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The Galway Consensus Conference: international collaboration on the development of core competencies for health promotion and health education

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Abstract: Developing a competent health promotion workforce is a key component of capacity building for the future and is critical to delivering on the vision, values and commitments of global health promotion. This paper reports on an international consensus meeting to identify core competencies, jointly organized by the International Union for Health Promotion and Education (IUHPE), the Society for Public Health Education (SOPHE) and the US Centers for Disease Control (CDC), with participation from international leaders in the field, that took place at the National University of Ireland, Galway, in June 2008. The purpose of the meeting is outlined and the outcomes in terms of strengthening global exchange, collaboration and common approaches to capacity building and workforce development are discussed. The Consensus Statement, based on the proceedings of the meeting, outlines core values and principles, a common definition and eight domains of core competency that are required to engage in effective health promotion practice. The core domains of competency agreed to at the meeting are: catalysing change, leadership, assessment, planning, impementation, evaluation, advocacy and partnerships. A summary of the Consensus Statement is presented and further dialogue and discussion are invited in order to continue the process of building international consensus with regard to health promotion core competencies. (*Global Health Promotion*, 2009; 16 (2): pp. 5–11)

Key words: capacity building, consensus conference, global health promotion, health promotion competencies, workforce development

Introduction

Building the capacity of the workforce in developing and implementing health promotion policies, practice and research is fundamental to sustaining health promotion action for the future. Current and future health challenges demand new and changing competencies to form the basis for education and

training development and workforce planning. The development of a competent health promotion workforce is identified as one of the priorities for action in the *Shaping the Future of Health Promotion* report (1). A competent workforce with the necessary knowledge, skills and abilities to translate policy and current research into effective action is vital for the future growth and development of health promotion

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internationally (2). Without the capacity to deliver on the political vision, core values and principles of health promotion as outlined in the WHO directives, international agreements and national policies, the aims of health promotion will not be translated into effective practice and policy for population health improvement. A trained and competent workforce is essential to translating policies into action and implementing best practice in all settings.

International developments in health promotion and evidence-based practice provide the context for developing health promotion competencies, standards, quality assurance and accountability in professional preparation and practice. International commitments as outlined in the WHO Bangkok Charter (3), the Millennium Development Goals and the report of the WHO Commission on Social Determinants of Health (4) call for actions which require a complex mix of technical skills, expertise and leadership. We need to critically consider the skills and competencies that are required by health promotion professionals to address effectively the current health challenges, including tackling health inequities and the social determinants of health. Health promotion frameworks (Bangkok Charter for Health Promotion in a Globalized World, WHO (3); Ottawa Charter, WHO (5)) underscore the importance of synergistic action and the need for both top-down and bottom-up capacity-building initiatives. Health promotion requires technical expertise in engaging and facilitating the participation of diverse sectors in partnership working and the implementation of cross-sectoral strategies. It is clear that health promotion policies and interventions are effective only when they are made relevant to the context in which they are to be applied (6, 7). This highlights the need for a skilled workforce capable of implementing policies and translating plans into effective actions tailored to the social, cultural, economic and political context and realities of population groups, settings and communities. There is a need to constantly review what constitutes core competencies in health promotion, and what levels are required for both health promotion specialists and the wider health promotion workforce.

There is an emerging international literature on the competencies required for health promotion practice (e.g., see 8–15). Many countries have made

significant progress in identifying and agreeing on core competencies and developing competency-based professional standards and quality assurance systems (16–18). However, the global development of such core competencies has been uneven, as many countries lack the resources and support needed for building capacity and the development of health promotion training and professional practice. Despite these challenges, there is growing international support for the development of a core set of competencies for the health promotion workforce. It is recognized that competencies have a key role to play in:

1. underpinning future developments in health promotion training and course development
2. continuing professional development
3. systems of accreditation and development of professional standards
4. consolidation of health promotion as a specialized field of practice
5. accountability to the public for the standards of health promotion practice.

