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Original Article

Health promotion competencies: a conceptual analysis

Competências em promoção da saúde: uma análise conceitual

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ABSTRACT
Objective: to analyze the attributes, antecedents, and consequences of the concept of health promotion competencies. **Methods:** concept analysis according to the Conceptual Analysis Model and operationalized through an integrative review of databases using the descriptors "clinical competence," "professional competence," and "health promotion," which considered the analysis of 40 studies. **Results:** competencies in health promotion articulate knowledge, skills, and attitudes fundamental to effective health promotion practice, anchored in the principles and values of health promotion and in an ethical and cultural basis that recognizes the particularities and needs of individuals and their territories. These competencies contribute to continuous, high-quality professional development. **Conclusion:** the concept of health promotion competencies encompasses attributes, antecedents, and consequences related to advancing health promotion practices, bringing together essential elements to elucidate it and facilitate its translation across political, theoretical, practical, and research domains. **Contributions to practice:** the adoption of health promotion competencies strengthens the theoretical and practical field, aligns with international guidelines, and enhances the effectiveness of practices, favoring quality of life and well-being. Clarifying this concept contributes to professional practice by offering subsidies for its application.
Descriptors: Health Promotion; Competency-Based Education; Concept Formation; Professional Competence; Public Healt.

RESUMO
Objetivo: analisar os atributos, antecedentes e consequentes do conceito competências em promoção da saúde. **Métodos:** análise de conceito segundo o Modelo de Análise Conceitual e operacionalizada mediante revisão integrativa nas bases de dados usando os descritores "*clínical competence*", "*professional competence*" e "*health promotion*" que considerou a análise de 40 estudos. **Resultados:** competências em promoção da saúde articulam conhecimentos, habilidades e atitudes fundamentais à prática efetiva em promoção da saúde, ancorando-se nos princípios e valores da promoção da saúde e em uma base ética e cultural que reconhece as particularidades e necessidades dos indivíduos e seus territórios. Estas competências contribuem para o desenvolvimento profissional contínuo e de qualidade. **Conclusão:** o conceito competências em promoção da saúde engloba atributos, antecedentes e consequentes concernentes com o avanço das práticas em promoção da saúde, coadunando elementos essenciais para elucidá-lo e promover sua tradução política, teórica, prática e em pesquisa. **Contribuições para a prática**: a adoção de competências em promoção da saúde fortalece o campo teórico e prático, alinhando-se a diretrizes internacionais e à efetividade das práticas, favorecendo qualidade de vida e bem-estar. Esclarecer esse conceito contribui para a prática profissional ao oferecer subsídios para sua aplicação.
Descritores: Promoção da Saúde; Educação Baseada em Competências; Formação de Conceito; Competência Profissional; Saúde Pública.

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Introduction

Health promotion is a complex field of knowledge and practice committed to the search for practical actions capable of responding to the demands of health, disease, and care[1-2]. Its current focus is broader, translated into practices that seek to identify and address the macro-determinants of the health-disease-care process, as well as transform them in favor of health. Based on this concept, individuals without clinical evidence can be empowered to achieve greater health potential, feelings of well-being, and individual and collective development[3].

Although constantly emphasized as relevant in political, assistance, training, management, and research proposals, the term's polysemy and its outdated, direct association with disease prevention contribute to the inappropriate and insufficient use of health promotion, limiting its consolidation and potential contribution to health practices. It is therefore necessary that health promotion be included in the training of professionals who will practice, thereby developing skills that enable them to promote health with excellence.

In the health field, attempts to implement professional training based on skill development are consistent with broader efforts in health research and changes in the education and training of professionals, as highlighted by the reorientation of health services in the Ottawa Charter[4].

The concept of competence originated in business discourse and was later incorporated into other fields such as sociology, psychology, and pedagogy, including debates on health workforce training. One obstacle to assessing this issue is the term's polysemy, which encompasses several different concepts and fields of employability. In the field of health promotion, competence refers to a combination of knowledge, skills, values, and attitudes that enable an individual to perform tasks according to a standard[5].

Although the debate on competencies in health promotion is advanced worldwide, the multiplicity of definitions of the concept leads to limited socialization and adoption as a reference for professional training, research, and care, and urgently requires greater efforts and incentives to support research that contributes to the development of this still largely unexplored field.

