

Basics of Health Promotion and Education Intervention
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Lecture - 02
Scope and Evolution of Health Promotion & Education

So while we try to understand the basics of health promotion and education interventions, it is important that we understand the scope and evolution of health promotion and education.

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CONCEPTS COVERED

- Determinants of health
- Social Determinants of Health
- Inequalities and Inequities shaped by social determinants
- The social model of health
- Health promotion and education to address the determinants of health

The slide features a background with various icons representing social determinants of health such as family income, employment, education, and access to health services. A video inset in the bottom right corner shows Dr. Madhumita Dobe speaking.

Over the next few minutes, we will therefore try to discuss and understand what determines health? What are the social determinants of health? So, these social determinants, how they have created inequalities and inequities and has led to the development of a social model. And finally, how does health promotion and education address the determinants of health.

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Determinants of health

- The concept of health has evolved over time.
- Multiple definitions of health exist, from biomedical definitions of 'the absence of disease or disability', to the broad definition provided by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1994).
- Biomedical definitions offer the advantages of easy measurement of health. The WHO definition views health more holistically but is also criticized for being excessively broad and difficult to measure.
- Besides health care services, a number of other factors are known to influence the health status of individuals. The context in which an individual lives is of great importance for both his/her health status and quality of life. These are referred to as the "determinants of health". Determinants are factors which decisively affect the nature or outcome of something.



The concept of Health has evolved over time. Part of it has been historic. Part of it has also been not only humankind but also the environment around it which has changed. Multiple definitions have existed. We have a biomedical definition. And most commonly people do say that health means absence of disease or disability.

And there is a broad definition provided by the World Health Organization which says that health is a state. It is a dynamic state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity. So, the biomedical definition offers the advantages of easy measurement, you have disease or you do not have disease. But the WHO definition views it more holistically.

It is very broad. If a person is physically well but mentally unwell still, he would be unhealthy. If a person is physically and mentally healthy, but socially not in a very suitable position to enjoy a proper health status he will still be unhealthy. So, besides healthcare services, a number of other factors are also known to influence the health of individuals.

So that is the context. The context in which the individual lives and that is referred to as the determinants of health. It determines the health status and the quality of life. So, these are factors which decisively affect the nature or outcome of whatever the person, the status of health the person is having.

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Determinants of health

- Determinants of health are the factors that influence the health status of individuals or populations.
- According to the World Health Organization, the main determinants of health include:
 1. The social and economic environment - education, income, social status, social support networks and culture; for example, higher income and social status are linked to better health; low education levels are linked with poor health; greater support from families, friends and communities is linked to better health; similarly, culture and traditions of the family and community all affect health.
 2. The physical environment like safe water and clean air, healthy workplaces, safe houses, and good roads all contribute to good health.
 3. The person's individual characteristics like genetics, gender and behaviors like diet, physical activity, smoking, drinking and coping skills for dealing with life's stresses and challenges, all play a part in determining lifespan, healthiness and the likelihood of developing certain illnesses



So, these determinants are the factors that influence the health status of individuals or collection of individuals that is populations. So, what are the main determinants of health? The main determinants are the social and economic environment. We mean education, income, social status, social support networks, culture.

For example, we all know that people with higher income, higher social status, have more opportunities to enjoy better health. Low education levels, they are linked to poor health. Greater support from families, friends, communities, they have, they are linked to better health. Similarly, cultures, traditions all either facilitate better health or act as barriers to attainment of better health.

Then let us come to the physical environments, water, air, workplaces, places where you work have to be healthy, houses, where you live have to be healthy, roads, all these can contribute to good health and the list is not exhaustive, it is extensive, one can keep on adding to this. The person's individual characteristics like genetics, gender, male, female differences are there not only inherent, but also socially constructed.

And behaviors like diet, physical activity, smoking, drinking, along with that coping skills for dealing with life's stresses, challenges, all these play a part in determining lifespan, healthiness and likelihood of developing certain illnesses.

