Updating the IUHPE Core Competencies for Health Promotion: A scoping review and consultation with members

Final Report

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Introduction

This report outlines the work that was done throughout 2023-2024 on reviewing and updating the International Union for Health Promotion and Education (IUHPE) Core Competencies for Health Promotion. A background and rationale for undertaking the review process is provided, the specific aims of the review are outlined, and an account of research activities and timelines is also provided. The report details Stage 1 of the updating process, including the methods used to conduct a scoping review of the international literature in health promotion competencies and an overview of the results. Stage 2 of the research activities includes the consultation process used to reach agreement on the proposed changes to the IUHPE Core Competencies for Health Promotion and the results of an online questionnaire conducted with the health promotion community, as represented by practitioners and members registered and engaged with the IUHPE Accreditation System. Based on the survey results and final review by the Accreditation Committee Board at the 12th European Conference on Health Promotion in Lodz, Poland, the final draft of the updated IUHPE Core Competencies for Health Promotion (Short Version) was prepared and is then presented at the end of this report (P.25). The plan for the final Stage 3 activities is outlined.

Background and Rationale

The CompHP Competencies Framework (Dempsey, Battel-Kirk, & Barry, 2011) aimed to delineate the specific body of skills, knowledge, and expertise distinctive to health promotion to unify and strengthen health promotion workforce capacity. In 2016 the competencies were renamed as the 'IUHPE Core Competencies' as part of a rebranding exercise associated with the expansion of the IUHPE Accreditation System to the global level.

The multistage process used in developing the Competencies ensured that they were informed by, and built on, then current health promotion theory and policy and competency frameworks in health promotion and related disciplines globally (Barry, Battel-Kirk, & Dempsey, 2012; Dempsey, Barry, & Battel-Kirk, 2011). There is evidence that the Competencies have been used across a variety of settings and contexts and of their positive impact on practice, education and training in the twelve years since their publication (Battel-Kirk & Barry, 2019, 2019a, 2020). In particular, the Competencies have been utilised, together with the associated IUHPE Professional Standards, as the assessment criteria for the IUHPE Health Promotion Accreditation System (Battel-Kirk et al., 2015; Battel-Kirk et al., 2012).

However, as noted in the literature on competencies in general and in health promotion specifically (Battel-Kirk, Barry, Taub, & Lysoby, 2009; Dempsey, Barry, et al., 2011; Dempsey, Battel-Kirk, et al., 2011; Meresman

et al., 2006), competency frameworks should be periodically reviewed and updated to maintain their relevance to changing practice and contexts. When the IUHPE Competencies were first published it was acknowledged that, while they had been ratified by a wide-ranging consultation, they would need to be periodically reviewed and updated as experience with them accumulated and the field of health promotion evolved (Barry et al., 2012; Dempsey, Barry, et al., 2011; Dempsey, Battel-Kirk, et al., 2011).

As it is had been twelve years since their initial publication, it was decided to update the Competencies to ensure their relevance to, and currency in, the changing socio-political and practice contexts within which they are implemented. The updating process sought to recontextualise the Competencies in relation to current health promotion developments including recent health promotion and wellbeing charters promulgated at global levels, for example, IUHPE position statements and strategic documents (e.g. IUHPE 2018, 2019, 2021, 2022), World Health Organization (WHO) charters (WHO, 2016, 2021, 2022), international goals relevant to health promotion such the United Nations (UN) Sustainable Development Goals (SDGs) (UN, 2015) and new and revised competency frameworks and standards in health promotion (HPC, 2015) and related disciplines (PHE, 2016; WHO/ASPHER, 2020). Examples of updating competency frameworks in other disciplines provided an incentive to update the IUPHE Competencies and informed the overall process (Allen & Palermo, 2022; Kirk, Tonkin, & Skirton, 2014; Monkman et al., 2023; Weintraub & Rozier, 2016).

Finally, feedback from the health promotion community, reported both in response to research (Battel-Kirk & Barry, 2019, 2019a, 2020) and at meetings and conferences highlighted the need to update the Competencies to ensure their continued relevance to current practice. For example, among other issues, the need to strengthen reference to the ecological determinants of health/planetary health and wellbeing, cultural competency and sensitivity, structural inequity, sustainability goals, and digital health were suggested in the context of updating the Competencies.

Drawing on the literature ensured a robust and inclusive updating process for the IUHPE Core Competencies for Health Promotion while taking cognizance of the limited resources available. In the updating process, attention was also paid to the fact that any changes proposed to the Competencies would necessitate revisions to the related IUHPE Professional Standards and the IUHPE Accreditation System, all supporting documentation and information before the updated version can be used as the basis for accreditation/ registration.

Approach used in updating the IUHPE Core Competencies Framework

Aim

I. To identify key gaps, omissions, and outdated elements of the IUHPE Core Competencies in the context of contemporary and future competency requirements of health promotion practitioners
II. To update the Competencies using a consultation process with the health promotion community
III. To ensure that changes to the Competencies are reflected in updates to the IUHPE Professional Standards and Accreditation System documents
IV. To disseminate the updated Competencies

Process

Drawing on the documentary analysis-based competency revision process adopted by Allen and Palermo (2022), the updating process involved the following:

I. Identify relevant documents for analysis
II. Engage with the documents and perform the analysis
III. Draft revised Competencies
IV. Engage stakeholder in consultation on proposed updating
V. Agree final updates
VI. Disseminate updated Competencies

Table 1 below outlines in detail the specific stages and timelines in the updating process.

Communication

Ongoing information sharing on the updating process, to be managed by IUHPE HQ, was key to engaging stakeholders, prompting responses to the online survey, and ensuring 'buy in' for the updated Competencies. Communication activities included:

- Open communication between research team and IUHPE Board members
- Information on proposed updating published on website
- Short reports written periodically by research team on the updating process
- Dissemination plan for updated Framework to include launch event proposed

Table 1 : Specific stages for updating process

Stage	Activity	Method	Timeline	Carried out by
Stage 1	Documentary Analysis	**1:1 Sources and documents for analysis identified** Literature searches/review of document databases related to post 2011 focusing on: o *updating of health promotion and other relevant competencies with reference to the processes used/findings and recommendations.* *o new competencies in health promotion and related disciplines* *o recent documents/statements at global level relevant to health promotion including IUHPE documents and position statements, WHO charters and declarations on health promotion, UN statements on health sustainability, equity and inclusion, etc.,* *o areas and issues for revision/updating noted in research on competencies/other relevant sources/ anecdotal feedback.* **1.2 Analysed identified sources/ documents using thematic analysis approach** o Checked for relevance /other potentially useful sources cited o Identified key themes relating to current policy, practice and other issues relevant to health promotion practice o Undertook iterative process comparing the emerging themes with IUHPE competencies. **1.3: Draft revisions** o Differences, gaps, omissions, terminology, etc., identified and mapped as a guide to updating the competencies o Based on mapping, recommendations made for updating/changes to competencies o **Updated Revised Draft Framework 1** produced	July/August 2023 October 2023	BBK/MB/PH

Stage 2	Consensus building	**2.1 Undertake stakeholder engagement and reach consensus on Revised Draft 1** o **Disseminated Revised Draft Framework** 1, together with a summary of suggested changes and a short questionnaire to: **o A)** Conduct pilot on the consultation survey instrument in advance of main survey **o B) The health promotion community as represented by:** • *practitioners registered on the IUHPE Accreditation System* • *Named contacts for all courses accredited within the System.* • *VP's of IUHPE and chairs/members of IUHPE and System committees* • *others, for example, authors of recent publications on health promotion education and training* **2.2 Revised Framework** o Responses collated and feedback analysed o Findings used as the basis for **Updated Draft Framework 2** o Updated Draft 2 made available for discussion at 12th IUHPE European Conference for review by the board. Approved overall. o Feedback used to produce **Final Updated Draft 3**	October/November 2023 December 2023 Mid-January- March 2024 May 2024 June 2024 September 2024	BBK/MB/PH/IUHPE HQ

Stage 3	Ratification and dissemination	**3.1: Ratify and disseminate** o Submit Final Updated Framework Draft 3 for ratification by the IUHPE Board. o When ratified, disseminate the updated Framework on IUHPE Website, by email to key stakeholders o Launch at a relevant IUHPE conference/meeting	September 2024 **January 2025** ***** *see note on need to update Professional Standards and supporting documentation*	LP/LC/MB/BBK

NOTE

- The above timeline focussed on updating the IUHPE Competencies **ONLY**. As indicated, the associated Professional Standards and all supporting documentation, including website, need to be updated to match the updated competencies before they can be used as the basis for accreditation/ registration.
- It is suggested that this updating process be undertaken by the Accreditation Committee.
- This means that the actual timescale for usage of the updated Competencies and associated Standards and documentation would realistically be end 2024.
- It is suggested that 1st Jan 2025 be formally agreed as the date when is when the updated Competencies/Standards come into operation for all accreditation/registration processes.

Stage 1

The following section outlines Stage 1 of the updating process and includes the method used to conduct a scoping review of the literature, an overview of results, suggested updates to the IUHPE Core Competency statements, and a proposed plan for the next steps in the process.

Methods

A literature search of electronic database Ovid Medline, Google scholar, and review of key websites was carried out by PH between 27th June and 11th July 2023 to retrieve relevant studies, position statements and documents pertaining to the updating of health promotion competencies.

Sources and Search Strategy

The method utilised pre-defined concept searches in Ovid Medline and Google scholar (see Tables 2, 3 and 4). Individual search terms were combined with the Boolean operator OR, and concepts combined with AND. Search lines looked for terms outlined in abstract and title. Ovid Medline was selected for its reliable broad base of health journals, while Google scholar was searched to capture relevant grey literature. In addition, the websites of the WHO, IUHPE, and the UN were reviewed to ensure recent documents/position statements relevant to health promotion were included. Consultation with IUHPE members MB and BBK ensured no relevant studies/documents were omitted.

Table 2 : Search 1 concepts and terms used for database search

Concept 1	**Concept 2**
skill*	“public health”
competenc*	“health education”
	“health promotion”
	“planetary health”
	“digital health”
	“digital public health”
	“digital health promotion”

Table 3 : Search 2 concepts and terms used for database search

Concept 1	**Concept 2**
“competency framework”	“public health”
competenc*	“health education”
standard*	“health promotion”
accredit*	
credential	
register	

Table 4 : Search 3 concepts and terms used for database search

Concept 1	Concept 2
"Sustainable development goal"	"Health promotion implementation"
	"Health promotion action"

Note: **Denotes any ending including singular/plural, "" denotes phrase search*

Eligibility Criteria

Study/document selection criteria were developed after discussion involving MB, BBK, and PH. Studies and documents were deemed eligible for inclusion if they were published after 2011 and were relevant to updating health promotion competencies, in particular competencies addressing structural inequities, sustainable development, culture, digital health, and planetary health. This date was selected to capture evidence published after the initial 2011 literature review which informed the original development of the IUHPE competencies in 2012. Only studies and documents published in the English language were included.

Studies and documents were excluded if they were published before 2011 and were not relevant to updating health promotion competencies.

Study Selection

The initial three searches ran on Ovid Medline yielded a total of 674 peer-reviewed journal articles for review. The 674 studies were exported to Rayyan online tool (www.rayyan.ai) for deduplication. Following deduplication, the titles, and abstracts of the remaining 517 articles were screened for relevance by PH using the predefined criteria outlined above.

