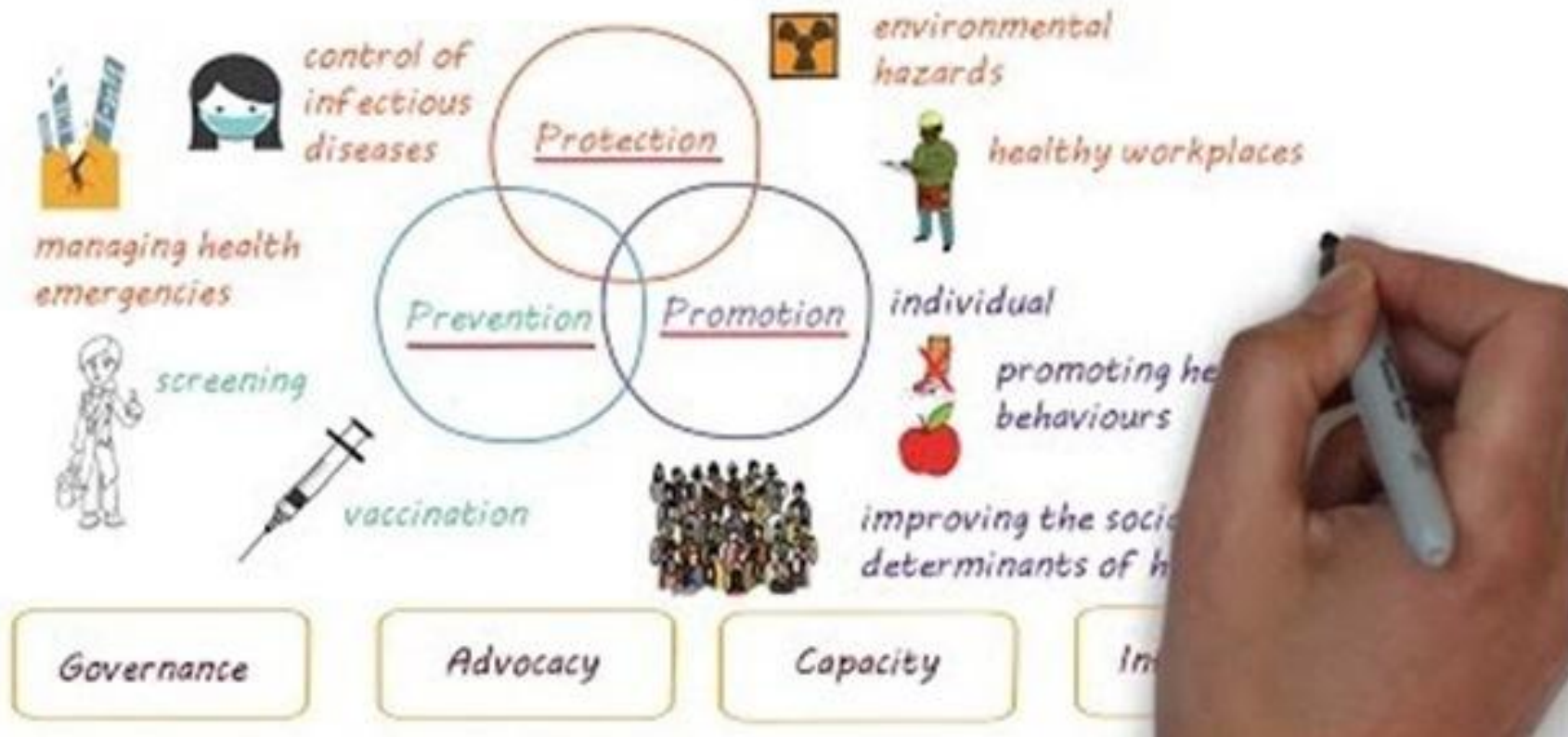

Introduction to Health Promotion and Health Education

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WHAT IS PUBLIC HEALTH?



Sustainable Development Goals

HEALTH IN THE SDG ERA



World Health Organization

WWW.WHO.INT/SDGS



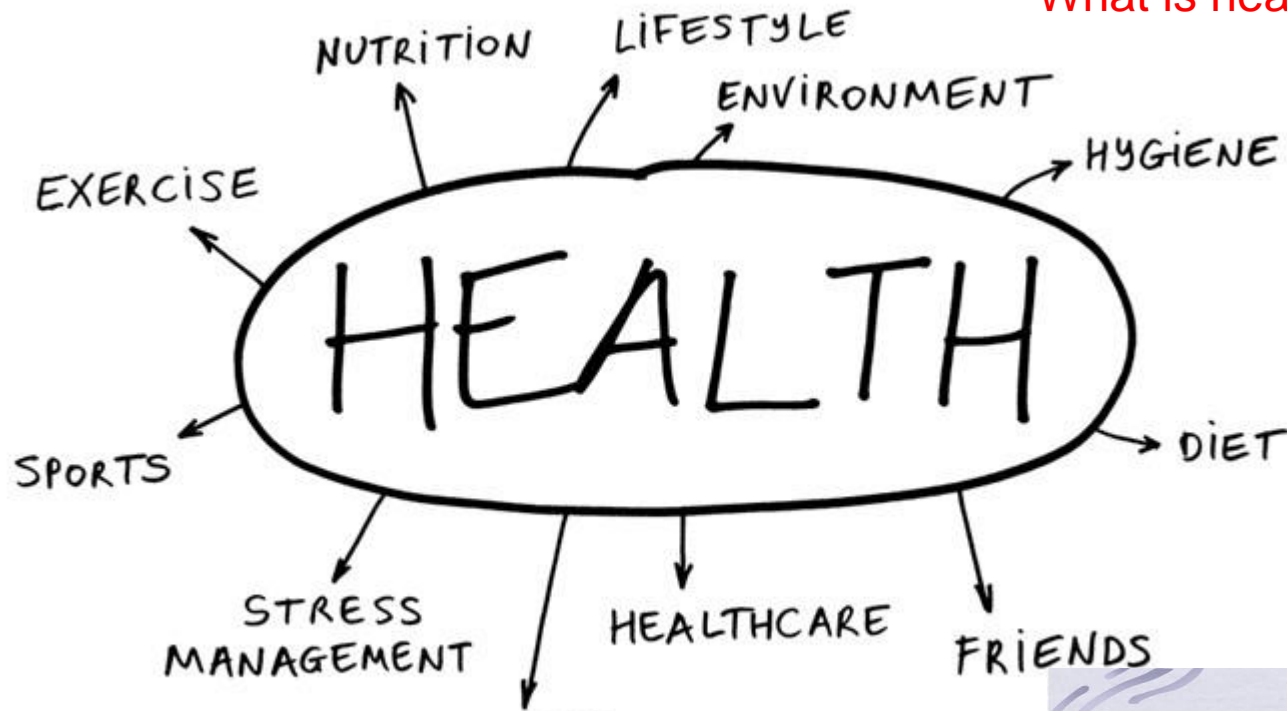
What means health?

What are the health risk factors?

What means health promotion?



What is health?



Nothing is
more
important
than your
health.



Health is Wealth



Without it, the richest man is poor

Background

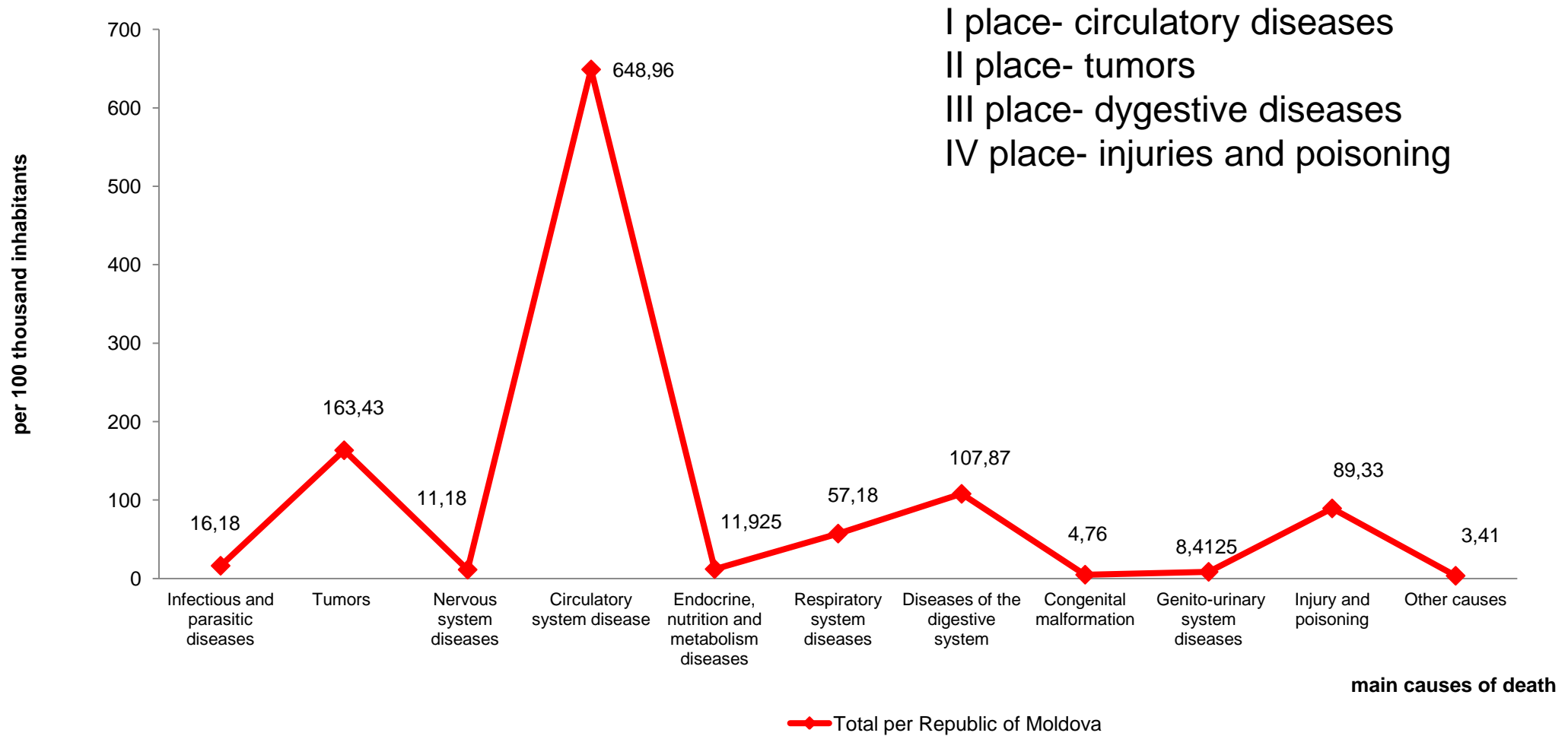
The most frequent causes of death in many countries are chronic diseases, including heart diseases, cancer, lung diseases, and diabetes.

Behavioral factors, particularly tobacco use, diet and activity pattern, alcohol consumption, sexual behavior, and avoidable injuries are among the most prominent contributors to mortality.