Given the absence of a single definition in the literature on health promotion competencies and the ambiguity surrounding them, the relevance of developing an analysis of the concept of health is recognized to elucidate it and its applicability.

Concept analysis consists of studying the essential components that underpin representations of a given reality, based on the contextual identification of its elements[6]. This process is appropriate to the perspective described, given the need to clarify a concept already incorporated into the literature and applied to health practices, albeit still imprecisely.

Thus, the objective was to analyze the attributes, antecedents, and consequences of the concept of health promotion competencies.

Methods

Type of study and methodological framework

This is a concept analysis developed between October 2022 and July 2023, in accordance with the methodological precepts of the Conceptual Analysis Model[7], which aims to examine the critical attributes of a specific concept, understanding it as a set of ideals and/or mental constructs representative of a phenomenon.

Conducting a concept analysis is appropriate because it clarifies theoretical and comprehension gaps common to the interpretive plurality of a concept, thereby improving its definition and constituent elements, which are fundamental to effective communication in health practices[8].

The model guides the development of eight steps, namely: concept selection, delimitation of conceptual analysis objectives, identification of concept applicability, determination of critical and/or essential attributes, elaboration of a model case for concept application, development of additional instances to

exemplify conceptual limits, recognition of concept antecedents and consequences, and definition of empirical references for the concept studied[7].

The concept of health promotion competencies was selected for analysis, given its potential to support the implementation of effective health promotion practices that overcome the Cartesian, biological, and traditional models of understanding and acting on the health-disease-care process, in line with the expectations of today's International Conferences on Health Promotion.

Literature review procedures

To identify possible uses of the concept, as well as its antecedents, attributes, and consequences, we opted for an integrative literature review. It should be noted that the attributes consist of terms repeatedly recorded in the literature, which illustrate the essence of the concept, characterizing what it comprises and what is not part of it. Meanwhile, antecedents and consequences are implied in the temporality of the conceptualized phenomenon, understood as the events necessary for its occurrence – *a priori* manifestation – and those resulting from them – a posteriori manifestation, respectively[9].

To operationalize the integrative review, a research protocol was developed following the steps of formulating the review question, searching for and selecting primary studies, extracting data, critically evaluating the included studies, and synthesizing and presenting the results[10], while paying attention to the use and definitions of the concept.

This stage was carried out between October 2022 and April 2023. The literature search was conducted in March 2023, via the Periodicals Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), in the databases Medical Literature Analysis and Retrieval System Online (MEDLINE), PSYCNET, Latin American and Caribbean Health Sciences Literature (LILACS), The Cochrane Library, Web of Science, and the Scientific Electronic Library Online (SciELO) electronic library, guided by the research questions: What is the definition of the concept of health promotion competencies, their attributes, antecedents, and consequences?

Based on these questions, the controlled descriptors Medical Subject Headings (MeSH) representative of the object of analysis were selected, articulated by the Boolean operators AND and OR, in the search equation: ("clinical competence" OR "professional competence") AND "health promotion."

The search results were saved in CSV format and transferred to rayyan.ai for paired screening by three researchers with master's degrees and expertise in the subject area. Two of the researchers evaluated the studies, classifying them as eligible, questionable, or ineligible. The third researcher resolved the conflict cases.

The inclusion criteria were defined as follows: studies published between 2008 and 2023, in Portuguese, English, and/or Spanish, available in full online, and covering health promotion competencies. The time frame is justified by the theoretical framework of the Galway Consensus, the product of a conference of the same name held in Ireland in 2008, which initiated the international debate on building consensus and developing guidelines for health promotion competencies[11].

Publications that did not address the topic of interest, studies repeated across databases, and those of the commentary, editorial, thesis, and dissertation types were excluded. The stages of identification, screening, eligibility, and inclusion were summarized according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines[12].

Data organization and analysis

Data extraction included content analysis, categorizing the information into three analytical categories, previously established to answer the questions: How is the concept of health promotion competencies defined by the authors? What characteristics or attributes of the idea do they point out? What do the authors discuss about the concept?