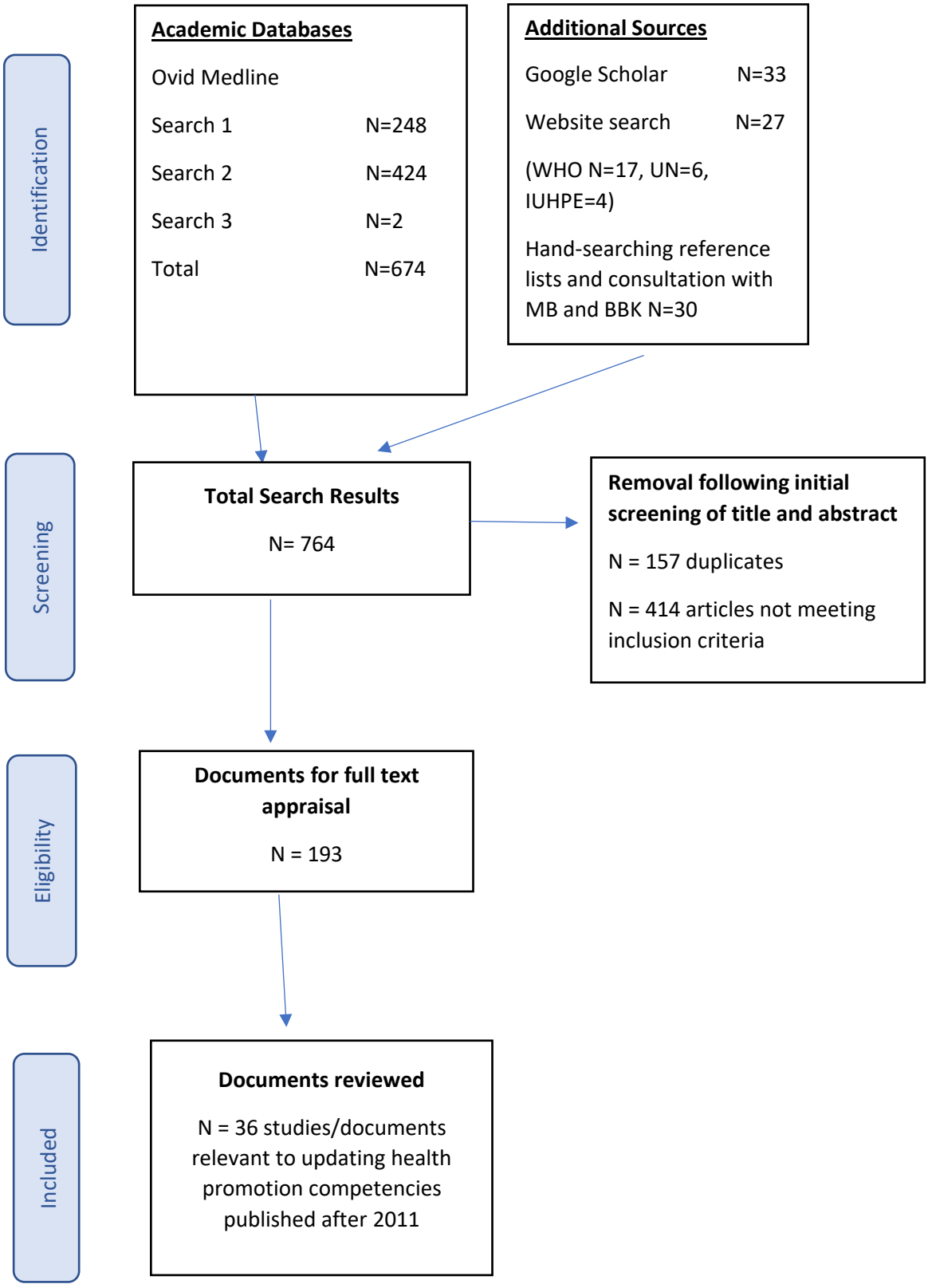
After the screening process, 103 eligible articles were exported to EndNote 20 online (www.myendnoteweb.com) for full-text review. A further 33 eligible studies were identified after a Google Scholar search, while an additional 27 documents were retrieved from key websites including the UN (www.un.org), WHO (www.who.int), and IUHPE (www.iuhpe.org). Finally, hand searching articles and consultation with MB and BBK identified 30 additional studies/documents.

This left a total of 193 studies/documents for full-text review (see Figure 1 below for a flow chart which summarises the search and screening process). Full-text review was carried out by one reviewer, PH. Where there was uncertainty regarding the relevance of a study/document, a 2nd reviewer MB provided input. Following full-text review, 36 studies/documents remained for data extraction and thematic analysis.

Data Extraction

Studies/documents were grouped according to the area they were predominantly relevant to (see results for groupings) and data was extracted using charts in Microsoft Excel and reflected the aim of the literature search.

Figure 1 : Flow Chart Representing the Search and Screening Process



Results

The full texts of the final 36 documents were read by PH. Most documents were from 2022 (n=6) and 2021 (n=7), four were from 2020 and 2015, three were from 2019 and 2018, two each were from 2016, 2014, 2013, and 2012, while the remaining one was from 2017. The type of documents included peer-reviewed journal articles, position statements and declarations by relevant bodies (e.g., IUHPE, WHO, EU and UN and other agencies), and existing competency frameworks that have been implemented globally. Various themes emerged, and studies were grouped according to the main focus of the documents. Study groupings included:

I. Sustainability
II. Planetary health
III. Health and digital literacy
IV. Gender
V. Emergency preparedness/communicable disease
VI. Cultural competency
VII. Structural inequity
VIII. Chronic disease
IX. Global health

Eight documents were deemed to contain content relevant to sustainability competencies (Bianchi, 2020; Bianchi, Pisiotis, & Cabrera Giraldez, 2022; PHF, 2019; Redman & Wiek, 2021; UN, 2015; WHO, 2014, 2016, 2019), five were predominantly relevant to planetary health (Frankson et al., 2016; IUHPE, 2019, 2021; Patrick, Capetola, Townsend, & Nuttman, 2012; WHO, 2022), eight to digital and health literacy (IUHPE, 2018; PAHO, 2013; WHO, 2013, 2016, 2019, 2021, 2021a; WHO/ASPHER, 2020), two to gender competencies (Fisher, 2020; WHO, 2019), four to emergency preparedness (Czabanowska & Kuhlmann, 2021; ECDC, 2017; WHO, 2019, 2021b), meanwhile six papers were relevant to cultural competency (CAPHIA, 2022; DOH, 2014; HPC, 2015; HPFNZ, 2012; Hunt, 2015; PHF, 2019). The impact of structural inequities on health and health promotion and competencies required to address this were outlined in four papers (Hagopian et al., 2018; Harvey et al., 2022; IUHPE, 2022; WHO, 2021), while four documents addressed global health competencies (Laaser, 2018; PAHO, 2013; Tretheway, Taylor, O'Hara, & Percival, 2015; WHO/ASPHER, 2020). Only one document pertained to chronic disease competencies (NACDD, 2022).

Data contained in each document, which was relevant to updating the IUHPE Competencies, was extracted, and tabulated in an Excel spreadsheet under each of the group headings 1-9 above (see

Appendix 1 for nine tables representing the nine groups which contain data extracted from final documents). From this, two reviewers (PH and MB) identified potentially new competency statements or edits to existing statements to reflect new global opportunities and challenges in health promotion. The statements identified were then matched with an appropriate competency domain and input was sought from a third reviewer (BBK). In cases where it was felt that issues were adequately addressed in the existing Competencies, for example, respecting gender and cultural diversity, or that issues did not necessitate specific mention, such as, emergency preparedness or chronic and communicable disease, no changes were deemed necessary. Following this discussion between BBK, PH, and MB, the potential new competency statements were revised and are detailed in Table 5 below (Updated IUHPE Core Competency Statements Draft 1), with the source document from which statements are derived from cited in brackets after the statement. Changes were also made to the Introduction section of the Framework, including the updated name "IUHPE Core Competencies Framework", and the addition of a statement regarding the development of the original competencies and their renaming.

Table 5 Draft 1: Proposed amendments to the existing IUHPE Competency Statements

Proposed Amendments to existing IUHPE Competency Statements and proposed additional statements (*in bold)
Ethical Values No. 4: Ethical health promotion practice is based on a commitment to: **Addressing challenges to health and** health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation (IUHPE, 2021). No. 5: Ethical health promotion practice is based on a commitment to: Addressing the political, economic, social, cultural, environmental, **ecological** and biological determinants of health and well-being (Frankson et al., 2016). No. 11: Ethical health promotion practice is based on a commitment to: Being accountable for the quality of one's own practice and taking responsibility for **ongoing critical reflection and lifelong learning for maintaining and improving cultural humility,** knowledge, and skills (DOH, 2014; Tretheway et al., 2015).
Knowledge **A health promotion practitioner is able to: Demonstrate knowledge of the interconnected nature of global health, including the close connection between the health of people, animals, plants and our shared environment, and the implications for local health promotion action** (Laaser, 2018).
Enable Change 1.5 Leave as is.

Advocate for Health

2.4 Advocate across sectors for the development of policies, guidelines and procedures which **eliminate structural discrimination and social injustice and ensure the right to health for all** (WHO, 2021)**.**

Mediate through Partnership

3.1 The health promotion practitioner is able to: Engage partners from different sectors to actively contribute to **sustainable** health promotion action (Bianchi et al., 2022).

3.X The health promotion practitioner is able to: Work in collaboration with key stakeholders to build resilient communities, ensuring that the health and well-being of the most vulnerable is protected and promoted (WHO, 2019).

Communication

4.3 A health promotion practitioner is able to: Use culturally appropriate communication methods **and equitable digital technologies to improve population health literacy** for specific groups and settings (WHO, 2021a).

Leadership

5.2 Leave as is.

5.X A health promotion practitioner is able to: Use leadership skills to prioritise and make space for Indigenous peoples' voices and knowledge in promoting planetary health, wellbeing, and sustainable development (IUHPE, 2019).

Assessment

6.6 A health promotion practitioner is able to: Use culturally **relevant** and ethically appropriate assessment **approaches which address population diversity and incorporate diverse world views** (HPFNZ, 2012).

Planning

7.1 A health promotion practitioner is able to: Mobilise, support and engage the participation of **diverse** stakeholders in planning health promotion action (Redman & Wiek, 2021).

7.5 Identify **culturally and ethically** appropriate health promotion strategies to achieve agreed goals and objectives (HPFNZ, 2012).

Implementation

8.1 Leave as is.

Evaluation and Research

9.1 Identify and use **culturally and ethically** appropriate health promotion evaluation tools and research methods (IUHPE, 2022).

Stage 2

Following on from Stage 1, the updated Revised Draft Framework Version 1, i.e., the short version of the IUHPE Core Competencies for Health Promotion Framework with proposed changes highlighted, was forwarded to the IUHPE VP for Capacity Building, Education and Training and the Executive Director for review in advance of the IUHPE Executive Board meeting in September 2023. Following this, it was agreed that an online questionnaire would be compiled and used to consult with the health promotion community, as represented by practitioners and members registered and engaged with the IUHPE Accreditation System. In advance, a pilot of the questionnaire was undertaken with representatives (n=5) from health promotion practice, policy, and academia from a variety of countries to ensure readability and comprehensibility. Based on feedback from representatives who completed the pilot questionnaire, a final version of the questionnaire was compiled on Survey Monkey (see Appendix 2 for a copy of the full survey).

Respondents

A total of 59 Accredited Course Leads, including assessors and Board members, and 193 Practitioners registered on the Accreditation System were sent the updated Revised Draft Framework Version 1 and invited to complete the online questionnaire. Out of the 193 Practitioners, 28 were registered through the Global system, 91 were from Australia's NAO, and 74 were from Ireland's NAO.

Questionnaire

The questionnaire sought to elicit respondents' views concerning each specific proposed change highlighted in the Framework and was divided into three main sections:

1. Section 1 asked respondents whether they accepted the changes to the Introduction proposed or accepted it subject to further changes which they were then asked to describe in detail.
2. Section 2 related to the changes to the domain competency statements and asked respondents whether they accepted the changes as presented, accepted them but suggested further changes indicating in detail how it should be reworded, rejected the changes, or suggested modifications and/or any other comments. Specific changes proposed to each competency domain are highlighted in **bold** in Table 5 above.

3. Section 3 invited respondents to rate the proposed changes to the competency framework overall (from very good to very poor) and to rate their agreement with whether the framework adequately reflects contemporary health promotion practice in general (from strongly agree to strongly disagree, indicating reasons for strongly disagreeing). Other comments on the proposed changes or the updating process were also welcomed.

Results

There were 41 online surveys completed (N=41); 19 from Accredited Course Leads (n=19) representing a response rate of 33% and 22 from Practitioners registered on the Accreditation System (n=22) representing a response rate of 11.4%. Overall, the response to the proposed changes was positive, with 70-80% of respondents in agreement. There were some suggestions made regarding specific wording and phrasings. These suggestions are narratively summarised below, and specific comments can be found in Table 6; Appendix 3.

