

WORKING GROUP SHI
PROMOZIONE DELLA SALUTE
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Amber Room 2

Professional competencies in health promotion and public health: what is common and what is specific? Review of the European debate and perspectives for professional development

Competenze professionali in promozione della salute e in sanità pubblica: cosa è comune e cosa è specifico? Revisione del dibattito europeo e prospettive per lo sviluppo professionale

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Abstract

According to the *Nairobi Call to Action*, the growth of practitioners' skills can be favoured by setting accreditation standards and by reorienting professional competencies of current and future health workers. This will make it possible to develop a critical mass of competent practitioners, foster training, and increase visibility of the professional field. Through a review of the literature, the authors offer an overview of competency-based strategies for professional development in health promotion. The main research questions discussed were as follows: Is there a shared definition of public health?; Is there a shared definition of health promotion?; Who are the main stakeholders for public health and health promotion in Europe?; What is the meaning of professional competencies in education and practice for public health and health promotion?; Is there a shared system of professional core competencies in public health and health promotion?; What is common and what is specific between the two systems of professional competencies?; Is it useful and feasible to create specific strategies of professional development for public health and health promotion? A transformative use of competencies makes it possible to inform students, professionals, employers, and political decision-makers about what is expected from a specific profession and its values.

(*Epidemiol Prev* 2015; 39(4) Suppl 1: 33-38)

Key words: health promotion, public health, competencies, professional development

Riassunto

In accordo con la *Nairobi call for action* lo sviluppo delle competenze dei professionisti può essere favorito stabilendo standard di accreditamento e riorientando le competenze professionali degli operatori sanitari. Ciò consentirà di sviluppare una massa critica di professionisti competenti, per promuovere la formazione e la visibilità di tale campo professionale. Attraverso la revisione della letteratura, gli autori offrono un ampio panorama sulle strategie delle competenze di base per la crescita professionale in promozione della salute. Le principali domande discusse sono state: Esiste una definizione condivisa di sanità pubblica?; C'è una definizione condivisa di promozione della salute?; Quali sono i principali *stakeholder* di sanità pubblica e promozione della salute in Europa?; Qual è il significato di competenze professionali in materia di formazione e l'attività in sanità pubblica e promozione della salute?; Esiste un sistema condiviso di competenze professionali di base in sanità pubblica e promozione della salute?; Che cosa è comune e cosa è specifico tra i due sistemi di competenze professionali?; E' utile e fattibile creare strategie specifiche di sviluppo professionale per la sanità pubblica e promozione della salute? Un uso potenzialmente trasformativo delle competenze permette di informare studenti, professionisti, datori di lavoro, e decisori politici su cosa ci si aspetta da una specifica professione e sui suoi valori.

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Parole chiave: promozione della salute, sanità pubblica, competenze, sviluppo professionale

INTRODUCTION

Many countries have moved from a medically dominated public health and health promotion to a multidisciplinary workforce, whose limits are difficult to define. In addition to public health specialists, focused on public health work, the potential for public health and health promotion includes other health and non-health professionals. Investing in a competent workforce, therefore, constitutes an indispensable resource for health improvement and workforce development is encouraged by a number of international statements.

According to the *Nairobi Call to Action*, the growth of practitioners' skills can be favoured by setting accreditation standards and reorienting professional competencies of current and future health workers. This makes it possible to develop a critical mass of competent practitioners, foster training, and increase visibility of the professional field.

As a result of this trend, European professional organizations developed a number of competency-based strategies for professional development. The process, defined independently in the public health setting and in health promotion and by a professional audience, is challenged with different and sometimes competitive proposals.

The main research questions discussed in this review can be formulated as follows: «What is common and what is specific between professional competencies in health promotion and professional competencies in public health?» and «How can a shared system of specific professional competencies influence the perspectives of professional development in health promotion and public health in Europe?». In order to explore the research questions, the following sub-research questions will be discussed:

- Is there a shared definition of public health?
- Is there a shared definition of health promotion?
- Who are the main stakeholders for public health and health promotion in Europe?
- What is the meaning of professional competencies in education and practice for public health and health promotion?
- Is there a shared system of professional core competencies in public health and health promotion?
- What is common and what is specific between the two systems of professional competencies?
- Is it useful and feasible to create specific strategies of professional development for public health and health promotion?

