CompHP

DEVELOPING COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION CAPACITY BUILDING IN EUROPE

The CompHP Core Competencies Framework for Health Promotion Handbook

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INTRODUCTION

The core competencies presented in this Handbook were developed as part of a European project entitled 'Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe' (CompHP) , which is funded by the Executive Agency for Health and Consumers.

This is the first in a series of three Handbooks to be produced by the CompHP project and will be followed by Handbooks on Professional Standards and a Pan-European Accreditation Framework for Health Promotion. The CompHP Project will also publish reports on the processes undertaken in developing the core competencies, professional standards and accreditation framework and their testing in academic and practice settings. The CompHP Handbooks and reports will be widely disseminated throughout the European Union (EU) member states and candidate countries and will be available on the CompHP website[1].

The CompHP Project

The aim of the CompHP project is to develop competency-based standards and an accreditation system for health promotion practice, education and training that will have a positive impact on workforce capacity to deliver public health improvement in Europe. The CompHP Project brings together 24 European partners from the professional development, policy, practice and academic sectors in health promotion. The work of CompHP is also supported by an International Advisory Group of experts with experience of the development of health promotion competencies at a global level (see Appendix 1 for a full list of CompHP partners and members of the International Advisory Group).

The CompHP Project employs a consensus building process based on consultation with key stakeholders in health promotion across Europe and builds on existing European and global competency frameworks for health promotion. In particular, it is informed by work undertaken by the European Regional Sub Committee on Training, Accreditation and Professional Standards of the International Union for Health Promotion and Education (IUHPE), which developed and supported the groundwork for the CompHP Project, including undertaking a feasibility study (1).

Context and Rationale for Developing Core Competencies for Health Promotion

A competent workforce that has the necessary knowledge, skills and abilities in translating policy, theory and research into effective action is recognised as being critical to the future growth and development of global health promotion (2, 3, 4, 5). Identifying and agreeing the core competencies for effective health promotion practice, education and training is acknowledged as being an essential component of developing and strengthening workforce capacity to improve global health in the 21st century (6, 7, 8).

[1] http://www.iuhpe.org/?page=614&lang=en

Within the pan-European context, health promotion goals are clearly identified in EU strategies but, there has been no agreement to date on Europe-wide competencies, standards or accreditation systems to assure quality standards in reaching those goals. The development of the CompHP Project was driven by recognition of the need for a coherent competency based framework that would build on related national and international developments. Other key drivers for the project included: freedom of employment policies highlighting the need for agreed standards to facilitate employment across the EU; quality assurance issues for practice, education and training identified within all health fields in Europe; and clarity on workforce capacity required for promoting health and addressing inequalities as identified in EU strategies.

It was also recognised that health promotion is an evolving field in Europe with a diverse and growing workforce drawn from a range of disciplines, and operating in a variety of settings and across a wide range of political, economic and social contexts. Given this diversity, there is a need for core competencies which delineate the specific body of skills, knowledge and expertise that represents, and is distinctive to, health promotion practice (7, 8) to unify and strengthen health promotion workforce capacity across Europe.

What are Core Competencies?

The definition of competencies used in this Handbook is: '*a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion*,' (adapted from Shilton et al. 2001) (9). Core competencies are defined as the minimum set of competencies that constitute a common baseline for all health promotion roles i.e. ; '*they are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field*' (10).

How were the CompHP Core Competencies developed?

The key elements in the development process for the CompHP Core Competency Framework for Health Promotion were:

- A review of the international and European literature on health promotion competencies (11)
- An initial draft framework of core competencies based on findings from the literature review and consultation with project partners
- A Delphi survey on the draft core competencies undertaken with health promotion experts from across Europe to reach consensus[2]
- Focus groups with health promotion experts and other key stakeholders from across Europe

2 The sample for the two rounds of the Delphi Survey comprised six representatives from a total of 34 European countries, two from each of the areas of practice, policy, and academia selected on, in order of priority: national role in health promotion, experience in health promotion, and experience in the competency approach.