The data were then organized in a Microsoft Office Excel® 2016 spreadsheet, together with information on title, year of publication, type of study, place of publication, authors, and level of evidence. To classify the levels of evidence, the kind of study was considered, distributing them into Level I—evidence from systematic reviews and/or meta-analyses of randomized clinical trials; Level II—evidence from a randomized, controlled, and well-designed clinical trial; Level III—evidence from well-designed, controlled, and non-randomized studies; Level IV - evidence from cohort or case-control studies; Level V - evidence from systematic reviews of descriptive and qualitative studies; Level VI - evidence from descriptive and/or qualitative studies; and Level VII - evidence from expert opinions or reports from expert committees[13].

The data were synthesized into tables and figures that characterize the studies analyzed, the distribution of attributes, antecedents, consequences, and the synthesis model of the concept. The development of the synthesis model of the idea was based on health promotion theory and the CompHP framework to clarify its components.

Preparation of representative cases

Representative cases of the concept were prepared based on a fictitious proposition, guided by the findings of the analyzed articles and the authors' previous experience in the field. The model case seeks to articulate most and/or all the attributes of the concept, exemplifying a situation as close as possible to it. In turn, the complementary cases strive to demonstrate situations in which part of the attributes can be glimpsed amid aspects that oppose health promotion competencies (borderline case). The contrary case, on the other hand, concerns not including characteristic attributes, thereby opposing the analyzed concept in its entirety[7].

The empirical references were developed based on the concept's attributes, defining how they manifest and can be recognized in professional practice.

Ethical and legal aspects

To ensure compliance with ethical and legal rights related to authorship and the conduct of the selected publications, authorial references were provided when mentioning them in the text. Thus, there was no direct or indirect involvement of human beings, requiring no review by a research ethics committee.

Results

The analysis included 40 references. A total of 1,187 records were identified in MEDLINE, 137 in COCHRANE, 178 in PSYCNET, 13 in SCIELO, 32 in LILACS, and 3 in the Web of Science. Before screening, 42 duplicate records were removed. A total of 1,508 records were examined, of which 675 were excluded based on pre-established criteria. Next, 833 reports were evaluated for eligibility.

Of these, 780 were excluded for not responding to the research question, and 13 were excluded after complete reading. After this stage, 40 records were included in the final analysis to operationalize the concept analysis, comprising 20 descriptive studies, 13 qualitative studies, and eight literature reviews, classified as level V (21%; n=8) and level VI (78.9%; n=30) according to the level of scientific evidence.

As for the origin of the publications, most of the studies came from Brazilian initiatives (n=15), followed by Irish and Australian publications (n=5 each). Studies from the United States of America (USA) (n=4), Malta (n=3), England (n=2), Finland (n=2), Norway (n=1), Cuba (n=1), Austria (n=1), and Jamaica (n=1) were also identified. No Brazilian initiatives for structuring health promotion competency profiles were identified. The Brazilian studies (n=15) were based on European references.

The analysis revealed a lack of standardization in definitions and essential attributes across publications on the subject, as well as the absence of a minimum definition in 9 (27.2%) of the studies, which limits readers' understanding of the topic and contributes to its imprecision of use.

The critical and/or essential attributes, antecedents, and consequences of the concept of health promotion competencies are illustrated in Table 1, along with their absolute and relative frequency of distribution in the material reviewed.

Table 1 – Absolute and relative frequency of essential, antecedent, and consequent attributes of the concept of health promotion competencies (n=40). Fortaleza, CE, Brazil, 2023

Constituent elements of the concept	n (%)
Essential attributes	
Knowledge, skills, and attitudes necessary for effective practice	28 (70.0)
Adequacy of action to a standard of quality and performance	25 (62.5)
Interdisciplinarity	8 (20.0)
Ability to translate policy, theory, and research into action	5 (12.5)
Evidence-based practice	5 (12.5)
Background	
Principles and values of health promotion	12 (30.0)
Professional training	9 (22.5)
Attention to health needs	9 (22.5)
Ethical and cultural basis	7 (17.5)
Recognition of the social determinants of health	6 (15.0)
Empowerment/Autonomy	5 (12.5)
Action to reduce inequalities	5 (12.5)
Personal and professional reflection	4 (10.0)
Immersion in health services	3 (7.5)
Knowledge of the health system	3 (7.5)
Respect for diversity	3 (7.5)
Consequential	
Evaluation and monitoring	28 (70.0)
Intersect orality and partnership working	28 (70.0)
Health planning	27 (67.5)
Implementation of actions	27 (67.5)
Appropriate communication	27 (67.5)
Strategic leadership	23 (57.5)
Health advocacy	21 (52.5)
Diagnosis of reality	20 (50.0)
Research development	16 (40.0)
Possibility of change	16 (40.0)
Continuous professional development	11 (27.5)
Organization and management	10 (25.0)

(the Table 1 continue...)

