

Annex 1

A Discussion Document on the Concept and Principles of Health Promotion, Copenhagen, 9-13 July 1984

Background

In January 1984 a new programme in Health Promotion was established in the WHO Regional Office for Europe. As part of the continuing process of programme development, a working group met in July 1984 to discuss "Concepts and Principles in Health Promotion". This paper is a result of that working group. It is designed to clarify some of the most important issues in relation to the development of policy and programmes in health promotion. It is not intended as a final statement, but as a focus for discussion on which to base the development of health promotion activities in Europe.

The group is fully aware that the development of priorities and practices for health promotion depends upon the prevailing economic and cultural conditions. In each country, region and district, health promotion should involve the full participation of all people in the development of their health.

Introduction

At a general level, health promotion has come to represent a unifying concept for those who recognize the need for *change* in the ways *and* conditions of living, in order to promote health. Health promotion represents a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future.

Basic resources for health are income, shelter and food. Improvement in health requires a secure foundation in these basics, but also: information and life skills; a supportive environment, providing opportunities for making healthy choices among goods, services and facilities; and conditions in the economic, physical, social

and cultural environments (the "total" environment) which enhance health.

The inextricable link between people and their environment constitutes the basis for a socio-ecological approach to health and this provided the conceptual framework for discussions by the working group. The discussions were organized around four main themes - principles, subject areas, priorities for the development of policies, and dilemmas in health promotion.

Principles

Health promotion is the process of enabling people to increase control over, and to improve, their health. This perspective is derived from a conception of "health" as the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasising social and personal resources, as well as physical capacities.

1. *Health promotion involves the population as a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases.* It enables people to take control over, and responsibility for, their health as an important component of every day life - both as spontaneous and organized action for health. This requires full and continuing access to information about health and how it might be sought for by *all* the population, using, therefore, all dissemination methods available.
2. *Health promotion is directed towards action on the determinants or causes of health.* Health promotion, therefore, requires a close cooperation of sectors

beyond health services, reflecting the diversity of conditions which influence health. Government, at both local and national levels, has a unique responsibility to act appropriately and in a timely way to ensure that the “total” environment, which is beyond the control of individuals and groups, is conducive to health.

3. *Health promotion combines diverse, but complementary, methods or approaches*, including communication, education, legislation, fiscal measures, organizational change, community development and spontaneous local activities against health hazards.
4. *Health promotion aims particularly at effective and concrete public participation*. This focus requires the further development of problem-defining and decision-making lifeskills both individually and collectively.
5. While health promotion is basically an activity in the health and social fields, and not a medical service, *health professionals - particularly in primary health care - have an important role in nurturing and enabling health promotion*. Health professionals should work towards developing their special contributions in education and health advocacy.

Subject Areas

Health promotion best enhances health through integrated action at different levels on factors influencing health, economic, environmental, social and personal. Given these basic principles an almost unlimited list of issues for health promotion could be generated: food policy, housing, smoking, coping skills, social networks. The working group sought to frame the *general subjects for health promotion* in the following areas:

1. The focus of health promotion is *access to health*: to reduce inequalities in health and to increase opportunities to improve health. This involves changing public and corporate policies to make them conducive to health, and involves reorienting health services to the maintenance and development of health in the population, regardless of current health status.
2. The improvement of health depends upon the *development of an environment conducive to*

health, especially in conditions at work and at home. Since this environment is dynamic, health promotion involves monitoring and assessment of the technological, cultural and economic state and trends.

3. Health promotion involves the *strengthening of social networks and social supports*. This is based on the recognition of the importance of social forces and social relationships as determinants of values and behaviour relevant to health, and as significant resources for coping with stress and maintaining health.
4. The predominant way of life in society is central to health promotion, since it fosters personal behaviour patterns that are either beneficial or detrimental to health. The promotion of lifestyles conducive to health involves consideration of personal coping strategies and dispositions as well as beliefs and values relevant to health, all shaped by lifelong experiences and living conditions. . . *Promoting positive health behaviour and appropriate coping strategies is a key aim in health promotion*.
5. Information and education provide the informed base for making choices. They are necessary and core components of health promotion, which aims at *increasing knowledge and disseminating information* related to health. This should include: the public’s perceptions and experiences of health and how it might be sought; knowledge from epidemiology, social and other sciences on the patterns of health and disease and factors affecting them; and descriptions of the “total” environment in which health and health choices are shaped. The mass media and new information technologies are particularly important.