- Consultation with health promotion stakeholders across Europe using a web based consultation process.

The CompHP project partners and the International Expert Advisory Group advised on each stage of the development process. The CompHP core competencies are, therefore, the result of a wide-ranging consultation process and draw on the international and European literature, in particular:

- The domains of core competencies outlined in the Galway Consensus Statement (7), together with the modifications to the statement suggested in a global consultation process
- The core competencies for health promotion developed in Australia (10), Canada (12), New Zealand (13) and the UK (14)
- Core competencies developed in related fields such as public health (15, 16) and health education (17).

Who are the CompHP Core Competencies for?

The CompHP core competencies are primarily designed for use by health promotion practitioners whose main role and function is health promotion and who hold a graduate or post graduate qualification in health promotion or a related discipline[3],[4].

A health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (18):

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- reorienting health services.

While job titles and academic course titles in different countries across Europe may not always include the term 'health promotion', the core competencies are designed to be relevant to all practitioners whose main role reflects the definition and principles of health promotion defined in the Ottawa Charter (18). Health promotion practitioners require specific education and training together with ongoing professional development to maintain the particular combination of knowledge and skills required to ensure quality health promotion practice.

3 Including, for example, public health, health education, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. This is not an exclusive list as other academic qualifications may also be deemed as appropriate.

4 While a formal qualification in health promotion or related discipline is the general required minimum standard for entry into the profession, it is recognised that there are practitioners who entered the field without a formal qualification. For this group, these competencies provide a framework for assessing and helping achieve formal recognition for relevant past experience.

While the competencies articulated in this Handbook are aimed at entry level practitioners, acquiring a competency is not viewed as a one-time event, but rather an ongoing process. Formal training is one means of acquiring entry level competencies, however, ongoing learning, through experience, coaching, feedback and individual learning activities, is required to develop advanced competencies and maintain the knowledge and skills required by changing practice and policy (19).

Much discussion has centred on the appropriate level for these core competencies and it has been agreed that they are at 'entry level' i.e. the level at which a practitioner enters practice. This does not imply that all health promotion practitioners are limited to that level. The core competencies can, for example, provide the basis for developing more advanced competencies for practitioners working at senior management level in health promotion or inform the development of specialised competencies for those who work in specific settings.

It is also recognised that those using the CompHP Core Competencies may wish to identify different levels of expertise for some or all of the competencies or to emphasise some competencies to a greater degree than others. However, as these are core competencies, all should be addressed if they are to be used as the basis for consistent, quality health promotion practice which can be recognised internationally and be accredited though a pan-European accreditation system. While these competencies were developed within a Pan-European context they may also be useful for health promotion competency development in other countries globally.

The competencies can also be useful to those working in other professional areas whose role includes health promotion (e.g., community health, health education) or those in the other sectors who are involved in partnerships to promote health or create healthy environments[5].

The matrix presented in Appendix 2 illustrates how the competencies can be used by health promotion practitioners at different levels of seniority or experience and also by other professionals whose role includes health promotion.

How can the CompHP Core Competencies be used?

The purpose of health promotion competencies is to provide a description of the essential knowledge, abilities, skills and values that are needed to inform effective practice. In this context some countries or organisations may use the Framework as a standalone document. However, within the context of the CompHP Project the core competencies are designed to provide a base of knowledge and skills for practice that will inform the development of Professional Standards for Health Promotion and a pan-European Accreditation Framework. An effective competency framework can provide a solid base for workforce development and has a wide range of potential useful applications across many areas.

5 For example, teachers, community development workers.

Core Competencies have a key role to play in developing health promotion by (adapted from PHAC, 2008) (16):

- Underpinning future developments in health promotion training and course development
- Continuing professional development
- Providing a basis for systems of accreditation and development of professional standards
- Consolidation of health promotion as a specialised field of practice
- Accountability to the public for the standards of health promotion practice.

