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Domains of Core Competency, Standards, and Quality Assurance for Building Global Capacity in Health Promotion: The Galway Consensus Conference Statement

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On Behalf of the Galway Consensus Conference

This paper reports the outcome of the Galway Consensus Conference, an effort undertaken as a first step toward international collaboration on credentialing in health promotion and health education. Twenty-nine leading authorities in health promotion, health education, and public health convened a 2-day meeting in Galway, Ireland, during which the available evidence on credentialing in health promotion was reviewed and discussed. Conference participants reached agreement on core values and principles, a common definition, and eight domains of core competency required to engage in effective health promotion practice. The domains of competency are catalyzing change, leadership, assessment, planning, implementation, evaluation, advocacy, and partnerships. The long-term aim of this work is to stimulate a global dialogue that will lead to the development and widespread adoption of standards and quality assurance systems in all countries to strengthen capacity in health promotion, a critical element in achieving goals for the improvement of global population health.

Keywords: *consensus conference; credentialing; health education; health promotion; international health; public health workforce development*

THE CHALLENGE: ADDRESSING URGENT HEALTH NEEDS

Health is necessary to achieve the global agenda for social progress. The *Ottawa Charter* (World Health Organization, 1986) identified peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity as the fundamental conditions and resources that underlie health. However, alarmingly, there

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is mounting evidence that the gap separating the rich and the poor is widening between and within countries all around the globe. Clearly, the social and economic determinants of health—and the social circumstances that must be created to promote health—have not been adequately addressed (Commission on Social Determinants of Health, 2008).

In addition, there is deepening concern about the global burden of diseases and health-related problems that continue to plague the world's population, notably chronic diseases, infectious diseases, environmental threats, and injuries. Such health problems result, in part, from the failure to develop and enact policies that support and maintain the societal infrastructure that promotes health. Health promotion is a vital strategy by which improvement in global health can be realized because of its emphasis on health literacy and advocacy for policies that support creating conditions that foster health. Health promotion and health education are thus uniquely poised to provide the vision and leadership to have a significant impact on global population health.

The Bangkok Charter for Health Promotion in a Globalized World (World Health Organization, 2005) has affirmed that policies and partnerships that are organized to

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We also wish to thank everybody who took the time to comment on the draft Galway Consensus Statement and shared their views with us.

Editor's Note: This article is one of a collection of 10 manuscripts related to "Toward International Collaboration on Competencies and Accreditation in Health Promotion and Health Education: The Galway Consensus Conference," held June 18-16, 2008, at the National University of Ireland, Galway. The conference sponsors, the Society for Public Health Education (SOPHE) and the International Union for Health Promotion and Education (IUHPE), are pleased to provide open access to all of the related manuscripts, half of which are published in SOPHE's *Health Education & Behavior* and half of which are published IUHPE's *Global Health Promotion*. To read the entire collection of articles, go to <http://online.sagepub.com> and search for "Galway Consensus."

empower communities, and to improve health and health equity, should be at the center of global and national development efforts. Moreover, building the capacity to achieve health improvements called for in the *Ottawa Charter*, the *Bangkok Charter*, and the *UN Millennium Development Goals Report* (2007), as well as by the International Union for Health Promotion and Education, will require the global expansion of a competent health promotion and health education workforce (International Union for Health Promotion and Education & Canadian Consortium for Health Promotion Research, 2007).

To develop and strengthen workforce capacity to improve global health in the 21st century, health promotion and health education must identify and promulgate the core competencies, standards, and quality assurance systems for use in workforce training of all kinds.

THE GALWAY CONSENSUS CONFERENCE

The purpose of the Galway Consensus Conference was to promote dialogue and an exchange of understanding among international partners regarding domains of core competency, standards, and quality assurance mechanisms in the professional preparation and practice of health promotion and health education specialists. The Consensus Conference was designed to provide a forum for discussion to identify the credentialing practices necessary to build capacity for health promotion, as well as systems that can ensure quality in practice, education, and training. Developing a shared vision for workforce capacity-building and standards is a critical foundation for subsequent strategic plans of action, which can be developed by many stakeholders and partners. (See Allegrante, Barry, Auld, Lamarre, & Taub, 2009, or Barry, Allegrante, Lamarre, Auld, & Taub, 2009, for additional details of the background and process of the Galway Consensus Conference.)