1. ***Section 1:*** 86.36% of practitioners (n=19) accepted the changes to the Introduction as presented, while 73.68% of Course Leads (n=14) accepted the changes proposed. Suggested changes included adding in a sentence "*that encapsulates the role of a Health Promotion Practitioner"* alongside the need to reference health promotion as *"holistic"* and an "*approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health".* It was also suggested that the graphic that illustrates the competencies should be updated to a more contemporary design and that specific competency terms should be used, for example, "enable change" rather than simply "enable". Other recommendations included adding *"specific reference to public health and its components prevention, promotion and protection"* and replacing "Needs Assessment" with the broader term "Assessment" to allow for "*for broad and positive assessment of assets and resources as well as deficits".*
2. ***Section 2:***

   Q2. Regarding changes to Ethical Values Statement No. 4 and the addition of the phrase "Addressing challenges to health" to the statement, **"Addressing challenges to health and** health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation", 72.73% of Practitioners and 73.68% of Course Leads accepted the changes as presented, while 22.73% of Practitioners and 26.32% of Course Leads accepted it subject to further changes. Further changes suggested included clarifying or removing the phrase "challenges to health", including the phrases *"the structural challenges*

to health, health equity and social justice" and using *"health and wellbeing",* and editing the phrase to read "*prioritise the needs of those experiencing poverty, social inequities and social marginalisation".*

Q3. Question 3 sought to elicit respondents' views on the addition of the word "ecological" to the statement "Addressing the political, economic, social, cultural, environmental, **ecological,** behavioural and biological determinants of health and wellbeing". 81.82% of Practitioners and 70.59% of Course Leads accepted the changes as presented, while 18.18% of Practitioners and 23.53% of Course Leads accepted it subject to further changes. Respondents welcomed the reference to the ecological determinants of health and a number of comments highlighted the need to include reference to the commercial determinants of health.

Q4. Regarding the addition of the phrasing highlighted in bold to the following statement: "Being accountable for the quality of one's own practice and taking responsibility for **ongoing critical reflection and lifelong learning for maintaining and improving cultural humility**, knowledge, and skills", 77.27% of Practitioners and 84.21% of Course Leads accepted the changes as presented, while 22.73% of Practitioners and 15.79% of Course Leads accepted it subject to further changes. There were a number of comments on the need to define "cultural humility" and queries as to whether knowledge and skills in this context relate to cultural knowledge and skills or to health promotion more broadly. Other suggested edits pertained to wording and text, for example, 'ongoing critical **self**-reflection', 'to maintain and improve', 'improving cultural humility and health promotion knowledge and skills' and the need to refer to safe cultural practice or culturally safe health promotion practice.

Q5. Question 5 related to the Knowledge Base Underpinning Health Promotion Core Competencies, and more specifically to the addition of the phrase "the interconnected nature of global health, including the close connection between the health of people, animals, plants and our shared environment, and the implications for local health promotion action" reflecting the need for health promotion practitioners to be able to demonstrate knowledge of this. 95.45% of Practitioners and 73.68% of Course Leads accepted the changes as presented, while 15.79% of Course Leads accepted it subject to further changes. 4.55% of Practitioners rejected the changes. While one respondent felt that the comment was too specific, others welcomed the change. Other suggestions included adding a reference to climate change specifically and referring to One Health rather than global health or removing global health completely.

Q6. In relation to the changes highlighted in bold to Competency 2.4; A health promotion practitioner is able to: “Advocate across sectors for the development of policies, guidelines and procedures which **eliminate structural discrimination and social injustice and ensure the right to health for all”,** 86.36% of Practitioners and 68.42% of Course Leads accepted the changes as presented, while 13.64% of Practitioners and 26.32% of Course Leads accepted it subject to further changes. 5.26% of Course Leads rejected the changes. Respondents’ comments related to whether the use of ‘eliminate' and 'ensure' could be considered too ambitious and many suggested replacing with these terms with 'aim to' and/or 'reduce/address/minimise'. Other suggested edits included 'and promote social justice' and ‘…..that address structural inequities, promote social justice, and ensure the right to health for all'.

Q7. Question 7 related to the competency domain of “Mediate through Partnership” and the addition of the word sustainable to Competency 3.1; A health promotion practitioner is able to: “Engage partners from different sectors to actively contribute to **sustainable** health promotion action”. 95.45% of Practitioners and 89.47% of Course Leads accepted the changes as presented, while 4.55% of Practitioners and 5.26% of Course Leads accepted it subject to further changes. 5.26% of Course Leads rejected the changes. Some respondents suggested that the word 'sustainable' is redundant, while another indicated that additional terms such as cost-effective and equitable would be needed alongside sustainable if adding it.

Q8. Regarding the addition of the phrase “Work in collaboration with key stakeholders to build resilient communities, ensuring that the health and well-being of the most vulnerable is protected and promoted” to the competency “Mediate through Partnership”, 81.82% of Practitioners and 83.33% of Course Leads accepted the changes as presented, while 13.64% of Practitioners and 11.11% of Course Leads accepted it subject to further changes. 5.56% of Course Leads wished to propose an alternative statement. Some respondents queried the use of the term 'stakeholders' and suggested using 'partners' instead and suggested replacing 'resilient' with 'healthy communities', and the verb 'ensuring' with " .....with a focus on protecting and promoting the health and well-being of the most vulnerable". Replacing 'vulnerable' with 'priority communities' was also suggested and changing the order of “protected and promoted” to “promoted and protected”. Removing the hyphen from 'wellbeing' and using 'is protected' rather than 'are protected' was also considered more correct by respondents.

Q9. In relation to the changes highlighted in bold to Competency 4.3 (Communication); A health promotion practitioner is able to: “Use culturally appropriate communication methods **and equitable digital technologies to improve population health literacy** for specific groups and settings”, 72.73% of Practitioners and 78.95% of Course Leads accepted the changes as presented, while 18.18% of Practitioners and 21.05% of Course Leads accepted it subject to further changes. 9.09% of Practitioners rejected the changes. Respondents proposed re-phrasing the statement to focus not only on digital technologies and suggested "use culturally appropriate and equitable communication approaches, including digital technologies”. Adding reference to organisational as well as population health literacy was also suggested.

Q10. Question 10 related to leadership and sought respondents’ views on the proposed new Competency 5.7: A health promotion practitioner is able to: “Use leadership skills to prioritise and make space for people’s voices and knowledge, especially those of Indigenous communities, in promoting planetary health, wellbeing, and sustainable development”. 86.36% of Practitioners and 63.16% of Course Leads accepted the changes as presented, while 4.55% of Practitioners and 31.58% of Course Leads accepted it subject to further changes. 5.26% of Course Leads rejected the changes. Respondents suggested that the phrasing was too complex and needed to be simplified. Some queried the distinction between planetary and global health and the use of 'prioritise'. Other suggested edits included omitting 'especially those' and inserting 'including' and replacing 'leadership' with ‘co-design/co-leadership/compassionate leadership’ and using ‘other minority voices’.

Q11. In relation to the changes to Competency 6.6 highlighted in bold; A health promotion practitioner is able to: “Use culturally **relevant** and ethically appropriate assessment approaches **which address population diversity and incorporate diverse world views**”, 95.45% of Practitioners and 73.68% of Course Leads accepted the changes as presented, while 4.55% of Practitioners and 21.05% of Course Leads accepted it subject to further changes. 5.26% of Course Leads rejected the changes. Some respondents queried the use of 'world views'. Other suggested edits included adding the verb monitoring, i.e. 'assessment and monitoring', removing 'incorporate', and others queried whether the word 'relevant' was needed.

Q12. Question 12 related to the addition of the word ‘diverse’ to Competency 7.1 (Planning); A health promotion practitioner is able to: “Mobilise, support and engage the participation of **diverse** stakeholders in planning health promotion action”. 90.91% of Practitioners and 100% of Course Leads accepted the changes as presented, while 4.55% of Practitioners

accepted it subject to further changes. 4.55% of Practitioners rejected the changes. One respondent suggested that adding the word 'diverse' does not add value. Another suggested adding 'inclusive partnerships' or 'participation of a variety of stakeholders'.

Q13. Respondents' views were explored regarding the changes to Competency statement 7.5 highlighted in bold; A health promotion practitioner is able to: "Identify **culturally and ethically** appropriate health promotion strategies to achieve agreed goals and objectives". 100% of Practitioners and 89.47% of Course Leads accepted the changes as presented, while 10.53% of Course Leads accepted it subject to further changes. A suggested edit to the phrasing included "identify appropriate, including culturally and ethically."

Q14. In relation to the changes highlighted in bold to Competency 9.1: A health promotion practitioner is able to: "Identify and use **culturally and ethically** appropriate health promotion evaluation tools and research methods", 95.45% of Practitioners and 89.47% of Course Leads accepted the changes as presented, while 10.53% of Course Leads accepted it subject to further changes. 4.55% of Practitioners rejected the changes. One respondent suggested that 'appropriate health promotion tools' is all encompassing and implies that is something is appropriate, it is so in every sense including culturally and ethically.

3. ***Section 3:*** Overall, most respondents considered the updating process both timely and comprehensive and rated the proposed changes to the competency framework either 'very good' or 'good'; 63.64% of Practitioners and 68.42% of Course Leads rated the changes 'very good', while 31.82% of Practitioners and 31.58% of Course Leads rated the proposed amendments 'good'. Only one respondent rated the proposed changes 'poor'. When asked whether the framework adequately reflects contemporary health promotion practice in general, all respondents apart from one from each category (Practitioners and Course Leads) either 'agreed' or 'strongly agreed'. Additional comments on the proposed changes to the framework included the need to reference the importance of systems-thinking and co-design in local health promotion action. The need to acknowledge the effects of commercial actors on population health and explicitly reference the commercial determinants of health was emphasised. Other recommendations included providing an explanation of new terms and a one-page summary outlining the competencies in brief and defining a Health Promotion Practitioner. Some concerns were raised about the feasibility of Health Promotion Practitioners on short-term contracts attaining all of the competencies outlined, and the additional challenge of incorporating the new competencies into academic curricula.

Based on a review of the survey respondents' comments and consultation between the report's authors (BBK, MMB, and PH), the Draft 1 Updated IUHPE Core Competencies for Health Promotion Framework document was revised to produce Draft 2. Given the level of consensus, the Draft 2 version of the Framework (see Table 7 which highlights proposed changes to the competencies in bold) was forwarded to the IUHPE Accreditation Committee for their review. Following on from the IUHPE meeting at the 12th European Conference on Health Promotion in Lodz, Poland, the Executive Board approved the Draft 2 Core Competency Framework subject to one change, which was the removal of the word 'relevant' from Competency Statements 7.1 and 9.5 as it was considered that if something is appropriate it is inherently relevant. On this basis, the short version of the Framework document was revised to produce the final draft (version 3) of the updated IUHPE Core Competency Framework which includes the proposed updated graphic. The final draft (version 3) can be found at the end of this report (P.25) Final revisions to the short version, including finalising the graphic and replacing 'Needs Assessment' with 'Assessment,' and updating the long version and the glossary to include new terms will follow.

Table 6 Draft 2: Proposed changes to the existing IUHPE Competency Statements

Draft 2: Proposed Amendments to existing IUHPE Competency Statements and proposed additional statements (*in bold)
Ethical Values No. 5: Ethical health promotion practice is based on a commitment to: Addressing the political, economic, **commercial,** social, cultural, environmental, **ecological,** behavioural and biological determinants of health and wellbeing. (Frankson et al., 2016). No. 11: Ethical health promotion practice is based on a commitment to: Being accountable for the quality of one's own practice and taking responsibility for **ongoing critical reflection to maintain health promotion** knowledge and skills, **including safe cultural practice**. (DOH, 2014; Tretheway et al., 2015).
Knowledge **A health promotion practitioner is able to: Demonstrate knowledge of the interconnected nature of systems, including between the health of people, animals, plants, climate, and the environment, and the implications of this for local health promotion action** (Laaser, 2018).
Advocate for Health 2.4 Advocate across sectors for the development of policies, guidelines and procedures which **address structural inequities, promote social justice and ensure the right to health for all.**

Mediate through Partnership

3.1 The health promotion practitioner is able to: Engage partners from different sectors to actively contribute to **sustainable** health promotion action (Bianchi et al., 2022).

3.5 The health promotion practitioner is able to: Work in collaboration with key stakeholders to build healthy communities, with a focus on protecting and promoting the health and wellbeing of priority populations. (WHO, 2019).

Communication

4.3 A health promotion practitioner is able to: Use culturally appropriate, equitable communication methods, including **digital technologies, to improve health literacy** for population groups and settings. (WHO, 2021a).

Leadership

5.7 A health promotion practitioner is able to: Promote recognition of lived experience and community knowledge, including the perspectives and approaches of Indigenous communities, in promoting planetary health, wellbeing, and sustainable development. (IUHPE, 2019).

Assessment

6.6 A health promotion practitioner is able to: Use culturally **relevant** and ethically appropriate assessment **approaches which address population diversity and acknowledge diverse perspectives** (HPFNZ, 2012).

Planning

7.1 A health promotion practitioner is able to: Mobilise, support and engage the participation of **a variety of** stakeholders in planning health promotion action (Redman & Wiek, 2021).