In summary, health promotion competencies are a coordinated set of knowledge, skills, and attitudes that are fundamental to effective health promotion practice, grounded in practical realities and scientific evidence, and aligned across disciplines according to a standard of quality and performance. The development of health promotion competencies is anchored in the principles and values of health promotion, on an ethical and cultural basis, in the recognition of the social determinants of health, in professional training, in attention to health needs, in empowerment and autonomy, in action to reduce inequalities, in personal and professional reflection, in integration into health services, respect for diversity, and knowledge of the health system.

Health promotion competencies contribute to continuous professional development and performance through evaluation and monitoring, the intersection of orality and partnership, health planning and action implementation, adequate communication, strategic leadership, health advocacy, diagnosis of reality, research and development, the possibility of change, and organization and management.

Thus, a conceptual model is constructed that characterizes health promotion competencies by consolidating multiple perspectives through conceptual analysis (Figure 1).

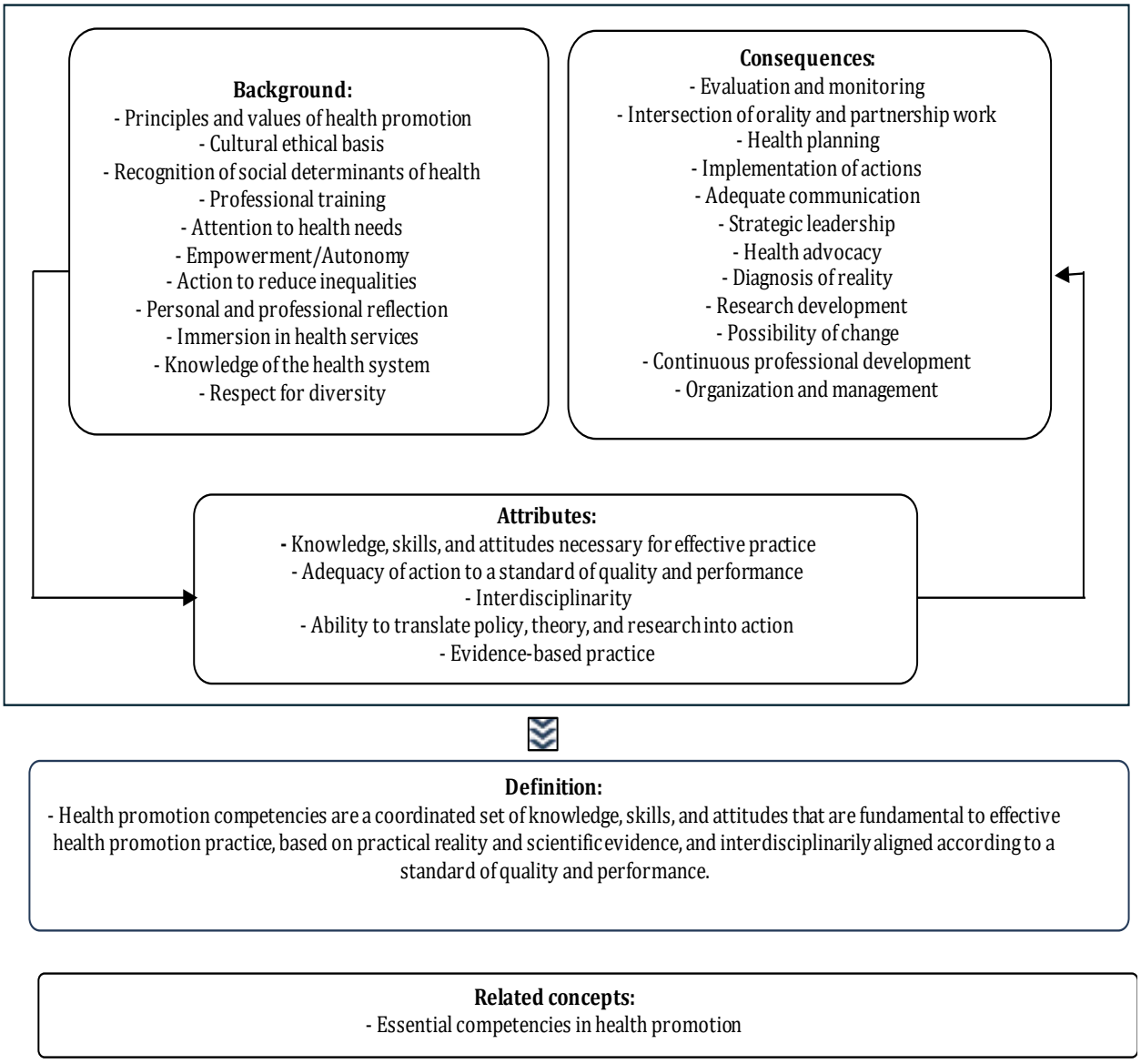

Figure 1 – Conceptual model of competencies in health promotion. Fortaleza, CE, Brazil, 2023

In line with the conceptual model presented, health promotion competencies are applicable as a basis for education and workforce planning for health promotion, constituting professional standards that assist in measuring the quality of work, identifying training needs, and structuring training processes, as well as proposing accreditation systems and developing a shared vision of a body of knowledge, skills, and attitudes specific to a shared language.

For a more accurate understanding of the concept applied to real-life situations, fictitious cases were developed to identify the attributes of the concept, referred to as model cases, where characteristics belonging to the concept are observed alongside characteristics that differ from it, referred to as borderline cases; and, finally, a case that exemplifies a context that differs from the concept of health promotion competencies, contemplating a different situation, the contrary case.

Case study: health promotion skills

M.F.A., 46, female, psychologist, technical manager of the Municipal Permanent Education Unit in the municipality of Esperança, planned a training program on Territorialization in Primary Health Care, aimed at members of the Family Health Strategy teams, to be implemented in partnership between these professionals and management, with opportunities for listening to and consulting the population and representatives from the departments of Education, Culture, Social Assistance, Public Safety, Infrastructure, and