

Health Promotion International: four decades of impact

The founding vision of Health Promotion International

From the first issue in May 1986, *Health Promotion International* (*HPI*) (*Health Promotion* until 1990) pursued an agenda of advocacy and action for healthy public policy and health equity. At the time of the journal's launch, public health had become oriented toward medicalized and behavioural approaches, with individualized health education the dominant intervention. In *HPI*'s first editorial, then Director General of the World Health Organization Dr Halfdan Mahler argued that this approach created significant barriers to achieving 'Health for All':

Public health needs to move into positive and active advocacy for health. It needs to enable individuals and communities to develop their health potential. (Mahler 1986,1)

Embracing the concepts and principles of health promotion developed in the early 1980s (World Health Organization 1986a) and later articulated in the Ottawa Charter (World Health Organization 1986b), *HPI* set out to challenge these dominant narrow approaches to public health. The journal located health promotion at the intersection of politics, society, and public health practice and highlighted the role that environments, structures, and systems played in shaping health and equity (Kickbusch 1986). *HPI* positioned itself as part of the 'new public health' (Baum 1988) which emphasized that a primary focus on individual and behavioural interventions would not create significant change (Mahler 1986, Kickbusch 2003, Catford 2011).

Landmark contributions to the journal established the conceptual foundations of health promotion and informed a more comprehensive, systems-oriented approach to health and well-being (Antonovsky 1996, Nutbeam 1998). Early publications addressed the value of the settings where people lived, worked, and played (Catford 2004), including healthy cities (Kickbusch 1989), workplaces (Chu *et al.* 2000), and schools (Nutbeam 1992). There was also a clear focus on equitable health outcomes (Macdonald 1994), healthy public policies (Milio 1987), evidence-based public communication strategies (Lefebvre 1993), and health literacy (Kickbusch 1997, Nutbeam 2000). Importantly, the journal committed to publishing 'the true stories, not just the myths of success' (Kickbusch 1986,4).

Bold and brave approaches

From its earliest years, *HPI* also aimed to provide a home for courageous approaches to health promotion that questioned dominant models and ideologies and demanded public accountability for decisions by those in power (Kickbusch 1986). This included recognizing that health outcomes are influenced by

powerful commercial and political forces (now commonly known as the commercial and political determinants of health):

In the mid-1980s we understood health promotion to be a political and social movement—yet we totally underestimated globalized corporate power combined with its global marketing onslaught and its transnational influence on political decision-making. (Kickbusch 2012,428)

Over four decades, the journal's editorial teams have advanced a political vision of health promotion. This has included encouraging bold and brave scholarship which is 'not afraid of challenges and controversies' (Catford and Kickbusch 1990,1). Editorials have not only played a role in setting agendas and shaping debates but have also encouraged action (Thomas *et al.* 2024). Examples have included confronting the 'human vandalism' causing the degradation of planetary health (Catford 1991,239); creating a norm of separation between harmful industries and public health to safeguard research in the interest of the public good rather than commercial entities (Catford 2012, Thomas *et al.* 2024, Thomas *et al.* 2025); ensuring that health promotion embeds Indigenous epistemologies, Indigenous Data Sovereignty, and intergenerational leadership (Maddox *et al.* 2025b); and fostering healthier information environments to ensure that the 'digital age expands rather than erodes opportunities for equitable and thriving communities' (Purnat *et al.* 2025,2).

Amplifying marginalized voices

There has been a sustained effort to amplify voices and methodologies often excluded from mainstream public health research and debate. *HPI* has welcomed diverse qualitative (Scarinci *et al.* 2007, Jamieson *et al.* 2008, Arnot *et al.* 2024, Braun and Clarke 2024, Ferdinands *et al.* 2025); participatory (Wang *et al.* 1998, Minkler *et al.* 2006, Flicker and Nixon 2015, Ward *et al.* 2016, Madsen *et al.* 2025, Mathews *et al.* 2025); and critical approaches (Gabrielsen 1993, Kersey *et al.* 2023, Van Schalkwyk *et al.* 2024). It has championed scholarship from Early Career Researchers (Daube 2023, Thomas and Daube 2023) and created space for community perspectives that might otherwise remain unheard (Soraghan *et al.* 2023, Arnot *et al.* 2024, Guerra *et al.* 2024, Mccarthy *et al.* 2024, Frazer *et al.* 2025).