The literature research is mainly based on – as much as possible freely available – Internet documents .

Is there a shared definition of public health?

The EUPHA defines public health as «the science and art of preventing disease, prolonging life and promoting health and wellbeing through the organized efforts and informed choices of society, organizations, public and private, communities and individuals, and includes the broader area of public health, health services research, health service delivery and health systems design».¹

According to the *WHO Glossary of globalization, trade and health terms*, «public health activities aim to provide conditions in which people can be healthy and focus on entire popula-

tions, not on individual patients or diseases».² «Main public health functions are the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities and the formulation of public policies designed to solve identified local and national health problems and priorities».³

Public health professionals are defined as «all professionals that monitor and diagnose the health concerns of entire communities and promote healthy practices and behaviours to ensure that populations stay healthy. This definition specifically includes health services researchers».¹

Is there a shared definition of health promotion?

The most prominent definition of health promotion comes from the Ottawa Charter. «Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is a positive concept emphasizing social and personal resources, as well as physical capacities».⁴

«Health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to wellbeing», making health promotion a social and political process, which includes not only actions directed at the individuals, but also actions directed towards changing social and environmental conditions.⁴ Its basic strategies are advocacy, empowerment, and partnership. 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».⁵

According to an earlier vision «health promotion consists of activities to improve or protect health and to prevent disease».⁶ This approach includes health education (increasing awareness and influencing attitudes and knowledge to improve health), health protection (policies and activities, including legislation, designed to promote healthier environments where healthy choices are easier), and disease prevention.⁷⁻¹⁰

The two definitions of health promotion represent two different visions, holding the tension between bottom-up and top-down programming. The Ottawa vision aims «to enable people to increase control over their health» emphasizing the principles of empowerment and the bottom-up approach.⁴ This vision implies community ownership, explicitly aims at social and political change, and recognizes that empowerment challenges power balance between professionals and citizens. The second vision, more oriented to disease prevention, involves specific groups or individuals in issues and activities largely defined by health agencies, and regards improvement in particular behaviours as the main outcome. Empowerment is viewed more instrumentally as a tool for health behaviour change.⁴

Who are the main stakeholders for public health and health promotion in Europe?

The European Public Health Association (EUPHA) is an international, multidisciplinary, scientific organisation for public health associations and institutes in Europe, and represents the

largest network of public health professionals. The EUPHA's vision is «to improve health and wellbeing and narrow health inequalities for all Europeans, aiming to improve health in Europe, adding value to the efforts of national and international organizations, and individual public health professionals». The EUPHA's mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and strengthening the capacity of public health professionals.

It has three main goals:

- to be a leading scientific, independent voice in the field of public health research and policy;
- to build capacity and knowledge in the field of public health research, with the aim of supporting evidence-informed practice and policy decisions;
- to prepare future generations of engaged and connected public health professionals for their leadership role in public health.¹

The International Union for Health Promotion and Education (IUHPE) is a unique global, independent professional association of individuals and organisations committed to improving the health and wellbeing of people through education, community action, and the development of healthy public policies.¹¹ The IUHPE's vision is a world where all people achieve optimum health and wellbeing. The values critical to the achievement of this vision include:

- respect for the innate dignity of all people, cultural diversity, and natural resources and the environment;
- involvement of people in making the decisions that shape their lives and impact upon their health and wellbeing;
- social justice and equity.

The IUHPE aims to achieve the following goals:

- greater equity in the health of populations between and within countries;
- effective partnerships to produce optimal health promotion outcomes;
- broadly accessible evidence-based knowledge and practical experience in health promotion;
- excellence in policy and practice;
- high levels of capacity in individuals, organizations, and countries to undertake health promotion activities.²

The Association of Schools of Public Health in the European Region (ASPHER) is an independent organization dedicated to strengthening the role of public health by improving education and training of professionals for both practice and research.