7.5 Identify **culturally and ethically** appropriate health promotion strategies to achieve agreed goals and objectives (HPFNZ, 2012).

Evaluation and Research

9.1 Identify and use **culturally and ethically** appropriate health promotion evaluation tools and research methods (IUHPE, 2022).

Proposal for Stage 3

It is anticipated that the revised IUHPE Core Competencies Framework will be put to the Accreditation System Management Committee, chaired by Professor Louise Potvin, for final approval in September 2024. Following this, all associated Professional Standards and supporting documentation, including the website, will need to be updated to reflect the updated competencies, which can then be used as the basis for accreditation and registration in 2025.

IUHPE Core Competencies for Health Promotion

September 2024

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Introduction

This leaflet provides a quick reference to the IUHPE Core Competencies Framework.

The IUHPE Core Competencies were initially published as the CompHP Competencies in 2011. In 2016, the competencies were renamed as the IUHPE Core Competencies when the IUHPE Health Promotion Accreditation System expanded to the global level.
In 2024, the competencies were revised and updated.
For more information on the development and revision of the competencies, please see the full version of the Framework, which includes a detailed glossary of terms and is available at: www.iuhpe.org.

What are Competencies?

In the context of this Framework, competencies are defined as a combination of the essential knowledge, abilities, skills, and values necessary for the practice of health promotion. Core competencies are the minimum set of competencies that constitute a common baseline for all health promotion roles.

Who are the IUHPE Core Competencies for?

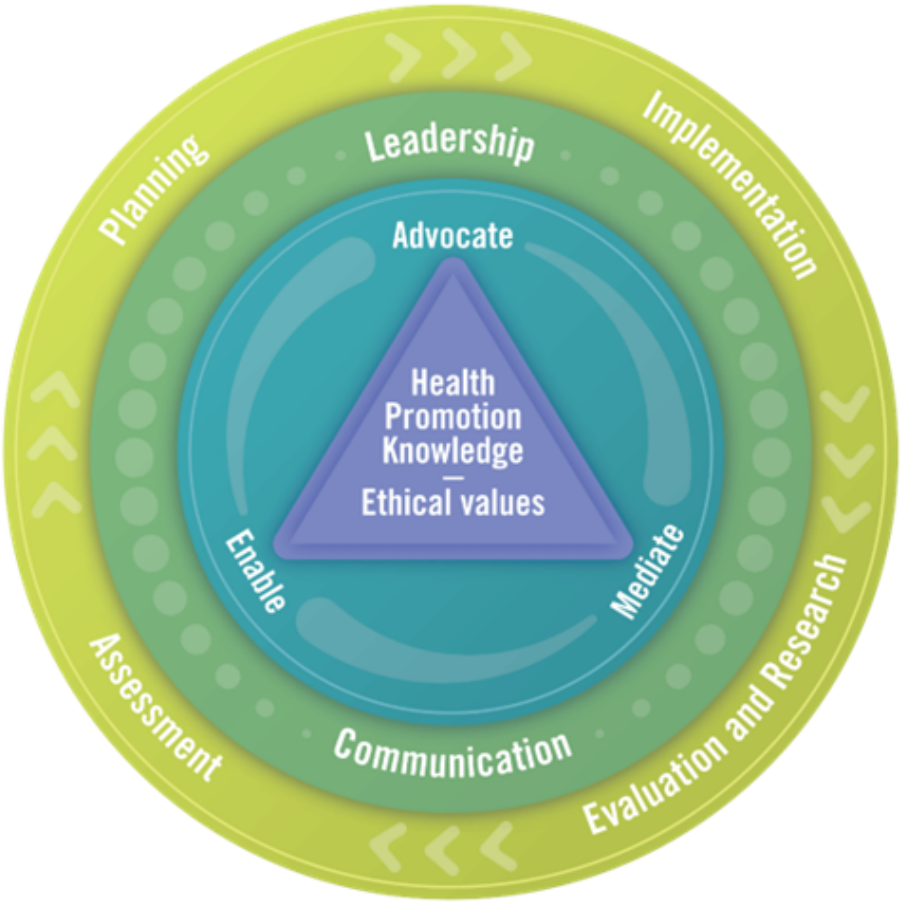
The competencies are primarily designed for use by health promotion practitioners whose main role and function is health promotion and who hold a graduate or postgraduate qualification in health promotion but may also be useful to those working in other areas whose role includes health promotion. A health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter for Health Promotion (WHO, 1986).

The CompHP Core Competencies Framework

The IUHPE Core Competencies Framework comprises domains of core competency, which are illustrated in Figure 1. Ethical Values and the Health Promotion Knowledge Base underpin all Health Promotion action detailed in the nine other domains. Ethical Values are integral to the practice of Health Promotion and form the context within which all the other competencies are practiced. The Health Promotion Knowledge domain describes the multidisciplinary concepts, theories and research that make health promotion practice distinctive.

The remaining nine domains - Enable Change, Advocate for Health, Mediate through Partnership, Communication, Leadership, Assessment, Planning, Implementation, and Evaluation and Research - each deal with a specific area of health promotion practice with their associated competency statements articulating the necessary skills needed for competent practice. It is the combined application of all the domains and the ethical values that constitute the IUHPE Core Competencies Framework.

Figure 1: The IUHPE Core Competencies Framework for Health Promotion



Ethical Values Underpinning Health Promotion Core Competencies

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

Ethical health promotion practice is based on a commitment to:

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

Knowledge Base Underpinning Health Promotion Core Competencies

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

A health promotion practitioner is able to demonstrate knowledge of:

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations
- The concepts of health equity, social justice and health as a human right as the basis for health promotion action
- The determinants of health and their implications for health promotion action
- **The interconnected nature of systems, including between the health of people, animals, plants, climate, and the environment, and the implications of this for local 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.

Enable Change

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

A health promotion practitioner is able to:

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

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

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

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

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

Advocate for Health

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

A health promotion practitioner is able to:

2.1 Use advocacy strategies and techniques which reflect health promotion principles

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

2.3 Raise awareness of and influence public opinion on health issues

2.4 Advocate across sectors for the development of policies, guidelines and procedures which **address structural inequities, promote social justice and ensure the right to health for all**

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

Mediate through Partnership

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

A health promotion practitioner is able to:

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

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

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

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

3.5 **Work in collaboration with key stakeholders to build healthy communities, with a focus on protecting and promoting the health and wellbeing of priority populations .**

Communication

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

A health promotion practitioner is able to:

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

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

4.3 Use culturally appropriate, equitable communication methods, including **digital technologies, to improve health literacy** for population groups and settings

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

Leadership

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

A health promotion practitioner is able to:

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

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

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

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

5.5 Contribute to mobilising and managing resources for health promotion action

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

5.7 **Promote recognition of lived experience and community knowledge, including the perspectives and approaches of Indigenous communities, in promoting planetary health, wellbeing, and sustainable development.**

Assessment

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

A health promotion practitioner is able to:

6.1 Use participatory methods to engage stakeholders in the assessment process

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

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

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

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

6.6 Use culturally **relevant** and ethically appropriate assessment approaches **which address population diversity and acknowledge diverse perspectives**

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

Planning

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

A health promotion practitioner is able to:

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

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

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

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

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

Implementation

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

A health promotion practitioner is able to:

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

8.2 Develop, pilot and use appropriate resources and materials

8.3 Manage the resources needed for effective implementation of planned action

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

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

Evaluation and Research

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

A health promotion practitioner is able to:

9.1 Identify and use **culturally and ethically** appropriate health promotion evaluation tools and research methods

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

9.3 Use evaluation findings to refine and improve health promotion action

9.4 Use research and evidence-based strategies to inform practice

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

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Appendix 1

Group 1 Table: Sustainability

Study/Document	Statement	Competency Domain	Potential Competency Statement
Sustainability competences: A systematic literature review (Bianchi, 2020)	Table 1 1. Systems- thinking: Ability to collectively analyse complex systems across different domains and scales, considering the effects related to sustainability issues and sustainability problem-solving frameworks 6. Integrated problem-solving: To be able to combine and integrate steps of the sustainability problem solving process or competences, while drawing on pertinent disciplinary, interdisciplinary, transdisciplinary, and other ways of knowing (Wiek, Withycombe, & Redman, 2011) Additional Inclusive and interdisciplinary work: Taking into consideration the representation of different voices, including minorities; Valuing local and indigenous knowledge, practices, and contexts and relation with society and the planet; Including cultures and past traditions into own evaluation and thinking; Appreciation, evaluation, contextualisation, and use of knowledge and methods of different disciplines; Ability to work on complex problems in interdisciplinary contexts	Ethical values Mediate through partnership	The health promotion practitioner understands systems-thinking and its importance for sustainable development and the promotion of health and wellbeing.
GreenComp – The European sustainability competence framework (Bianchi et al., 2022)	1.3 Promoting nature Knowledge: of natural environment and interdependence of living organisms and non-living components, our wellbeing depends on wellbeing of nature 2.1 Systems thinking Knowledge: human action has environmental, social, cultural, economic impacts 3.3 Exploratory thinking Knowledge: That sustainability issues need to be tackled by combining different cultures/views 4.3 Collective Action (collaborate with others for change) Knowledge: Knows sustainable stakeholders in community, respect for democracy, work with diverse participants, NB of empowering	Ethical Values/Knowledge Mediate through partnership Enable change Advocate	The health promotion practitioner is able to identify and engage partners from different sectors of the community to contribute to sustainable health promotion action

	individuals/organisations Skills: Builds diverse coalitions, community-driven processes, identify stakeholders strengths		
Competencies for Advancing Transformations Towards Sustainability (Redman & Wiek, 2021)	6. Inter-personal Competence Ability 1) to collaborate successfully in inter-disciplinary and -professional teams; and 2) to involve diverse stakeholders, in meaningful and effective ways, in advancing sustainability transformations.	Mediate through partnership Planning	A health promotion practitioner is able to: 7.1 Mobilise, support and engage the participation of diverse stakeholders in planning and implementing sustainable health promotion action
Transforming our world: the 2030 Agenda for Sustainable Development (UN, 2015)	Goal 3. Ensure healthy lives and promote well-being for all at all ages Target 4.7 of SDG 4 "ensure that all learners acquire the competences, such as knowledge and skills needed to promote sustainable development".	Ethical values	Ethical health promotion practice is based on a commitment to: Being accountable for the quality of one's own practice and taking responsibility for maintaining and improving health promotion and sustainability knowledge and skills.
Promoting health in the SDGs (Shanghai Declaration) (WHO, 2016)	Promoting health is key to achieving local and national SDGs. "These and other challenges, provide a new context and renewed urgency for health promotion. Healthy lives and increased well-being for people at all ages can only be achieved by promoting health and addressing the determinants of health through the lenses of all of the SDGs. This will require a dynamic approach that engages multiple stakeholders from across different sectors." 3 pillars of Health Promotion towards SGD: 1. Participatory Governance: Social mobilization and community participation, especially of vulnerable groups such as indigenous people, is one of the most critical approaches to governance in implementing the SDGs. 2. Enhancing Health Literacy ** SEE HEALTH LITERACY 3. Health Cities	Knowledge Enable change (1.5) Leadership Advocate for Health (2.5)	Ethical health promotion practice is based on a commitment to: Addressing the political, economic, social, cultural, environmental, ecological, behavioural, and biological determinants of health and well-being by promoting health through the lens of the sustainable development goals and equity.

WHO 13th General Programme of Work (WHO, 2019)	3 strategic priorities 1. 1 billion more people benefitting from UHC. The essence of UHC is universal access to a strong and resilient people-centred health system with primary care as its foundation. Community-based services, health promotion and disease prevention are key components. To leave no-one behind, efforts in support of UHC must focus on reaching those whom services are not reaching, such as marginalized, stigmatized and geographically isolated people of all ages, with a special focus on, and indicators for, women and girls, those from the poorest wealth quintiles, persons with disabilities and indigenous peoples. 2. See Emergency Preparedness 3. Healthier Populations: 1 billion more people enjoying better health and well-being through; 1. Improve human capital by using innovation and a life course approach 2. Accelerating action on preventing noncommunicable diseases and promoting mental health 5. Addressing health effects of climate change in small island developing States and other vulnerable States.	Enable change Advocate for health	1.5 Work in collaboration with key stakeholders to reorient health services to promote positive mental health and wellbeing, prevent communicable and non-communicable disease and reduce health inequities.
WHO Helsinki Statement (WHO, 2014)	Through leadership, partnership, advocacy, and mediation engage other sectors of government to ensure Health in ALL Policies	Leadership Advocacy Mediate through partnership	1.1 Work collaboratively across all sectors to influence the development of healthy public policies which impact positively on sustainable development, health, and wellbeing.

