Health Promotion: 40 years of mainstreaming and capacity building within public health

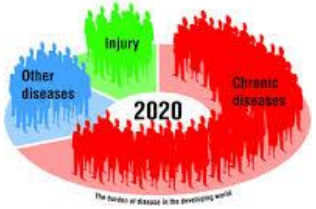
Stephan Van den Broucke

Symposium

From Environment to Individuals: Pathways to Sustainable Health Promotion and Prevention
Belgian Association for Public Health
Brussels, 6th June 2025

Public Health across the world is under pressure









- Changing burden of disease
  - more chronic conditions due to growing proportion of elderly in the population of developed and developing countries
  - more stress and mental health problems
  - multiborbidity
  - infectious diseases, antimicrobial resistance, injuries, violence
  - health consequences of urbanisation
  - environmental changes (climate changes, natural disasters)
- Widening health inequalities
- Revolution in communication technology
  - a powerful tool to effectively influence health
  - *but* **unequal access** enhances information and knowledge divide
  - more exposure to marketing of unhealthy products and lifestyles

Addressing these challenges



- Requires a reorientation of health services, with a more prominent role for **prevention** and **health promotion**
  - health systems were developed to meet needs of ***demand-led*** health care

    do not give enough attention to ***what produces health***
  - most health systems are still largely focused on ***treatment***, ***cure***, and ***care***
  - need to address the ***enablers of health***

    requires a more prominent role for prevention and health promotion, integrated within the wider health system



- Reorienting health services is a key component of Health Promotion

  « The process of enabling people to increase control over the determinants of their health, and thus to improve their health »

  - Ottawa Charter for Health Promotion (WHO, 1986)

Health Promotion





- Launched in 1986 as a **response to specific health needs** in countries with a high standard of living
  - Growing importance of « ***lifestyle diseases*** » (cardiovascular disorders, cancer, diabetes, accidents, suicide, …)
  - Awarereness of the limits of « traditional» (medical) prevention
- Goal: empower individuals and groups to take control of the **determinants** of their health

The place of health promotion in public health

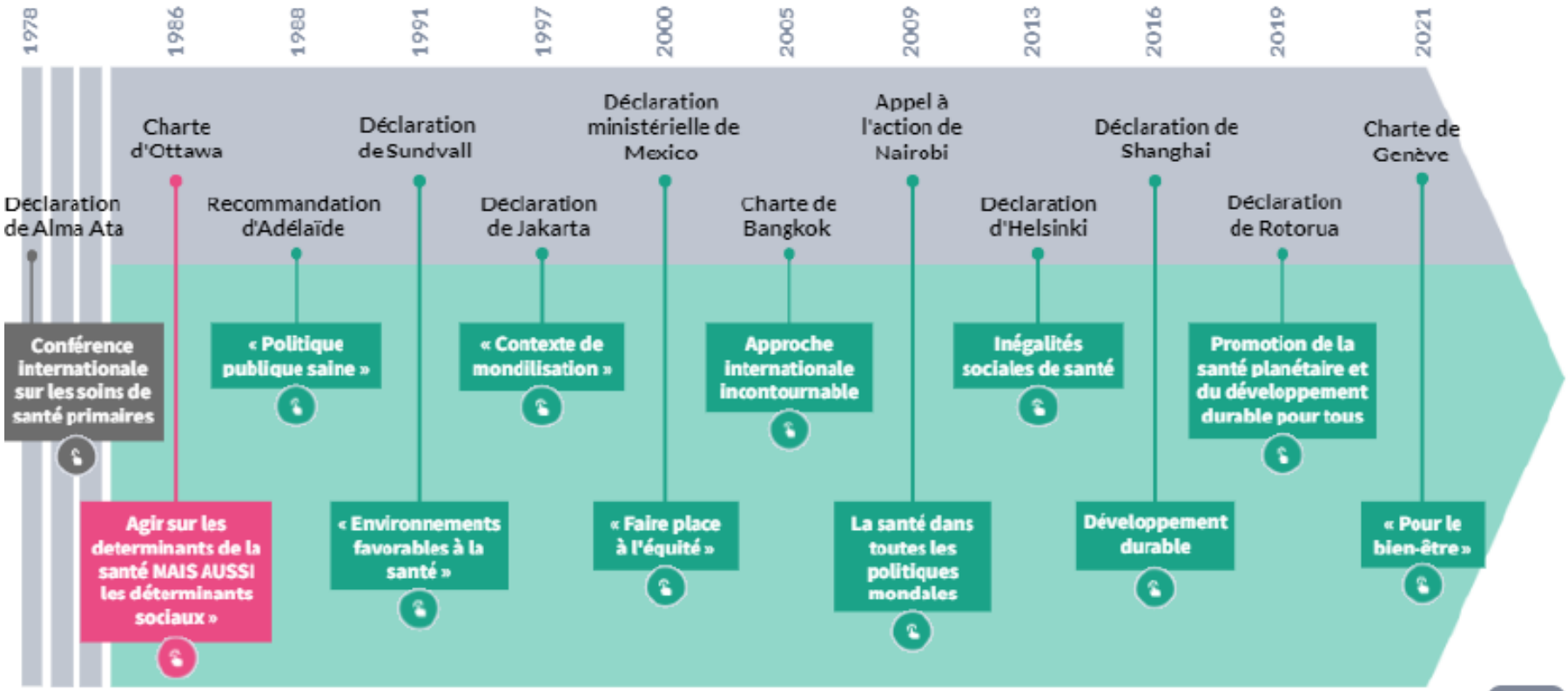
- Health Promotion is firmly **rooted** in public health

