Health Promotion

State Institute of Health & Family Welfare, Jaipur

What is Health Promotion?

"process of enabling people to increase control over, and to improve their health".

WHO (1990), Health Promotion Glossary

- Health promotion is defined as "behavior motivated by the desire to increase wellbeing and actualize human health potential." (Pander, Murdaugh and Parsons – 2002)
- "Health promotion is the process of enabling people to increase control over and to improve their health." (WHO)

Health Promotion?

Any combination of
health, education, economic, political, sp
iritual or organizational initiative
designed to bring about positive
attitudinal, behavioral, social or
environmental changes conducive to
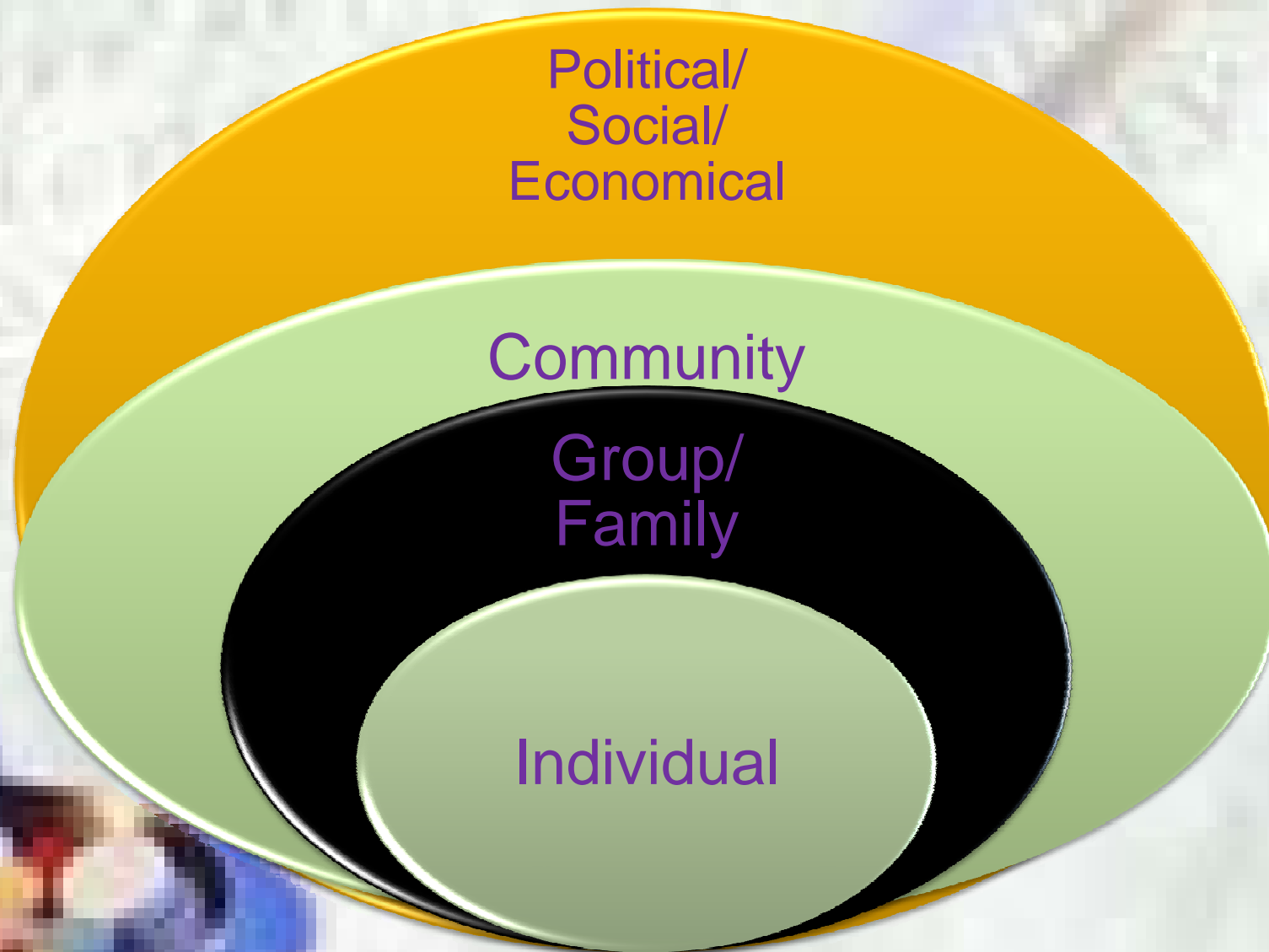improving the health of populations.

Health Promotion?