INTENDED AUDIENCES

This Consensus Statement is intended for several audiences: practitioners, researchers, and academics in health promotion and health education; policy and decision makers in government and nongovernmental entities; employers; and international organizations and other institutional authorities that have a stake and a responsibility in promoting the health of the public. In addition, the core values and principles, domains of core competency, and statement regarding standards and quality assurance mechanisms, as well as the recommendations and key actions, that are contained in this Consensus Statement are intended to be relevant for all countries.

HEALTH PROMOTION AND HEALTH EDUCATION

The terms *health promotion* and *health education* as used in this Consensus Statement have a high degree of shared meaning, even if they are not synonymous. Both terms refer to efforts that enable and support people to exert control over the determinants of health and to create environments that support health. In different parts of the world, one or the other term may be preferred, but this should not distract those who are engaged in health promotion and health education from recognizing and appreciating their shared values, strategies, and ambitions.

Health promotion and health education orchestrate a wide range of complementary actions at the individual, community, and societal levels. This Consensus Statement underscores that while health promotion is now established as a recognized field in many parts of the world, it is only emerging in others where the political will and resources to support capacity for health promotion are scarce and thus undermine its development (International Union for Health Promotion and Education & Canadian Consortium for Health Promotion Research, 2007). Health promotion works at many levels, is unique in the ways it can contribute to society, and is characterized by an essential set of competencies and skills that involve integrating theories and practices from multiple disciplines and professions.

CORE VALUES AND PRINCIPLES

Health promotion is guided by a set of core values and principles. These values and principles form the habits of mind that provide a common basis for the practice of health promotion. These include a social-ecologic model of health that takes into account the cultural, economic, and social determinants of health; a commitment to equity, civil society, and social justice; a respect for cultural diversity and sensitivity; a dedication to sustainable development; and a participatory approach to engaging the population in identifying needs, setting priorities, and planning, implementing, and evaluating the practical and feasible health promotion solutions to address needs.

DOMAINS OF CORE COMPETENCY

Numerous efforts have been undertaken to identify the key competencies in health promotion and health education. These efforts have resulted in the recognition of core competencies now in use in many countries. This Consensus Statement, however, is not concerned with specific competencies but, rather, distinctly focused on the broader *domains* of core competency, which are critical to achieving improvements in health. In addition, their application is performed at varying levels of implementation. Finally, what is unique about health promotion is the *combined* application of the domains of core competency and their integration with knowledge from other disciplines in health promotion practice.

The competencies required to engage in health promotion practice fall into eight domains:

1. **Catalyzing change**—Enabling change and empowering individuals and communities to improve their health.
2. **Leadership**—Providing strategic direction and opportunities for participation in developing healthy public policy, mobilizing and managing resources for health promotion, and building capacity.
3. **Assessment**—Conducting assessment of needs and assets in communities and systems that leads to the identification and analysis of the behavioral, cultural, social, environmental, and organizational determinants that promote or compromise health.
4. **Planning**—Developing measurable goals and objectives in response to assessment of needs and assets and identifying strategies that are based on knowledge derived from theory, evidence, and practice.

5. **Implementation**—Carrying out effective and efficient, culturally sensitive, and ethical strategies to ensure the greatest possible improvements in health, including management of human and material resources.
6. **Evaluation**—Determining the reach, effectiveness, and impact of health promotion programs and policies. This includes utilizing appropriate evaluation and research methods to support program improvements, sustainability, and dissemination.
7. **Advocacy**—Advocating with and on behalf of individuals and communities to improve their health and well-being and building their capacity for undertaking actions that can both improve health and strengthen community assets.
8. **Partnerships**—Working collaboratively across disciplines, sectors, and partners to enhance the impact and sustainability of health promotion programs and policies.

