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‘Health Promotion’ as a term was used for the first time by Marc Lalonde in 1974 and quickly became an umbrella term for a wide range of strategies designed to tackle the wider determinants of health.

After reviewing the evidence, the Lalonde Report suggested that health care services were not the most important determinant of health and there were **four “health fields”**—lifestyle, environment, health care organization, human biology—and that major improvements in health would result primarily from improvements in lifestyle, environment and our knowledge of human biology.

Health promotion is about raising the health status of individuals and communities. Promotion in the health context means **improving, advancing, supporting, encouraging and placing health higher on personal and public agendas**. Given that major **socioeconomic determinants** of health are often outside individual or even collective control, a fundamental aspect of health promotion is that it aims to **empower people to have more control over** aspects of their lives that affect their health.

These twin elements of **improving health and having more control over it** are fundamental to the aims and processes of health promotion.

Definition:

‘Health promotion is the process of **enabling people** to increase control over, and to improve, their **health’**.

It moves beyond a focus on **individual behaviour** towards a wide range of **social and environmental interventions**.

It is a positive concept emphasizing personal, social, political and institutional resources, as well as physical capacities.

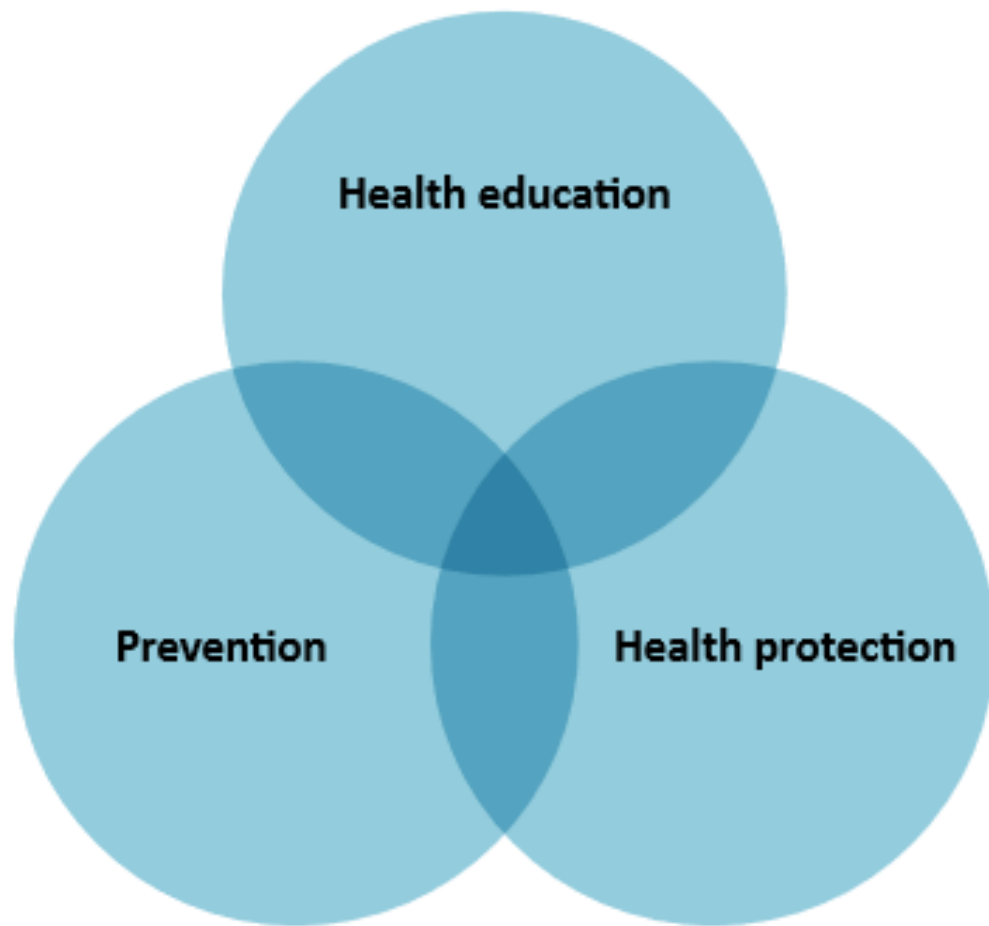
WHO (1990)

Health Promotion is **any combination** of health, education, economic, political, spiritual or organizational initiative to bring about **positive attitudinal, behavioral, social, or environmental changes** conducive to improving the health of population.

Health Promotion is directed towards action on the **determinants or causes of health**.

Health Promotion, therefore, requires a **close co-operation of sectors beyond health services**, reflecting the diversity of conditions which influence health.

Govt at both local and national levels has a unique responsibility to act appropriately and in timely way to ensure that the **'total' environment**, which is beyond the control of individuals and groups, is **conducive to health**

