

Promoting Health

A Primary Health Care Approach

4th edition

Lyn Talbot
Glenda Verrinder

CHURCHILL
LIVINGSTONE



e|volve|resources
learning system

Promoting Health

The Primary Health Care Approach

fourth edition

Dr Lyn Talbot

Dr Public Health (La Trobe), RN, Grad Dip HlthSc, MHIthSc, La Trobe

Grad Cert Higher Education, La Trobe

Department of Health and Environment

School of Public Health

Faculty of Health Sciences

La Trobe University, Bendigo

Glenda Verrinder

RN, Midwife, Cert CHN, RDNS, Grad Dip HlthSc, LDCNV

MHIthSc, La Trobe

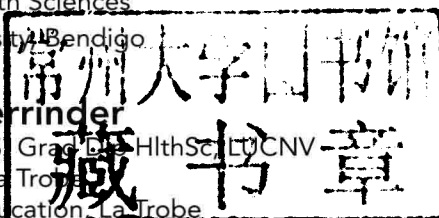
Grad Cert Higher Education, La Trobe

Department of Health and Environment

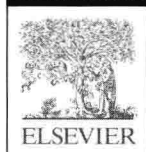
School of Public Health

Faculty of Health Sciences

La Trobe University, Bendigo



**CHURCHILL
LIVINGSTONE**



Sydney Edinburgh London New York Philadelphia St Louis Toronto



Churchill Livingstone
is an imprint of Elsevier

Elsevier Australia. ACN 001 002 357
(a division of Reed International Books Australia Pty Ltd)
Tower 1, 475 Victoria Avenue, Chatswood, NSW 2067

© 2010 Elsevier Australia

This publication is copyright. Except as expressly provided in the Copyright Act 1968 and the Copyright Amendment (Digital Agenda) Act 2000, no part of this publication may be reproduced, stored in any retrieval system or transmitted by any means (including electronic, mechanical, microcopying, photocopying, recording or otherwise) without prior written permission from the publisher.

Every attempt has been made to trace and acknowledge copyright, but in some cases this may not have been possible. The publisher apologises for any accidental infringement and would welcome any information to redress the situation.

This publication has been carefully reviewed and checked to ensure that the content is as accurate and current as possible at time of publication. We would recommend, however, that the reader verify any procedures, treatments, drug dosages or legal content described in this book. Neither the author, the contributors, nor the publisher assume any liability for injury and/or damage to persons or property arising from any error in or omission from this publication.

National Library of Australia Cataloguing-in-Publication Data

Talbot, Lyn.

Promoting health : a primary health care approach / Lyn
Talbot, Glenda Verrinder.

4th ed.

9780729539241 (pbk.)

Includes index.
Bibliography.

Health promotion--Australia.
Primary health care.

Verrinder, Glenda.

613.

Publisher: Luisa Cecotti
Developmental Editor: Larissa Norrie
Publishing Services Manager: Helena Klijn
Editorial Coordinator: Sarah Botros
Edited and indexed by Jon Forsyth
Proofread by Brenda Hamilton
Cover design by Lisa Petroff
Internal design by Toni Darben
Typeset by TNQ Books and Journals
Printed by Ligare



The book has been printed on paper certified by the Programme for the Endorsement of Forest Certification (PEFC). PEFC is committed to sustainable forest management through third party forest certification of responsibly managed forests.

Promoting Health

The Primary Health Care Approach

fourth edition

Evolve – the Latest Evolution in Learning

Evolve provides online access to **free learning resources** and activities designed specifically to enhance the textbook you are using in your class.

Visit this website and start your learning Evolution today!

Login: <http://evolve.elsevier.com/AU/Talbot/promotinghealth/>

Evolve online courseware for *Promoting Health 4e* offers the following features:

For students and instructors:

- Case Studies – Additional Online Insights
- References
- Weblinks

For instructors only:

- Answer Keys - Answer Guide to Online Insights
- Question and Answer Keys – Additional Questions and Answer Guide to In-text Insights
- Answer Keys - Answer Guide to In-text Reflective Questions

Think outside the book...evolve.