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Social Determinants of health

- Many factors combine together to influence the health of individuals and communities - individuals by themselves are unable to directly control many of these determinants of health. Realizing this, the focus for improving health of populations, **gradually shifted from individuals to their social contexts.**
- In 1974, **Marc Lalonde**, Canada's Minister of National Health and Welfare, identified genetic factors, environmental factors, lifestyle factors and health care to be equally important issues in individual and population health. The concept of the "health field" as distinct from 'health care', emerged from the Lalonde report. The report identified three interdependent fields as key determinants of an individual's health. These are –
 - Lifestyle: the cluster of behaviors that contribute to, or cause, illness or death and over which the individual has control;
 - Environmental: all matters related to health outside the human body and over which the individual has little or no control;
 - Biomedical: all aspects of health, physical and mental, developed within the human body as influenced by genetic make-up.
- Studies by **Thomas McKeown** a British physician, epidemiologist and medical historian had also emphasized that social and economic conditions determine people's risk of illness and the actions taken by them to prevent or treat illness. Largely based on demographic data from England and Wales, McKeown argued ("McKeown thesis") that the growth in population, observed in the 19th century, was not so much due to decline of mortality particularly childhood mortality, but due to improvement in standards of living.
- These concepts gradually crystallized to frame the **Social Determinants of Health (SDH).**



So let us come to social determinants, which are much more important nowadays and have been focused in health promotion. So as we said, many factors combined together to influence the health of individuals and communities. And more so because individuals cannot control these factors, they cannot change these factors by themselves. So gradually, we understood that the shift has to occur from individual to the social context.

Way back in 1974, Marc Lalonde, Canada's Minister of National Health and Welfare, he said that well, genetic factors do affect health, but environmental factors, lifestyle factors and healthcare are equally important issues. So he propagated the concept of health field. Health occurs in a field, which surrounds the human being. So that was the Lalonde report.

He identified three interdependent fields as key determinants. They were lifestyle. It is actually a cluster of behaviors that the individual makes an individual perpetuates, illness or death and this the individual can control. Environmental, all matters related to health outside the human body where the individual has little or no control. And of course, biomedical.

So these are influenced by genetic makeup and occurs within the human body. Along with Lalonde, at the same time, Thomas McKeown, a British physician epidemiologist, and he was a medical historian as well, he also was studying these

things, and he came to the conclusion that social and economic conditions determine people's risk of illness and actions taken by them to prevent or treat illness.

This he derived from demographic data from England and Wales. And his thesis is known as McKeown thesis said, that actually, the growth in population and their increased lifespans, which were observed in the 19th century, was not so much due to decline in mortality in childhood mortality, but because the standards of living of people had improved in that period.

So these concepts gradually crystallized to frame the social determinants of health.

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Social Determinants of health

- The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems like policies and systems, social norms, social policies etc. shaping the conditions of their daily life. (W.H.O).
- Numerous studies suggest that SDH account for between 30-55% of health outcomes (Ref: W.H.O. Social determinants of health). Factors such as where people live, the state of their environment, their income and education level, and their relationships with friends and family have considerable impacts on their health, whereas factors such as access and use of health care services have less impact.

The graphic illustrates the components of social determinants of health. A human figure is divided into four colored sections: 40% (top, blue), 10% (second from top, yellow), 30% (third from top, green), and 20% (bottom, red). Each section is linked to a list of factors:

- Socioeconomic Factors (40%):** Education, Job Status, Family Support, Income.
- Physical Environment (10%):** Housing, Air Quality, Safety.
- Health Behaviors (30%):** Tobacco Use, Diet & Nutrition, Alcohol, Physical Activity.
- Health Care (20%):** Access & Quality of Care.

Source: © World Health Organization

So these social determinants of health are the non-medical factors that influence health outcomes, which we rarely think about. They are the conditions in which people are born, grow, work, live and age. And the wider set of forces and systems like policies, other systems, social norms, social policies, etc., which are not directly in the health sector, but they are influencing the daily life and health of people.

And from the graphic here, you can understand that actually, numerous studies have led to this, the SDH accounts for about 30 to 55% of health outcomes. So that is quite a number. Factors like where they live, the state of their environment, their income, their education levels, etc. Physical environment, about 10%. Health behaviors, which we mentioned, lifestyles, 30%.

And health care about which we always start shouting that people will become healthy if you set up hospitals, if you set up X-ray clinics, accounts for only 20%.

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Inequities shaped by social determinants

- Social determinants shape people's health and give rise to health inequalities.
- In 2005, the World Health Organization (WHO) established the Commission on Social Determinants of Health to look into the conditions of living that underlie inequitable differences in health. The Commission on Social Determinants of Health's final report completed in 2008, reported that "within countries, the differences in life chances are dramatic and are seen in all countries—even the richest."

