

Guest Editorial

Will Parks

1. Adjunct Associate Professor, International Health Division, School of Population Health, University of Queensland, parks_will@hotmail.com
(for correspondence: Will Parks, email: parks_will@hotmail.com)

Introduction

From its origins within the Primary Health Care movement of the 1970s, Health Promotion is coming of age as a theory-informed, evidence-based and broadly accountable practice. The promotion of health in the Pacific has been championed by the World Health Organization (WHO) which plays a lead role in assisting Pacific Island governments to establish health promotion programmes, policies, and other organized activities as well as calling for rigorous evaluation^{1,2,3,4,5,6,7,8}. But what is the current status of health promotion policy and practice in the Pacific Islands? What key lessons have been learned? And what of the future?

This special volume of Pacific Health Dialog offers some answers to these questions. In this editorial, we briefly recap health promotion’s conceptual evolution before highlighting the papers presented in the volume.

Phases and definitions

The increased emphasis placed on health promotion in the last thirty years, stimulated largely by WHO, has been classified as passing through four conceptual phases:¹ the **primary health care phase** of the late 1970s with its emphasis on addressing inequality²; the **lifestyle phase** of the early 1980s with its focus on individual education and community-based initiatives³; the **new public health phase** of the mid- to late-1980s that expanded public health attention to policy development; and ⁴ with increasing concerns over threats to the global environment and the need for sustainable development, the **ecological public health phase** from the late 1980s to the present time^{9,10}.

Partly due to the various theories, models and methods developed during these different phases, and partly because “Health Promotion” is a vibrant, rapidly evolving field requiring definitional elasticity, tremendous diversity exists among health promotion professionals in the terms and approaches they employ. In short, practitioners are “divided by a common language”^{11,12,13,14}. Health promotion draws upon an eclectic range of disciplines including anthropology, epidemiology, sociology, psychology, and other behavioural sciences, public health, political science, education and communication, to name but a few. “Health promotion” is often used interchangeably with or to subsume various non-clinical approaches to public health such as: health education; health communication; community organization; community development; community participation; advocacy; partnership building; social marketing; social mobilization; using social capital; health behaviour change; healthy public policy; health promoting settings; organizational development; disease prevention; risk reduction; ecological public health; empowerment; and health protection.

Table 1 lists some of the most important definitions of health promotion that have been proposed. Inconsistencies represent discrepancies in perspectives and emphasis, rather than fundamental conflicts in substance.

Table 1: Definitions of health promotion.¹⁵

A strategy aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health ¹⁶ .
A combination of health education and related organizational, political and economic programmes designed to support changes in behaviour and in the environment that will improve health. ¹⁷
Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental changes that will improve health ¹⁸ .
Any combination of health education and related organization, economic and environmental supports for behaviour conducive to health ¹⁹ .
The implementation of efforts to foster improved health and well-being in all four domains of health [physical, social, psychological, and personal] ²⁰ .
The process of enabling people to increase control over the determinants of health and thereby improve their health. ²¹
The process of enabling people to increase control over, and to improve, their health ²² .
The maintenance and enhancement of existing levels of health through the implementation of effective programmes, services, and policies ²³ .
The advancement of wellbeing and the avoidance of health risks by achieving optimal levels of behavioural, societal, environmental, and biomedical determinants of health. ²⁴
The science and art of helping people choose their lifestyles to move toward a state of optimal health ²⁵ .
Any activity or program designed to improve social and environmental living conditions such that people’s experience of well-being is increased ²⁶ .

A useful distinction has been made between health promotion as *an outcome* and health promotion as *a process*. The nature of outcomes and processes ultimately determines how one answers the question of what health promotion is and what works. Health promotion can be conceptualized as an outcome in terms of goals and objectives. Goals refer to the desirable end-states (often defined as improved health or well-

being and occasionally as health maintenance) that guide and motivate health promotion strategies. Objectives refer to the intermediate (usually short-term), the achievement of which is believed to mediate the attainment of the desirable end-states. Health promotion can be viewed as a process of personal, organizational, and policy development initiating, managing, and implementing change.

Despite several conceptual phases, different definitions, numerous models, and diverse but often overlapping approaches, international and regional meetings and reports have declared that to improve population health in a sustainable and equitable manner, health promoting action must occur on at least five key fronts: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services.²⁷ The premise is that action must occur at individual, communal, and environmental levels (Table 2).