Priorities for the Development of Policies in Health Promotion

Health promotion stands for the collective effort to attain health. Governments, through public policy, have a special responsibility to ensure basic conditions for a healthy life and for making the healthier choices the easier choices. At the same time, supporters of health promotion within governments need to be aware of the role of spontaneous action for health, i.e., the role of social movements,

self-help and self-care, and the need for continuous cooperation with the public on all health promotion issues.

1. *The concept and meaning of “health promotion” should be clarified at every level of planning, emphasizing a social, economic and ecological, rather than a purely physical and mental perspective on health. Policy development in health promotion can then be related and integrated with policy in other sectors such as work, housing, social services and primary health care.*
2. *Political commitment to health promotion can be expressed through the establishment of focal points for health promotion at all levels - local, regional and national. These would be organizational mechanisms for intersectoral, coordinated planning in health promotion. They should provide leadership and accountability so that, when action is agreed, progress will be secured. Adequate funding and skilled personnel are essential to allow the development of systematic long-term programmes in health promotion.*
3. *In the development of health promotion policies, there must be continuous consultation, dialogue and exchange of ideas between individuals and groups, both lay and professional. Policy mechanisms must be established to ensure opportunities for the expression and development of public interest in health.*
4. *When selecting priority areas for policy development a review should be made of:*
 - ♦ indicators of health and their distribution in the population
 - ♦ current knowledge, skills and health practices of the population
 - ♦ current policies in government and other sectors.

Further, an assessment should be made of:

- ♦ the expected impact on health of different policies and programmes
 - ♦ the economic constraints and benefits
 - ♦ the social and cultural acceptability
 - ♦ the political feasibility of different options.
5. *Research support is essential for policy development and evaluation to provide an understanding of influences on health and their development, as*

well as an assessment of the impact of different initiatives in health promotion. There is a need to develop methodologies for research and analysis, in particular, to devise more appropriate approaches to evaluation. The results of research should be disseminated widely and comparisons made within and between nations.

Dilemmas

Health-related public policy will always be confronted with basic political and moral dilemmas, as it aims to balance public and personal responsibility for health. Those involved in health promotion need to be aware of possible conflicts of interest both at the social and the individual level.

1. *There is a possibility with health promotion that health will be viewed as the ultimate goal incorporating all life. This ideology sometimes called healthism, could lead to others prescribing what individuals should do for themselves and how they should behave, which is contrary to the principles of health promotion.*
2. *Health promotion programmes may be inappropriately directed at individuals at the expense of tackling economic and social problems. Experience has shown that individuals are often considered by policy makers to be exclusively responsible for their own health. It is often implied that people have the power to completely shape their own lives and those of their families so as to be free from the avoidable burden of disease. Thus, when they are ill, they are blamed for this and discriminated against.*
3. *Resources, including information, may not be accessible to people in ways which are sensitive to their expectations, beliefs, preferences or skills. This may increase social inequalities. Information alone is inadequate; raising awareness without increasing control or prospects for change may only succeed in generating anxieties and feelings of powerlessness.*
4. *There is a danger that health promotion will be appropriated by one professional group and made a field of specialisation to the exclusion of other professionals and lay people. To increase control over*

their own health the public require a greater sharing of resources by professionals and government.

Conclusions

The concept of health promotion is positive, dynamic and empowering which makes it rhetorically useful and

politically attractive. By considering the recommended principles, subject areas, policy priorities and dilemmas it is hoped that future activities in the health promotion field can be planned, implemented and evaluated more successfully. Further development work is clearly required and this will be an ongoing task of the WHO Regional Office for Europe.