The growing presence of *HPI* articles by First Nations (Reweti 2023, Maddox *et al.* 2025a, 2025b, Mashford-Pringle *et al.* 2025, McBeath *et al.* 2025, Henry *et al.* 2026) and low- and middle-income country authors (Adhikari *et al.* 2024, Bandara *et al.* 2024, Ferretti *et al.* 2024, Njiro *et al.* 2024, Dableh *et al.* 2025, Schuele *et al.* 2025) is encouraging. We will continue to support critical debate and discussion which recognizes that health promotion challenges are inseparable from the colonial legacies

that perpetuate health inequity (Porto 2019, Maddox *et al.* 2025a, Udenigwe *et al.* 2026), including the ‘dominance of certain powerful actors and vested interests over the overall complex of global health structures, systems, policies and practices’ (Kumar *et al.* 2024,1).

The escalating threats of mis- and disinformation

Digital environments have been described as a ‘high stakes balancing act’ for public health (Okan and Marchandise 2025). They offer opportunities to strengthen and scale health communication, but also allow for misinformation and disinformation to undermine trust in evidence, expertise, and public institutions (Wirtz *et al.* 2023, Denniss and Lindberg 2025, Holly *et al.* 2025, Purnat *et al.* 2026). Individuals now learn about health in places where ‘new information flows constantly, and the pace of that stream shapes what feels trustworthy’ (Purnat *et al.* 2026,1). Health promotion must strengthen approaches which involve communities in co-creating messages, identifying relevant channels for connection and dissemination, and enabling people to critically appraise and navigate an increasingly complex and polarized information ecosystem (Taba *et al.* 2023, Cornell *et al.* 2025, Smith *et al.* 2025). However, these approaches do not lessen the need to strengthen regulation of Big Tech and the commercial actors that benefit from confusion, outrage and doubt, and profit from these platforms at the expense of health (Pitt *et al.* 2024a, Gram *et al.* 2025, Hardie *et al.* 2025, Holly *et al.* 2025, Purnat *et al.* 2025).

The need for continued focus on the health equity of women and girls

In 1995, the journal highlighted that ‘much remains to be done to strengthen the commitment to women’s health in policy’ (Kickbusch 1995,79). Gender continues to play a role in persistent structural, health and economic inequalities (Hawkes *et al.* 2020), and research addressing the health and social realities of women and girls remains chronically underfunded (Womersley *et al.* 2025). Neoliberal policy regimes, conservative ideologies, colonialism, and racism intersect with gender (Hawkes *et al.* 2025), shaping and constraining health opportunities and life outcomes for women and girls (Perri *et al.* 2022, Kersey *et al.* 2023, Udenigwe *et al.* 2026). Subsequently, women and girls face threats to their health, social, and human rights that are political and preventable. The erosion of sexual and reproductive rights, gender-based violence, economic insecurity, and disproportionate exposure to environmental harms and commercial exploitation reflect political failures to create supportive environments and healthy public policy for women and girls (Keleher 2004, Perri *et al.* 2022, McCarthy *et al.* 2023, Lunnay and Foley 2024).

HPI will continue to reaffirm that protecting and promoting the health of women and girls requires working with them to understand their lived experiences, listen to their concerns, and involve them in decision making (Haraldsson *et al.* 2010, Craddock 2022, Boadu *et al.* 2025, Ferdinands *et al.* 2025, McCarthy *et al.* 2026). We will advocate that the health and well-being of women and

girls must be a priority for health promotion agencies, as well as for collective action to create structural change—transforming services and policies, enabling greater autonomy and control, creating strengths based approaches, and confronting the power structures that shape their health and well-being.

