

Basics of Health Promotion and Education Intervention
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Lecture - 03
Ottawa Charter

While understanding the basics of health promotion and education interventions, the Bible of health promotion has to be realized. And that is what we call the Ottawa Charter. So now we will discuss about the Ottawa Charter.

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In this presentation we would be covering the five health promotion action areas outlined in the Ottawa Charter. Action area 1 - Building healthy public policy. 2 - Creating supportive environments. 3 - Strengthening community action. 4 - Developing personal skills and 5 - Reorienting health services. We will then move on to the Health Promotion logo and what it means in nutshell.

Then we would elaborate on the three basic strategies for health promotion, enabling, mediating and advocacy. And finally lead you to the 21st century health promotion through discussing the Jakarta declaration on health promotion.

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The Ottawa Charter for Health Promotion

- The first International Conference on Health Promotion, meeting in Ottawa on 21st November 1986
- This conference was primarily a response to growing expectations for a new public health movement around the world.
- It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and intersectoral action for health.
- CHARTER for action to achieve Health for All by the year 2000 and beyond.
- The Ottawa Charter is a global health milestone, and remains a vital reference for health promotion. The Charter identifies five components of health promotion action and prerequisites for health, including peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.



So Ottawa, most of you would be knowing is a place in Canada, where the first international conference on health promotion was held on 21st November 1986. This conference was primarily a response because there was a new public health movement growing throughout the world. People were realizing that health sector alone was not being able to bring about all the changes they would like to bring about.

So what then could we do? Especially because the people started analyzing what was going wrong or why could we not fulfill the declaration on primary health care at Alma-Ata the WHO's targets for Health for All document, and intersectoral action on health, which was of course also quite clearly mentioned there.

So this charter after the discussion at Ottawa, this charter was basically formulated for action to achieve health for all by the year 2000 and beyond. It is a global health milestone, and it remains the most vital reference for health promotion. It identifies five components of health promotion action and prerequisites for health.

So to have health before moving into interventions, you need peace, you need shelter, you need education, you need food, income, stable ecosystems, sustainable resources, social justice and equity. If you do not have these, no amount of investments in health will lead to a healthy population.

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Health promotion action areas outlined in the Ottawa Charter

Health promotion involves action in five principal areas.

Action Area 1 – building healthy public policy

- Policy-makers in all sectors and at all levels, need to be aware of the health consequences of the policies in their sectors.
- A 'healthy public policy' involves the development and implementation of public policies in sectors beyond the health sector (e.g., education, transport, employment and environment) which have impact on health. For example, healthy public policies in the police and transport sectors might reduce road traffic injuries.
- The second International Conference on Health Promotion in Adelaide, Australia, in 1988 brought out the recommendations for a Healthy public Policy.
- Health promotion requires the identification of obstacles to the adoption of healthy public policies in non-health sectors and ways of removing them through Health Impact Assessment (HIA). Health impact assessment is defined as: "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population."



So these are the action areas which people met, declared, discussed and declared in Ottawa. The first one, we need healthy public policies. Policymakers in all sectors and at all levels need to be made aware of the health consequences of their policies in their sectors. Urban constructions, accumulation of water, vector breeding leading to malaria.

So the health sector cannot really take care of it unless the construction sector or the urban development sector also becomes a partner to this. So this is very important. Secondly, a healthy public policy, we did not mention the health policy. We have said it is a healthy public policy. Public policies are policies in the public sector, like education, transport, employment, environment, and others, which any of which can have impact on health.

For example, the policy of the police or the policy of the transport sectors, they have an influence on road traffic injuries. So just having the health sector having hospitals etc., to set up or trauma care centers will not be enough unless their policies also change.

This was actually also further elaborated in the second international conference on health promotion in Adelaide, Australia where specific recommendations have also been outlined and those of you who are interested can also refer to it. Health promotion actually requires identification of the obstacles, what is acting as barriers in these public policies.

This is known as Health Impact Assessment. Every policy has a health impact. We need to identify that beforehand, before formulating and implementing the policy, while formulating the policy before its implementation. What is Health Impact Assessment then?

It is a combination of procedures, methods and tools by which a policy program or project can be judged as to what can be its potential effects on the health of a population and what can be the distribution of those effects within the population. If it is such that it cannot be implemented in that manner, then it has to be changed.

