

Report

Cap4HP: Collaborative Capacity Building for Health Promotion and Prevention Professionals in Switzerland

Verena Biehl¹, Raphaël Zumofen², Lara de Preux-Allet² and Derek Christie³ and Karin Nordström¹

¹Institute of Public Health, School of Health Sciences, ZHAW Zurich University of Applied Sciences, Winterthur

²School of Health Sciences, HES-SO-Valais-Wallis

³ School of Health Sciences Fribourg, HES-SO

Abstract

Health promotion and prevention professionals play a crucial role in addressing current health challenges such as rising mental health issues. In Switzerland, however, their professional practice remains constrained by limited resources, weak political commitment, fragmented educational pathways, and the absence of clear role conceptualizations. To reinforce health promotion and prevention professional practice in Switzerland, this inter-university initiative aimed to foster a common understanding of systematic and strategic capacity building for health promotion and prevention professionals, based on the international CompHP Core Competency Framework for Health Promotion. This objective was pursued through three key approaches: A) Initiating a collaborative process among relevant educational institutions and decision makers in health promotion in Switzerland. B) Developing a shared understanding of professional competencies and roles of health promotion professionals. C) Disseminating a common product to raise visibility and recognition of health promotion professionals.

The project combined qualitative interviews of higher education institutions and decision-makers, followed by two participatory workshops with representatives from education, practice, and policy-making. This process enabled the co-creation of a fact sheet, published via Promotion Santé Suisse, which presents the adapted Swiss CompHP framework, outlines its relevance for education, training, and practice, and formulates recommendations for implementation and dissemination.

Findings show that CompHP provides a suitable foundation for defining professional competencies in Switzerland but requires contextual adaptation, including the integration of prevention alongside health promotion and attention to the country's fragmented educational and policy landscape. Feedback emphasized the need for practical implementation guidelines, differentiated applications across educational levels, and stronger involvement of practice actors. Despite persistent conceptual ambiguities between health promotion, prevention, and public health, the participatory process strengthened mutual understanding, initiated a national network, and laid the groundwork for future collaborations and capacity-building initiatives.

The results underscore the importance of collaborative leadership, targeted dissemination, and supportive tools to professionalize health promotion and prevention in Switzerland. Long-term perspectives include the establishment of a professional association and potential national accreditation mechanisms to enhance visibility, quality assurance, and policy recognition of health promotion and prevention professionals.

Content

Abstract	1
1 Background	3
2 Methods	4
2.1 Interviews	4
2.2 Workshop 1	5
2.3 Workshop 2	6
3 Results	6
3.1 Interviews	6
3.2 Workshop 1	7
3.3 Workshop 2	8
4 Discussion	9
5 Conclusion	11
Project dissemination	12
References	12

Tables and Figures

Table 1: Overview of participants of the interviews	5
Table 2: Overview of participants of Workshop 1	5
Table 3: Overview of participants in workshop 2	6
Figure 1: CompHP framework for Core Competences in Health Promotion	3

Background

Health promotion and prevention (HPP) are a core fields of action within public health and therefore HPP professionals contribute to promising approaches to current health challenges globally, as well as in Switzerland, e.g., increasing mental health issues, cumulative incidence of noncommunicable diseases, the threat of reinforced health inequities or the call for planetary health perspectives. In Switzerland, however, the full potential of HPP professional practice is restrained due to a lack of resources, political commitment, and legal framework (Lückenbach et al., 2023). On top of that, education in HPP started late, in the early 2000s, and was offered via continuous education mainly (Biehl et al., 2022; Künzli & Nocera, 2022). The first undergraduate program in HPP started at the ZHAW Zurich University of Applied Science in Winterthur only in 2016. Still, the educational landscape in HPP is fragmented in Switzerland (Biehl et al., 2025).

