Towards a more unified definition of health promotion

Peter Howat, Bruce Maycock, Donna Cross, Jenny Collins, Linda Jackson, Sharyn Burns and Ross James

Prologue
Health promotion continues to suffer an identity crisis. Friends, acquaintances and politicians can easily understand our professional role when they inquire if we are nurses, doctors or physiotherapists. However, explaining what we do for a living is a challenge for many health promotion professionals. With a short history of only a couple of decades it is understandable that health promotion has a range of interpretations. Despite this apparent constraint, it has become well established as a professional entity throughout the world. ‘Health promotion’ is incorporated into job titles, funding organisations, book and journal titles, conferences, health departments, university departments, academic courses and intervention programs. To date no universally accepted alternative concept has emerged to replace ‘health promotion’. Indeed, it is unclear if the replacement of health promotion with some other term such as health development or population health is likely to provide any benefit. A solution may be for each of us involved in the profession to critically examine the definitions we use and try to move towards greater consensus. A consistent definition will help us to clearly describe our work to family, friends, the general public, other health professionals and politicians, and to define the contribution of health promotion to public health.

Abstract
Issues addressed: Health promotion continues to be constrained by the lack of a consistent, clear and useable definition.

Discussion: The authors reviewed definitions of health promotion from the international literature and cross-referenced them with the national health promotion competencies and current health promotion practice. The key elements of the most widely used concepts of health promotion have been incorporated into a single definition. A case study has been used to illustrate its practical nature.

Keywords: Health promotion, definition.

So what?
A clear definition is essential for providing guidance to the scope and nature of health promotion for health promotion practitioners, researchers and their clients. The definition can facilitate planning, implementing and evaluating interventions. In addition, the credibility of health promotion as a professional entity will benefit from a definition that describes uniformity of action.

This brief paper is presented to generate discussion among the HPJA readership about the scope and nature of health promotion in an attempt to establish some consistency in the way it is defined.

Introduction
The lack of consistency in the use of the concept of ‘health promotion’ continues to hinder the evolution of health promotion as a credible professional entity or distinctive discipline in Australia and worldwide. This fragmentation promulgates the confusion among health professionals, politicians and the general public alike as to what constitutes health promotion practice.

Constraints that arise from this situation include:
- Other health professionals being unclear about our role in the health system, as well as being unclear about their role in carrying out health promotion.
- Politicians, especially government members, being unclear what it is we want them to support when we lobby them for more resources for health promotion.
- The general public being unclear when we encourage them to participate in the planning and implementation of health promotion initiatives.

Health Promotion Journal of Australia 2003;14:82-5
There have been many attempts to describe the nature and scope of health promotion. Some of the more recent discussions posit health promotion in such broad terms that the boundaries or focus of it as a component of public health could become further confused. In contrast, a recent Australian report expresses a concern about a gradual erosion of the concept of health promotion. The author refers to examples in England and Australia of "… a discernable narrowing of the meaning of the term, and in some cases its complete disappearance". She indicates that there seems to be a shift in the use of the term health promotion to specifically denote social marketing and lifestyle change programs. Public policy and structural actions are being ignored in the concept.

This lack of uniformity can be attributed to several reasons including:

- Until recently, many people working in health promotion came from multidisciplinary educational backgrounds. Today, an increasing proportion of the health promotion workforce in industrialised countries such as Australia has tertiary qualifications specific to the area.

- Traditionally, most health professionals who carry out some health promotion as an adjunct to their core professional duties had received little formal training in health promotion. This, too, is changing with an increasing proportion of health professional training now incorporating health promotion studies (e.g. nursing, medicine, and occupational therapy).

- Health promotion has evolved at varying rates in different regions of the world. Today it is well developed in Australia, New Zealand, Canada, several European countries including the United Kingdom, and the United States, but is still in its infancy in many other countries.

- Differing standards of health and vastly differing priorities have determined vastly differing foci for health promotion from region to region. Intervention approaches have therefore varied substantially.

In some countries, the concepts ‘health education’ and ‘health promotion’ are used interchangeably. The main difference between the two concepts is that the former refers to any educational strategies that attempt to bring about health-related changes. On the other hand, health promotion is regarded as a process involving a combination of strategies. Health promotion actions usually involve some element of health education. Even when the main health promotion outcome is a change in law (political action), it has often been preceded by education of the public to advocate for the change, and education of politicians who pass the legislation.

**Health promotion definition**

The following definition has been used in Western Australia for several years and reflects the combination of strategies widely used in effective health promotion practice throughout the world. It has evolved during a period of almost two decades from reviews of definitions on health promotion from the international literature, cross-referenced with the national health promotion competencies and current health promotion practice.

Its main components are consistent with the Ottawa Charter and the Jakarta Declaration and is influenced by the most eminent European and North American sources. Rather than formulating a completely new definition, it is contended that adapting universally used components of existing definitions is more appropriate. Hence, the overall definition presented below is based on that of one of the world’s eminent health promotion scholars, Lawrence Green. Green’s definition has been reworded and extended to ensure that consumer...
participation and their control over their own health are highlighted as intentions of the health promotion process, as stressed by the World Health Organization.¹⁵,¹²

Health promotion can be regarded as a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes.