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Health promotion action areas outlined in the Ottawa Charter

Action Area 2 – Creating supportive environments

- The socioecological approach to health is based on the inseparable links between people and their environment and the need for reciprocal maintenance – to take care of each other, our communities and our natural environment.
- Changing patterns of life, work and leisure have also had a significant impact on health. Human actions are changing many of the world's natural environmental systems, including the climate system. disruption and depletion of these systems make it more difficult to tackle health inequalities.
- Systematic assessment of the health impact of a changing environment – particularly in areas like energy production, urbanization etc. are essential and must be followed by health promotion actions. Many of these have been included in the sustainable development goals.
- The 3rd International Conference on Health Promotion at Sundsvall, Sweden, in 1991, resulted in the Sundsvall statement on supportive environments for Health.

The slide includes a video inset in the bottom right corner showing a woman with glasses and a red and white sari speaking.

Second is supportive environment. We have been talking about environments, the physical, social, cultural, and other ecological, all these affecting the health of people. Now the socioecological approach to health is based on the fact that people and their environment are inseparably linked. We are understanding it more and more with all these climate changes in the planet.

This year's WHO theme has been based on how the planet is affecting, the state of the planet is affecting our health. We are oblivious to that but we are linked and there is a link and there is a very urgent need for reciprocal maintenance as well. Taking care of each other not only humans of humans, but humans should protect the natural environment as well.

Along with that, we have also realized the changing patterns of life, work and leisure have had a significant impact on health. So world's natural environment systems including the climate system, these systems if we disrupt, if we deplete it, even for leisure or for our work, then these systems make it difficult to tackle the health inequalities.

And that we are increasingly recognizing because we are actually doing away with forests, we are cutting trees, felling trees. So where do the animals go, they come in closer contact with human beings. Zoonosis is more and more rampant. Species jumping is occurring of infecting agents. And that is how we ultimately are suffering from ill health.

Along with that systematic assessment of the health impact of the changing environment, particularly energy production, urbanization, all these are essential. They must be followed by health promotion actions. And those of you who know the sustainable development goals would also realize that these have been included in the sustainable development goals. Without this development cannot occur.

So the third international conference on health promotion at Sundsvall resulted in the Sundsvall statement on supportive environments for health.

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Health promotion action areas outlined in the Ottawa Charter

Action Area 3 - Strengthening community action

- Effective health promotion processes depend on empowering community through participatory action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.
- Community action is strengthened by identifying and utilizing existing community assets, that is, human and material resources in the community to improve their ability to help themselves and provide social support.
- Participation of community and their resultant empowerment also provides improved access to information and learning opportunities for health.

The third action was we have said how health promotion basically is always participatory, always would like to empower the people. So community action needs

to be strengthened. Effective health promotion processes depend on empowering communities through participatory action in setting, so the community would set their priorities. Community would make the decisions.

Community would plan the strategies which might work for them, and community will help to implement them to achieve better health. How can this community action be strengthened? It need not always be resources from outside. One needs to utilize and identify the existing community assets. There are human and material resources within the community.

So you have to identify them and help them to use them to make them more healthy. And you can also strengthen their actions to provide social support. Participation of community and their empowerment would also imply that you have to improve their access to information and learning opportunities for health.

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Health promotion action areas outlined in the Ottawa Charter

Action Area 4 - Developing personal skills

- Health promotion provides information and skills (enabling) through Health education, thereby increasing the options available to people to control their own health and over their environments, and to make choices conducive to health.
- This has to be facilitated in different settings like school, home, work and community.

The fourth action area is developing personal skills. Whatever they do, each individual has to have the information and skills and that is given through health education. So people learn what are the options available to them.

And people can choose, have the informed decision making towards choosing the healthy option so that they can control their own health, they can control their environments, and I would not say control but change their environments and to make choices which are conducive to their health. So this is a very big goal.

Before doing it in the large populations, health promotion, or the Ottawa Charter and its subsequent developments have said let us start in different settings in small captive communities like the school, home, workplace, smaller communities like villages. Let us start in these small places and then upscale it or make it on a bigger scale elsewhere.

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And finally, we already have health services. It is not that we do not have them, but they are mostly based on curative services. So if we are to expand the mandate of health promotion, beyond its existing responsibilities of clinical and curative service, like the Government of India has now set up health and wellness centers. Once you put up this word wellness, it means the services have to change, have to incorporate something more from health promotion.

