

CompHP

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

CompHP Professional Standards for Health Promotion Handbook

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Dr. Viv Speller
Professor Richard Parish
Dr. Heather Davison
Dr. Anna Zilnyk

on behalf of

the CompHP Project Partners

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Dr. Viv Speller

Professor Richard Parish

Dr. Heather Davison

Dr. Anna Zilnyk

Royal Society for Public Health

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INTRODUCTION

This handbook, the second in a series of three¹, presents the set of Professional Standards for Health Promotion Practice in Europe that have been developed as part of the Project 'Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe' (CompHP)², which is funded by the Executive Agency for Health and Consumers.

The CompHP Project has developed, tested and refined a framework for competency-based standards and accreditation for health promotion in Europe. The Project has employed a consensus building process based on consultation with health promotion practitioners, policymakers, employers and education providers across Europe.

The CompHP Professional Standards build on the CompHP Core Competencies Framework for Health Promotion (1). The process underpinning the development of the CompHP Professional Standards for Health Promotion included the following steps:

1. A review of the international and European literature on how professional standards for health promotion and other occupations and disciplines are developed and used
2. An initial draft framework of professional standards based on findings from the review and consultation with Project Partners
3. A survey on the draft professional standards undertaken with health promotion experts from across Europe
4. Focus groups with health promotion experts and other key stakeholders from across Europe
5. Advice from CompHP Project Partners, and an International Expert Advisory Group
6. Online consultation with health promotion practitioners, academics, policy makers and employers.

¹ The other Handbooks comprise the CompHP Core Competencies Framework for Health Promotion Handbook, published in March 2011 (http://www.iuhpe.org/uploaded/CompHP_Competencies_Handbook.pdf) and the CompHP Pan European Accreditation for Health Promotion Handbook to be published in autumn 2012.

² See the CompHP Project Website at <http://www.iuhpe.org/?page=614&lang=en> for details on the project as a whole, the development process for these Professional Standards and updates on Handbooks and project reports.

The CompHP Professional Standards for Health Promotion have been revised following every stage of consultation³ and are therefore the result of an extensive and wide ranging stakeholder engagement process.

The CompHP Professional Standards are designed for use by practitioners whose main role and function is health promotion and who have a graduate qualification in health promotion or a related discipline⁴. The standards will also be useful to those working in other professional areas whose role substantially includes health promotion; employers and professional associations and trade unions with a remit for health promotion practitioners and in the development of education and training programmes supporting health promotion practice.

Within the CompHP Project 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 (2):

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

While job titles and educational course titles in different countries across Europe may not always include the term 'health promotion', the professional standards are designed to be relevant to all practitioners whose main role reflects the Ottawa Charter's definition and principles of health promotion, and successive WHO charters and declarations on health promotion.

Health promotion is understood to be 'the process of enabling people to increase control over, and to improve, their health' (2). The Ottawa Charter embraces a positive definition of

³ Full details of the results of the consultation phases are reported on in the final report of Work Package 5 – Developing the CompHP Professional Standards for health promotion available on the Project website: <http://www.iuhpe.org/?page=614&lang=en>

⁴ Including, for example, public health, 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 in given situations.

health as being, 'a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity'. Health is conceptualised as a resource for everyday life, emphasising social and personal resources, as well as physical capacities. Health promotion represents a comprehensive social and political process, which not only embraces action that is directed at strengthening the skills and capabilities of individuals, but also actions directed toward changing social, environmental and economic conditions which impact on health.

The CompHP Professional Standards for Health Promotion are underpinned by an understanding that health promotion has been shown to be an ethical, principled, effective and evidence-based discipline and that there are well-developed theories, strategies, evidence and values that determine good practice in health promotion.

Within this set of professional standards the term 'health promotion action' is used to describe programmes, policies and other organised health promotion interventions that are empowering, participatory, holistic, inter-sectoral, equitable, sustainable and multi-strategy in nature, which aim to improve health and reduce health inequities.

The proposed health promotion professional standards can be used for a range of purposes and in a variety of settings for individual health promotion practitioners, employing organisations, education and training providers and the general public, for example:

For individual practitioners:

- 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 professional standards.

For employing organisations:

- Providing the basis for recruitment, selection and ongoing assessment of health promotion practitioners
- Ensuring that there are clear guidelines for employers and organisations for the knowledge, skills and competencies needed to practice effectively and ethically

- Forming the basis for accountable practice and quality assurance
- Assisting employers and managers to gain a better understanding of health promotion roles in individual workplaces and develop appropriate job descriptions
- Promoting better communication and team work in multidisciplinary and multi-sectoral settings by providing a common language and shared understanding of the key concepts and practices used in health promotion.

For education and training providers:

- Informing education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs.

For the general public:

- Providing assurance that services delivered by health promotion practitioners are safe and effective.

The Development of the CompHP Professional Standards for Health Promotion

The CompHP Professional Standards for Health Promotion in this handbook have been derived from the CompHP Core Competencies Framework (1, 3) and are designed to form the basis for the CompHP Pan-European Accreditation Framework for Health Promotion⁵.