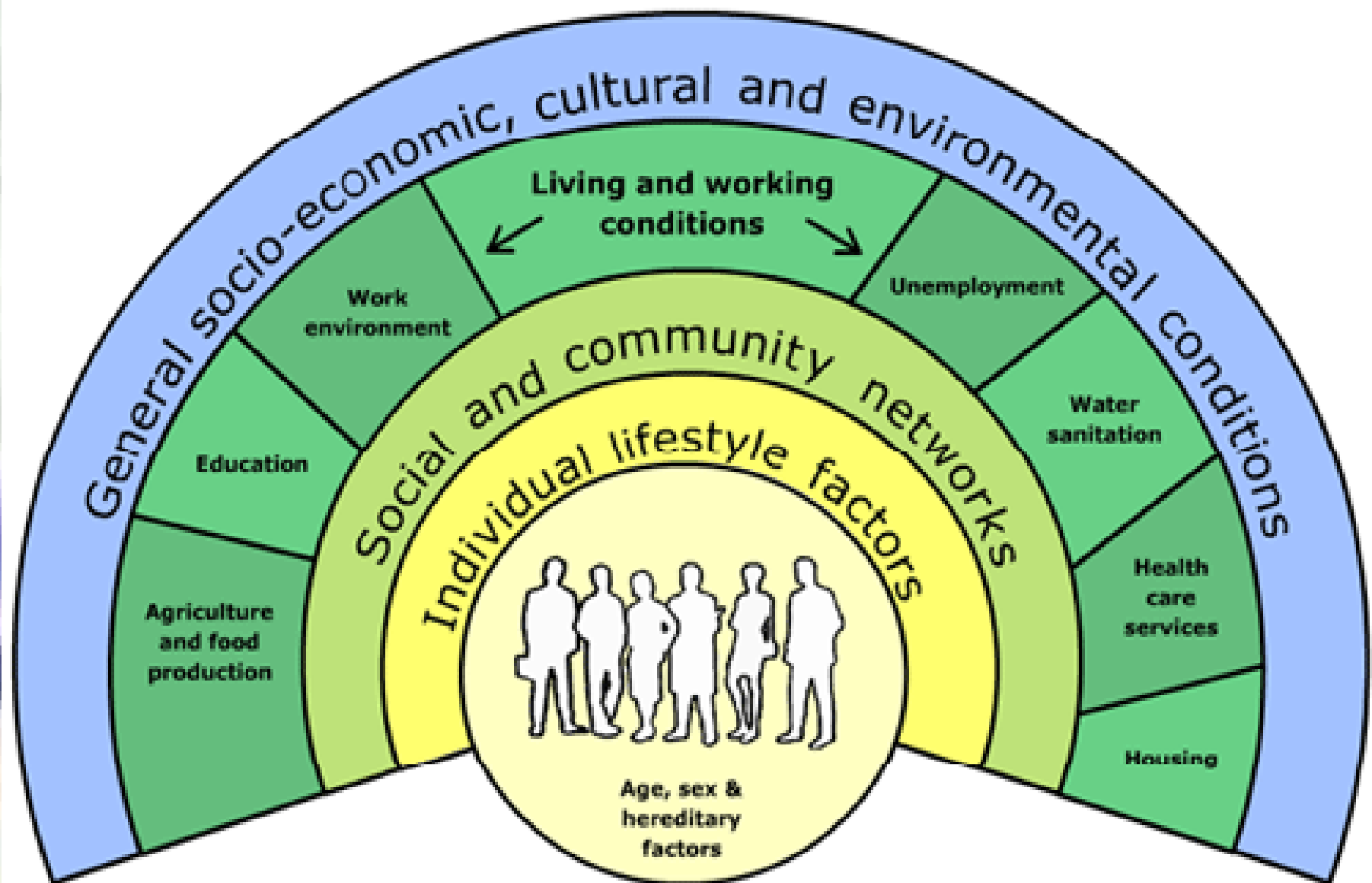Directed towards action on the determinants or causes of health

Requires a close co-operation of sectors beyond health services, reflecting the diversity of conditions which influence health.
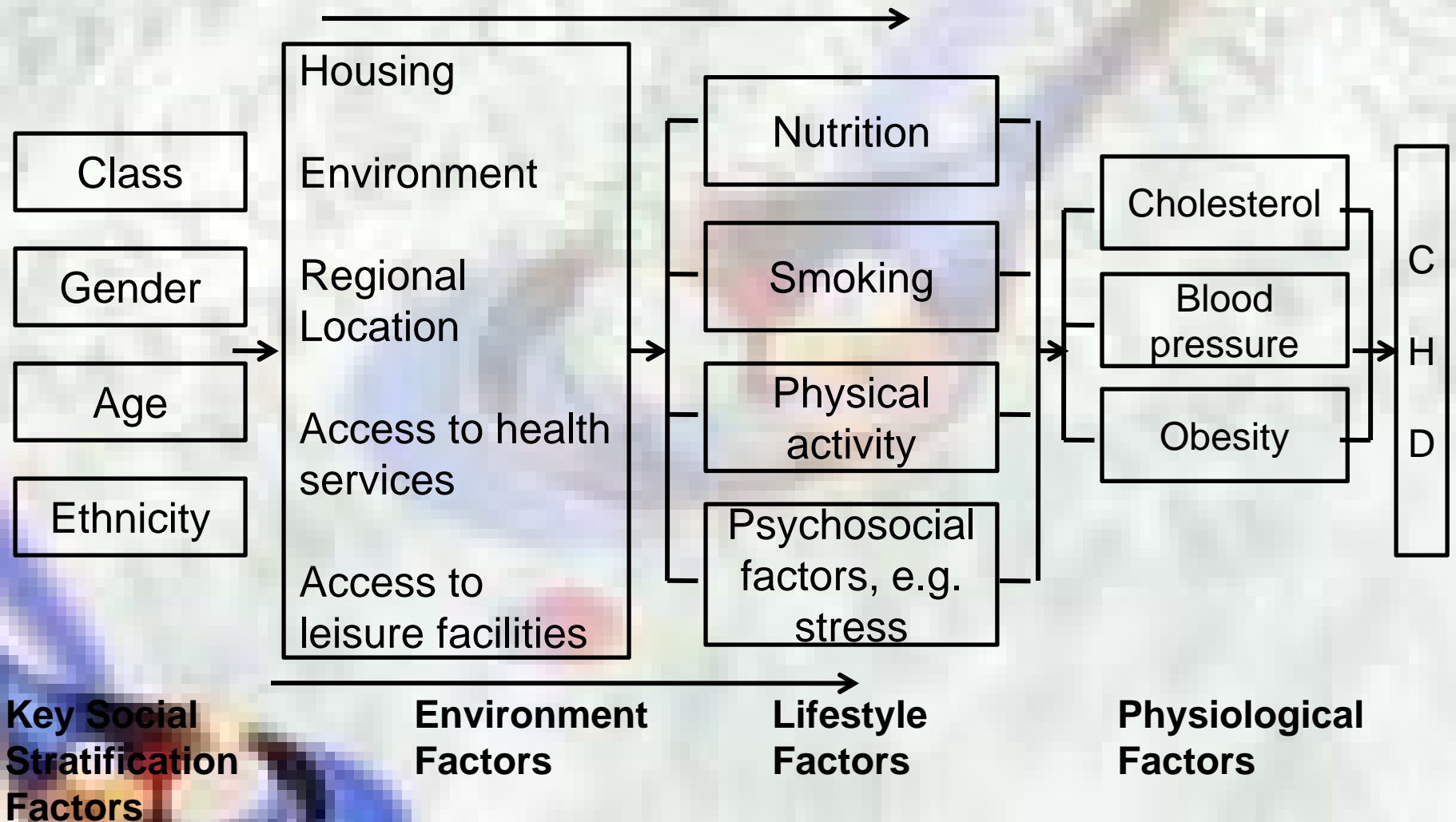
The Context of Health