ASPHER has over 100 institutional members and is located in 42 European countries, with more than 5,000 academics and experts employed in its member institutions. It also has strong links with similar associations in other regions of the world, and with other European and international organisations active in the field of public health.¹²

What is the meaning of professional competencies in education and practice for public health and health promotion?

Over the years there has been an increasing amount of activity to systematize and describe the knowledge and skills required by

various groups of professionals to carry out their specific tasks. In particular, a strong movement has grown that seeks to align the education curriculum as an instrument of learning to achieve requisite competencies as the educational goal.¹³

Competencies are defined as «a combination of the essential knowledge, abilities, skills and values necessary for the professional practice». A competency-based approach specifies the problems to be addressed, identifies the competencies required, tailors the education curriculum to achieve competencies, and assess achievements and shortfalls.¹⁴

Core competencies are «the minimum sets of competencies that constitute a common baseline for all professional roles and are what all practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in a field».⁵

A potentially transformative use of competencies makes it possible to inform students, professionals, employers, and political decision makers about what is expected from a specific profession and about its values and expectations. This could lead to a new objective classification of health professions, which, over the present arbitrary borders, would assign roles and responsibilities according to what professionals are able to offer.

The core competencies for public health reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. They support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. The core competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies. The core competencies grew from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services.¹⁵⁻²⁶

Is there a shared system of professional core competencies in public health and health promotion?

In 2006, ASPHER decided to take the lead in the development of a system of core competences which could be applicable to public health education, research, and practice throughout Europe. The dialogue between education providers, political decision-makers and employers resulted, even through conferences and workshops, in reports of competencies at intermediate stages of development.

The process made it possible to firmly establish concepts and terms, and define the whole spectrum of competences expected in public health professionals as well as a shorter lists for master of public health (MPH) education.

The final list of competences was disseminated across stakeholders, and, in September 2012, endorsed by all European WHO member states: «National governments should make efforts to ensure that the core competences for public health, recently revised by ASPHER, are being taken into account in na-

tional and subnational educational and training programmes for the public health workforce». ^{15,27-32}

The 2008 Galway Consensus Conference, organized by IUHPE and other partners, launched a participative process aiming to promote exchange and greater collaboration on the development of core competencies in health promotion and the strengthening of common approaches to capacity building and workforce development.

A consensus draft statement, identifying eight domains of core competency for health promotion practice, was produced and offered to the international health promotion community.

In Europe the statement gave birth to the CompHP project «aiming to develop competency-based standards and an accreditation system for health promotion practice, education and training». The project ran from 2009 to 2012. ³²

A phased, multiple-method approach was employed to facilitate consensus building with key stakeholders in health promotion across Europe. Consultation processes included focus and discussion groups at European and country levels, an online survey, a web-based consultation, and testing in academic and practice settings. Successive drafts of the framework were revised based on the feedback from each consultation stage.

As a result of the CompHP project, IUHPE developed and established the European Health Promotion Accreditation System, which to date is fully functioning in Europe, and is set to expand globally. ³³

What is common and what is specific between the two systems of professional competencies?

Since the nineties, in Europe, training programmes have been structured around key areas of competencies (from five to seven according to various documents). ¹⁴ The ASPHER competencies can be summarized as follows. The public health professional shall be able to:

Methods in public health. Understand definitions, models and concepts in health, public health, philosophy of science, sociology, social psychology, and anthropology; apply epidemiological, statistical, and qualitative methods to concrete settings, including IT handling, needs assessment, and literature search and evaluation.

Population health and its determinants. Analyze the impact of environmental and social determinants on health and diseases; identify groups with elevated risk, and recognize their needs; perform risk assessment and management.

Health policy, economics, and management. Plan, implement, manage and evaluate public health programs, including identification of stakeholders and establishment of partnerships; perform health economic and health impact assessment, SWOT analysis, organization analysis; have insight into own leadership style.

Health education and promotion. Know and apply main health promotion concepts (empowerment, holism, community development, participation, capacity building, social marketing, health advocacy); identify population health challenges; effectively communicate public health messages to different audiences, by using modern media; plan, imple-

ment, manage, and evaluate strategies of health protection and communicable disease control; environmental health management, disease prevention (primary, secondary, tertiary).