The challenge for this part of the Project was to develop and present the standards in such a way that they can be used to describe and measure competence in health promotion for a variety of practitioners working in differing contexts and in different countries.

Competence is defined as ‘the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development’ (4). The competencies that describe this, in the context of this Project, are ‘a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion’ (5).

The CompHP Professional Standards for Health Promotion were formulated to meet the widely accepted definition of what constitutes a standard, which is, ‘a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition’ (6). The standards need to be commonly understood, specify technical criteria and be sufficiently capable of being used consistently across varying settings and geographical regions while maintaining the terms used in the CompHP Core Competencies (1) in describing the knowledge, abilities, skills and values for the practice of health promotion.

Standards are used in a variety of ways in education and employment, and the terminology and systems for educating and regulating different professions and occupations vary between sectors and countries. Various initiatives have been implemented at the European level to ensure harmonisation and consistency of understanding and usage.

This section briefly explores some of these issues to provide a background to the way in which the CompHP Professional Standards have been developed and are presented.

⁵ To be published in autumn 2012- see Project website. <http://www.iuhpe.org/?page=614&lang=en>

Regulated professions are those with formal and usually legislative recognition of the standards of graduate or postgraduate qualifications by national and European professional associations (4). As health promotion is not a regulated profession the agreed definition of the term 'professional' used in development of the CompHP Professional Standards for Health Promotion is: 'the attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning' (7).

Other occupations that are not regulated professions may be described by occupational standards; however the usage of occupational standards and their format varies enormously between countries. They attempt to classify the labour market by detailing the different jobs that people do, describing typical tasks and competencies, and providing the means for assessing the individual worker's ability to perform the job in employment. Individuals are usually prepared for the occupation through education and training programmes and continuous professional development (CPD). Occupational standards provide the detail of what the learner needs to be able to do in employment (8).

The relationship between the labour market and competence-based education is key to understanding the use of standards. Employers need to specify the competencies they require in their employees, occupational standards are a mechanism by which performance criteria for competencies are expressed. Developing individuals to meet these standards necessitates that the learning processes used also meet educational standards. Competences then need to be accredited in some way according to assessment standards (8).

Educational standards can be thought of as defining what a learner needs to learn to be effective in employment, while the assessment standards demonstrate what the learner has learnt and is competent to carry out in employment. In order to draw these different perspectives together, learning outcome-oriented standards are increasingly being used to accredit qualifications. Learning outcome standards are 'statements of what a learner knows, understands and is able to do on completion of a learning process and are defined in terms of knowledge, skills and competences' (8). Whether they are used for initial training or for continuous professional development (CPD), learning outcome standards should 'enable

students to acquire the competences needed in their future profession and in society as a whole' (9).

Across Europe the format of learning outcome-oriented standards varies according to different conceptualisations of competence or how the standards are used in learning and assessment. These vary from very detailed standards to be used as performance criteria, or more general statements to describe the learning outcomes from a qualification (10-12). In order to unify the diverse qualifications systems and frameworks across Europe, the European Qualifications Framework (EQF) proposes that qualification standards should be based on learning outcomes that are defined by knowledge, skills and competence, that describe what the learner should know and be able to do on award of the qualification (4, 13). The EQF describes:

- Knowledge - as theoretical and/or factual
- Skills - as cognitive, (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments)
- Competence - in terms of responsibility and autonomy

The EQF is divided into 8 levels, where level 6 is equivalent to graduate (Bachelor) and level 7, postgraduate (Master) qualifications. The CompHP Project, allows for entry level to be set at either graduate or postgraduate levels, as with some other professions. The EQF descriptors for the types of knowledge, skills and competency at these levels have informed how the standards and the type of performance criteria for assessment presented in this Handbook should be worded (Table 1).

Table 1. Descriptors for the Knowledge, Skills and Competencies for learning outcomes at levels 6 and 7 of the European Qualifications Framework (EQF)

Learning outcomes	Knowledge	Skills	Competence
Level 6 EQF	Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles	Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study.	Manage complex technical or professional activities or projects, taking responsibility for decision making in unpredictable work or study contexts Take responsibility for managing professional development of individuals or groups
Level 7 EQF	Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research Critical awareness of knowledge issues in a field and at the interface between different fields	Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields	Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches Take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams

Standards frameworks also vary in respect of the ‘target level’ of the standards, which is the proportion of the standards the learner is aiming to achieve that will be sufficient for assessment (14). Thus, standards may express best practices and represent goals to be striven for, or weaknesses in one area may be compensated by particular strengths in other areas, or all the standards have to be met to be awarded the qualification or accreditation. For the CompHP Professional Standards for Health Promotion it was decided that **all** the standards would have to be met for the health promotion practitioner or the training course to be accredited, although obviously some education and training programmes may only address aspects of the standards at a time.