Political/
Social/
Economical

Community

Group/
Family

Individual

The Main Determinants of Health

A Framework for Health Promotion Activities

Class	Housing	Nutrition	Cholesterol	C
Gender	Environment	Smoking	Blood pressure	H
Age	Regional Location	Physical activity	Obesity	D
Ethnicity	Access to health services	Psychosocial factors, e.g. stress		
	Access to leisure facilities			

Key Social Stratification Factors

Environment Factors

Lifestyle Factors

Physiological Factors

	Susceptibility	Pre-symptomatic stage	Clinical disease	

Immunity & Resistance

Death

Chronic state

Disability

Recovery

Clinical disease → **Convalescence**

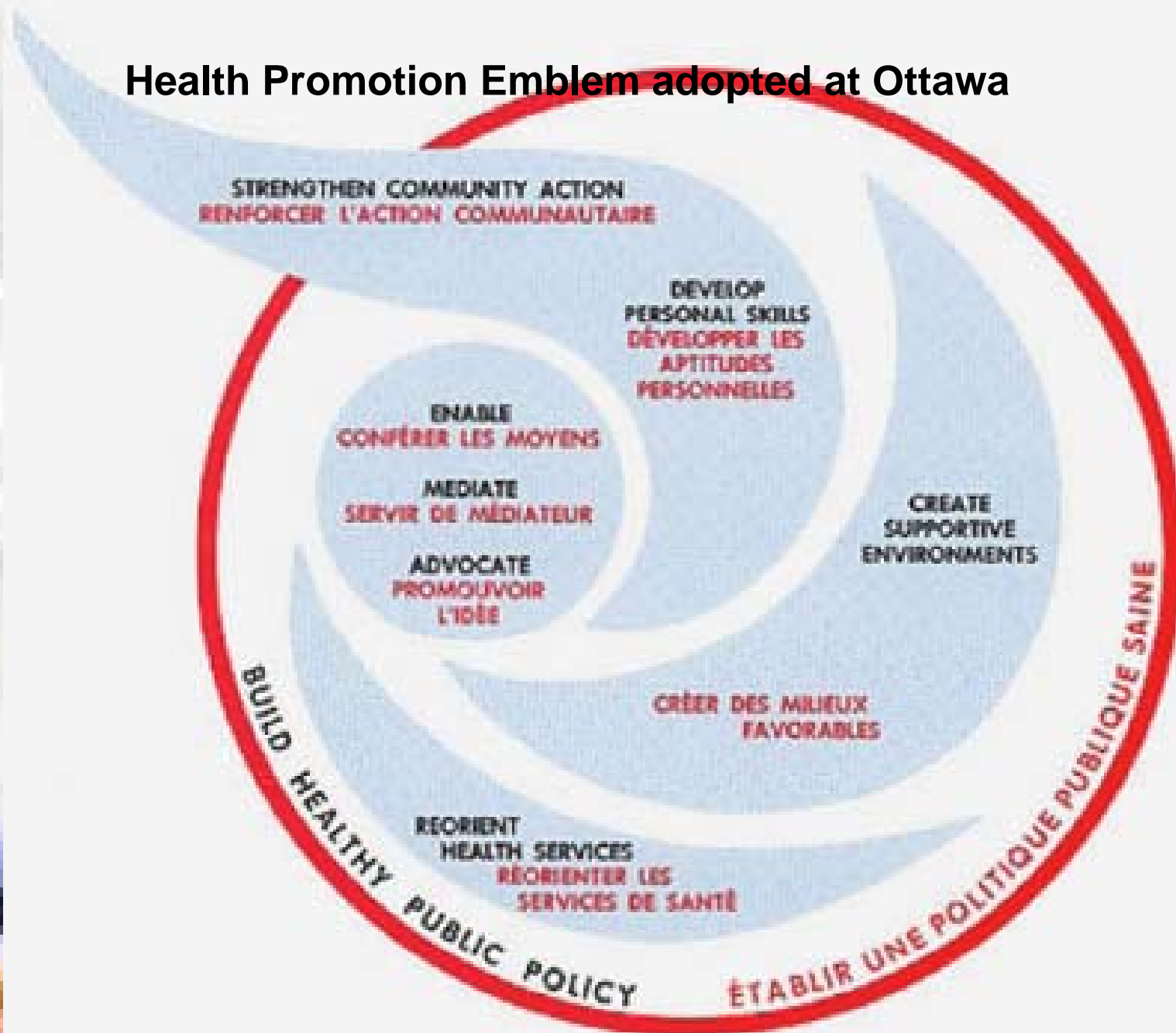|	Susceptibility	Pre-symptomatic stage		
Tissue changes	**Pre-Pathogenesis- A, H, E interaction**	**Early Pathogenesis- Tissue changes** ← **Pathogenesis** →		
Levels of Prevention	**Primary**	**Secondary**	**Tertiary**	
Prevention. Modes	**Health. Promotion** **Specific Protection**	**Early diagnosis** **Treatment**	**Disability Limitation/ Rehabilitation**	