Ethics. Identify ethical aspects of public health interventions, strategies, and policies; ensure the implementation of basic ethical principles in public health strategy, such as a non-discriminatory approach; respect and adhere to ethical principles and confidentiality regarding any professional activity. ¹⁸

The CompHP competencies are summarized in domains as follows. A health promotion practitioner is able to:

- be rooted in a belief in **ethical values**, especially equity and social justice, respect for the autonomy and choice of both individuals and groups, and collaborative work;
- draw on a multidisciplinary **knowledge base** of the core concepts, principles, theory, and research of health promotion and its application in practice;
- **enable change** with individuals, groups, communities and organizations to build capacity for health promotion action to improve health and reduce health inequities;
- **advocate for health** with, and on behalf of, individuals, communities and organizations to improve health and well-being and build capacity for health promotion action;
- **mediate through partnership** working collaboratively across disciplines, sectors, and with partners to enhance the impact and sustainability of health promotion action.
- **communicate** health promotion effectively, using appropriate techniques and technologies for diverse audiences;
- contribute to **leadership** with the development of a shared vision and strategic direction for health promotion action;
- 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;
- develop **planning**, with measurable health promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders;
- **implement** effective and efficient, culturally sensitive, and ethical health promotion action, in partnership with stakeholders;
- use appropriate **evaluation and research** methods, in partnership with stakeholders, to determine the reach, impact, and effectiveness of health promotion action. ^{26,32-34}

The two systems share:

- an attention to **ethical values** like equity and social justice, respect for the autonomy and choice of both individuals and groups and the leadership styles;
- the **planning and implementation** approach, based on needs assessment and partnership with all stakeholders;
- the crucial role of **needs assessment** in the context of the whole spectrum of determinants and of appropriate **evaluation and research and communication**.

The ASPHER system, intended for general public health, is more oriented toward epidemiology, statistics, risk assessment and management, prevention, and health protection. Health promotion appears as an instrument «to improve or protect health and to prevent disease».

The COMPHP system, specific for health promotion, is more oriented toward enabling change, advocacy, and partnership. According to the Ottawa Charter its focus is «enabling people to take control of their health», and therefore stakeholder involvement, empowerment, and equity play a central role and represent the ultimate goals of the strategy.

Is it useful and feasible to develop specific strategies of professional development for public health and health promotion?

The success of core competencies and accreditation systems ultimately depend on the extent to which they are included in a strategy of professional development aiming to:

- attest the quality of workforce and workforce education;
- ensure accountability, including through clear and agreed guidelines and quality standards for knowledge, skills, and values for effective, ethical professional practice;
- facilitate employability by standardizing job descriptions and providing a reference point for employers in recruitment and selection;
- facilitate movement across roles, organizations and countries;
- increase recognition and visibility of discipline and practitioners.

The professional status of people working in public health and health promotion across Europe is characterized by a wide diversity, according to national laws, traditions, and power relationships and systems.

In several countries health promotion is not recognised as a specific profession, and examples of professionals working exclu-

sively on health promotion are extremely rare, with training and practice embedded in public health.

The challenge is therefore stronger for health promotion, seen by some stakeholders «as an approach rather than a profession». They «perceive professionalization as a risk of introducing “experts” contrary to the underpinning principles of health promotion» and «foresaw the risk that the establishment of a profession could mean allocating the role to one profession with the risk of excluding many practitioners who have been working in the sector for years». Others consider «the standards too demanding» and «think that only a few experienced experts would fully qualify on all points».

An alternative vision sees a profession as «necessary to make concrete the concepts of health promotion, to act and advocate as professional body, to stimulate individuals and education, to obtain recognition». «Without an accreditation, everybody can say that they meet standards, whilst actually conceiving very differently what they can do, what they are meant to do, or what they want to do». ³⁵⁻³⁷

An effective strategy of professional development should take into account the differences in health and education contexts and develop flexible competencies and accreditation systems that can empower and gradually incorporate professionals and education providers. A flexible, synergic relationship will enable public health and health promotion professions to avoid unnecessary conflicts and to change or cope with the professional and educational environment.

Conflicts of interest: none declared

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