  considered variably as a “part”, as a “specialised area of practice”, an “essential operation” or a “core function” of public health

- A radical departure from traditional approaches to public health, due to a **unique value system**
  - opposed to the **“benevolent paternalism”** that characterizes traditional public health thinking

    the authority of experts and health professionals to determine what the population's health needs are and how to meet them
  - much more focused on the values of **empowerment**, **equity** and **participation**
    - Inspired by a ***salutogenic*** conceptualisation of health (Antonovsky, 1996)
    - seeks to create a dynamic and ***participatory*** engagement with individuals and communities to enable them to take control of the determinants of their own health
    - revived the ***traditions of social medicine*** by paying particular attention to those who suffer from disproportionate health problems
- Considered as a movement towards a **new public health**

Health Promotion since the Ottawa Charter



genially

Milestones in Health Promotion
Statements from Global Conferences



The conferences and declarations that have shaped health promotion

(Alma Alta Declaration on Primary Health Care, 1978)

1. The Ottawa Charter (Canada) for Health Promotion, 1986

2. The Adelaïde Recommandations (Australia) on health policies, 1988

3. The Sundsvall Declaration (Sweden) on creating health promoting environments, 1991

4. The Jakarta Declaration (Indonesia) on Health promotion in the 21st century, 1997

5. The Ministerial Declaration of Mexico: Ideas to actions, 2000

6. The Bangkok Charter (Thailand) on Health promotion in a globalising world, 2005

7. The Shanghaï Declaration (China) on promoting health in the 2030 Agenda for Sustainable Development

8. The Rotorua Declaration (NZ) on Planetary health, 2019

9. The Geneva Charter, 2021

10. The Abu Dhabi Statement (UAE) on Settings for Planetary Health and Well-Being, 2025

Operationalisation of the (utopic) **health concept** of the WHO 1946

Operationalisation of the **first 2 axes** of the Ottawa Charter

Strong stance the process of **globalisation of the economy** and its effects on health

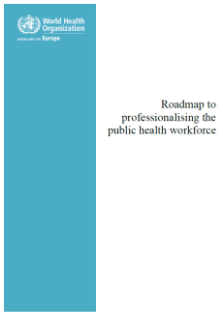
The principles on which health promotion is based are not favourable to the economic interests of the major powers

Focus on **sustainable development**, **health literacy, equity** and **wellbeing**

All conferences on the WHO website: http://www.who.int/healthpromotion/conferences/en/#

40 years of Health Promotion





- The practice of health promotion has considerably ***developed*** since the Ottawa Charter
  - expansion of the workforce
  - wide range of health promotion activities
  - proliferation of HP training programmes & course materials
  - established structures and institutions



- Health promotion is being ***mainstreamed*** into modern public health
  - reference to « New Public Health » since the 90s
  - HP firmly embedded in core competency and accreditation systems for Public Health

(e.g., Essential Public Health Operations, ASPHER, WHO-EURO Action Plan, Coalition of Partners to strengthen public health services in Europe)

Effects of mainstreaming Health Promotion



- **Opportunities** for Health promotion
  - a stronger ***focus on the enablers of health*** enhances the strategic importance of a whole-of-government / whole-of-society approach
  - showcase the ***achievements*** of health promotion with regard to core professional competencies
  - build ***public health capacity*** through a 'health promotion lens'
- **Challenges** for Health Promotion
  - loss of ***visibility***
  - weakening of the ***organizational capacity of HP***
  - absorption into a ***traditional public health discourse***, dominated by other (predominantly medical) professions

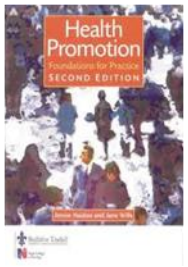
Van den Broucke, S. (2017). *Health Promotion International*, 32(5), 763-767.

