

# Introduction to Section A

## Foundations of Health Promotion

**Section A** introduces the field of health promotion and is composed of four modules focusing on several main themes.

**Module 1** provides an overview of key health promotion definitions and concepts.

**Module 2** examines historical milestones contributing to the development of health promotion practice as we know it today

**Module 3** examines some of the models underpinning health promotion.

**Module 4** considers some of the key theories underpinning health promotion at the individual, community, organizational and public policy levels.

**Note to Learners: Module 1 sets the context for the course and therefore has the lion's share of hyperlinks to the Glossary.**

# Module 1

## Definitions and Concepts

### Introduction

Module 1 introduces you to the field of health promotion and provides an overview of key health promotion definitions and concepts. This module also outlines some of the key topics and materials that are examined in more depth in this course.

You will have the opportunity to review **six** sections in this module.

#### **Introduction**

#### **Learning Outcomes**

#### **Reflective Exercise: Recognizing the Health Promotion Components in your Practice**

#### **Content Discussion**

- Definition of Health Promotion
- Health Promotion Features
- How Does Health Promotion Differ from Other Approaches?

#### **Reflective Exercise: Comparing Definitions of Health Promotion**

#### **Readings and Resources**

# Learning Outcomes

By the end of this module, you will:

- understand key health promotion definitions and concepts;
- become familiar with the *Ottawa Charter for Health Promotion*, which defines health promotion and provides the key framework for health promotion practice;
- identify the **key features** and **values** that shape health promotion practice; and
- understand how health promotion differs from related concepts, such as **disease prevention** and **population health**.

# **Reflective Exercise**

## **Recognizing the Health Promotion Components in Your Practice**

Before you start working through this module, consider the following questions and contribute to your Reflective Journal.

### **Points to Ponder**

1. What are the key health promotion definitions that guide your health promotion work?
2. Which of the learning outcomes do you think might be most important in your own work?

# Content Discussion

## Definition of Health Promotion

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.

What is **health promotion**?

**Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter for Health Promotion, 1986).**

To better understand the meaning of this definition, it's important to appreciate the key **features** and **values** that guide health promotion practice.

For more information about the Ottawa Charter and definitions of key terms see: [http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)

# Health Promotion Features

## Introduction

Health promotion has a number of unique features to ensuring the health and well-being of individuals and communities that distinguish it from other approaches such as population health and disease prevention.

These include:

- a holistic view of health;
- a focus on participatory approaches;
- a focus on the **determinants of health**, the social, behavioural, economic and environmental conditions that are the root causes of health and illness;
- building on existing **strengths and assets**, not just addressing health problems and deficits; and
- using **multiple, complementary strategies** to promote health at the individual and community level.

**Note to Learners: For more information about features of health promotion and the way they shape health promotion practice, please refer to Module 6 in Part B, Health Promotion in Action.**

## A Holistic View of Health

Health promotion adopts the definition adopted by the World Health Organization, which defines **health** as:

**“a state of complete physical, mental and social well-being rather than a mere absence of disease or infirmity.”**

This definition regards health as **“a resource for everyday life”**.

Health promotion views health as a positive concept emphasizing social and personal resources as well as physical capabilities (WHO,1984).

## A Focus on Participatory Approaches

Wherever possible, health promotion practitioners address health issues by doing things *with* people rather than doing things *for* them.

The use of participatory approaches that enable people to take greater control over the conditions affecting their health is perhaps the most important feature of health promotion practice since it embodies key **health promotion values**:

- empowerment
- social justice and equity
- inclusion
- respect

Let's take a closer look at these values.

**Note to Learners: For more information about these values and the ways in which they shape health promotion practice, please refer to Module 7 in Part B, Health Promotion in Action.**

### Values

**Empowerment** – Empowerment is a process through which people gain **greater control** over the decisions and actions affecting their health (Nutbeam, 1998). A large body of research shows that people able to exercise greater control and decision making ability over the factors contributing to their health enjoy greater health status.

**Social Justice and Equity** – A large body of research has shown that **poverty and income inequality** are the greatest causes or **determinants** of health status. Simply put, low-income Canadians are more likely to die younger and suffer more illness than Canadians with higher income regardless of age, sex, race or place of residence (Second Report on Health of Canadians, 1999). Accordingly, health promotion practice reflects a concern with social justice to ensure that everyone has equitable access to food, income, employment, shelter, education and other factors needed to maintain good health.

**Inclusion** – To ensure that everyone has access to the resources needed to maintain good health as well as a voice in the decisions affecting their health, health promotion practice emphasizes inclusion by working with members of **marginalized groups in the community** who face systemic barriers to good health.

**Respect** – Health promotion embodies and respects a **diverse** range of viewpoints, cultures and perspectives on health and wellness.

## A Focus on the Determinants of Health

**Determinants of health** refer to the range of social, economic and environmental **factors** which determine the health status of individuals or populations (Nutbeam, 1998). These include:

- income and social status
- social support networks
- education
- employment and working conditions
- physical environments
- social environments
- biology and genetic endowment
- healthy child development
- health services

Source: Federal-Provincial-Territorial Advisory Committee on Population Health, **Strategies for Population Health: Investing in the Health of Canadians**. Ottawa: Ministry of Supplies and Services Canada, 1994.

