Health Promotion Foundations - Module Two

1. Health Promotion Foundations - Module Two

1.1 Health Promotion Foundations - Module Two

Notes:

In this module, we will examine the historical milestones that led to the emergence of health promotion and the development of Canadian health promotion practice as we know it today. This module will take about twenty minutes to complete.
1.2 Terms of Use

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Notes:

This tool may be freely used without permission for non-commercial purposes only and provided that appropriate credit is given to Public Health Ontario.
1.3 Navigation Menu

**NAVIGATION MENU**

- **Compare Answers:** click this icon to see our response to the exercise

- **Resource:** click this icon for further reading

- **Close Button:** clicking on the ‘X’ button will close any window

**Notes:**

Throughout this module, you will see these icons. To be reminded of what they mean, please refer to the help tab at any point during the module.
1.4 Navigation Menu

**Glossary**
The glossary tab provides definitions of key words highlighted in this module.

**Help**
The help tab reviews the function of each icon.

**Menu**
The menu tab outlines each section in the module. By clicking on a menu title, you can navigate to that section.

**Resources**
The resources tab contains further reading, and a complete list of references.

**Transcript**
The transcript tab provides a full transcript for each slide.

**Notes:**

In the upper right hand corner of the slide, you will see a selection of ‘tabs’.

The glossary tab contains definitions of key words used in this module.

The help tab reviews the function of each icon.

The menu tab provides a list of all the sections in the module and allows you to navigate to any one of them.

The resources tab contains further reading options, and a complete list of references for this module.

The transcript tab contains a full transcript of each slide.
1.5 Learning Objectives

Notes:

By the end of this module, you will be able to:

1. List the historical milestones contributing to the development of the health promotion field.
2. Describe how developments and events, both within and outside the field of health promotion, influenced thinking about the root causes of health.
3. Recognize how key developments might shape the field of health promotion.
2. Health Promotion Beginnings

2.1 Health Promotion Beginnings

Notes:

In this module, there are four sections. The first three sections describe time periods throughout the development of health promotion, each with important historical milestones. The last section contains exercises for you to reflect on what you have learned.
2.2 Stop and Think

Notes:

Before you start working through this module, consider the following questions:

In your opinion, what are the three most significant milestones that affected the development of health promotion in Canada?

What key developments do you see happening over the next five years that will influence health promotion in Canada?
2.3 Health Promotion Emerges

Notes:

Health promotion emerged as a concept distinct from traditional public health practice or disease prevention in the early 20th century, though many of the strategies used to promote health and prevent disease have been around for a long time.
2.4 Enduring Strategies

Notes:

For example, the ancient Egyptians developed systems for sewage disposal, distributed surplus grain to feed the poor, and printed warnings against the harmful effects of consuming too much alcohol. (24) Their writings, from 4000 B.C, provide some of the earliest records of public health practice and illustrate two health promotion strategies that have remained in use today.

They are:
1. Education encouraging individuals to adopt healthy behaviours and
2. Healthy public policies at the community level
2.5 Beginnings: 1920 to 1972

1920: Earliest reference
“The art and science of preventing disease, prolonging life and promoting health and well-being through organized community effort for the sanitization of the environment, the control of communicable infections...the education of the individual in personal health and the development of a social machinery to ensure a standard of living adequate for the maintenance or improvement of health.”

–E.A. Winslow

Notes:

We will now discuss the important historical milestones that occurred during the first of three time periods we will be exploring in this module: the beginnings of health promotion from 1920 to 1972. The earliest published reference to health promotion was made in 1920 by American public health expert, C.E.A. Winslow. (24, 25)
2.6 Beginnings: 1920 to 1972

1946: Concept refined

“health is promoted by providing a decent standard of living, good
labour conditions, education, physical culture, and means of rest
and recreation.”