This complex situation leads to a persisting unclarity regarding the conceptualization of professional roles of HPP professionals and low recognition of their specific competencies by employees and the society (Biehl, Gerlinger, et al., 2021; Biehl, Wieber, et al., 2021). This lack of clarity undermines the professional practice of HPP, which requires reinforcement given the limited resources available in the field and the persistent health challenges in Switzerland. Taken together, further capacity building for HPP professionals is needed to raise the visibility of their professional competencies, roles and forms of education towards stakeholders in practice and policy (Aluttis et al., 2014; Van den Broucke, 2021; WHO Regional Office for Europe, 2022). In this context, we narrow down the definition of capacity building to the sustainable development of a skilled HPP workforce via undergraduate, graduate and continuous education, as well as specific research relevant to extend the HPP knowledge base. Consequently, educational and research institutions play a significant role in capacity building for HPP professionals.

A central foundation for capacity building in HPP is the internationally developed competence framework CompHP (Dempsey et al., 2011). Over the course of a decade, experts, together with a wide range of practitioners and decision-makers, reached agreement on the core competencies required for professionals in health promotion (Barry et al., 2012). This framework was first published in English in 2011 and later in German in 2014 (Barry & BZgA, 2014). In 2024, the competence framework was updated to include key current developments such as digitalization, sustainability, and growing health inequalities (Battel-Kirk et al., 2024). Figure 1 illustrates the framework model.



Figure 1: CompHP framework for Core Competences in Health Promotion

This competence framework forms the basis for the Bachelor's degree program in HPP at the ZHAW in Winterthur. The importance of competence development in HPP was thus recognized, at least in the German-speaking part of Switzerland, as early as 2016 (Biehl et al., 2022). The planned implementation in 2027 of a similar program at the University of Applied Sciences (HES-SO) in Western Switzerland further confirms the ongoing need for, and willingness to invest in, such capacity building for HPP professionals. However, a shared understanding of a systematic and strategic approach

to capacity building for HPP professionals in Switzerland has yet to be established. This is equally crucial for public health, both as a scientific discipline and as a practical field.

Objective of the initiative

In order to reinforce HPP's professional practice in Switzerland, this inter-university initiative aimed to foster a common understanding of systematic and strategic capacity building for HPP professionals, based on the international CompHP Core Competency Framework for Health Promotion.

This objective was met by three means:

- (A) Initiating a collaborative process among relevant educational and research institutions in HPP in Switzerland
- (B) Strategically developing a shared understanding of professional competencies and roles of HPP professionals and
- (C) Systematically summarizing the conceptualization of HPP professional competencies, roles and forms of education within a common product.

1 Methods

The project was conducted as a collaboration between two Universities of Applied Sciences which are SSPH+ members: ZHAW and HES-SO¹. Other partners were involved within the work packages: the Swiss Society of Public Health, Promotion Santé Suisse, and other educational institutions in HPP in Switzerland. The collaboration with the SSPH+ helped to identify relevant partners for the different work packages. The participatory process built on cooperative planning between main educational institutions and decision-makers in HPP in Switzerland. The following work packages allowed to reach the objectives of this inter-university initiative:

1. Conducting interviews with relevant educational institutions and decision-makers in the field of HPP to identify the need for clarification and standardization of common core competencies and roles in HPP.
2. Participatory workshops with educational institutions and decision-makers in the field of HPP in Switzerland, in order to identify and discuss the understanding of professional competencies and roles in HPP as well as potential synergies between universities.
3. Development of a common product in collaboration between the project team and the workshop participants, advocating for the conceptualization of competencies, roles, and training formats for HPP professionals.
4. Dissemination of the common product to key national stakeholders in HPP (e.g., the Federal Office of Public Health, Promotion Santé Suisse, and the Association of Cantonal Health Promotion Officers), as well as presentation at conferences and publication in journals.

The methodological approaches of work packages 1 and 2 are briefly described in the following sections.

1.1 Interviews

A total of 12 interviews were conducted, including four with decision-makers and eight with representatives from educational and research institutions in the field of HPP (see Table 1). The participants were identified based on a mapping of existing education and training programs in HPP (Biehl et al., 2025).

¹ The University of Applied Sciences and Arts Western Switzerland (HES-SO) comprises 28 schools located in the seven cantons of Western Switzerland. It offers 68 degree courses (Bachelors and Masters) and over 250 continuing education programs (MAS, EMBA, DAS and CAS), grouped into six fields: Design and Visual Arts, Economics and Services, Engineering and Architecture, Music and Performing Arts, Health and Social Work.