Core Competencies may promote the health of the public by:

- Contributing to a more effective workforce
- Encouraging service delivery that is evidence based, population-focused, ethical, equitable, standardised and client-centred
- Forming the basis for accountable practice and quality assurance.

Core Competencies can benefit health promotion practitioners by:

- Ensuring that there are clear guidelines for the knowledge, skills and values needed to practice effectively and ethically
- Informing education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs
- Assisting in career planning and identifying professional development and training needs
- Facilitating movement across roles, organisations, regions and countries through the use of shared understandings, qualifications and, where appropriate, accreditation systems based on the competencies
- Promoting better communication and team work in multidisciplinary and multisectoral settings by providing a common language and shared understanding of the key concepts and practices used in health promotion
- Helping to create a more unified workforce by providing a shared understanding of key concepts and practices
- Contributing to greater recognition and validation of health promotion and the work done by health promotion practitioners.

Core Competencies can benefit health promotion organisations by:

- Identifying staff development and training needs
- Providing a basis for job descriptions, interview questions and frameworks for evaluation and quality assurance
- Identifying the appropriate numbers and mix of health promotion workers in a given setting
- Assisting employers and managers to gain a better understanding of health promotion roles in individual workplaces and develop appropriate job descriptions.

In developing the CompHP Project it was recognised that for some countries and regions the core competencies may be all that is useful or appropriate for their specific practice or policy context. In these instances The CompHP Core Competencies for Health Promotion Handbook may be used as a 'standalone' document. However, within the context of the overall Project, the core competencies are designed to form the basis for the development of Professional Standards and a pan-European Accreditation Framework for Health Promotion as additional tools for health promotion workforce capacity development across Europe.

Core Concepts and Principles Underpinning the CompHP Core Competencies

The competencies are based on the core concepts and principles of health promotion outlined in the Ottawa Charter (18) and successive World Health Organisation (WHO) charters and declarations on health promotion (5, 20-24). Health promotion is, therefore, understood to be 'the process of enabling people to increase control over, and to improve, their health' (18). Health promotion is viewed as representing a comprehensive social and political process which not only embraces action directed at strengthening the skills and capabilities of individuals, but also actions directed toward changing social, environmental and economic conditions which impact on health (25). Health is defined as 'a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity' (26). Health is further conceptualised as a resource for everyday life, emphasising social and personal resources, as well as physical capacities (18).

The CompHP Core Competencies are underpinned by an understanding that health promotion has been shown to be an ethical, principled, effective and evidence-based discipline (27, 28) and that there are well-developed theories, strategies, evidence and values that underpin good practice in health promotion (29).

The term 'health promotion action' is used in the core competencies to describe programmes, policies and other organised health promotion interventions that are empowering, participatory, holistic, intersectoral, equitable, sustainable and multi-strategy in nature (22) which aim to improve health and reduce health inequities.

THE CompHP CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION

The CompHP Core Competencies Framework for Health Promotion comprises domains of core competency which are illustrated in Figure 1. Ethical Values and the Health Promotion Knowledge base are depicted as underpinning all Health Promotion action detailed in the nine other domains. Ethical values are integral to the practice of health promotion and inform the context within which all the other competencies are practiced. The Health Promotion Knowledge domain describes the core concepts and principles that make health promotion practice distinctive. The remaining nine domains, including; Enable Change, Advocate for Health, Mediate through Partnership, Communication, Leadership, Assessment, Planning, Implementation, and Evaluation and Research, each deal with a specific area of health promotion practice with their associated competency statements articulating the necessary skills needed for competent practice. It is the combined application of all the domains, the knowledge base and the ethical values which constitute the CompHP Core Competencies Framework for Health Promotion.