Addressing the effects of mainstreaming health promotion









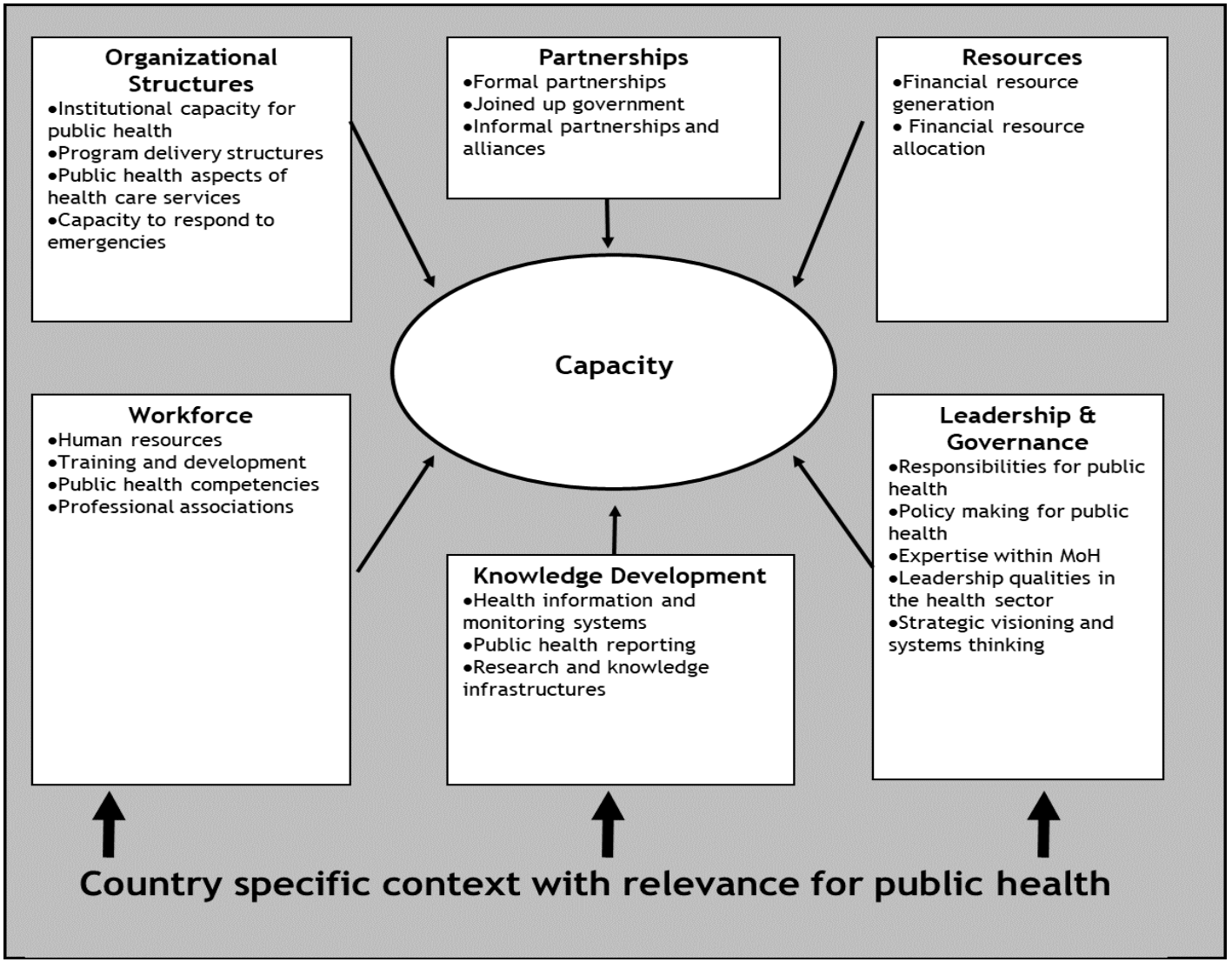
- Improve **information and research**
  - on the state of health of the population to guide action
  - on effectiveness of interventions and policies
- Build the **capacity** to make healthy public policies
- Ensure the **competences** of public health professionals