The sample included stakeholders from both the German- and French-speaking regions of Switzerland. Interviews were chosen as they provide in-depth, practice-oriented insights that help capture both strategic perspectives and practical experiences, making them particularly valuable for exploring emerging fields such as HPP (Tezcan-Güntekin & Özer-Erdoğan, 2022).

The semi-structured interviews were carried out between November and December 2024, with duration between 40 and 65 minutes. A thematic analysis was conducted on the summarized interview protocols. The analysis was primarily deductive, based on the interview guide, and further enriched with inductively derived categories (Braun & Clarke, 2012).

Table 1: Overview of participants of the interviews

Decision-makers	Educational institutions
Promotion Santé Suisse	FFHS, Distance learning college
Federal Office of Public Health	FHNW, Northwestern Switzerland
SSPH+	HS Luzern
Swiss Society of Public Health	University of Lucerne
	ZHAW
	Unisanté
	Université de Genève
	HES-SO

1.2 Workshop 1

Based on the interview results, a first in-person workshop was held in January 2025 at Promotion Santé Suisse in Berne. The objectives were: (1) to further examine the international competence framework for health promotion (CompHP), (2) to identify content-related adaptations of CompHP for the Swiss context, including the distinction between initial and continuing education, and (3) to explore possible strategies for disseminating the competence framework.

A total of 13 participants took part in the 3.5-hour workshop, including five decision-makers and eight representatives from educational institutions (see Table 2). Following a presentation on CompHP by Stephan van den Broucke (IUHPE), the project status was presented. Three subgroups were then formed to discuss objectives 2 and 3 of the workshop. The discussions were documented on flipcharts and subsequently analyzed thematically, deductively guided by the questions used in the group discussions.

Table 2: Overview of participants of Workshop 1

Decision-makers	Educational institutions
Promotion Santé Suisse	FFHS, Distance learning college
Association of Cantonal Health Promotion Officers (VBGF)	FHNW, Northwestern Switzerland
SSPH+	HS Luzern
Swiss Society of Public Health	University of Lucerne
	ZHAW
	Unisanté
	Université de Genève
	HES-SO

1.3 Workshop 2

Following Workshop 1, the opportunity arose to create a factsheet on the competence framework through Promotion Santé Suisse and use it as a project output. A first draft of the factsheet was developed based on the interviews and results of Workshop 1. It was sent to the participants. At the end of April 2025, a second workshop was held online to gather feedback on the factsheet. A total of 15 participants attended the 2-hour workshop (see Table 3). In addition to the four decision-makers and seven representatives from educational institutions, four practitioners also participated in the workshop.

Table 3: Overview of participants in workshop 2

Decision-makers	Educational institutions	Practitioners
Promotion Santé Suisse	FFHS, Distance learning college	Cantonal HPP agencies
Association of Cantonal Health Promotion Officers (VBGF)	FHNW, Northwestern Switzerland	Advisory Center for Accident Prevention BFU
SSPH+	HS Lucerne	Self-employed
Swiss Society of Public Health	University of Lugano	
	ZHAW	
	Careum	
	HES-SO	

2 Results

The following section presents the results separately for the interviews, Workshop 1, and Workshop 2, before being brought together in the discussion.

2.1 Interviews

The interview guide structured the deductive analysis of the interview protocols. The dense data compression resulted in two overarching categories: *standardization through the competence framework (CompHP)*, *product and dissemination*.

Standardization through the competence framework (CompHP),

It can be stated that the interview participants recognize the advantages of standardized competencies in the field of HPP for strengthening understanding, quality, and recognition of the field. “Many people have no clear idea of what health promotion entails, and unified competency standards make it easier to develop a common understanding, which is especially important within Switzerland’s federalist structure. This strengthens the legitimacy of the profession and supports the implementation of health policy strategies.” (Interview, Education 2)

The international CompHP framework for core competencies in health promotion is generally regarded as appropriate in terms of content, especially by educational institutions, but there is a need for adaptation to the Swiss context. In this regard, the conceptual distinction between health promotion and prevention should be integrated into the competence framework. Differentiation according to different educational levels (BSc, MSc, continuing education) would also be useful. For continuing education, the competence framework is partly regarded as too theoretical, since these programs are designed to provide highly practice-oriented content.