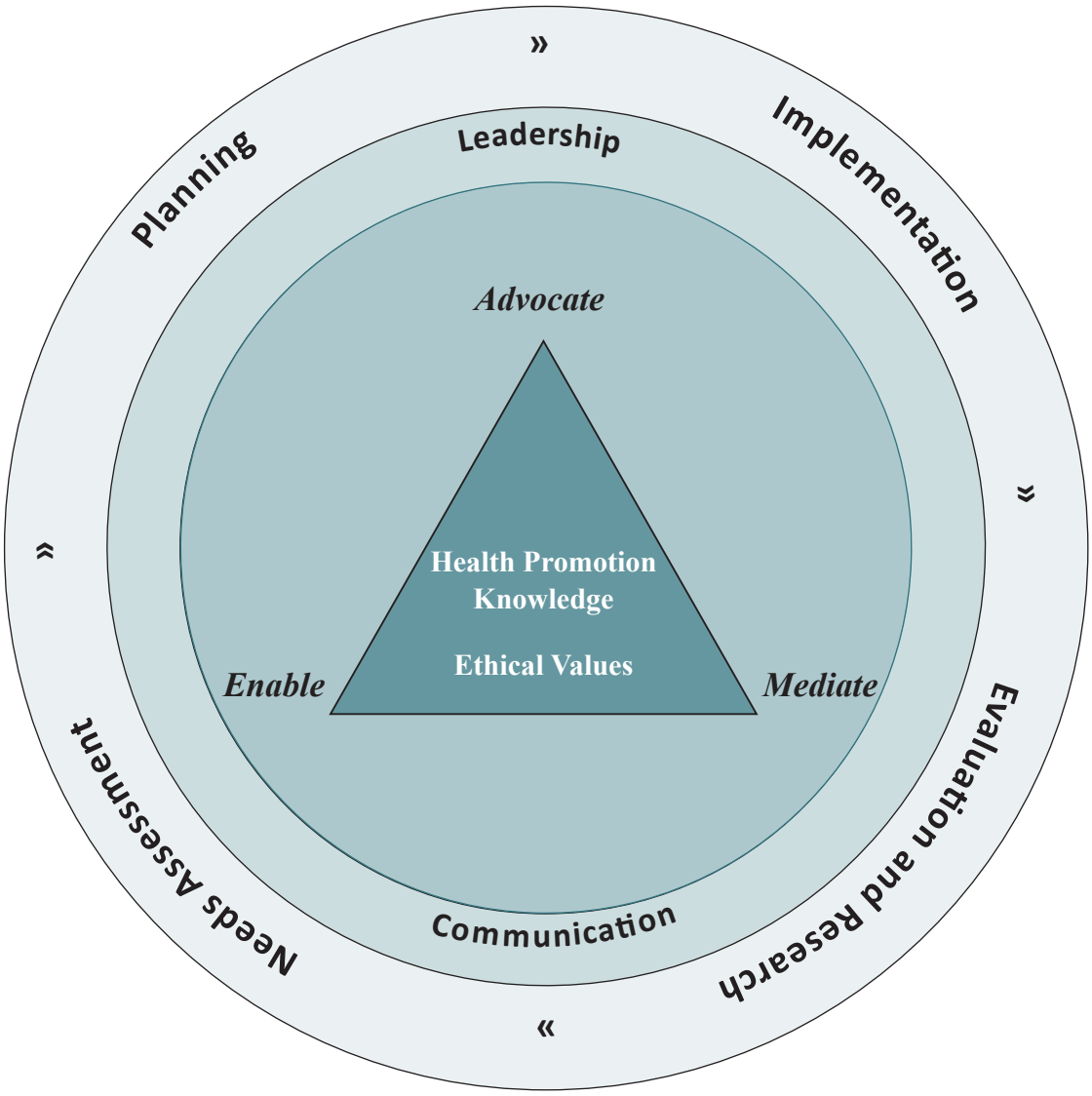

Figure 1: The CompHP Core Competencies Framework for Health Promotion

Ethical Values Underpinning Health Promotion Core Competencies

Ethical values and principles for health promotion include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups, and collaborative and consultative ways of working.