Considering these somewhat complex issues, the agreed principles underpinning the CompHP Professional Standards for Health Promotion are that:

- They can be used at entry to the health promotion profession, either from initial training or continuous professional development during career progression
- They are directly aligned to each core competency domain

- They are formulated as standards describing the knowledge and skills necessary for the whole of each core competency domain
- They can be used to assess the practitioner's competence following qualification, and/or experience from practice
- They can be used at either graduate or postgraduate level. The detail of the descriptors for knowledge and skills has not been specified further to enable the learning outcomes to be adapted for either graduate or postgraduate level courses
- The practitioner's ability is assessed by providing evidence of achievement of the performance criteria, either from documentary evidence or by direct observation, during work or study
- The performance criteria have been worded in such a way that the evidence provided can vary according to the level set for the qualification, or for use within different national accreditation schemes
- That a health promotion practitioner must demonstrate that they meet the requirements of **all** the standards.

THE COMPHP PROFESSIONAL STANDARDS FOR HEALTH PROMOTION

This section provides a detailed description of the CompHP Professional Standards for Health Promotion setting out:

- the knowledge base underpinning all standards
- the professional and ethical basis of health promotion practice
- the nine CompHP Professional Standards for Health Promotion
- a summary of the knowledge required across all the standards
- some examples of the types of evidence that could be used to demonstrate achievement of the standard.

The nine CompHP Professional Standards for Health Promotion are underpinned by a core base of professional and ethical values integral to the practice of health promotion. Each standard specifies the knowledge, skills and performance criteria required to demonstrate acquisition of the core competencies in that domain. For each standard the knowledge, skills and performance criteria describe the requirements for **all** of the competency statements in that area, and are not therefore aligned to individual statements. The standards are intended to be sufficiently flexible for the widest application and interpretation in different national contexts, and for different types of health promotion practitioners, while establishing a clear threshold for entry to the health promotion profession. A health promotion practitioner must be able to meet **all** the standards, and at all times act professionally and ethically.

The standards are underpinned by a multidisciplinary knowledge base of the core concepts, principles, theory and research of health promotion and its application in practice (1):

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (2) 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.

Each standard also states the specific knowledge, skills and performance criteria necessary to demonstrate competence in that domain. There is therefore some repetition of certain items across the standards. To facilitate the planning of education and training courses to enable health promotion practitioners to acquire the knowledge required across all the standards, the knowledge items are also listed in summary form on p26.

Some descriptive examples are also provided of the types of evidence that could be used to demonstrate the performance criteria, and achievement of the standard, which are for illustrative purposes only. As some of the knowledge and skills items are repeated across the standards, health promotion practitioners may be able to illustrate that they meet the knowledge, skills and performance criteria for more than one standard from the same example of work, experience or learning.

A health promotion practitioner acts professionally and ethically

Ethical health promotion practice is based on a commitment to health as a human right, which is central to human development. It demonstrates respect for the rights, dignity, confidentiality and worth of individuals, groups and communities; and for diversity of gender, sexual orientation, age, religion, disability and cultural beliefs. Ethical health promotion practice addresses health inequities and social injustice, and prioritises the needs of those experiencing poverty and social marginalisation. It acts on the political, economic, social, cultural, environmental, behavioural and biological determinants of health and wellbeing. A health promotion practitioner ensures that health promotion action is beneficial and causes no harm; and is honest about what health promotion is, and what it can and cannot achieve. In all areas of health promotion practice he/she acts professionally and ethically by:

Knowledge, skills and performance criteria

Evidence provided either from documentation, or assessment during work or study, of practitioner's ability to:

Recognise and address ethical dilemmas and issues, demonstrating:	<ul style="list-style-type: none"> • Knowledge of concepts, principles and ethical values of health promotion • Knowledge of concepts of health equity, social justice and health as a human right • Knowledge of existing and emerging legal and ethical issues in own area of practice • Proactive in addressing ethical issues in an appropriate way (eg challenging others' unethical practice)
Act in ways that:	<ul style="list-style-type: none"> • Acknowledge and recognise people's expressed beliefs and preferences • Promote the ability of others to make informed decisions • Promote equality and value diversity • Value people as individuals • Acknowledge the importance of maintaining confidentiality • Are consistent with evidence, legislation, policies, governance frameworks and systems
Continually develop and improve own and others' practice by:	<ul style="list-style-type: none"> • Reflecting on own behaviour and practice and identifying where improvements should be made • Recognising the need for, and making use of, opportunities for own and others' development • Being aware of different learning approaches and preferences • Applying evidence in improving own area of work • Objectively and constructively reviewing the effectiveness of own area of work