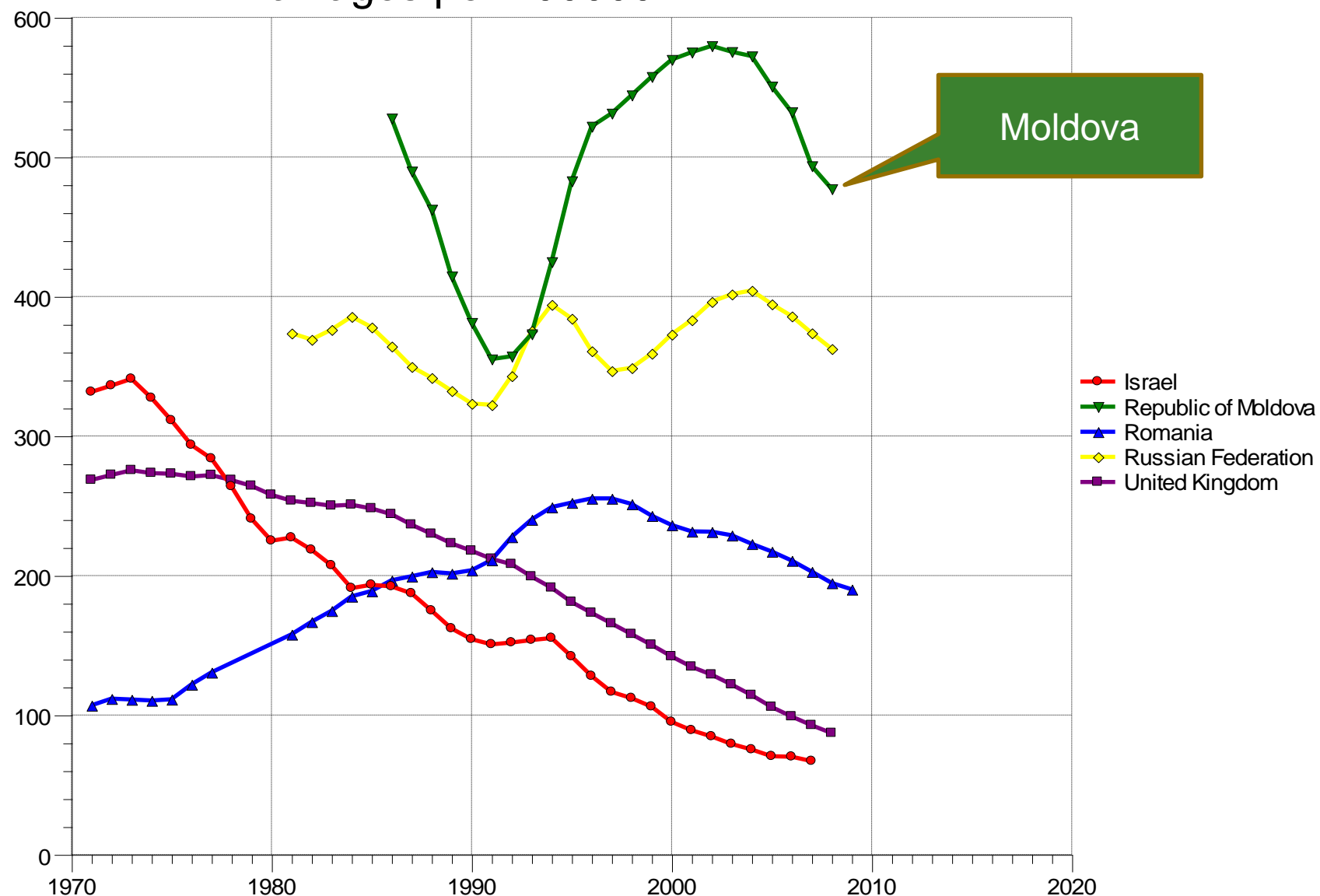
For the next two decades include increase in non communicable diseases, high rates of tobacco-related deaths, and a dramatic rise in deaths from HIV/AIDS.

Worldwide, the major causes of death in 2030 are expected to be HIV/AIDS, depressive disorders, and heart disease.

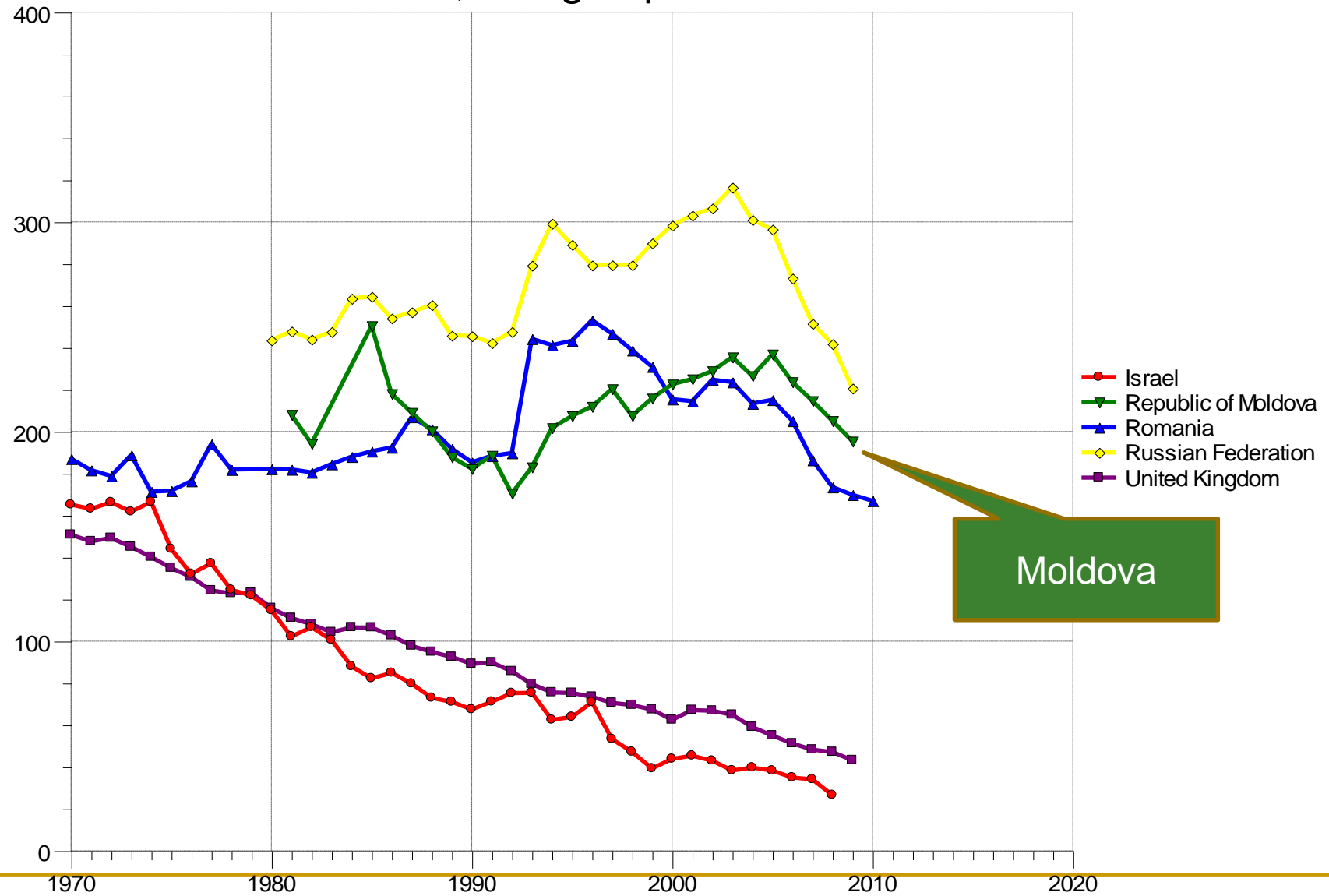
Population mortality by main causes of death per 100 thousand inhabitants, total per Republic of Moldova, 2007-2016