the Environment. The training will include sessions on problematizing methodologies for the development of knowledge, skills, and attitudes, and on translating health promotion policy, theoretical aspects found in the scientific literature, and the results of locally developed research and successful experiences into action capable of changing the municipality's reality. The main objective of M.F.A. with this process was to promote the structuring of quality and performance standards aimed at health promotion in the municipality.

One can see the mobilization of essential attributes of the concept of health promotion competencies, illustrating the approximation of this reality with the definition of the concept, marked by its interdisciplinary, procedural, evidence-based character, which considers policy, theory, and research, aims at the development of quality and performance standards, and mobilizes professional knowledge, skills, and attitudes.

Borderline case: health promotion competencies

P.L.L., 26 years old, female, nurse, and manager of a Basic Health Unit in the municipality of Esperança, where six Family Health teams operate, concerned with the progress of health promotion actions in the territory, decided to create a tool to assess the level of knowledge of the unit's professionals about health promotion, finding a satisfactory level in relation to theory, but unsatisfactory regarding the policy and research. At the time, she searched the literature for a reference framework of health promotion competencies. She began adopting it as a guide for professionals, noting the characteristics they needed to demonstrate to be considered good health promoters.

Although it considers aspects relevant to the development of health promotion skills, such as knowledge of health promotion policy, theory, and research, P.L.L. did not consider the interdisciplinary nature of the process and adopted a quality and performance standard developed for another reality without, however, worrying about its applicability and adaptation to the context in which it was inserted. Thus, we observe the consideration of some attributes consistent with health promotion competencies, while recognizing elements that distance themselves from this construct.

Otherwise, health promotion skills

P.L.F.M., 33 years old, male, physician, municipal secretary of health in Esperança, planned a professional development program to develop health promotion skills among professionals linked to the secretariat. Thus, he intends to expand the program in stages, first reaching doctors, then nurses, and finally dental surgeons, recognizing that professionals with higher education lead health promotion. The program will be offered by professionals in the same category, will consider the experience of the professional speakers to share their expertise and stimulate other professionals, and will take the form of lectures.