The interviews also highlight that a flexible approach to standardization through a competence framework is necessary to integrate current and regional specificities into education, training, and professional practice in line with the principle of lifelong learning. In addition, many different professional groups are active in the field of HPP, each taking on very diverse tasks.

Product and dissemination

To create a joint output, the proposal is to publish a competence framework adapted to the Swiss context, enriched with practical examples and a user guide. Furthermore, publishing the project results will provide an important foundation for advancing the professionalization of HPP in Switzerland. Establishing a network of stakeholders from education and training is also recommended to support the ongoing implementation of the framework and the development of future projects. The results, and later the competence framework itself, should be disseminated through various channels, such as professional associations, universities, and decision-makers, so that potential employers may eventually incorporate the competencies into their job postings.

2.2 Workshop 1

Based on the results of the interviews, Workshop 1 aimed to (1) to further examine the international competence framework for health promotion (CompHP), (2) to identify content-related adaptations of CompHP for the Swiss context, including the distinction between initial and continuing education, and (3) to explore possible strategies for disseminating the competence framework. Data analysis of the workshop protocol revealed three central categories: *Swiss-specific contextual factors*, *distinctions between initial and continuing education*, and *strategies for further dissemination*.

Swiss-specific contextual factors

The workshop highlighted that Switzerland's political and health policy system has a strong influence on the roles and responsibilities of HPP. Implementation is further complicated by linguistic and cultural differences: for instance, the German-speaking regions tend to emphasize individual responsibility, while the French-speaking regions focus more on structural factors. In addition, there is a recognized need to better integrate emerging topics such as sustainable development and the commercial determinants of health. The national debate on the distinction between health promotion and prevention should be respected and incorporate prevention into the CompHP competence framework, which is illustrated by this quote: "The distinction between the two concepts is not clear and leads to many debates. It would be very beneficial to the framework if we would incorporate both concepts." (Workshop 1, decision-maker 3) It also appears important to reference existing approaches or competence profiles, such as early detection and early intervention (F+F Früherkennung und Frühintervention) programs or addiction prevention.

Distinctions between initial and continuing education

The participants expressed a desire for differentiation of the competence framework according to the level of education. It was emphasized that accreditation based on CompHP in HPP should be voluntary, particularly for individuals. Depending on the level of education, the accreditation process can be more difficult to achieve. For example, it is easier for those with an undergraduate degree (BSc) than for those in continuing education. Professional experience should be recognized, as described in the CompHP handbook. While undergraduate degree programs (BSc) should cover the entire competence framework, continuing education could focus on specific competence areas.

Nevertheless, at least a minimal commitment to CompHP is essential to strengthen the visibility of core HPP competencies within curricula (e.g., on university websites for students, faculty, practice partners, and potential employers). As next steps, follow-up projects could include initiatives such as mentoring between educational institutions to support framework implementation, or the definition of a minimum set of HPP competencies for different professional groups based on the CompHP (e.g. for the specific program “prevention in healthcare”). These measures would further enhance the visibility of core competencies in HPP.

Strategies for further dissemination

Involvement of practitioners is recommended for the further dissemination and implementation of the competence framework in practice. Communication about the relevance and benefits of the competence framework must be tailored to different target groups (e.g., federal government, cantons, employers). The joint competence framework should list all involved universities and decision-makers as authors to demonstrate its relevance and broad support. Reference to existing foundational documents and practical tools in HPP in Switzerland is important to ensure the framework’s connectivity and relevance.

Key channels for dissemination include:

- goodpractice.ch, quint-essenz,
- prevention.ch
- the Health Professions Conference
- Promotion Santé Suisse (conference)
- DACH network
- BGM network
- career counseling
- GDK – CDS, VBGF – ARPS
- HR conferences or vocational education fairs
- SBFI, “Hochschulkonferenz” (University Conference)
- professional associations in the field of HPP
- potential employers
- universities and main stakeholders in HPP in Switzerland.