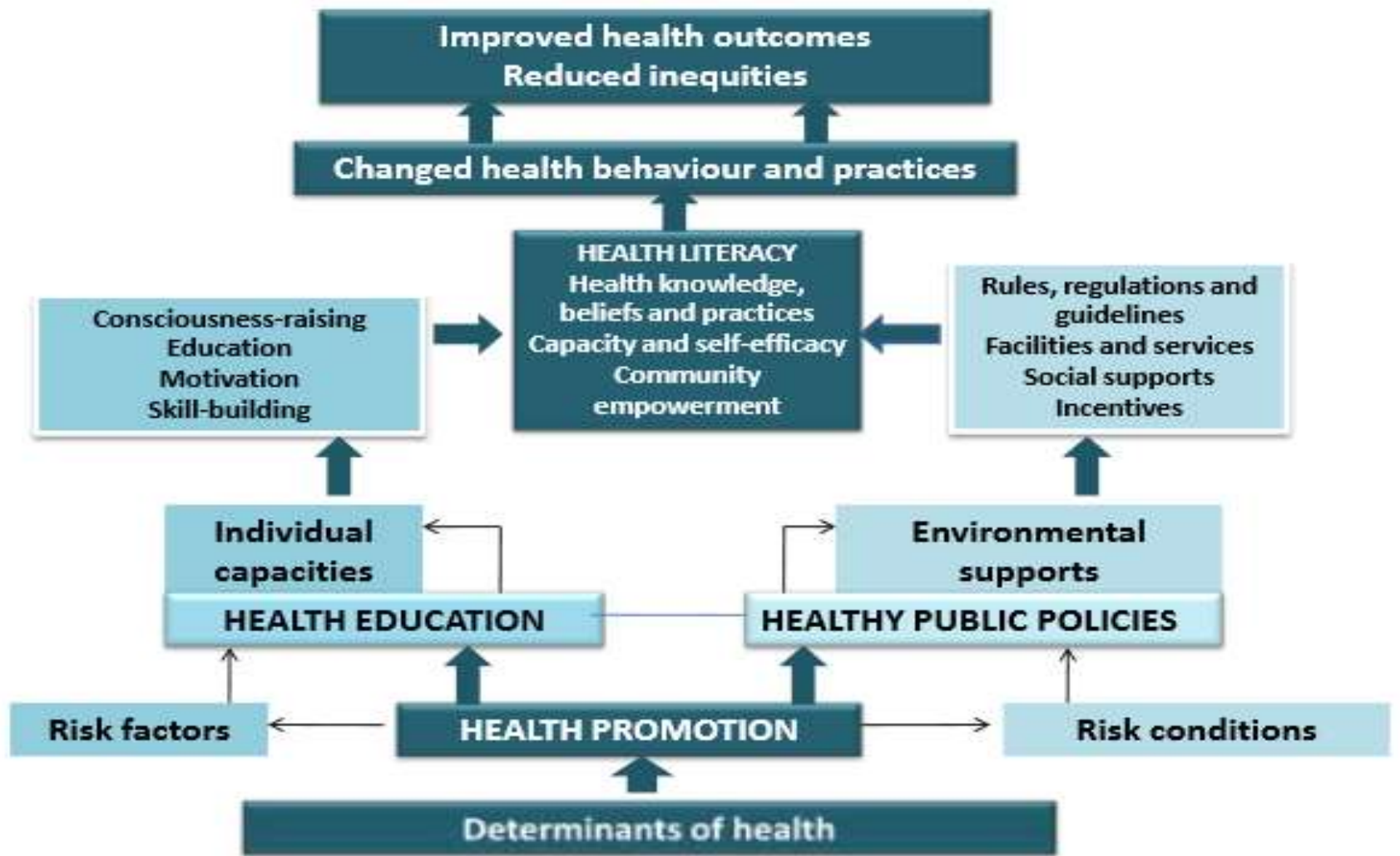


A model of health promotion

Health education is a process which informs, motivate and helps people to adopt and maintain healthy practices and life styles; advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end. - The National Conference on Preventive Medicine [USA]

Health protection is the branch of public health concerned with policies and practice to improve the prevention and control of diseases and other environmental threats to the health of the population.

Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established.



Relationship between major health concepts

Health Education vs Health Promotion

Health education involves **giving information and teaching** individuals and communities how to achieve better health. Health education seeks to **motivate** individuals to accept a process of **behavioral change through directly influencing their values, beliefs, and attitude systems**".

In contrast, health promotion "involves **social, economic, and political change** to ensure the environment is conducive to health .

The two concepts, Health Education and Health Promotion are **symbiotic** strategies. This means that they are closely associated or related and that they benefit from each other.

In the case of Health Education, most activity centres on providing learning opportunities for individuals and communities so that they are able to **voluntarily change their behaviour**. In other words, they acquire information and skills to help them initiate a change that enhances their well-being and their health.

Health Promotion activity is much **broader** and includes:

- Health Education
- The provision of preventative health services.
- Measures to protect the physical environment and make it conducive to health
- The mobilisation of community resources.
- The implementation of organisational policies which promote health.
- Economic and regulatory activities.



Health promotion is an umbrella term for a range of activities

A key feature that distinguishes Health Promotion from Health Education is that Health Promotion involves **environmental and political action**. Similarly, it is possible to distil the concept of Health Promotion into an essential *formula*:

Health Promotion = Health Education x Healthy Public Policy
(Tones and Tilford, 1994)