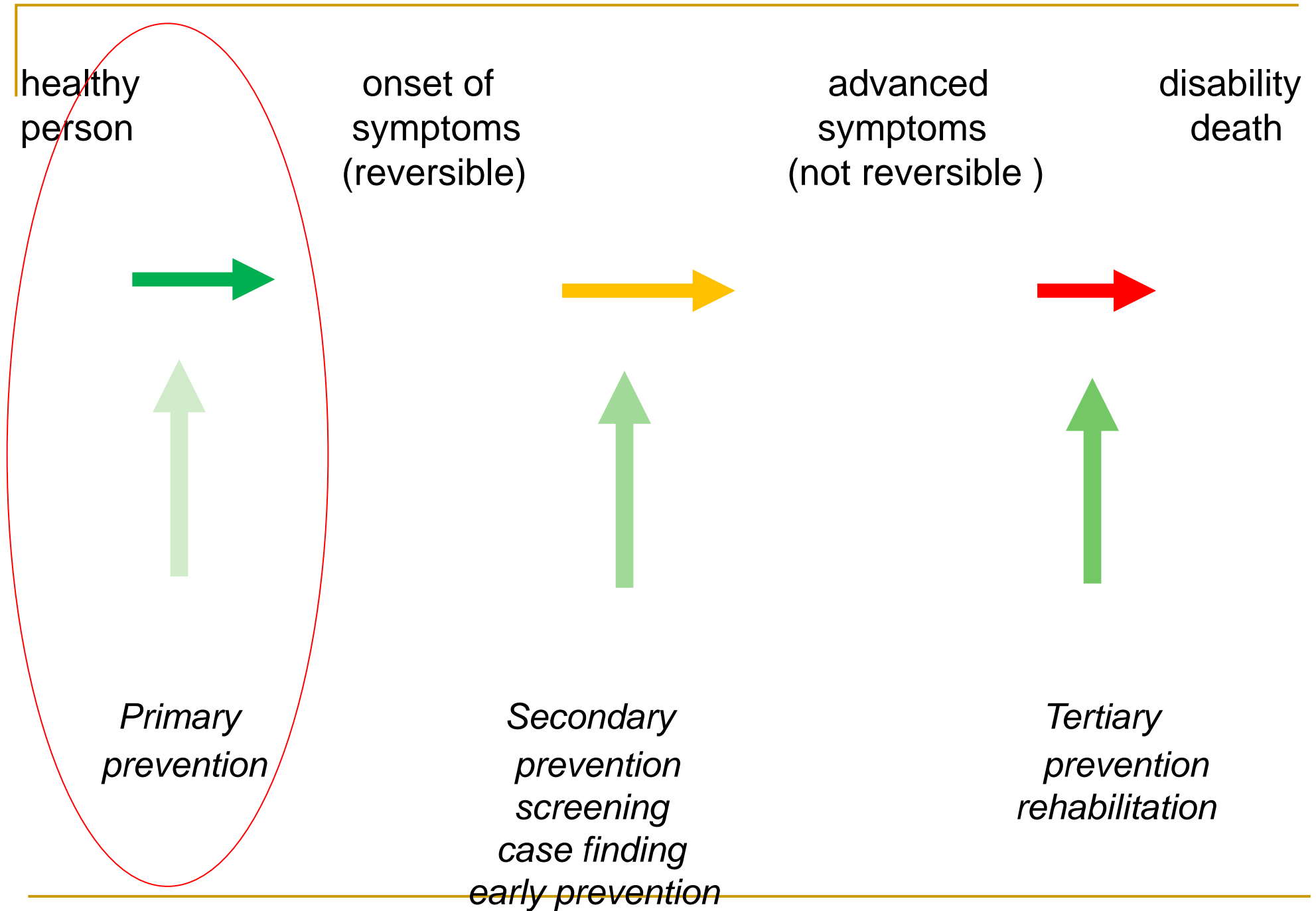


SDR, ischaemic heart disease, all ages per 100000



SDR, cerebrovascular diseases, all ages per 100000



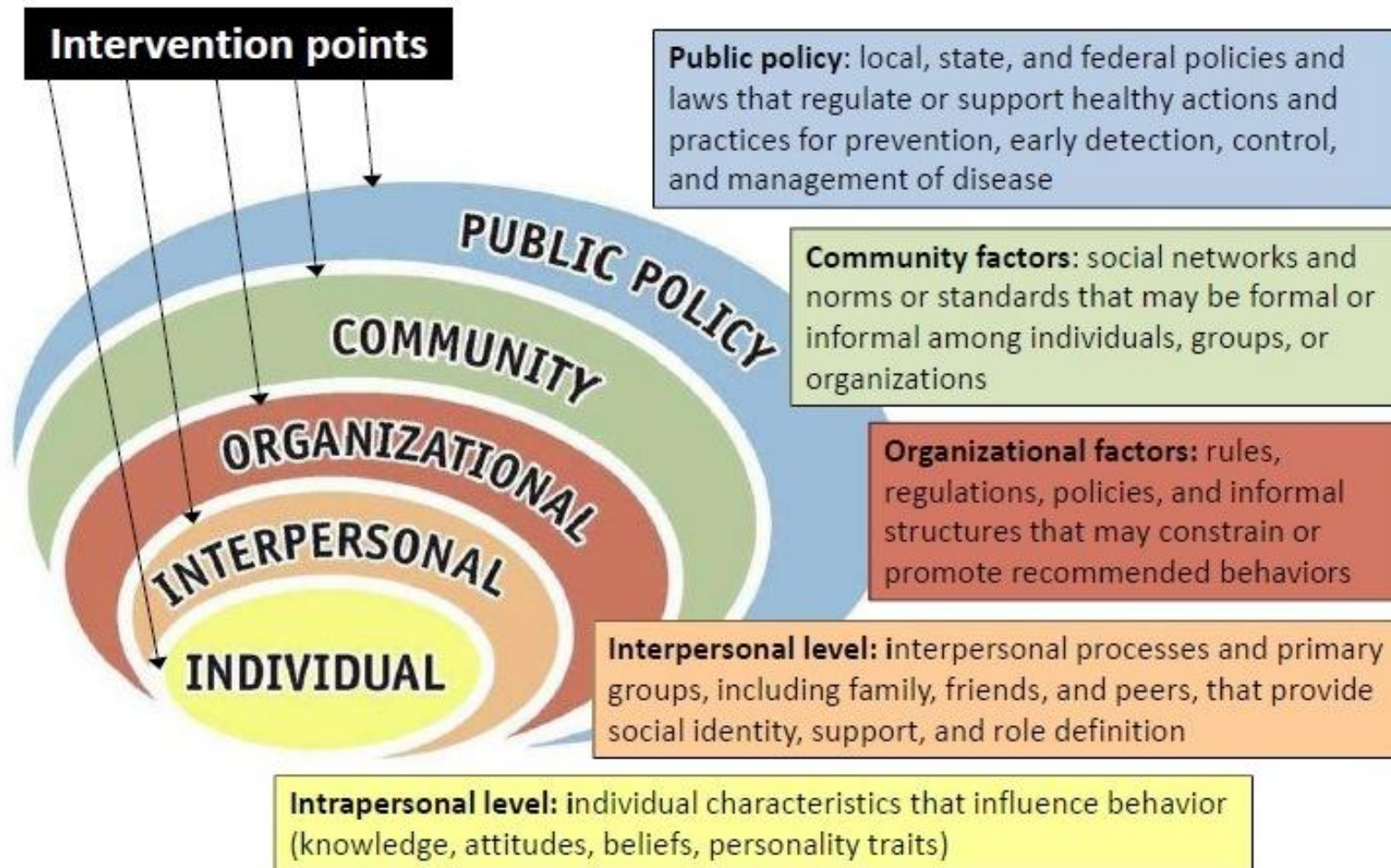


Saving Lives – Our Healthier Nation (1999)

This White Paper from the Department of Health for England set the agenda for health policy for the next decade. Lifestyle and human behaviour was given a prominent role through its “Ten Tips for Better Health”

1. **Don't smoke.** If you can, stop. If you can't, cut down.
2. Follow a **balanced diet** with plenty of **fruit** and **vegetables**.
3. Keep **physically active**.
4. **Manage stress** by, for example, talking things through and making time to **relax**.
5. If you drink alcohol, do so **in moderation**.
6. **Cover up** in the sun, and protect children from sunburn.
7. Practise **safer sex**.
8. Take up **cancer screening** opportunities.
9. **Be safe on the roads:** follow the Highway Code.
10. Learn the **First Aid ABC** - airways, breathing, circulation

Social Ecological Model

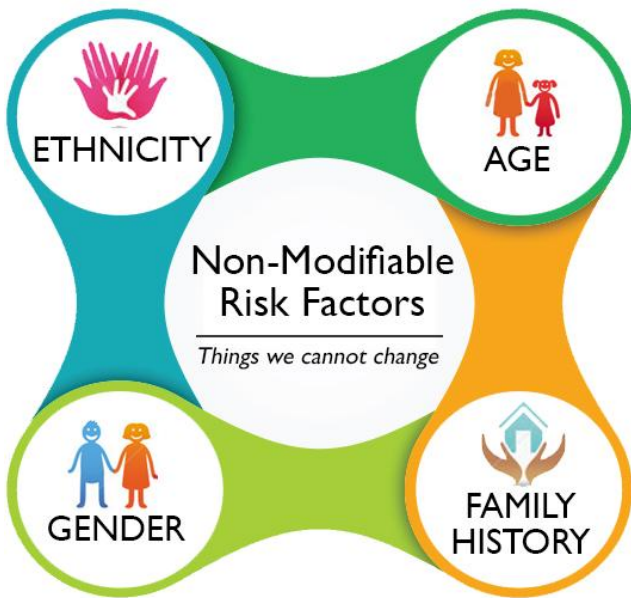


Source: Healthy Sheffield adapted from Dahlgren & Whitehead

Transforming the conditions in which people are
BORN, GROW, LIVE, WORK and AGE
for optimal health, mental health & well-being.



Social Determinants of Health

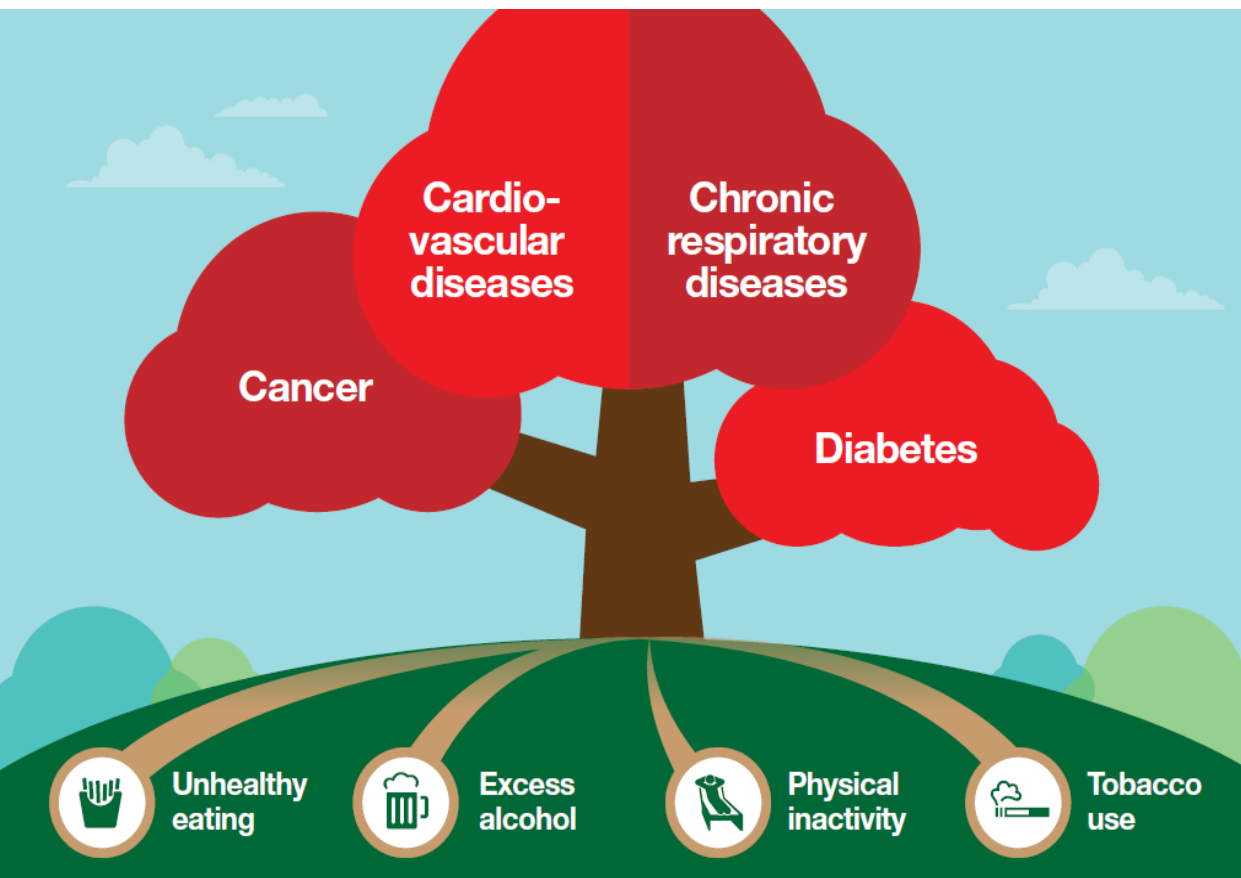


Risk Factors for health

Risk Factors
Increase the risk for disease



Protective Factors
Prevent or minimize disease



Exercise
Healthy Eating
Controlling weight
Controlling cholesterol
Medical screening

Risk Factors



Causes of poor health

Inequality
Social Injustice
Alienation
Lack of empowerment

Poor education
Low prestige
Poverty

Tobacco use
Anxiety
Reckless risk-taking

Excess illness
Low productivity

Early death

Proximal and distant causes of illness and premature mortality,

JR Seffrin Journal of health education Sep – Oct 1997. Vol 28.No4.

- So what we can do?
- Can we improve the current situation?
- Who can do? Who will act?



What is Health Promotion?

The starting point for any discussion of health promotion is the Ottawa Charter, which in 1986 set out the concept of health promotion (WHO, 1986).

Over the past three decades, the field of health promotion has emerged as a new way of thinking about the root causes of health and wellness. This thinking has sparked the development of new approaches to improving the health of individuals and communities.

However, it is not the only definition of health promotion. For example, The American Journal of Health Promotion (AJHP) offers another definition.

"Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices." (American Journal of Health Promotion, 1989, 3, 3, 5).

Levels of responsibility for health promotion

Health promotion achieves more positive results if all levels participate and cooperate in the program or setting. Health promotion is not just the responsibility of the health sector.

The Ottawa Charter aims to develop partnerships and support networks, resulting in governments recognising that health promotion is most successful if individuals, groups, governments and other organisations take a shared responsibility and joint action to improve health outcomes for Australians.