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This logo was created for the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. The logo represents a circle with 3 wings. It incorporates five key action areas in Health Promotion (build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services) and three basic HP strategies (to enable, mediate, and advocate).



So this is the logo of the Ottawa Charter. This logo was created for the first international conference. This logo has a circle with three wings. There are five key action areas you can see. Building healthy public policy is encircling everything. So unless you have healthy public policies, you cannot do anything. Then create supportive environments.

Another very important part. Then you have strengthening community action, which is the topmost wing. Develop personal skills because these go hand in hand for the community. And finally reorient health services using these three strategies enabling mediating and advocating.

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The main graphic elements of the HP logo are:

- The red colored outside circle, represents "Building Healthy Public Policies", and symbolizes that Healthy Public Policies hold all five key action areas of health promotion identified in the Ottawa Charter, together, in an integrated and complementary manner.
- The round spot within the circle stands for the three basic strategies for health promotion, "enabling, mediating, and advocacy", which are applied to all action areas of health promotion.
- The three wings represent the five key action areas for health promotion
 - The upper wing represents that action is needed to "strengthen community action" and to "develop personal skills". This wing breaks the circle to symbolize that the policy circle has to constantly react to the changes in society, communities and individuals, in order to reflect these changes.
 - The middle wing on the right side represents that action is needed to "create supportive environments for health"
 - The bottom wing represents that action is needed to "reorient health services" towards preventing diseases and promoting health.



So this I have already said that the building public health policy symbolizes that all the five key action areas will be held together by healthy public policies.

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Advocacy

- Advocacy is any action that recommends, supports, defends, or pleads on behalf of an individual or group of people or a program, in order to change the situation or circumstances.
- Advocacy for health is defined as "a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program". (Report of the Inter-Agency Meeting on Advocacy Strategies for Health and development: development Communication in Action. WHO, Geneva, 1995)
- Health promotion aims at making political, economic, social, cultural, environmental, behavioral and biological factors favorable for health through advocacy, using diverse approaches through mass media and multi-media, direct political lobbying, and community mobilization, through coalitions of stakeholders around defined issues.

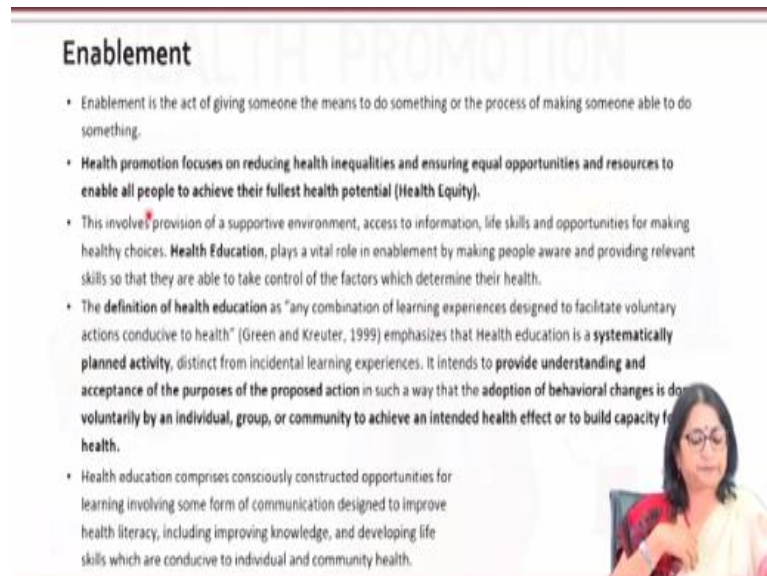
So let us now come to the three main strategies. One is advocacy. Now an advocate is a person who recommends, support, defends, pleads etc., on behalf of an individual to get his decision a favorable outcome. So advocacy is an action that recommends, supports, defends or pleads on behalf of the individual or a group of people or a program, so that the situation or circumstances change.

So if the community wants to change something, they need to plead, they need to lobby. They will do it as a combination of these actions, individual and social actions designed to gain political commitment, because without political commitment, health promotion cannot occur. Social acceptance, yes you need to advocate with the society and system support.