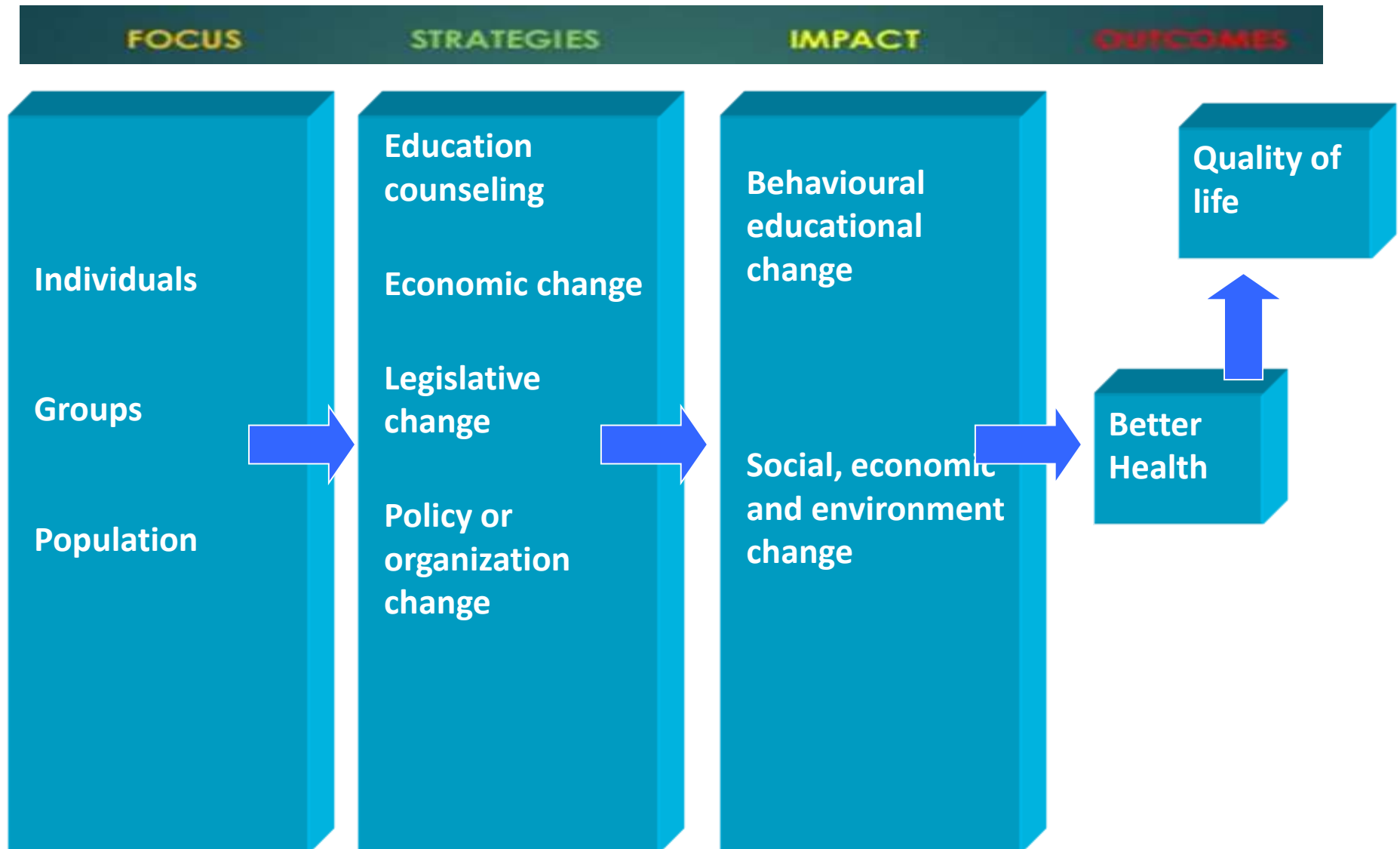
Example of HP:

A popular example of successful health promotion is the **warning label that now exists on cigarettes**. Historically, cigarettes were considered **socially acceptable**, and commonly sold without any warning about the risk to the health of the user. However, health experts noted the increased incidence of disease and began to educate the public on the risks of smoking and tobacco use. Eventually, these health promotion activities led to a change in **public policy**, which now requires the manufactures to add a warning label directly to the package.

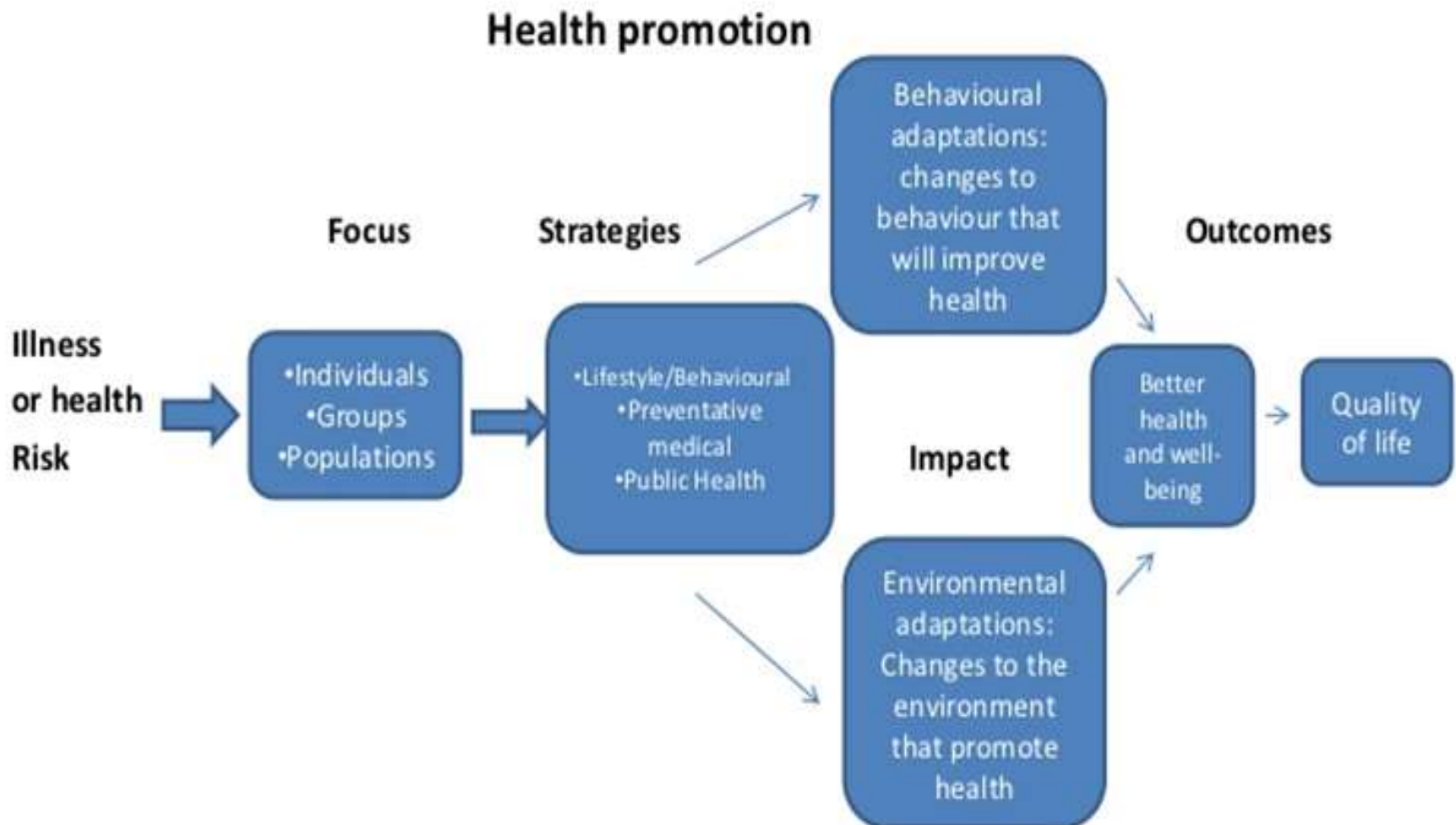
Why we need Health Promotion?

