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PART 1

Health promotion fundamentals

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Introduction

Health can be influenced by many different factors, some of which individuals can control and many of which they cannot. Individual health is not the result of simply eating well and exercising. These things are important, but they are a small part of a much larger system of influences in almost every aspect of our lives. Health promotion has a vital role in ensuring that people are able to take control of their health, and to advocate for health in places and policies. This means that a variety of opportunities and mechanisms are available for communication within this landscape.

This chapter begins with a brief overview of what constitutes health and how health can be influenced by contextual factors, using examples from within Australia. It then describes the guiding frameworks of health promotion and how these are applied to address health challenges. The chapter concludes with a preliminary exploration of how communication can support the achievement of desired health promotion goals.

What is health?

Health as a concept has been described since the times of ancient Greek, Indian and Chinese medicine (Svalastog et al., 2017). There are many different perspectives of health; however, most share similar elements, namely the absence of disease and physical and emotional wellbeing supported by the physical and social environments. The World Health Organization's (WHO) definition of **health** was articulated in 1948 and remains commonly accepted. It is a broad, all-encompassing definition that outlines the scope of areas in which health can be influenced, but it does have limitations. Sociologist Aaron Antonovsky (1979) explicitly rejected the WHO definition in his book *Health, Stress and Coping*, arguing that health and wellbeing are not the same thing; rather that health is part of wellbeing (Mittelmark & Bull, 2013). The European-influenced notions of mental health and mental illness, for example, can be too narrow to accurately reflect 'wellbeing' in some cultures (Dudgeon et al., 2017). In Australia, Aboriginal and Torres Strait Islander peoples consider health to be the physical, social, emotional and cultural wellbeing of the whole community. As each individual in the community achieves their full potential as a human, the wellbeing of their community is enhanced (National Aboriginal Community Controlled Health Organisation (NACCHO), 2011). Gee and colleagues (2014) developed the Social and Emotional Wellbeing framework to illustrate the factors that comprise Indigenous social and emotional wellbeing. There are seven interrelated and overlapping domains: body, mind and emotions, community, family and kinship, culture, Country and spirituality (Dudgeon et al., 2017). The relationship between these and the individual is shown in Figure 1.1. It is important to note here that the 'conception of self is grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community' (Gee et al., 2014, p. 57). This is different from a Eurocentric perspective, which tends to be individualist and therefore focused on the goals and rights of the individual person. Culture and community are also intrinsic to Māori culture (see Case study 1.1).

Health – 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 1948)

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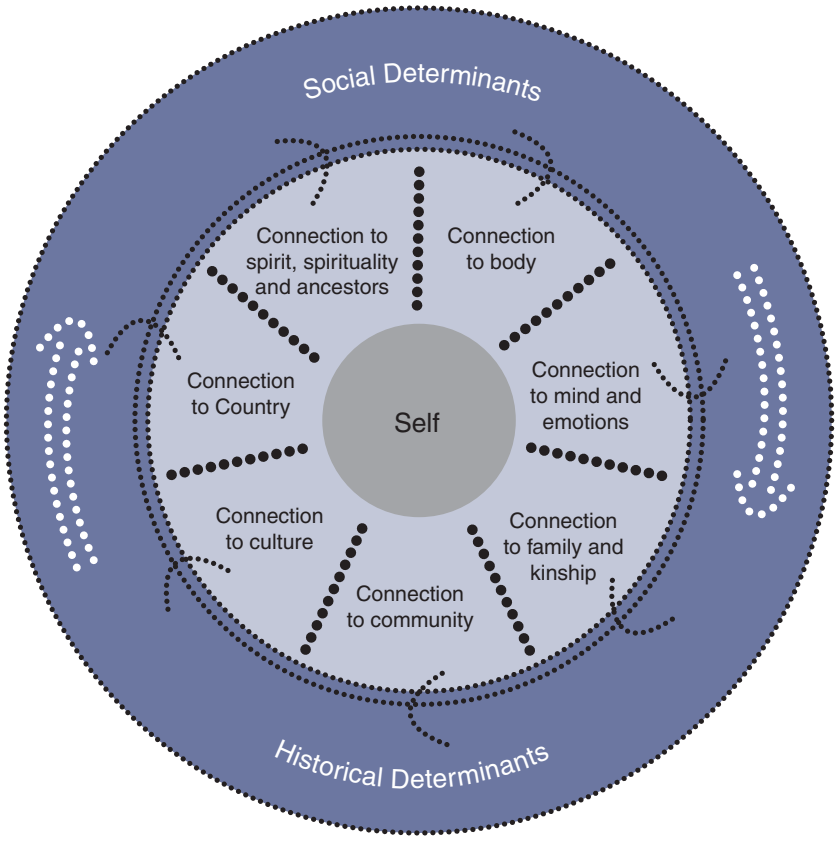