Public Health Foundation (PHF) Competencies for Population Health Professionals (PHF, 2019)	Systems Thinking Describes the interrelationships of factors affecting the health of a community (e.g., inequity, income, education, environment, demographic trends, legislation) Explains ways organizations (e.g., hospitals, health departments, schools, businesses, libraries, faith-based organizations) can work together or individually to impact the health of a community Explains healthcare and public health funding mechanisms and procedures (e.g., third-party reimbursement, value-based purchasing, categorical grants, fees, taxes, budget approval process) Analyses internal and external facilitators and barriers that may affect implementation of population health policies, programs, and services (e.g., organizational structure, leadership buy-in, resistance to change, trust of community) Collaborates with individuals and organizations in implementing a vision for a healthy community	Knowledge Mediate through partnership Mediate through partnership Advocate for health	The health promotion practitioner: Is able to understand and apply systems thinking to determine and address facilitators and barriers to the implementation of sustainable health promotion programmes and policies

Group 2 Table: Planetary Health

Study/Document	Statement	Competency Domain	Potential Competency Statement
One Health Core Competency Domains (Frankson et al., 2016)	The One Health approach recognizes that the health of humans, animals, and the environment are interdependent and that promoting optimal health in any of these sectors requires cross-sectoral collaboration, communication, and respect.	Ethical Values Leadership Mediate through partnership Communication	Addressing the political, economic, social, cultural, environmental, ecological and biological determinants of health and well-being. The health promotion practitioner understands the concepts of the One Health Approach and facilitates cross-sectoral collaboration towards sustainable global development and the promotion of population health and wellbeing.

Waiora: Indigenous Peoples' Statement for Planetary Health and Sustainable Development (IUHPE, 2019)	"We call on the health promotion community and the wider global community to make space for and privilege Indigenous peoples' voices and Indigenous knowledges in promoting planetary health and sustainable development for the benefit of all". Indigenous languages are critical in articulating Indigenous worldviews as they enable the most full and accurate expression of Indigenous conceptualisations and should be protected.	Leadership Advocate Enable change Communication	Ethical health promotion practice is based on a commitment to: Respect and make space for all aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs, values and practices in the promotion of health and sustainable global development. A health promotion practitioner is able to: 4.1 Use effective communication skills including written, verbal, non-verbal, and listening skills in the language of the target audience.
IUHPE Strategic Plan 2021-2026 (IUHPE, 2021)	The Strategic Priorities identified for 2021-2026 include: 1. Action on the determinants of health, including planetary health and the Sustainable Development Goals (SDGs) 2. Addressing global challenges to health and health equity, including noncommunicable and communicable disease and promoting mental health and wellbeing 3. The development of the health promotion field	Assessment (6.4) Enable change Advocate for health	Ethical health promotion practice is based on a commitment to: Addressing global challenges to health and health inequities, social injustice, and prioritising the needs of those marginalised through promoting mental health and wellbeing for all and preventing communicable and non-communicable diseases.
Health Promotion and Climate Change (Patrick et al., 2012)	Understanding climate change as a determinant of health. A health promotion practitioner's role in a climate change context may entail strengthening partnerships between environmental groups and integration of climate change mitigation and adaptation strategies into existing programmes such as active and sustainable transport.	Knowledge Planning & Implementation Mediate through partnership	A health promotion practitioner is able: To engage and strengthen partnerships with environmental groups to ensure health promotion action is mindful of climate change.
WHO Framework for Wellbeing (WHO, 2022)	Reducing the negative impacts of environmental and ecological determinants of health is essential for promoting the health and well-being of current and future generations, and for enabling all to flourish. Strategic direction 1: Nurture planet Earth and its ecosystems • Promote environmental governance systems that include health-in-all-policies and One Health approaches and emphasize whole system management. • Protect those in vulnerable situations due to exposure to natural risks, extremes or disasters or due to living and working conditions • Enhance health literacy of the general population and tackle widespread misinformation to ensure support and ownership of measures to protect the environment	Advocate for health Enable change (1.1, 1.4)	A health promotion practitioner is able to: 1.1 Work collaboratively across sectors to influence the development of public policies which incorporate a One Health approach and impact positively on health and health inequities, ensuring the protection of the most vulnerable.

Group 3 Table: Health and digital literacy

Study/Document	Statement	Competency Domain	Potential Competency Statement
WHO Geneva Charter for Wellbeing (WHO, 2021)	Action Areas 4. Achieve Universal Health Coverage: Governance for health builds on co-design and makes full use of the digital transformation to achieve equitable benefits across populations, ensuring access and meaningful participation to avoid digital exclusion. This includes a high priority assigned to develop people's health literacy throughout the life-course. 5. Address the impacts of digital transformation: A well-being society assesses and counteracts harm and disempowerment, ensures equitable access and harnesses the potential of technology for human beings and the planet to flourish.	Enable change (1.4) Communication	A health promotion practitioner is able to: Use appropriate digital technologies to improve people's health literacy throughout the life course, ensuring equitable access to avoid digital exclusion.
Promoting health in the SDGs (Shanghai Declaration) (WHO, 2016)	Role of health literacy in empowering individuals and enable them to engage in collective HP action. Enhancing Health Literacy: Transforming health promotion action: National and international health priorities can benefit from health promotion strategies that empower the community and integrate health into all policies. Transforming health promotion thinking: Linking health, well-being, happiness and mental health is a priority for health promotion. This involves linking health to people's everyday lives, cultures and feelings, and reaching out to people in new ways. Technological and scientific transformation: 'Smart' digital approaches to health promotion were showcased through the innovative use of digital media.	Communication	A health promotion practitioner is able to: develop health literacy strategies that will enhance the health and wellbeing of individuals and population groups, especially those who are marginalised and disadvantaged or that will enhance the health literacy of individuals and communities through equitable and culturally appropriate digital means.
Global Working Group on Health Literacy Position Statement on Health Literacy (IUHPE, 2018)	Health literacy can, and is, improved by access to digital platforms. ACTION AREAS: Ensuring the inclusion of health literacy in global, national and regional policies, and strategies for health promotion. Promoting a systems approach to health literacy at the global, international, national and local levels. Health education and promotion programs should not only ensure appropriately tailored information is provided, but formats, modes (written, oral, mass media, social media, etc.) reach beyond the general population to empower minorities and disempowered groups including Indigenous groups, women and displaced peoples. Identifying and engaging relevant stakeholders for collaborative health literacy action, research and policy. Culturally accepted leadership should be engaged to co-create or adapt interventions and policy to health literacy needs.	Enable change (1.1, 1.4) Leadership Communication Assessment & Planning	A health promotion practitioner is able to: Advocate for a systems approach to the improvement of population health literacy at global, international, national, and local levels A health promotion practitioner is able to: 7.1 Mobilise, support and engage the participation of diverse stakeholders in planning health promotion action which is mindful of the health literacy levels of the population.
Core Competencies for Public Health: A Regional Framework for The Americas (PAHO, 2013)	3.3. Analyse the complementary relationship between health education and health literacy to determine and implement best practices in health promotion.	Knowledge	A health promotion practitioner is able to: 8.1 Use ethical, empowering, culturally appropriate and participatory processes to implement health promotion action, mindful of the health literacy levels of the population.

WHO Global Strategy on Digital Health 2020-2025 (WHO, 2021a)	Principle 3. Promote the appropriate use of digital technologies for health. "The global strategy promotes the appropriate use of digital technologies as digital public goods which are adaptable to different countries and contexts to help address key health system challenges to support equity in access to digital resources so that no one is left behind." Objective 4: 4. Advocate people-centred health systems that are enabled by digital health	Advocate Communication	4.3 A health promotion practitioner is able to: Use culturally appropriate communication methods and equitable digital technologies to improve population health literacy for specific groups and settings.
WHO Health Literacy: The Solid Facts 2013 (WHO, 2013)	Health Literacy Action Areas 1. Approach health literacy as a whole-of- government and whole-of society issue. 2. Involve multiple health literacy stakeholders. 3. Develop plain-language initiatives. Plain language means communication that the listener or reader can understand the first time they hear or read it. 4. Invest in measurement and research. Surveys of health literacy and the health literacy–friendliness of systems should be conducted. Action Areas: Migrant Health Literacy 1. Develop specific health literacy strategies for migrants	Enable change (1.1, 1.4) Advocate for health (2.2, 2.4, 2.3, 2.5) Communication Evaluation and research	A health promotion practitioner is able to: 1.1 Work collaboratively with diverse stakeholders and sectors to influence the development of policies and programmes which improve population health literacy and are proportionate to need.
WHO 13th General Programme of Work (WHO, 2019)	Create trustworthy social media channels, tailored to audiences.	Communication	A health promotion practitioner is able to: Use trustworthy social media channels, tailored to specific audiences, to promote safe and inclusive health promotion action.
WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region (WHO/ASPHER, 2020)	Knows, supports and engages in and supports health-promoting and health literacy activities and programmes for implementing good practice to promote health at a population level and specific organization or institutional level.	Enable change (1.4)	A health promotion practitioner: Facilitates and advocates for a whole-of-government and whole-of-society approach to the improvement of health literacy.

Group 4 Table: Gender

Study/Document	Statement	Competency Domain	Potential Competency Statement
Gender competence and mental health promotion (Fisher, 2020)	Gender competence: comprises the capacity to recognize gender-based discriminatory attitudes and behaviours, knowledge about gender-based policies and initiatives to improve equality of opportunities and outcomes, and actions to counter gender-based stereotypes in research, learning environments and clinical practice. Gender competence in health care promotes equity in health outcomes.	Ethical values Knowledge Assessment (6.4)	Already included under Ethical values? Ie. " *Respect for all aspects of diversity including gender..."*
WHO 13th General Programme of Work (WHO, 2019)	Consider policies and programmes that address gender as a determinant of health.	Knowledge Assessment (6.4) Enable change (1.2) Advocate for health (2.4)	Consider: A health promotion practitioner is able to: Recognise gender as a determinant of health and advocate for policies and programmes which promote equality.

Group 5 Table: Emergency Preparedness

Study/Document	Statement	Competency Domain	Potential Competency Statement
Public health competences through the lens of the COVID-19 pandemic: what matters for health workforce preparedness for global health emergencies (Czabanowska & Kuhlmann, 2021)	4.1 Understands the local implications of the One Health approach, its global interconnectivity (interdependencies among human, animal, plant, environment) and its impact on health conditions in the population.	Knowledge	A health promotion practitioner is able to: Understand the local implications of the One Health approach, its global interconnectivity (interdependencies among human, animal, plant, environment) and its impact on health conditions in the population.
Public health emergency preparedness: Core competencies for EU Member States (ECDC, 2017)	Emergency risk communication: the real-time exchange of information, advice and opinions between experts and officials, and people who face threats to their survival, health, economic or social well-being.	Communication	A health promotion practitioner is able to: Effectively disseminate emergency risk information to diverse audiences using safe and culturally appropriate means, sensitive to the health literacy levels of the target audience.
WHO competency framework: Building a response workforce to manage infodemics (WHO, 2021b)	An infodemic is an overabundance of information – including mis/ disinformation – that occurs during an epidemic. Domain 2: Prepare and Monitor Objective: Listen, identify, and understand population gaps, needs, behaviours and their determinants to develop more responsive health programmes Domain 3: Detect and intervene Objective: Empower individuals and communities to mitigate the harm of mis/disinformation	Communication Enable change (1.2) Assessment	A health promotion practitioner is able to: 4.2 Use digital technology and other media to receive and disseminate health promotion information and empower individuals and communities to mitigate the harm of mis/disinformation.
WHO 13th General Programme of Work (WHO, 2019)	Health Systems "Health emergencies weaken health systems and weak health systems amplify health emergencies." Health emergencies: 1 billion more people better protected from health emergencies Strategic Priorities: • build and sustain resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies • ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention. Strengthening the resilience of communities and countries through UHC will provide the foundation for health emergency risk management	Enable change (1.1)	A health promotion practitioner is able to: 1. 5 Work in collaboration with key stakeholders to strengthen and reorient health systems and build resilient communities, ensuring those most vulnerable are better protected from health emergencies.