–Harry Sigerist

Notes:

In 1946 the concept of health promotion was refined by a British Medical
Historian named Harry Sigerist. (26)
2.7 Beginnings: 1920 to 1972

Notes:

Sigerist called for the coordinated efforts of politicians, labour, industry, education and the health care sector to ensure that the prerequisites for good health were within reach of everyone. (26)

Many of Sigerist’s ideas, such as his comprehensive concept of health and his call for action to address the determinants of health, re-emerged thirty years later with the publication of the Ottawa Charter.
2.8 Beginnings: 1920 to 1972

In 1948 the World Health Organization (WHO) defined health as:

‘A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity’. (8)

This definition provided the basis for the features and values that have come to characterize health promotion practice.
Notes:

In the 30 years following the end of the Second World War, there was a marked improvement in the health status of Canada and other western, industrialized countries. This improvement occurred for two main reasons:

First, mandatory public health measures, including mass immunization, sewage disposal, water purification and the mandatory pasteurization of milk, substantially decreased the incidence of communicable diseases. (24)

Second, years of advocacy efforts by labour unions, community activists and progressive political movements led to the development of the ‘social safety net’ and other economic reforms. These reforms enabled substantial progress towards the elimination of poverty, poor housing and unhealthy living conditions.
**2.10 Beginnings: 1920 to 1972**

Because of these measures, chronic diseases such as cancer, heart disease and stroke replaced communicable diseases as the leading causes of mortality in the western world.

This resulted in a change in public health practice.

The emphasis shifted to addressing risk factors contributing to these diseases—such as tobacco, high fat diets, alcohol and physical inactivity.

The healthy lifestyle movement was born.
2.11 Beginnings: 1920 to 1972

Notes:

In 1969, The Medical Care Act was passed into law by the Trudeau government. It was later modified and re-introduced as the Canada Health Act.

This Act ensured universal access to health care for all Canadian citizens. In the following decades, concern about the costs of financing universal health care led the federal and provincial governments to place increased emphasis on health promotion and disease prevention as means of controlling rising health care expenditures.
2.12 Beginnings: 1920 to 1972

Notes:

In 1972 ParticipACTION was launched. This was the first Canada-wide media campaign promoting healthy lifestyles.

3.1 Health Promotion Mid 1970's - 2000

Notes:

The 1970s brought the next phase in the development of health promotion.
3.2 Mid 1970s to 2000

1974: Lalonde Report marks the beginning of another phase in health promotion development in Canada.27

Notes:

In 1974, A New Perspective on the Health of Canadians, more commonly known as the Lalonde Report was published. It was named after then-federal Minister of Health, Marc Lalonde, who commissioned the report. The Lalonde Report supported the growing emphasis on reducing health risks by promoting healthy lifestyles. (27)

The Lalonde Report resulted in the international recognition of Canada as a leader in the conceptual development of health promotion, thus beginning a second important phase in health promotion development that evolved through the latter part of the 20th century.
3.3 Mid 1970s to 2000

Notes:

The Lalonde Report introduced the concept of four health fields: lifestyle, biology, environment and health care organization. (27)

Despite the comprehensive nature of the health fields concept, lifestyle and personal responsibility for health were emphasized throughout the Lalonde Report. For example, one section of the report stated that ‘individual blame must be accepted by many for the deleterious effect on health of their respective lifestyles’. In addition, unhealthy practices were described as ‘self-imposed risks.’ (27)
3.4 Mid 1970s to 2000

Notes:

In 1978 the Canadian government responded to the Lalonde Report by establishing a Health Promotion Directorate within the federal Department of National Health and Welfare.

The Directorate was the first bureaucratic structure devoted to health promotion in the world. It was organized around the health field concept of lifestyle, with a focus on areas such as smoking and nutrition.
3.5 Mid 1970s to 2000

Notes:

In 1979 the first Canadian postsecondary degree program in health promotion was established at the University of Toronto.
3.6 Mid 1970s to 2000

Notes:

From 1979 to 1984, emerging research showed how social, economic and environmental determinants affect the health status of individuals and communities.

The Black Report on health inequalities in the United Kingdom revealed significant inequities in the health status of low-income groups, (28) while the Alameda County study in California revealed the importance of social support and social networks as determinants of health. (29)

This research caused the narrowly focused health promotion 'lifestyle' approach to fall into disrepute. Many health promotion programs were criticized for 'blaming the victim' by ignoring the social and economic barriers to making healthy choices. (30)

3.7 Quiz

(Pick One, 10 points, 1 attempt permitted)
The Lalonde Report introduced the Health Field Model, which described health as:

A. a product of lifestyle, biology, environment and health care organization.
B. a product of the health services available in one’s environment.
C. a product of social, economic and cultural factors.
D. a product of exercise, eating habits and lack of substance use.

Feedback when correct:
That's right! You selected the correct response.