Ethical health promotion practice is based on a commitment to:

- Health as a human right, which is central to human development
- Respect for the rights, dignity, confidentiality and worth of individuals and groups
- Respect for all aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs
- Addressing health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation
- Addressing the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing
- Ensuring that health promotion action is beneficial and causes no harm
- Being honest about what health promotion is, and what it can and cannot achieve
- Seeking the best available information and evidence needed to implement effective policies and programmes that influence health
- Collaboration and partnership as the basis for health promotion action
- The empowerment of individuals and groups to build autonomy and self respect as the basis for health promotion action
- Sustainable development and sustainable health promotion action
- Being accountable for the quality of one's own practice and taking responsibility for maintaining and improving knowledge and skills.

Knowledge Base Underpinning Health Promotion Core Competencies

The core competencies require that a health promotion practitioner draws on a multidisciplinary knowledge base of the core concepts, principles, theory and research of health promotion and its application in practice.

A health promotion practitioner is able to demonstrate knowledge of:

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations
- The concepts of health equity, social justice and health as a human right as the basis for health promotion action
- The determinants of health and their implications for health promotion action

- The impact of social and cultural diversity on health and health inequities and the implications for health promotion action
- Health promotion models and approaches which support empowerment, participation, partnership and equity as the basis for health promotion action
- The current theories and evidence which underpin effective leadership, advocacy and partnership building and their implication for health promotion action
- The current models and approaches of effective project and programme management (including needs assessment, planning, implementation and evaluation) and their application to health promotion action
- The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate health promotion action
- The communication processes and current information technology required for effective health promotion action
- The systems, policies and legislation which impact on health and their relevance for health promotion.

1. Enable Change

Enable individuals, groups, communities and organisations to build capacity for health promotion action to improve health and reduce health inequities.

A health promotion practitioner is able to:

1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities

1.2 Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health

1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action

1.4 Facilitate the development of personal skills that will maintain and improve health

1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities.

2. Advocate for Health

Advocate with, and on behalf, of individuals, communities and organisations to improve health and well-being and build capacity for health promotion action.

A health promotion practitioner is able to:

2.1 Use advocacy strategies and techniques which reflect health promotion principles

2.2 Engage with and influence key stakeholders to develop and sustain health promotion action

2.3 Raise awareness of and influence public opinion on health issues

2.4 Advocate across sectors for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities

2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action.

3. Mediate through Partnership

Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action.

A health promotion practitioner is able to:

3.1 Engage partners from different sectors to actively contribute to health promotion action

3.2 Facilitate effective partnership working which reflects health promotion values and principles

3.3 Build successful partnership through collaborative working, mediating between different sectoral interests

3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action.

4. Communication

Communicate health promotion action effectively, using appropriate techniques and technologies for diverse audiences.

A health promotion practitioner is able to:

4.1 Use effective communication skills including written, verbal, non-verbal, and listening skills

4.2 Use information technology and other media to receive and disseminate health promotion information

4.3 Use culturally appropriate communication methods and techniques for specific groups and settings

4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities.

5. Leadership

Contribute to the development of a shared vision and strategic direction for health promotion action.

A health promotion practitioner is able to:

5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action

5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving)

5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities

5.4 Incorporate new knowledge to improve practice and respond to emerging challenges in health promotion

5.5 Contribute to mobilising and managing resources for health promotion action

5.6 Contribute to team and organisational learning to advance health promotion action.

6. Assessment

Conduct assessment of needs and assets in partnership with stakeholders, in the context of the political, economic, social, cultural, environmental, behavioural and biological determinants that promote or compromise health.