Preface

During the 20th century average life expectancy at birth increased globally by almost 20 years. However this broad statement does not reflect the increasing disparities in life expectancy. In sub-Saharan Africa life expectancy has not improved at all in that time; in a number of Asian nations life expectancy has increased significantly in the last 30 years, in parallel with economic and political transformations in those nations. This point serves to emphasise the inextricable link between the health of populations and the social and political context of people's lives.

Since the previous editions of *Promoting Health*, there has been much more widespread acceptance of the significance of the social determinants of health as providing the main explanations for health disparities. The social determinants of health are now used to provide a rationale for public health strategic priorities internationally and for policy direction and expenditure in many nations.

While some would argue that there is sufficient evidence linking the social determinants of health with population health statistics, others argue that the links need further explication to provide strong rationale for new public health policy directions. This is a time of significant change internationally. It is a time of increasing awareness of the social and health impacts of globalised economic activities. It is a time of financial crises across nations which previously seemed impermeable to this threat. Food shortages have emerged as an international issue of major concern and a cause of unrest, and there is deep concern, but little action, about global climate change and its implications for human health and ecological sustainability.

Wherever and whenever action on the social determinants of health is needed, we argue that the concepts and skills presented in this text provide an essential toolkit for health promotion action.

Increasing disparities in access to the determinants of health continue to highlight how very important the principles of the Primary Health Care approach are and how vital it is that they continue to have a place in contemporary society. Primary Health Care philosophy continues to be relevant to health workers from all disciplines; it underpins all health promotion activities. There is an even more urgent imperative for action than previously existed.

We hope that this updated edition of *Promoting Health* will engage health workers from a broad range of disciplines and support them in their health promotion work as social and policy change agents and in their work in partnership with communities.

This edition further builds on the sound philosophical approach of the previous three editions. The order of the text is similar to the previous edition but two significant changes have been introduced: a new chapter (Chapter 3) has been included, dealing

with ecological sustainability and human health, and the previously combined chapter on social marketing and medical approaches to health promotion has been broadened and made into separate chapters. Current approaches and current policy initiatives have been updated. Health promotion frameworks introduced in previous editions have been strengthened and new examples from practice have been introduced. The key principles of Primary Health Care; equity, social justice and community empowerment underpin each section of the book. The Ottawa Charter for Health Promotion continues to provide a relevant and useful framework for promoting health internationally; we present this framework within an updated continuum of health promotion approaches. Each chapter concludes with a series of critical thinking questions which may be used to prompt personal reflection and broader reading about the issues raised in the chapter, or they could be used to guide group exploration in a teaching setting. In the practice-based chapters (3–9), this is supported by a series of rhetorical questions about practice issues, framed within the Ottawa Charter action areas. We have used the Ottawa Charter in this way to illustrate the argument we have made throughout the book, that the Charter is a relevant multi-purpose tool.

Lyn Talbot and Glenda Verrinder

Introduction

This new edition of *Promoting Health* affirms the universal applicability of using the Primary Health Care approach to addressing health issues for all forms of care and in all settings internationally. Once again, the specific focus of this text is the use of the Primary Health Care approach to health promotion. Health promotion is a fundamental component of Primary Health Care; the philosophy underpinning this approach remains as relevant now as it was when first endorsed by the World Health Organization in 1978, encompassed in the Declaration of Alma-Ata.

Primary Health Care was seen as a solution to the inadequate illness management systems which had developed. By providing a balanced system of treatment and disease prevention, through affordable, accessible and appropriate services, it was hoped that Primary Health Care would address some of the major inequalities in health observed both within countries and between countries. At the same time there was recognition that new health services alone were not the answer, and that a major reorientation was needed in the way in which we think about and act on issues which impact upon health. The same challenges remain before countries still, in providing equitable access to first line assessment and treatment for all members of their population. Since the Declaration of Alma-Ata, despite the rhetoric, the hard work and considerable expenditure, inequalities in health status within nations, even the most affluent ones, have increased; likewise inequalities in life expectancy between affluent and poor nations has also increased.

