Controversy: 2

Health promotion – caring concern

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Author's abstract

'Health promotion' has unfortunately come to mean different things to different people. Interpretations have frequently been left implicit and where spelt out have often been too diffuse or too limited to be useful.

Nevertheless the term can be usefully employed to define a set of health-enhancing activities in which the focus is deflected from current disease- and cure-oriented power bases. Used in this way health promotion can come to include the best of the developing theory and practice from a wide range of 'experts' but can also place due emphasis on community involvement.

To reject health promotion on the basis of selected, inadequate interpretations is to discard past successes, current developments and future possibilities in important fields of activity and to preserve an inappropriate status quo.

'Health promotion' has unfortunately acquired a number of different meanings, and indeed is often used loosely without any clarification of underlying assumptions or interpretations.

The term need not, however, be interpreted, as Gill Williams suggests in her paper, as 'a meaningless slogan which does not merit serious attention – much less, funding' or as a 'hard sell' technique. Certainly health promotion has at times been defined too diffusely: Nelson and Summers's definition cited by Ms Williams is by no means the worst example of this, for in some quarters the meaning has expanded so much that it has been taken to cover 'all activities that are meant to improve the health of individuals and communities' (1), and thus, by implication, to include all therapeutic endeavours. This is clearly too broad an interpretation to be of practical use.

On the other hand there are few people, at least in the UK, who would restrict the meaning of the term to the model of 'hard sell'. To do this implies a business-oriented definition of 'promotion' rather than the alternative notions of encouraging something's growth or development or increasing its importance.

Taking the non-commercial interpretations of

promotion together, the term health promotion can be usefully employed, with appropriate boundaries (outlined below), as covering a realm of activity which is different in emphasis from the current power bases in health services, which indeed transcends health services and other formally-provided services, and in which lay competence, the relevance of public opinion, the need for community involvement and the illusory nature of free rational choice are given due recognition. It can provide an alternative focus to the current preoccupations with disease rather than health, with 'cure' and 'care' rather than prevention and positive health-enhancement, and with high technology rather than fundamentals. The need for a new focus for health services, competing effectively for finite resources, has surely arisen less from demands for demonstrated effectiveness and efficiency than from the following factors:

1. Many major modern-day health problems are related to aspects of life-style and are potentially preventable.
2. Modern technology is a mixed blessing: comfort and convenience are accompanied by risks to health, such as occupational hazards, environmental pollution and the encouragement of a sedentary life-style.
3. Modern, high-technology, hospital-centred, interventive medicine is in a phase of diminishing returns.
4. Factors other than personal medical care (for example improvements in nutrition and living conditions, public health measures) have accounted for most of man's improvements in health and life expectancy (2).
5. The importance of iatrogenic disease has been increasingly recognised.
6. The social climate is changing. Growing public concern and demand for the attainment of a better quality of life are coupled with pressure for the demystification of medicine and the demedicalisation of health.

What, then, are the components of usefully delineated health promotion? Examination of the activities of established health promotion teams, such as those in the Wessex and West Midlands Regional Health Authorities, helps answer this question. Such scrutiny

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Health; health promotion; health education.

reveals the growing acceptance of the term as an 'umbrella' covering the overlapping fields of health education, prevention and attempts to protect the public health through 'social engineering' (for example through legislative or fiscal measures or institutional policies). This is both broad enough and narrow enough to meet the practical requirements outlined above.

Thus defined, health promotion is open to combining the best (in terms of theory and practice) that a wide range of 'expert' groups (such as educationalists, behavioural scientists and medical people) can offer. Non-professional experience, expertise and opinion can also be brought to bear on health issues, and 'victim-blaming' can be avoided. Important considerations to take on board include the following:

1. In the world of *medicine*, shortcomings in doctor-patient communication have been demonstrated time and again (3–8), and recognition has been given to the need for health education to cover 'national, regional and local policies and structures and processes in the wider environment which are detrimental to health' (9).
2. In the sphere of *education*, notably in school curriculum development, attention has been increasingly focused on health educational *process* rather than topics: value clarification, development of decision-making skills and fostering of self esteem and self empowerment are acknowledged as important (10–14).
3. *Community development* has emerged as an approach to health education (15–17), in which the community is involved in identifying its problems and in securing change to overcome these. The fostering of self esteem and self empowerment at community level is a central theme.
4. There is good evidence in favour of using *regulatory measures* aimed at securing a better environment and at making healthier choices easier choices.

In this model of health promotion it is important to incorporate the spirit of the World Health Organisation definition of health (18), so that it is seen to consist of interlinking physical, social and mental facets and to have a positive dimension.

The adoption of a 'positive' approach to health, within health education and other aspects of health promotion, helps overcome a number of objections raised in Ms Williams's paper. The problem of, for example, the advocating of different (and incompatible) diets for the prevention of different ailments can be eliminated by joint recommendations for a single health-enhancing diet. Also the burden of proof in terms of changes in health statistics is lessened and the importance of epidemiological uncertainty diminished: it is arguably enough to *feel* better *now* rather than to concentrate on speculative, intangible, deferred benefits in terms of disease prevention. In any

case positive health enhancement is likely to confer preventive benefits.

It is most improbable that the 'Cowleyesque' view of health promotion will become the main thrust in the UK in the foreseeable future. Indeed, on the basis of past experience, such an emphasis would be likely to be rejected as being excessively negatively-focused, pejorative and fear-provoking, and of very limited validity in this country.

Nevertheless there will be a place for the appropriate use of media-based marketing approaches in health promotion (19, 20), as a component of a balanced set of activities. The Scottish Health Education Group's recently launched 'hard sell' campaign 'Be All You Can Be' ought to meet with the approval of Ms Williams, in accordance with the cited suggestions of Katherine Mansfield.

Given the model of health promotion proposed here, the main tasks of health promotion teams will be to secure funds (for a poorly-primed pump cannot be expected to work) and to stimulate, develop, evaluate and co-ordinate health promotion activities. It is unlikely that health promotion will ever be open to the accusation of 'empire-building on a vast scale', and the task of co-ordination of relevant activities by the wide range of professionals at the 'sharp end' is an important and formidable one.

It is not helpful to select limited and defective definitions of health promotion and then tear them to pieces. To do this is to discredit and discard past successes, current developments and future possibilities in an important realm of activity. It also plays into the hands of those who wish to preserve the *status quo* of imbalanced health services in particular, and grotesquely distorted national priorities in general. Health promotion most certainly need not consist of 'slick salesmanship'; it can be a vitally important channel for 'caring concern'.

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