Nurturing and safeguarding critical voices

The silencing of critical voices by those in power—whether through political or professional pressure, institutional constraint, or by narrowing what is considered legitimate evidence—weakens the foundations of health promotion. *HPI* has a responsibility to provide space for independent, critical scholarship. Protecting academic freedom, integrity, and the right to question those in positions of authority and power (including within the academic and health systems in which we work) is not ancillary to public health, but central to its purpose. This includes shining a light on silencing and intimidation tactics which can have a chilling effect on researchers and their research and standing with colleagues whose work challenges dominant narratives and power structures (Evans-Reeves *et al.* 2024, Pitt *et al.* 2024b).

The fifth decade of *HPI*

As current and former Editors and Chairs of the Board of *HPI*, we recognize that our choices shape agendas, define what counts as legitimate evidence, and determine whose knowledge and experiences are represented. This responsibility is even greater when public health is marginalized, contested, or constrained by political, commercial, or institutional interests. Health promotion is strengthened through critical inquiry which identifies how power, policy, and ideologies shape health outcomes. Through our decisions at *HPI*, we can either reinforce problematic paradigms and ideologies or create space for inquiry that resists silencing and contributes to social change.

At the outset of the journal, access to health information was recognized as fundamental for people to ‘take control over their health’ and to enable ‘effective and concrete public participation’ (World Health Organization 1986a). This is a vital sign of quality health promotion (Catford 1993) and is being sorely tested in today’s turbulent, divisive, and threatening world. The journal’s recent move to fully open access reaffirms *HPI*’s foundational commitment to knowledge as a public good, enabling wider participation, scrutiny, and action in health promotion.

Finally, we extend our deepest thanks to the authors, reviewers, associate editors, editorial board members, and readers who have shaped *HPI* over the past 40 years. As *HPI* enters its fifth decade, we invite you to stand with us in advancing scholarship that confronts structural injustice, shifts power, and advances health equity through collective action for human and planetary health.

Conflicts of interest

S.T. is Editor in Chief for *HPI*. J.C. is former Editor in Chief for *HPI*. M.D. is Chair of the Boards of *HPI*. I.K. is the founder and Chair

Emerita of HPI. J.F. is Deputy Editor in Chief of HPI. O.O., K.D., C.W., S.K., B.L., K.F., A.H., and B.M. are Associate Editors of HPI.

Funding

None declared.

Data availability

Not applicable. No data were used in the preparation of this manuscript.

Samantha Thomas ^{1*}, John Catford², Mike Daube³, Ilona Kickbusch⁴, Joel Francis ⁵, Orkan Okan ⁶, Kevin Dadaczynski ⁷, Cervantée Wild ⁸, Shane Kavanagh ⁹, Belinda Lunnay ⁹, Kate Frazer ¹⁰, Ashleigh Haynes ^{11,12}, Britta Matthes ¹³

¹Institute for Health Transformation, Faculty of Health, Deakin University, 1 Gheringhap St, Geelong, VIC 3220, Australia

²Faculty of Health, Deakin University, 1 Gheringhap St, Geelong, VIC 3220, Australia

³Faculty of Health Sciences, Curtin University, Bentley, WA, Australia

⁴Global Health Center, Geneva Graduate Institute, Geneva, Switzerland

⁵Department of Family Medicine and Primary Care, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

⁶WHO Collaborating Center for Health Literacy, Department of Health and Sport Sciences, School of Medicine and Health, Technical University of Munich, Munich, Germany

⁷Faculty of Human Science, Department Sports and Health Sciences, University of Potsdam, Germany

⁸School of Medicine, Faculty of Medical and Health Sciences, University of Auckland, Grafton, Auckland 1023, New Zealand

⁹Research Centre for Public Health, Equity and Human Flourishing, Torrens University Australia, Adelaide, SA, Australia

