Competences vs. Skills and Knowledge Matrix—Health Planning Policy Cycle and Network Management Cycle and Sustainability Services

| K = Knowledge, S = Skills   |   |
|---|---|
|   | 1. Health Content Planning Cycle  |
|   | 01. Assess regional health needs  |
| determinants of health, and health care utilization)  | A. Plan and prepare health needs assessment process   |
|   | B. Collect statistical micro-level data (on health status, health literacy, health behavior, social   |
|   | C. Collect aggregated statistical data (e.g., based on open administrative data bases, other kind of administrative data bases, data owned by health care providers, data owned by other local/regional actors) regarding a) health status and b) available health services   |
|   | D. Reveal the community's perception regarding their own health and health needs  |
|   | E. Analyzes data  |
|   | 02. Planning and developing health promotion and prevention projects, programs, activities  |
|   | A. Identify and register health promotion/prevention activities already running in community  |
| prevention activities that meet both the needs and will of the population and are available for and | B. In an emergent process, through repeated participative events/actions, involving both local population, non-network stakeholders and the network, identify a broader range of health promotion/intended by network; distill priority areas and directions of interventions |
|   | C. Coordinates and Facilitates intervention/program development by network  |
|   | D. Develops own interventions/programs  |
| interventions   | E. Quality management   |
|   | F. Facilitate and monitor preparations for future evaluation and feedback for network programs/   |
|   | G. Prepares future evaluation and feedback both for own and network programs/interventions  |
|   | 03. Implement projects and programs developed   |
|   | A. Contribute to the implementation of programs developed/provided by network partner   |
|   | B. Implement own programs   |
|   | 04. Assess projects and programs implemented  |
|   | A. Assist program assessment for programs delivered by network  |
|   | B. For own programs: reconsider assessment plan; acquire further data for assessment if needed  |
|   | C. For own programs: perform effectiveness analysis of collected data by  |
| costs of programs   | D. For own programs: perform efficiency analysis based on results of effectiveness analysis and   |
| network   | E. For own programs: record and report program outcomes and disseminate results across  |
|   | 05. Adjust projects and programs based on assessment findings if necessary (go to 01.)  |

Table 5b: Competences vs. Skills and Knowledge Matrix—Health Planning Policy Cycle and Network Management Cycle and Sustainability Services