2.3 Workshop 2

As outlined in the methods section, the project created the opportunity to publish a joint factsheet with Promotion Santé Suisse. This provided a valuable channel to disseminate the collective outcomes of the project, which was one of its key objectives. The project team prepared an initial draft of the factsheet based on the findings from the interviews and Workshop 1. This draft served as the basis for discussion. It will also be published separately through Promotion Santé Suisse in at least two national languages (German and French). The content of the factsheet is therefore briefly described here

The factsheet includes an introduction, including notes on the project methodology. It then describes the current state of professionalization of health promotion in Switzerland, including definitions of health promotion and prevention in the context of public health. This is followed by a brief introduction and description of the competence framework (CompHP), which integrates prevention in addition to health promotion, unlike the international version, which focuses solely on health promotion. The intended audience of the CompHP and the benefits of its implementation are also described. Subsequently, the Swiss-specific aspects of HPP are outlined, including legal anchoring, key actors, and the state of education and training. Finally, recommendations are provided for the implementation of the CompHP in

both undergraduate and continuing education programs, as well as for decision-makers and practice settings.

The participants' feedback on the Swiss-specific aspects focused primarily on the level of detail. For the legal foundations and structures, a more concise version was recommended, including references to the relevance of direct democracy and the role of municipalities in HPP. In addition, a more detailed description of the key actors was suggested. Despite the continued complexity in the conceptual distinction between health promotion and prevention, it was preferred to include both terms in the competence framework to facilitate its usability.

Further feedback addressed the recommendations for applying the competence framework. These were generally considered appropriate, although some participants requested more practical examples or more detailed descriptions. This is expressed in the following quote: "Despite the implementation guide in the factsheet, it is still vague to me how to implement the competence framework in the different settings (e.g. continuing education or in practice). I would need more guidance or support." (Workshop 2, education 5). To ensure that the competence framework is also used in practice, it was strongly recommended to involve even more practitioners. Some participants suggested further differentiation in applying the competence framework with respect to the different professional groups within HPP. Contradictorily, the factsheet should not exceed a certain length, and flexible handling and application of the competence framework are also desired. Overall, participants support a more strategic approach to communicating and disseminating the competence framework to enhance understanding and to increase the visibility and recognition of HPP.

Based on this feedback and through further review cycles with Promotion Santé Suisse, the factsheet is finalized in October 2025 and will be published in German, French, and English.

3 Discussion

This project aimed to achieve a shared understanding of systematic and strategic capacity building for HPP professionals in order to strengthen professional practice in Switzerland. Through interviews and workshops, a collaborative process was initiated between key decision-makers and educational institutions in HPP, leading to a shared understanding of the professional competencies and roles of HPP specialists. The creation of a factsheet with Promotion Santé Suisse further enabled the collective and concrete design of a competence framework for HPP professionals, tailored to the Swiss context and considering the diversity of education and training pathways.

This provides the foundation for further strategic projects to implement the competence framework adapted to the respective contexts and target groups (education, continuing education, practice, research, employers, policy). The involved stakeholders emphasized the importance of transparency and visibility of core competencies in HPP as a basis for quality assurance in professional practice and thus for strengthening legitimacy with policymakers and funders. The joint work on the competence framework also highlighted both the relevance and complexity of the issue, underlining the need to establish a network of actors from education, training, research, practice, and decision-making in HPP.

The project has shown that engaging with the competence framework for HPP professionals in Switzerland reveals both potentials and challenges. While the international CompHP framework is generally known among educational actors, there is often a lack of in-depth knowledge about its practical application. Among decision-makers in HPP and in practice, knowledge is even more limited. However,

through the project activities in the form of interviews and workshops, a deeper understanding of how to use the competence framework could be strengthened. In this way, the project makes an important contribution to capacity building in the field (Aluttis et al., 2014; WHO Regional Office for Europe, 2022). The literature has described that the degree of implementation of CompHP is closely linked to the level of professionalization of HPP in the respective countries, which is also explained by the (non-)existence of a dedicated professional association (Battel-Kirk & Barry, 2019, 2020).

At the same time, key challenges emerged. Conceptual and terminological misunderstandings or ambiguities complicated the discussion: the distinction between health promotion, prevention, and public health remains blurred, which makes the development and implementation of a common competence framework more difficult. Understanding HPP as part of public health reinforces a focus on a population-based and systemic approach, as envisaged in the competence framework (CompHP), compared to individual-centered approaches to health education, which are central to medical professions (Iriarte-Roteta et al., 2020; Werdecker & Esch, 2021).