Empirical references conclude the concept analysis process by describing the selected attributes and indicating their recognition in everyday practice (Figure 2).

Attributes	Empirical definitions
Knowledge, skills, and attitudes necessary for effective practice	Professional ability to think about and implement health promotion actions, considering an ethical, empathetic, and participatory approach.
Adequacy of the action to a standard of quality and performance	Adoption of standardized and well-known benchmarks for continuous quality and performance assessment, such as guidelines, impact, and process indicators.
Interdisciplinarity	Articulation of multidisciplinary knowledge and practices in the integration of different disciplines necessary for health promotion, in an inseparable manner and with converging objectives.
Ability to translate policy, theory, and research into action	Planning, implementation, and evaluation of health promotion practices based on guiding theoretical aspects.
Evidence-based practice	Guidance on health promotion practices based on scientific evidence, such as literature reviews, clinical protocols, and epidemiological data.

Figure 2 – Empirical definitions of the attributes of the concept of health promotion competencies. Fortaleza, CE, Brazil, 2023

Discussion

Health promotion competencies are conceived in contexts where there is a desire to improve the care process, including concerns about the social, political, and cultural dimensions of individuals and the determinants of disease arising from them. This intention is consistent with the belief in health promotion as a positive force for transforming living conditions and health, based on critical professional practice capable of adapting to multiple contexts[14].

Thus, the concept analyzed applies to teaching, research, management, and health care, based on the definition of standards in health promotion that contribute to promoting better communication and multidisciplinary teamwork, facilitating intersectoral/local/regional/national/international flow through common understandings, professional qualifications, and accreditation systems, assistance in health planning, and the promotion of health education processes focused on the needs of action and guidance for practical and ethical actions[15].

In its use, the interpretative breadth, resulting mainly from the absence of conceptual standardization, converges with the interest in developing broad competencies, open to different interpretations[16], since this elaborative format allows the same competency to be used in other contexts, ensuring applicability and adequacy. In this way, space is gained in the dispute over the use of competencies in health promotion as a reference for improvements in training, management, and care, by opposing the view that these practices discourage diversity and creativity and limit the development of health promotion[17].

Conversely, this conceptual analysis argues that the characterization of the constituent elements and a standard definition of competencies in health promotion do not limit the field of health promotion but rather expand the possibilities for using its principles and applying them in defense of better living conditions, health, and care, since it clarifies its foundations, points out its capabilities, and illustrates the factors essential to its development.

Meanwhile, attributes translate the characteristic elements of the concept, understood here as the articulation of cognitive, psychomotor, and affective elements that meet established professional standards and quality assurance systems[18]. Added to this is evidence-based practice, capable of transposing theory, policy, and research into real and effective practical actions, in encountering health realities, discussing social, environmental, and health problems under the logic of transformation and based on legitimate interests, combating inequalities, and attending to the needs of populations[19].

Its use in the construction of quality and performance standards contributes to the Cartesian logic of explaining the starting point adopted as a reference

and the process by which the reference is constructed. Thus, there is a current concern with the development of proposals common to different territories and political and social aspects, as well as particularities in the field of health promotion, such as titles and differentiated training of its practitioners, to broaden the scope of action and make effective the practices defended and idealized since the 1970s[17].

The main objective is that health promotion skills serve as a starting point for communities, professionals, institutions, researchers, and politicians who seek to better understand the needs for workforce development, professional performance, accreditation, and the positive transformation of reality, working to achieve these goals[20].

Concerning background, immersion in the reality of health and community services stands out, understood as staying in the field, experiencing the potential and weaknesses of the services and the peculiarities of the territory, and not just insertion, widely understood as the act of going to the field, getting closer[21]. Immersion reveals its importance by providing an opportunity to learn about the health service network and the organizational and operational structure of the health system, and to assess the convergences and divergences between what is idealized in health policy and what is manifested in health and care practices[22-24].

Furthermore, the reflection required to transform an attitude, action, or reality is ascendant to the experience of that reality, providing appropriation of the pattern identified as changeable and enabling the identification of strategies capable of modifying it[21,25-26].