- Promotes quality of life
- Reduce inequalities in health
- Reduces pressure on services
- “Adds life to year, Adds year to life”.
- “Health promotion is concerned with making healthier choices, easier choices”.
- It is cost effective and efficient

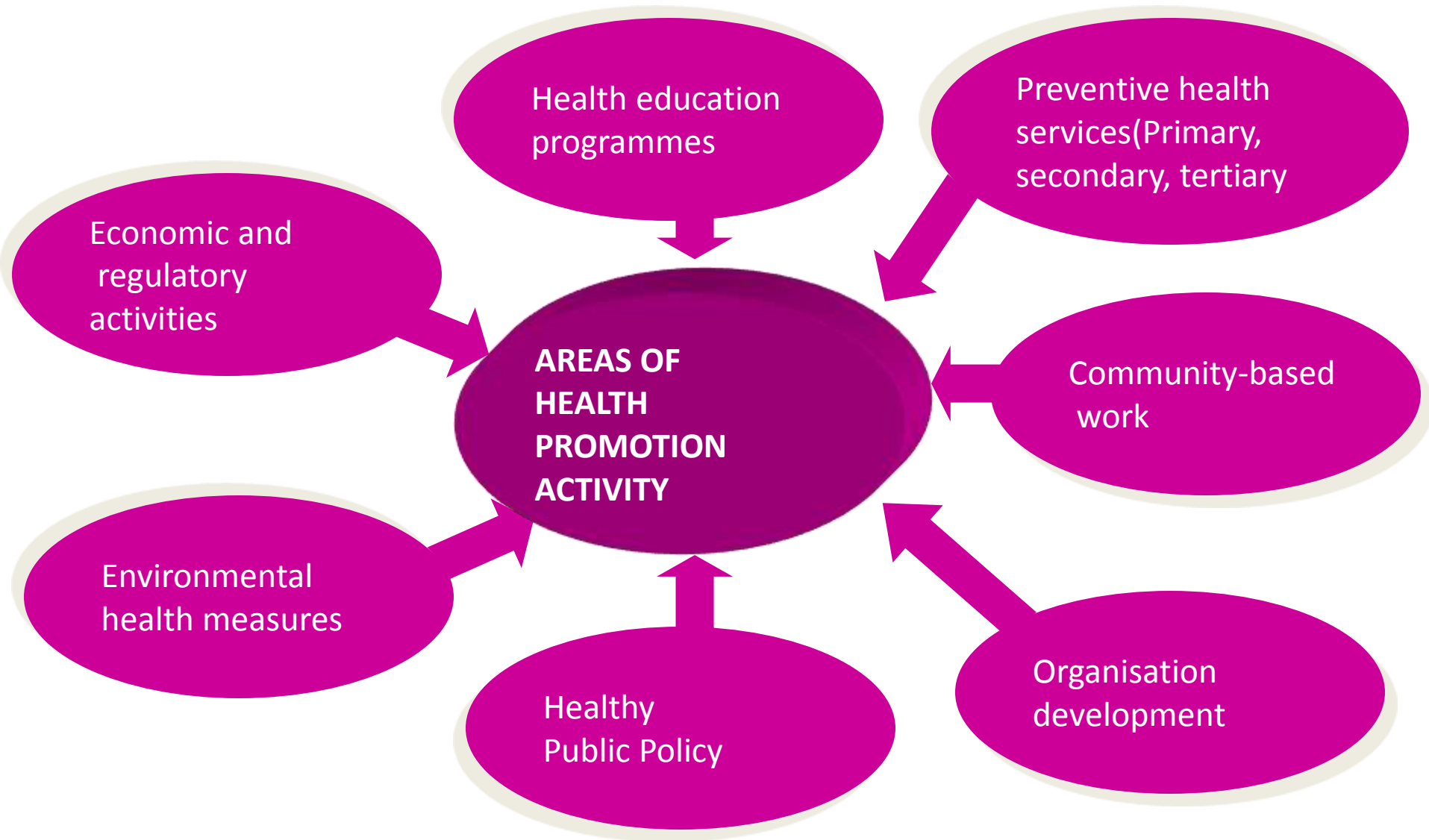
THE PROCESS OF HEALTH PROMOTION



A framework for health promotion



A FRAMEWORK FOR HEALTH PROMOTION ACTIVITIES



PRINCIPLES OF HEALTH PROMOTION

The **5 key principles** of health promotion as determined by WHO are as follows:

- Health promotion involves the **population as a whole** in the **context of their everyday life**, rather than focusing on people at risk from specific diseases.
- Health promotion is directed towards **action on the determinants or cause of health**. This requires a close co-operation between sectors beyond health care reflecting the diversity of conditions which influence health.
- Health promotion aims particularly at effective and concrete **public participation**. This requires the further development of problem-defining and decision-making life skills, both individually and collectively, and the promotion of effective participation mechanisms.