|   | Epidemiology and social epidemiology |   | Public Health |   | Interdisciplinary social and human science |   | Municipal health and general public policy, planning, institutions and financing, institutional environment |   | Research design, data sources and data collection methods in health |   | Analysis of health data, interpretation of analytic results |   | Database management | Planning and evaluating public health interventions |   | People skills and diplomacy | Stakeholder analysis | Event organization | Implementation sciences/Change management |   | Facilitation of process (participative, meetings, etc.) |   | Strategic management (harmonize goals, activities and resources) |   | (Operational) communications |   | Project management | Reporting | Fund-raising |  |
|---|--------------------------------------|---|---------------|---|--|---|---|---|---|---|---|---|---------------------|---|---|-----------------------------|----------------------|--------------------|---|---|---|---|--|---|------------------------------|---|--------------------|-----------|--------------|--|
| K = Knowledge, S = Skills   | K                                    | S | K             | S | K  | S | K   | S | K   | S | K   | S | S                   | K   | S | S                           | S                    | S                  | K   | S | K   | S | K  | S | K                            | S | S                  | S         | S            |  |
| <b>2. Network Management Cycle</b>  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| 01. Stakeholder analysis—identify stakeholders/network members  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| A. Identify stakeholders on supervisor level  |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 |                             | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| B. Identify stakeholders on the ally level  |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 |                             | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| C. Only applicable if non-governmental resources may be involved in project implementation and Funding: identify stakeholders on the sponsor level (regional business leaders, entrepreneurs, relevant service providers) |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 |                             | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| D. Think about regional communities as stakeholders—level of beneficiaries  |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 |                             | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           | 2            |  |
| E. Identify possible relationships and dependencies between stakeholders  |                                      |   |               |   | 1  | 1 | 2   | 2 |   |   |   |   |                     |   |   | 3                           | 3                    |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| F. Based on resources and needs, prioritize For the next phases who to involve first and how to expand the network  |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 |                             | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| 02. Reach out to stakeholders/network members   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| A. Meetings, approaching stakeholders   |                                      |   | 1             | 1 |  |   | 2   | 2 | 1   | 1 |   |   |                     |   |   | 3                           | 3                    | 1                  | 2   | 2 | 2   | 2 | 2  | 2 | 2                            | 2 | 2                  | 2         | 2            |  |
| B. Record and conclude findings and experiences of stakeholder meetings, prepare stakeholder engagement   |                                      |   |               |   |  |   |   |   | 1   | 1 |   |   | 2                   |   |   | 2                           | 3                    |                    | 2   | 2 |   |   |  |   |                              |   |                    | 2         | 2            |  |
| 03. Engage stakeholders/network members   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| A. Engage stakeholders  |                                      |   |               |   | 1  | 1 | 2   | 2 |   |   |   |   |                     |   |   | 3                           |                      | 1                  | 2   | 2 | 1   | 1 | 2  | 2 | 2                            | 2 | 2                  | 2         | 2            |  |
| B. Maintain engagement, create platforms For participation, and reinforce own (Health Network Manager’s) role in network—toolkit proposal, see Table 3  |                                      |   |               |   | 1  | 1 | 2   | 2 |   |   |   |   |                     |   |   | 3                           |                      | 1                  | 2   | 2 | 1   | 1 | 2  | 2 | 2                            | 2 | 2                  | 2         | 2            |  |
| 04. Realize & disseminate health program  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| A. Realize health program   |                                      |   |               |   |  |   |   |   |   |   |   |   | 2                   |   |   | 3                           |                      | 3                  |   |   | 2   | 2 | 3  | 3 |                              |   | 3                  | 2         | 2            |  |
| B. Ensure wide accessibility  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   | 3                           |                      | 3                  |   |   | 2   | 2 |  |   |                              | 2 | 2                  |           |              |  |
| C. Use event management tools if necessary  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   | 3                           |                      | 3                  |   |   |   |   |  |   |                              |   |                    |           |              |  |
| 05. Assess network operation and Facilitate synergies within the network  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| A. Observe and evaluate network operation   |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 | 3                           | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| B. Observe network dynamics   |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 | 3                           | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| C. Establish platforms For best practices and experience sharing  |                                      |   | 1             | 1 | 1  | 1 | 2   | 2 |   |   |   |   | 2                   | 1   | 1 | 3                           | 3                    |                    | 2   | 2 |   |   | 1  | 1 |                              |   |                    |           |              |  |
| 06. Adjust network management tasks and processes based on assessment finding if necessary  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| <b>3. Supportive Administrative Services for Sustainability</b>   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| 01. Administration related tasks  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| A. Administer contracting   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| B. Handle necessary purchases and internal assets   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| C. Administer accounting and resource usage   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| D. Support management process   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
| 02. Overarching management tasks  |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |
|   |                                      |   |               |   |  |   |   |   |   |   |   |   |                     |   |   |                             |                      |                    |   |   |   |   |  |   |                              |   |                    |           |              |  |

Administrative skills



# Attitudes

This list encloses the essential attitudes and soft skills, which a Health Network Manager should possess to be able to function successfully and in a sustainably goal-oriented way in their position.

## Soft skills needed for interpersonal interaction

- Assertiveness
- Diplomatic approach
- Communicativeness
- Empathy
- General cooperativeness
- Self-possession
- Persuasion
- Leadership
- Sense for equity
- Emotional intelligence
- Teamwork
- Ethics
- Compliance

## Soft skills needed for professional performance

- Creativity
- Interdisciplinary cooperation ability
- Open-mindedness
- Proactive personality
- Reflective ability
- Structured thinking
- Observation skills
- Precision
- Goal-oriented behavior
- Responsibility
- Loyalty

## Soft skills needed for self-preservation, preventing burnout

- Flexibility

Frustration tolerance

Intrinsic motivation

Perseverance

Resilience

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## Attitudes & soft skills

This list encloses the essential attitudes and soft skills, which a Health Network Manager should possess to be able to function successfully and in a sustainably goal-oriented way in their position.



### Interpersonal interaction



- Assertiveness
- Diplomatic approach
- Communicativeness
- Empathy
- General cooperativeness
- Self-possession
- Ethics
- Compliance
- Leadership
- Persuasion
- Sense for equity
- Emotional intelligence
- Teamwork

### Professional performance

- Creativity
- Interdisciplinary cooperation ability
- Open-mindedness
- Proactive personality
- Reflective ability
- Structured thinking
- Precision
- Goal-oriented behavior
- Responsibility
- Loyalty
- Observation skills



### Self-preservation, preventing burnout

- Flexibility
- Intrinsic motivation
- Resilience
- Frustration tolerance
- Perseverance