Table 2. Levels of health promoting action.

Level of Action	Observed approaches to reducing health inequalities	Ottawa Charter for Health Promotion
Macro-level change	Encouraging fundamental structural and cultural change	<ul style="list-style-type: none"> • Building health public policy • Creating supportive environments
Macro- and intermediate level change	Improving access to resources for health services	<ul style="list-style-type: none"> • Building health public policy • Re-orienting health services
Intermediate and micro-level change	Strengthening communities	<ul style="list-style-type: none"> • Strengthening community action • Building health public policy • Creating supportive environments
Micro-level change	Strengthening individuals	<ul style="list-style-type: none"> • Developing personal skills

Guiding principles

Health promotion at all levels is guided by a set of principles:

- Empowerment – enabling individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their health;
- Participation – involving all concerned at all stages of the process;
- Holism – fostering physical, mental, social and spiritual health;

- Intersectoralism – involving the collaboration of agencies from relevant sectors;
- Equity – guided by a concern for equity and social justice;
- Sustainability – bringing about changes that individuals and communities can maintain once initial funding has ended; and
- Multistrategic – using a variety of combined approaches, including policy development, organizational change, community development, legislation, advocacy, education and communication.

In addition, the Fifty-First World Health Assembly called for the adoption of an evidence-based approach to health promotion policy and practice, using the full range of quantitative and qualitative methodologies.

Coming of Age

Clear evidence now exists that: (a) comprehensive approaches that use combinations of the five strategies are the most effective; (b) certain settings offer practical opportunities for the implementation of comprehensive strategies, such as cities, islands, local communities, markets, schools, workplaces, and health services; (c) people have to be at the centre of action and decision-making processes if health promotion is to be effective; (d) access to education and information is vital in achieving effective participation and the “empowerment” of people and communities; (e) health promotion is a “key investment” and an essential element of health development. International declarations such as the 1997 Jakarta Declaration and the recent Ministerial Statement at the Fifth Global Conference on Health Promotion in Mexico highlight the relevance of health promotion as an essential element in improving public health.

Health Promotion in the Pacific

Since its inception, Pacific Health Dialog (PHD) has published regularly on the subject of health promotion. The increasing number of health promotion departments, projects and partnerships across the region provides policy makers, practitioners and evaluators with plenty to consider, such as how health promotion has evolved, what lessons have been learned, what evidence of impact has accumulated, and what more can be done in the Pacific. A volume dedicated specifically to contemporary health promotion efforts in the region is timely.

Many issues impinge directly and indirectly on efforts to promote health in the Pacific such as:

- the continuing social and economic burden of infectious diseases;
- rising incidence of non-communicable diseases;
- declining health services;
- increasing patient fees;
- population growth;
- aging populations;
- economic recession;

- inadequate education;
- urban drift;
- rising unemployment;
- national border and provincial boundary disputes and complications;
- refugees;
- environmental degradation;
- gender inequalities in educational and political opportunities;
- civil unrest;
- domestic violence;
- challenges to sexual health;
- political upheaval and instability;
- public service and law reforms;
- natural disasters;
- going to scale with small-scale projects that “appear” to work;
- relationships between government and international development agencies;
- intersectoral coordination;
- international debt repayment; and
- competitive relationships between donors.

This volume offers insights into how health promotion is directly addressing, overcoming, or constrained by such issues in American Samoa, Australia, Fiji Islands, Republic of Kiribati, Republic of Marshall Islands, New Zealand, Papua New Guinea, Solomon Islands, Kingdom of Tonga, and Republic of Vanuatu. Lessons learned from several multi-country initiatives are also presented.

The range of topics is diverse, for example: **HIV and AIDS** (McPhail-Bell et al, Katz et al), **geriatric care** (Nadavu), **breast cancer** (Alofabi), **mental health** (Roberts et al), **violence and masculinity** (Roberts), **oral health** (abstracts), **obesity** (Davidson et al, Swinburn et al, Schultz et al), **nutrition** (Gammino et al, White and Lewani), **biodiversity** (Englberger et al), **tobacco** (Allen and Clarke, Zandes), etc..