Primary Health Care remains much more than the provision of new health services. Central to Primary Health Care are Primary Health Care principles which should guide all action on health issues. It is the Primary Health Care principles which tell us *how* we should do what we do. The Primary Health Care principles emphasise social justice, equity and community empowerment. They emphasise using approaches which are affordable, and therefore sustainable. They emphasise the need to work with people, in order to enable them to make decisions about which issues are most important to them and which responses are most useful, and to work with other sectors and groups to address the root causes of ill health.

Since previous editions of *Promoting Health* there has been greater recognition that these root causes of illness, the social determinants of illness and health, need to be the focus of concerted effort in health service provision. Addressing the social determinants of health requires sound knowledge and skills of using health promotion strategies to foster wellbeing and prevent ill health. The Primary Health Care principles need to be applied at all levels of the health system and in every interaction between health workers and community members. Such a comprehensive approach is so much more than the

delivery of primary-level services. With the use of the term 'Primary Health Care' to refer to such services, the term is used throughout this book to reflect this comprehensive Primary Health Care approach.

The Ottawa Charter for Health Promotion, developed in 1986, enshrines the principles set out in the Declaration of Alma-Ata in a framework for health promotion practice. The Ottawa Charter practice framework has been reaffirmed time and again by health promoters worldwide, and continues to provide a relevant and comprehensive guide for professional practice in health promotion. Health promotion action to promote wellbeing and prevent illness must work to change the environments that structure health chances, as well as to help individuals to change those things over which they have control.

To undertake this action health workers need a broad range of skills not traditionally regarded as central to the health system. This book focuses on assisting health promotion workers, and those from a range of health disciplines who are doing health promotion work, to develop the competencies essential for health promotion practice using a Primary Health Care approach. It is designed to provide both a theoretical introduction and practical strategies for action.

Health promotion is not the responsibility of any one discipline in health or even of the health professions as a whole. Health promotion is everyone's responsibility. Health promotion is a broad-ranging activity which must be embraced by as many people as possible if it is to be effective. Much health promotion work occurs outside the health sector, and therefore requires the active involvement of people who would not regard themselves as health workers at all. Teachers, police, road safety workers, engineers, mediators, human rights investigators and many more play a central role in health promotion. Similarly, all health workers, no matter where in the health system they find themselves, have opportunities to promote wellbeing, whether it be to lobby for changes to reduce the socio-environmental dangers to health, to work to make health services more health-promoting settings, to assist individuals to learn about health-enhancing behaviour or to engage people meaningfully in the decision-making processes that affect their health.

Active participation by members of the community in all aspects of health promotion action is essential. They have a central role to play in forming partnerships with health workers and agencies in developing environments which are conducive to the health of that community.

Health promotion workers fulfil a range of practice roles, from policy advocacy, environmental advocate and providing communities with support to conducting health education, providing health information and conducting screening and surveillance activities on behalf of particular groups. Health promotion workers have roles as advocates for these communities and in advocating for a health perspective on issues outside the health sector which have an impact on health.

By virtue of these roles and challenges, health workers can take up a leadership role in the promotion of health. Multidisciplinary health associations, such as the International Union for Health Promotion and Education, the Public Health Association of Australia and the Australian Health Promotion Association, have an enormously important role to play, both in advocating for the health of the community and in modelling the effectiveness of a true multidisciplinary approach. The professional associations of the various health disciplines have an important role to play too. Each association has the opportunity as part of a multidisciplinary team to contribute to health promotion.

Many health workers find themselves taking on health promotion roles without thorough theoretical and practical preparation. This book will provide detailed practical guidance for students and practitioners new to the health promotion role. This book will encourage health workers to take up the challenge to work as health activists, to promote health in a way which enables communities and individuals to live their lives to the full.

If countries continue to support a burgeoning illness management system the costs to the health of the community will be immense. Inequalities in health status and access to appropriate health services will become even worse. If, on the other hand, the Primary Health Care challenge is taken up by all whose work impacts on health, as well as by community members who find their health being jeopardised by the circumstances in which they live, then the effect could be quite profound.

Throughout this book we use different terms to describe the workforce who are the focus of the book. They may be termed 'health workers' — a term that first came to be extensively used in the women's health movement, because it was regarded as a term which implied a more equal relationship between professionals and their patients or clients. We also use the term 'health professional' — this is a recognition of the reality in the workforce that health promotion activities are undertaken by workers whose primary qualification may be from a range of different disciplines. This term of address also recognises the blurring of inter-professional boundaries in community-based health practice, which has real benefits for clients and community members.