Individual

The balance between personal and community responsibility for health is often discussed in public forums. The Ottawa Charter recognises that all levels of the community can support and promote better health.

Communities



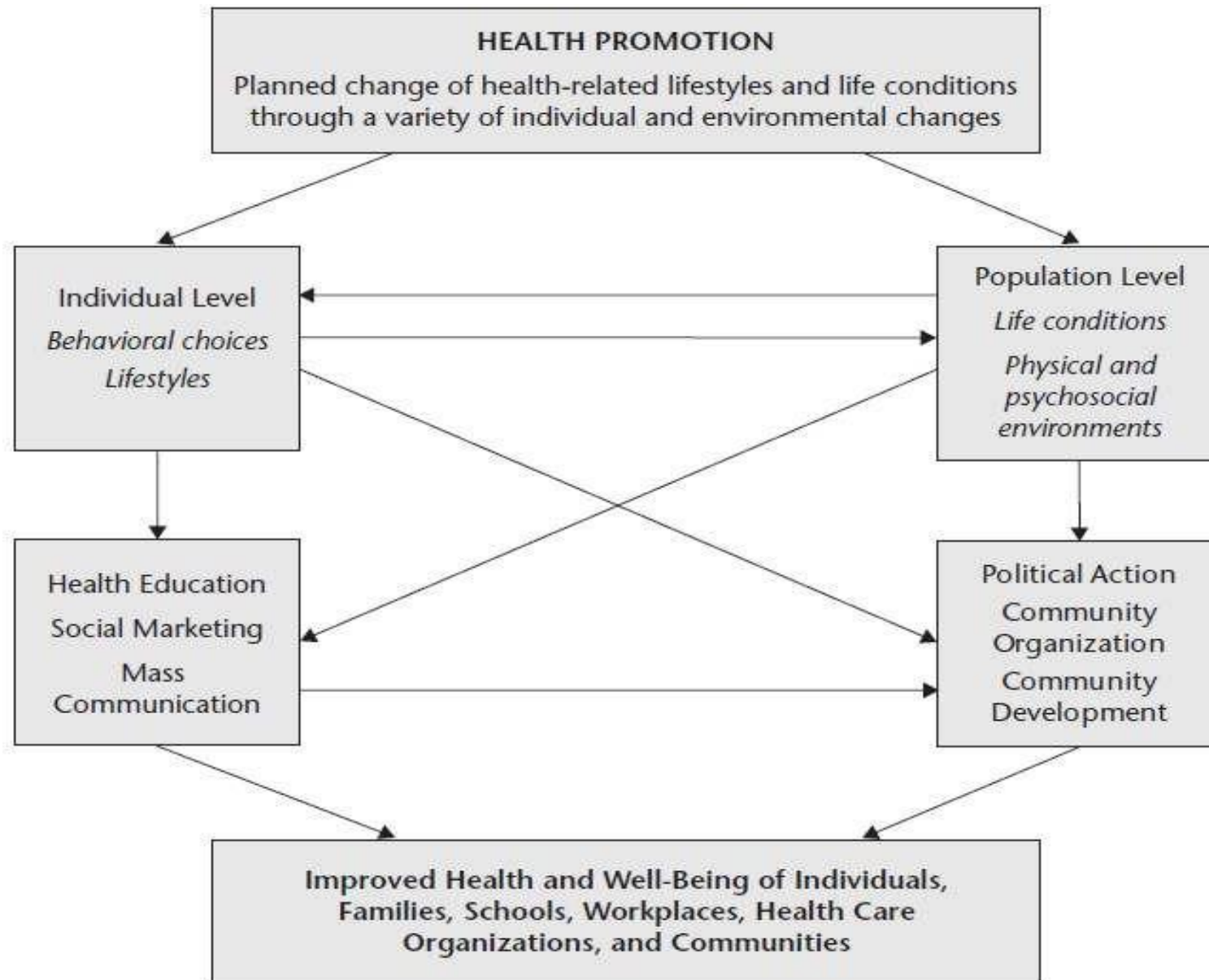
Governments



NGO's

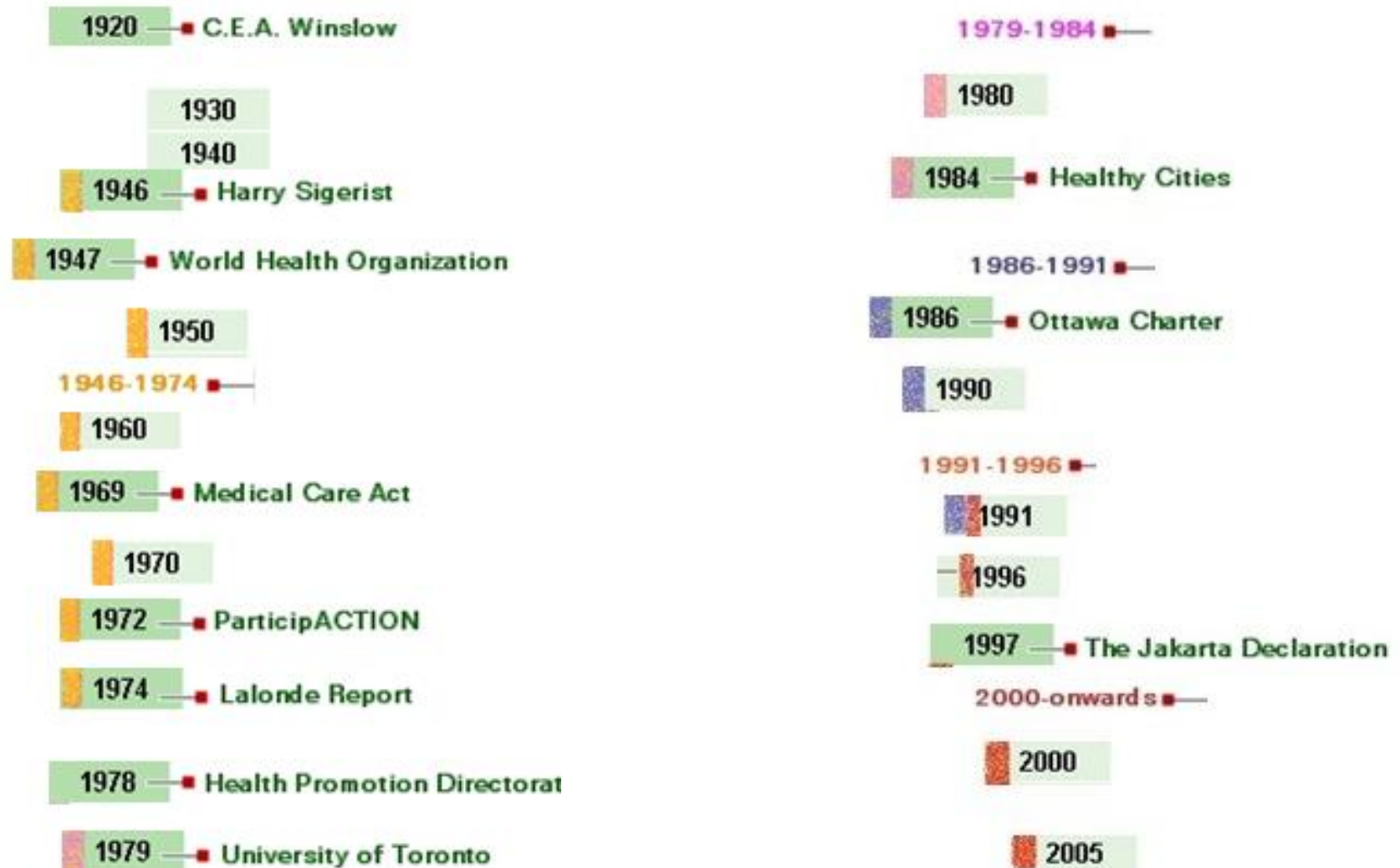
The public health approach acknowledges that effective health promotion requires intersectoral involvement. It also emphasises the importance of creating an environment that is fully supportive of positive health behaviours and actively involves the community.

Health Promotion Interactions



Source: Adapted from O'Neill & Stirling, 2007.

Overview in the past...



1920

- Think about this point. The earliest published reference to health promotion was by C.E.A. Winslow who describes **public health practice** as:
 - *"the art and science of preventing disease, prolonging life and promoting health and well-being through organized community effort for the sanitization of the environment, the control of communicable infections...the education of the individual in personal health and the development of a social machinery to ensure a standard of living adequate for the maintenance or improvement of health"* (cited in Green, 1990, p. 4).
-

- 1946

- The concept of health promotion was further refined by **Harry Sigerist**, a British Medical Historian, who noted that:
 - "*health is promoted by providing a decent standard of living, good labour conditions, education, physical culture, and means of rest and recreation*" (Sigerist, 1946, pp. 127-128).
 - Many of Sigerist's ideas, such as his *holistic concept of health* and his call for action addressing the *determinants of health*, re-emerged thirty years later with the publication of *Ottawa Charter*.
-

1947

- The World Health Organization (WHO) defined health as
 - *“a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.”*
-

-
- 1969
 - The **Medical Care Act** (later modified and re-introduced as the *Canada Health Act*) ensuring universal access to health care for all Canadian citizens is passed into law by the Trudeau government.
-

- 1978

- The Canadian government responds to the Lalonde Report by establishing a *Health Promotion Directorate* within the federal Department of National Health and Welfare. The Directorate, the *first bureaucratic structure devoted to health promotion in the world*, was organized around the health field concept of lifestyle, with a focus on areas such as smoking and nutrition.
-

-
- 1978
 - The first Canadian postsecondary degree program in health promotion is established at the University of Toronto.

http://www.phs.utoronto.ca/mhsc_health_promotion.asp

-
- 1984
 - The ‘Beyond Health Care’ Conference hosted in Toronto leads to the launch of the worldwide “Healthy Cities” movement. The *Healthy Cities Projects*, one of which was located in Toronto, utilized a *participatory approach* to health promotion by engaging community residents in the identification of health priorities in their community and the development of appropriate activities to address these priorities.
 - The approach used by the Healthy Cities Projects was widely adopted by health promoters. Over time, the Healthy Cities Projects becomes the “Healthy Communities” initiative as it spreads to towns, villages and rural areas throughout the world.
-

- 1986

- The first international conference of **health promotion convenes in Ottawa**. The consensus document produced at the conference, The *Ottawa Charter* for Health Promotion, becomes the *predominant framework* for health promotion practice.

5 key actions for Health Promotion



Ottawa Charter

To reach a state of complete physical mental and social wellbeing, an individual or group

must be able to:

identify and to realize aspirations,

to satisfy needs,

and to change or cope with the environment.

Extracts from the Ottawa Charter for Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.

Health promotion is carried out

■ 1997

by and with people,

not on or to people

- Health promotion's commitment to social justice, equity and sustainability was reaffirmed at the Fourth International Conference on Health Promotion with the adoption of *The Jakarta Declaration on Leading Health Promotion into the 21st Century*, which identified poverty as “the greatest threat to health” and noted the dangers to health posed by globalization and environmental degradation

2000 to the present

- Health promotion continues to evolve, embracing new technologies such as the Internet as tools for education and community mobilization.

Action for Health Promotion

- Health promoting programs
 - Health promoting settings

What are health promotion programs?