Notes:
Now, take a moment to reflect on what you’ve just learned by answering the following questions.

The Lalonde Report introduced the Health Field Model, which described health as:
Correct (Slide Layer)

That's right! You selected the correct response!

Incorrect (Slide Layer)

The Lalonde Report introduced the Health Field Model, which described health as:

The correct response is:

A. a product of lifestyle, biology, environment and health care organization.
3.8 Quiz Question

(Pick One, 10 points, 1 attempt permitted)

**Quiz Question**

In more recent years, the ‘lifestyle’ approach has been criticized for the following reasons:

1. It promotes victim blaming.
2. It ignores social and economic barriers to making healthy choices.
3. It only accounts for factors that people have control over.

Select correct answer:

<table>
<thead>
<tr>
<th>Correct</th>
<th>Choice</th>
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<tbody>
<tr>
<td></td>
<td>A. 1</td>
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<td>B. 1, 2</td>
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<tr>
<td>X</td>
<td>C. 1, 2, 3</td>
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</table>

Feedback when correct:

That's right! You selected the correct response.

Notes:

In more recent years, the ‘lifestyle’ approach has been criticized for the following reasons:
Incorrect (Slide Layer)

QUIZ QUESTION

Incorrect: please find the correct answer below

In more recent years, the ‘lifestyle’ approach has been criticized for the following reasons:
The correct response is:

C. 1, 2, 3

Correct (Slide Layer)

QUIZ QUESTION

Correct:

That’s right! You selected the correct response!
3.9 Mid 1970s to 2000

Notes:

In 1984 the ‘Beyond Health Care’ Conference was hosted in Toronto, which focused on advancing healthy public policy.

This conference led to the launch of the ‘Healthy Cities’ project, initiated by the World Health Organization in 1986.

This movement engaged local governments in health development through a comprehensive approach to health policy, incorporating factors outside of health care such as social determinants, economics and urban development. (31, 32)

The ‘Healthy Cities’ approach, more recently known as the ‘Healthy Communities’ approach, has been widely adopted by health promoters in cities, towns, villages and communities worldwide.
3.10 Mid 1970s to 2000

Notes:

In 1986, the first international conference of health promotion was convened in Ottawa. The consensus document produced at the conference, *The Ottawa Charter for Health Promotion*, became the predominant framework for health promotion practice.
3.11 Mid 1970s to 2000

Notes:

The years immediately following the release of the Ottawa Charter witnessed the expansion of health promotion, both as a profession and a field of practice. For the first time, health and social service organizations such as public health units and community health centres, began hiring ‘health promoters’. Provincial governments re-organized their bureaucratic structures to include health promotion and funded a series of health promotion projects at the provincial and community levels.
3.12 Mid 1970s to 2000

1991–1996:

- Health promotion field faces challenges
- Emphasis on accountability and effectiveness
- Canadian government shifts focus to population health

Notes:

Between 1991 and 1996, the health promotion field faced a number of challenges. There were setbacks in the progress against tobacco use as a result of tax reductions, and threats to the well-being of communities as a result of the severe economic recession and erosion of the social safety net. The resulting fiscal restraint placed increased demands on health promotion to demonstrate its accountability and prove the effectiveness of its initiatives.

At the same time, the Canadian Federal government’s shift from health promotion to a population health approach, forced health promoters to integrate their concepts and values into new frameworks for thinking about health.
3.13 Mid 1970s to 2000

Notes:

In 1997, the health promotion commitment to social justice, equity and sustainability was reaffirmed at the Fourth International Conference on Health Promotion with the adoption of *The Jakarta Declaration on Leading Health Promotion into the 21st Century*. This Declaration identified poverty as ‘the greatest threat to health’ and noted the dangers to health posed by globalization and environmental degradation. (33)
4. Health Promotion 2000 and Beyond

4.1 Health Promotion 2000 and Beyond

Notes:

The 21st century brought another wave of development.
4.2 2000 and Beyond

Notes:

From 2000 onwards, health promotion in Canada has continued to evolve, embracing new technologies such as social media as tools for health education and community mobilization.