In this book the terms 'Majority world' and 'Minority world' are used. Majority world refers to the life experience for the majority of the world's population — about 80% of the people. Alternative but less accurate terms sometimes include 'third world' or 'developing nations'. These 80% of population consume about 20% of the world's resources. The changed terminology was advocated since the early 1990s in journals such as *New Internationalist* (www.newint.org) which regularly features articles and images from the perspective of the majority of humankind.

The term Minority world refers to the minority proportion of the world's population (around 20%) who consume around 80% of its collective resources (often referred to as the 'developed' or 'first' world). Nations of the Minority world dominate international economic decision-making and trade, and determine the extent of the inequity between nations worldwide. An example of this can be seen in the way Minority world events and preoccupations dominate news items. The terms 'third world' and 'developing nations' often suggest the nations are deficient and convey parochialism on the part of a smaller number of more dominant nations. Majority world is a much more positive statement, which gives scope to value unique cultures and social diversity.

Health promotion draws on many areas of expertise. This means that it is difficult to make the hard choices about what to examine, and in what depth, in a text of this size. In deciding which skills and issues need to be addressed in a book such as this, consideration has been given to which topics are usually examined in undergraduate education in health. For example, it is expected that readers will already have grounding in sociology, psychology and health and disease. Hence, a number of topics, including the structural basis of ill health, communication skills and health and disease processes, while referred to, are not examined in any great depth. Readers who are using this book without having previously examined these issues are encouraged to supplement their reading in these areas.

Similarly, dilemmas exist in deciding what examples from practice to use to illustrate important concepts. In this edition we have introduced more ‘real-life’ examples. We have drawn these from our own professional practice fields in our local geographic area. This has been done this on purpose, to illustrate the diversity and wisdom all around in health promotion. Rather than being parochial, the examples we use should encourage health workers to examine the practice around them and to draw on the wisdom and expertise of what’s working locally. We hope that these examples will encourage budding health promoters to become involved, by demonstrating that health promotion is already a meaningful part of a great many health workers’ practice.

Promoting Health is divided into nine chapters. Chapter 1 examines health promotion in the context of the development of Primary Health Care and the New Public Health movement. We discuss how the World Health Organization began a process of working towards achieving health for all of the world’s population. We review the development of this international policy process and the ‘drivers’ of current policy development. We provide a rationale for the continuing relevance and usefulness of Primary Health Care and the Ottawa Charter as key frameworks for health promotion practice. We introduce the social, environmental, cultural and psychological determinants of health and illness and the role that Primary Health Care and the New Public Health movement has in addressing health inequalities. We introduce conceptual diagrams which illustrate health promotion concepts and the importance of health promotion action. A revised and updated continuum of health promotion approaches for intervention is introduced.

Chapter 2 explores the concepts and values that underpin health promotion. The centrality of equity, social justice and community empowerment in the promotion of health, and directly addressing the determinants of health, are identified as fundamental issues for contemplation and action in public health. Given the importance of these issues, and some of the challenges they have presented, Chapter 2 presents other key concepts and values, raising a number of important questions that health workers will face as they grapple with the complexities of health promotion.

Chapter 3 is a new chapter written by Glenda Verrinder, who provides an overview of the interrelationship of changing conditions in the links between human ecology and health. The chapter highlights the growing risks to, and concerns about, human health, and provides strategies for action for change.

Commencing in Chapter 4 and continuing through the subsequent chapters in the book, each chapter relates to one approach to health promotion practice along the health promotion continuum introduced in Chapter 1.

In Chapter 4, the health promotion continuum focuses on examining the work to develop healthy public policy to create more supportive environments for health. Developing public policy lays the foundation for healthy living and offers scope for developing effective long-term change with wide-ranging impact on the determinants of health and illness. This chapter explores the key issues in the development of healthy public policy at a broad social level, a local/community level, and within organisations. It examines health promotion action when developing healthy public policy to create health-promoting environments.