- Provide **planned, organized, and structured activities** and events over time that focus on helping individuals **make informed decisions** about their health.
- **Promote** policy, environmental, regulatory, organizational, and legislative **changes at various levels** of government and organizations.
- The planned change in health promotion can be applied among individuals **in varied settings** and **at any stage** in the natural history of an illness or health problem.

What are health promotion programs?

- Designed to work with a **priority population** (target population)— a defined group of individuals who share some common characteristics related to the health concern being addressed.
- Programs are planned, implemented, and evaluated for their priority population.
- The foundation of any successful program lies in **gathering information** about a priority population 's health concerns, needs, and desires.
- **Engaging** the schools, workplaces, health care organizations, and communities where people live and work as partners in the process of promoting health is most effective.

Components of Health Promotion Programs

Health Education to Improve	Environmental Actions to Promote
Health knowledge Health attitudes Health skills Health behaviors Health indicators Health status	<ul style="list-style-type: none">• Advocacy• Environmental change• Legislation• Policy mandates, regulations• Resource development• Social support• Financial support• Community development• Organizational development

HEALTH PROMOTION AS A MULTI-DISCIPLINARY ACTIVITY

Who does health promotion?

Health services

Nurses
School health nurses
Health visitors
Community public health nurses
Midwives
General practitioners
Doctors
Physiotherapists
Occupational therapists
Dietitians
Exercise counsellors
Pharmacists
Opticians/optometrists
Speech and language therapists
Ambulance services

Local Authorities and non-statutory agencies

Youth workers
Teachers
Play workers
Community workers
Social workers
Environmental health officers
Prison workers

Private sector and voluntary agencies

Occupational health doctors and nurses
Trade union safety representatives
Pressure groups, e.g. Action on Smoking and Health (ASH), the Royal Society for the Prevention of Accidents (RoSPA)

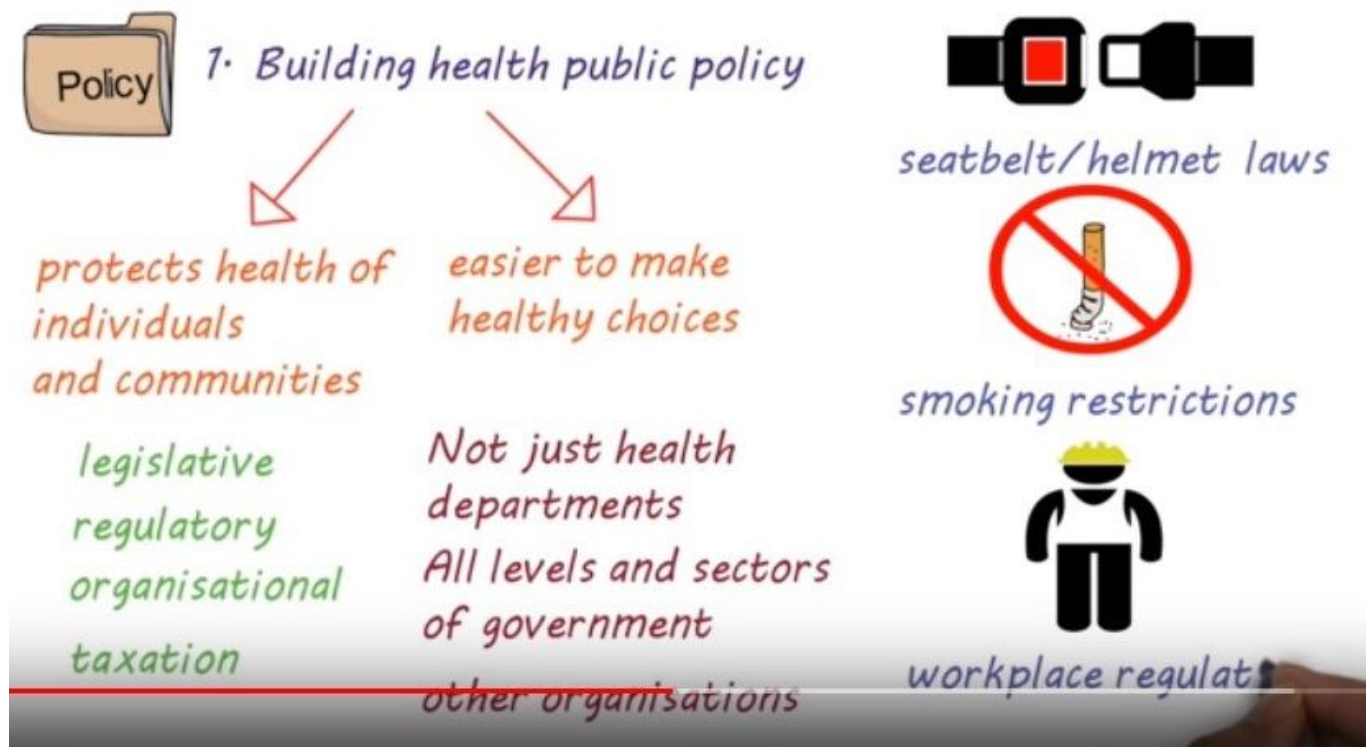
Media

Health correspondents

Questions to ask when assessing health needs

- What is the problem
 - what is the scope and characteristics of the problem
 - Which services exist to treat it
 - What do the people / patients want
 - What are the best appropriate and cost-effective solutions
 - What resources are needed
 - Which are the measures of success
-

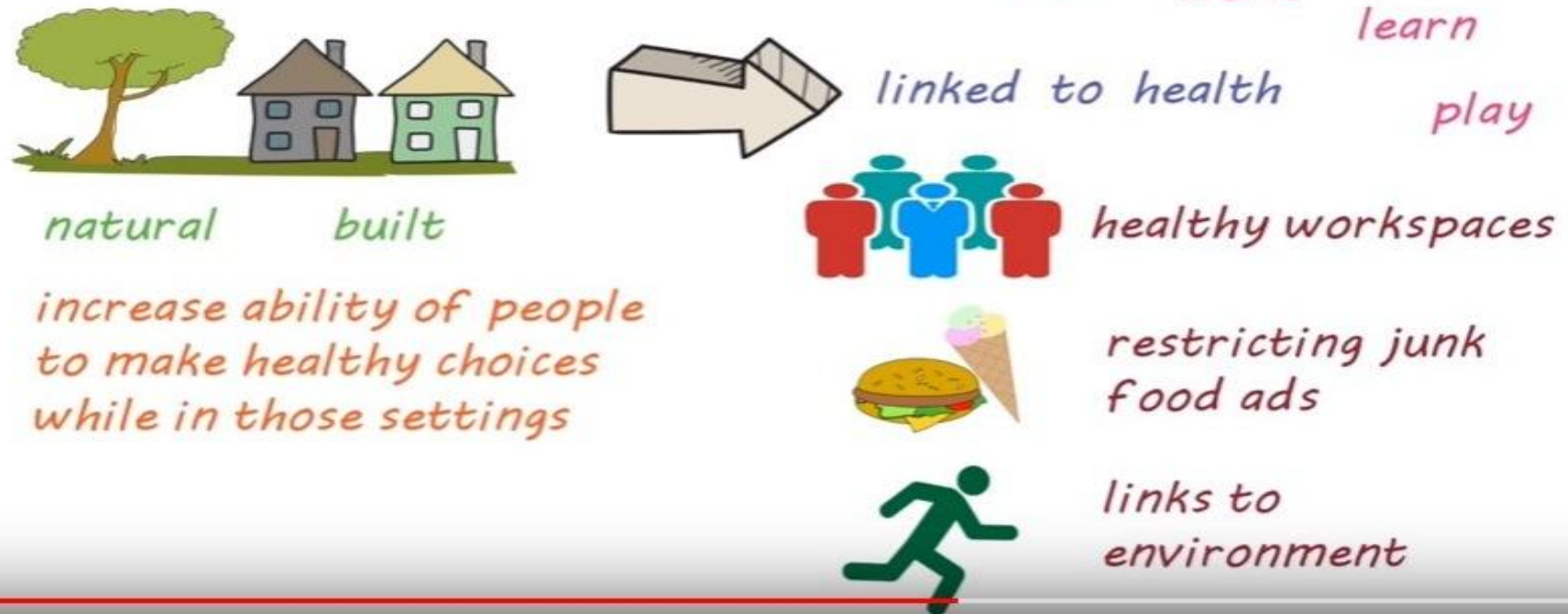
HEALTH PROMOTION ACTION MEANS:



- **Building Healthy Public Policy** – Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels. It directs policy makers to be aware of the health consequences of their decisions and accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity.

HEALTH PROMOTION ACTION MEANS:

2. Supportive environments

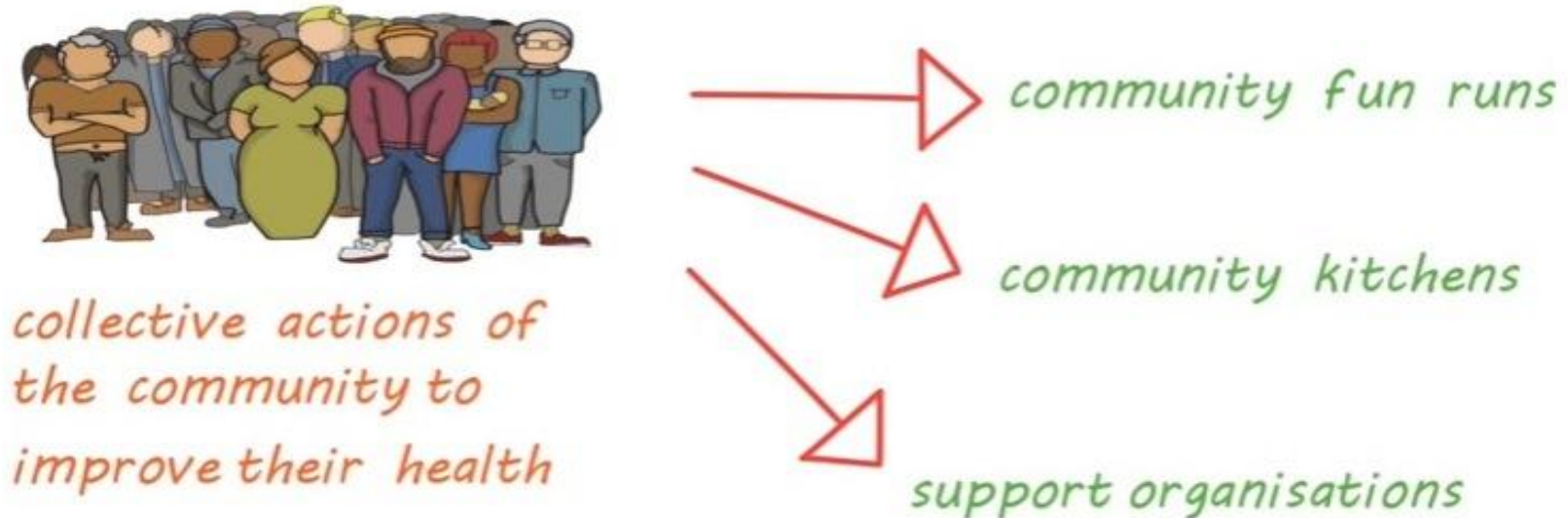


- **Creating Supportive Environments** – Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanization – is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

HEALTH PROMOTION ACTION MEANS:

3. *Strengthening community action*



- **Strengthening Community Action** – At the heart of this process is the empowerment of communities, their ownership and control of their own endeavors and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters.