The Consensus Conference convened in Galway, and the ensuing Galway Consensus Statement (19), aim to promote exchange and greater collaboration on the development of core competencies in health promotion and the strengthening of common approaches to capacity building and workforce development. Thus, the Galway Consensus Statement is being disseminated widely in order to promote further dialogue and consultation at a global level.

The Galway Consensus Conference: purpose, objectives, process, and outcome

The Galway Consensus Conference was designed to provide a forum for exploring greater international collaboration on the development of health promotion workforce capacity. More specifically, the conference focused on identifying health promotion core competencies and common approaches to academic programme accreditation, continuing professional development and the development of professional standards. This meeting was conceived as an initial step in the process of reaching

international accord on the core competencies for building global capacity in health promotion. It is envisioned that further meetings will be convened in different world regions to facilitate a wider consultation process in arriving at a shared vision for workforce capacity building and standards internationally.

Purpose

The purpose of the Galway Consensus Conference was to begin the process of promoting international exchange and understanding concerning core competencies and accreditation in the professional preparation of health promotion and health education specialists. The Consensus Conference sought to develop a shared vision of the core competencies, professional standards and quality assurance mechanisms necessary for developing workforce capacity across countries and continents. As a first step in this process, the conference convened a working group of international leaders in the field that have been prominent in the development of competency-based and accreditation movements in global public health and population health.

Objectives

The objectives of the Galway Consensus Conference were to:

- review the literature and exchange experiences and lessons learned in identifying competencies, developing standards and establishing credentialing systems for health promotion and health education specialists
- generate a Consensus Statement that outlines the position of participating experts on core competency, standards and accreditation mechanisms in health promotion and health education.

Process

To plan the conference, a conference secretariat was formed and began meeting via monthly telephone conference calls in the autumn of 2007. The secretariat comprised the designated co-chairs

of the conference (Allegrante and Barry), the executive directors of IUHPE and SOPHE (Lamarre and Auld, respectively) and an at-large member (Taub). The secretariat was responsible for developing the programme for the conference, managing logistics and commissioning writing groups to prepare draft review papers that would form the basis for the background readings to the conference and subsequent manuscripts.

The conference was convened and hosted on the campus of the National University of Ireland, Galway, 16–18 June 2008. Of the approximately 35 leading experts who were invited to participate, 26 individuals accepted the invitation and attended the conference, largely from Europe and North America. Participants came from institutions of higher education and from several key governmental entities, non-governmental organizations and professional societies at the national and global levels (see Appendix). The conference sought to engage the participation of leaders and stakeholders from throughout the world. However, several regions of the world, including the African, Asian Pacific and Latin American regions, either could not be represented or were underrepresented. This was primarily due to the lack of available financial resources to support travel. All participants funded their own attendance at the conference. It is envisioned, however, that further meetings will be convened in different world regions to facilitate a wider consultation process in the coming year.

Papers were commissioned to inform the deliberations of the meeting and included reviews of the literature on core competencies in health promotion and health education, and the development of competency-based professional standards and approaches to quality assurance. Each of the papers was presented by the principal author at the conference and discussed both in plenary session and in small groups. The papers also informed the writing of a draft Consensus Statement that was generated by the Consensus Statement writing group. The preliminary draft of the Consensus Statement was presented and discussed in plenary session by the end of the second day of the conference. The draft Consensus Statement underwent two subsequent revisions in response to discussion and comment before a final draft was ratified by the participants on the closing day of the conference.

Immediately following the conference, the final draft Consensus Statement that was ratified by the conference participants was then circulated among professionals, employers and other interested groups for comment over a six-month period from 1 July 2008 to 31 January 2009. The draft Consensus Statement, along with links to a public comment page where comments, suggestions and recommendations could be posted, was made available at the websites of the Society for Public Health Education (www.sophe.org) and, subsequently, the International Union for Health Promotion and Education (www.iuhpe.org). Comments, suggestions and recommendations were collected and reviewed by the Consensus Statement writing group in February 2009. The draft statement was then revised in response to public comment and feedback from expert reviewers and subsequently published (19). (For additional background papers to the conference, see 20–22.)