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Evolution of Health Promotion

- Alma-Ata (1978) "Alma-Ata Declaration"
- International Conferences on health promotion:-
    - Ottawa 1986
    - Adelaide 1988
    - Jakarta 1997
    - Sundsvall 1991
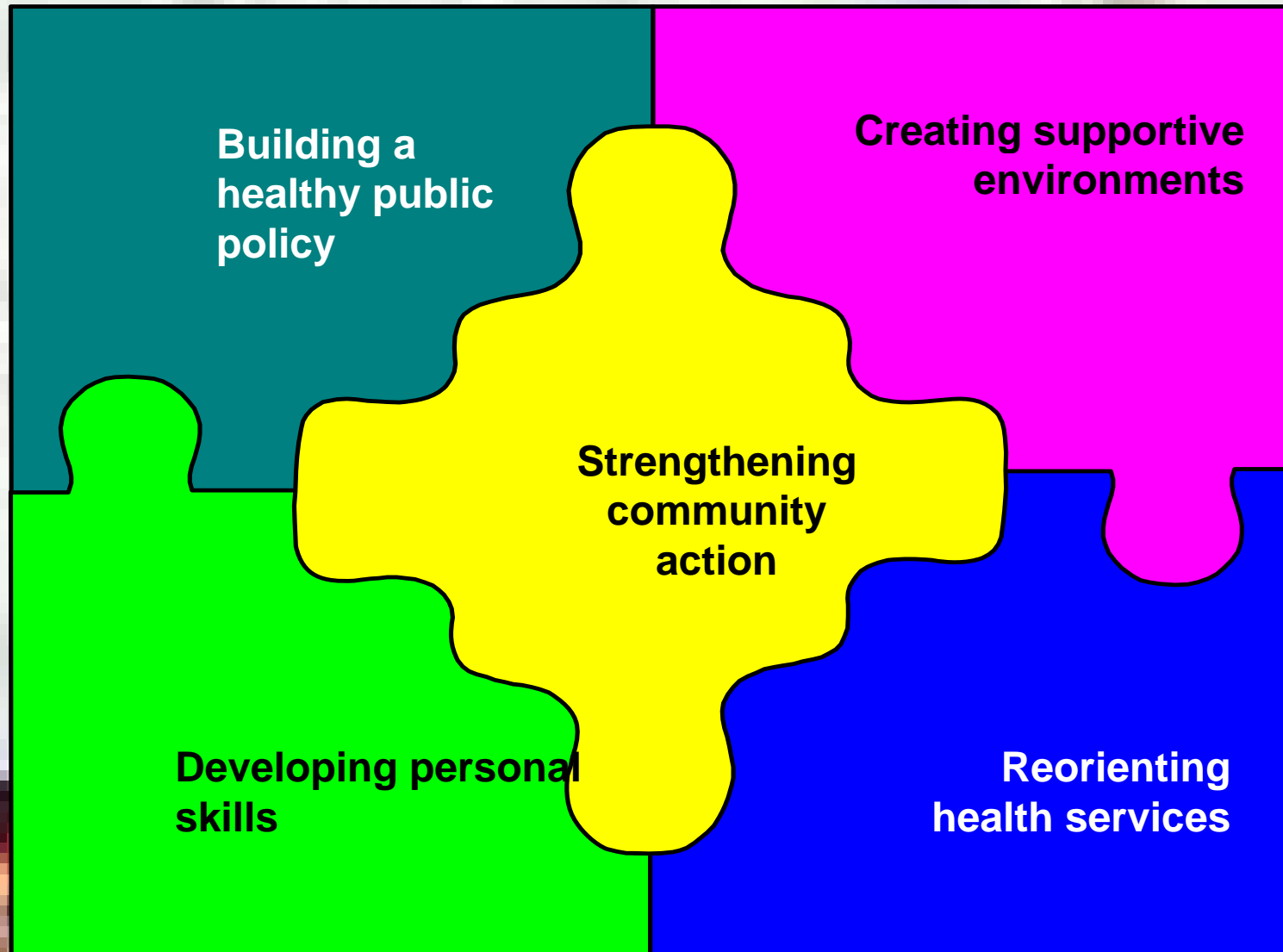   - Mexico 2000
    - Bangkok 2005
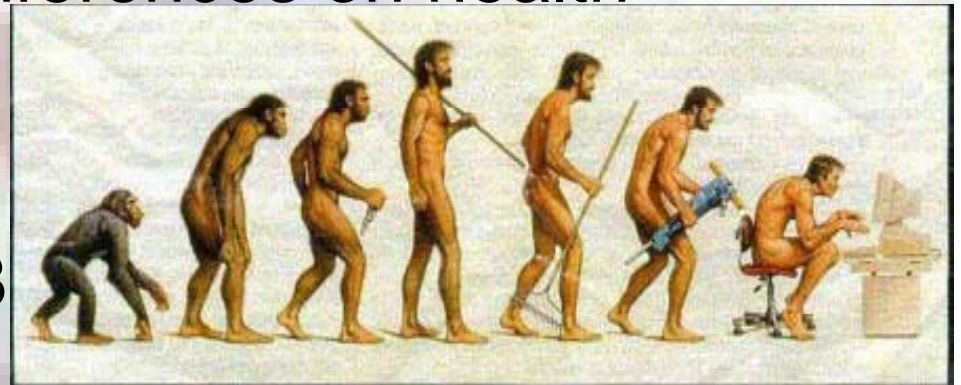
Health Promotion Emblem adopted at Ottawa