¹⁰University College Dublin, Dublin, Ireland

¹¹Centre for Behavioural Research in Cancer, Cancer Council Victoria, East Melbourne, VIC, Australia

¹²Melbourne School of Psychological Sciences, University of Melbourne, Parkville, VIC, Australia

¹³Department for Health, University of Bath, Claverton Down, Bath BA2 7AY, United Kingdom

*Corresponding author. Institute for Health Transformation, Faculty of Health, Deakin University, Gheringhap St, Geelong, VIC 3220, Australia. E-mail: samantha.thomas@deakin.edu.au

References

- Adhikari P, Paudel K, Bhusal S *et al.* Health literacy and its determinants among school-going children: a school-based cross-sectional study in Nepal. *Health Promot Int* 2024;**39**:daae059. <https://doi.org/10.1093/heapro/daae059>
- Antonovsky A. The salutogenic model as a theory to guide health promotion1. *Health Promot Int* 1996;**11**:11–8. <https://doi.org/10.1093/heapro/11.1.11>
- Annot G, Pitt H, McCarthy S *et al.* ‘You can’t really separate these risks, our environment, our animals and us’: Australian children’s perceptions of the risks of the climate crisis. *Health Promot Int* 2024;**39**:daae023. <https://doi.org/10.1093/heapro/daae023>
- Bandara S, Phiri MM, Magati P *et al.* Contextual factors impacting WHO Framework Convention on Tobacco Control implementation in Africa—a scoping review. *Health Promot Int* 2024;**39**:daae155. <https://doi.org/10.1093/heapro/daae155>
- Baum F. Community-based research for promoting the new public health. *Health Promot Int* 1988;**3**:259–68. <https://doi.org/10.1093/heapro/3.3.259>
- Boadu R, Abu TZ, Musah CI *et al.* Oral histories on water, sanitation, and hygiene across women’s lifecourse and wellbeing implications in Ghana. *Health Promot Int* 2025;**40**:daaf191. <https://doi.org/10.1093/heapro/daaf191>
- Braun V, Clarke V. A critical review of the reporting of reflexive thematic analysis in Health Promotion International. *Health Promot Int* 2024;**39**:daae049. <https://doi.org/10.1093/heapro/daae049>
- Catford J. Primary environmental care: an ecological strategy for health. *Health Promot Int* 1991;**6**:239–40. <https://doi.org/10.1093/heapro/6.4.239>
- Catford J. Auditing health promotion: what are the vital signs of quality? *Health Promot Int* 1993;**8**:67–8. <https://doi.org/10.1093/heapro/8.2.67>
- Catford J. Health promotion’s record card: how principled are we 20 years on? *Health Promot Int* 2004;**19**:1–4. <https://doi.org/10.1093/heapro/dah101>
- Catford J. Ottawa 1986: back to the future. *Health Promot Int* 2011;**26**:ii163–7. <https://doi.org/10.1093/heapro/dar081>
- Catford J. Battling Big Booze and Big Bet: why we should not accept direct funding from the alcohol or gambling industries. *Health Promot Int* 2012;**27**:307–10. <https://doi.org/10.1093/heapro/das036>
- Catford J, Kickbusch I. Networking for the nineties. *Health Promot Int* 1990;**5**:1–2. <https://doi.org/10.1093/heapro/5.1.1>
- Chu C, Breucker G, Harris N *et al.* Health-promoting workplaces—international settings development1. *Health Promot Int* 2000;**15**:155–67. <https://doi.org/10.1093/heapro/15.2.155>
- Cornell S, Piatkowski T, Brander RW *et al.* Design and evaluation of a co-produced social media campaign to promote aquatic safety in Queensland national parks. *Health Promot Int* 2025;**40**:daaf181. <https://doi.org/10.1093/heapro/daaf181>
- Craddock E. A qualitative UK study exploring counterpublic engagement of marginalized women via a Women’s Health Network. *Health Promot Int* 2022;**37**:daac124. <https://doi.org/10.1093/heapro/daac124>
- Dableh S, Frazer K, Azar M *et al.* Maximizing older people’s access to primary health care centers in Lebanon: a co-design approach. *Health Promot Int* 2025;**40**:daaf077. <https://doi.org/10.1093/heapro/daaf077>
- Daube M. Public policy and impact—suggestions for researchers who want to make a difference. *Health Promot Int* 2023;**38**:daad096. <https://doi.org/10.1093/heapro/daad096>
- Dennis E, Lindberg R. Social media and the spread of misinformation: infectious and a threat to public health. *Health Promot Int* 2025;**40**:daaf023. <https://doi.org/10.1093/heapro/daaf023>
- Evans-Reeves KA, Matthes BK, Chamberlain P *et al.* Intimidation against advocates and researchers in the tobacco, alcohol and ultra-processed food spaces: a review. *Health Promot Int* 2024;**39**:daae153. <https://doi.org/10.1093/heapro/daae153>