In addition, the conceptual differentiation between health promotion and prevention complicates the development of a shared understanding of the field's core competencies (Abel & Kolip, 2014; Hafen, 2004). Internationally, the CompHP includes only health promotion, whereas current developments in both concepts health promotion and prevention are increasingly converging methodologically and thematically, and it is also recommended to use both terms (Kolip, 2020; Werdecker & Esch, 2021). A similarly blurred distinction between the two areas can be observed in Switzerland. In particular, addiction prevention, prevention in healthcare, and early detection and early intervention (F+F Früherkennung und Frühintervention) rely more on the term prevention than on health promotion. Nevertheless, these concepts and methods show strong overlap with health promotion.

This conceptual ambiguity between health promotion and prevention, and public health in Switzerland is reinforced by the heterogeneous educational landscape, cultural differences between language regions, and an urban–rural divide, as well as by fragmented legislation and a diverse set of actors (Biehl et al., 2025; Lückenbach et al., 2023). These factors, along with the resulting competitive situations, hinder the establishment of a clear and broadly supported competence framework in HPP in Switzerland.

In international comparison, the professionalization of HPP in Switzerland is at a relatively early stage (Biehl et al., 2024). This is evident in the late introduction of specific training programs, the absence of a professional association, and the lack of strong legal anchoring, which is accompanied by underfunding of the field (De Pietro et al., 2015; Obsan, 2022). HPP is mostly understood as an extension of the competence profiles of existing professions rather than as a specialization with its own professional identity and specific competence framework (Van den Broucke, 2021; Werdecker & Esch, 2021). This is accompanied by the current lack of leadership in capacity building and the absence of systematic alignment with international public health or health promotion frameworks and professionalization discourses (Biehl et al., 2024; WHO Regional Office for Europe, 2022).

Against this backdrop, the importance of network building becomes clear. The project has shown that only through the establishment and maintenance of a network between education, practice, research, and decision-makers, a shared understanding and the implementation of competence frameworks can be achieved. Such networks can serve as platforms for exchange, mutual understanding, and strategic development. The project thus provides an important foundation for further initiatives aimed at embedding and implementing the competence framework, further differentiating it according to target groups, and strengthening professional identity in HPP in Switzerland.

Limitation:

The project has some limitations which must be considered when interpreting the results. The methodological precision in the evaluation and analysis of the interview protocols was limited due to time constraints (e.g., no validation of results by the participants). Given the heterogeneous landscape of education and stakeholders, the available resources proved insufficient to fully reflect the diversity of requirements in the factsheet. Practice was not systematically integrated into the process, which means that the perspectives and specific needs of professionals could only be partially considered. However, at least in Workshop 2, a selection of practice representatives was included.

4 Conclusion

The project highlights that a shared competence framework for HPP, namely the CompHP, constitutes a key foundation for the professionalization and quality assurance of the field in Switzerland. It presents a valuable opportunity to strengthen the quality, consistency, and impact of HPP education, practice, and policy in Switzerland. The CompHP defines a comprehensive and internationally recognized set of core competencies based on ethical values and the HPP knowledge base that serve as a benchmark for education and professional practice.

In the Swiss context, the adaptation and application of CompHP must reflect the country's federal structure, linguistic diversity, and decentralized health system. This requires contextualizing the competencies within the multicultural realities of HPP in Switzerland and supporting their use across cantonal and local levels. Additionally, the intrinsic connection between health promotion and prevention supports the integration of prevention into the CompHP framework as a complementary component to health promotion. It also calls for collaboration among academic institutions, employers, and professional associations to embed the framework into education, continuing education, recruitment, daily practice and policy. Moreover, a clear strengthening of leadership in capacity building is required to enable strategic development and greater visibility of HPP (e.g., by Promotion Santé Suisse). Communication campaigns and targeted network building can further support the dissemination of the competence framework and ensure knowledge transfer between universities, practice, and decision-makers. Finally, further research on professional practice in HPP as well as on capacity building is needed to consolidate the legitimacy of the field. The establishment of a professional association, with the option of creating a national accreditation body for HPP, could in the long term help strengthen professional identity and anchor HPP more firmly in Swiss health policy.