Standard 1. Enable Change <i>Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities.</i> A health promotion practitioner is able to:		
<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of practitioner’s ability to:
<p><i>1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities</i></p> <p><i>1.2 Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health</i></p> <p><i>1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action</i></p> <p><i>1.4 Facilitate the development of personal skills that will maintain and improve health</i></p> <p><i>1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Determinants of health and health inequities - Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork - Theory and practice of community development including: equity, empowerment, participation and capacity building - Knowledge of strategy and policy development and how legislation impacts on health - Health promotion models - Health promotion settings approach - Behavioural change techniques for brief advice / interventions - Organisational theory - Theory and practice of organisational development and change management - Understanding of social and cultural diversity 	<p>1a. Contribute to collaborative work with stakeholders across specified sectors that aims to influence policies or services to improve health and reduce health inequities.</p> <p>1b. Demonstrate an ability to select appropriate change management and organisational development approaches to support the creation of health promoting environments and/or settings in a specified area, and show how the approaches used support empowerment, participation, partnership and equity.</p> <p>1c. Select and use appropriate community development approaches for a specified community, and show how the methods used can lead to strengthened participation, ownership and health promotion capacity.</p> <p>1d. Use appropriate behavioural change techniques for specified individuals or groups to facilitate the development of personal skills to maintain or improve health, and develop the capacity of others to support behavioural change.</p>
	<p>Skills</p> <ul style="list-style-type: none"> - Partnership building and collaborative working - Behavioural change techniques - Organisational development - Change management - Community development including empowerment, participation and capacity building - Ability to work with: Individuals and groups defined by geography, culture, age, setting, or interest; and those in own/other organisations/sectors 	

Standard 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:

<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:
<p><i>2.1 Use advocacy strategies and techniques which reflect health promotion principles</i></p> <p><i>2.2 Engage with and influence key stakeholders to develop and sustain health promotion action</i></p> <p><i>2.3 Raise awareness of and influence public opinion on health issues</i></p> <p><i>2.4 Advocate for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities</i></p> <p><i>2.5 Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Determinants of health - Advocacy strategies and techniques - Methods of stakeholder engagement - Health and wellbeing issues relating to a specified population or group - Theory and practice of community development including: empowerment, participation and capacity building - Knowledge of strategy and policy development <p>Skills</p> <ul style="list-style-type: none"> - Use of advocacy techniques - Working with a range of stakeholders - Facilitation - Community development including empowerment, participation, capacity building and equality impact assessment - Ability to work with: Individuals and groups defined by gender, social and economic status, geography, culture, age, setting, or interest; and those in own/other organisations/sectors 	<p>2a. Show how advocacy strategies can be used in a specified area for health promotion action, and demonstrate how they reflect health promotion principles.</p> <p>2b. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how their support can be engaged to develop and sustain advocacy and health promotion action.</p> <p>2c. Select and use appropriate communication methods for a specified audience in order to raise awareness, influence opinion, advocate for and enable action on health and wellbeing issues.</p> <p>2d. Select and use appropriate community development approaches to facilitate a specified community or group to articulate their health and wellbeing needs.</p>

Standard 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:

<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:
<p><i>3.1 Engage partners from different sectors to actively contribute to health promotion action</i></p> <p><i>3.2 Facilitate effective partnership working which reflects health promotion values and principles</i></p> <p><i>3.3 Build successful partnership through collaborative working, mediating between different sectoral interests</i></p> <p><i>3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, networking, stakeholder engagement - Systems, structures and functions of different sectors, organisations and agencies - Principles of effective intersectoral partnership working <hr/> <p>Skills</p> <ul style="list-style-type: none"> - Stakeholder engagement - Collaborative working - Facilitation and mediation - Communication skills - Ability to work with: stakeholders from community groups and organisations; and partnerships, coalitions or networks for health improvement; public and private sector and civil society - Networking 	<p>3a. Describe own role in a specified partnership, coalition or network, and demonstrate the skills or actions needed to develop, facilitate and sustain effective partnership working.</p> <p>3b. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how they are engaged actively in health promotion action.</p> <p>3c. Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate own role in mediating between sectors.</p>

Standard 4. Communication

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

A health promotion practitioner is able to:

<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:
<p><i>4.1 Use effective communication skills including written, verbal, non-verbal, listening skills and information technology</i></p> <p><i>4.2 Use electronic and other media to receive and disseminate health promotion information</i></p> <p><i>4.3 Use culturally appropriate communication methods and techniques for specific groups and settings</i></p> <p><i>4.4 Use interpersonal communication and groupwork skills to facilitate individuals, groups, communities and organisations to improve health and reduce health inequities</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Understanding of social and cultural diversity - Theory and practice of effective communication including Interpersonal communication and group work - Applications of information technology for social networking media, and mass media - Diffusion of innovations theory - Health literacy <p>Skills</p> <ul style="list-style-type: none"> - Communication skills: including written, verbal, non-verbal, listening skills and information technology - Working with individuals and groups - Use of electronic media and information technology - Use of print, radio, TV and social media - Ability to work with: individuals, groups, communities and organisations in diverse settings 	<p>4a. Use a range of communication skills for health promotion action, including: written, verbal, non-verbal, listening, presentation and groupwork facilitation skills.</p> <p>4b. Have a working knowledge of the use of information technology and electronic media for health promotion.</p> <p>4c. Identify and use culturally sensitive and appropriate communication techniques for a specified group.</p> <p>4d. Identify and use innovative communication techniques appropriate for the specific setting, customs, and social and cultural environment</p>

Standard 5. Leadership

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

A health promotion practitioner is able to:

Competency Statement	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:
<p>5.1 Work with stakeholders to agree a shared vision and strategic direction for health promotion action</p> <p>5.2 Use leadership skills which facilitate empowerment and participation (including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving)</p> <p>5.3 Network with and motivate stakeholders in leading change to improve health and reduce inequities</p> <p>5.4 Incorporate new knowledge and ideas to improve practice and respond to emerging challenges in health promotion</p> <p>5.5 Contribute to mobilising and managing resources for health promotion action</p> <p>5.6 Contribute to team and organisational learning to advance health promotion action</p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Theory and practice of effective leadership - Including team work, negotiation, motivation, conflict resolution, decision-making, facilitation and problem-solving - Management and organisational development theory - Strategy development - Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, decision-making, teamwork, stakeholder engagement, networking - Principles of effective intersectoral partnership working - Emerging challenges in health and health promotion - Principles of effective human and financial resource management and mobilisation <p>Skills</p> <ul style="list-style-type: none"> - Stakeholder engagement / networking - Collaborative working skills - Facilitation - Ability to motivate groups and individuals towards a common goal - Resource management 	<p>5a. Identify and mobilise leaders within the community, showing how they are engaged and motivated to agree a shared vision and strategic direction.</p> <p>5b. Demonstrate use of own leadership skills in eg teamwork and decision-making describing own role in a specified area of health promotion action.</p> <p>5c. Demonstrate how to incorporate new ideas and knowledge to improve practice through own role in a specified area of health promotion action.</p> <p>5d. Demonstrate how resources were mobilised for a specified health promotion action, and show an understanding of the principles of effective management of staff and/or budgets for health promotion.</p> <p>5e. Reflect on own practice, and show how this contributes to team and/or organisational learning to advance health promotion action.</p>

Standard 6. Assessment		
<i>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 comprise health.</i>		
<i>A health promotion practitioner is able to:</i>		
<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or assessment during work or study, of the practitioner’s ability to:
<p><i>6.1 Use participatory methods to engage stakeholders in the assessment process</i></p> <p><i>6.2 Use a variety of assessment methods including quantitative and qualitative research methods</i></p> <p><i>6.3 Collect, review and appraise relevant data, information and literature to inform health promotion action</i></p> <p><i>6.4 Identify the determinants of health which impact on health promotion action</i></p> <p><i>6.5 Identify the health needs, existing assets and resources relevant to health promotion action</i></p> <p><i>6.6 Use culturally and ethically appropriate assessment approaches</i></p> <p><i>6.7 Identify priorities for health promotion action in partnership with stakeholders based on best available evidence and ethical values</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Range of assessment methods/processes using both qualitative and quantitative methods - Available data and information sources - Social determinants of health - Health inequalities - Evidence base for health promotion action and priority setting - Understanding social and cultural diversity <hr/> <p>Skills</p> <ul style="list-style-type: none"> - Partnership building and negotiation - Health Impact Assessment - How to obtain, review and interpret data or information - Qualitative research methods including participatory and action research - Quantitative research methods including statistical analysis - Critical appraisal skills - Ability to work with: stakeholders from community groups/organisations; partnerships, coalitions or networks for health improvement; information/ data analysts and/or researchers 	<p>6a. Identify the range of relevant stakeholders/partners in a specified area or setting, and show how their support is engaged in a needs/assets assessment process, and in identifying priorities for action.</p> <p>6b. Select appropriate qualitative and quantitative methods for use in a specified assessment process.</p> <p>6c. Identify, collect, critically appraise and analyse a range of data and information relevant to a specified assessment process, and illustrate how conclusions lead to recommendations for health promotion action.</p> <p>6d. Demonstrate how the approaches used in a specified assessment process are socially, culturally and ethically appropriate.</p>

Standard 7. Planning <i>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:</i>		
<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the practitioner’s ability to:
<p><i>7.1 Mobilise, support and engage the participation of stakeholders in planning health promotion action</i></p> <p><i>7.2 Use current models and systematic approaches for planning health promotion action</i></p> <p><i>7.3 Develop a feasible action plan within resource constraints and with reference to existing needs and assets</i></p> <p><i>7.4 Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action</i></p> <p><i>7.5 Identify appropriate health promotion strategies to achieve agreed goals and objectives</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Use and effectiveness of current health promotion planning models and theories - Principles of project/programme management - Principles of resource management and risk management 	<p>7a. Identify the range of relevant stakeholders/partners in a specified area, and devise ways through which their support and participation is engaged in planning health promotion action.</p> <p>7b. Present a rationale for the selection and use of appropriate health promotion planning model(s).</p> <p>7c. Develop a health promotion action plan, based on an assessment of needs and assets for a specified area/setting that shows an understanding of: the range of health promotion strategies that may be used to meet identified needs; the human and financial resources required for health promotion action; and measurable goals.</p>
	<p>Skills</p> <ul style="list-style-type: none"> - Use of health promotion planning models - Analysis and application of information about needs and assets - Use of project/programme planning and management tools - Ability to work with: groups and communities targeted by the health promotion action; stakeholders and partners 	