- Ferdinands A, Ormandy M, Olsen S *et al.* A qualitative study of how young women in a rural Canadian community plan their futures. *Health Promot Int* 2025;**40**:daaf095. <https://doi.org/10.1093/heapro/daaf095>
- Ferretti A, Adjei KK, Ali J *et al.* Digital tools for youth health promotion: principles, policies and practices in sub-Saharan Africa. *Health Promot Int* 2024;**39**:daae030. <https://doi.org/10.1093/heapro/daae030>
- Flicker S, Nixon SA. The DEPICT model for participatory qualitative health promotion research analysis piloted in Canada, Zambia and South Africa. *Health Promot Int* 2015;**30**:616–24. <https://doi.org/10.1093/heapro/dat093>
- Frazer K, Darley A, Bhardwaj N *et al.* A co-designed feasibility study to understand the impact of an emergency homelessness housing intervention in Ireland. *Health Promot Int* 2025;**40**:daaf148. <https://doi.org/10.1093/heapro/daaf148>
- Gabrielsen TS. Action oriented health education: a critical review of health campaigns in Denmark. *Health Promot Int* 1993;**8**:13–9. <https://doi.org/10.1093/heapro/8.1.13>
- Gram EG, Moynihan R, Kramer BS *et al.* False premises, false promises: celebrity endorsement of non-evidence-based anti-cancer interventions on social media. *Health Promot Int* 2025;**40**:daaf116. <https://doi.org/10.1093/heapro/daaf116>
- Guerra AM, De La Vega-Taboada E, Sarmiento OL *et al.* Fostering collective action for adolescent well-being: citizen science in a Colombian semi-rural area. *Health Promot Int* 2024;**39**:daae144. <https://doi.org/10.1093/heapro/daae144>
- Haraldsson K, Lindgren E-C, Hildingh C *et al.* What makes the everyday life of Swedish adolescent girls less stressful: a qualitative analysis. *Health Promot Int* 2010;**25**:192–9. <https://doi.org/10.1093/heapro/dap061>
- Hardie L, Watts C, Freeman B *et al.* An analysis of social media strategies used to promote the e-cigarette brand Vuse. *Health Promot Int* 2025;**40**:daaf114. <https://doi.org/10.1093/heapro/daaf114>
- Hawkes S, Allotey P, Elhadj AS *et al.* The Lancet Commission on gender and global health. *The Lancet* 2020;**396**:521–2. [https://doi.org/10.1016/S0140-6736\(20\)31547-6](https://doi.org/10.1016/S0140-6736(20)31547-6)
- Hawkes S, Sy EA, Barker G *et al.* Achieving gender justice for global health equity: the Lancet Commission on gender and global health. *The Lancet* 2025;**405**:1373–438. [https://doi.org/10.1016/S0140-6736\(25\)00488-X](https://doi.org/10.1016/S0140-6736(25)00488-X)
- Henry R, Gabel C, Tait C *et al.* Promoting self-determined Indigenous data governance in Canada: the Métis Health Research and Data Governance Principles. *Health Promot Int* 2026;**41**:daaf229. <https://doi.org/10.1093/heapro/daaf229>
- Holly L, Naing SY, Pitt H *et al.* Health promotion and the digital determinants of health. *Health Promot Int* 2025;**40**:daaf033. <https://doi.org/10.1093/heapro/daaf033>
- Jamieson LM, Parker EJ, Richards L. Using qualitative methodology to inform an indigenous-owned oral health promotion initiative in Australia. *Health Promot Int* 2008;**23**:52–9. <https://doi.org/10.1093/heapro/dam042>
- Keleher H. Why build a health promotion evidence base about gender? *Health Promot Int* 2004;**19**:277–9. <https://doi.org/10.1093/heapro/dah313>
- Kersey K, Hutton F, Lyons AC. Women, alcohol consumption and health promotion: the value of a critical realist approach. *Health Promot Int* 2023;**38**:daac177. <https://doi.org/10.1093/heapro/daac177>