HEALTH PROMOTION ACTION MEANS:

4. Reorienting health services



*traditionally medically focused
individual curative and treatment
needs*



holistic approach

'stop smoking' programs

health educator roles

improving access

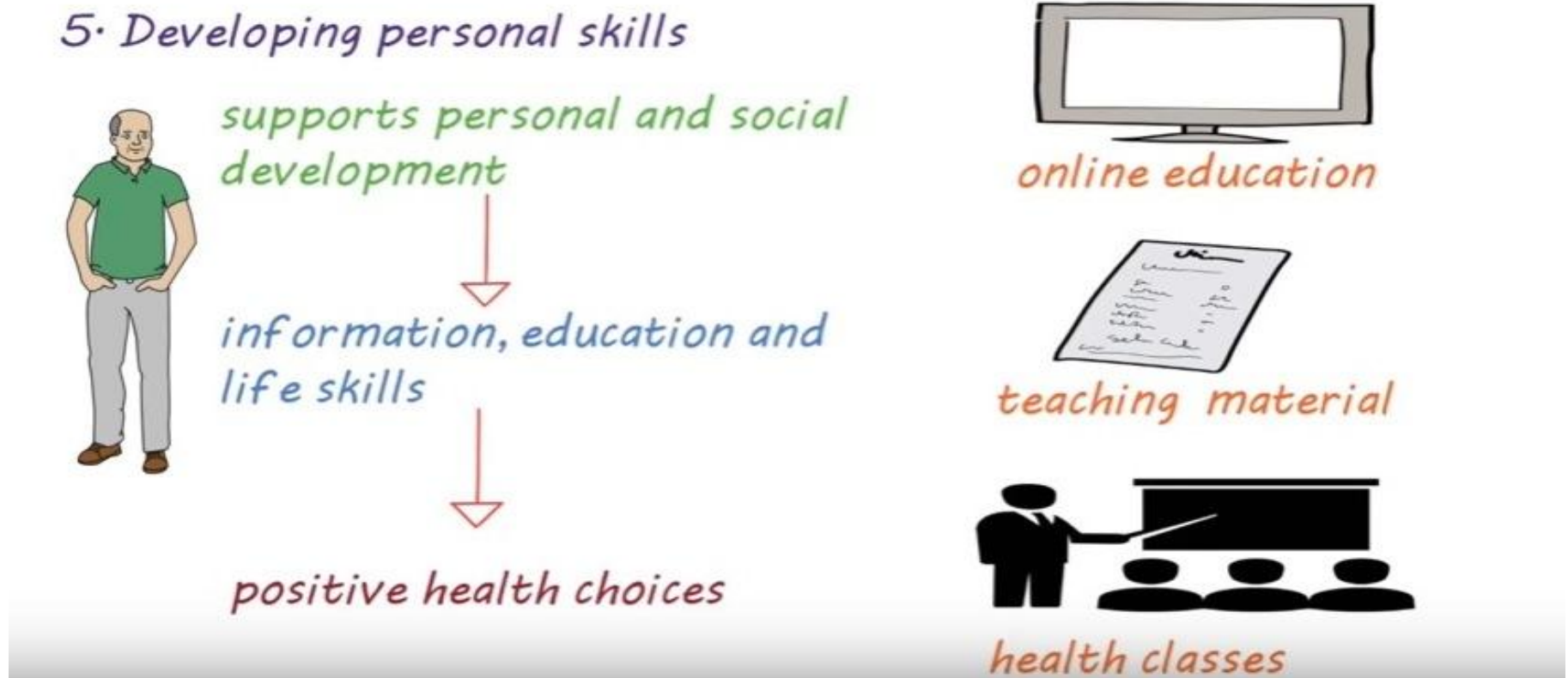
strengthen protective factors

reducing risk factors

improve health determinants

- **Reorienting Health Services** – The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system that contributes to the pursuit of health. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

HEALTH PROMOTION ACTION MEANS:



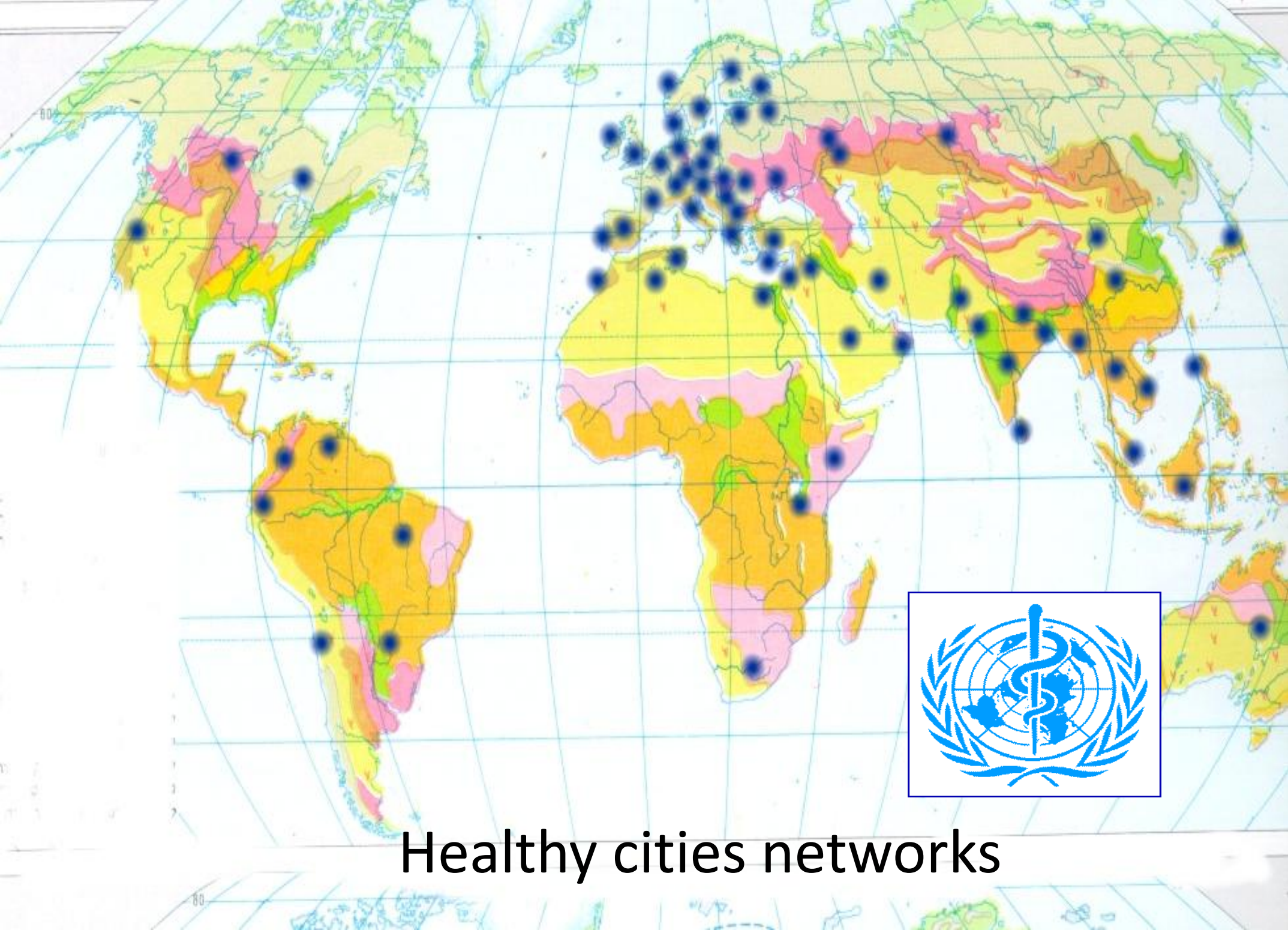
- **Developing Personal Skills** – Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their health and environment, and to make 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 is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

The first
health promoting setting

Healthy cities

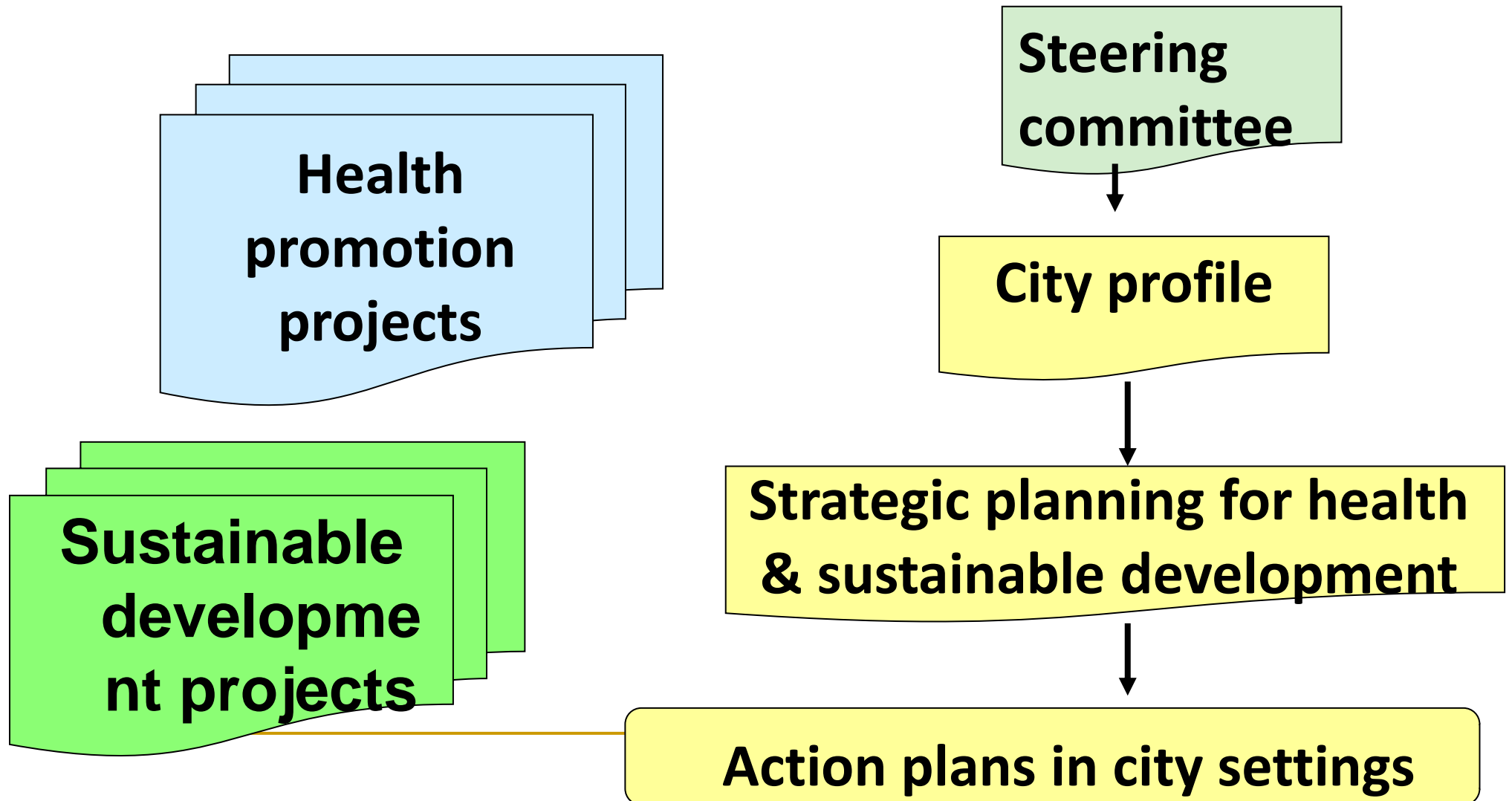
A Healthy City

One in which residents, business, non-governmental organizations and the municipal government work together to ensure a viable and livable city.