Capacity Building



- **Narrow meaning**: the capacity to deliver specified, high quality services or responses to particular problems
  - Defined by ***set criteria on particular competencies*** relating to specific skills, procedures and structures
  - Linked to performance standards, competency assessment, and quality improvement
- **Broader meaning**: the capacity of a **system** to solve new problems and respond to unfamiliar situations
  - Defined by ***more diffuse and complex criteria*** related to the ability of the public health community to think creatively, adapt to change, innovate and solve problems
  - Involves leadership, service development, team development, workforce development, and organizational development

Dimensions of Public Health Capacity



Aluttis, Van den Broucke et al. (2014). *Journal of Public Health Research*, 3(1), jphr2014.



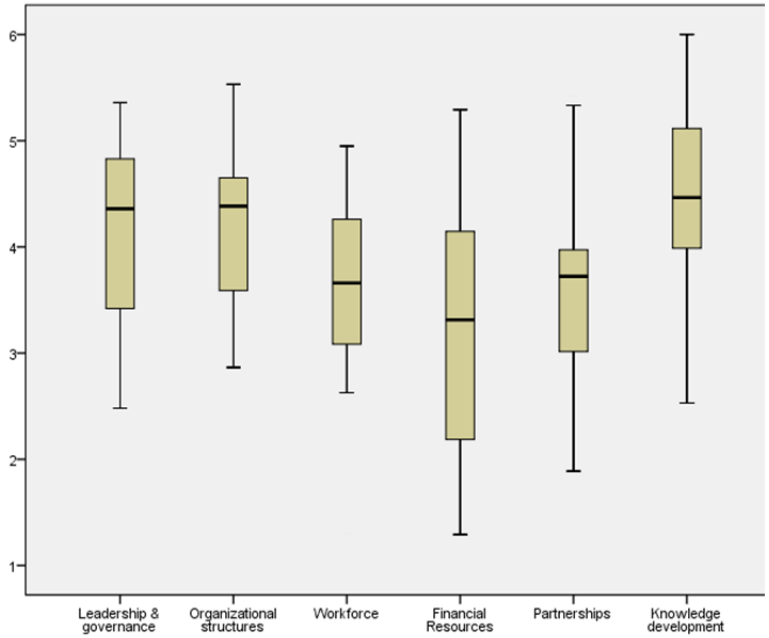
Capacity Mapping

- The systematic, objective assessment of existing capacities as a basis for capacity development
- Does not evaluate the actual *performance* of a system, but the system's *ability* to fulfill its specific functions within a set of resource constraints
- To be distinguished from assessing *competencies,* which is not concerned with health systems but with the identification and description of the knowledge and skills required of public health professionals
- Ideally involves the of pre-defined indicators based on a conceptual framework

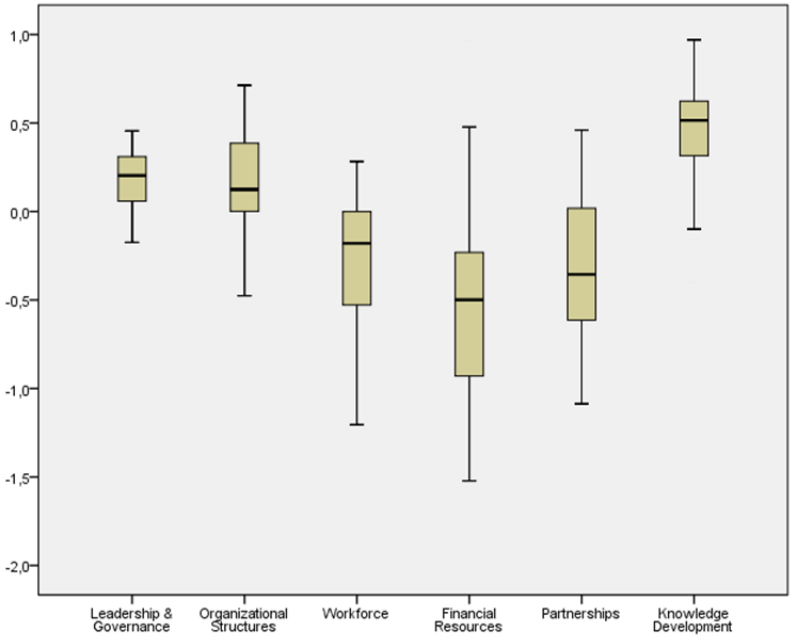
Capacities of EU MS to implemement PH/HP policies