Figure 1.1 Domains of the Social and Emotional Wellbeing framework

Source: Dudgeon et al. (2017, p. 317).

CASE STUDY 1.1 Indigenous knowledge in Māori health promotion

Christina Severinsen and Angelique Reweti

Rangatahi Tū Rangatira – whānau led health promotion in Aotearoa New Zealand

Rangatahi Māori, the indigenous young people of Aotearoa New Zealand, is the fastest-growing population group in the country (Sokratov & O'Brien, 2014). However, research shows that *rangatahi* consistently experience significantly poorer health outcomes compared to *Pākehā*/non-Māori young people (Sokratov & O'Brien, 2014; Williams, Clark & Lewycka, 2018).

Rangatahi Tū Rangatira (R2R) is a nationwide health promotion program that gives *rangatahi* and their *whānau* (wider family) opportunities to engage in physical activity while learning about *whakapapa* (ancestry) and their identity as Māori (Kōkiri Hauora,

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2016). The program is based in *tikanga* Māori (values and practices) and aims to increase *rangatahi* participation in physical activity through *ngā taonga tākaro* (Māori ancestral games) (Severinsen & Reweti, 2019). Unique to the program is its emphasis on developing the total wellbeing of *rangatahi,* including strengthening *whānau* ties, developing leadership skills and promoting cultural awareness and pride in being Māori (Severinsen & Reweti, 2019).

Measuring the effect of R2R

The R2R program has been assessed using a *whānau ora* (holistic) framework, which includes the following outcome areas: *whānau* self-management, healthier lifestyles, increased community participation, increased resilience and increased participation in *te ao* Māori (the Māori world).

Whānau self-management is about *whānau* being able to build capacity to determine their own pathways (Durie et al., 2010; King et al., 2014; Te Puni Kōkiri, 2015). Although the focus of the R2R program is working with *rangatahi*, *whānau* are integral to the equation, with *whānau* participation reflected in *rangatahi* sharing what they have learned in their homes.

The evaluators found *rangatahi* were 'living more active lifestyles' with increased motivation and desire to succeed, not only in their physical pursuits but also outside of the program activities (Severinsen & Reweti, 2019). 'Increased community participation' is recognised as a crucial component in *whānau* wellbeing (Durie et al., 2010; Baker et al., 2012; King et al., 2014). This was demonstrated in *rangatahi* becoming more engaged in their local community through improved knowledge of different services and how to access them.

'Increased resilience' is reflected in how the R2R program helped to facilitate a sense of identity and belonging among participants. Developing *mana* (respect, control and intrinsic value) (Pere, 1997), spiritual vitality and self-esteem through engagement in sports, recreation and community events enhances *whānau* resilience, helping them to become proactive in overcoming adversity and challenges experienced in their day-to-day lives (Baker et al., 2012; Boulton & Gifford, 2014; King et al., 2014).

'Increased participation in *te ao* Māori' is reflected in how the program uses the Māori language and *tikanga* to empower *rangatahi* and *whānau*. Access to *te ao* Māori facilitates the building of a secure cultural identity, which is correlated with good health outcomes for *whānau* (Henwood, 2007; Durie et al., 2010; Irwin et al., 2011).

The importance of culture

Empowering *rangatahi* and *whānau* through the use of *tikanga* Māori and the normalisation of *te reo* Māori were important aspects in the overall success of the program. Communication methods used in the delivery of this program also recognised the importance of using *kaihapai* (program facilitators) from within the community

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in which the program is being delivered. This included tailoring the program to the specific area and providing opportunities for *rangatahi* to go out into their *rohe* (area) to learn about their *whakapapa* and their *iwi* (tribe).