A health promotion practitioner is able to:

6.1 Use participatory methods to engage stakeholders in the assessment process

6.2 Use a variety of assessment methods including quantitative and qualitative research methods

6.3 Collect, review and appraise relevant data, information and literature to inform health promotion action

6.4 Identify the determinants of health which impact on health promotion action

6.5 Identify the health needs, existing assets and resources relevant to health promotion action

6.6 Use culturally and ethically appropriate assessment approaches

6.7 Identify priorities for health promotion action in partnership with stakeholders, based on best available evidence and ethical values.

7. Planning

Develop measurable health promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders.

A health promotion practitioner is able to:

7.1 Mobilise, support and engage the participation of stakeholders in planning health promotion action

7.2 Use current models and systematic approaches for planning health promotion action

7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets

7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action

7.5 Identify appropriate health promotion strategies to achieve agreed goals and objectives.

8. Implementation

Implement effective and efficient, culturally sensitive, and ethical health promotion action in partnership with stakeholders.

A health promotion practitioner is able to:

8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement health promotion action

8.2 Develop, pilot and use appropriate resources and materials

8.3 Manage the resources needed for effective implementation of planned action

8.4 Facilitate programme sustainability and stakeholder ownership of health promotion action through ongoing consultation and collaboration

8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for health promotion action.

9. Evaluation and Research

Use appropriate evaluation and research methods, in partnership with stakeholders, to determine the reach, impact and effectiveness of health promotion action.

A health promotion practitioner is able to:

9.1 Identify and use appropriate health promotion evaluation tools and research methods

9.2 Integrate evaluation into the planning and implementation of all health promotion action

9.3 Use evaluation findings to refine and improve health promotion action

9.4 Use research and evidence-based strategies to inform practice

9.5 Contribute to the development and dissemination of health promotion evaluation and research processes.

GLOSSARY

The terms defined in this glossary are based on the references provided but are, in some cases, slightly reworded to make them more directly relevant to the CompHP Project.

Advocacy: A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme. Advocacy can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilisation through, for example, coalitions of interest around defined issues (30).

Assessment (see also needs assessment): The systematic collection and analysis of data in order to provide a basis for decision-making (31).

Capacity Building: The development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organisations, and; the development of cohesiveness and partnerships for health in communities (32).

Collaboration: A recognised relationship among different sectors or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by one sector or group acting alone (33).

Community Assets: Contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members (34).

Community Development: Helping communities take control over their health, social and economic issues by using and building on their existing strengths. It recognises that some communities have fewer resources than others, and supports these communities (35).

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion (Adapted from 9).

Consensus: This term means overwhelming agreement. The key indicator of whether or not a consensus has been reached is that everyone agrees they can live with the final proposal after every effort has been made to meet any outstanding interests. Most consensus processes seek unanimity, but settle for overwhelming agreement that goes as far as possible toward meeting the interests of all stakeholders (36).

Core Competencies: These competencies constitute the minimum sets of competencies that constitute a common baseline for all health promotion roles. They are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field (10).

Culture: A socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (37).

Delphi Method/Technique: A process used to collect and distil the judgments of experts using a series of questionnaires interspersed with feedback (38).

Determinants of health: The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (30).

Empowerment for health: A process through which people gain greater control over decisions and actions which impact on their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Individual empowerment refers to the individuals' ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community (30).

Enable: This term means taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health. A key role for health promotion practitioners is acting as a catalyst for change by enabling individuals, groups, communities and organisation s to improve their health through actions such as providing access to information on health, facilitating skills development, and supporting access to the political processes which shape public policies affecting health (30).

Equity / Inequity in health: Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, to nutritious food, adequate housing and so on. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life (30). See also:
http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions. Much of modern ethical thinking is based on the concepts of human rights, individual freedom and autonomy, and on doing good and not harming (35).

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health is considered as a resource which permits people to lead an individually, socially and economically productive life. The Ottawa Charter (18) emphasises pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to a holistic understanding of health which is central to the definition of health promotion (30).

Health Promotion: This term refers to the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, which not only includes actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter (18) identifies three basic strategies for health promotion:

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.