- European project using a key informant approach
- Capacity mapping tool based on PH/HP capacity model
  - 6 dimensions divided into 21 components assessed by 135 indicators
  - Scored on Likert scale 1 = not developed – 6 = fully developed and functioning well
  - Internal consistency (Cronbach alpha) 0.7 or above for all components

Summary scores for the different capacity domains

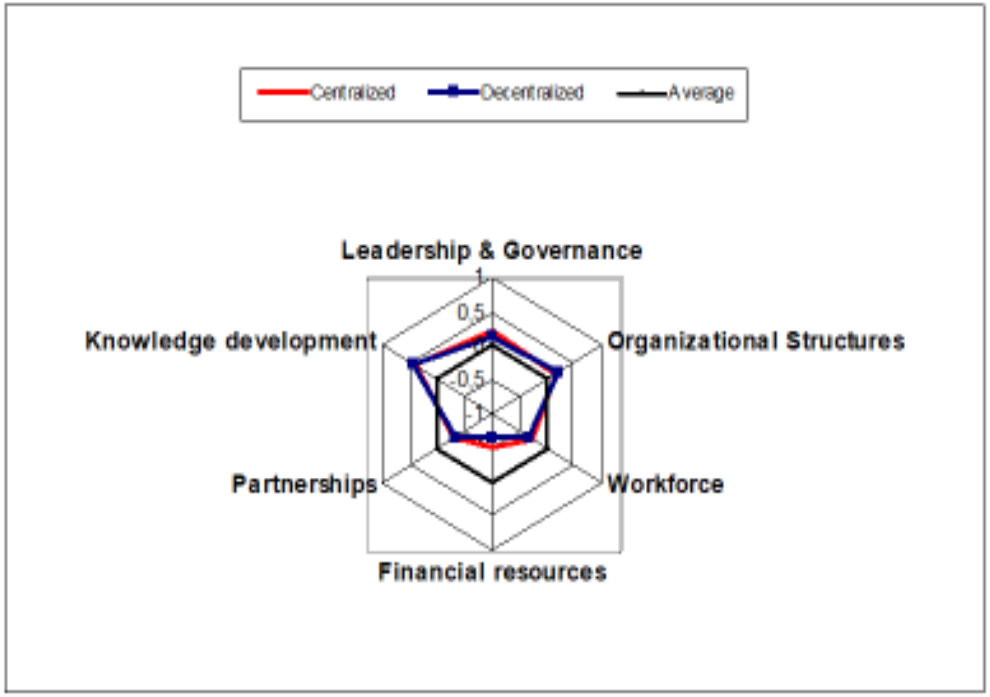


Standardized scores for the different capacity domains



Aluttis al. (2013). European Commission Directorate General for Health and Consumers.

Standardized scores for capacity domains for EU Member States with a centralized and decentralized public health system



Centralized	Decentralized
Bulgaria	Austria
Cyprus	Belgium
Czech Republic	Finland
Denmark	Germany
Estonia	Italy
France	Spain
Greece	Sweden
Hungary	United Kingdom
Ireland	
Latvia	
Lithuania	
Luxembourg	
Malta	
Poland	
Portugal	
Romania	
Slovakia	
Slovenia	
The Netherlands	

Aluttis al. (2013). European Commission Directorate General for Health and Consumers.

Ensuring the competences of public health professionals

- PH/HP Workforce involves various levels

  Individuals, groups, organisations, coalitions, communities

- Differentiation between
  - "specialist" public health and health promotion professionals
  - those responsible for putting health promotion into practice

(1) Public health specialists	*(2) Partial public health role*	*(3) Awareness of public health issues*
Health professionals with specialization in public health	Physicians	Police
	Nurses	Architects
Health policy-makers	Dentists	Urban planners
Epidemiologists	Pharmacists	Teachers
Environmental health experts	Midwives	Journalists
Health economists	Food inspectors	etc.
Health promotion specialists	Nutritionists	
etc.	Fitness instructors	
	Psychologists	
	Social workers	
	etc,	

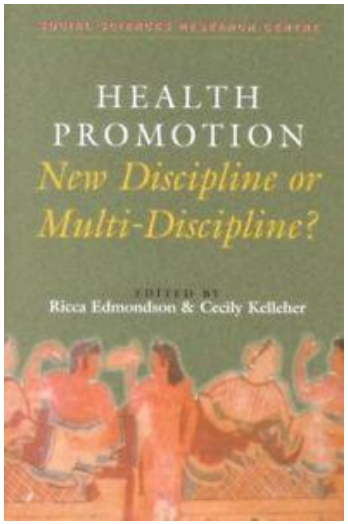
Disciplinary status of health promotion



Bunton, Macdonald & Macdonald. (Eds.). (2003). Health promotion: disciplines and diversity. Routledge.

