



## IHPE Position Statement: Health Promotion

### Key Information

Three definitions:

**Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organization, 1948.)

**Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. (ODPHP, 2020.)

**Health promotion** is the process of enabling people to increase control over, and to improve, their health. (World Health Organization, 1986.)

- Health is a positive concept emphasising social and personal resources, as well as physical capacities.
- Health promotion is multi-faceted and includes the elements of building personal skills (health literacy), creating healthy environments, embedding “health in all policies”, reorienting health services and community action. Emphasis is placed on the creation of health promoting settings. (Ottawa Charter)
- Health promotion is widely informed by a set of values including empowerment, equity, participation, reduction of inequalities, social justice, evidence-based, positive health and community working.
- Health literacy is being able to assess and evaluate information, manage risk, and make decisions that develop, promote and maintain healthy lifestyles and, ultimately, good health. It has to be more than the ability to ‘read-understand-act’ on health care information.
- Nationally and internationally there have been some notable successes, but generally health promotion is underutilised and much more could be achieved.
- For many public health problems, including mental health, accident prevention, obesity and lack of physical activity, there are socioeconomic patterns and the problems have common roots.
- There are considerable health inequalities within and between countries and it is a priority for health promotion to address these.

- In the past there has been too much focus on changing individuals' behaviours rather than creating supportive and health enhancing environments.
- Most governments have focused predominately on treating illness and have not provided adequate resources for health promotion. Approaches have been mainly short term rather than tackling the systemic issues and embedding 'health' within systems and structures.
- Promoting health requires a joined-up, multi-sectoral and whole-system approach.
- Internationally, examples of a wide range of health promoting settings can now be found including: health promoting schools, health promoting workplaces, health promoting hospitals and health promoting prisons.
- For some settings, for example health promoting schools and health promoting hospitals, a considerable amount of academic literature has been produced, including theoretical papers, descriptive studies and evaluations.

## **Statement**

1. The Ottawa Charter for Health Promotion should act as a guide for activity. Three principles are: participation, empowerment and equity.
2. A "health in all policies" approach should be instigated at all levels including: local, national and international.
3. Governments should commit to positive long term strategic health promotion responses that are robustly funded.
4. Governments should tackle the social determinants of health through coordinated, whole of government responses.
5. Health promoting settings should be developed and supported, including: health promoting schools, health promoting hospitals and health promoting workplaces.
6. There needs to be an investment in settings-based health promotion in places such as prisons and asylum centres which reach underrepresented and marginalised members of society.
7. There should be an audit of current capacity in relation to the health promotion workforce and workforce planning strategies be developed.
8. Access to educational programmes should be made available for all those involved in providing health promotion in whatever capacity and at whatever level. This includes those who spend a small amount of time on this activity as well as health promotion specialists.
9. Senior positions should be filled with professionals who are qualified and skilled and have extensive experience of health promotion.

10. Health promotion strategies should be evidence based, underpinned by rigorous research, both quantitative and qualitative, and supported with robust monitoring and evaluation.
11. Positive health information should be collected and targets set.
12. Practitioners should be encouraged to join the Institute of Health Promotion and Education so that they can be supported and standards maintained and improved.

## References

### Health

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### **Health Promotion Topics (General)**

IHPE British Medical Journal letters and rapid responses. (Includes a range of health promotion topics)  
<https://ihpe.org.uk/bmj-rapid-responses/>

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Green J, Cross, Woodhall J, and Tones K. (2019) *Health Promotion. Planning and Strategies*. London: Sage.

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### **Important Future Publication**

Baybutt M, Kokko S, editors. *A handbook on settings-based health promotion*. New York: Springer, 2021; [forthcoming].

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