At the same time, this field has also faced various challenges and opportunities, including a continuing climate of fiscal restraint, renewed government interest in public health due to the re-emergence of communicable disease threats such as the West Nile Virus and Severe Acute Respiratory Syndrome known commonly as SARS, and the development of professional competencies that formally define the parameters of health promotion practice.
4.3 2000 and Beyond

Notes:

Growing concerns about the erosion of public health infrastructure led to a period of public health ‘renewal’ that was marked by the creation of the Public Health Agency of Canada (PHAC) in 2003. In addition, separate provincial ministries were established, with a mandate for public health/health promotion.
**4.4 2000 and Beyond**

Between 2004 and 2007, the Public Health Agency of Canada initiated the development of public health workforce competencies.

Health Promotion Ontario was funded by the Public Health Agency of Canada to develop the first Canadian set of discipline-specific competencies for health promotion.
4.5 2000 and Beyond

Notes:

In 2005, The World Health Organization released the *Bangkok Charter for Health Promotion in a Globalized World*.

Through the Charter, the WHO sought pledges to address the determinants of health in a globalized world. (34)

Specifically, the WHO recommended that the promotion of health become:

1. central to the global development agenda;
2. a core responsibility for all of government;
3. a key focus of communities and civil society;
4. a requirement for good corporate practice.
4.6 2000 and Beyond

Notes:

In 2005 the World Health Organization established the *Commission on Social Determinants of Health*, in order to help countries and global health partners address social factors and inequalities that affect health.

The three overarching recommendations of the Commission include:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem, and assess the impact of action (35)
4.7 2000 and Beyond

2008: Galway Consensus Conference Statement

- Sparks international interest in clarifying the purpose, value and use of standardized competencies for health promotion practice.

Notes:

In 2008, interest in the development of health promotion practice competencies gained momentum with the release of the *Galway Consensus Conference Statement* on Domains of Core Competency, Standards and Quality Assurance in Health Promotion and Education. This Statement sparked an international interest in clarifying the purpose, value and use of standardized competencies for health promotion practice.
4.8 2000 and Beyond

2011: Rio Political Declaration on the Social Determinants of Health
• Global interest in adopting a social determinants of health approach

Notes:

In October 2011, the *Rio Political Declaration on the Social Determinants of Health* was established at the World Conference for Social Determinants of Health, hosted by the World Health Organization. Participants expressed political ‘will’ to adopt a social determinants of health approach to reduce health inequities and address global health concerns.
4.9 2000 and Beyond

2011 marked 25 years since the establishment of the Ottawa Charter for Health Promotion. A critical time for reflection. The jury remains 'out' on whether any of these ideas will be acted upon.

Notes:

25 years since the establishment of the Ottawa Charter for Health Promotion, 2011 sparked a critical time for reflection and discussion on advancements and failings in the field of health promotion, as well as directions and alignments that health promotion should take in the decades to come. The jury remains 'out' on whether any of these ideas will be acted upon.

Please click the icon for examples of 25-year professional and academic reflections from the published literature.
5. Reflective Exercises

5.1 Reflective Exercises
In this final section, we will explore several reflective exercises to help solidify your learning.

5.2 Quiz

(Pick One, 10 points, 1 attempt permitted)

The 1997 Jakarta Declaration on Leading Health Promotion into the 21st Century identified what as the ‘greatest threat to health’:

A. chronic disease
B. globalization
C. poverty
D. environmental degradation
E. global warming

Correct Choice

<table>
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<th>Correct</th>
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<tbody>
<tr>
<td>A.</td>
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<td>B.</td>
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<td>poverty</td>
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<td>D.</td>
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</table>

Feedback when correct:
That’s right! You selected the correct response.

Notes:

The 1997 Jakarta Declaration on Leading Health Promotion into the 21st Century identified what as the ‘greatest threat to health’.

Correct (Slide Layer)
5.3 Quiz Question

(Pick Many, 10 points, 1 attempt permitted)

In 2005, the WHO established the Commission on Social Determinants of Health in order to help countries and global health partners address social factors and inequalities that affect health. The Commission’s three ‘overarching’ recommendations include: (click all that apply)

A. improve daily living conditions
B. tackle the inequitable distribution of power, money and resources
C. focus on the needs of priority populations
D. measure and understand the problem, and assess the impact of action
E. establish a universal health care system
<table>
<thead>
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</tr>
<tr>
<td></td>
<td>E. establish a universal health care system</td>
</tr>
</tbody>
</table>

**Notes:**

In 2005, the WHO established the Commission on Social Determinants of Health. The three overarching recommendations of the Commission include which of the following? Please check all that apply.