STRENGTHEN COMMUNITY ACTION
RENFORCER L'ACTION COMMUNAUTAIRE

DEVELOP PERSONAL SKILLS
DÉVELOPPER LES APTITUDES PERSONNELLES

ENABLE
CONFÉRER LES MOYENS

MEDIATE
SERVIR DE MÉDIATEUR

ADVOCATE
PROMOUVOIR L'IDÉE

CREATE SUPPORTIVE ENVIRONMENTS
CRÉER DES MILIEUX FAVORABLES

BUILD HEALTHY PUBLIC POLICY

REORIENT HEALTH SERVICES
RÉORIENTER LES SERVICES DE SANTÉ

ÉTABLIR UNE POLITIQUE PUBLIQUE SAINE

Important Areas for Consideration in Health Promotion (Ottawa Charter, 1986)

Building a healthy public policy

Creating supportive environments

Strengthening community action

Developing personal skills

Reorienting health services

Key Stakeholders in HP

- Government departments
- Health authorities
- Primary Health care team
- Local bodies
- CBOs/ NGOs
- Corporate houses
- Mass media

The Basic Principles of Health Promotion: Ottawa 1986

- Build healthy public policy

- Prerequisites for health

- Advocate

- Enable

The Basic Principles of Health Promotion: Ottawa 1986

- Mediate

- Create supportive environments

- Strengthen community action

- Develop personal skills

- Reorient health services

WHO Key Principles

- Involves whole population in context of daily life rather than focusing on people at risk of disease

- Directed at the determinants of health

- Combines diverse approaches

- Aims at effective public participation

- Health professionals have an important role in enabling health promotion
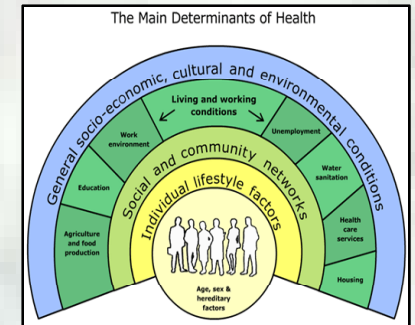
Why Do We Need Health Promotion?

- Promotes quality of life
- Reduces inequalities in health
- Reduces pressure on services
- "Adds life to years Adds years to life"
- "Health Promotion is concerned with making healthier choices easier choices"

Health Promotion Strategy 2004 – 2007

- ## Vision Statement
  - To improve the health of the population by focusing on healthier lifestyles and to meet the needs of the local community by promoting inclusive and sustainable initiatives, thereby enabling people to increase control over and improve their health and well-being

Key Aims

- To meet national and local targets in relation to health promotion and to address recommendations made by the Audit Commission in February 2004

- To develop health promotion elements of agreed local health and community strategies