Healthy cities networks

The Healthy City mode of action



City health profile

- Identify needs of the population
- Determine inequalities in health
- Identify desires and aspiration of the citizens

City Health Profiles

- All Healthy Cities are committed to preparing a City Health Profile as a basis for their strategic planning for 'Health for All' and Sustainable Development

The profile includes:

- data on the state of health of the population
- socio-economic and environmental determinants
- Identification of social and health inequalities
- Mapping of the services in the city and their usage

[♥]

The World's Healthiest Cities

Which Cities Are the Best for Healthy Living?



Average Gym Rating



Annual Sunshine Hours



Life Expectancy At Birth



Fast-Food Outlets



Obesity In Adults



Annual Vacation Days



Work-Life Balance



Air And Water Quality



Green Space



Electric Car Charging Points



HEALTHIEST CITIES INDEX

Rank	City	Country	★	🏋️	☀️	💓	🍔	📶	✈️	🕒	☁️	🌳	⚡
1	Amsterdam	Netherlands	6.97	6.75	1.82	8.19	6.73	2.67	8.07	9.91	7.8	8.13	9.63
2	Oslo	Norway	6.61	4.81	1.84	8.42	8.34	2.58	6.37	9.1	8.5	9.36	6.82
3	Munich	Germany	6.60	6.62	2.01	7.91	9.07	2.87	7.2	8.68	9.17	9	3.51
4	Rotterdam	Netherlands	6.60	5.84	1.66	8.19	9.39	2.67	4.33	9.91	8.29	6.99	8.73
5	Berlin	Germany	6.52	4.81	1.66	7.91	8.6	2.87	7.03	8.68	6.45	8.94	8.24
6	Tallinn	Estonia	6.36	10	2.32	6.09	8.32	3.06	7.63	9.25	8.8	7.51	0.62
7	Vienna	Austria	6.31	5.58	2.75	8.28	9.08	3.35	6.17	8.03	9.14	9.35	1.4
8	Adelaide	Australia	6.31	8.7	6.45	8.6	9.06	1.38	4.33	6.12	8.88	9.42	0.15

What is Health education?



Health education and health behavior

Over the past forty years, leaders in health education have repeatedly stressed the importance of political, economic, and social factors as determinants of health.

Health education requires careful and thorough consideration of the present knowledge, attitudes, goals, perceptions, social status, power structure, cultural traditions, and other aspects of whatever public is to be addressed (Mayhew Derryberry, 1960)

Health education is concerned not only with individuals and their families, but also with the institutions and social conditions that impede or facilitate individuals toward achieving optimum health (William Griffiths, 1972)

Definitions of Health Education

According to Griffiths (1972) health education attempts to close the gap between what is known about optimum health practice and that which is actually practiced. In 1980, Green defined health education as “any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health”.

Health education evolved from three settings: communities, schools, and patient care settings.

Health Promotion vs. Health Education

- **Health promotion** has been defined as the combination of two levels of action:
 1. health education and
 2. environmental actions to support the conditions for healthy living.
- Health promotion definition:

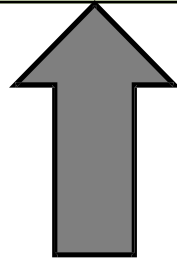
“The process of enabling people to increase control over their health and its determinants, and thereby improve their health.”
(*Ottawa Charter*, World Health Organization, 1986).
- **Health education**
 - facilitate gaining new knowledge, adjusting attitudes, and acquiring and practicing new skills and behaviors that could change health status.
 - educational strategies are delivered through individual or group instruction or interactive electronic medias.
 - Mass communication strategies include public service announcements, webinars, social marketing techniques, and other new strategies from text messaging to blogging.

Planning health promotion programs

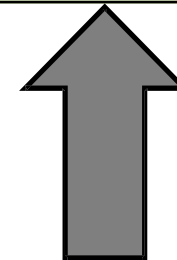
1. Needs assessment
2. Defining program goals and objectives

Needs assessment

Understanding how the health of a group of individuals at a site might be improved



Information on their
current health status



Information on their
ideal health status

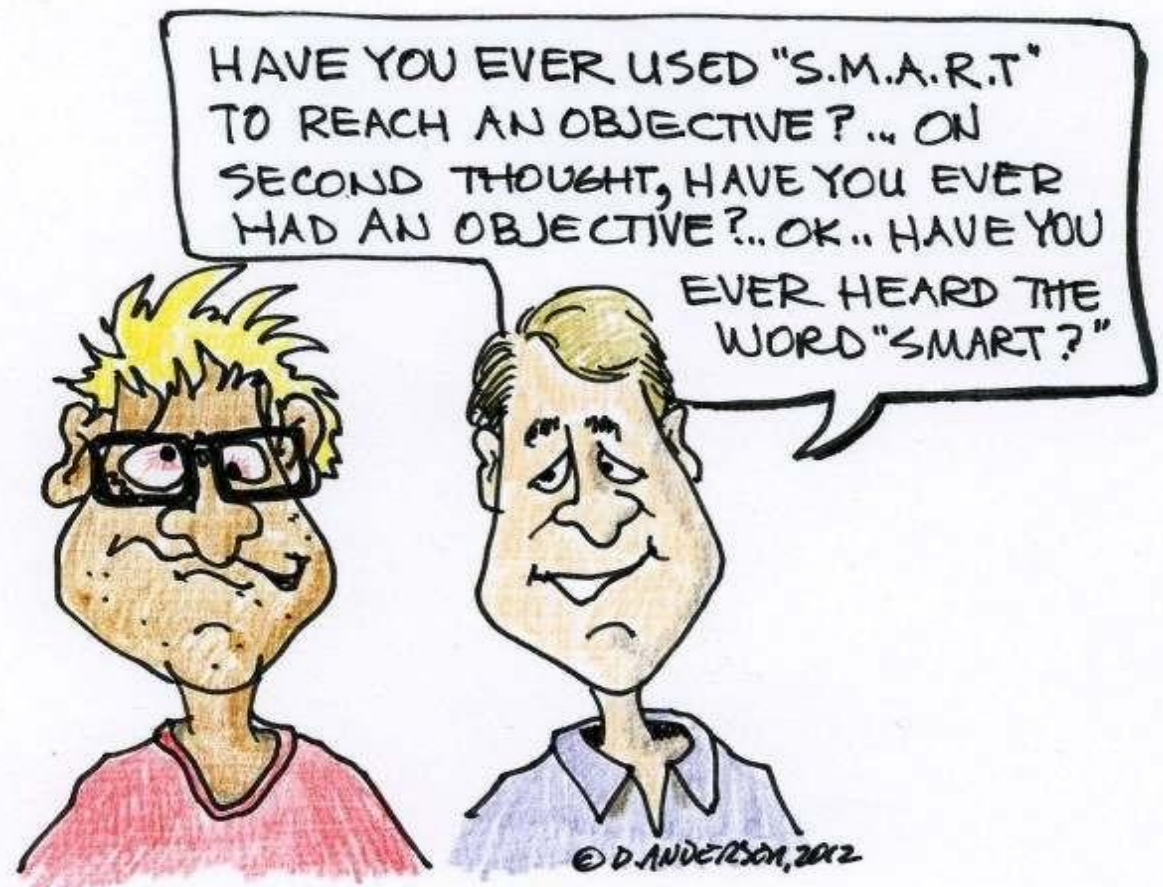
What to measure?

GOAL...

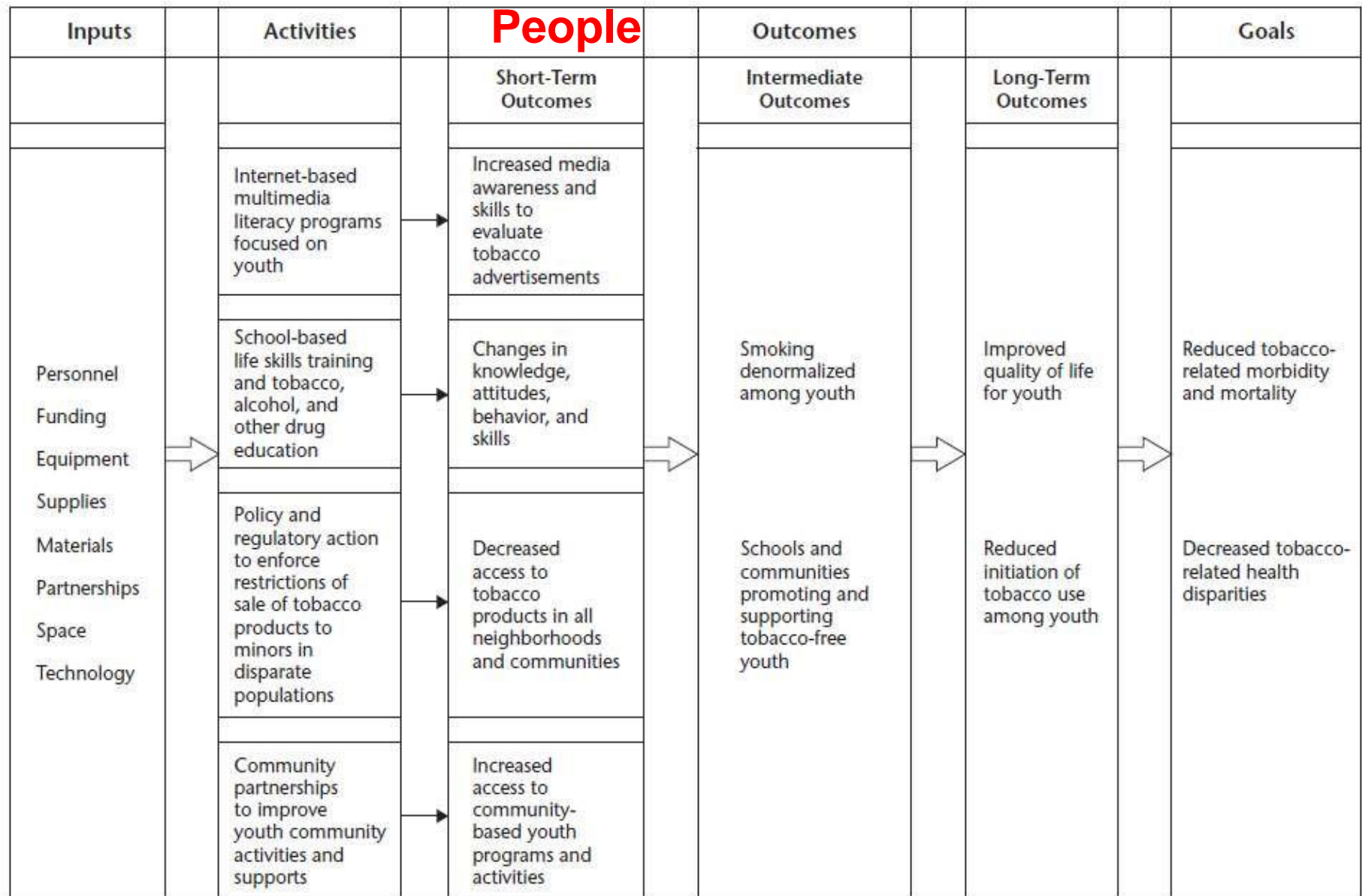
is a broad statements that describe the desired longer-term impacts of what you want to accomplish.