Source: Adapted from Severinsen & Reweti (2019).

QUESTIONS

1. How can a *whānau*-centred approach improve outcomes for health promotion?
2. What wvould a program grounded in indigenous knowledge look like?

Regardless of the perspective or definition, the factors that influence health are many and complex, and there are some that are more important than others. The Ottawa Charter for Health Promotion, which is discussed later in this chapter, outlines the prerequisites for health – without the following basic prerequisites, improvements in health are not possible:

- peace
- shelter
- education
- food
- income
- a stable ecosystem
- sustainable resources
- social justice
- equity (WHO, 1986, p. 1).

Reading through this list, many of these factors transcend what would be considered the remit of a health department, as later sections in this chapter show. This is where other policy areas such as transport, environment, public works, education and finance can contribute. Policies and initiatives from a range of people, places and organisations can influence health. All of these work together within **public health**, and health promotion works to support the achievement of public-health goals by empowering and 'enabling people to increase control over, and to improve, their health' (WHO, 1986, p. 1).

Public health – an interdisciplinary field that draws upon a range of knowledge to implement solutions to prevent disease and promote health in populations at the local, national and international levels

Public health plays a vital role in assessing and monitoring the health of populations. Based on available information and evidence, public-health professionals develop responses and interventions to address the identified needs of communities. These responses and interventions can take a range of forms, but the primary focus of public health is that of prevention. Prevention can occur at three levels and may take a variety of forms. Primary prevention is focused on preventing disease or injury from occurring (Liamputtong, 2019). It can involve laws and regulations on the use of safety equipment, public awareness campaigns such as the risks of driving under the influence of alcohol or other drugs, and a combination of approaches (e.g. laws against drug driving that are reinforced by financial and/or criminal penalties). It can also include policies to ensure access to healthcare services and facilities. Secondary prevention is used to minimise negative outcomes when problems are detected (Liamputtong, 2019). This includes screening and testing programs to detect, for instance, cancers or scoliosis in at-risk

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populations. Tertiary prevention aims to minimise the extent of the negative outcomes of disease or injury through medical care and rehabilitation services (Liamputtong, 2019). Health promotion is involved in each of these types of prevention in public health and can work with diverse stakeholders, as later chapters in this book will explore.

Public health policies and services may go completely unnoticed by society as they focus on preventing ill health; this makes their outcomes difficult to measure (Public Health Association Australia (PHAA), 2018a). Public health measures such as sanitation, water fluoridation and laws mandating the wearing of seat belts are commonplace in Australia. They are part of our day-to-day 'norm', so we may not recognise their effects on our health, or the policies may not appear to be health-related. For example, education is compulsory until at least the age of 15. This is actually a powerful public health policy that operates as a means of primary prevention. Research has shown that education has 'direct effects … on health outcomes and on the health behaviours that lead to health outcomes' (Feinstein et al., 2006, p. 174), a statement supported by evidence from around the world (Fonseca, Michaud & Zheng, 2019). For example, when girls complete their education they have increased job prospects, they delay having children and, if they do choose to have children, are better able to provide education and health care for them (World Bank, 2017). However, like most things related to health, education does not exist in a vacuum, and there are social, environmental and economic influences on health – known as 'determinants' – that cannot be ignored.

Determinants of health

Determinants – the factors that influence health, including social, cultural and structural factors, which can be found at the community, country and global levels

The Public Health Association of Australia (PHAA) describes **determinants** of health as 'the range of social, ecological, political, commercial and cultural factors that influence health status' (PHAA, 2018b, p. 1). Determinants can operate within a community, a country and, potentially, globally (Marmot, 2017). There are many different types of determinants: the social determinants tend to be the ones highlighted most frequently, likely because they 'are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life' (WHO, 2019a, para 1). The wider forces and systems include the other determinants listed in Table 1.1.