- Kickbusch I. Introduction to the journal. *Health Promot Int* 1986;**1**:3–4. <https://doi.org/10.1093/heapro/1.1.3>
- Kickbusch I. Healthy cities: a working project and a growing movement. *Health Promot Int* 1989;**4**:77–82. <https://doi.org/10.1093/heapro/4.2.77>
- Kickbusch I. Vienna statement on investing in women's health in the countries of central and eastern Europe. *Health Promot Int* 1995;**10**:77–80. <https://doi.org/10.1093/heapro/10.1.77>
- Kickbusch I. Think health: what makes the difference? *Health Promot Int* 1997;**12**:265–72. <https://doi.org/10.1093/heapro/12.4.265>
- Kickbusch I. The contribution of the World Health Organization to a new public health and health promotion. *Am J Public Health* 2003;**93**:383–8. <https://doi.org/10.2105/AJPH.93.3.383>
- Kickbusch I. Addressing the interface of the political and commercial determinants of health. *Health Promot Int* 2012;**27**:427–8. <https://doi.org/10.1093/heapro/das057>
- Kumar R, Khosla R, Mccoy D. Decolonising global health research: shifting power for transformative change. *PLOS Glob Public Health* 2024;**4**:e0003141. <https://doi.org/10.1371/journal.pgph.0003141>
- Lefebvre C. Public health communication. *Health Promot Int* 1993;**8**:241–2. <https://doi.org/10.1093/heapro/8.4.241>
- Lunnay B, Foley K. Gender-responsive health promotion for women: regulating the sociopolitical landscape of alcohol product marketing. *Health Promot Int* 2024;**39**:daae119. <https://doi.org/10.1093/heapro/daae119>
- MacDonald G. Keeping equity on the agenda. *Health Promot Int* 1994;**9**:71–2. <https://doi.org/10.1093/heapro/9.2.71>
- Maddox R, Heris C, Waa A *et al.* Colonial harm in new packaging: indigenous critiques of the tobacco industry's 'harm reduction' rhetoric. *Health Promot Int* 2025a;**40**:daaf111. <https://doi.org/10.1093/heapro/daaf111>
- Maddox R, Kornacki C, Bradbrook SK *et al.* The Ottawa Charter: Indigenous sovereignty, resistance, and health promotion at 40. *Health Promot Int* 2025b;**40**:daaf195. <https://doi.org/10.1093/heapro/daaf195>
- Madsen L, Pawlowski CS, Schipperijn J *et al.* Co-creating a systems map with adolescents: combining participatory research and systems thinking in YoPA Denmark. *Health Promot Int* 2025;**40**:daaf174. <https://doi.org/10.1093/heapro/daaf174>
- Mahler H. Towards a new public health. *Health Promot Int* 1986;**1**:1. <https://doi.org/10.1093/heapro/1.1.1>
- Mashford-Pringle A, Danard D, Di Ruggiero E. Zaagi'idiwin, Mnaadendiwin: love, respect through the creation of new respect online Indigenous cultural safety program. *Health Promot Int* 2025;**40**:daaf042. <https://doi.org/10.1093/heapro/daaf042>
- Mathews G, Jennings B, Sterlini S *et al.* Involving children in global health policy and programming: practical guidance to get started. *Health Promot Int* 2025;**40**:daaf041. <https://doi.org/10.1093/heapro/daaf041>
- McBeath B, Lévesque MC, Lévesque L *et al.* An exploration of cultural grounding in indigenous health promotion: perspectives from First Nations communities in Canada. *Health Promot Int* 2025;**40**:daaf211. <https://doi.org/10.1093/heapro/daaf211>
- McCarthy S, Pitt H, Arnot G *et al.* Youth perspectives on the promotional and public relations strategies of health harming industries. *Health Promot Int* 2024;**39**:daae157. <https://doi.org/10.1093/heapro/daae157>