Example – Disadvantages stemming from gender



So these lead to the social determinants are actually leading to inequities. Firstly inequalities. People are not having the same status of health. So, in 2005, the WHO also noted this and they set up the Commission on Social Determinants of Health. They wanted these group to look into the conditions of living, because we are increasingly realizing that you cannot, or we are not having the same health status for everybody.

So there are inequitable differences. And the commission has also in its report said that this difference exists within countries. The differences in life chances are dramatic, and they are seen in all countries, even in the richest.

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Inequities shaped by social determinants

Example – Disadvantages stemming from gender

- Gender inequality is one of the social dimensions which manifests as differences in life expectancy, healthy life years, health behaviors, mortality, and morbidity risks. Health hazards are present at every stage of a woman's life cycle. Health problems which pose the greatest hardship to women include: reproductive health problems, excess female mortality in childhood, violence against girls and women, occupational and environmental hazards, and cervical and breast cancer. Many of these also lead to high maternal mortality, an indicator of women's health.
- Gender inequalities in health are also manifested in differential access to and utilization of healthcare services by women and girls, including maternal care, general healthcare, family planning and safe abortion services.
- Some of the reasons for gender inequalities in health include--emphasis on women's childbearing roles resulting in early and excessive childbearing; sex preference manifested in discrimination against female children in health and general care; women's workloads which not only expose them to health hazards but also make it difficult for them to take time off for accessing healthcare; lack of autonomy by women leading to lack of decision-making power and access to independent income; early marriage which exposes women to the complications of early and excessive childbearing.



So like disadvantages stemming from gender. This is just one example. Gender inequality is one of the social dimensions. So we have seen differences in life expectancy, we have seen differences in healthy life years, we have seen differences in health behaviors between males and females, not only because they were born as males and females, but because the society has imposed certain norms, traditions, cultures, beliefs, etc.

So all these lead to differential mortality and morbidity risks. Like health hazards are present at every stage of a woman's lifecycle, like reproductive health problems, excessive female mortality in childhood, violence against girls and women, occupational and environmental hazards, cervical and breast cancer, all these actually are in a large way, determined and or rather influenced by their gender.

Gender inequality also manifests in differential access to and utilization of healthcare services. It is always the first and the best for the men. So maternal care is less, general health care, access and utilization is less, family planning, even abortion services, people have to go to access these services and utilize it. It is not that we do not have it, but the utilization is less.

So we have already said that these are due to emphasis on women's childbearing roles, early excessive childbearing, sex preferences. So you go on having children till you produce a male child. Women's workloads, makes it a very big health hazard. And they cannot even go and visit the hospital or the doctor because they are

overburdened by this. Lack of autonomy, they do not even have decision making power.

Access to independent income. Even if I do earn money, I cannot spend it of my own accord. Early marriage also exposes women to these complications.

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Health Inequalities and Inequities

- Health inequalities are the differences in people's health across the population and between specific population groups.
- WHO defines equity as "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically".
- The U.S. Centers for Disease Control and Prevention (CDC) refers to health equity as "when everyone has the opportunity to be as healthy as possible."
- Health Equity is determined by the social determinants.

Diderichsen's model of "the mechanisms of health inequality" identifies how the following mechanisms stratify health outcomes:

- **Social contexts** (the structure of society or the social relations in society) create social stratification and assign individuals to different social positions.
- Social stratification leads to differential exposure towards health-damaging conditions and differential vulnerabilities.
- Social stratification thus determines differential consequences of ill health (including economic and social consequences, as well differential health outcomes).

So what then we have been talking about two terms, health inequalities and health equities. These inequalities are differences in people's health across populations. So the health of rural populations and the health of urban populations say they might be different. The health of men, health of women are different, these are inequalities. Whereas equity is of these certain differences are avoidable.

You could have done away with this, it is not inevitable. Like suppose by virtue of having a particular gene, a woman might be predisposed to certain diseases, that is the difference, you cannot avoid it. But there are some avoidable differences between groups of people, either socially, economically, demographically, or geographically different.

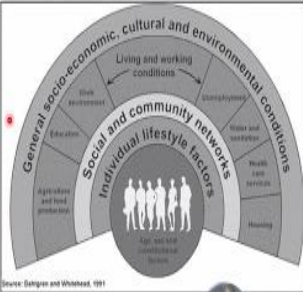
But these are avoidable then those are called inequities. So equity is when everyone has the opportunity to be as healthy as possible, right? So there, this is just a diagram to show you an algorithm, how this mechanism works. Social contexts, they create social stratification not created by birth, or by the structural of systems, but because of society. Then this leads to differential exposures.