- Health promotion is a social movement, an ideology, a field of practice, …
- Is health promotion also a discipline or a profession?
  - To be considered a ***discipline***, a field of study must have its own specific knowledge domain, history, value base, traditions, codes of conduct, and preferred research methods.
  - To be considered a ***profession***, it needs a recognized workforce, professional competency and capacity-building methods.

Health Promotion as a discipline



- ***Yes*** ✓
  - Has its own set of concepts and values

    crystallized around the paradigm shift from an individualistic to a holistic and emancipatory approach that relates to equity, social justice, participation and empowerment
  - Applies a methodology that extends the notions of 'best evidence' used in (evidence based) medicine to other kinds of information

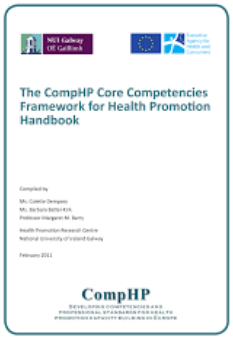
    necessary to capture the complex interactions between various determinants of health situated at different levels
- ***No*** ✗
  - Not (yet) based on a single paradigm with its own epistemological, theoretical and methodological foundations
  - Theoretical and disciplinary roots of HP are borrowed from longer established disciplines

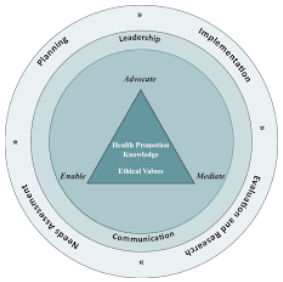
    such as sociology, psychology, education science, political science, communication science, marketing and ethics

HP practice is truly ***transdisciplinary***!

Health Promotion as a profession?









- ***Yes*** ✓
  - University programmes and courses, handbooks, journals, global and regional conferences
  - Dedicated Non-Governmental organizations (e.g., IUHPE) and Foundations

    (e.g. in Switzerland, Thailand, Tonga and Victoria Australia), supporting its development as a discipline
  - Accreditation system for health promotion specialists and courses (CompHP)
- ***No*** ✗
  - No distinctive institutional structure
  - No operational accreditation system
  - No oversight by a professional body

    de facto anyone can call him/herself a health promoter

Specialist versus mainstreamed Health Promotion



The contribution of health promotion to public health development lies in the complementary nature between specialist and mainstreamed Health Promotion

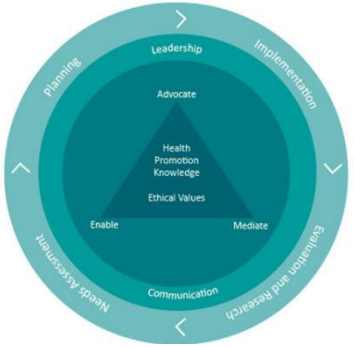
- ***Mainstreaming*** health promotion can ensure that the HP approach
  - finds its way in the broader public health domain
  - is reflected in the training curricula and professional standards of public health specialists
- Training and supporting a core body of ***health promotion specialists*** within academia, policy and practice settings can
  - maintain its identity and traditions
  - further advance the body of knowledge, values, competencies and research methods that make health promotion unique
  - nurture the broader group of mainstreaming health promoters without precluding HP to develop as a discipline