Group 6 Table: Cultural Competency

Study/Document	Statement	Competency Domain	Potential Competency Statement
Foundation Competencies for Public Health Graduates in Australia (CAPHIA, 2022)	8.2 Key historical legislation: Colonisation & trans-generational effects Indigenous initiatives and health (e.g. maintaining connection to the land) 9.3 Human rights Cultural dimensions of Indigenous health: Local and regional diversity regarding the social determinants of health • Indigenous spirituality and traditional healing practices • Kinship, group affiliations and gendered social practices • Existing community initiatives, capacities and strengths • Colonisation and health • Racism, its institutional manifestations and effects	Knowledge Ethical values Assessment (6.4, 6.5)	Ethical health promotion practice is based on a commitment to: Respect all aspects of diversity including gender, sexual orientation, age, religion, disability, ethnicity, race, and cultural beliefs, values and practices (?). A health promotion practitioner is able to demonstrate knowledge of: 6.4 The effects of colonisation, racism, and power imbalances on health and health inequities.
Aboriginal and Torres Strait Islander Health Curriculum Framework (DOH, 2014)	Graduate cultural capability model 1. Respect 1.1 Historical Context: Recognise the impact of history and colonisation 1. 2 Cultural Knowledge: Knowledge of history, culture, values and social practices, and respect for how these aspects may influence health practice 1.3 Diversity: Recognise the diversity of peoples' cultures and lived experiences 1.4 Humility and Lifelong Learning: Utilise lifelong learning skills to develop cultural capabilities and demonstrate humility 2. Communication 2.1 Culturally Safe Communication: Recognise the role of language and appropriate verbal and non-verbal cues (strengths-based communication) 4. Reflection 4.1 Cultural Self: Recognise the influence of one's own cultural identity 4.3 Understand the role of power relations in the inequitable distribution of privileges 5. Advocacy 5.1 Equity and Human Rights: Promote equitable health services 5.2 Leadership: Demonstrate leadership in advocating for equitable health outcomes and culturally safe services	Ethical values Knowledge Communication Leadership Advocacy	Ethical health promotion practice is based on a commitment to: Recognising the influence of one's own cultural identity on one's practice and engaging in lifelong learning to develop cultural humility.

The Pan-Canadian Health Promoter Competencies and Glossary (HPC, 2015)	8. Diversity and Inclusiveness (pg.9) Interact effectively with diverse individuals, groups and communities to promote health and reduce health inequities. A health promoter is able to: 8.1 Recognize how the determinants of health (biological, social, cultural, economic and physical environments) influence the health and well-being of specific population groups 8.2 Address population diversity when planning, implementing, adapting and evaluating health promotion action 8.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities	Communication Assessment, planning, implementing, evaluating	A health promotion practitioner is able to: 6.6 Use culturally relevant and ethically appropriate assessment approaches which address population diversity.
Health Promotion Competencies for Aotearoa New Zealand (HPFNZ, 2012)	Enable: Integrating Māori values of identity, collective autonomy, social justice and equity into health promotion action. Advocate for the prioritisation of resources for those with the greatest health inequities. Build appropriate working relationships with Māori colleagues, communities and groups. Integrate cultural requirements and Māori world views into the assessment process. Use culturally and ethically appropriate assessment approaches. Use appropriate process for Kaupapa Māori research.	Enable Mediate through partnership Advocate Assessment (6.6- already stated) Research and Evaluation	A health promotion practitioner is able to: 6.6 Use culturally relevant and ethically appropriate assessment approaches which address population diversity and incorporate diverse world views.
Review of Core Competencies for Public Health: An Aboriginal Public Health Perspective (Hunt, 2015)	Culturally relevant healthcare: Recognises the uniqueness of indigenous people and the effect of the dominant culture on systems, norms, and indigenous peoples. Impact of history and structure on services for indigenous peoples. "Practitioners have an understanding of power imbalances, institutional discrimination, colonization and colonial relationships and their impact on health and health care ". Self-reflexive practice: Importance of own attitudes and values with regard to identity, social location, cultural background. Self-determination: Support indigenous individuals and families to take control of their own health and wellbeing. Culturally relevant policies and programmes that serve indigenous needs and cultural norms. "work effectively across language barriers ".	Knowledge Ethical values Enable change (1.1, 1.2) Advocate for health (2.4) Communication	Ethical health promotion practice is based on a commitment to: Recognising the influence of one's own cultural identity on one's practice and engaging in lifelong learning and self-reflexive practice to develop cultural humility. A health promotion practitioner is able to: 1.1 Work collaboratively across sectors to influence the development of culturally relevant public policies which impact positively on health and reduce health inequities.
Competencies for Population Health Professionals (PHF, 2019)	Health Equity and Cultural Awareness: Incorporates ethical standards of practice into all interactions with individuals, organizations, and communities. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images, considering health literacy level). Recognizes the ways the diversity of individuals and populations (e.g., culture, language, health status, literacy) influences policies, programs, services, and the health of a community. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community.	Ethical values Communication Knowledge Assessment, planning, implementing, evaluating	A health promotion practitioner is able to: 7.1 Mobilise, support and engage the participation of diverse stakeholders in planning health promotion action 4.3 Use culturally appropriate communication methods and techniques for specific groups and settings, sensitive to the health literacy levels of target audiences

Group 7 Table: Structural Inequities

Study/Document	Statement	Competency Domains	Potential Competency Statement
Adopting an Anti-Racism Public Health Curriculum Competency: The University of Washington Experience (Hagopian et al., 2018)	"Recognize the means by which social inequities and racism, generated by power and privilege, undermine health."	Knowledge	Ethical health promotion practice is based on a commitment to: Addressing health and social inequities, and prioritising the needs of those experiencing poverty, racism and social marginalisation.
Structural competency and global health education (Harvey et al., 2022)	"The ability to identify, analyse, and respond to the social structures that give rise to social determinants of health like poverty, homelessness, and inaccessible healthcare."	Knowledge Enable change (1.1) Advocate for health (2.4)	The health promotion practitioner is able to: identify and address the social structures that give rise to the social determinants of health. OR Identify and address the structures that give rise to the political, economic, social, cultural, environmental, behavioural, and biological determinants of health and wellbeing.
Tiohtià:ke Statement: Catalysing policies for health, well-being, and equity (IUHPE, 2022)	"to engage more meaningfully with multiple world views, disciplines, and ways of seeing and knowing….. essential to impact the structural determinants of ecological, human, and planetary health and well-being." 1. Recognize spirituality, culture, language, knowledge systems, and identity as vital parts of human health and health promotion. 2. Strengthening Communities: Develop and sustain long-term reciprocal relationships between grassroots community members, organisations, and local government policymakers. Remove systemic, oppressive, and non-inclusive structural barriers to community action and engagement. Invest in communities to celebrate and value all cultures, languages, and relationships to one another as central to health promotion. Apply a health equity lens when assessing the risks and opportunities posed by policies and programmes and measuring their effects on health and health equity. Researchers: Integrate traditional knowledge, values, and worldviews in research. Facilitate the use of Indigenous qualitative methodologies, trauma-informed approaches, and culturally safe approaches to develop and enhance culturally adapted programs, policies, and services for and with Indigenous populations. 3. Catalyse individual and collective actions by all sectors of society to promote the health of the planet and its inhabitants. 4. Challenge individual biases and unlearn assumptions that impede decolonizing practices in health promotion work and in relationships with Indigenous communities. Create structures within our workplaces that provide leadership opportunities for Indigenous and other traditionally excluded peoples in policy, research, and practice.	Advocate for health (2.5) Research and Evaluation Enable change 1.1 Mediate through partnership 3.1 Ethical values Leadership	The health promotion practitioner is able to: Recognise the importance of identity and culture as central to human health and health promotion. Apply a health equity lens to the development of health promotion policy and programmes 8.1 Identify and use appropriate and culturally safe health promotion evaluation tools and research methods. Facilitate leadership opportunities for traditionally marginalised people in health promotion practice and policy development.

WHO Geneva Charter for Wellbeing (WHO, 2021)	The focus of health promotion on empowerment, inclusivity, equity, and meaningful participation. Action Areas 3. Develop healthy public policy for the common good: Elimination of all forms of structural discrimination and injustice, including marginalization, which impact people in multiple ways, is essential for ensuring the right to health for all.	Ethical values Leadership (5.2) Enable change (1.2, 1.4)	2.4 Advocate across all sectors for the development of policies which eliminate structural discrimination and injustice and ensure the right to health for all.

Group 8 Table: Chronic Disease

Study/Document	Statement	Competency Domain	Potential Competency Statement
NACDD Chronic Disease Competencies (NACDD, 2022)	Monitor chronic disease epidemiology and surveillance data. Establish strong working relationships with communities and other stakeholders to build support for chronic disease prevention/control. Involve individuals/communities suffering with CD in program/policy design. Apply a health equity lens to development and evaluation of programmes. Use Community-based Participatory Research. Apply systems thinking and systems change: Engage with local and national government systems	Knowledge Mediate through partnership Planning Evaluation and research Mediate through partnership	A health promotion practitioner is able to: 3.4 Facilitate the development and sustainability of strong coalitions and networks for health promotion action and communicable and non-communicable disease prevention.

Group 9 Table: Global Health

Study/Document	Statement	Competency Domains	Potential Competency Statement
The Global Public Health Curriculum – Revised Shortlist of Specific Global Health Competences (Short Reports) (Laaser, 2018)	Knowledge of Global Health Laws and Human Rights, One Health Approach, understanding of global migration and migrant health. 6.7. Contribute effectively to the care of vulnerable groups, especially migrants, travellers, transnational ethnic minorities, and border populations, for the mitigation, eradication and/or control of global health problems. 6.8. Engage non-governmental organisations and encourage advocacy in these organisations. 6.9. Respect and value cultural diversity, regional efforts and global and intersectoral technical cooperation for the development of comprehensive initiatives that result in improved health care for populations.	Knowledge Ethical Values Mediate through partnership	A health promotion practitioner is able to: Demonstrate knowledge of the One Health approach, its global interconnectivity and implications for local health promotion action
Core Competencies for Public Health: A Regional Framework for The Americas (PAHO, 2013)	3.4. Design health communication, social marketing, and media advocacy strategies to promote health in individuals and society 3.5. Recognize and address the ethical considerations linked to cultural competency approaches in order to apply them to public health practice in different contexts 5.8. Promote and participate in socially and culturally sensitive multidisciplinary teams that employ a community approach for the ongoing improvement of health systems 4.5. Lead interdisciplinary groups that work in a coordinated manner in the analysis, formulation, implementation and assessment of public health policies, plans and programs to guarantee the rights of the population and well-functioning health systems based on social determinants, i.e., "Health in all policies" 4.6. Participate in the implementation of health policies and plans to help guarantee the right to health, equity and adequate health system's performance	Communication Ethical Values Enable change Advocate Leadership	A health promotion practitioner is able to: Lead socially and culturally sensitive interdisciplinary groups of diverse individuals that participate in coordinated action to promote health and ensure effective health systems.
A missing ethical competency? A review of critical reflection in health promotion (Tretheway et al., 2015)	CompHP Core Competencies and professional standards for health promotion, does not include any reference to reflection or critical reflection Practising critically in health promotion is crucial for the profession to meet its ethical responsibilities. Critical reflection may offer the process and critical lens needed to support the profession to move towards more critical practice.	Ethical Values	Ethical health promotion practice is based on a commitment to: Being accountable for the quality of one's own practice and taking responsibility for ongoing critical reflection and maintaining and improving knowledge and skills.

WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region (WHO/ASPHER, 2020)	Knows how to retrieve, analyse and appraise evidence from all data sources to support decision-making. Contributes to or leads community-based health needs assessments, ensuring that these assessments consider biological, social, economic, cultural, political and physical determinants of health and wider determinants of health such as deprivation. Designs and conducts qualitative and/or quantitative research that builds on existing evidence and adds to the evidence base for public health practice, involving relevant stakeholders in this process. Understands the health system structure and its governance and funding mechanisms and how health-care services are organized. Knows, understands and applies the relevant International, European and National laws or regulations to maximize opportunities to protect and promote health and well-being. One Health and health security: Understands the local implications of the One Health approach, its global interconnectivity and how it affects health conditions in the population. Facilitates the development of others as leaders Clearly identifies and supports the roles and responsibilities of all team members, including external stakeholders. Understands the principles of systems thinking and can apply them within systematic enquiry to analyse, model and improve public health organizations and services at different strategic levels. Evaluates partnerships and addresses barriers to successful collaboration to improve public health service. Communicates and shares information and responsibility effectively at different organizational levels to gain political commitment, policy support and social acceptance for a health goal or programme. Communicates health messages (including risks to health) effectively (both in writing and verbally) through a range of modern media and social marketing to lay, professional, academic and political audiences. Understands and applies cultural awareness and sensitivity in communication with diverse populations. Acts according to ethical standards and norms with integrity and promotes professional accountability, social responsibility and the public good. Critically reviews and evaluates own practices in relation to public health principles, including critical self-reflection. Is aware of and knows how to apply for available funding sources and opportunities, responds to calls for projects and develops and submits project applications and grants, draft tenders and project briefs	Research and evaluation Knowledge Assessment Leadership Mediate through partnership Communication Ethical Values Planning	A health promotion practitioner: Understands the health system structure of their country of practice, including its governance and funding mechanisms. Understands the principles of systems thinking and can apply them to promote health and wellbeing. Knows, understands, and applies the relevant international, European and national laws or regulations to maximize opportunities to protect and promote health and well-being.