PRINCIPLES OF HEALTH PROMOTION

- Health promotion **combines diverse, but complementary methods or approaches** including communication, education, legislation, fiscal measures, organizational change, community change, community development and spontaneous local activities against health hazards.
- Health promotion is primarily **a societal and political venture and not medical service**, although health professionals have an important role in advocating and enabling health promotion.

GLOBAL CONFERENCES ON HEALTH PROMOTION

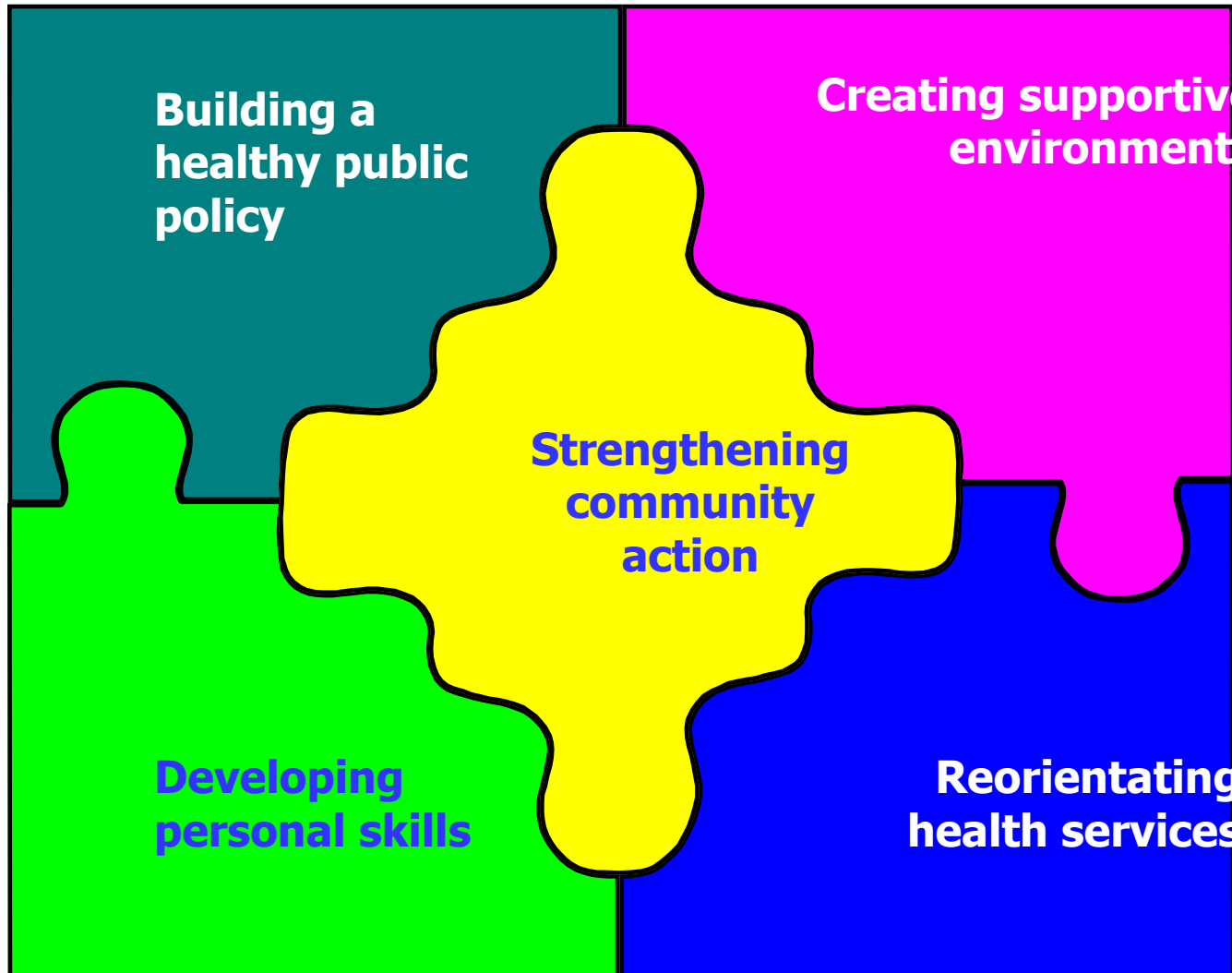
Conference	Venue	Year
Ottawa Charter of Health promotion	Canada	1986
Adelaide Recommendation on Health Public Policy	Australia	1988
Sundsvall Statement on Supportive Environment for Health	Sweden	1991
Jakarta Declaration on Leading Health Promotion into the 21 st Century	Indonesia	1997
Mexico Ministerial Statement for the Promotion of Health	Mexico	2000
Bangkok Charter for Health Promotion in a Globalized World	Thailand	2005
Global Conference on Health Promotion, Nairobi	Kenya	2009
Global Conference on Health Promotion, Helsinki	Finland	2013
Global Conference on Health Promotion, Shanghai	China	2016

International Conference on Health Promotion, Ottawa, Ontario, Canada (1986)

In 1986, the **first international conference on Health Promotion** was held in Ottawa, Canada. The Ottawa Charter outlined five areas in which Health Promotion action should be directed (Mnemonic: **BCS-DR**):

- Building healthy public policy.
- Creating supportive environments.
- Strengthening community action.
- Developing personal skills.
- Re-orienting health services.