For successful implementation it is crucial that a strategy for follow-up projects is developed. These might comprise 1) pilot implementation projects and sharing best practices, 2) the development of supportive instruments such as mentoring programs, 3) projects that place greater emphasis on involving practitioners, addressing the specific needs of individual target groups, 4) the establishment of a national HPP accreditation should be discussed to gain more visibility and commitment to the importance of the competence framework.

To conclude, further steps of implementation of the Core Competency Framework in HPP will facilitate the professionalization and visibility of HPP in Switzerland. Moreover, the implementation enacts a common understanding and role clarity of HPP professionals and thereby strengthens argumentation towards policymakers and funding partners.

Project dissemination

An essential objective of the project was the dissemination of the joint product, achieved through the factsheet at Promotion Santé Suisse and the communication of the project's results. These results have already been published in various scientific outlets:

Workshops:

- PH3 Wintertagung 24.-25. Januar, 2025, Bregenz
- IUHPE 13th-16th May 2025, Abu Dhabi
- SSPH+ Annual Meeting, 4th June, 2025, Bern

Poster Presentation

- SPHC 10th and 11th September 2025, Lugano

Journal article:

- Planned article in the journal *Global Health Promotion*

References

- Abel, T., & Kolip, P. (2014). Prävention und Gesundheitsförderung. In *Public Health: Sozial- und Präventivmedizin kompakt* (2., pp. 127–140).
- Aluttis, C., den Broucke, S. V., Chiotan, C., Costongs, C., Michelsen, K., & Brand, H. (2014). Public Health and Health Promotion Capacity at National and Regional Level: A Review of Conceptual Frameworks. *Journal of Public Health Research*, 3(1), jphr.2014.199. <https://doi.org/10.4081/jphr.2014.199>
- Barry, M. M., Battel-Kirk, B., & Dempsey, C. (2012). The CompHP Core Competencies Framework for Health Promotion in Europe. *Health Education & Behavior*, 39(6), 648–662. <https://doi.org/10.1177/1090198112465620>
- Barry, M. M., & BZgA (Eds.). (2014). *Das CompHP-Rahmenkonzept für die Gesundheitsförderung: Kernkompetenzen-professionelle Standards-Akkreditierung; deutsche Kurzfassung*. Bundeszentrale für gesundheitliche Aufklärung (BZgA). <https://www.bzga.de/infomaterialien/fachpublikationen/fachpublikationen/band-5-das-compHP-rahmenkonzept-fuer-die-gesundheitsfoerderung/>
- Battel-Kirk, B., & Barry, M. M. (2019). Implementation of Health Promotion Competencies in Ireland and Italy—A Case Study. *International Journal of Environmental Research and Public Health*, 16(24), 4992. <https://doi.org/10.3390/ijerph16244992>
- Battel-Kirk, B., & Barry, M. M. (2020). Evaluating progress in the uptake and impact of Health Promotion competencies in Europe. *Health Promotion International*, 35(4), 779–789. <https://doi.org/10.1093/heapro/daz068>
- Battel-Kirk, B., Dempsey, C., Harte, P., & Barry, Margaret M. (2024). *IUHPE Core Competencies for Health Promotion*. IUHPE.
- Biehl, V., Gerlinger, T., & Wieber, F. (2021). Professional Characteristics of Health Promotion: A Scoping Review of the German and International Literature. *International Journal of Public Health*, 66, 1603993. <https://doi.org/10.3389/ijph.2021.1603993>
- Biehl, V., Meyer, M., & Nordström, K. (2022). The first undergraduate program in health promotion and prevention in Switzerland: Context, concept, and challenges. In M. Akermann & A. C. Germani (Eds.), *International handbook of teaching and learning health promotion: Practices and reflections from around the world* (pp. 15–36). Springer International Publishing.
- Biehl, V., Ruckstuhl, B., & Wieber, F. (2024). A theoretical analysis of professionalism in health promotion with a focus on the Swiss context. *Global Health Promotion*. <https://doi.org/10.1177/17579759241246777>