Promptly, only a theoretical approach does not produce efficient changes in professional performance regarding health realities[27], which contradicts the formative attempts to promote the development of skills in health promotion, since there is still an overlap between the knowledge dimension and the skills and attitudes necessary for joint action[21]. It is *sine qua non* to harmoniously articulate knowledge, know-how, and interpersonal skills, enabling the realization of what is desired and planned[28].

In addressing territorial and community demands, it is essential to draw on the principles and values of health promotion and the prerogatives of international health promotion conferences, such as empowerment, knowledge of the social determinants of health, respect for diversity, and a focus on real health needs.

The consequences of health promotion competencies translate into the ability to act and improve health and care conditions, as well as health services, policy management, and research in the field, based on professional characteristics that are sometimes only idealized, such as interprofessional collaboration and teamwork, articulation of reality diagnosis, strategic planning, implementation of actions, and performance evaluation; leadership; health advocacy, and communication appropriate to the context and audience.

Health promotion requires integrated approaches, in which assessment and monitoring, intersectorality, planning, action implementation, and adequate communication reinforce each other to generate sustainable and equitable impact.

Assessment and monitoring, designed in an intersectoral manner, converge to prioritize health promotion actions. Meanwhile, collaboration is structural and relational, requiring intentional coordination between actions and services to address social determinants and ensure equity across the interdependent stages of diagnosis, planning, implementation, and assessment[29].

Discussing the critical elements of the concept of health promotion competencies clarifies its scientific appropriateness and usability, thereby avoiding misalignments resulting from epistemological, linguistic, and/or cultural issues, expanding its use, and enabling greater adequacy.

Finally, the importation of health promotion competency references reveals the appropriation of hegemonic models without, however, paying attention to the country's contextual singularities, guided by the principles and guidelines of the Unified Health System and its particularities. From this perspective, in 2023, the first health promotion competency instrument developed in Brazil emerged, offering an alternative ap-

plicable to teaching, research, care, and management in the Brazilian context. This proposal also adds a measurement perspective to monitor the development of health promotion competencies better, representing an innovation compared to the references adopted until then[30].

Continuing studies on health promotion competencies can contribute to a more complete understanding of this subject, given that concepts are not static and adapt to social, cultural, and political influences, thereby transforming themselves. Thus, they can contribute to consequences not identified in this study, depending on the context in which they are carried out.

Study limitations

This study is limited by the subjectivity of characteristics related to health promotion and professional skills, such as empathy, reflection, and responsibility, which may remain implicit in the researchers' perspective, despite the methodological precautions taken. Furthermore, this review did not include references from gray literature, such as dissertations, theses, policies, and guidelines, which could broaden the view of the phenomenon.

Contributions to practice

The adoption of health promotion competencies advances health promotion as a theoretical and practical field, aligning with international proposals and promoting the effectiveness of promotional practices, quality of life, and individual and collective well-being. Providing clarification on this concept supports professional health practice by offering support for its adoption.

Conclusion

The analysis of the concept allowed us to elucidate the essential structural elements of health promotion competencies, highlighting their multidimensional nature and their strategic role in qualifying health practices. The systematization of antecedents, attributes, and consequences highlights the need for terminological standardization and references to guide their application.

The proposed conceptual model consolidates a broad understanding of competencies as an integrated set of knowledge, skills, and attitudes grounded in ethical, interdisciplinary, and evidence-based principles. Its adoption can support training processes, professional development policies, and management strategies that strengthen health promotion practices in different contexts.

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Authors' contributions

Conception and design or analysis and interpretation of data: **Machado LDS, Pinto AGA, Carvalho REFL, Silva MRF**. Drafting of the manuscript or critical revision of intellectual content. Final approval of the version to be published: **Machado LDS, Mota PLF, Leite PL, Pinto AGA, Carvalho REFL, Silva MRF.** Agreement to be accountable for all aspects of the manuscript related to the accuracy or integrity of any part of the manuscript being appropriately investigated and resolved: **Machado LDS, Silva MRF**.

Data availability

The data set for this article is described in the body of the article and is also available on SciELO Data at: https://doi.org/10.48331/SCIELODATA.OUKXED.

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