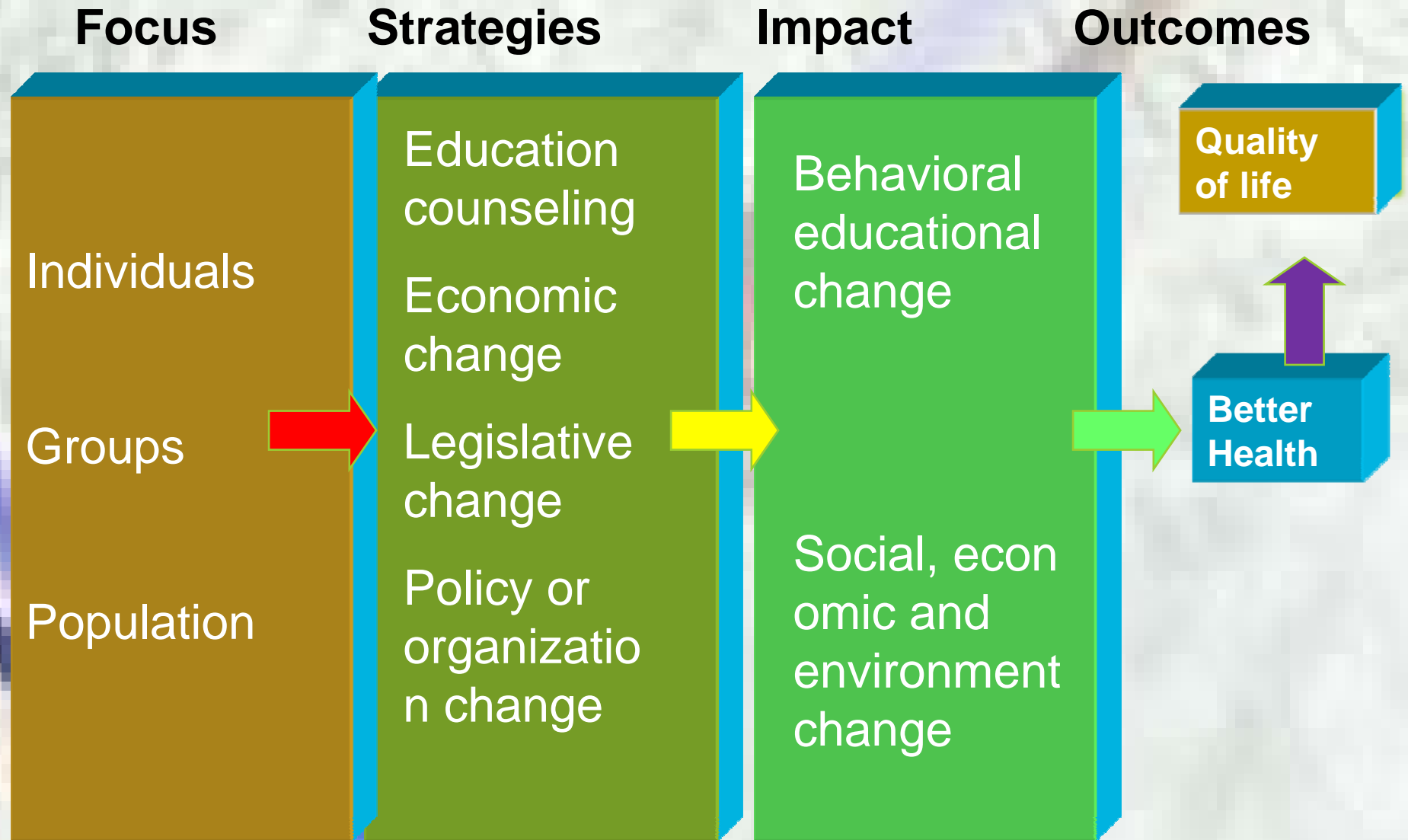- To engage and work in partnership with other local agencies and disciplines…working in a variety of settings
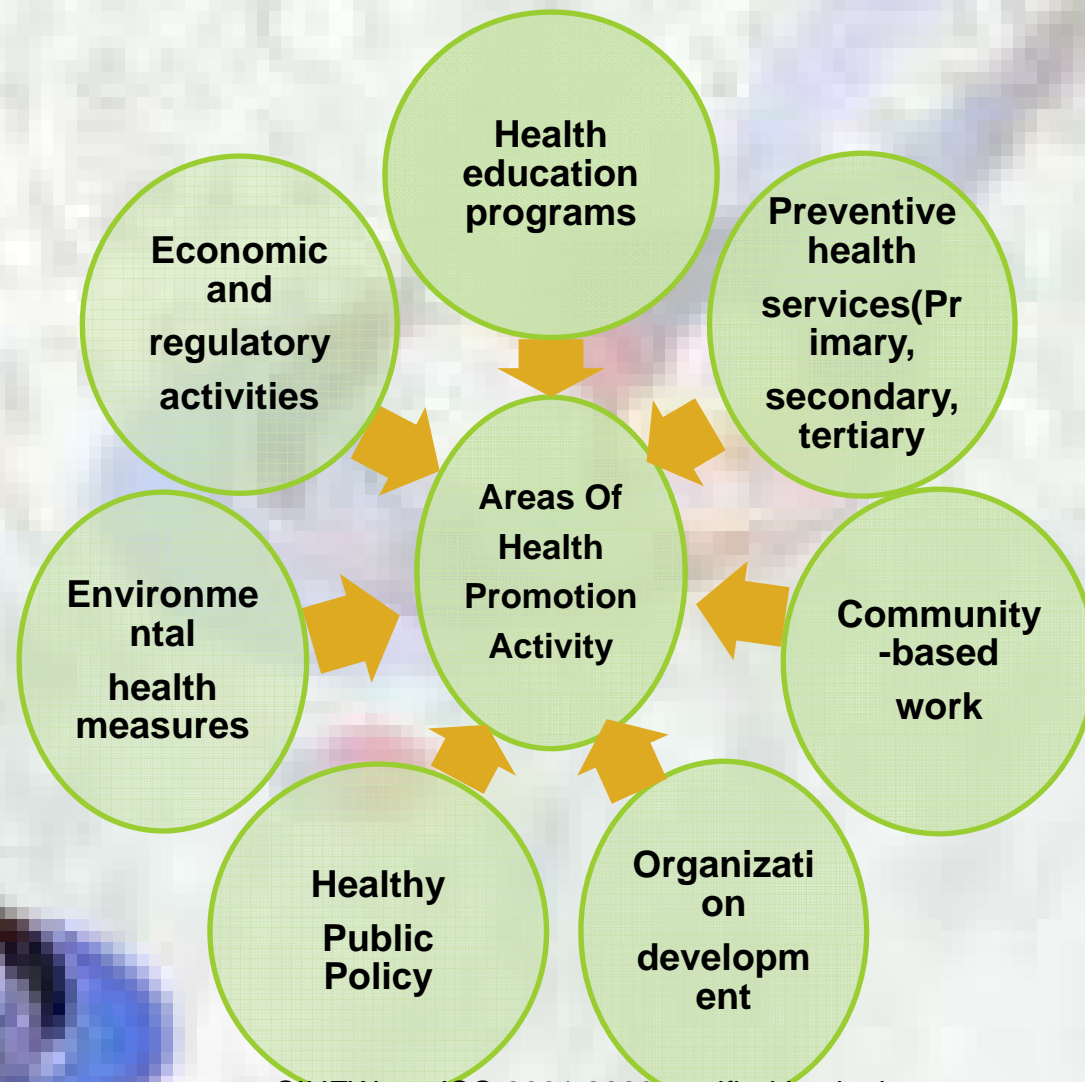
Action Planning