STANDARDS AND QUALITY ASSURANCE

Acquiring proficiency in the domains of core competency will require setting standards and developing quality assurance mechanisms that are practice-based and periodically updated. Thus, standards and quality assurance mechanisms—preferably utilizing an independent administrative structure—need to be in place at training institutions wherever in the world they are located. Every relevant training authority should strive to develop quality assurance mechanisms appropriate to the prevailing political, economic, and cultural circumstances. Where a train-the-trainer model is employed at the level of practice, the trainers should have formal preparation in health promotion and demonstrate proficiency in the domains of core competency.

RECOMMENDATIONS AND KEY ACTIONS

The Galway Consensus Statement also identifies several recommendations and key actions that will be necessary to strengthen and secure a global commitment to improving health promotion practice by further advancing the field and providing direction for enhancing the academic preparation of health promotion practitioners. These include:

1. Stimulating dialogue about the domains of core competency, standards, and quality assurance mechanisms by engaging key stakeholders at regional and subregional meetings and through other consultative processes.
2. Moving toward global consensus regarding competencies, standards, and quality assurance systems.
3. Developing a comprehensive plan for communicating the results of the Galway Consensus Statement to diverse audiences.

MOVING FORWARD

This Consensus Statement is intended as a stimulus to dialogue and a call to action involving the global health promotion and health education community. Broad agreement on professional standards can only emerge through energetic exchange of ideas on the issues, and standards must evolve continuously as the knowledge base expands and as we learn from practice. The Galway Consensus Conference participants urge all relevant institutions and all interested individuals to use meetings, conferences, journals, and Internet resources to continue a lively dialogue on these important issues.

Appendix

Toward International Collaboration on Credentialing in Health Promotion and Health Education: The Galway Consensus Conference

Meeting Cochairs: Prof. John P. Allegrante*, Columbia University, New York, USA (Past President of the Society for Public Health Education), and Prof. Margaret M. Barry*, National University of Ireland, Galway (Global Vice-President for Capacity-Building, Education & Training of the International Union for Health Promotion and Education).

Meeting Participants: Prof. Collins O. Airhihenbuwa*, Pennsylvania State University, USA; M. Elaine Auld*, Society for Public Health Education, USA; Barbara Battel-Kirk, National University of Ireland, Galway; Dr. Janet L. Collins*, U.S. Centers for Disease Control and Prevention, USA; Prof. Randall R. Cottrell, University of Cincinnati, USA; Dr. Jerome Foucaud, Institut National de Prévention et d'Éducation pour la Santé, France; Alison Gehring, Royal Society for the Promotion of Health, UK; Jenny Griffiths, Royal Society for the Promotion of Health, UK; Emmanuelle Hamel, Institut National de Prévention et d'Éducation pour la Santé, France; Dr. Elizabeth H. Howze, U.S. Centers for Disease Control and Prevention, USA; Laura Rasar King, Council on Education for Public Health, USA; Marie-Claude Lamarre*, International Union for Health Promotion and Education, France; Dr. William C. Livingood, Duval County (Florida) Health Department, USA; Linda Lysoby, National Commission for Health Education Credentialing, Inc., USA; Prof. Gudjon Magnusson*, Reykjavik University, Iceland; Dr. David V. McQueen*, U.S. Centers for Disease Control and Prevention, USA; Prof. Kathleen Miner, Emory University, USA; Prof. Maurice B. Mittelmark*, University of Bergen, Norway; Martha Perry, International Union for Health Promotion and Education, France; Dr. Keiko Sakagami, Japanese Society for Health Promotion and Education, Japan; Dr. Arantxa Santa-Maria Morales, Madrid Regional Health Authority, Spain; Viv Speller, University of Southampton, UK; Prof. Alyson Taub, New York University, USA; and Dr. Lynn D. Woodhouse, Council of Accredited MPH Programs, USA.

*Member of the Galway Consensus Conference Statement writing group.

NOTE: Affiliations are for purposes of identification only. The views expressed by the Galway Consensus Conference do not necessarily represent the views of the academic institutions, professional associations, accrediting bodies, or government or nongovernmental agencies with which meeting participants of the Galway Consensus Conference are affiliated or were affiliated at the time and are not meant to imply any official endorsement of the findings or recommendations of the Galway Consensus Conference.

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