IMPORTANT AREAS FOR CONSIDERATION IN HEALTH PROMOTION



HEALTHY PUBLIC POLICY (HPP)

Healthy public policy is clearly desirable, and it should satisfy following two conditions:

- The **health consequences** of different policy options have to be correctly **predicted**; and
- The **policy process** has to be **influenced** so that health consequences are considered.

Example: Policies to discourage **smoking** were initially opposed on the grounds that they would **reduce exchequer income** and thereby the ability to provide **health and welfare services** (Pollock, 1999). Reducing tobacco sales has been opposed on the grounds that it would increase **unemployment** but Godfrey *et al.* demonstrated that **redirecting expenditure** from tobacco to other goods was likely to increase employment (Godfrey *et al.*, 1995).

1. Healthy Public Policy

- A Healthy Public Policy is characterized by a **concern for health and equity and an accountability** for health impact.
- Health should be made a **priority item** on the agenda of policy-makers in all sectors.
- Policy-makers should be made **aware of the health consequences** of their decisions. They should create pro-health policies, whether in the area of development, legislation, taxation etc.
- All relevant **government sectors** like agriculture, trade, education, industry and finance need to give important consideration to health as an essential factor during their policy formulation.

2. Create Supportive Environment

- The overall guiding principle is the need to **encourage reciprocal maintenance** - to take care of each other, our communities and our natural environment.
- Supportive environments cover the physical, social, economic, and political environment.
- Supportive environments encompass where people **live, work and play**.
- All development activities should aim for a healthy environment – healthy buildings, roads, workplaces, homes, surroundings and schools.

3. Strengthen Community Action: Community Participation

- Community participation is a social process whereby **groups with shared needs living in a defined geographic area** actively pursue **identification of their needs, take decisions and establish mechanisms** to meet these needs
- Full community participation occurs when communities participate in **equal partnership** with health professionals as **stakeholders** in setting the health agenda.
- At the heart of this process is the **empowerment of communities** - their ownership and control of their own endeavours and destinies.
- This requires full and continuous access to **information, learning opportunities** for health, as well as **funding support**.

4. Develop Personal Skills

- Skills which can promote an individual's health include those pertaining to **identifying, selecting and applying healthy options in daily life.**
- Health promotion supports personal and social development through providing **information, education for health, and enhancing life skills.** By so doing, it increases the options available to people to exercise more **control over their own health and over their environments,** and to make choices conducive to health.
- Enabling people to learn, throughout life, to prepare themselves for all of its stages and **to cope with chronic illness and injuries.**

Developing /increasing personal health skills

- Information and education for personal and family health.
- Take account of values, beliefs and customs of the community.
- Continuous process at all stages of life.
- Guided and supported in developing skills (not imposed on them).
- Build on existing knowledge and attitudes.

5. Reorient Health Services

- Reorienting health services is primarily about the health sector **changing from focusing** primarily on clinical and curative services to increasingly focus on **health promotion and prevention**.
- Health care system must be **equitable and client-centered**.
- Reorienting health services challenges the medical approach to health, which focuses only on treatments for disease and illness. It **recognizes the impacts of all the determinants upon health** and views health as more than just absence of disease, but a positive state which should be actively pursued.

Some non-health sectors with an input into Health Promotion

- **Education/ schools**
- **Agriculture**
- **Community Services**
- **Sport**
- **Media**
- **Non-Governmental Organizations (NGO's)**
- **Community groups**
- **Youth**
- **Private sector**
- **Legal**
- **Public Works**
- **Housing**
- **Water Authority**
- **Religion (Mosques, Churches etc)**
- **Alternative medicine**

Health sectors with an input into Health Promotion

- Environmental Health
- Nutrition
- Community nursing
- Mental Health
- Dental
- Epidemiology
- Hospital (secondary) care
- School of Nursing
- Occupational therapy

The Ottawa Charter also outlined a set of nine pre-requisites or fundamental conditions deemed necessary in order to improve health.

Following are Prerequisites for Health:

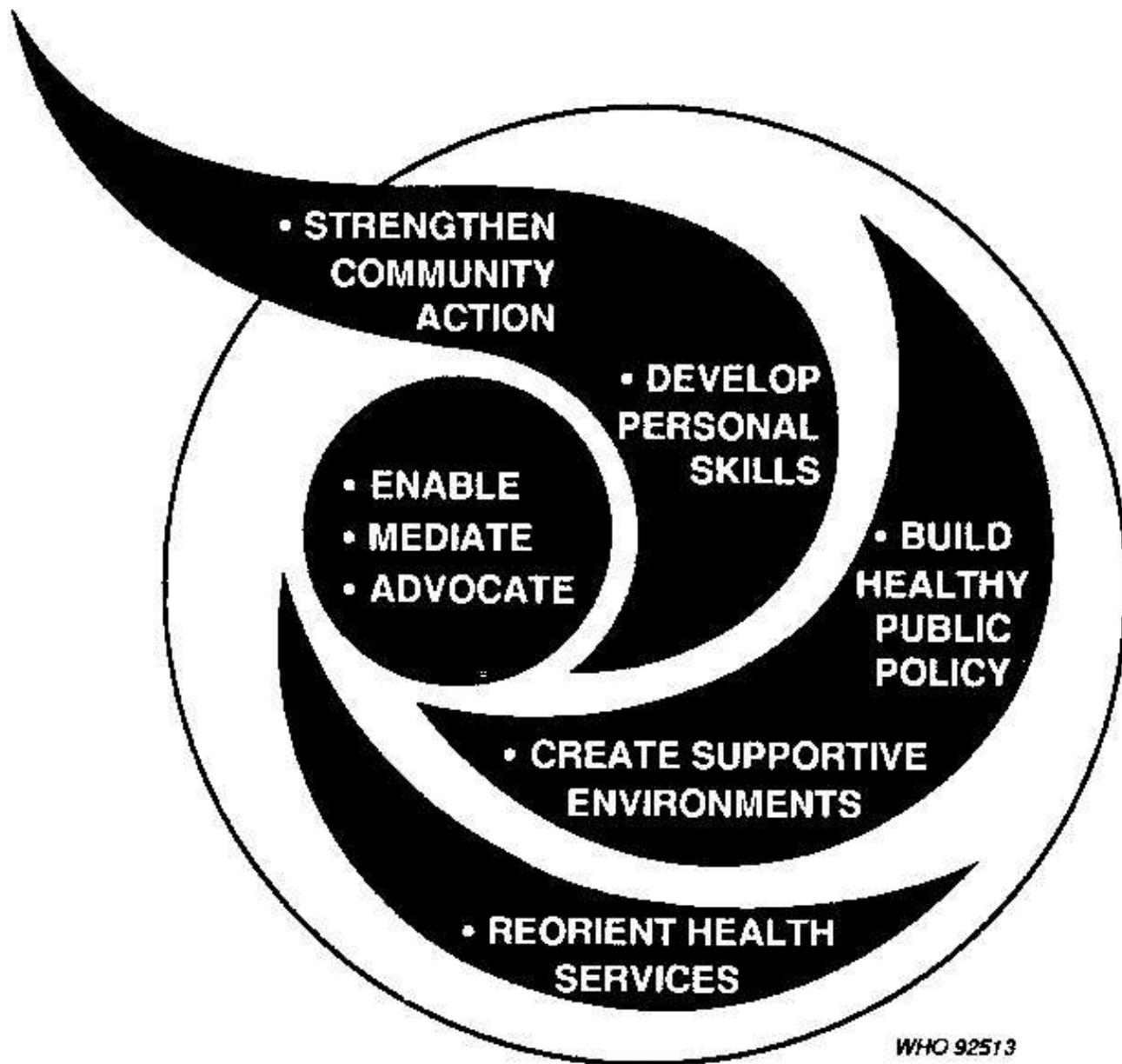
- Peace,
- Shelter,
- Education,
- Food,
- Income,
- Stable eco-system,
- Sustainable resources,
- Social justice, and
- Equity.

Ottawa Charter identified three **ways (or strategies)** in which health could be promoted, namely through:

- Advocacy
- Enablement
- Mediation

A matrix of the goals and core activities in the Ottawa Charter

	Healthy Public Policy	Community Participation	Personal Skill Re-orientation	Health Services	Supportive Environment
Enable					
Mediate					
Advocate					



Ways/ Strategies of health promotion

Enable

Health promotion focuses on **achieving equity in health**. Health promotion action aims at **reducing differences** in current health status and ensuring **equal opportunities and resources** to enable all people to achieve their fullest health potential. This includes a secure foundation in a **supportive environment, access to information, life skills and opportunities** for making healthy choices.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion **demands coordinated action** by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Advocate

Advocacy is the act of “taking a position on an issue, and initiating actions in a deliberate attempt to **influence private and public policy choices**”. **Health advocacy** encompasses direct service to the individual or family as well as activities that promote health and access to health care in communities and the larger public. Example: Request to City Council to construct **clear-way bicycle lane** in local community, so that people will be able to ride their bicycle safely.

5 approaches to Health Promotion

1. Medical or preventive
2. Behaviour change
3. Educational
4. Empowerment
5. Social change

1. Medical or Preventive Approach

Aim:

- To reduce morbidity and premature mortality.
- To ensure freedom from disease and disability.

‡

Activity:

- Uses medical intervention to prevent ill-health or premature death.
- Based on scientific methods

Eg. - Immunization, screening, fluoridation.

- ‡
- Expert-led, top down.
- Emphasizes compliance.
- ‡
- Does not focus on positive health.
- ‡
- Ignores social and environmental dimensions.
- ‡
- Evaluation: Reduction in disease rates & associated mortality.

2. Behaviour Change Approach

- **Behavioural risk factors** are the leading causes of the occurrence of, and morbidity and mortality due to, chronic health conditions and injuries in the world
- Behaviour Change Approach aims to encourage individuals to **adopt “healthy” behaviours** that are regarded as key to improving health.
- Such approaches seek to educate the individual so that they change their lifestyle or a particular behaviour to help improve their health. This may be to **stop partaking in a risk behaviour or to start enjoying some protective behaviours**. Either way, the aim is to change the person’s lifestyle or behaviour.

3. Educational Approach

- Strongly linked to health education.
- Seeks to provide knowledge and information, and to develop the necessary skills so that people can **make informed decisions** about their behaviour.

Assumption

- Increasing knowledge may change in **attitudes**, that may result in changed **behaviour**.

Weakness:

- **Assumes** that by increasing knowledge, there will be an attitudinal change, which leads to behavioural change.
- **Ignores** the constraints that social, economic and environmental factors place on voluntary change.

