

Enforcement of Health Promotion to Reach Health Targets

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More often than not, health promotion is a long-term, ongoing process that has many requirements if it is to be effective. It requires the mobilization of sufficient resources, both financial and technical expertise, in order to implement, maintain, monitor and evaluate. It requires the setting of clear goals and targets, time-bound and measurable, and the application of appropriate strategies and methods with sufficient intensity. It requires the active participation of many sectors and partners and of a wider supportive environment - economic, social and political.

The Ottawa Charter, with its five action areas (building healthy public policy, supportive environment, community action, personal skills, and reorienting health services), can serve as a checklist in preparing for a health promotion intervention. For example, in relation to condom use to prevent HIV/AIDS, all five action areas would apply: policy regarding their promotion in schools, easy access, community support, knowledge on their proper use, supportive health services. In addition, it is necessary to have monitoring and evaluation mechanisms in place to modify the intervention, if required, and to measure its effectiveness.

The outcome model for health promotion (*The Evidence of Health Promotion Effectiveness*, Nutbeam, D., IUHPE, 1999) provides a valuable guide in approaching the implementation of HP and in reaching clarity on setting the targets. It identifies four separate stages for health promotion - *actions*, *outcomes*, *intermediate outcomes*, and *health and social outcomes*. The health promotion *actions* include education, social mobilization and advocacy. The health promotion *outcomes* include health literacy, social action and healthy public policy and organizational practice. The *intermediate health outcomes* include healthy lifestyles, effective health services and healthy environments. *The health outcomes* include reduced morbidity, disability, avoidable mortality, and *social outcomes* include quality of life, functional independence, and equity.

Setting precise and achievable targets and indicators enables the intervention to be properly monitored and evaluated, and contribute to the effective implementation process and avoidance of unreal or unclear expectations. Targets can best be established once a situation analysis has been carried out - which include an assessment of intervention efficacy and a socio-cultural context as well as an appraisal of epidemiological, demographic data. Intervention efficacy can be enhanced if it is developed based on theories and the match between the intervention and targets must be fit. Otherwise, the assessment of possible intervention effect would not be meaningful. While all interventions may be regarded as contributing to public health, they must be properly planned, implemented and evaluated.

As mentioned above, health promotion is a long-term process involving many partners. Therefore once off, interventions will have greatly reduced impact. Changes over time, social, cultural, economic and physical environments all impact on our lifestyles. Also at the global level, the process of globalization has major influences among others on our lifestyles and consequently on our health. While there are some successes, for example in relation to changes in diet and improvement of cardiovascular health in the short-term, these are exceptional cases. Health promotion cannot change 'overnight' the influence of many years of policy, environmental and other changes. Therefore health promotion, while addressing major risk factors to health, must also address their underline determinants and through long and sustained efforts.

Unhealthy diet, lack of physical activity and tobacco consumption become ingrained in our way of living. Information alone will not suffice to bring about change, but a concerted approach is required, involving the many stakeholders and concerned populations.

Campaigns serve a useful purpose not as isolated events, but as part of a well-planned programme. Set within the framework of an ongoing and comprehensive plan, they can make an important contribution, particularly in raising and maintaining the awareness level and interest of the target population, as well as winning support in relation to a particular health area. However, on their own they have limited benefit to bringing about sustained changes in lifestyles. The success of reducing tobacco consumption is due not to any campaigns, but to the ongoing programmes over many years using a combination of strategies including legislation restricting sales, cessation classes and intensive peer education.

Health promotion acts as the catalyst and facilitating role in bringing the many partners together, on the basis of equity and social justice, in addressing particular health concerns. The task of setting clear targets, developing indicators, identifying partners, obtaining adequate resources, and winning the active participation of the community, is a slow and time-consuming process. Securing the understanding and support from the policy- and decision-makers for health promotion events is also important and requires great skill and persistence, particularly for those events which may extend beyond their terms of office. It can be done; the evidence-base of effective health promotion is continually growing - through the increasing number of carefully planned, targeted, monitored and evaluated programmes.

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