These strategies are supported by five priority action areas for health promotion:

- Build healthy public policy
- Create supportive environments for health
- Strengthen community action for health
- Develop personal skills, and
- Re-orient health services.

Health Education: Health education comprises planned learning designed to improve knowledge, and develop life skills which are conducive to individual and community health. Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health (30).

Healthy Public Policy: The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives by making healthy choices possible or easier and social and physical environments health enhancing (20).

Inequity: See Equity

Leadership: In the field of health promotion, leadership can be defined as the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organisation in which they work. It involves inspiring people to develop and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, thus allowing other leaders to emerge (33).

Mediate: A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Enabling change in any context inevitably produces conflicts between the different sectors and interests. Reconciling such conflicts in ways that promote health requires input from health promotion practitioners, including the application of skills in advocacy for health and conflict resolution (33).

Needs Assessment: A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the resources (assets) which are available to respond to these (30).

Partnership: A partnership for health promotion is a voluntary agreement between individuals, groups, communities, organisations or sectors to work cooperatively towards a common goal through joint action (30) and (33).

Right to Health: In relation to health, a rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of all health-related policies and programmes. These include human dignity, attention to the needs and rights of vulnerable groups, and an emphasis on ensuring that health systems are made accessible to all. The principle of equality and freedom from discrimination is central, including discrimination on the basis of sex and gender roles. Integrating human rights into development also means empowering poor people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access (39).

Settings for Health Promotion: The places or social contexts in which people live, work and play and in which in which environmental, organisational and personal factors interact to affect health and wellbeing. Action to promote health in different settings can take different forms including organisational or community development or working on specific health related issues. Examples of settings for health promotion action occurs include: schools, workplace, hospitals, prisons, universities, villages and cities (30).

Social Justice: Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income (33).

Stakeholder: Individuals, groups, communities and organisations that have an interest or share in an issue, activity or action (40).

Strategies: broad statements that set a direction and are pursued through specific actions, i.e., those carried out in programmes and projects (34).

Supportive Environments for Health: offer people protection from threats to health, and enable people to expand their capabilities and develop self reliance in health (30).

Teamwork: is the process whereby a group of people, with a common goal, work together to increase the efficiency of the task in hand. They see themselves as a team and meet regularly to achieve and evaluate those goals. Regular communication, coordination, distinctive roles, interdependent tasks and shared norms are important features (41).

Values: The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and may be, but are not necessarily, grounded in religious faith such as beliefs about the sanctity of life, the role of families in society, a protection from harm of children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience and include, for example, beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances (33).

Vision: A vision expresses goals that are worth striving for and incorporates shared health promotion ideals and values (34).

Workforce Planning*:* The strategic alignment of an organisation's human resources with the direction of its planned service and business (41).

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APPENDIX 1

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APPENDIX 2

Figure 2 below (adapted from Shilton, 2008) (42) illustrates how the CompHP Core Competencies Framework can be used for different roles and levels of expertise. Those who are full time in health promotion regardless of level of experience are expected to have an understanding of all competency domains and statements. It is recognised that those using the CompHP Core Competencies Framework may wish to identify different levels of expertise for some or all of the competencies or to emphasise some competencies to a greater degree than others. For example, the core competencies could be used as the basis for developing more advanced competencies for practitioners working at senior management level in health promotion as illustrated by the deeper shading in the matrix.

	Entry Level	Experienced	Manager
Health Promotion Practitioner			
Health Promotion Part of Role			
Broader Intersectoral Workforce			

Figure 2: Health Promotion Workforce

The CompHP Core Competencies Framework can also be useful to those working in other professional areas for whom health promotion is part of their role (e.g. community health) and can inform the development of sub-sets of competencies for those who work in specific settings. The CompHP Core Competencies Framework are also a useful tool for those in the broader intersectoral workforce (e.g. teachers, environmental health officers, etc) who engage in promoting health in specific settings or as part of partnerships to promote health.

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