The relationship between social, ecological and cultural determinants is explored in greater detail in later chapters of this book. The political and commercial influences on health may seem more tangential, but they can be profound (see Case study 1.2). Policies and legislation can also have a potentially strong influence on people's ability to access care. For example, the International Covenant on Economic, Social and Cultural Rights outlines the 'right of everyone to the enjoyment of the highest attainable standard of physical and mental health' (United Nations, 1976, Article 12, p. 4) and identifies four steps needed to ensure the attainment of this goal, including reduction of still-births and infant mortality; provision of sanitation; prevention, treatment and control of all forms and sources of disease; and the creation of conditions providing everyone with access to medical services in the event of illness. Signatories to the covenant therefore agree to put these conditions

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Table 1.1 Overview of the determinants of health

Determinant factor	Description	Examples
Social	Places, forces and systems that shape the conditions of everyday life and are the source of health inequities.	Housing Social support Employment Food
Ecological	Human survival relies on the diversity of other life forms and ecological systems. The environments we build should not come at the cost of the natural environment.	Clean water Oxygen Green spaces Fertile soil to grow crops for food Climate
Political	Legislation and policy can often determine the extent of the effects of the other determinants. Ideologies, competing powers and agendas all affect health within different political systems and processes.	Taxes Social security benefits Public services
Commercial	These are closely linked to the political determinants and relate to the rise in non-communicable diseases created by the private sector through promotion of products such as tobacco, alcohol and foods high in salt, fat and sugar.	Opposition to plain packaging, sugar reduction (sugar tax) Lobbying Social corporate responsibility programs that distract or deflect negative practices (see Case study 1.2)
Cultural	Factors that promote resilience, foster identity and good mental and physical health and wellbeing. Determinants are consistent with the UN Declaration on the Rights of Indigenous Peoples.	Ancestry Connection to land Kinship Protection and promotion of Traditional Knowledge Individual and collective rights

Source: Adapted from PHAA (2018b).

in place, with varying levels of progress and success within and between countries. In Australia, Queensland has taken the fourth step in the covenant further in its human rights legislation. Section 37 of the *Human Rights Act 2019* (Qld) states that every person has the right to access health services without discrimination and that no-one can be refused emergency medical treatment necessary to prevent death or serious impairment. This is the only legislation in Australia that protects the rights to health services (Queensland Human Rights Commission, 2019).

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CASE STUDY 1.2 Foundation for a smoke-free world

Tobacco use kills over 7 million people around the world each year, with a further 1.2 million people dying from exposure to second-hand smoke (WHO, 2019c). In September 2017, one of the largest tobacco companies in the world – Philip Morris International (PMI) – announced the establishment of the Foundation for a Smoke-Free World (FSFW), with close to US $1 billion of funding. The FSFW is led by Derek Yach, the former head of the WHO's Tobacco Free Initiative.

FSFW's mission is 'to end smoking in this generation' (FSFW, 2019, para. 1) and it aims to do this by funding research and promoting innovation and collaboration to create initiatives to reduce death and disease caused by smoking.

There are three 'core work pillars' in FSFW:

- *Health, science and technology:* to develop effective tools to support smoking cessation or conversion to tobacco harm-reduction products such as e-cigarettes
- *Agriculture and livelihoods:* to diversify economies that rely on tobacco production, especially in developing countries
- *Industry transformation:* to deliver change across the tobacco industry globally, including actions taken by the industry to undermine progress towards a smoke-free world.

FSFW offers grants to support researchers and other partners in producing work in support of these pillars.

FSFW'S website states that the initial funding came from PMI but stresses that it 'must operate completely independently from PMI and cannot engage in activities designed to support PMI's interest' (FSFW, 2019, para. 7).

Credible or cunning?

The global health community is sceptical about the true intentions of the FSFW (Malone et al., 2017). Understanding how FSFW allocated its funds was not possible until the foundation filed its first tax return in 2018 (Legg et al., 2019). Those numbers tell an interesting story: of the US $80 million annual budget contributed by PMI, US $6.46 million went to research grants, with another $19 million or so allocated to approved grants, US $7.03 million spent on staffing and US $7.59 million on communications, mostly fees for engagement of public relations agencies (Legg et al., 2019). Approximately US $47 million dollars remains unspent, which may indicate that the FSFW is having trouble attracting independent researchers who are willing to conduct research using money from the tobacco industry (Legg et al., 2019).

FSFW uses many different forms of public communication, including a website, blog, newsletter, public events and social media. Any research centre wanting to address a global issue such as tobacco harm clearly needs to communicate information and research findings to a wide audience, so the use of a public relations agency to assist in such tasks is entirely conceivable. However, two of the main public

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