To health damaging conditions, differential vulnerabilities, as I have exemplified in the gender case. So this social stratification has led to differential consequences of ill health, and that is health inequity.


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The social model of health

- A growing awareness that many health issues are determined by social factors. Economic, environmental and social inequalities can determine people's risk of getting ill, their ability to prevent sickness, or their access to effective treatments.
- These social factors have been explored by researchers using several models, but the most widely used is the **Dahlgren and Whitehead's social model of health ('rainbow model')**. The model, developed by Göran Dahlgren and Margaret Whitehead in 1991, maps the relationship between the individual, their environment and health. Individuals are placed at the center, and surrounding them are the various layers of influences on health – such as individual lifestyle factors, community influences, living and working conditions, and general social conditions. It is a social model addressing the broader influences on health (social, cultural, environmental and economic factors), rather than only absence of disease or disability. Dahlgren and Whitehead's social model of health maps the relationship between the individual and the environment leading to health and disease



Source: Dahlgren and Whitehead, 1991



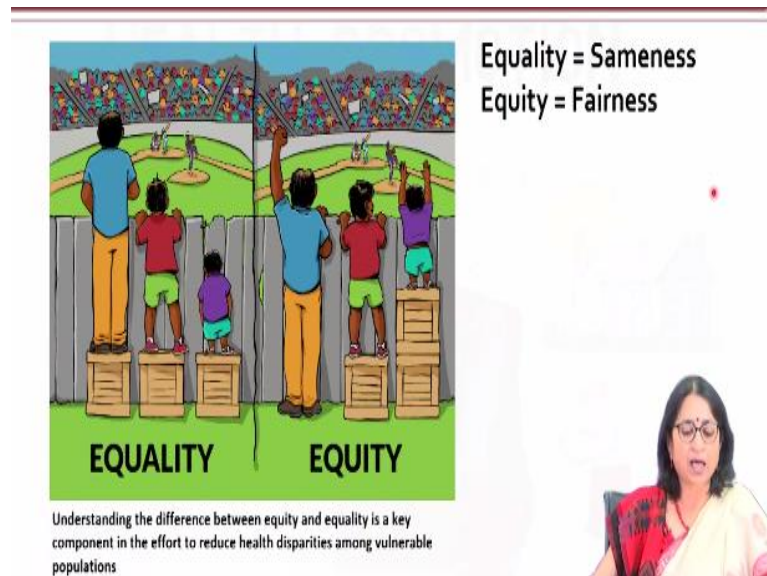
So understanding this led to formulation of the social model of health. So the growing awareness that many health issues are determined by social factors. Economic, environmental, social inequities or inequalities can determine people's risk of getting ill, their ability to prevent sickness, or their access to effective treatments. So what is the underplay here?

If you have the same services, the same systems and expect everybody to be equally benefited by it, it does not happen that way. Because as it is, there are differences and the approach also has to be different. So these social factors have been explored by researchers and you can see Dahlgren and Whitehead's social model of health here.

Where you see the individual lifestyle, individual at the center, the individual lifestyle factors which can be changed by individuals surrounding him. Then come social and community networks, which also partially can be changed by individuals or their groups. But then comes all these policies, all these living and working conditions, work environment, education, agriculture, etc.

This requires policy interventions. So that was the understanding of what the society the socio economic, cultural and environmental conditions, how it was affecting health.

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So just to harp on the issue of equality and equity once more, we can see there are three people here trying to watch the play. But what is happening, we have given the same size boxes to all of them. We have been fair, we have been equal. We have given same. We have not been fair, because this big person here tall person here can easily see with this box.

The shorter person here in the middle also just manages to see. But what happens to this little kid here, little one here? The same size box, it is same, but it is not inequal, but it is not equitable. So if you want proper opportunities and utilization, access and everything, all the social determinants to be addressed, you need fairness.

So those who are vulnerable or backward or handicapped in some way have to be approached in a different way. And that is what health promotion aims towards.