The competences of Health Promotion Specialists

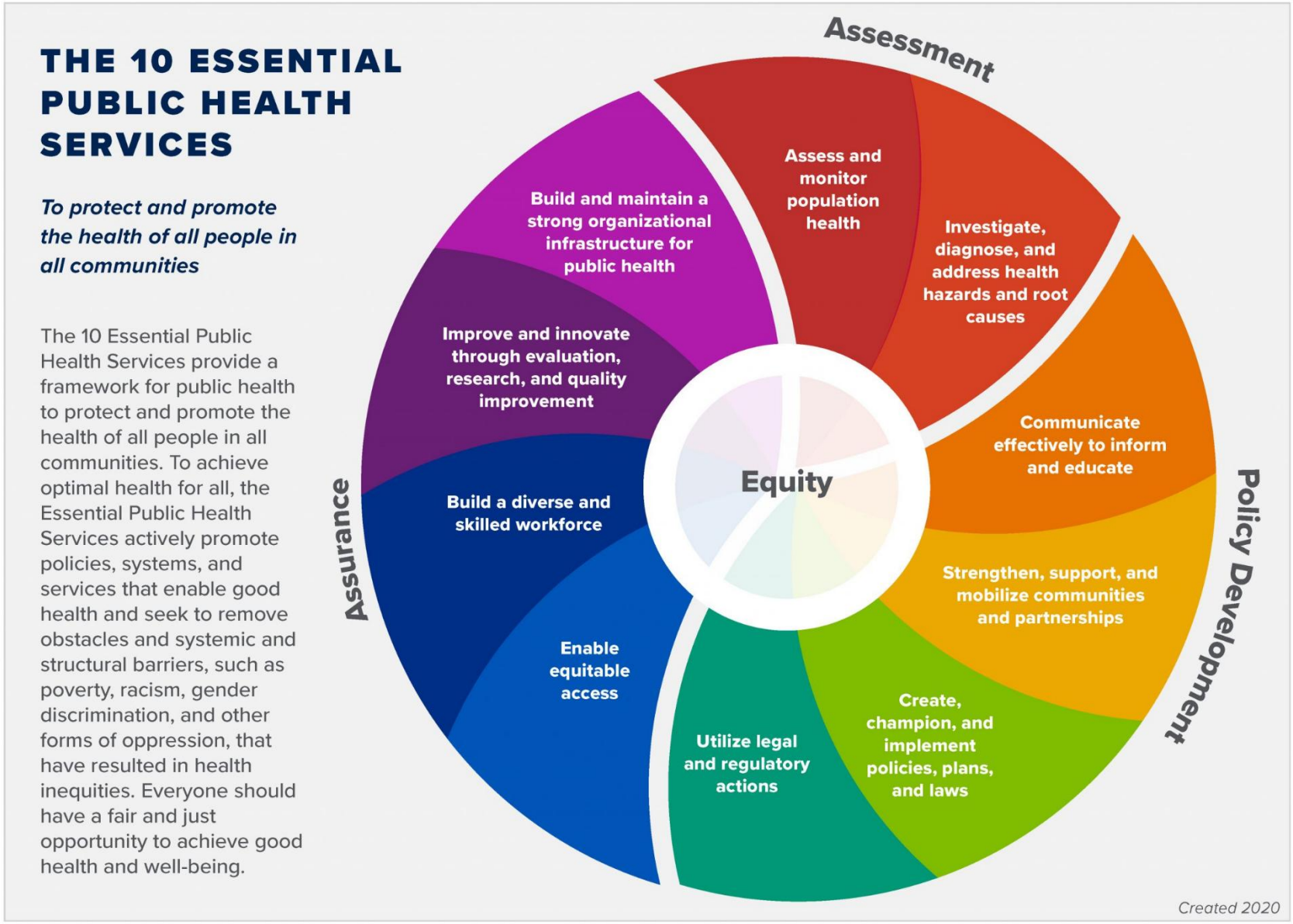


- Linked to the Essential Public Health Functions (WHO)
- Translated into core competences
  - for public health (ASPHER)
  - for health promotion (IUHPE and SOPHE)





Essential Public Health Functions



Core competence framework for Public Health (Europe)