- McCarthy S, Pitt H, Arnot G *et al.* "Help young women to survive": the cost-of-living crisis and the well-being of younger Australian women. *Health Promot Int* 2026;**41**:daaf228. <https://doi.org/10.1093/heapro/daaf228>
- McCarthy S, Pitt H, Hennessy M *et al.* Women and the commercial determinants of health. *Health Promot Int* 2023;**38**:daad076. <https://doi.org/10.1093/heapro/daad076>
- Milio N. Making healthy public policy; developing the science by learning the art: an ecological framework for policy studies. *Health Promot Int* 1987;**2**:263–74. <https://doi.org/10.1093/heapro/2.3.263>
- Minkler M, Vásquez VB, Warner JR *et al.* Sowing the seeds for sustainable change: a community-based participatory research partnership for health promotion in Indiana, USA and its aftermath. *Health Promot Int* 2006;**21**:293–300. <https://doi.org/10.1093/heapro/dal025>
- Njiro BJ, Ndumwa HP, Waithera HW *et al.* Epidemiology of non-communicable diseases among professional drivers in LMICs: a systematic review and meta-analysis. *Health Promot Int* 2024;**39**:daae087. <https://doi.org/10.1093/heapro/daae087>
- Nutbeam D. The health promoting school: closing the gap between theory and practice. *Health Promot Int* 1992;**7**:151–3. <https://doi.org/10.1093/heapro/7.3.151>
- Nutbeam D. Health promotion glossary. *Health Promot Int* 1998;**13**:349–64. <https://doi.org/10.1093/heapro/13.4.349>
- Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promot Int* 2000;**15**:259–67. <https://doi.org/10.1093/heapro/15.3.259>
- Okan O, Marchandise C. Navigating public health in the age of mis- and disinformation. *Eurohealth (Lond)* 2025;**31**:12–15.
- Perri M, Metheny N, Matheson FI *et al.* Finding opportunity in the COVID-19 crisis: prioritizing gender in the design of social protection policies. *Health Promot Int* 2022;**37**:daab045. <https://doi.org/10.1093/heapro/daab045>
- Pitt H, McCarthy S, Randle M *et al.* Young people's views about the use of celebrities and social media influencers in gambling marketing. *Health Promot Int* 2024a;**39**:daae012. <https://doi.org/10.1093/heapro/daae012>
- Pitt H, Thomas S, McCarthy S *et al.* Developing structures to support researchers studying health-harming industries. *Health Promot Int* 2024b;**39**:daae174. <https://doi.org/10.1093/heapro/daae174>
- Porto MF. Emancipatory promotion of health: contributions from Brazil in the context of the Global South. *Health Promot Int* 2019;**34**:i56–64. <https://doi.org/10.1093/heapro/day086>
- Purnat TD, Wilhelm E, Lihemo G *et al.* Trust is a verb: how to re-imagine confidence in health systems. *Health Promot Int* 2026;**41**:daaf235. <https://doi.org/10.1093/heapro/daaf235>
- Purnat TD, Wilhelm E, White BK *et al.* Health promotion in the algorithmic age: recognizing the information environment as a determinant of health. *Health Promot Int* 2025;**40**:daaf166. <https://doi.org/10.1093/heapro/daaf166>
- Reweti A. Understanding how whānau-centred initiatives can improve Māori health in Aotearoa New Zealand. *Health Promot Int* 2023;**38**:daad070. <https://doi.org/10.1093/heapro/daad070>