Standard 8. Implementation <i>Implement effective and efficient, culturally sensitive, and ethical health promotion action in partnership with stakeholders.</i> <i>A health promotion practitioner is able to:</i>		
<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the practitioner’s ability to:
<p><i>8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement health promotion action</i></p> <p><i>8.2 Develop, pilot and use appropriate resources and materials</i></p> <p><i>8.3 Manage the resources needed for effective implementation of planned action</i></p> <p><i>8.4 Facilitate programme sustainability and stakeholder ownership through ongoing consultation and collaboration</i></p> <p><i>8.5 Monitor the quality of the implementation process in relation to agreed goals and objectives for health promotion action</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Principles of project/programme management - Principles of effective human and financial resource management including performance management and risk management - Theory and practice of programme implementation - Understanding social and cultural diversity - Quality assurance, monitoring and process evaluation - Theory and practice of community development including: empowerment, participation and capacity building 	<p>8a. Develop and pilot resources and materials for a specified health promotion action identifying the participatory processes used and demonstrating how they are culturally appropriate and empowering.</p> <p>8b. Identify the human and financial resources required for the implementation of a specified health promotion action, and demonstrate responsibility for efficient use of resources either as part of own role or collaboratively with others.</p> <p>8c. Identify the range of relevant stakeholders/partners for a specified health promotion action, and show how collaboration is developed and sustained.</p> <p>8d. Identify the information required to monitor the quality of the implementation process, and show how it is collected, analysed and used to maintain quality.</p>
	<p>Skills</p> <ul style="list-style-type: none"> - Use of participatory implementation processes - Use of project/programme management tools - Resource management - Collaborative working - Ability to work with: groups and communities participating in the health promotion action; stakeholders and partners; team members - Monitoring and process evaluation 	

Standard 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 demonstrate:

<i>Competency Statement</i>	Core Knowledge and Skills required:	Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the practitioner’s ability to:
<p><i>9.1 Identify and use appropriate health promotion evaluation tools and research methods</i></p> <p><i>9.2 Integrate evaluation into the planning and implementation of all health promotion action</i></p> <p><i>9.3 Use evaluation findings to refine and improve health promotion action</i></p> <p><i>9.4 Use research and evidence based strategies to inform practice</i></p> <p><i>9.5 Contribute to the development and dissemination of health promotion evaluation and research processes</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> - Knowledge of different models of evaluation and research - Formative and summative evaluation approaches - Qualitative and quantitative research methods - Data interpretation and statistical analysis - Evidence base for health promotion <hr/> <p>Skills</p> <ul style="list-style-type: none"> - Use of a range of research methods and tools - Ability to formulate answerable research questions - Critical appraisal and review of literature - Write research reports and communicate research findings effectively and appropriately - Ability to work with: stakeholders, communities and researchers 	<p>9a. Identify appropriate methods for the evaluation of a specified health promotion action.</p> <p>9b. Critically appraise research literature and use evidence and/or guidance in the planning and implementation of health promotion action</p> <p>9c. Analyse and evaluate complex data including statistical information relating to a specified health promotion action.</p> <p>9d. Show how findings from evaluation and monitoring processes are used to refine and improve health promotion action.</p> <p>9e. Report on research findings and identify their implications for stakeholders and communities; and contribute to publications in professional, management or academic journals.</p>

Summary of knowledge requirements across all standards

As noted while each standard includes the knowledge, skills and performance criteria relevant to demonstrating competence in that area, there is some necessary repetition of certain elements. For ease of use for planning education and training courses the knowledge required across all the standards is summarised below. Course planners will need to adapt these to the level of the qualification and the learning needs of the group, and ensure they are presented in the context of the standards.

Health and wellbeing

The determinants of health and health inequities

Health and wellbeing issues relating to a specified population or group

Emerging challenges in health and health promotion

Understanding of social and cultural diversity

Collaborative working

The theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, and stakeholder engagement

The systems, structures and functions of different sectors, organisations and agencies in particular countries

The principles of effective partnership working across different sectors

Knowledge of how strategy and policy is developed and how legislation impacts on health

Health promotion theory

Current health promotion models and theories, including the health promoting settings approach, health promotion planning models and health literacy, and their use and effectiveness

The theory and practice of health promotion programme implementation

Communication

The theory and practice of effective group work and interpersonal communication

Diffusion of innovations theory

Advocacy strategies and techniques

Current applications of information technology for social networking and mass media

Community development

The theory and practice of community development including empowerment, participation and capacity building

Change management

The theory and practice of organisational development and change management
Behavioural change techniques for brief advice and brief interventions

Management

The principles of project/programme planning and management
Principles of effective human and financial resource management including performance management and risk management
The theory and practice of effective leadership

Research and evaluation

Knowledge of the evidence base for effective health promotion
Knowledge of different models of evaluation, including formative and summative evaluation approaches
Qualitative and quantitative research methods
Knowledge of available data and information, data interpretation and statistical analysis
Quality assurance, monitoring and process evaluation

Illustrative examples of evidence against the performance criteria

These selected examples describe the sorts of evidence that could be used to demonstrate ability at different levels. They are intended as illustrations of how the performance criteria can be interpreted and evidenced appropriately in the learning context at either graduate or postgraduate levels, or by individual assessment during an accreditation process or as the basis for performance review. It would be useful to expand these examples at a national level to reflect local circumstances and practices, this would demonstrate flexibility in the application of the standards whilst ensuring that they are robust.