Key areas:

- Healthier Eating

- Physical Activity

- Smoking Cessation

- Tobacco Control

The Process of Health Promotion

Focus	Strategies	Impact	Outcomes

Individuals

Groups

Population

Education counseling

Economic change

Legislative change

Policy or organization change

Behavioral educational change

Social, economic and environment change

Quality of life

Better Health

A Framework for Health Promotion Activities

Health education programs

Economic and regulatory activities

Preventive health services(Primary, secondary, tertiary

Areas Of Health Promotion Activity

Environmental health measures

Community-based work

Healthy Public Policy

Organization development

Approaches to Health Promotion

- Medical
- Behavior change
- Educational
- Empowerment
- Social change

- Diverse yet complimentary approaches
  - Communication
  - Education
  - Legislations
  - Fiscal
  - Organizational changes
  - Community development

Medical 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.
    - Eg. - Immunization, screening, fluoridation.
      - Based on scientific methods.

Medical Approach

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

Behavior Change Approach

- Aim
  - To encourage individuals to adopt healthy behaviors
  - Views health as the responsibility of individuals
- Methods:
  - Communication
  - Education
  - Persuasion, motivation
- Expert-led, top down. "Victim-blaming"
- Behavior is very complex & Multi-factorial

Behavior Change Approach

- Evaluation: Behavior change after the intervention
  - The behavior change is only apparent after a long time
  - Difficult to isolate any behavior change as attributable to a health promotion intervention

Educational Approach

- Aim
  - To provide knowledge and information.
  - To develop the necessary skills for informed choice.
  - The outcome is client's voluntary choice.

- Methods
  - Information-giving through interpersonal channels, small groups and mass media,
  - Group discussion for sharing and exploring health attitudes
  - Role play for decision-making and negotiating skills

Educational Approach

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

- Evaluation
  - Knowledge, attitude and practice

Client-centered Approach: Empowerment Approach

- Aim

  - Helps people to identify their own needs and concerns, and gain the necessary skills and confidence to act upon them

  - Role of health promoter: facilitator and catalyst

Client-centered Approach

- Two types of empowerment:
  - Self-empowerment –
    - based on counseling and aimed at increasing people's control over their own lives.
  - 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.

Client-centered Approach

- Methods
  - Counseling, community development and advocacy
  - Health advocacy by professionals
  - Promoting public involvement and participation in decision-making on health-related issues

- Evaluation
  - Difficult because empowerment is long term
  - Results are hard to specify and quantify

Client-centered Approach

- Evaluation includes
  - Outcome evaluation - the extent to which specific aims have been met.
  - Process evaluation - the degree to which the individual and community have been empowered as a result of the intervention.

Social Change Approach

- Aim
  - To bring about changes in physical, social, and economic environment which enables people to enjoy better health.
  - Make the environment supportive of health
  - To promote the healthy choice the easier choice
  - The focus is on changing society, not on changing the behavior of individuals

Social Change Approach

- Methods
  - Focus on shaping the health environment
    - lobbying/advocacy
    - development of healthy public policies and legislation
    - fiscal measures
    - creating supportive social and physical environments

Approaches in Health Promotion:
the example of healthy eating

Approaches	Intervention
Medical	Diagnosis of need for reduction in Saturated fat, sugar or salt intake e.g. Obesity, hypertension, diabetes - BMI Index etc.
Behavior Change	Encouragement of healthier eating
Health Education	Information given regarding healthier Foods-via health promotion arrangements; leaflets, posters, media
Client centered (empowerment)	'self help' weight control groups, food Co-operatives, grow your own schemes
Social Change	Public health legislation (e.g. Food Labeling); policy development in workplace; lobbying for cheaper foodstuffs e.g. lean meat

Nursing Strategies for Health Promotion

- Role modeling
- Acting as a change agent
- Health education
- Setting priorities
- Using principles of behavior modification
- Promoting holistic health
- Collaborating with other health care providers

The Nurses Role in Health Promotion

- Model lifestyle behaviors and attitudes.

- Facilitate client involvement

- Teach self care strategies

- Assist individuals, families and communities

- Educate clients to choose activities conducive to health promotion

- Promote problem solving skills.

- Advocate for promoting a healthy environment.

Health Maintenance

- Prevention
  - Exercise
  - Smoking cessation
  - Healthy diet
  - Alcohol
  - Multiple vitamins
  - Calcium
  - Eye examination
  - Dental examination

Safety

- Seat belts

- Smoke detectors

- Helmets

Effective Strategies for Health Promotion

- Putting health knowledge to practice
- Role of science in health
- Public health
- Workplace wellness programs
- Health care
- Stress management
- Hygiene
- Exercise
- Sports nutrition

Approaches in Health Promotion: the Example of Healthy Eating

Approach	Aims	Methods	Worker/client relationship
• Medical	• To identify those at risk from disease	• Primary health care consultation e.g. measure body mass	• Expert-led. • Passive, conforming client

Approaches in Health Promotion: the Example of Healthy Eating

Approach	Aims	Methods	Worker/client relationship
•Behavior change	•To encourage individuals to take responsibility for their own health and choose healthier lifestyles.	•Persuasion through one-to-one advice, information, mass campaigns, e.g. 'Look After Your Heart' dietary messages.	•Expert-led. •Dependent client. •Victim blaming ideology.