- Scarinci IC, Silveira AF, Dos Santos DF *et al.* Sociocultural factors associated with cigarette smoking among women in Brazilian worksites: a qualitative study. *Health Promot Int* 2007;**22**:146–54. <https://doi.org/10.1093/heapro/dam012>
- Schuele E, Toloube O, Anea K *et al.* Learning from community narratives about the COVID-19 pandemic in Papua New Guinea. *Health Promot Int* 2025;**40**:daaf139. <https://doi.org/10.1093/heapro/daaf139>
- Smith MJ, Vaczy C, Hilton S. Co-production of a youth advocacy video on the harms of e-cigarette advertising in Scotland. *Health Promot Int* 2025;**40**:daae097. <https://doi.org/10.1093/heapro/daae097>
- Soraghan M, Abdulkareem TO, Jennings B *et al.* Harmful marketing by commercial actors and policy ideas from youth. *Health Promot Int* 2023;**38**:daad149. <https://doi.org/10.1093/heapro/daad149>
- Taba M, Ayre J, Freeman B *et al.* COVID-19 messages targeting young people on social media: content analysis of Australian health authority posts. *Health Promot Int* 2023;**38**:daad034. <https://doi.org/10.1093/heapro/daad034>
- Thomas S, Daube M. New times, new challenges for health promotion. *Health Promot Int* 2023;**38**:daad012. <https://doi.org/10.1093/heapro/daad012>
- Thomas S, Daube M, van Schalkwyk M *et al.* Acting on the commercial determinants of health. *Health Promot Int* 2024;**39**:daae183. <https://doi.org/10.1093/heapro/daae183>
- Thomas S, Hennessy M, Frazer K *et al.* Conflicts of interest in public health research and publications. *Health Promot Int* 2025;**40**:daaf009. <https://doi.org/10.1093/heapro/daaf009>
- Udenigwe O, Aubel J, Abimbola S. A decolonial feminist perspective on gender equality programming in the Global South. *PLOS Glob Public Health* 2026;**6**:e0005556. <https://doi.org/10.1371/journal.pgph.0005556>
- van Schalkwyk MCI, Hawkins B, Petticrew M *et al.* Agnogenic practices and corporate political strategy: the legitimization of UK gambling industry-funded youth education programmes. *Health Promot Int* 2024;**39**:daad196. <https://doi.org/10.1093/heapro/daad196>
- Wang CC, Yi WK, Tao ZW *et al.* Photovoice as a participatory health promotion strategy. *Health Promot Int* 1998;**13**:75–86. <https://doi.org/10.1093/heapro/13.1.75>
- Ward AL, Baggett T, Orsini A *et al.* Participatory photography gives voice to young non-drivers in New Zealand. *Health Promot Int* 2016;**31**:280–9. <https://doi.org/10.1093/heapro/dau109>
- Wirtz VJ, Millán-Garduño G, Hegewisch-Taylor J *et al.* Misinformation messages shared via WhatsApp in Mexico during the COVID-19 pandemic: an exploratory study. *Health Promot Int* 2023;**38**:daad041. <https://doi.org/10.1093/heapro/daad041>
- Womersley K, Hulme R, Mullins E *et al.* Practical steps are required to prioritise women's health in research globally. *BMJ* 2025;**390**:r1403. <https://doi.org/10.1136/bmj.r1403>
- World Health Organization. A discussion document on the concept and principles of health promotion. *Health Promot Int* 1986a;**1**:73–6. <https://doi.org/10.1093/heapro/1.1.73>
- World Health Organization. Ottawa Charter for health promotion. First International Health Promotion Conference, Ottawa, Canada, 1986b.