So for that, you of course need evidence which studies will provide. So health promotion aims at making political, economic, cultural, environmental, behavioral and biological arguments – You might say that we are keeping on repeating this, but just to give you that health promotion is a holistic, comprehensive concept. All these need to be favorable for health and that can be done through advocacy.

For this we need to use diverse approaches, like mass media, multimedia, direct political lobbying, community mobilization, but basically we need to collaborate the stakeholders. All the stakeholders need to collaborate on the issues.

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Enablement

- Enablement is the act of giving someone the means to do something or the process of making someone able to do something.
- **Health promotion focuses on reducing health inequalities and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential (Health Equity).**
- This involves provision of a supportive environment, access to information, life skills and opportunities for making healthy choices. **Health Education**, plays a vital role in enablement by making people aware and providing relevant skills so that they are able to take control of the factors which determine their health.
- The **definition of health education** as "any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green and Kreuter, 1999) emphasizes that Health education is a **systematically planned activity**, distinct from incidental learning experiences. It intends to **provide understanding and acceptance of the purposes of the proposed action** in such a way that the **adoption of behavioral changes is done voluntarily by an individual, group, or community to achieve an intended health effect or to build capacity for health.**
- Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

What is enablement? Enablement means you give someone the means to do something, or make someone able to do something. So, enablement is the basic principle of health promotion. It will try to reduce; health promotion tries to reduce health inequalities. Ensures equal opportunities and resources to enable that all people should have same opportunities to achieve their fullest health potential.

So that is why you need to give information skills and good environments. Health education plays a very vital role here, because they are that is the intervention through which you make people aware and give them skills. So health education has therefore been defined as the combination of learning experience. It is not a one-time affair. You keep on having these planned programs.

They are designed to facilitate voluntary actions. You cannot impose on adult people. You have to facilitate voluntary actions which are conducive to health. So this emphasizes that health education is a systematically planned activity. It does not mean going out and giving some information and coming back ad hoc, no. It has to be systematically planned, not incidental learning experience.

It has to provide understanding and acceptance of the purposes of the proposed action in such a way that behavior change is adopted voluntarily by the individual or group, not imposed upon. Imposed upon changes will not sustain, voluntary changes will sustain.

So basically, health education involves consciously constructed opportunities for learning using appropriate forms of communication, so that the health literacy improves, improve knowledge, improve skills, so that their health can improve.

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Mediation HEALTH PROMOTION

- It is evident that the prerequisites for health cannot be ensured by the health sector alone. Producing change in people's lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Such conflicts may arise, for example, from concerns about access to, use, and distribution of resources, or constraints on individual or organizational practices and require mediation for solution.
- In health promotion, **mediation** is the process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health.
- Mediation leads to coordinated action by all concerned - governments, health and other social and economic sectors, nongovernmental and voluntary organizations, local authorities, industry and the media, involving individuals, families and communities, for the achievement of greater equity in health.

And finally mediation. You know, whenever we try to change anything, the person whom we are trying to change or the behavior of the person whom we are trying to change, they will always try to not to change in the beginning. It is the same as buying something. You have a price, you try to negotiate. So mediation is basically negotiation. All this cannot be done by health sector alone.

Health sector has to produce the evidence and take it up with other sectors, negotiate, mediate with the other sectors, or the population. And how much of this can you change easily, how much cannot be done? So mediation is an important part in health promotion. It is a process through which the different interests because every person has different interest.

Personal interest, social interest, economic interest, etc. And there are sectoral interests also. The urban sector might say that I have to build houses within this

period, so I have to have this construction work going on. So we go on negotiating. Advocacy becomes an important part of health promotion interventions and mediation so that we can reconcile, come to a midpoint, to promote and protect health.

So mediation has to be a coordinated action by all concerned governments, health, and other social and economic sectors, even NGOs, voluntary organizations, local authorities, whoever has a stake in this issue has to be brought in on the mediation table.