Competence framework WHO-ASPHER

Content and context

1. Research and practice
2. Promoting health
3. Law, politicies and ethics
4. One Health and health security

Relations and interactions

5. Leadership and systems thinking
6. Collaboration and partnerships
7. Communication, culture and advocacy

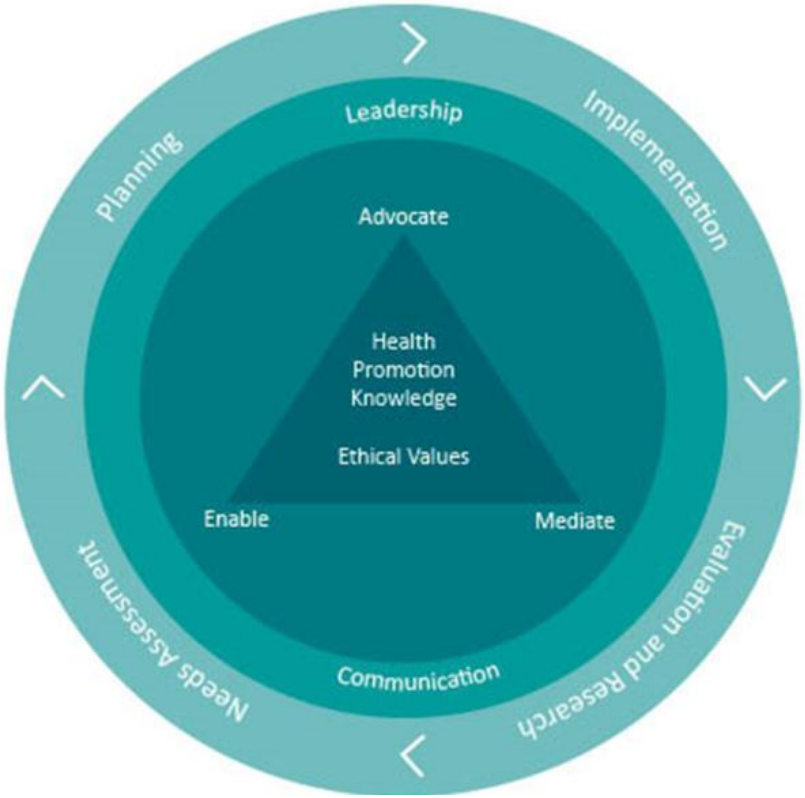
Performance and achievement

8. Governance and resource mgt
9. Professional development and reflective ethical practice
10. Organisational culture and adaptability

Core competence framework for Health Promotion (IUHPE COMP-HP)

Competency domains

- Ethic values and principles of health promotion
- Basic knowledge
- Enabling change
- Advocacy
- Mediation and partnerships
- Communication
- Leadership
- Needs assessment
- Planification
- Implementation
- Evaluation and research



Implementing the Framework

- The work of the CompHP Project has been taken forward by the **IUHPE**
  - IUHPE Global Working Group on Competencies and Workforce Development (CWDG)
  - Piloting and implementation of a pan-European Accreditation Framework through an EU Operating Grant in 2013
- Expansion to a Global IUHPE **Accreditation System**
  - responds to the need for a **quality assurance** system to strengthen and unify the Health Promotion workforce globally, building on the consensus on core HP competencies
  - two components
    - a voluntary process of registration for Health Promotion **practitioners**
    - accreditation for Health Promotion **courses** that are assessed as meeting agreed competency-based criteria
  - premised on **voluntary registration** focusing on professional competence rather than statutory regulation
  - is designed to be **flexible** and sensitive to different contexts while maintaining robust and validated criteria

IUHPE HP Accreditation System

- Based on COMPHP Competence Framework
- Accredits **practitioners** and **courses**
- Premised on
  - **Voluntary** registration
  - A **devolved model** : the **Global Accreditation Organisation (GAO)** approves **National Accreditation Organisations (NAOs)** to register practitioners within their catchment area.
- Agreed criteria, policies processes and procedures to be followed are detailed in System Handbook
  - detailed Handbooks provide the agreed criteria, procedures, policies, etc.
  - ethical and quality principles underpin all aspects and activities (e.g. confidentiality/conflict of Interest)
  - all forms (e.g. applications, assessments) are provided
  - global /national registers
  - agreed criteria, processes, policies and procedures must be followed

Relative strengths and weaknesses for workforce capacity for PH/HP

Strengths	Weaknesses
• Large public health workforce exists (also other sectors) • Professional associations for PH exist in all MS • Wide range of universities in the MS offer PH programmes at BA, MA and PhD levels • Upward trend in number of students studying PH and related disciplines • Study programmes are of high quality and curricula prepare students for relevant PH issues including health equity and social determinants of health	• No reliable quantification of PH workforce exists. • Workforce can often not be clearly identified and distinguished from the health care workforce and people working in other sectors • Career opportunities and incentives for professional development in PH An HP are relatively low. • Competencies of PH not defined according to specific standards • No strategy for the development and deployment of PH workforce in any MS • Some (mostly rural) areas do not have sufficient workforce capacities to meet needs of population. • Large variations across municipalities in terms of workforce Capacities • No focus on PH education of workforce from other sectors • Many working in PH still work according to the 'old‘ paradigm based on infectious or environmental pathways of diseases.

“The best way to face the future is to create it”



The public health & health promotion community should not just *face* the future, but *shape* the future

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