



What Is Health Promotion?

Presented January 18, 2000, at a dinner-debate with Members of Parliament of the European Union, arranged by the International Union for Health Promotion and Education, on the theme 'Equity in Health: Health Promotion, its Effectiveness and its Pertinence to Health.'

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After the vigorous discussion that we have just enjoyed over dinner, our guests from Parliament must be unanimous on one point at least, regardless of any political differences, and that is that we in the International Union for Health Promotion and Education are enthusiastic about health promotion! But what is it, really? What are the basic components of health promotion, when you strip away the enthusiastic rhetoric? That is my job during the next few minutes, to get down to basics. To do that, I first have to be crystal clear about the problem that health promotion is designed to solve. Health promotion is in fact a tool, and you can't understand how to use a tool to its full advantage if you don't know what the job is.

So, what is the problem that health promotion is intended to address? Simply but critically, many of the health issues that Europe faces today defy the old solutions and the old cures. Even the very best of the health care systems of Europe cannot cope with the health problems I am referring to. These health problems demand new thinking and radically new solutions. I hope I have aroused your curiosity and your scepticism. What kind of health problems is Mittelmark talking about? Surely he goes overboard with the claim that our health care systems are completely unable to cope.

I have time to defend my claim with just one example, and I have chosen to focus on the growing health problem of social and mental pathologies. These pathologies rob individuals of their opportunity for the good life. They rob society doubly, first by reducing the number of contributing, fully productive citizens, and second by increasing society's health and social welfare costs. Social and mental pathology is manifest in many ways, often hidden from official view, but wreaking havoc nonetheless. Among the most common signs and symptoms are delinquency, vandalism, bullying, dropping out, debilitating gambling, alcoholism and drug use, child and spouse neglect and abuse, desertion of responsibility, and criminality.

Overwhelmingly, the causes of social and mental pathologies are not genetic, not biological, not biochemical, not physiological. The 'cures' are not to be found in the national health services, the

hospitals, the clinics, the doctors' offices, the counselling services, the mental institutions, the special schools, the police forces, or the prisons.

The causes are in fact poverty, broken or poorly functioning families, homelessness and lack of opportunity. The causes are social isolation and exclusion, helpless communities, embattled schools, and crime and violence on the streets. The causes are joblessness, cultural and language barriers and hostile social and physical environments. The causes are hopelessness, helplessness, loss of ambition and will to strive, and inability to imagine a brighter future. The causes, in sum, are the inequalities of life in modern Europe.

All the data indicate that the inequalities are just becoming wider. Social inequality is in turn a powerful risk factor for health inequality. Ironically, the 'have-nots' of Europe do have certain things in substantial abundance, compared with the 'haves': heart disease, diabetes, accidents and injuries, clinical depression, problem pregnancies, early morbidity and premature mortality. The pathologies are widespread and no European society, no community, is immune.

This is of course not news for this audience, but merely a synopsis of a well-known and growing problem that requires action right across Europe. But what may be news to you is that there exists today an under-utilised group of technologies, collectively called health promotion, that offer science-based, proven methods for dealing with at least some of the challenges that I have highlighted. That brings me to the promised definition of health promotion. I frame it as four inter-related technologies:

First, health promotion includes a technology by which all public policies and programmes, at all levels from national to local, can be systematically and rigorously evaluated for their positive, neutral and negative impacts on health. The arenas in which policies and programmes can be evaluated for their impact on health include not just agriculture, but also employment, housing, recreation, science and technology, income security, energy, public safety, transport, education, tourism and economic development. The list could go on. Health impact assessment technology holds policy makers accountable, in just the same way that environmental impact assessment does. Indeed, as you are aware, Article 152 of the recently ratified Amsterdam Treaty requires member states to assess all policies for their impact on health. Health promotion has the technology to do that job.

Second, health promotion includes a technology to strengthen communities' ability to take effective action at the local level. The technology includes methods to map and mobilise local resources, activate citizen, government and corporate participation, plan for and manage positive change, transform neighbourhoods and key institutions such as homes, schools, hospitals and work places into health-promoting environments, evaluate progress and problems, and make required course corrections. The technology builds local capacity for all these actions, so that reliance on uncertain external support is avoided. The technology can be applied in virtually all communities. Experience shows that even the very poorest communities can benefit significantly.

Third, health promotion includes a technology to improve the ability of health care systems to practice primary prevention, provide health education, and improve the quality of informal care provided by family members. Proven methods for developing and maintaining health promotion infrastructure within

local health care systems are included. Also included is advanced training for health care professionals on ways to involve patients in developing their own treatment plans.

Fourth, health promotion includes a technology to assist citizens to take control over and improve their own health through behaviour and lifestyle change, and also learn how to be wiser consumers of health care and preventive services. This definition is an over-simplification, of course, and leaves out many worthy elements of health promotion. The International Union for Health Promotion and Education's two-part book entitled 'Evidence of Health Promotion Effectiveness' provides detailed examples of effective health promotion methods. The definition I have offered emphasises what health promotion technology does, while many other definitions focus more on goals, values, strategies, tactics and so on. This definition positions health promotion as a collection of inter-related technologies. Other definitions emphasis philosophical foundations. This definition is resoundingly upbeat - it makes claims about what health promotion can do when everything goes right. The actual range of results is wide, poor results can and do occur, and the technology is under constant testing and improvement.

Finally, a word is in order about health promotion in relation to the field of public health. Health promotion is an integral part of public health. Its technologies are critical to the successful practice of all aspects of public health, from the control of emerging infections to the successful management of challenges associated with the ageing population. Health promotion is in fact the vital element that defines a 'new' era of public health. Health promotion is that element of public health that focuses on developing social conditions adequate not only for the maintenance of health, but for developing better health to facilitate a thriving, productive and equitable society.

I'll end now, by posing a question that we do not yet have a clear answer to, but desperately need: why is this proven health promotion technology under-utilised in Europe? Is it because the word 'health' in health promotion automatically takes us down the wrong path, by making us think immediately of other health technology, such as hospitals, doctors and curative medicine? Is it because the word 'promotion' has connotations that distract one's attention from the solid basis on which the technology is built? Is it because people think of health 'police' when they hear health promotion, misunderstanding our technology and approach? Is it because evidence on health promotion effectiveness is not presently in the right way, to the right people, at the right time? Is it all of these, or none of these? We hope that your discussions before and during dinner have included a focus on this issue, and we look forward to a lively debate this evening.

I am grateful for Spencer Hagard's , Trevor Hancock's and Anne Bunde-Birouste's helpful suggestions.