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EDITORIAL

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Quality learning and teaching is vital for equipping the health promotion workforce to address complex public health challenges

Changes in global morbidity and mortality, and widening health inequities are occurring at unprecedented levels due to significant public health challenges.[1] The impact of issues such as climate change and COVID-19 on population health and healthcare systems has been significant,[2–4] highlighting the need for greater emphasis on disease prevention and people-centred, community-based health promotion initiatives.[5] Health promotion academics play an important role in training the health promotion workforce, which is a vital component of the public health response to these global challenges.

Health promotion is defined in the Ottawa Charter for Health Promotion[6] as the "process of enabling people to increase control over, and to improve, their health." Best practice in health promotion is characterised by a critical and salutogenic approach underpinned by the values and principles outlined in seminal health promotion charters and declarations,[7–9] and aims to challenge the dominant biomedical and behavioural paradigms in order to influence social change.[10] The latest health promotion charter, the Geneva Charter for Wellbeing,[9] highlights the urgent need to address the ecological, political, commercial, digital, and social determinants of health and mitigate the risks to population health caused by climate change, poverty, population displacement, pollution, and widespread inequity. Shifting away from a focus on the individual to these wider social and structural determinants of health will have greater impact on population health.[11] Health promotion practitioners plan, implement, and evaluate initiatives to address a broad range of determinants of health to improve health outcomes for communities and populations. Health promotion practice has long been values-driven[12] and concerned with equity, empowerment, social justice, and participation via holistic, sustainable, intersectoral, and multi-strategy approaches to improve health and address health inequities via a competent and skilled specialist health promotion workforce.[13]

Clearly defining what constitutes the health promotion workforce, and highlighting the unique contributions it makes to improving population health, is crucial as public health challenges become increasingly complex.[14] Traditionally, the health promotion workforce has been diverse in nature, and calls were made in the early 2000s to more clearly define health promotion roles and focus on building a knowledgeable and skilled workforce in Australia.[15,16] Regulating the health promotion workforce in Australia has been a strategic priority of the Australian Health Promotion Association (AHPA) for several decades to ensure that health promotion expertise is recognised and the specialist workforce strengthened.[17] Australia has a long history of health promotion competency and workforce development initiatives,[18] with the 2009 Australian health promotion competencies[19] informing the current International Union for Health Promotion and Education (IUHPE) Core Competencies and Professional Standards for Health Promotion.[13] This document provides a comprehensive and globally agreed set of competencies and professional standards that are generally welcomed and accepted across the globe.[5] This forms the basis of accreditation and practitioner registration mechanisms for tertiary degrees and organisations, including those in Australia.

The development of health promotion competencies, professional standards, and accreditation processes over the past three decades has made a significant contribution to global health promotion workforce development.[14] The IUHPE Health Promotion Accreditation System provides a mechanism to ensure that health promotion is practiced effectively and ethically by training practitioners via degrees that are quality assured and endorsed by the IUHPE.[14] In 2016, the system was formally launched at the 22nd IUHPE World Conference and is now used globally to accredit tertiary health promotion courses and register individual health promotion practitioners.[14] Individual practitioners who are successfully registered within the System receive the title *"IUHPE Registered Health Promotion Practitioner"* and accredited tertiary courses receive the description *"IUHPE Accredited Health Promotion Course"*. In Australia, AHPA is the professional body that provides a mechanism for ensuring health promotion qualifications meet the agreed competencies and professional standards. As a result, Australia currently has one of the highest rates of practitioner registration (n = 110) and accredited courses (n = 12) in the world[14,20,21] which is a testament to the willingness of AHPA to support and promote the IUHPE system to its members.

Over the past three decades, the health promotion workforce has grown substantially due to an increase in the number of health promotion training programs and organisations globally.[5] However, Australia has seen significant ebbs and flows during this time, reflecting periods of government investment and disinvestment[22] making it challenging to maintain a strong professional identity. Universities make a unique contribution to improving population health via research, knowledge translation, and student training; and health promotion academics play a key role in workforce development by designing and delivering specialist health promotion degrees and

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training programs that develop the skills and knowledge of student health promotion practitioners and undertaking health promotion research that informs their teaching. Health promotion identity and traditions of the field can be maintained by supporting and developing health promotion specialists within academia[5] via curriculum and pedagogy that is underpinned by health promotion values and principles outlined in the Core Competencies and Professional Standards for Health Promotion, and the key global health promotion charters and declarations. Vital to this process is effective learning and teaching approaches and methods that are delivered by specialist health promotion academics to students who are training to join or advance their standing in the health promotion workforce.

The choice of learning and teaching approaches and methods used by health promotion academics influences the development of students' health promotion skills, knowledge, and competence for practice. Effectively delivered health promotion courses are those which make use of learning approaches that increase student and teaching staff interaction.[23] Health promotion curriculum needs to blend subject-centred and learner-centred curriculum design,[24] due to the theoretical and practical nature of the discipline. Academics will often use a combination of learning theories and pedagogies, with a strong focus on social constructivism[25] to enhance social interaction and the professional identity of students. Students should also be provided with opportunities to develop their reflective skills to explore health promotion values and principles and how these influence their practice.[26] Considerations also need to be made for how to effectively deliver courses remotely so that online learners receive an equitable learning experience.[27] Developments in information technology and the spectrum of potential applications for technology-enhanced learning strategies can be utilised to support adaptive learning.[28] Providing students with technology-enhanced real-world learning opportunities, work-integrated learning, authentic assessment,[29,30] and blended approaches[31] supports a solid foundation for health promotion practice upon graduation.

Building the evidence-base for learning and teaching in health promotion is another important step in developing the health promotion workforce. Academics require access to peer-reviewed literature reporting on effective curricula and pedagogies for health promotion degrees to support professional development and best-practice teaching delivery. Encouraging and supporting health promotion academics to engage in scholarship of learning and teaching and disseminate their findings to colleagues will address a significant gap in the literature. This can be achieved via initiatives such as the *Health Promotion Journal of Australia's* special issue focusing on learning and teaching in health promotion, AHPA's national Health Promotion Learning and Teaching Community of Practice, and dedicated learning and teaching forums and conferences that provide opportunities for health promotion academics to share their ideas and collaborate. These efforts will contribute to achieving AHPA's strategic priority of a highly skilled and sustainable health promotion workforce and support the advancement of the health promotion profession and discipline.

An ethical, skilled, knowledgeable, and agile health promotion workforce is more important now than ever.[14] Health promotion academics have an important role to play in inspiring the next generation of practitioners who will contribute to addressing unprecedented challenges facing public health in the coming years. Providing more effective training to health promotion students will enable the development of critical skills for practice, which will positively influence the health and wellbeing of communities and populations.[32] Including a greater focus on future-facing education pedagogy[33] to refocus learning towards global issues and future hopes will ensure that students possess 21st century skills[34] to advocate for health promotion and contribute to public health and the sustainable development agenda.[35] Complex public health challenges including climate change, pandemics, and political instability will continue to challenge communities worldwide, and our current health promotion students and future practitioners need to be equipped for action.

CONFLICT OF INTEREST

K Blackford is a Board member of the Australian Health Promotion Association and Chair of the national Health Promotion Learning and Teaching Community of Practice.

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