Appendix 2

Questionnaire on the Revised "IUHPE Core Competencies Draft One"

Please refer to the document 'IUHPE Core Competencies Draft One' when completing this questionnaire. You will note that proposed changes are in bold in the draft document.

The questions relate to specific competency statements in the framework and ask you to give feedback on proposed changes highlighted in bold.

If you have any queries about completing the questionnaire, please contact iuhpe@iuhpe for further clarification. If the query relates to the content in the competency framework, please comment on this in the spaces provided in each question.

Question Title

1. **SECTION 1**
In relation to the Introduction, do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Suggested modifications and/or any other comments:

Question Title

2. **SECTION 2 - Domain Competency Statements**
Ethical values
In relation to the changes to Ethical Values Statement no. 4,
"Addressing **challenges to health** and health inequities, social injustice, and prioritising the needs of those experiencing poverty and social marginalisation",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

3. In relation to the changes to Ethical Values Statement no. 5,

"Addressing the political, economic, social, cultural, environmental, **ecological**, behavioural and biological determinants of health and wellbeing",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

4. In relation to the changes to Ethical Values Statement no. 11,

"Being accountable for the quality of one's own practice and taking responsibility for **ongoing critical reflection and lifelong learning for maintaining and improving cultural humility**, knowledge, and skills",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

5. Knowledge
In relation to the new Knowledge statement,

A health promotion practitioner is able to demonstrate knowledge of:
"The interconnected nature of global health, including the close connection between the health of people, animals, plants and our shared environment, and the implications for local health promotion action",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject - remove

Wish to propose an alternative - please give complete details

Suggested modifications, alternative statement, and/or any other comments:

Question Title

6. Advocacy
In relation to the changes to Competency 2.4,

A health promotion practitioner is able to:
"Advocate across sectors for the development of policies, guidelines and procedures which **eliminate structural discrimination and social injustice and ensure the right to health for all**",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

7. Partnership
In relation to the changes to Competency 3.1,

A health promotion practitioner is able to:
"Engage partners from different sectors to actively contribute to **sustainable** health promotion action",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

8. In relation to new Competency 3.5,

A health promotion practitioner is able to:
"Work in collaboration with key stakeholders to build resilient communities, ensuring that the health and well-being of the most vulnerable is protected and promoted",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject - remove

Wish to propose an alternative - please give complete details

Suggested modifications, alternative, and/or any other comments:

Question Title

9. Communication
In relation to the changes to Competency 4.3,

A health promotion practitioner is able to:
"Use culturally appropriate communication methods **and equitable digital technologies to improve population health literacy** for specific groups and settings",
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

10. Leadership
In relation to new Competency 5.7,

A health promotion practitioner is able to:
“Use leadership skills to prioritise and make space for people’s voices and knowledge, especially those of Indigenous communities, in promoting planetary health, wellbeing, and sustainable development”,
do you:

Accept as presented

Accept but suggest further changes, if so, pease indicate in detail how it should be reworded

Reject - remove

Wish to propose an alternative - please give complete details

Suggested modifications, alternative, and/or any other comments:

Question Title

11. Assessment
In relation to the changes to Competency 6.6,

A health promotion practitioner is able to:
“Use culturally **relevant** and ethically appropriate assessment approaches **which address population diversity and incorporate diverse world views**”,
do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

12. Planning
In relation to the changes to Competency 7.1,

A health promotion practitioner is able to:
“Mobilise, support and engage the participation of **diverse** stakeholders in planning health promotion action”,
do you:

Accept as presented

Accept but suggest further changes, if so, pease indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

13. In relation to the changes to Competency 7.5,

A health promotion practitioner is able to:

"Identify **culturally and ethically** appropriate health promotion strategies to achieve agreed goals and objectives", do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

14. Evaluation and Research
In relation to the changes to Competency 9.1,

A health promotion practitioner is able to:
"Identify and use **culturally and ethically** appropriate health promotion evaluation tools and research methods", do you:

Accept as presented

Accept but suggest further changes, if so, please indicate in detail how it should be reworded

Reject

Suggested modifications and/or any other comments:

Question Title

15. **SECTION 3 - All Competencies**
Please give your overall rating on the proposed changes to the competency framework

Very good

Good

No view

Poor

Very poor

Question Title

16. Do you consider that the framework adequately reflects contemporary health promotion practice in general?

Strongly agree

Agree

No opinion

Disagree

Strongly disagree

If you have indicated disagree or strongly disagree, please give your reasons:

Question Title

17. Any other comments on the proposed changes

Question Title

18. Any other comments on the updating process

Appendix 3

Table 7 Respondents' comments related to the proposed changes to the Competency Framework

Question	Respondents' comments
SECTION 1: In relation to the Introduction, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded	"At the core of the figure, and as a lead, I suggest a short sentence is needed that encapsulates the role of a Health Promotion Practitioner. Similar to this one for accredited exercise physiologists "...allied health professionals equipped with the knowledge, skills and competencies to design, deliver and evaluate safe and effective exercise interventions for people with acute, sub-acute or chronic medical conditions, injuries or disabilities". So, for a Health Promotion Practitioner, what would this short description be? If we can all agree on how to describe ourselves, it might further our status and respect as a field" "It would be interesting to have more detail around the history of development of the competencies, but the introduction is otherwise fine" "Explicit reference to health as holistic or as an approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health" "Suggest that intersectionality in diversity characteristics should be acknowledged as intersectionality can compound health and social inequities. This could be incorporated into dot point 3 on page 5 and dot point 5 on page 6" "I do think the diagram could be redrawn with a more contemporary look and words that match the actual competencies e.g. Enable change not just enable" "I did not observe any changes to this section" "Maybe this is not a wide problem but in my country, I see a lack of realization that it is important to have these competencies and also use them. So, I would suggest few sentences "why do we need...?". For example, what would be the consequences etc."
SECTION 2 - Domain Competency Statements Q2. Ethical values In relation to the changes to Ethical Values Statement no. 4,"Addressing **challenges to health** and health inequities, social injustice, and prioritising the needs of those experiencing poverty and social	"Maybe you could add a short introduction on what health promotion is, also in connection with related concepts (health in all policies etc) and what a practitioner in the field is (which helps to explain the why of competencies, especially in terms of advocacy)" "A specific reference to public health and its components prevention, promotion and protection would be helpful and relevant" "I wonder do we need to consider expanding hp to also include improvement / well-being in light of the emerging terminology?" "Maybe this is not a wide problem but, in my country, I see a lack of realization that it is important to have these competencies and also use them. So, I would suggest few sentences "why do we need...?". For example, what would be the consequences etc." "Introduction refers to nine domains including ..." "In the text, it is written: "ethical values and principles for health promotion include a belief in equity and social justice" --> I think the word belief is not needed here - one could say i.e. equity and social justice are fundamental principles in health promotion..."

marginalisation", do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	"More recently we (Jane Taylor, Lily O'Hara, Australian) have been using the terminology of 'people (individually or collectively) with less access to structural and systemic privilege and power'. I think this picks up much more explicitly the impacts of the social structural determinants in the inequitable distribution of resources, and therefore health inequities. We choose not to use the terms vulnerable, marginalized, target group etc. which carry deficit framing with disempowering and stigmatizing implications for people, and use the term priority equity populations/ communities. I think that this is an opportunity to reframe any deficit discourse throughout the competencies. A couple of references re above for some background and consideration. Suggested rewording Addressing the social structural challenges to health, health inequities, and social justice prioritising those with less access to structural and systemic privilege and power. O'Hara L, Taylor J. QATCHEPP: A quality assessment tool for critical health promotion practice. Front. Public Health. 2023;11:1121932-1121932. doi:10.3389/fpubh.2023.1121932 Munari S, Wilson A, Blow N, Homer C, Ward J. Rethinking the use of "vulnerable." Aust N Z J Public Health. 2021;45(3):197–9. doi:10.1111/1753-6405.13098" "Addressing challenges to health and health inequities, ... remove 'and' ie Addressing challenges to health, health inequities, social injustice and prioritising ..."
Q3. In relation to the changes to Ethical Values Statement no. 5,"Addressing the political, economic, social, cultural, environmental, **ecological**, behavioural and biological determinants of health and wellbeing", do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	"Explain more what these terms mean e.g. ecological, biological" "Commercial? Should be made explicate since there is so much work done by The Lancet" "Add in "commercial" as a determinant" "One question: isn't ecological included in environmental?" "Great addition!" "planetary" "Add 'commercial' (i.e. commercial determinants of health)." "Was the inclusion of commercial determinants of health and wellbeing considered? Given The Lancet series would consider including" "There are many ways that determinants are described, and I think that socio-ecological as a broader banner picks up the full range environmental level (political, social, economic, cultural, commercial, natural, built and digital), and individual level (biological, behavioural). I think teasing them out in full ensures miss interpretation for example ecological and environmental. Suggested rewording "Addressing the socio-ecological determinants of health and wellbeing at the environmental level (political, social, economic, cultural, commercial, natural, built, digital) and individual level (biological, behavioural)" "It is not clear why environmental and ecological should be included in the same sentence." "Should also include the commercial determinants"

Q4. In relation to the changes to Ethical Values Statement no. 11, “Being accountable for the quality of one’s own practice and taking responsibility for ongoing critical reflection and lifelong learning for maintaining and improving cultural humility, knowledge, and skills”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“What does cultural humility mean?” “I have not heard the phrase cultural humility before as a concept and my concern is that it may not be known what this means. I recommend a different phrasing, such as privilege or role of cultural biases” “Being accountable for the quality of one’s own practice and taking responsibility for ongoing critical reflection and lifelong learning to maintain and continually improve cultural humility, knowledge, and skills” “Very much support this modification, particularly the area about cultural humility.” “Where it says "knowledge and skills" do you mean "cultural ... knowledge and skills?" Meaning not only cultural humility but also cultural knowledge and skills? If not, then the sentence needs to be reworded” “lifelong learning both formal and informal?” “Should the knowledge and skills component specify what in particular for example, health promotion knowledge, and skills.” “The original statement was about ...'taking responsibility for (health promotion) knowledge and skills'. Happy with inclusion of 'ongoing critical reflection'; but the comma after 'improving cultural humility' implies that knowledge and skills relate also to cultural humility. The overall responsibility for reflective practice in health promotion is thus lost. It could be solved by adding and health promotion after the comma and before knowledge and skills. This is getting rather long though”

Q5. In relation to the new Knowledge statement: A health promotion practitioner is able to demonstrate knowledge of: **"The interconnected nature of global health, including the close connection between the health of people, animals, plants and our shared environment, and the implications for local health promotion action"**, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject - remove Wish to propose an alternative - please give complete details	"I accept this as a knowledge however this would be a ig change to the accredited courses who don't cover this, and a huge knowledge gap for current practitioners. " "Yes this is overwhelmingly important to include." "I agreed as the interconnectedness of global health, emphasising the close relationship between human, animal, plant health, and the environment. However, I think considerations for cultural competency and health equity" "We suffer from buzz words. Somewhere it would be helpful to indicate whether you consider global health to be the same as planetary health, international health etc." ""the interconnected nature of global health and a holistic understanding of the relationship between human behavior and environmental well-being, and the implications for health promotion action" "Understand the interconnected nature of systems (people, animals, plants, climate, environment, structures or you could use planetary health here) that are responsible for health and wellbeing, and what this means for local health promotion action" "Does this also account for influences and impacts of climate change and health? This is not specifically mentioned throughout the framework." "It should refer to One Health rather than global health in this area"

Q6. Advocacy In relation to the changes to Competency 2.4: A health promotion practitioner is able to: “Advocate across sectors for the development of policies, guidelines and procedures which **eliminate structural discrimination and social injustice and ensure the right to health for all**”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“I support the change to a focus on structural discrimination but wonder if it should be '... which seek to eliminate...' as being more realistic” “''eliminate'' may be too ambitious - it would be very difficult to remove entirely. Perhaps ''minimise'' might be more achievable.” “I really like this wording.” “I suggest a definition of advocacy be included as a footnote, as this word is interpreted differently outside the health promotion field.” “Explain more what structural discrimination looks like” “This is rather long and maybe leaning towards a definition of 'health promotion action' which is the sort of shorthand used in the other points. 2.3 could have the inclusion of 'and social' before issues. this might balance it better. not sure what the solution is.” “express as positively as possible: eliminate structural discrimination, promote social justice and ensure the right to health for all” ““Advocate across sectors for the development of policies, guidelines, and procedures address structural inequities, promote social justice and ensure the right to health for all”,” “This sentence differs from the other text by having very strong words like "eliminate" and "ensure". If we only could be so sure and have such a great plan for eliminating and ensuring these. Maybe something like "..which are addressed to eliminate.."/"..which support elimination of.." “This gets into politics and can be divisive/nonconstructive. The knowledge base covering core competencies makes a clear statement.”