Outcome

The Galway Consensus Statement on domains of core competency, standards and quality assurance for building global capacity in health promotion 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 (1). The document also emphasizes that 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 *interdisciplinary* theories and practices. This section provides a summary overview of the Consensus Statement (readers are directed to Allegrante et al. (19) for the full text of the document).

Intended audiences. The Consensus Statement is intended for several audiences, including: practitioners, researchers and academics in health promotion and health education; policy makers and decision makers in government and non-governmental entities; employers; and international organizations and other institutional authorities who have a stake in and a responsibility for promoting the health of the public. In addition, the core values and

principles, the domains of core competency, and the statement regarding standards and quality assurance mechanisms, as well as the recommendations and key actions that are contained in this Consensus Statement, are all intended to be relevant for all countries.

Health promotion and health education. It is recognized that the terms *health promotion* and *health education* are often used interchangeably. However, depending on the country or context, different meanings may be attributed to these terms. For the purpose of the Consensus Statement, the term ‘health promotion’ is used to refer to ‘the process of enabling people to increase control over their health and its determinants, and thereby improve their health’ as defined in the Ottawa Charter (5).

Core values and principles. The Consensus Statement reaffirms the core values and principles of health promotion, which provide a common basis for practice. 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. This Consensus Statement is not concerned with specific competencies but focuses instead on the broader *domains* of core competency, which are critical to achieving improvements in health. Emphasis is placed on their application at varying levels of implementation, and in particular on the importance of the *combined* application of the domains of core competency and their integration within the context of values and knowledge from other disciplines in health promotion practice.

The competencies required to engage in health promotion practice are outlined as falling into eight domains:

1. *Catalysing 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 behavioural, 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 programmes and policies. This includes utilizing appropriate evaluation and research methods to support programme improvements, sustainability and dissemination.
7. *Advocacy*: advocating with and on behalf of individuals and communities to improve their health and wellbeing 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 programmes and policies.

Recommendations and key actions. The Galway Consensus Statement 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 towards 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.

Discussion

The Galway 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 core competencies for professional practice can only emerge through open exchange of ideas. International consensus will evolve based on an inclusive consultation process that embraces the diversity of cultural and political contexts within which health promotion and education are practised worldwide.

The cross-cultural applicability of the domains of core competency needs to be determined. The development of the Consensus Statement did not have direct input from African, Asian Pacific and Latin American regions. There is, therefore, a need to engage health promotion specialists from these regions in a wider consultation process in order to take the consensus process onto a broader global platform. Such a process is planned over the coming year by the IUHPE working through its regional offices and professional networks globally. It is envisaged that this process will also consider the implications of the Consensus Statement for developing competencies and workforce capacity, particularly in low-income and middle-income countries.

The Galway Consensus Conference is a first step towards reaching international accord on the competencies and quality assurance mechanisms necessary for developing health promotion workforce capacity. The wider consultation process that is planned will continue the dialogue and discussion in order to foster international consensus on the way forward. All relevant institutions and all interested individuals are urged to engage in this process and to use meetings, conferences, journals and internet resources to continue the dialogue on these important issues. Thus, the intended long-term aim is to strengthen professional preparation, training and continuing education of those who practise health promotion around the world and thereby advance the global health promotion agenda.

Appendix: The Galway Consensus Conference co-chairs and participants

Co-chairs: 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, Ireland (Global Vice-President for Capacity-Building, Education & Training of the International Union for Health Promotion and Education).

Participants: Prof. Collins Airhihenbuwa, Pennsylvania State University, USA; M. Elaine Auld, Society for Public Health Education, USA; Barbara Battel-Kirk, National University of Ireland, Galway; Dr Janet Collins, US Centers for Disease Control and Prevention, USA; Prof. Randall 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 Howze, US 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, USA; Prof. Gudjon Magnusson, Reykjavik University, Iceland; Dr David V. McQueen, US Centers for Disease Control and Prevention, USA; Prof. Kathleen Miner, Emory University, USA; Prof. Maurice 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; 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 Woodhouse, Council of Accredited MPH Programs, USA.

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 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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Editor's Note:

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