Case study: The Curtin University staff health promotion program

To illustrate the definition of health promotion (see Figure 1) an example is taken from the Curtin University staff health promotion program. The program’s objectives include the creation of a healthy environment and providing opportunity for health-enhancing behaviours such as those relating to diet, physical activity, alcohol, tobacco and other drug use, and stress reduction.¹³ This case study focuses specifically on a program objective to increase the amount of physical activity undertaken by the 3,000 staff employed by the university.

Health education for behavioural change includes providing information to staff related to physical activity and health via newsletters (electronic and mailed copies), brochures, emails, displays, etc. Health education for structural change includes the provision of information about the benefits of physical activity to senior management staff that have been responsible for supporting the program with resources. This education or lobbying of these senior staff ensured that the program became incorporated as part of the staff employment enterprise bargaining agreement, which includes a ‘time off work’ policy. This is also an example of political actions incorporating advocacy.

Organisational actions include allowing staff to take up to two hours per week of work time to participate in program activities providing the time is matched by their own time such as before or after work or lunchtime participation. Another example is a varied program of physical activities (e.g. dance, volleyball, wayball, walking, weight training, yoga) offered at times that best suit staff.

Economic actions include providing physical activities at subsidised cost to staff. Payment for some activities such as fitness centre membership can be undertaken via salary packaging.

The effect of this combination of strategies is to bring about attitudinal and behavioural change (i.e. increase exercise levels among staff), as well as social (e.g. improved connectedness) and environmental changes (e.g. improved facilities and resources for physical activity) conducive to health (in this case, the health benefits of physical activity).

Finally, based on evidence from other programs, it is expected that these changes will ultimately result in improved health status (e.g. less risk of cardiovascular disease; improved mental health) of the participants.¹¹

This combination of strategies is an example of creating a supportive environment for the targeted behaviour (physical activity).

Since its inception in the late 1980s, the program has been designed and run by the staff (i.e. consumer participation) as an opportunity for them to increase control over their own health. Indeed, it was through concerns raised by the staff themselves (social mobilisation) that a program management committee was formed to develop a program to enhance their health while at work. This committee consisted of representatives from all major sections of the university. In addition, a network of advocates from staff groups was established by the program director. A continual interaction with this large number of ‘consumer representatives’ along with regular surveys ensures substantial consumer participation in the design and delivery of the program. This approach has also ensured sustainability of the program for more than a decade.¹³

This whole process illustrates a successful community development approach. Closely related to this has been substantial capacity building of staff to carry out program management and delivery tasks. ‘Community development’ and ‘capacity building’ are inherent to the definition of health promotion, presented above.

Discussion

As well as reflecting existing practice in health promotion, the definition is consistent with the recently identified competencies for the Australian health promotion workforce.¹⁷,¹⁴ The main processes of health promotion as subsumed in the competencies, especially those relating to needs assessment, planning and implementation, are reflected in the above definition.

The definition supports the WHO review of best practice, which emphasises a combination of strategies. The educational, organisational, economic and political actions comprised a range of strategies including health education for behavioural change, health education for structural change, social marketing, social mobilisation, and advocacy. While effective health promotion usually requires a combination of a number of these strategies, not all have to be present.

While not explicit, the definition also provides for the achievement of equity, social justice, participation, capacity building and self-determination. It recognises that health enhancement can occur at an individual or community level and can include changes within the individual’s immediate sphere of influence, or involve changes to the macro determinants of health.

The latter includes social determinants, which some of the
champions of social justice believe should be the overwhelming emphasis for health promotion with minimal attention given to specific health risk factors and health issues.\textsuperscript{15,16} We concur that urgent attention is required to deal with health inequalities.\textsuperscript{17} The evidence is clear, however, that both approaches are worthy foci for health promotion, with our definition accommodating them.\textsuperscript{2,18,19}

**Conclusions**

The concept of health promotion presented here is consistent with the process of health promotion undertaken by many groups and individuals throughout Australia. It is not a new definition but rather a recycling of well-proven concepts that can be illustrated with tangible examples. While it allows health promotion to be interpreted relatively broadly, it does so within reasonable boundaries. It also highlights that structural and policy actions are integral components of health promotion, rather than a simplistic notion of behavioral change alone. It is likely that any definition of health promotion will have some limitation. However, the sooner general consensus is reached on redefining health promotion, the sooner the boundaries can be set and the sooner the profession can move forward with greater clarity and confidence.

**Acknowledgements**

We acknowledge members of the Curtin University Health Promotion Advisory Committee, former and current students and colleagues, Dr Lawrence Green, Dr Marshall Kreuter, Dr Jim Frankish and Dr David Sleet for their contributions to the evolution of our concept of health promotion.

**References**

7. Shilton T, Lower T, Howat P, James R. Perceived variations in urban and rural health promotion competencies [Health Promotion Journal of Australia. In Press (Author: year paper accepted for publication??)]

**Authors**

Peter Howat, Bruce Maycock, Donna Cross, Jenny Collins, Linda Jackson, Sharyn Burns and Ross James, Western Australian Centre for Health Promotion Research, School of Public Health, Curtin University, Western Australia.

**Correspondence**

Dr Peter Howat, Western Australian Centre for Health Promotion Research, School of Public Health, Curtin University. GPO Box U1987, Perth, Western Australia 6845. Tel: (08) 9266 7997; fax: (08) 9266 2958; e-mail: p.howat@curtin.edu.au