OBJECTIVES...

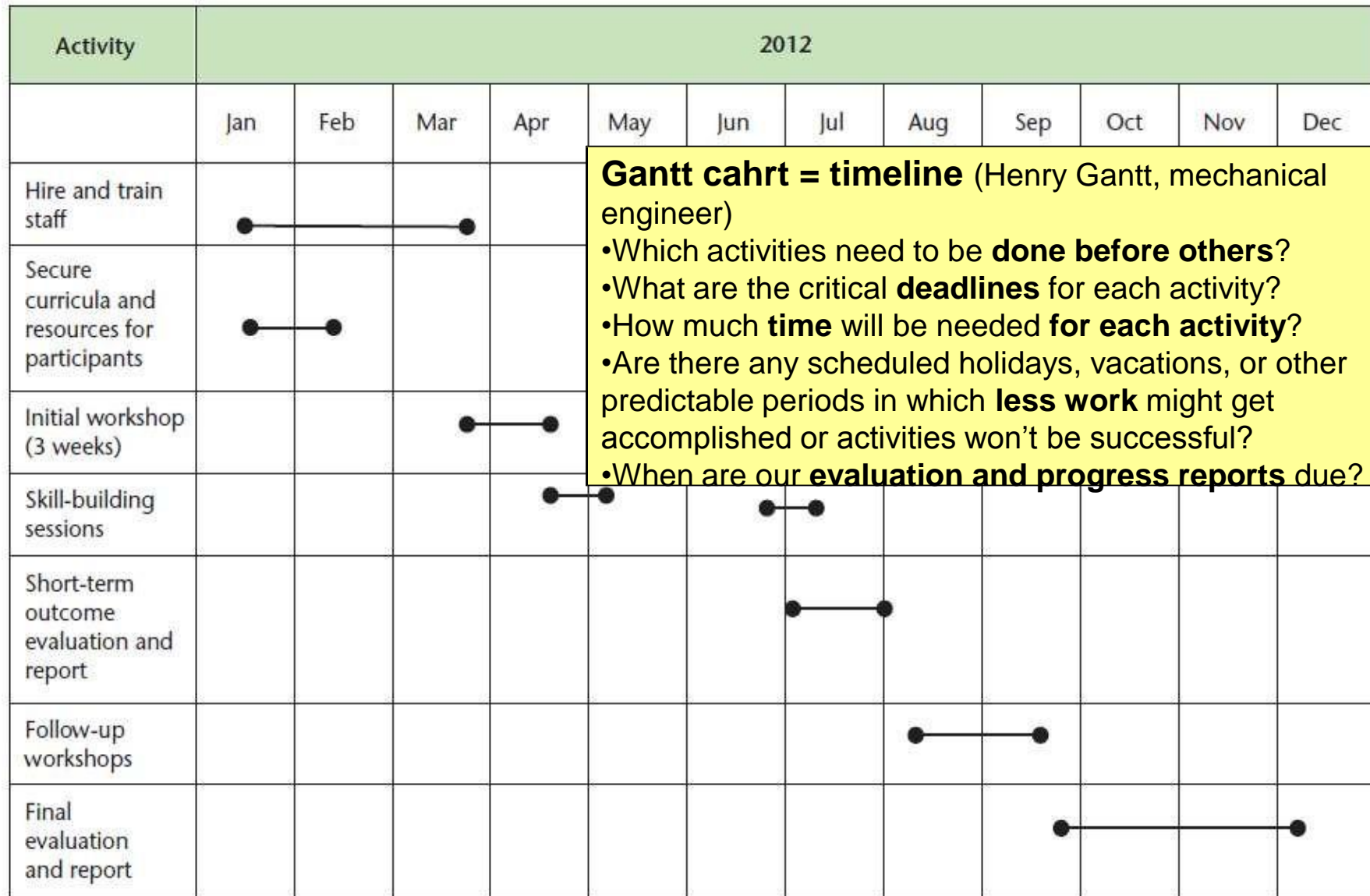
or desired outcomes are the specific changes expected in your target population(s) as a result of your program.



Logic Model for Preventing the Initiation of Tobacco Use Among Young People



Gantt Chart of an Educational Activities



Gantt chart = timeline (Henry Gantt, mechanical engineer)

- Which activities need to be **done before others**?
- What are the critical **deadlines** for each activity?
- How much **time** will be needed **for each activity**?
- Are there any scheduled holidays, vacations, or other predictable periods in which **less work** might get accomplished or activities won't be successful?
- When are our **evaluation and progress reports** due?

Promoting health

```
graph TD; A([Promoting health]) --> B[Health Education]; A --> C[Service improvement]; A --> D[Advocacy];
```

Health Education

Communication directed at individuals, families and communities to influence:

Behaviour change

Determinants of behaviour change:

awareness/knowledge

decision-making

beliefs/attitudes

Empowerment

community participation

Service improvement

Improvements in quality and quantity of services:

accessibility

case management

counselling

patient education

outreach

social marketing

Advocacy

Agenda setting and advocacy for healthy public policy:

policies for health

income generation

removal of

obstacles

discrimination

inequalities

gender barriers

Examples of application of HESIAD

	Three components of a comprehensive health-promotion strategy		
Health topic	Health education	Service improvement	Advocacy
Physical exercise	Promotion of benefits of exercise, understanding of the kinds of exercise that will improve health and skills in specific exercise methods	Improved leisure/exercise facilities, exercise promotion within primary care (e.g. provision of personalized tailored advice on exercise), exercise programmes targeted to specific groups (e.g. middle aged or elderly people within day care and institutions etc.)	Develop local policies for exercise facilities especially for socially excluded groups, subsidies for exercise programmes, partnerships to increase exercise opportunities etc.

Examples of application of HESIAD

	Three components of a comprehensive health-promotion strategy		
Health topic	Health education	Service improvement	Advocacy
Tobacco smoking	Promotion of increased awareness of the risks of smoking, the benefits of quitting and practical skills in resisting peer pressure, refusing cigarettes and different ways of stopping smoking	Developing anti-smoking within primary care, stopsmoking clinics, availability of stop smoking aids (e.g. nicotine patches)	Enforcement of controls on tobacco promotion; sales to young people and smoking in public places; subsidies for stop-smoking aids

Examples of application of HESIAD

Three components of a comprehensive health-promotion strategy			
Health topic	Health education	Service improvement	Advocacy
Alcohol abuse	Directed at young people, young adults and other age groups on appropriate alcohol use, self-monitoring of alcohol consumption, resisting peer pressure etc.	Development of services for helping persons with chronic dependency	The initiation of public policies affecting the pricing and availability of alcohol to different age groups; extending licensing laws in the hope of reducing the pressure to binge drink

Examples of application of HESIAD

	Three components of a comprehensive health-promotion strategy		
Health topic	Health education	Service improvement	Advocacy
Nutrition – promotion of fruit and vegetable consumption	Using schools and mass media to promote awareness of the health benefits of eating fruit and vegetables	Ensuring that schools and workplace canteens provide fruit and vegetables; collaborating with shops in deprived housing estates to increase stocks of fruit and vegetables	Subsidies for farmers to grow fruit and vegetables; actions to reduce sales prices of fruit and vegetables (e.g. subsidies for shops, transport costs); guidelines on meals provided in school meals, institutions, etc

How Does Health Promotion Differ from Other Approaches?

Health promotion is not the only approach to addressing issues affecting the health of individuals and communities. There are a number of other approaches used to guide the development of interventions, policies and programs addressing health-related issues.

The following section defines *three* of these approaches and describes how they are both similar to, and different from, health promotion.

Let's take a closer look at:

- Population Health
 - Disease Prevention
 - Harm Reduction
-

Population Health

What is population health?

Population health aims to improve health inequalities among population groups by examining and acting upon a broad range of factors and conditions that determine health (Hamilton and Bhatti, 1996).

The main interventions used by population health are *societal-level policies* affecting the health of entire populations (e.g., increasing tobacco taxes). The impact of these policies is monitored through the use of large-scale data sets.

Unlike health promotion, population health does not place as much emphasis on strategies promoting individual and community level change, such as education, organizational change and community mobilization.

Disease Prevention

What is disease prevention?

Disease prevention is the branch of public health practice concerned with the prevention of chronic diseases contributing to premature mortality (e.g., heart disease, cancer, stroke, diabetes).

Most public health texts refer to *three levels of prevention*.

- *Primary prevention* – engaging in actions preventing the initial occurrence of disorders or diseases by focusing on the risk factors and risk conditions which are associated with, or cause increased susceptibility to, specific diseases.
- *Secondary prevention* – stopping or slowing down the progress of a disease or disorder as soon as possible before medical treatment is required.
- *Tertiary prevention* – reducing the occurrence of relapses of a chronic disease or disorder.

Harm Reduction

What is harm reduction?

Harm reduction can be defined as actions which decrease the adverse health, social and economic consequences of engaging in HIGH-RISK behaviours without requiring abstinence (e.g., smoking, alcohol and drug use).

While health promotion utilizes many of the same actions and strategies employed by harm reduction, its focus is much broader than high-risk behaviours.

Where health education is provided

Today health education can be found everywhere. Seven major setting are particularly relevant to contemporary health education:

■ Schools

Health education in schools includes classroom teaching, teacher training and changes in school environment that support healthy behaviors.

■ Communities

Community-based health education draws on social relationships and organization to reach large populations with media and interpersonal strategies. Community intervention in churches, clubs, recreation center, and neighborhoods have been used to encourage healthful nutrition, reduce risk of cardiovascular disease.

Where health education is provided

■ Worksites

Because people spent so much time at work, the workplace is both a source of stress and a source of social support. Today, many businesses, particularly large corporations, provide health promotion programs for their employees.

■ Health Care Setting

Health education for high-risk individuals, patients, their families, and the surrounding community, as well as in-service training for health care providers, are all part of health care today.

Where health education is provided

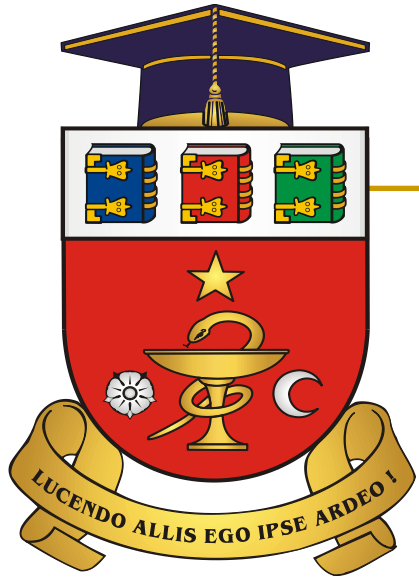
■Homes

Health behavior change interventions are delivered to people in their homes both through traditional public health means like home visits, and through variety of communication channels and media such as Internet, telephone and mail.

■The consumer marketplace

■Communication environment

There have been striking and rapid changes in the availability and use of new communications technologies ranging from mass media changes (for example online versions of news papers blocks of radio programs).



**Take care of your body. It's
the only place you have to
live.**



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