Approaches in Health Promotion: the Example of Healthy Eating

Approach	Aims	Methods	Worker/client relationship
• Educational	• To increase knowledge and skills about healthy lifestyles	• Information. • Exploration of attitudes through small group work. • Development of skills, e.g. women's health group.	• May be expert led. • May also involve client negotiation of issues for discussion

Approaches in Health Promotion: the Example of Healthy Eating

Approach	Aims	Methods	Worker/client relationship
• Empowerment	• To work with client or communities to meet their perceived needs.	• Advocacy • Negotiation • Networking • Facilitation e.g. food co-op, fat women's group.	• Health promoter is facilitator, client becomes empowered

Approaches in Health Promotion: the Example of Healthy Eating

Approach	Aims	Methods	Worker/client relationship
• Social change	• To address inequalities in health based on class, race, gender, geography	• Organizational policy, e.g. hospital catering policy • Public health legislation, e.g. food labeling. • Fiscal controls, e.g. subsidy to farmers to produce lean meat.	• Entails social regulation and is top-down.

Evaluation in Health Promotion

- Does Health Promotion work?
- Can we demonstrate the success of Health Promotion?
- How can do we measure success in Health Promotion?
- What is evaluation in Health Promotion?

Evaluation

- Making a value judgment about something

- A critical assessment of the good and bad points of an intervention, and how it can be improved.

- Answers the question: "Have the program objectives been achieved?"

Why Evaluate?

1. To assess results and to determine if objectives have been met

2. To justify the use of resources

3. To demonstrate success in order to compete for scarce resources

4. To assist future planning by providing a knowledge base

5. To improve practice by building on success and learning from mistakes

Why Evaluate?

6. To determine the effectiveness and efficiency of different methods of Health Promotion.

7. To win credibility and support for Health Promotion.

8. To inform other so that they don't have to reinvent the wheel.

What to Evaluate?

1. WHAT has been achieved - the outcome

2. HOW it has been achieved - the process

Types of Evaluation

1. Process evaluation

2. Impact evaluation

3. Outcome evaluation

Process Evaluation

- Refers to what happens between the input and the outcome.

- Assessing the process of program implementation

- Ongoing, a method of quality control.

- Monitors progress of the program (in terms of efficiency, cost effectiveness and timeliness)

Impact Evaluation

- Impact refers to immediate effects of the intervention or short-term outcome.

- It is carried out at the end of the program

Outcome Evaluation

- Outcome are the long-term consequences; they are usually the ultimate goals of a program
- Outcome evaluation involves an assessment of long-term effects of a program
- More difficult & time-consuming to implement.

How to Evaluate?

Process Evaluation

1. Measuring the program inputs

2. Using performance indicators to measure activity. PI provide a quantifiable measure activity. Examples are:
   – Number of health educational materials produced and distributed.

3. Obtaining feedback from other people e.g. colleagues and other staff.

4. Obtaining feedback from the clients or participants of HP program
   – their reactions, perceptions and suggestions
   – methods include observation, interview or questionnaires

5. Documentation e.g. reports, checklist, diaries, video-taping, slides etc.

- Number of health educational materials produced and distributed.
- Number of people attending educational activities.
- Screening uptake rates.
- Uptake of physical activities formed and number of people involved.
  - PIs need to be identified at the planning stage.
  - Monitoring PIs helps you to determine how well your program is progressing.

Impact Evaluation

1. Measure changes in health awareness, knowledge and attitudes.

   – Measure interest shown by target groups e.g. uptake of health education materials, phone-ins, participation in activities etc.

   – Observation, questionnaires, interviews, discussions etc.

   – Use of attitude scales.

2. Evaluate behavior change

- Observing what clients do.
- Recording behavior e.g. number of people attending exercise sessions, health screening, stop smoking etc.
- Interview or questionnaire.

3. Evaluate policy changes in relation to
- Safety
- Food
- Exercise
- Smoking

4. Changes in the environment
- Cleaner air.
- Provision of public toilets.
- Provision of safe water supply and better housing.
- Food hygienic
- Reduction in mosquito breeding sites.

5. Changes in health status
   Improvements in BMI, blood
   pressure, fitness levels, blood
   cholesterol levels etc.

Outcome Evaluation

- This is the preferred evaluation method because it measures sustained and significant changes which have stood the test of time.

- Uses hard evidence and quantitative methods.

Behavior

1. Behavior change e.g. safe sexual practices,

2. Policy and legislation changes e.g.
    lead-free petrol,
    ban on indirect tobacco advertising,
    No Smoking Areas,
    establishment of Safety and Health Committees in all work places etc.

Environmental Changes

3. Environmental changes e.g.

   jogging tracks and playgrounds

   improved public transportation system,

   better housing facilities, clean air and
water,

4. Changes in health status

   – reduction in morbidity, disability and mortality
     rate

   – improve life expectancy

   – reduced prevalence of risk factors

Measuring Behavior Change Attribution to Intervention

1. To compare the target group's health-related behavior before and after the intervention.

   – change will occur with time

   – confounding factors difficult to eliminate

2. To compare the target group's behavior to control group

Challenges in Evaluation

1. Deciding what to measure

- Some objectives are difficult to measure e.g. attitudes and behaviors.

- Need to select appropriate evaluation criteria and performance indicators (specific, sensitive, relevant etc.

When to Evaluate?

3. When to evaluate?

The timing of evaluation affects the assessment of the overall success or failure of a program due to time effects.

– Delay of impact

The effects of a program may not be immediate e.g. behavior change.

Immediate evaluation might not yield positive results.

Loss of Impact

– Decay of impact

- Non sustainable intervention

– Adjusting for secular trends

- Factors other than HP interventions

- Only those changes over and above the general trend may be attributed to the program

Thank You

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