In Chapter 5 we discuss ‘community action for social and environmental change’. The social environment is the focus for action, rather than the individual. The potential of community development approaches to address some of the structural issues that lead

to poor health is discussed. We examine the potential of community development as a way of working with communities, on issues they identify with, to achieve changes to the environment and enable community empowerment.

In Chapter 6 we emphasise the core skills of community assessment, based on sound public health research, essential to health promotion practice. We examine the continuous cycle of program development, from needs assessment through to evaluation. Research skills form the basis of the process and we outline the steps necessary to develop an effective program. Using these skills facilitates the development of a research base for health promotion in a way that both strengthens the relevance of health promotion work and enables health workers to be accountable for their practice. A broad range of approaches can be used which are grounded in Primary Health Care and there are clear relationships between the philosophical approaches and the methods used. Community engagement in the process is fundamental to the success of program development and evaluation.

Education plays a central role in health promotion and in Chapter 7 we review some of the principles of education for health, and consider the particular approaches to education that sit most comfortably with the Primary Health Care approach. In this edition, strategies for safeguarding cultural safety and using indigenous pedagogy in health education have been included.

In Chapter 8 we move further along the continuum and discuss social marketing approaches to health promotion. Social marketing skills are an essential component of the health promotion workers' toolkit when used to complement community-based sustainable approaches to enhance health. In this chapter we also provide some critique of social marketing.

In the final chapter, Chapter 9, we move to the far end of the health promotion continuum and examine some of the medical approaches to health promotion. These approaches are focused on disease, and control over health promotion is maintained by health professionals. Medical approaches to health promotion are an important part of health promotion action, but we argue that by only addressing those illnesses, we risk perpetually attempting to address the end result of the problem instead of addressing the root causes of the diseases themselves or the social conditions that perpetuate disease and other suffering.

In each chapter we have included a number of questions for reflection, drawing on some of the important dilemmas for practice and challenges for health systems that have been raised in the chapter. In the practice-based chapters 4–9, these reflective questions are framed in the action areas of the Ottawa Charter. The use of the Charter in this way illustrates its direct applicability to health promotion practice, and assists the health worker to think broadly but strategically about practice challenges, and helps to keep Primary Health Care philosophy at the forefront, even when it may be more expedient to make decisions 'for' a community.

Additional reflective questions, insights and relevant weblinks are available on the Evolve site accompanying our text. These have been designed to encourage the student's active learning and assist lecturers with in-class discussions. An answer guide to all in-text questions has also been provided to instructors on the site.

The purpose of texts such as *Promoting Health* is to set out the core principles to guide health workers in health promotion practice. In doing this we have described an 'ideal' set of circumstances and ways of working, which are much more difficult to put into practice than they seem. We have taken a more global perspective in the early

chapters, and included content of specific relevance to the health promotion workforce in New Zealand and Australia. We encourage you to read widely and examine the great many other examples currently available, and to work with your colleagues to develop your own ways of practising.

The emergence of Primary Health Care and the New Public Health movement has provided us with a strong framework for health promotion, within which health workers, policy-makers and members of the wider community can work together. The opportunity exists for all those whose work impacts on health to take up the challenge of working in such a broad health promotion framework. We hope that this book reflects the spirit of Primary Health Care, and that it will contribute to our growing understanding of how to work to promote the health of our communities, both local and worldwide.

Acknowledgments

In completing this fourth edition of *Promoting Health*, there are a number of people whose contributions must be acknowledged. Andrea Wass wrote the first and second editions of this book and we pay tribute to her work and acknowledge the contribution of others to those editions, and subsequently to the third and fourth editions.

The reviewers of the fourth edition took considerable care in reviewing the manuscript and we thank you for your thoughtful comments and recommendations.

Thanks are extended to the students and practitioners who have contributed to the discussion and refining of many ideas presented in this work, and who have participated in ‘field testing’ some of the material. Thanks are also extended to practitioners who have provided examples drawn from their practice.

We are grateful to our colleagues in the Department of Health and Environment at La Trobe University, Bendigo campus, for their ongoing support.

Thank you Emma Patten for checking our references and for assisting in the development of the supporting material for the Elsevier website, Evolve.

