
Health Promotion and Knowledge Transfer

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Ottawa Charter for Health Promotion - 1986



Definition of Health Promotion

- ❖ “the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter, 1986)



Key Features of Health Promotion

- ❖ Focus on enabling = participation, involvement
- ❖ Focus on determinants of health = broad social and living conditions
- ❖ Focus on strengths/assets = look for what people have, not what they lack
- ❖ Multiple strategies = combinations make it messy but work best



Focus on Enabling Control

- ❖ Empowerment
- ❖ Participation
- ❖ Social justice/equity
- ❖ Inclusion
- ❖ Respect

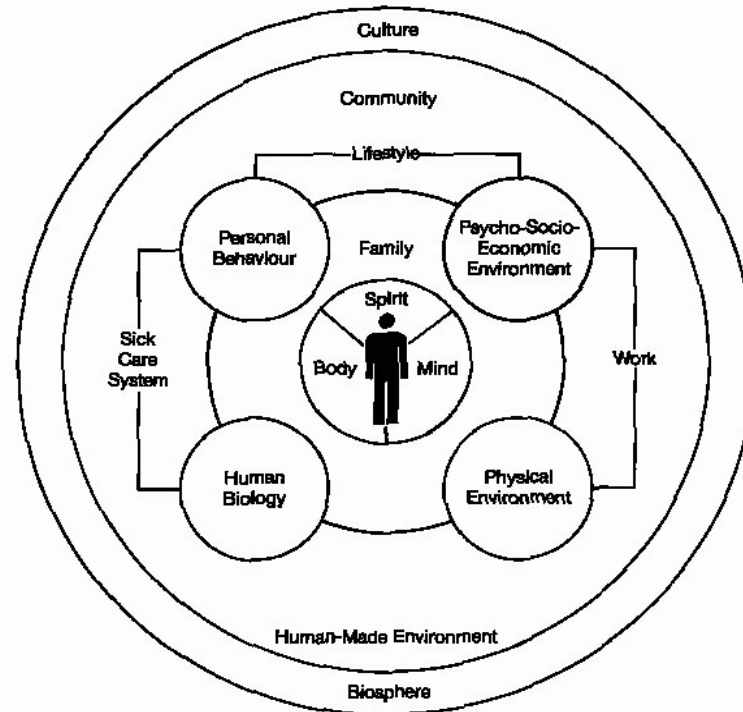


Prerequisites for Health

- ❖ Peace...shelter...education...
- ❖ Food...income
- ❖ Stable eco-system
- ❖ Sustainable resources
- ❖ Social Justice
- ❖ Equity



Mandala of Health — Hancock, Perkins et al



THE MANDALA OF HEALTH

A Model of the Human Ecosystem



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Focus on Strengths

- ❖ Look for positive
- ❖ Goal orientation rather than problem orientation
- ❖ Health (not disease)
- ❖ Look at capacity development rather than incapacity



Multiple Strategies

- ❖ Multiple strategies reaching many people
- ❖ Focused on individuals, families, groups, communities, populations
- ❖ 5 Ottawa Charter action areas plus intersectoral action, communications and other strategies work in combination



Action Areas for HP (1986)

- ❖ Building healthy public policy
- ❖ Creating supportive environments
- ❖ Strengthening community action
- ❖ Developing personal skills
- ❖ Reorienting health services



Importance of Values

- ❖ Health - optimal health for all
- ❖ social justice - fair distribution of resources, respect for diversity
- ❖ power sharing - participation, advocacy
- ❖ ecological respect & sensitivity
- ❖ Enrichment of individual and community life - including meaningfulness, social connections

(Adapted from IDM Manual - Kahan and Goodstadt, April 2002)



Key Differences – Related Terms

- ❖ ***Disease Prevention*** - disease focus, many same strategies
- ❖ ***Population health*** - focus on large data sets, population groups, and policy - less emphasis on individual and community change
- ❖ ***Health Education*** - focus on education and communication strategies & indiv behaviour change



Evolution of 3 Models

- ❖ Biomedical Model (since 1950s)
- ❖ Behavioural Model (after 1974)
- ❖ Socio-environmental Model (1980s)



Biomedical Model

- ❖ Re Diabetes
- ❖ Causes - hyperglycemia, family history, insulin resistance
- ❖ Data - blood sugar levels
- ❖ Treatment – anti-diabetic drugs to control blood glucose, diet, insulin therapy



Behavioural Model

- ❖ Re Diabetes
- ❖ Causes - lifestyle - diet, lack of physical activity, weight gain
- ❖ Data - food intake, levels of physical activity, weight
- ❖ Treatment - exercise, diet, weight loss or maintenance of healthy weight



Socioenvironmental Model

- ❖ Re. Diabetes
- ❖ Causes - living conditions, isolation, lack of social support, work conditions, culture
- ❖ Data - social support networks, access to food & health care
- ❖ Action - policy change, community development, development of social support



Alicee's Story - Biomedical

❖ Why is Alicee visiting the Nurse at the clinic?

She has a cut on her leg that got infected.



Alicee's Story - Behavioural

❖ How did she get a cut?

She fell on some sharp rocks.

❖ Why did she fall on the rocks?

She was sniffing gas and couldn't stand up properly.

❖ Why was she sniffing gas?

There was nothing else going on in her community and her friends urged her to try it.



Alicee's Story – Socioenv 1

- ❖ Why was there nothing for young people in the community?

There were few resources in the community and few adults who cared about young people.

- ❖ Why didn't adults care about young people?

The adults were unemployed and feel inadequate and depressed about themselves and disconnected from the community.



Alicee's Story – Socioenv 2

- ❖ But why were the adults unemployed and disconnected?

The mine closed 10 years ago and nothing has replaced it.

- ❖ Why did the mine close?

- ❖ . . .



HP & Knowledge transfer

- ❖ Focus on working with people to plan programs – using participatory methods
- ❖ Focus on action
- ❖ Focus on best practices and using evidence/research to make program decisions
- ❖ Focus on community capacity-building to plan and evaluate



Yukon HP Spring School

- ❖ Set up Committee in Yukon to plan event
- ❖ Yukon FN Health Commission has asked for training in SPSS, Excel, & evaluation
- ❖ School goes through planning steps and participants apply ideas to relevant issues in their own communities
- ❖ One step is to understand their own data & other sources of information.



Yukon HP Spring School (cont'd)

1. Pre-planning (who needs to work together)
2. Review of the situation (using data)
3. Setting goals & objectives
4. Identify actions (again use research)
5. Identify indicators
6. Implement and Evaluate



Next Steps

- ❖ Work with ARN offices in NWT and Nunavut about health promotion program planning & capacity-building that fits those communities
- ❖ Research about action sustainability in First Nations in the Yukon with the help of Jody & Norma and the ARN.