- Biehl, V., Schaffner, L., Abegglen, D., Zumbrunn, A., Martin-Niedecken, A. L., Gähwiler, A., Biller-Andorno, N., Rüeger, J., & Glässel, A. (2025). Ein Mapping zu Aus- und Weiterbildungsangeboten in Public Health in der Schweiz. *Public Health Forum*, 33(1), 27–32. <https://doi.org/10.1515/pub-hef-2024-0149>
- Biehl, V., Wieber, F., Abegglen, D., & Glässel, A. (2021). Professional Identity Formation in Health Promotion Practitioners: Students' Perspectives during an Undergraduate Program in Switzerland. *International Journal of Environmental Research and Public Health*, 18(20), 10754. <https://doi.org/10.3390/ijerph182010754>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
- De Pietro, C., Camenzind, P., Sturny, I., Crivelli, L., Edwards-Garavoglia, S., Spranger, A., Wittenbecher, F., & Quentin, W. (2015). *Switzerland: Health system review* (Health Systems in Transition). WHO Regional Office Europe.
- Dempsey, C., Battel-Kirk, B., Barry, M. M., & CompHP Project Partners. (2011). *The CompHP Core Competencies Framework for Health Promotion (Short Version)*. IUHPE.
- Hafen, M. (2004). Was unterscheidet Prävention von Gesundheitsförderung? *Prävention*, 1, 8–11.
- Iriarte-Roteta, A., Lopez-Dicastillo, O., Mujika, A., Ruiz-Zaldibar, C., Hernantes, N., Bermejo-Martins, E., & Pumar-Méndez, M. J. (2020). Nurses' role in health promotion and prevention: A critical interpretive synthesis. *Journal of Clinical Nursing*, 29(21–22), 3937–3949. <https://doi.org/10.1111/jocn.15441>
- Kolip, P. (2020). Krankheitsprävention und Gesundheitsförderung: Begründung, Konzepte und politischer Rahmen. In O. Razum & P. Kolip (Eds.), *Handbuch Gesundheitswissenschaften* (pp. 686–709). Beltz Juventa.
- Künzli, N., & Nocera, S. (2022). Public-Health-Ausbildung im deutschsprachigen Europa—Public-Health-Qualifizierung in der Schweiz. In F. W. Schwartz, U. Walter, J. Siegrist, P. Kolip, R. Leidl, V. Amelung, & M.-L. Dierks (Eds.), *Public Health—Gesundheit und Gesundheitswesen* (4., pp. 47–56). Urban & Fischer Verlag/Elsevier GmbH.
- Lückenbach, C., Biehl, V., & Gerlinger, T. (2023). Establishing social services for health promotion in health insurance states: Germany, Switzerland and Austria compared. *European Journal of Social Security*, 1–21. <https://doi.org/10.1177/13882627231188671>
- Obsan. (2022). *Ausgaben für Gesundheitsförderung und Prävention nach Leistungen*. Schweizerische Gesundheitsobservatorium (Obsan). <https://ind.obsan.admin.ch/de/indicator/monam/ausgaben-fuer-gesundheitsfoerderung-und-praevention-nach-leistungen>
- Tezcan-Güntekin, H., & Özer-Erdoğan, I. (2022). Das qualitative Interview in der Gesundheitsförderung und Prävention. In M. Niederberger & E. Finne (Eds.), *Forschungsmethoden in der Gesundheitsförderung und Prävention* (pp. 405–430). Springer Fachmedien Wiesbaden.
- Van den Broucke, S. (2021). Strengthening health promotion practice: Capacity development for a transdisciplinary field. *Global Health Promotion*, 28(4), 36–45. <https://doi.org/10.1177/17579759211061751>
- Werdecker, L., & Esch, T. (2021). Bedeutung und Rolle von Gesundheitsberufen in der Prävention und Gesundheitsförderung. In M. Tiemann & M. Mohokum (Eds.), *Prävention und Gesundheitsförderung* (pp. 159–168). Springer Berlin Heidelberg. http://link.springer.com/10.1007/978-3-662-55793-8_10-1
- WHO Regional Office for Europe. (2022). *Roadmap to professionalizing the public health workforce in the European region*. WHO Regional Office for Europe.