The path has been smoothed by red wine, chocolate and the ongoing support of the special people in our lives, in particular Adrian, Lizzy and David.

Finally, we would like to thank Elsevier for inviting us to write the fourth edition and in particular, Debra Gooley, Sabrina Chew, Luisa Cecotti and Larissa Norrie, for supporting us throughout the process, and to Jon Forsyth for his care in editing and project management.

Reviewers

Jill Clendon PhD, MPhil (Hons), BA, RN, MCNA (NZ)
Academic Staff Member
School of Health and Social Sciences
Nelson Marlborough Institute of Technology, New Zealand

Frances Doran PhD, Masters Social Science, Bachelor Social Science, Dip education,
Grad Cert Higher Education, RN
Lecturer and International Coordinator
School of Health and Human Sciences
Southern Cross University, Australia

Helen Malcolm RN, BN, MN (Distinction)
Lecturer and Director of the BN Honours Programme
School of Nursing
Faculty of Medical and Health Sciences
University of Auckland, New Zealand

Diana Messum MHP, BA Hons(Psych), GCert H Ed
Head of Program Postgraduate Health Science and Public Health
School of Biomedical and Health Sciences
University of Western Sydney, Australia

Karen Thomas RN, BSc(Nsg), BA(CHN), PGDipManagment, MN, MRCNA
Lecturer in Community Health Nursing
School of Nursing & Midwifery, Curtin University of Technology, Australia

Contents

	Preface	vii
	Introduction	ix
	Acknowledgments	xv
	Reviewers	xvi
Chapter 1	Health promotion in context: Primary Health Care and the New Public Health movement	1
Chapter 2	Concepts and values in health promotion	35
Chapter 3	Ecological sustainability and human health	73
Chapter 4	Healthy public policy, settings and supportive environments	92
Chapter 5	Community action for social and environmental change	125
Chapter 6	Building capacity for health promotion: program development and evaluation	151
Chapter 7	Education for health	197
Chapter 8	Social marketing approaches to health promotion	230
Chapter 9	Screening, risk assessment, immunisation and surveillance	249
New directions	Where to from here?	259
Appendix 1	The Declaration of Alma-Ata	262
Appendix 2	The Ottawa Charter for Health Promotion	265
Appendix 3	Universal Declaration of Human Rights	270
Appendix 4	The Earth Charter	275
	References	281
	Index	301

CHAPTER 1

Health promotion in context: Primary Health Care and the New Public Health movement

There are many factors that influence health and illness. In this chapter the determinants of health and illness will be outlined and we will review the development of the World Health Organization's policy process to achieve Health for All. The conceptualisations of health and illness and the responses of individuals, communities and countries are socially constructed. The role that Primary Health Care, the New Public Health movement and health promotion play in achieving the goal of Health for All will be discussed and a continuum of approaches to promote health will be introduced.

There are major disparities in the health of people around the world, with serious differences in life expectancy between people living in various countries, as well as differences between groups of people within countries. Over the last 50 years, average life expectancy at birth has increased globally by almost 20 years; however, social and environmental changes in recent years have contributed to life expectancies in some of the poorest countries collapsing to half the level of the richest countries (WHO 2006). Emerging diseases affecting physical, social and emotional health are experienced differently, unequally and inequitably. Some people experience better access to health and other resources than ever before but many do not. There are sufficient resources worldwide to meet the challenges in health inequalities but 'many national health systems are weak, unresponsive, inequitable — even unsafe' (WHO 2006).

There are many terms used to describe the position of countries worldwide. Currently, the descriptors are tied to economic status such as 'developed' or 'developing'. Similarly, 'first world' and 'third world' have been used for many years. 'Developed' countries are relatively rich and have a strong industrial base. The 'developing' countries are neither rich nor have a strong industrial base. In this book we will use the terms the Majority world and the Minority world because they provide a meaningful description of how the world is divided up now. The majority of the world's people are not rich but there is a minority of people who are. The United States of America (USA) for example is a very rich and powerful country and part of a small minority in the world. Bangladesh is very poor and part of the large majority in the world. However, within both of these countries are people who belong to the Majority world and Minority world.