Performance criterion - 1a.

Contribute to collaborative work with stakeholders across specified sectors that aims to influence policies or services to improve health and reduce health inequities.

A number of performance criteria relate to knowledge and skills in collaborative working. An applicant could select one or more examples of collaborative work they have been involved in to demonstrate their abilities. If selecting only one example of collaboration from work or study experience, the applicant would need to make sure that they could demonstrate and provide evidence for the specific aspects required for each performance criterion.

(1a) requires that the applicant has contributed in some way to collaborative work to improve health. The collaboration must aim to influence either policy or services that impact on health. The applicant would need to describe the objectives of the collaboration, the different stakeholders involved, and their own role. The applicant's contribution could vary from a supportive role as a member of a team to leading such partnership work at more senior levels. However the key word here is 'contribute', purely theoretical understanding would not be sufficient.

Performance criterion - 3b.

Identify the range of relevant stakeholders/partners in a specified area or setting, and show how they are engaged actively in health promotion action.

This performance criterion (3b) could build on the evidence supplied for (1a). The applicant would need to show that they critically understand the role they played, and that they can describe, from theory and their own experience, how to facilitate partnership working effectively. The applicant would need to describe the processes used to identify relevant stakeholders and motivate and support them to become engaged in the health promotion actions of the partnership or network.

Performance criterion - 6a

Identify the range of relevant stakeholders/partners in a specified area or setting, and show how their support is engaged in a needs/assets assessment process, and in identifying priorities for action.

Again drawing on a practical example of a particular partnership, (6a) requires that the applicant understands the range of stakeholders relevant to the health issue(s) and area/setting, and can describe how they were engaged in a needs/asset assessment process, to access relevant data or particular communities for example. In addition to accessing information they should show how the stakeholders were involved in collectively identifying priorities for health promotion action, for example through notes of meetings.

Performance criterion - 6c. Identify, collect, critically appraise and analyse a range of data and information relevant to a specified assessment process, and illustrate how conclusions lead to recommendations for health promotion action.

For (6c) the applicant would need to show that they can identify, collect, analyse and draw conclusions from data relevant to a specified health issue(s). The applicant may have had varying degrees of involvement in the information collection process dependent on their role, but they would need to show that they understand the processes and how they have worked with others, information experts for example, to draw conclusions from the information for health promotion action. Although desirable it would not be necessary to show that the recommendations made have all been agreed and acted upon by the partnership.

Performance criterion - 8b

Identify the human and financial resources required for the implementation of a specified health promotion action, and demonstrate responsibility for efficient use of resources either as part of own role or collaboratively with others.

(8b) requires that the applicant must specify a health promotion action and show that they understand the practical aspects of implementing it in terms of the resources required. This could vary from a small scale health promotion action, to a large programme dependant on their role and experience. Recognising that applicants may not directly manage staff or budgets they need only to demonstrate responsibility for efficient use of resources within their control. The key is that they can demonstrate awareness of the necessity of adopting a systematic approach to delivering an intervention and of identifying, developing, and operating within the resources required for implementation.

Performance criterion - 9a

Identify appropriate methods for the evaluation of a specified health promotion action.

(9a) requires that the applicant can show an understanding of different research methods and how and why they are used, and can justify the selection of appropriate methods for the evaluation of a specified health promotion action. This could be illustrated through either a small scale project or as evaluation of a more substantive health promotion action, either individually or as part of a team, in which case they would need to describe their own role in the evaluation.

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. Where no reference is given the term has been agreed by the CompHP Project Partners.

Accreditation – academic: A process of evaluating qualifications, (or sometimes whole institutions), to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognised as meeting a certain standard and/or providing content which is required professionally.

Accreditation organisation: An organization which makes decisions about the status, legitimacy or appropriateness, of criteria of an institution, programme or professionals.

Accreditation – professional/ individual: A form of qualification or individual registration awarded by a professional or regulatory organisation that confirms an individual as fit to practice (15).

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 (16).

Assessment (see also needs assessment): The systematic collection and analysis of data in order to provide a basis for decision-making (17).

Assessment standards: Assessment standards for qualifications answer the question ‘how will we know what the student has learned and is able to do in employment?’ They specify the object of assessment, performance criteria, and assessment methods (8).

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 organizations, and; the development of cohesiveness and partnerships for health in communities (18).

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 (19).

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 (20).

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 (21).

Competence: The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development (4).

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion (Adapted from 5).

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 (22).

Continuous Professional Development (CPD): Refers to study designed to upgrade the knowledge and skills of practitioners in the profession after initial training or registration

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 (5).

Culture: A socially inherited body of learning including knowledge, values, beliefs, customs, language, religion, art, etc. (23).