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Challenges in addressing SDH appropriately

- The concept of equity is closely tied to fairness and justice, which depends on social norms; these norms vary between societies and poses measurement challenges.
- It is necessary to generate analytic data sets that routinely capture structural and contextual factors that are the origins of inequities in health and health care.
- Accurate and timely assessment and monitoring of the magnitude and direction of change of health inequities and their determinants are necessary for public health evaluation of progress toward goals and reformation of policies and programs.



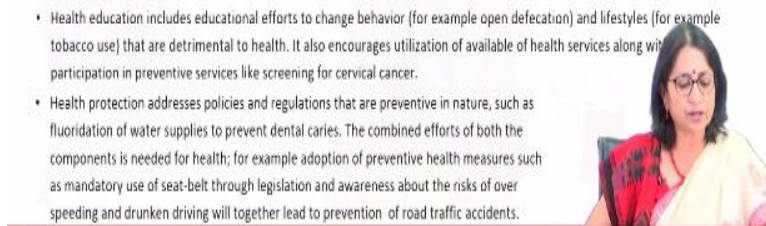
So the challenges are fairness and justice depends upon social norms, even in societies that is not there. So that is a challenge to measure also. So we do not even have proper data to see, because we do not have routine, we are not routinely capturing these structural and contextual factors, which can give us a better understanding of the inequities. So we need to accurately monitor and assess what is the extent of health inequities.

We say we have been progressing with so many programs, but the last mile, the last bit, remains unaddressed. Because there is where the iniquity issues come into play.

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Health promotion to address the determinants of health

- With growing realization of the importance of the social determinants of health, the focus in promotion of health and well-being of populations moved towards a wide range of social and environmental factors influencing health and led to framing of the **Ottawa Charter for Health Promotion** at the 1st International Conference on Health Promotion, Ottawa, 1986.
- This was developed from the Social Model of Health and defined **Health promotion** as *"the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions."* (*Health Promotion Glossary WHO 1998*). Health promotion is concerned with improving health by seeking to influence lifestyles, health services and, above all, environments (which include the physical environment and the cultural and socioeconomic circumstances that determine health status).
- Health promotion operates through health education and health protection through healthy public policies and programs.
- Health education includes educational efforts to change behavior (for example open defecation) and lifestyles (for example tobacco use) that are detrimental to health. It also encourages utilization of available of health services along with participation in preventive services like screening for cervical cancer.
- Health protection addresses policies and regulations that are preventive in nature, such as fluoridation of water supplies to prevent dental caries. The combined efforts of both the components is needed for health; for example adoption of preventive health measures such as mandatory use of seat-belt through legislation and awareness about the risks of over speeding and drunken driving will together lead to prevention of road traffic accidents.

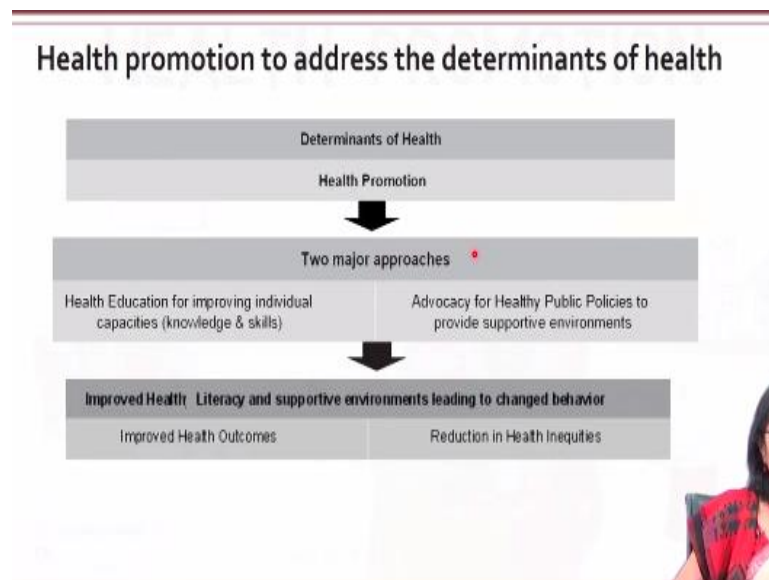


So health promotion, addresses these determinants of health. If we all know that it was in this little place called Ottawa where a charter was formed. And the definition

of health promotion itself says it is the process of enabling people to increase control over and to improve their health to move beyond the focus on individual behavior only towards a wide range of social and environmental interventions.