<http://www.hc-sc.gc.ca/hppb/phdd/determinants/>

### Factors

The range of factors affecting health are both **multiple and inter-related**. Health promotion practice is fundamentally concerned with addressing the determinants of health—including:

**the lifestyle factors related to the actions of individuals, such as health-related behaviours (e.g., smoking, diet and physical activity);**

**broader factors such as income, education, employment and working conditions, and social and physical environments.**

These factors, in combination, create the conditions determining health status at the individual and community level.

## **Building on Strengths and Assets**

Wherever possible, **health promotion** practice builds on **positive factors** promoting the health of individuals and communities. Examples of these strengths and assets include community leaders, existing programs and services, strong social networks, or institutions and events in the community that bring people together.

**A focus on strengths and assets is an important value that helps to distinguish health promotion from concepts such as disease prevention and population health, which focus mainly on the elimination of problems, health risks and deficits contributing to illness and poor health outcomes.**

## **Using Multiple, Complementary Strategies**

### **Introduction**

Health promoters use multiple strategies focused on individuals, families, groups, communities and entire populations (e.g., a region, province or nation).

The *Ottawa Charter for Health Promotion* encourages the use of multiple strategies by identifying **five action areas** for health promotion practice:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills
- re-orienting health services

These action areas are critical in shaping the boundaries of health promotion practice over time.

**Note to Learners: For more information about health promotion strategies and the ways in which they shape health promotion practice, please refer to Module 5 in Part B, Health Promotion in Action.**

## Key Strategies

Since the Ottawa Charter, health promoters have worked on these five action areas through the use of multiple, complementary strategies.

Some **key strategies** include:

**Health Communication** – the use of communication techniques and technologies to positively influence individuals, populations and organizations for the purposes of promoting conditions conducive to human and environmental health.

**Health Education** – consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health.

**Self-Help/Mutual Aid** – a process by which people who share common experiences, situations or problems can offer each other support.

**Organizational change** – working within settings for health, such as schools, worksites, businesses, universities, hospitals and recreational facilities, to create supportive environments that better enable people to make healthy choices.

**Community Development and Mobilization** – collective efforts by communities which are directed towards increasing **community control** over the determinants of health, thereby improving health.

**Advocacy** – a combination of individual and social actions designed to gain **political commitment** or support for a particular health goal or program (Nutbeam, 1998).

**Policy Development** – the process of developing **legislative and regulatory measures** that protect the health of communities and make it easier for individuals to make healthy choices.

**Research indicates that health promotion programs using multiple strategies are more effective. When considering the application of these strategies to address health issues, it's important to bear in mind that they should be viewed as complementary rather than 'stand-alone' approaches to change.**

# 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.

## Comparison with Health Promotion

**Health promotion** also focuses on the **prevention of disease** and **shares** many of the same strategies as disease prevention. However, health promotion has a number of features and values that distinguish it from traditional disease prevention efforts. These include:

- a focus on assets and strengths as well as risk factors and conditions;
- a commitment to participatory approaches that build the capacity of individuals and communities to address their health concerns; and
- a greater focus on the social, economic and environmental causes of health and illness. Disease prevention initiatives, by contrast, focus mainly on modifying the health behaviours of individuals.

## 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.

# Reflective Exercise

## Comparing Definitions of Health Promotion

The definition of health promotion provided in the *Ottawa Charter* is the most widely accepted definition of health promotion. In the Ottawa Charter, health promotion is defined as:

**“the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter for Health Promotion, 1986).**

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. Of the three, supportive environments will probably have the greatest impact in producing lasting change.” (American Journal of Health Promotion, 1989, 3, 3, 5).**

### Points to Ponder

1. How is this AJHP definition of health promotion similar to the Ottawa Charter definition? How is it different from the Ottawa Charter definition?
2. Two health promoters working for different organizations are hired to develop programs to prevent diabetes among low-income, socially isolated seniors. One health promoter accepts the Ottawa Charter definition of health promotion, while the other accepts the definition of health promotion provided in *The American Journal of Health Promotion*. How might their approaches to addressing this health problem differ from one another? Which of the health promotion strategies described in this section would each health promoter be more or less likely to use?

# Readings and Resources

You can find out more about health promotion definitions and concepts at these **online resources**.

Hamilton, N., and Bhatti, T. **Population Health Promotion: An Integrated Model of Population Health and Health Promotion**. Ottawa: Health Promotion Development Division, Health Canada, 1996.

<http://www.hc-sc.gc.ca/hppb/phdd/php/php.htm>

Health Canada. **Health Promotion in Canada: A Case Study**. Ottawa: Minister of Public Works and Government Services, 1997. <http://www.hc-sc.gc.ca/hppb/phdd/pdf/hprpte.pdf>

Hyndman, B. "Application of the Ottawa Charter to shape health promotion practice." **Ontario Health Promotion Email Bulletin 186.1**, December 8, 2000.

<http://www.ohpe.ca/ebulletin> or

[http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE\\_ID=186&startrow=161](http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE_ID=186&startrow=161)

Kahan, B., and Goodstadt, M. **Best Practices in Health Promotion Interactive Domain Manual**. Toronto: Centre for Health Promotion, 2002.

<http://idmbestpractices.ca/idm.php> or <http://www.bestpractices-healthpromotion.com/>

Nutbeam, D. **Health Promotion Glossary**. World Health Organization: Geneva, 1998.

<http://www.who.int/hpr/support.material.shtml>

World Health Organization. **Health Promotion: A Discussion Document on the Concepts and Principles**. Copenhagen: WHO Regional Office for Europe, 1984.

<http://www.who.int/hpr/health.promotion.shtml>