Q7. Partnership In relation to the changes to Competency 3.1: A health promotion practitioner is able to: “Engage partners from different sectors to actively contribute to **sustainable** health promotion action”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“If you're going to add adjectives, there probably needs to be more adjectives e.g. effective, cost-efficient, equitable etc. May be best to leave it as it was.” “While I agree that this is best practice - with short term contracts I wonder how achievable it is for grass roots health promoters to achieve sustainable action and meet this competency?” “Curious about the definition of sustainable here - used as sustainable towards the planet, or sustainable in the long term? Either work, but perhaps consider some additional context.” “I wondered if sustainable is redundant - i.e. Health promotion action should be sustainable by definition. I have however accepted this as presented for the sake of additional clarity.”
Q8. In relation to new Competency 3.5: A health promotion practitioner is able to: “Work in collaboration with key stakeholders to build resilient communities, ensuring that the health and well-being of the most vulnerable is protected and promoted”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject - remove	“prefer, ... is promoted and protected” ““Work in collaboration with key stakeholders to build resilient communities, ensuring that the health and well-being of priority communities is protected and promoted”,” “Same comment as for 6. (ensuring).” “We have had numerous discussions in classes recently about the use of the word stakeholder, with partners being preferred, but am well aware that these often mean different things.” “Grammar correction: "are protected" instead of "is protected" “The word 'vulnerable' should be avoided. There is a push to use alternatives due to negative connotations of the word vulnerable and the word being associated with a deficit lens (e.g. see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9968560/). Priority populations or priority communities have been suggested as alternatives to the word vulnerable.” “Work in collaboration with key stakeholders to build resilient communities, with a focus on protecting and promoting the health and well-being of the most vulnerable”

Wish to propose an alternative - please give complete details	“I think that the word resilient/resilience is problematic. If the system is flawed, communities shouldn't need to be resilient, it places the responsibility and onus to be resilient back on those impacted negatively by the structures. I reject resilience as a concept - I think it gives permission for the powerful to perpetuate harmful structures.” “Wellbeing is used elsewhere in this document; suggest consistency in the non-use of the hyphen.”
Q9. Communication In relation to the changes to Competency 4.3: A health promotion practitioner is able to: “Use culturally appropriate communication methods **and equitable digital technologies to improve population health literacy** for specific groups and settings”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“Are you sure you mean 'population health literacy' and not just health literacy? As the sentence ends on specific groups this is not population-wide? Or if it means understanding of 'population health' I don't think that's what this competency meant originally. Otherwise, its ok” “I know health equity is important, but I'm not clear on the need for 'equitable digital technologies', I would suggest just saying 'digital technologies' and the equitable part is picked up through other principles e.g. under the ethical health promotion practice heading.” “Do we need to consider AI ??” “Mainly a question of digitality. How about those who do not yet have the opportunity to access information using digital means, or who do not have the skills to do so (elderly, third-country nationals). How do we ensure that they are also heard and heard about health promotion “ “While I agree with the proposed changes, I am mindful that it may be making it more difficult for grass roots health promoters to meet these additional requirements - what are the implications in relation to gaining accreditation? Are we making accreditation more” “I'm not sure that digital technologies need to be called out specifically, especially as an equitable communication medium. Should we not be striving to use equitable communication methods across all platforms? Proposal to reword as "Use culturally appropriate and equitable communication methods to improve population health literacy for specific groups and settings".” “"...to improve population and organizational health literacy for specific groups and settings." (Added the words "and organizational")” “Equitable digital technologies implies that there is some perfect/equitable solution. There is not. There is an equitable lens to all use of technology, including applying the same approach to the status quo. I work in this space, and I see so many organisations in health promotion rejecting use of apps and social media because of who may miss out, but they don't apply the same lens to the status quo where people are already missing out. A culturally appropriate and equitable communication approach should be applied to *all* methods not just digital ones.” “Something about language and/or Framing here? e.g., evidence-based framing? and/or e.g., appropriate language that is culturally sensitive” “Rephrase as "which may include equitable digital technologies", as the use of digital technology to improve health literacy is its own specific specialty and not all health promotion practitioners will or should need to know how to do this” “More detail on terms e.g. what does equitable digital technologies look like?”

Q10. Leadership In relation to new Competency 5.7: A health promotion practitioner is able to: **"Use leadership skills to prioritise and make space for people's voices and knowledge, especially those of Indigenous communities, in promoting planetary health, wellbeing, and sustainable development"**, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject - remove Wish to propose an alternative - please give complete details	"I think this is confusing as it stands and may need reworking and/or moving. I have no issues with the aspects of the content - just how it seems to be bundled together. It appears to be about advocacy so maybe it should be in that section. It also emphasises leadership to promote advocacy (esp. of indigenous communities) which I agree may be missing from this leadership section. It is then also about introducing more current concerns and topics such as planetary health. Suggest the component aspects are brought out more clearly rather than grouped together like this." "Accept as it includes all voices more widely but I have some hesitancy as to whether this could specify other minority voices - gender, disability etc. The emphasis here is on planetary health however and perhaps the participative aspects which are important to health promotion compassionate/distributed leadership are covered adequately elsewhere in the framework." "I was thinking about using the word "prioritise". Does it mean that this comes first among all other things?" "I am not sure about the use of the word leadership, perhaps it should be co-leadership, co-design principles...." "I think well-being should be hyphenated throughout as per the WHO spelling - see Geneva Charter for example" "'especially those of indigenous communities' may be seen as downplaying the voice of those disadvantaged because of their race....suggest omitting 'especially those..." "Here planetary health is used, previously global health...difference?" "There is too much content in one Competency. The wellbeing of who? the planet? indigenous communities ? Please simplify or separate to 2 competencies." "There's a lot to unpack here and potentially this will be a challenging for an applicant to cover in their practitioner registration application because of the many exaples given. I think it can be just left to the first sentence "Use leadership skills to prioritise and make space for people's voices and knowledge." "This should be accepted as is, but prioritising Indigenous knowledges should be included in more of the competencies, not just this one" "Why indigenous communities in particular?"
11. Assessment In relation to the changes to Competency 6.6: A health promotion practitioner is able to: "Use culturally **relevant** and ethically appropriate assessment	"I am not sure why there is the need for 'relevant' here, and the phrase 'culturally and ethically appropriate' is used repeatedly below. The rest of it is ok. " "Maybe just "relevant"." "Assessment and monitoring?"

approaches **which address population diversity and incorporate diverse world views**”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“Unclear why 'world' is needed as health practitioners deal with views that are relevant to their communities/population(s) and that is what is important.” “The word "incorporates" is superfluous. The sentence reads well without it.”
Q12. Planning In relation to the changes to Competency 7.1: A health promotion practitioner is able to: “Mobilise, support and engage the participation of **diverse** stakeholders in planning health promotion action”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“..... participation of a variety of stakeholders (instead of "diverse" which is an inappropriate term in this context). “ “The statement recognises the importance of mobilising diverse stakeholders for effective health promotion planning and also suggests enhancing it by prioritising inclusive partnerships across sectors like community members, healthcare professionals, and policymakers. I agree.” “I don't think the addition of diverse adds value here, and implies that diversity of voice is important where it may not be e.g. it may suggest that all voices need to be heard when they do not (e.g. racist voices, anti-vaxxers...etc) “ “Mobilise, support and engage the participation of diverse stakeholders and encourage [or could say, advocate for, or, apply] systems thinking in planning health promotion action”
Q13. In relation to the changes to Competency 7.5: A health promotion practitioner is able to: “Identify **culturally and ethically** appropriate health promotion	“If "culturally and ethically" is added then just "appropriate" is being lost. But I think it is relevant. I am not sure this is correct but something like that: "Identify appropriate, including culturally and ethnically, health." “Identify if something already exists, but if it doesn't then it is identify the appropriate approach for developing health promotion strategies.”

strategies to achieve agreed goals and objectives”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	
Q14. Evaluation and Research In relation to the changes to Competency 9.1: A health promotion practitioner is able to: “Identify and use **culturally and ethically** appropriate health promotion evaluation tools and research methods”, do you: Accept as presented Accept but suggest further changes, if so, please indicate in detail how it should be reworded Reject	“The original term 'appropriate health promotion tools' was all encompassing including the need for use of scientifically valid methods as well as the unstated culturally appropriate. As it stands it reduces its meaning to cultural and ethical only. Perhaps change to 'use culturally and ethically appropriate and scientifically valid ... tools' or similar.” “I think that adding "culturally and ethically" again is redundant in the word "appropriate" here.”
16. **SECTION 3 - All Competencies** Do you consider that the framework adequately reflects contemporary health promotion practice in general? Strongly agree	“I think that there is some things missing in relation to co-design, co-develop and participatory approaches that are required for health promotion strategies that are developed by community for community?” “Epidemiology is not mentioned anywhere and that is core to be a practitioner.”

Agree No opinion Disagree Strongly disagree	"the statement about the interconnection between the health of people, animal and the planet is particularly important in the aftermath of the Covid-19 pandemic and given the excessive death rates in several parts of the world due to rising temperature and climate change."
17. Any other comments on the proposed changes	"I am concerned that systems thinking is not currently included anywhere" "I think the literature review was very thorough and helpful, and the limited amount of change demonstrates how well the competencies have stood the test of time! Well done!" "It would strengthen the value and relevance of the framework to find an opportunity to include the contribution to intersectoral, systems-thinking. This wording could be included in Advocacy and/or Leadership sections of the framework. And/or as suggested above in wording of the change to Planning section. The changes across the framework are well evidenced through the review process and once finalised the changes will strengthen what is already a sound framework expressing necessary health promotion competencies." "It would be good to be more explicitly somewhere about ensuring that practitioners health promotion practice is culturally safe. the integration of culturally appropriate practice appears to be linked to ethical considerations, but I do think that it is so important and could be a standalone skill. For example: A health promotion practitioner is able to: "Facilitate culturally safe health promotion practice to ensure the cultural safety of the communities they work with.", It would also be useful to specify in the knowledge component the importance of critical social theories (given the importance of structural determinants). Co-design is also a big focus in health promotion practice (can't recall if this has been picked up or not sorry). In Australian when referring to Indigenous knowledge's we use the terminology of Indigenous knowledges, experience, and perspectives. Maybe worth consideration." "Well done - great to see such structured thought processes behind the review - best of luck with it all!" "I have rejected a couple of the proposals as I am concerned that grass roots health promoters with short term contracts will potentially struggle to meet all of the competencies and then I wonder if we are making accreditation more inequitable." "While I welcome the majority of the changes, and believe in aligning our core competencies with wider work such as a focus on planetary health and elevating the role and knowledge of groups such as Indigenous communities, I feel that the framework is lacking in acknowledging

	the impact of commercial actors on population health and how we should engage with commercial groups is not called out. I believe at the least the commercial determinants of health should be listed in the "Ethical Values Underpinning Health Promotion Core Competencies" section, suggestion as follows: "Addressing the political, economic, commercial, social, cultural, environmental, ecological, behavioural and biological determinants of health and wellbeing" "I have read the short report and the draft framework: I agree with both the method used and the proposed changes, from a personal, professional and scientific point of view. Thanks for your work" "A timely and significant review, congratulations to all involved." "This is a framework used globally, so needs to be appropriate across different cultural contexts." "A clean and simple one-pager might be needed. Something that fleshes out the figure, includes a statement about what a Health Promotion Practitioner is, and points to this more detailed document. I think that'd really help to get everyone on the same page... using the same language about what we do. But the content is great, so really it's just plucking out the most important bits into a one pager." "Changes look good, just some of the terms need more explanation"
18. Any other comments on the updating process	"The flipside of the additions is that the new additions have to be taught so they need to be added to academic curricular that train health promotion practitioner."