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Jakarta declaration on health promotion

- In July 1997, at the Fourth International Conference on Health Promotion, the Jakarta declaration on health promotion was agreed upon, for 'Leading Health Promotion into the 21st Century'.
- After reviewing the developments over the years following the Ottawa Charter, the Jakarta declaration confirmed that these strategies and action areas are still relevant for all countries and recommended further focus areas for moving health promotion into the next century.
- **The Jakarta Declaration** emphasized that there was clear evidence that:
 - Comprehensive approaches to health development are the most effective. Those that use **combinations of strategies are more effective than single-track approaches**. Application of combinations of strategies is more feasible and practical in defined settings. So, **implementation of comprehensive combination of strategies** 'Setting based health promotion' was recommended.
 - **'Participation'** is essential for sustaining efforts for Health Promotion. People have to be at the center of promotion action and decision-making processes for them to be effective



Now we did not really end with Ottawa. We actually moved into Jakarta, for leading health promotion into the 21st century, where we reviewed the developments of the years following the Ottawa Charter.

And in 1997, the Jakarta declaration that all, actually reemphasized that, all the strategies and actions are still so very much relevant for all countries further focusing that all these comprehensive approaches are to be used as combination of strategies. I have repeatedly reiterated the fact that in health promotion, no one strategy will be effective.

It has to be a combination of strategies, which will be more effective than single track approaches. And it is more feasible and practical in different settings. So implementation of comprehensive combination of strategies in setting based health

promotion. So health promotion should start in settings to give good outcomes with combinations of strategies.

And yes, and the bottom line remains participation. For sustaining efforts it must be it must involve people. It must be owned by people, and it must be taken forward by people.

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Priorities for health promotion in the 21st Century, identified in the Jakarta declaration include:

- Promoting social responsibility for health**
 - All sectors should follow healthy policies and practices that:
 - Do not harm the health of individuals
 - Protect the environment and ensure sustainable use of resources
 - Restrict production of and trade in harmful substances such as tobacco, and discourage unhealthy marketing practices
 - Include health impact assessments as an integral part of policy development.
- Increase investments for health development**
 - Increasing investment for health development requires a multisectoral approach including, for example, additional resources for education and housing as well as for the health sector. Investments for health should reflect the needs of particular groups such as women, children, older people, and poor and marginalized populations.
- Consolidate and expand partnerships for health**
 - Health promotion requires partnerships for health and social development between different sectors through the expertise, skills and resources.

So the priorities are also to promote the social responsibility for health. All sectors should follow healthy public policies. We should do nothing to harm the health of individuals, protect environment and restricting production of trade etc., which harm people, increase investments, consolidate and expand partnerships.

As you understand repeatedly, that health promotion is something which is a multisectoral approach. It needs this understanding, consideration, collaboration, partnership and shared responsibility.

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Priorities for health promotion in the 21st Century, identified in the Jakarta declaration include:

Increase community capacity and empowerment

Health promotion is carried out by and with people, not on or to people (participatory versus paternalistic). It improves both the ability of individuals to take action, and the capacity of groups, organizations or communities to influence the determinants of their own health.

Secure an infrastructure for health promotion

These infrastructures for health promotion are known as settings – schools, workplaces



We need to increase community capacity and empowerment. More and more people would like to be involved, would be involved and better it is in terms of resources, in terms of investments, in terms of taking it forward. And finally, we need good infrastructures. So settings have to be taken up. And it is here that we plan to do these interventions in future.

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CONCLUSION

- The Ottawa charter has provided the way for 'Health promotion' to address the social determinants of health through five main action areas, building healthy public policies, creating supportive environments, strengthening community action, developing personal skills and reorienting health services using three main strategies – advocacy, enablement (health education) and mediation.
- These action areas and strategies of Health promotion are based on community participation and implemented through settings like schools and workplaces.

A woman wearing a red and yellow sari and glasses is speaking. Behind her is a presentation slide with various icons representing health, community, and education. The slide content is partially obscured by her presence.

So the Ottawa Charter has actually provided the way for health promotion to address the social determinants of health. There have been five main action areas of which healthy public policies have been a prime important area. Supportive environments, another very important area, which of course, both these areas involve multisectoral action besides strengthening community action, developing individuals skills.

And what the health sector has to do is reorient its own services. And there are three main strategies which are used, has be used all together; advocacy, enablement through health education, and mediation. So these action areas all have to be based on community participation and implemented through settings like schools and workplaces.

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These are the references for those who would like to know more about it. And well, the Ottawa Charter as I started, I said this is the Bible of health promotion. So as the Bible is the basis of whatever we would like to do, every one of us have to be very well aware of what the Ottawa Charter has spelt out for the future.