Delphi Method/Technique: A process used to collect and distil the judgments of experts using a series of questionnaires interspersed with feedback (24).

Determinants of health: The range of political, economic, social, cultural, environmental, behavioural and biological factors which determine the health status of individuals or populations (16).

Educational / qualification standards: Answer the question 'what does the student need to learn to be effective in employment?' They define the expected outcomes of a learning process leading to the award of a qualification, the study programme in terms of content, learning objectives and timetable, as well as teaching methods and learning settings (8).

Education and training providers: Formally recognised education and/or training organisations with authority to grant certificates, diplomas, degrees etc.

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 (16).

Enabling: 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 organisations 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 (16).

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 (16). 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 (21).

European Qualifications Framework (EQF): The EQF is an overarching qualifications framework that links the qualifications of different countries together. It acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a European-wide workforce that is mobile and flexible, and to aid lifelong learning (4).

Graduate: Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e. equivalent to level 6 of the European Qualifications Framework (EQF) (4).

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 (2) 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 (16).

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 (16).

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 (2) 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 promotion action: Describes programmes, policies and other organised health promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.

Health promotion practitioner: A person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter

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 (16).

Inequity: See Equity

Knowledge: The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of EQF knowledge is described as theoretical and/or factual (4).

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 (19).

Learning outcomes: are statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence (4).

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 (19).

National qualifications framework: An instrument for the classification of qualifications according to a set of criteria for specified levels of learning achieved, which aims to integrate and coordinate national qualifications subsystems and improve the transparency, access, progression and quality of qualifications in reaction to the labour market (4).

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 (16).

Occupational standards: Specify ‘the main jobs that people do’, describing the professional tasks and activities as well as the competencies typical of an occupation. Occupational standards provide the detail of what does the learner needs to be able to do in employment (8).

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 (16) and (19).

Performance Criteria: Statement of the evidence required either from documentation or from assessment during work or study of the applicant’s ability.

Postgraduate: Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Framework (4).

Professional: Is defined (as in the EQF) as relating to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning. It is not used with regard to those specific requirements relating to regulated professions (7).

Qualification: A formal outcome of an assessment and validation process which is obtained when a competent organisation determines that an individual has achieved learning outcomes to given standards (4).

Registration: The entering of an individual practitioner or an education/training organisation on a formal list of those meeting accreditation or reaccreditation criteria.

Regulated profession: A professional activity or group of professional activities, access to which, and pursuit of which is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification (7).

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 (25).

Settings for Health Promotion: The places or social contexts in which people live, work and play and 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 (16).

Skills: The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of EQF skills are described as cognitive (involving the use of logical, intuitive and creative thinking), or practical (involving manual dexterity and the use of methods, materials, tools and instruments) (4).

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 (19).

Stakeholder: Individuals, groups, communities and organisations that have an interest or share in an issue, activity or action (26).

Standard: an agreed, repeatable way of doing something. It is a published document that contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition (6).

Strategies: broad statements that set a direction and are pursued through specific actions, i.e., those carried out in programmes and projects (20).

Supportive Environments for Health: offer people protection from threats to health, and enable people to expand their capabilities and develop self reliance in health (16).

Target level of standards: Distinguishes between: Minimal standards – where all the standards have to be met to be awarded the qualification; Average expectations – where weaknesses in one area can be compensated by particular strengths in other areas; and Maximal standards – these standards express best practices and represent goals to be striven for (14).

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 (27).

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 (19).

Vision: A vision expresses goals that are worth striving for and incorporates shared health promotion ideals and values (20).

Workforce Planning: The strategic alignment of an organisation's human resources with the direction of its planned service and business (27).

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Project Partners



Health Promotion Research Centre, National University of Ireland Galway
<http://www.nuigalway.ie/hprc/>

Contact name - Professor Margaret Barry - Project Leader



International Union for Health Promotion and Education, France

<http://www.iuhpe.org/>

Contact name – Dr Claire Blanchard



Università degli Studi di Perugia, Italy

<http://www.unipg.it/csesi>

Contact name – Dr Giancarlo Pocetta



Royal Society for Public Health, UK

<http://www.rsph.org.uk/>

Contact name – Professor Richard Parish



Netherlands Institute for Health Promotion - NIGZ, the Netherlands

<http://www.nigz.nl/>

Contact name – Mr Gerard van der Zanden



Università degli Studi di Cagliari, Italy

<http://www.unica.it/>

Contact name – Professor Paolo Contu



Universidad Rey Juan Carlos, Spain

<http://www.urjc.es/>

Contact name – Professor Carmen Gallardo



SOSTE Finnish Society for Social and Health, Finland

<http://www.soste.fi/>

Contact name – Ms Pirjo Koskinen-Ollonqvist



University of Tartu, Estonia

<http://www.ut.ee/>

Contact name – Dr Anu Kasmel



National Institute of Public Health, The Czech Republic

<http://www.szu.cz/>

Contact name – Dr Hana Janatova



Health Service Executive, Ireland

<http://www.hse.ie/eng/>

Contact name – Mr Brian Neeson