‡

Evaluation:

- Knowledge, attitude and practice

4. Empowerment or Client Centred Approach

Aim:

- Helps people to identify their own needs and concerns, and gain the necessary skills and confidence to act upon them.
- So-called **bottom up** approach - idea is premised on helping people or communities **to identify their own health concerns, gain the skills and make changes** to their lives accordingly .
- Professional acts as a **facilitator** rather than expert.

Two types of empowerment:

1. Self-empowerment: Based on **counseling** and aimed at increasing peoples' control over their own lives.
2. Community empowerment: Related to **community development** to create active, participating communities which are able to change the world about them through a program of action.

Methods:

- Client-centred, including counseling, community development and advocacy.
- Health advocacy refers to the action of **health professionals to influence** and shape the decisions and actions of decision- and policy-makers who have some control over the resources which affect or influence health
- Promoting public involvement and **participation** in decision-making on health-related issues.

‡

5. Social Change Approach

- Targets **groups and populations, top down method** of working.
- Sometimes known as radical health promotion and is underlined by a **belief that socio-economic circumstances determine health status**.
- Its focus is at the **policy or environmental level**.
- Aims is to bring about physical, social, economic, legislative and environmental changes.

Aim:

- To bring about **changes in physical, social, and economic environment** which enables people to enjoy better health.
- Radical health promotion - makes the environment supportive of health.
- To make the **healthy choice the easier choice**.
- The focus is on **changing society**, not on changing the behaviour of individuals.
- Approach is based on the notion that to promote positive health it is necessary to tackle and **diminish social and health inequalities**.

Methods:

- Focus on shaping the health environment

‡

- Lobbying/advocacy

‡

- Development of healthy public policies and legislation

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- Fiscal measures: In economics and political science, **fiscal policy** is the use of government revenue collection (mainly taxes) and expenditure (spending) to influence the economy.

‡

- Creating supportive social and physical environments

EXAMPLE OF FIVE APPROACHES OF HEALTH PROMOTION TO ADDRESS SMOKING

Approach	Aim	Activity
Medical	Free from Lung Diseases. Heart Diseases, other Smoking related disorders	Encourage people to seek early detection and treatment of smoking related disorder
Behavioral Change	Behavior change from smoking to not-smoking	<ul style="list-style-type: none"> ● Prevent non-smoker from starting smoking ● Persuade smokers to stop
Education	Clients understand effect of smoking and will make a decision whether to smoke or not and act on that decision	<ul style="list-style-type: none"> ● Giving information about effects of smoking ● Helping them explore their values and attitudes and come to a decision ● Helping them learn how to stop smoking; if they want

Approach	Aim	Activity
Empowerment	Anti-Smoking issue is considered only if clients identify it as a concern	Clients identify what, if anything they want to know and do about it
Social Change	Make smoking socially unacceptable, so it is easier not to smoke than to smoke	<ul style="list-style-type: none"> ● No smoking policy at public places ● Cigarette sales less accessible ● Promotion of non-smoking as a social norm ● Limiting and challenging tobacco advertisement and sports sponsorship

Key Agenda in ICHPs

Adelaide Recommendation on HPP, 1988

- Conference strongly recommends that the WHO continue the dynamic health promotion through the **five strategies** described in Ottawa Charter.
- Conference identified **four key** areas as priorities:
 - Supporting the health of women
 - Elimination of hunger and malnutrition
 - Through healthy public policy to counter health hazards of alcohol and tobacco abuse
 - Creating supporting environment.

Sundsvall Statement on Supportive Environment for Health, 1991

- Issues of health, environment and human development can not be separated.
- Development must imply improvement in the quality of life and health, while **preserving the sustainability of the environment.**

Jakarta Declaration on Leading Health Promotion into 21st Century, 1997

Jakarta Declaration included five priorities for Health Promotion in 21st century:

- Promote social responsibility for health
- Increase investment for health development
- Consolidate and expand partnership for health
- Increase community capacity and empower the individual
- Secure an infrastructure for health promotion

Mexico Ministerial Statement for Promotion of health, 2000

- Attainment of the highest possible standard of health is a **positive asset**, for enjoyment of life and necessary for social and economic development and equality

Bangkok Charter for Health Promotion in a globalized world, 2005

- Make the promotion of health central to the global development agenda.
- Make promotion of health a core responsibility for all of government.
- Make the promotion of health a key focus of communities and civil society.

Global Conference on Health Promotion, Nairobi, Kenya, 2009

There are three major gaps identified in this conference:

- the gap in health programmes
- the gap in policy-making and intersectoral partnerships
- the gap in health systems

To address these gaps, the following strategies and actions were identified as:

- o Building capacity for health promotion,
- o Strengthening health systems,
- o Partnerships and intersectoral action,
- o Community empowerment, and
- o Health literacy and health behaviours.

Global Conference on Health Promotion, Helsinki, 2013

The actions set in this conference are as follows:

- Commit to health and health equity as a political priority
- Establish conflict of interest measures
- Ensure effective structures, processes and resources
- Build institutional capacity and skills
- Adopt transparent audit and accountability mechanisms
- Strengthen the capacity of Ministries of Health to engage other sectors of government
- Include communities, social movements and civil society in development, implementation and monitoring

Global Conference on Health Promotion, Shanghai, 2016

The main goal of this conference was to highlight the critical links between promoting health and the 2030 Agenda for Sustainable Development.

The main themes of the conference were:

- Healthy cities: ensure that people are living in healthy and liveable cities
- Health literacy: ability of individuals to gain access to, understand and use information in ways which promote and maintain good health
- Good governance in favor of health



NEXT CLASS ON HEALTH PROMOTION (HP) - MODEL/ HISTORY OF HE-HP

Thank You