This volume includes exciting **new evidence-based health promotion interventions** such as food store trials (Gittlesohn et al), promotion of traditional food (Englberger et al), and obesity prevention among young people (Swinburn et al, Schultz et al). As more is learned about what works and what does not, the need for **better tools** is ever apparent (e.g., Nadavu, Laverack, White and Saweri, Dart).

Robust monitoring and evaluation processes remain at the forefront of health promotion’s development in the Pacific (e.g., Dart, Piliwas, Laverack, Katz et al). So too the constant need for **capacity-building of health promotion staff and partners** including civil society organizations (e.g., Roberts et al, Harris and McPhail-Bell, McNamara and Rayasidamu, Zandes).

The development of **health promoting policy and legislation** and the need for **greater policy-level engagement** by health promotion practitioners is an important theme (e.g., Allen and Clarke, McNamara and Rayasidamu, Piliwas and Agale, Roberts and Kuridrani, White and Saweri). **Health promotion with young people** is becoming a much-needed focus (e.g., Davidson et al, Harris et al, Roberts, Swinburn et al, Schultz et al). New studies on the **social determinants of health** such as poverty and violence among young people are presented (Harris et al, Roberts). Collectively, these papers point to exciting future directions for health promotion action targeting policy, young people, and structural change in the Pacific.

Collectively, these papers point to exciting future directions for health promotion action targeting policy, young people, and structural change in the Pacific.

Even from the limited range of papers included in this special volume of PHD, it is very apparent that health promotion in the Pacific is indeed coming of age as a theory-informed,

evidence-based and broadly accountable practice. Even so, health-promoting capacity across the Pacific continues to require greater investment. To strengthen advocacy for health promotion, more practitioners should document and publish their efforts.

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It's All In

Dr Graham Roberts PhD

Associate Professor, Department of Public Health, Fiji School of Medicine

I'm delighted to be invited to make an editorial comment on this the first of 2 health promotion issues. It's interesting to see such a diverse collection of topics in this issue (and the next) all under the rubric of 'health promotion'. Promoting our health is essential to our survival, so we shouldn't be too surprised to see such diversity: we have been doing health promotion for many thousands of years - although we sometimes get it wrong. The Pacific communities in which we live and work have lots of health promoting strategies, although they don't call them that. Every day in the Pacific people are planting food, fishing, conducting social rituals, relocating, getting married, or just creating something to improve their living conditions. It's all so diverse in fact, that one wonders if health promotion can be called a discipline at all. How can we characterize the diversity of the papers in this edition (and the next) in a single term that captures them all? Are they all consciously 'promoting' the idea of 'health'? Is it all explained by 'advocating', 'mediating' and 'enabling'?

Or are we seeing something else happening in this edition - perhaps a broadening of the issue to which health promotion is applied, so as to include socio-cultural factors, a closer understanding of the mechanisms by which Pacific societies organize to protect themselves and ensure their own health - or by which they sometimes 'get it wrong': in short, a greater awareness of the need for local solutions using local processes developed on local 'theories of action'. This is at the heart of the academic interest in health promotion in the Pacific. How can we organize ourselves better? Why and

how do we sometimes 'get it wrong'? What processes work best to bring sustained change? How can we build on what we have?

This edition presents a collection of issues from infant feeding to geriatric assessment - you can see them on the contents page. The reader can decide if we are being over-inclusive here, or if health promotion is naturally eclectic and comprehensive. This is my view, that health promotion is such an interesting area of study and work precisely because it isn't a discipline - it's 'cross-discipline'. A health promoter might be involved in any one or many more issues than those collected here. Many people work to promote health but they might not think of themselves as health promoters - they may not even be in the health sector at all.

Understanding the diversity and the intrinsically survivalist nature of health promotion action takes us directly to our own human ecology - how we interface with the planet and each other. Health promotion can, with this view, be seen in any community (and the individuals who comprise it) by the use of processes and resources that enhance human health. That's why it is so diverse - it's as diverse as our human interests are. And that's why it has a political nature - and why we need cross-sectoral advocacy, mediating and enabling to bring it about. People who may still be unsure of 'what's in' and 'what's out' of health promotion needn't worry - its all in.

"My doctor is nice; every time I see him, I'm ashamed of what I think of doctors in general."

- Mignon McLaughlin, The Second Neurotic's Notebook, 1966