So it operates through health education, informing people, giving them skills so that they can change their lifestyles change their behaviors, and protecting health through healthy public policies and programs.

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So this is how it operates. Two major approaches, health education for improving individual capacities. Advocacy. That is what we say, for healthy public policies. Advocacy, plead, move with appropriate agencies to change these. Ultimately, that could lead to improved health literacy.

People would understand about health and change environments, making them more supportive to changed behavior, which would of course lead to improved health outcomes and reduction in inequities.

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Scope of Health Promotion

- Enables people to gain greater control over the determinants of their health make more healthful choices easier choices - **Empowerment**
- Carries out need based **policy, organizational, economic, regulatory, and environmental interventions** to accomplish the original intent of health education - consciousness-raising, concern-arousing, and action-stimulating impetus for the public involvement and commitment to social reform. Without the policy supports for social change, health education is often powerless to help people reach their health goals, even with effective individual efforts.
- Fosters **shared responsibility** - a shift in the locus of initiatives for health (and control over its determinants) from medical institutions and health professionals to individuals, families, schools, and worksites. This has occurred in a context of shared responsibility for health. Worksite health promotion has expanded rapidly, Schools increasingly emphasize organizational and social factors in programs for the modification or development of diet and the prevention of substance abuse. All of this calls for **greater collaboration** among sectors, organizations, and individuals



So the scope of health promotion is that it empowers people. It gives you knowledge, skill, and knowledge is power. It carries out policy, organizational, economic, regulatory and environmental interventions. It always tries to share the responsibility of health. It is not the responsibility of the government only, it is not the responsibility of the health worker only, it calls for greater collaboration among sectors, organizations and individuals.

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Scope of Health Promotion

- **Participatory strategies and approaches** assures the relevance and appropriateness of the programs to the people affected, and offers the best opportunity for people to be actively engaged in the planning process. It also reflects the evidence that has accumulated on the value of participation in learning and behavior— that people are more committed to initiating and upholding changes they helped to design or adapt to their own purposes and circumstances.
- **Ecological approaches** in health promotion view health as a product of the interdependence between the individual and subsystems of the ecosystem (e.g., family, community, culture, and the physical and social environment). To promote health, an ecosystem must offer economic and social conditions conducive to health and healthful lifestyles. These environments must also provide information and life skills that enable individuals to engage in healthful behaviors. Finally, healthful options among goods and services must be available. Health promotion views these as determinants of health and provides support in helping individuals modify their behaviors and reduce their exposure to risk factors.
- **Apply integrated strategies appropriate to the local context.**



It always fosters participatory. I cannot think for a person of whom I know nothing about. They have to speak out, they have to assure the relevance and appropriateness of the program, which is going to affect them. So always involve the target people whom you are meaning it for. So that program has to be made or planned or changed with their participation.

And of course, ecological approaches, the interdependence between the ecosystem and health, not only physical ecosystem, but also human ecosystem, the society as it is, and no strategy will work alone, we have to apply integrated strategies. Health promotion strongly believes that. Nothing alone, all together.

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CONCLUSION

- Social determinants shape people's health and give rise to health inequalities and inequities.
- Scope and potential of 'Health promotion' for addressing these social determinants and the resultant inequities through policy, organizational, economic, regulatory, and environmental interventions along with ecological approaches leads to empowerment of people to make more healthful choices easier choices by fostering participatory approaches and shared responsibilities, applying integrated strategies appropriate to the local context.

Icons: Family Income, Employment, Our communities, Access to health services, Education, Healthy diet, Physical activity, Mental health, Environmental factors, Genetic factors, Individual factors.

So we would like to end this by reiterating that social determinants shape people's health, give rise to health inequalities and inequities. We have discussed that at length. And the scope and potential of health promotion for addressing these social determinants and the resultant inequities are through a policy organizational, economic, regulatory and environmental interventions, with ecological approaches, along with empowerment of people.

So people at one end, policies and programs at the other end all through participatory approaches and shared responsibilities. At all levels, we have to apply integrated strategies, which have to be applied in the local context. So you see this as a very hard task, a complicated task, which apparently is very simple, but it has a comprehensive holistic approach, which makes it very inclusive, very participatory, and integrated, collaborative and shared.

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So let us hope this idea or this feeling percolate that in health promotion, nothing can be done by an individual or one sector, or nothing can be done for a one group of people or with one strategy. It is all together, collective for the betterment of population. Thank you.