**Correct (Slide Layer)**

That’s right! You selected the correct response!
5.4 Quiz Question

(Pick One, 10 points, 1 attempt permitted)

2011 is considered a milestone in health promotion because it:

A. is the year that the Ottawa Charter for Health Promotion was established.
B. represents 25 years since the Ottawa Charter for Health Promotion, and sparked the rethinking of the role of health promotion.
C. is the year that the Galway Consensus Statement was released.
D. none of the above.
<table>
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<tr>
<td>D.</td>
<td>none of the above.</td>
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**Feedback when correct:**

That's right! You selected the correct response.

**Notes:**

Why is 2011 considered a milestone in health promotion? Please choose one of the following options.
Incorrect (Slide Layer)

**QUIZ QUESTION**

Incorrect: please find the correct answer below

2011 is considered a milestone in health promotion because it:

The correct response is:

B. represents 25 years since the Ottawa Charter for Health Promotion, and sparked the rethinking of the role of health promotion

Correct (Slide Layer)

**QUIZ QUESTION**

Correct:

That's right! You selected the correct response!
5.5 Stop and Think

Notes:

One unanticipated development affecting the broader public health sector over the past decade is an increased emphasis on communicable disease prevention due to the emergence of West Nile, SARS, H1N1 and other threats to population health such as climate change. How do you think this trend will impact the development of health promotion? Can health promotion play a role in addressing these health risks?
5.6 Review

Learning Objective #1:
List the historical milestones that led to the development of the health promotion field in Canada.

Health promotion emerged as a distinct concept early in the 20th century and has been evolving ever since. The changes have been fueled by societal events and trends, and continuing research and debate within the field itself.

Notes:

This brings us to the end of Module Two: Milestones in the History of Health
Promotion. We began this module by outlining three learning objectives. The first indicated that by the end of this module, you would be able to list the historical milestones that led to the development of the health promotion field.

We have now learned that health promotion emerged as a distinct concept early in the 20\textsuperscript{th} century and has been evolving ever since. The changes have been fueled by societal events and trends, and continuing research and debate within the field itself.

\textbf{5.7 Review}

\begin{figure}[h]
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\caption{Review}
\end{figure}

Learning Objective #2: Describe the developments that influenced thinking about the root causes of health.

The evolution of health promotion has involved an ever-widening circle of stakeholders and professions as we have come to understand that health is determined by a complex interplay between physical, mental, social and societal factors.

\textbf{Notes:}

Our second learning objective indicated that by the end of this module, you would be able to describe the key features and values that shape health promotion practice.

In this module we learned that the evolution of health promotion has involved an ever-widening circle of stakeholders and professions as we have come to understand that health is determined by a complex interplay between physical, mental, social and societal factors.
5.8 Review

Learning Objective #3: Recognize how key developments might shape the field of health promotion.

The concept of health promotion will continue to evolve. Its path will be shaped by chronic and infectious disease trends, environmental conditions, financial and political developments and many other factors that unfold in the years to come.

Notes:

Our third and final learning objective indicated that by the end of this module, you would be able to recognize how key developments might shape the field of health promotion.

In this module we learned that the concept of health promotion will continue to evolve. Its path will be shaped by chronic and infectious disease trends, environmental conditions, financial and political developments and many other factors that unfold in the years to come.
5.9 PHO Health Promotion Capacity Building

For service request inquiries, including consultations, webinars, workshops, or to sign up for our mailing list, please go to:

http://www.publichealthontario.ca/en/ServicesAndTools/HealthPromotionServices/Pages/service-request-form.aspx

Our events calendar is at:

http://www.publichealthontario.ca/en/LearningAndDevelopment/Events/Pages/default.aspx

Notes:

This resource supported and maintained by the health promotion capacity building team at Public Health Ontario. We offer a variety of health promotion services including consultations, webinars, face to face workshops and resources related to health promotion planning, evaluation, health communication and building healthy public policy.

To request support or find more information please follow the links on this slide.
5.10 Thank you

Thank you for participating in Module Two: Definitions and Concepts, part of our Health Promotion Foundations course.

Please take a few minutes to provide your feedback on this module and the content we have covered.
6. Help Tab

6.1 Navigation Menu

Compare Answers: click this icon to see our response to the exercise

Resource: click this icon for further reading

Close Button: clicking on the ‘X’ button will close any window

Notes: