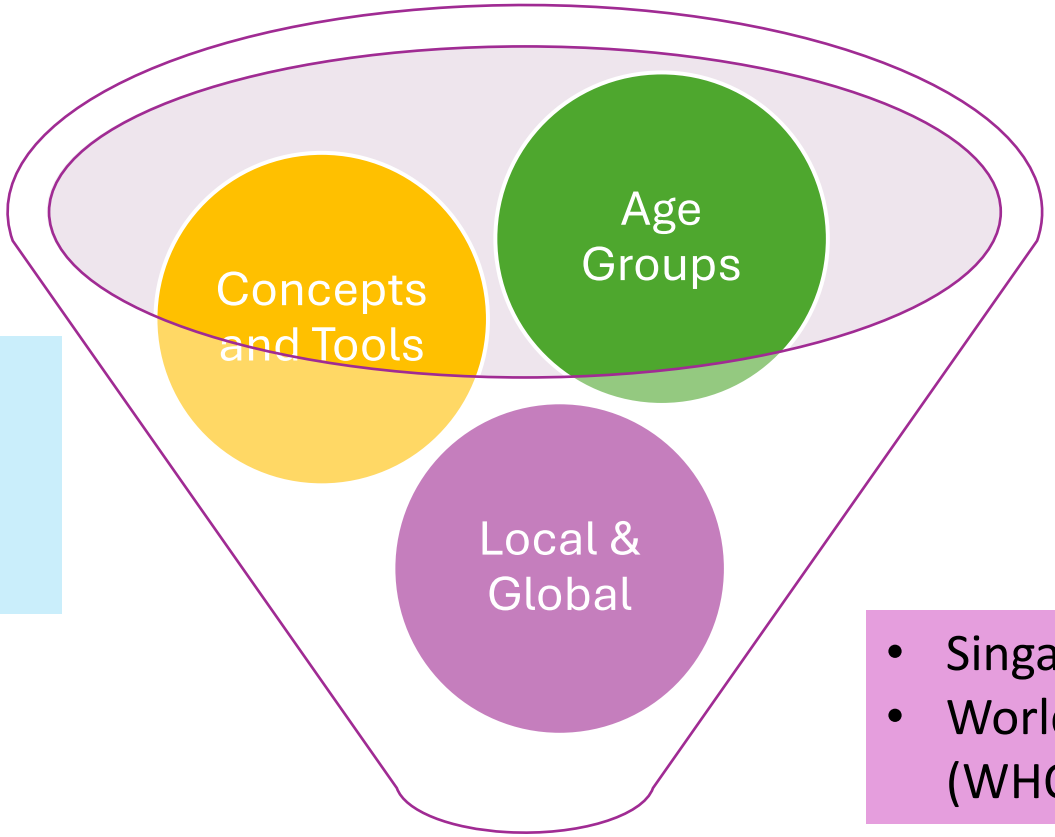
Lesson 1
Introduction to Health Promotion

S2450C Health Promotion

Overview

- Determinants of health
- Epidemiology
- Health Communication
- Social Marketing



- Children
- Youth
- Adults
- Seniors

- Singapore
- World Health Organization (WHO)

Health Promotion module

Learning Outcomes

- Define health and its determinants
- Define health promotion and highlight some of the challenges faced in health promotion
- Describe and explain the components of health promotion

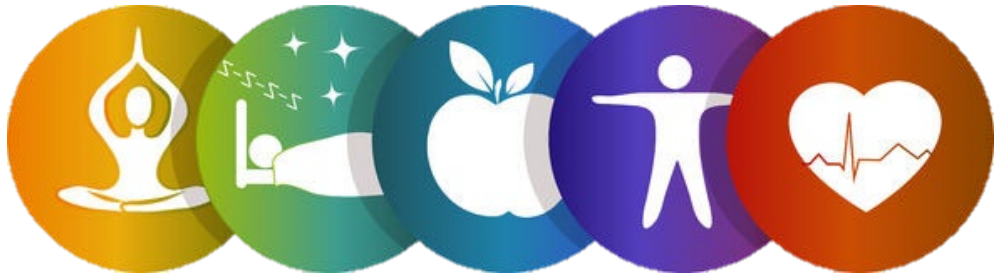
Pause and think:

What contributes to good health?

What is Health?

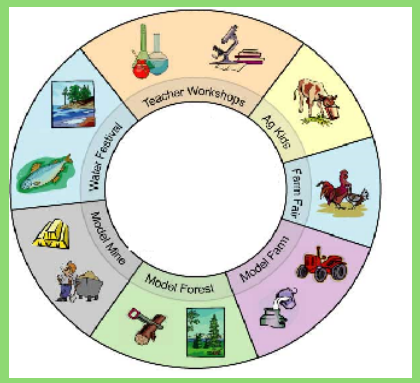
A state of complete physical, mental and social well-being and NOT merely the absence of disease.

WHO Constitution (1948)



What is health?
Am I healthy if I'm not sick?

Conditions and resources for good health include:

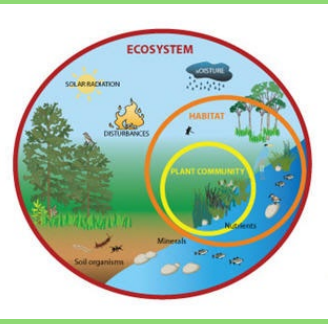


Stable ecosystem

Peace

Shelter

Income



Resources

Food

Education

Justice and equity

Health Promotion:

The process of enabling people to increase control over their health and its determinants

Good Health- Luck or Good Genes?

In Singapore we have many of these resources – shelter, clean water, clean air, sanitation, education, justice.

What is Singapore's health status like?

Is good genes good enough to guarantee good health?

Why?

Lifespan of the Average Singaporean

Average lifespan: >80 years old

Years lived in good health: >70 years old

Life expectancy increased by 8 years since 1990

No. of healthy years increased by 7 years since 1990

- But number of unhealthy years has not reduced

Life expectancy and healthy years

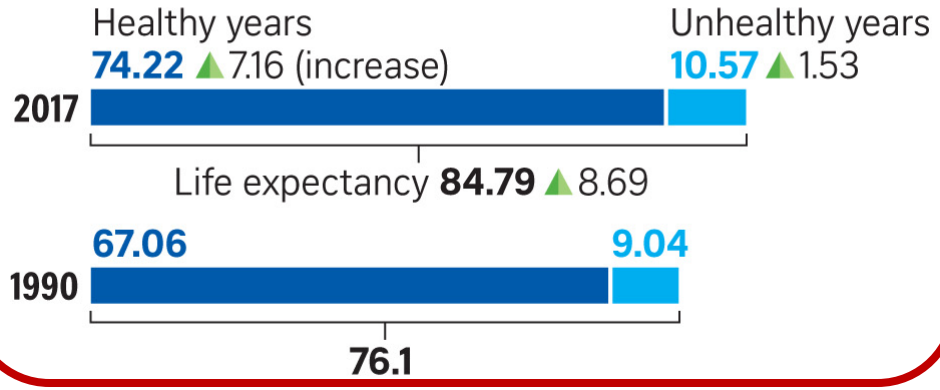
Life expectancy (2017)

Male	Years	Female	Years
Switzerland	82.12	**Singapore**	**87.55**
Singapore	**81.94**	Japan	87.21
Israel	81.28	Hong Kong	86.11
Hong Kong	81.15	Iceland	85.94
Japan	81.08	Spain	85.83

Years lived in good health (2017)

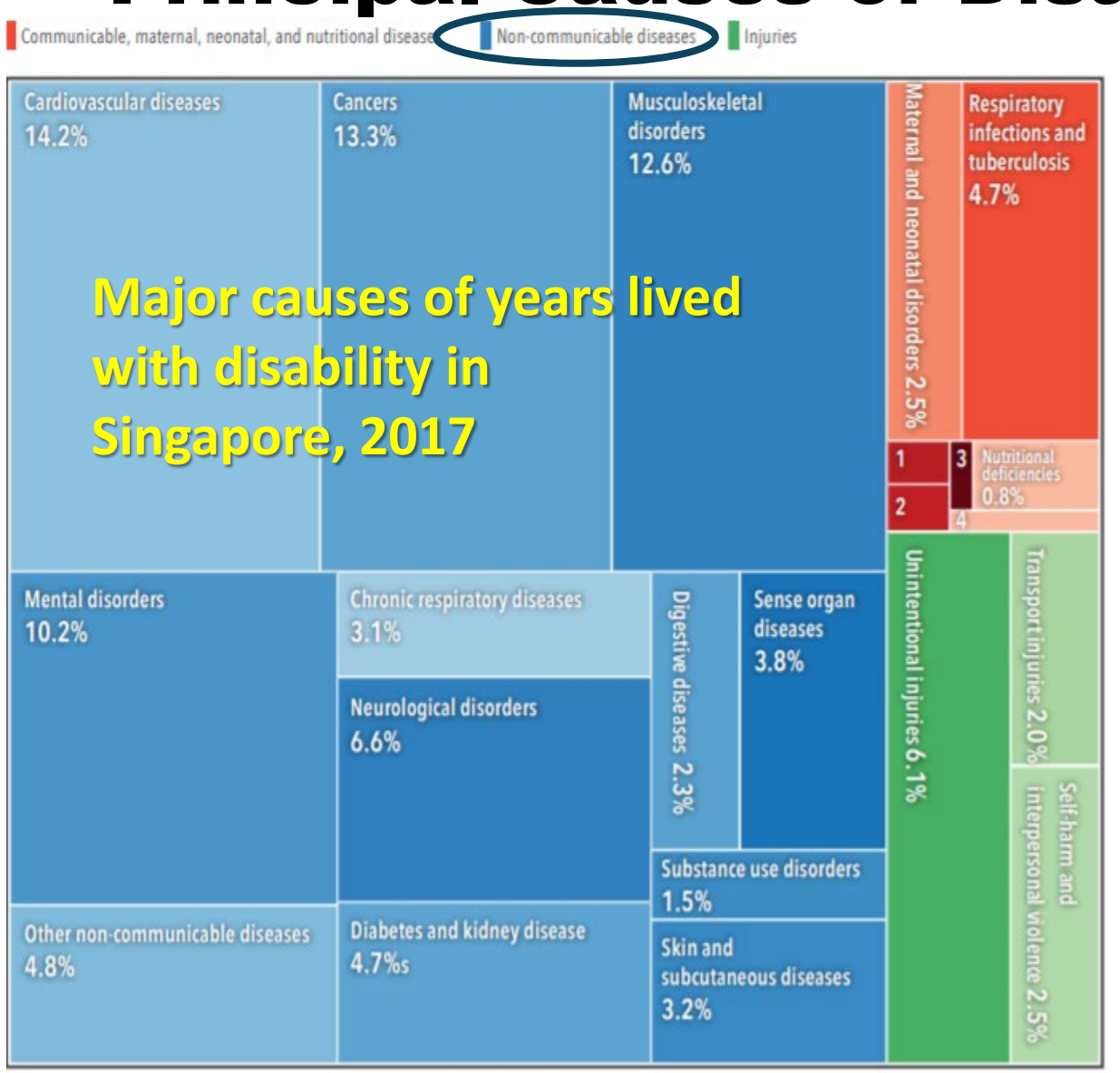
Male	Years	Female	Years
Singapore	**72.58**	**Singapore**	**75.81**
Hong Kong	72.34	Hong Kong	75.01
Japan	71.41	Japan	74.65
Switzerland	71.19	Spain	73.62
Italy	70.63	South Korea	73.45

Changes to Singaporeans' life expectancies



Source: THE BURDEN OF DISEASE IN SINGAPORE, 1990-2017
STRAITS TIMES GRAPHICS

Principal Causes of Disability



Known as **years lived with disability**

Many chronic diseases result from lifestyle behaviours:

- Smoking, unhealthy diet, low physical activity

Results in loss of independence, years of disability, or death

MOH & IHME (2019)

Health Determinants

Life expectancy and healthy years

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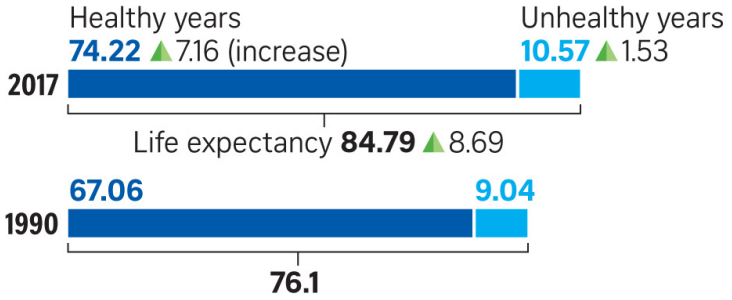

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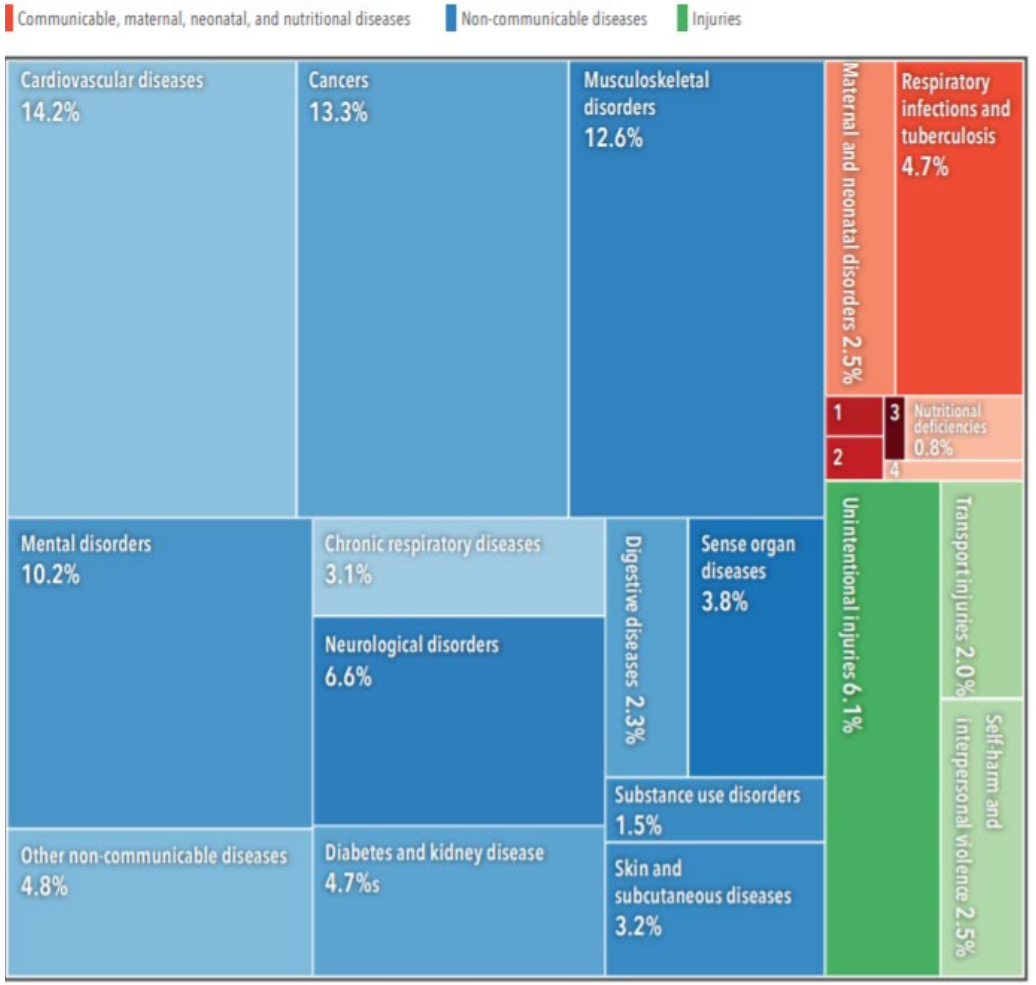
Social Determinants of Health



Source: https://youtu.be/8PH4JYfF4Ns

Social Ecological Model of Health

Dahlgren, G. and Whitehead, M. (1991)

- Social determinants of health refers to the *non-medical* factors that influence health outcomes
- Individual factors
- Living conditions
- Working conditions

Case Study

Ah Seng is 65 years old and is in the hospital to amputate his leg from acute diabetes.

Ah Seng has been working as a cook in a stall at a food court for the last 25 years. He earns less than $750 per month and has no CPF.

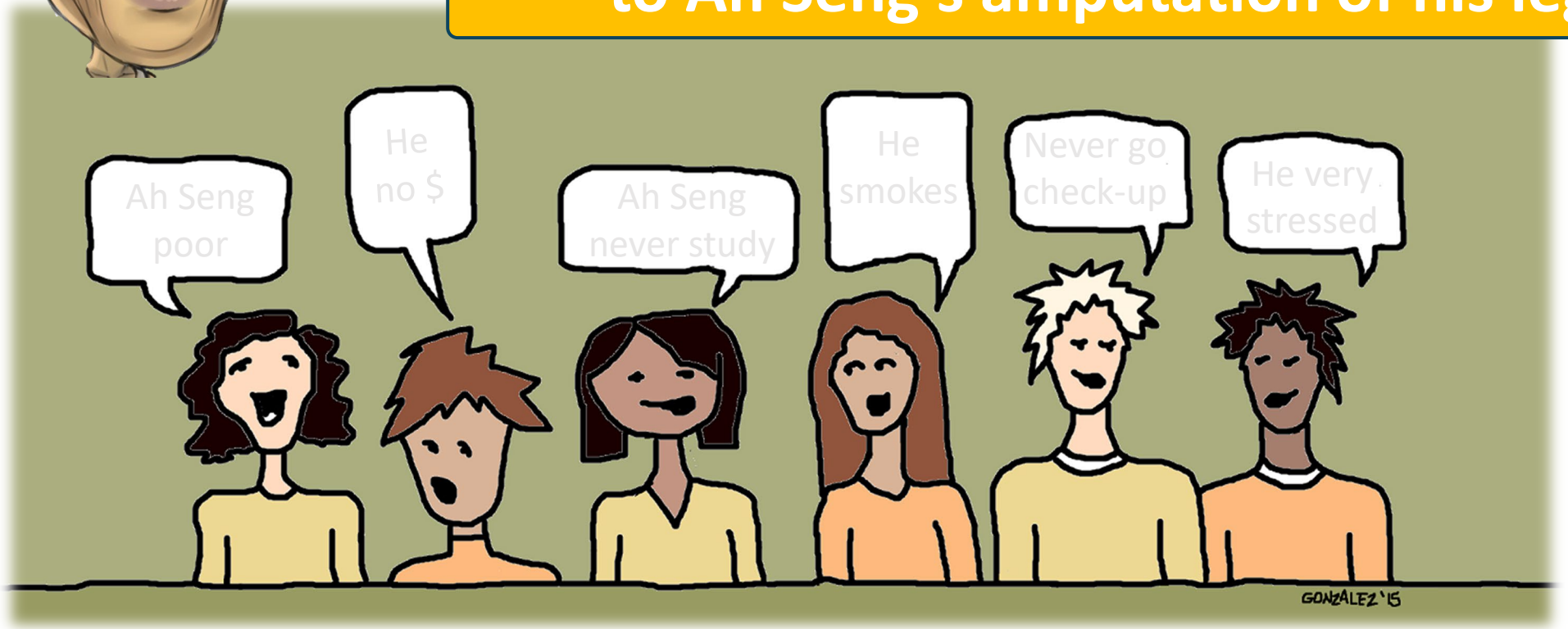
He has studied only up to Sec 2 and speaks only Hokkien.

He is not married and has no other family.

He smokes up to 10 cigarettes per day and lives in a rented 1 room HDB apartment.

Let's think:

What could be some of the factors that led to Ah Seng's amputation of his leg?

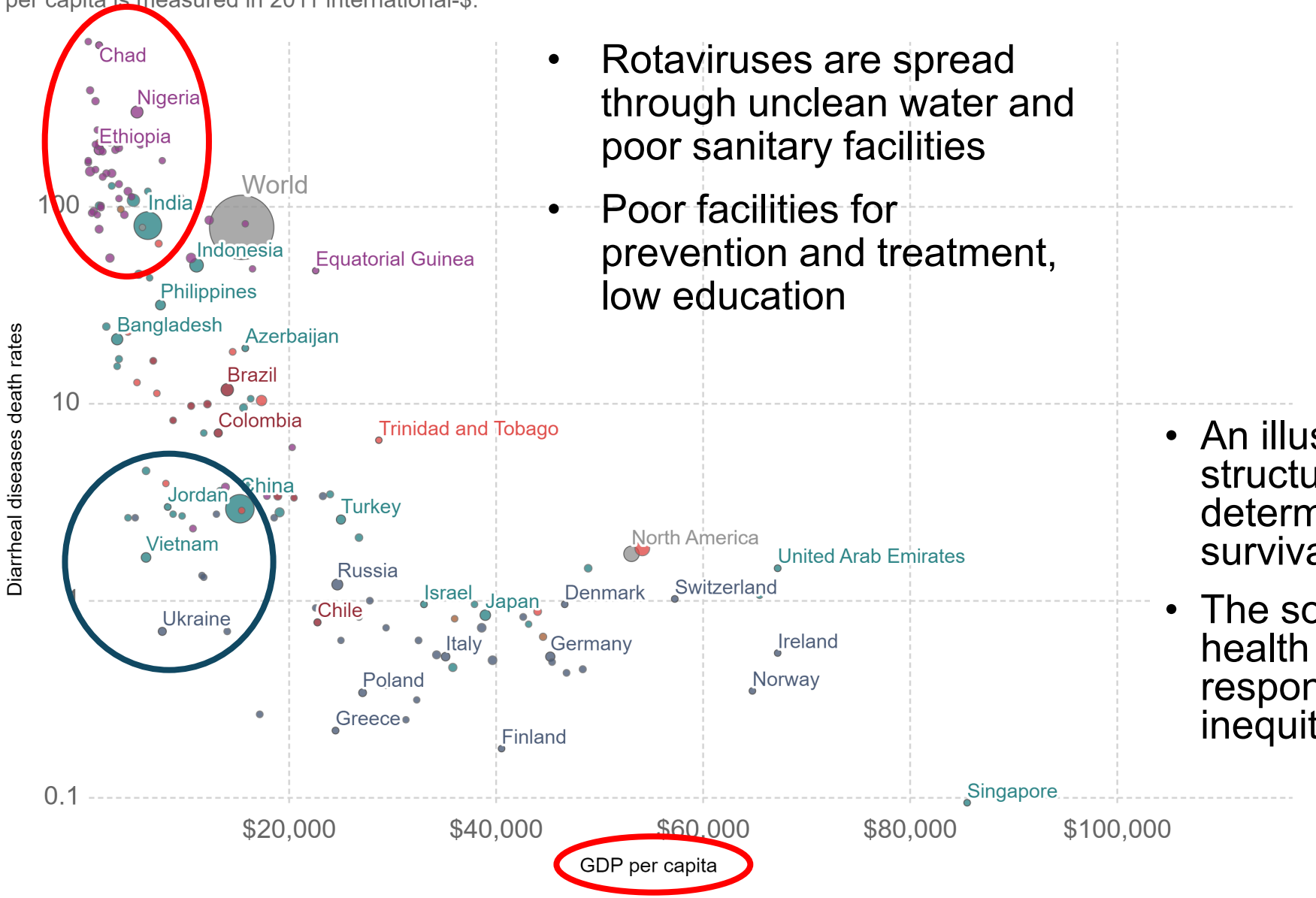


Some Possible Factors

1. Ah Seng's age. **Older people** are higher **risk** of diabetes.
2. He is from a **lower** socioeconomic status (**SES**) and therefore may have **limited education** on how to manage his diet or physical activity with diabetes.
3. He may not have the **money** to visit a doctor, and therefore he could be **unaware** that he had diabetes until it was too late.
4. He did not go for any **screening** programmes offered which could have provided information about his diabetic status.
5. He has **no other family members to talk to** and maybe he had **very few friends** too who could have advised him earlier.
6. He could have had a **family history** of diabetes.
7. He works **long hours** and therefore does not do any **exercise**.
8. Having **no savings** to retire on, may also lead to **stress** and **anxiety** as he is getting old.

Death rate from diarrheal disease in children vs. GDP per capita, 2017

The annual number of deaths from diarrheal diseases in children under-5 per 100,000 individuals. Gross domestic product (GDP) per capita is measured in 2011 international-$.

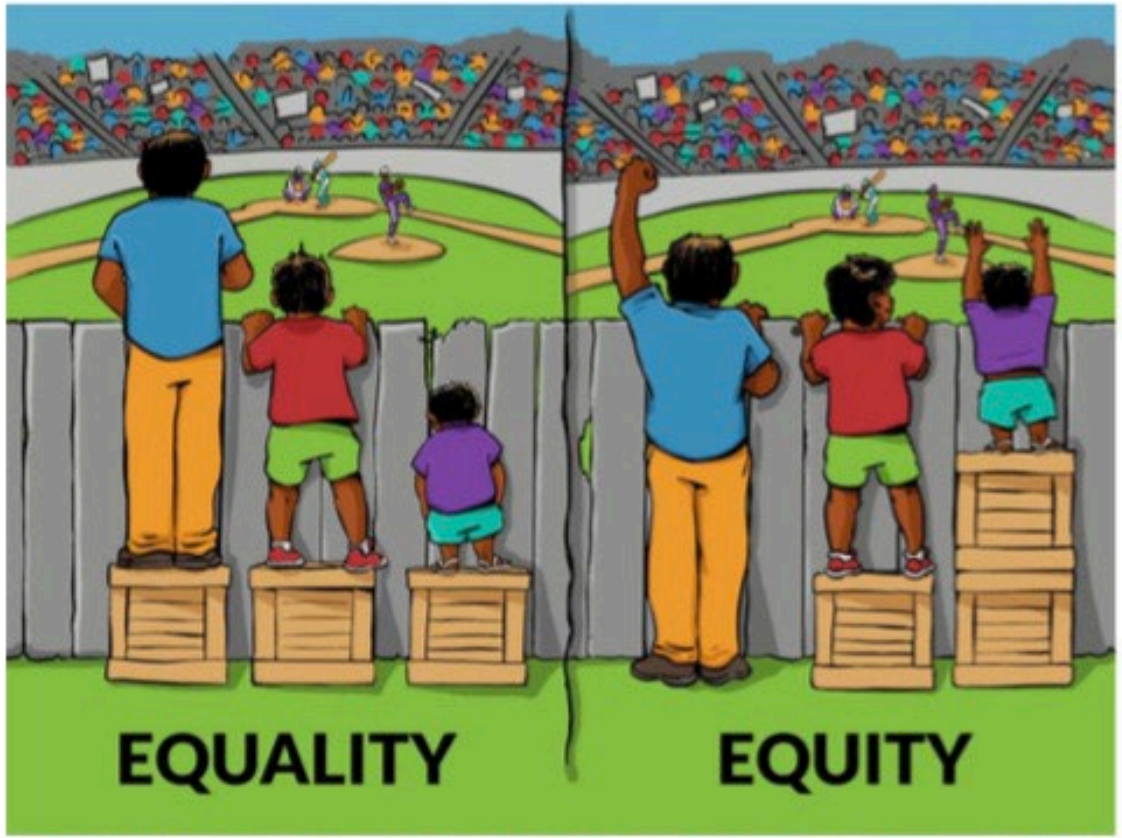


- Rotaviruses are spread through unclean water and poor sanitary facilities
- Poor facilities for prevention and treatment, low education

- An illustration of the structural social determinants that impact the survival of children under 5
- The social determinants of health are mostly responsible for these health inequities

Source: IHME, Global Burden of Disease; World Bank

Health Equity



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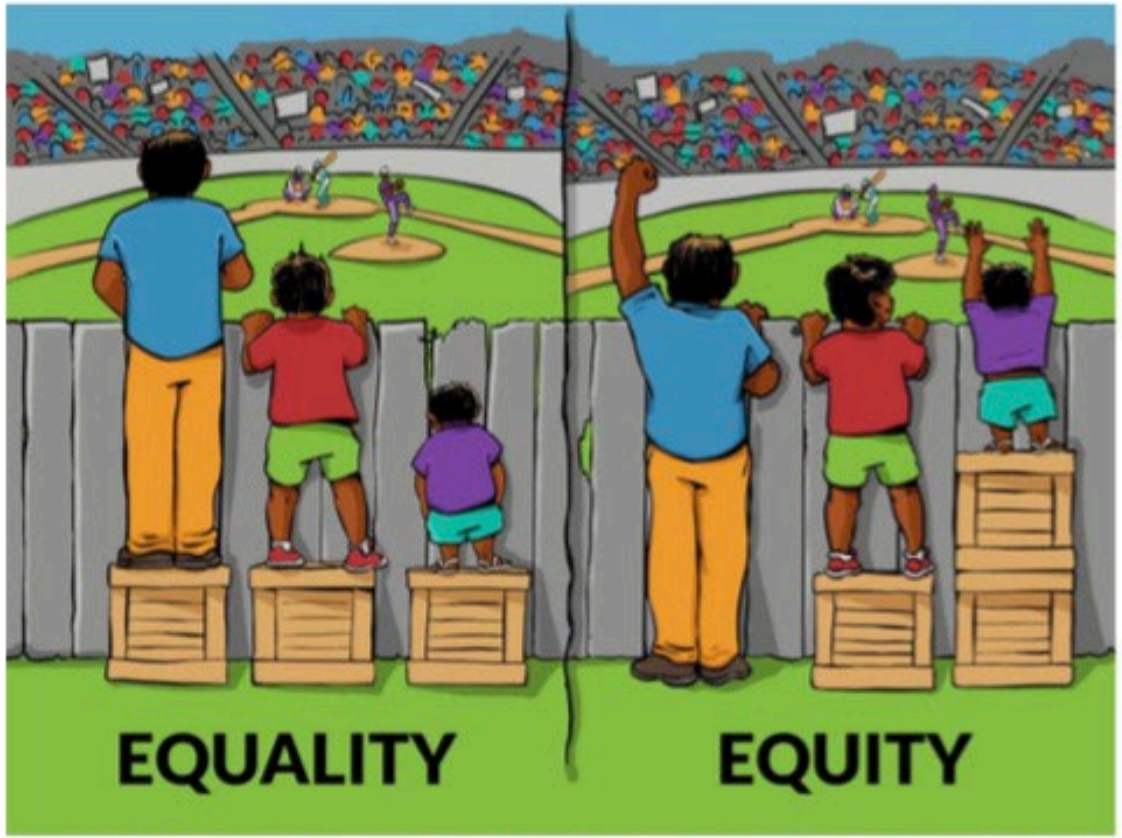
Not all segments of society progresses in tandem with national development
- Lower standard of living, poorer health outcomes

Health inequalities as a result of socio-economic status

People who are socially disadvantaged find it hard to break out of the circumstances that impact their ability to improve their wellbeing

Health Equity



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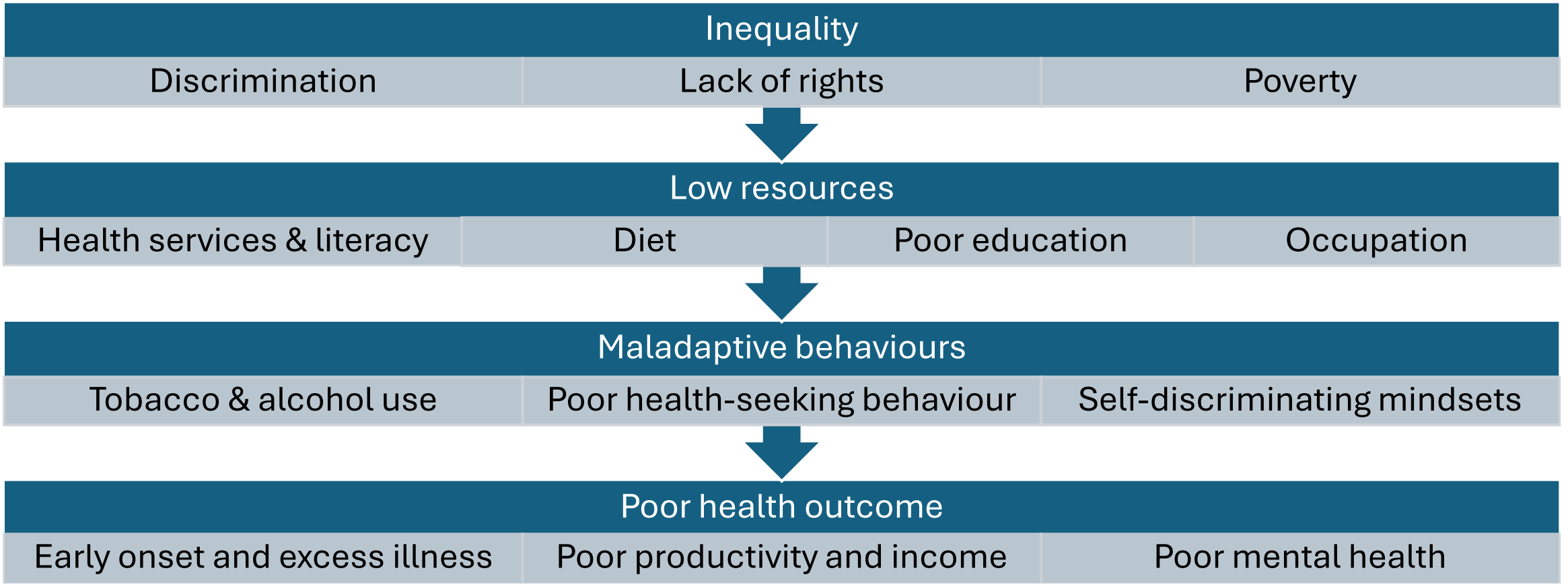
❖**Equality** is the equal distribution of benefits across the population, regardless of their situation or abilities.

- ➢ Does not always result in equal gains.

❖**Equity** is the **'fair'** distribution of resources across the population

- ❖ Seeks to remove systematic disparities in the major social determinants of health
- ❖ Ethical principle - every person's basic human right to attain the highest possible standard of health.

Digging Deeper For Root Causes of Poor Health



Early death

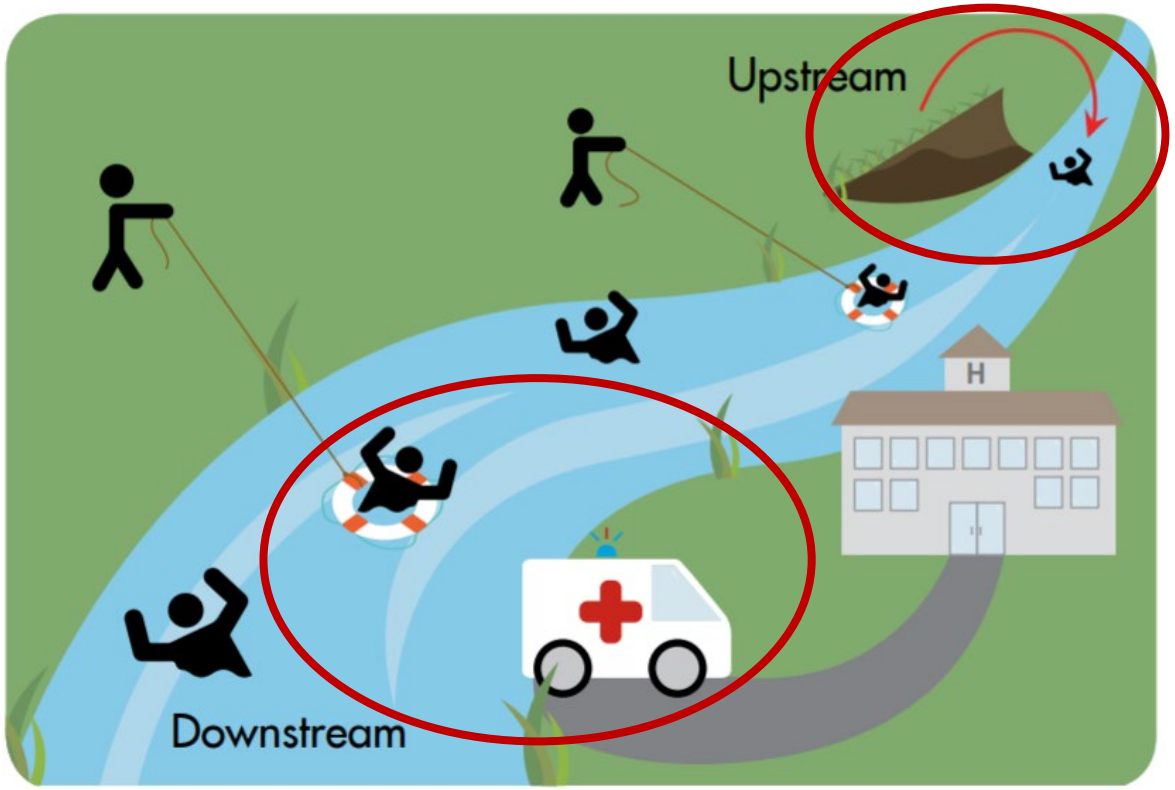
Pause and think:

How can we create a society in which everyone has a chance to live a long, healthy life?

Source: https://youtu.be/yluxjAaYln0

Refocusing Upstream – getting to the root of a society's health problem

Investigate the social determinants of ill health!



Sudbury & District Health Unit (2015)

Distal:
Indirectly affecting health
e.g. low education, poor job prospects, poor housing conditions

Proximal:
Directly affecting health
e.g. poor medical facilities, poor affordability

Refocusing Upstream

New South Wales Department of Health (2010)

- Investigating the upstream causes of ill health (social determinants)
- *E.g. housing, healthy food, work stability, education and community connection*

c Some examples are Upstream, The Broadbent Institute, Health Nexus, the Canadian Medical Association, and the Canadian Nurses Association

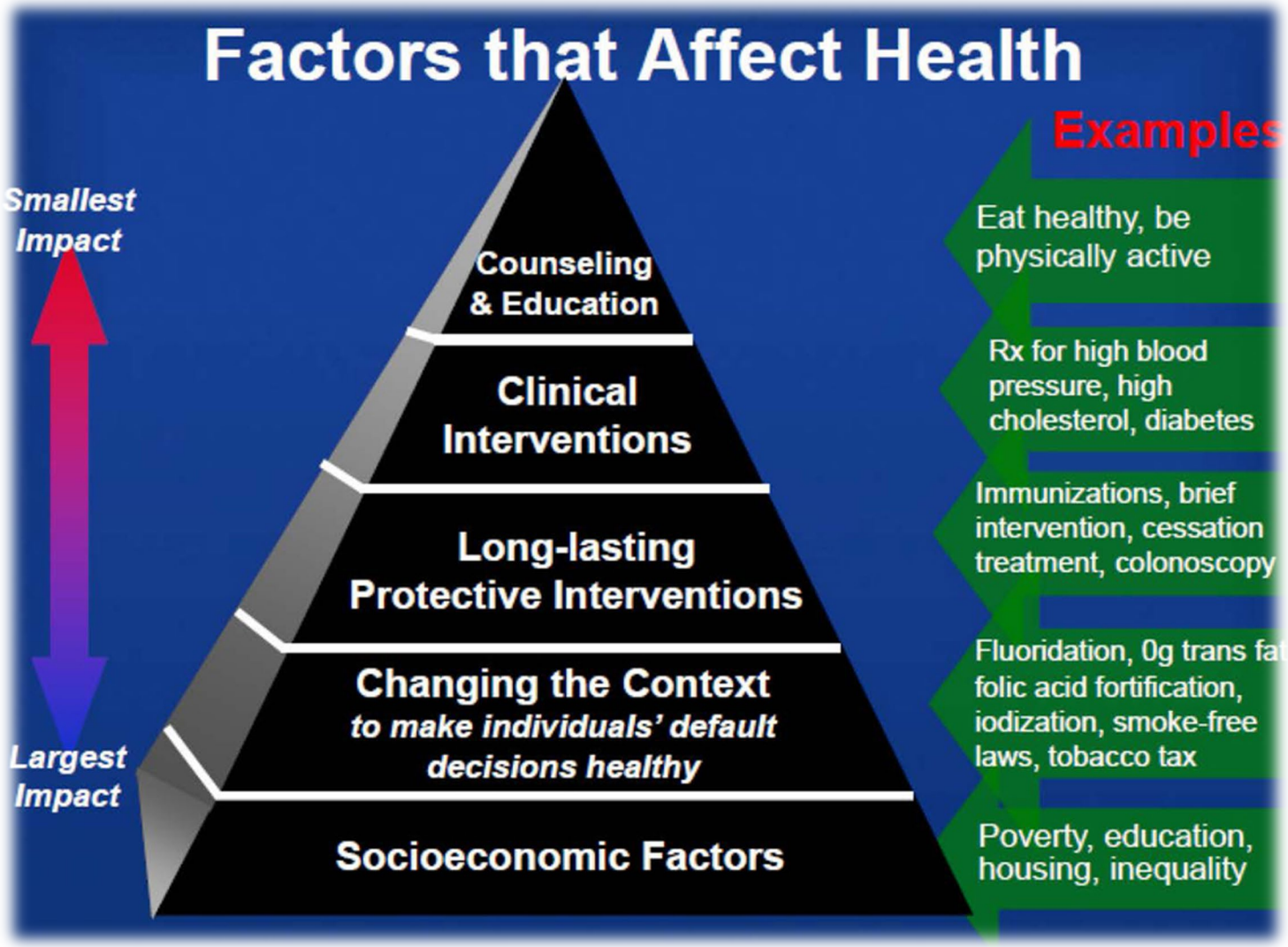
Refocusing Upstream

New South Wales Department of Health (2010)

- Redesign systems and policies
- Encourage community actions
- Collective, upstream actions across society to reduce health disparities

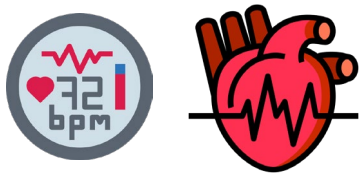
c Some examples are Upstream, The Broadbent Institute, Health Nexus, the Canadian Medical Association, and the Canadian Nurses Association

Overcoming Problems in each Determinant of Health

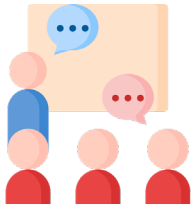


Another Application of the Upstream Approach

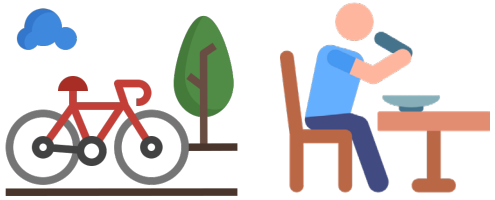
Healthy person → Onset of symptoms (reversible) ⇄ Advanced symptoms (not reversible) → Disability/ death



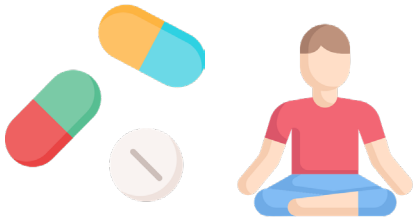
Heart attack



Primary Prevention



Secondary Prevention

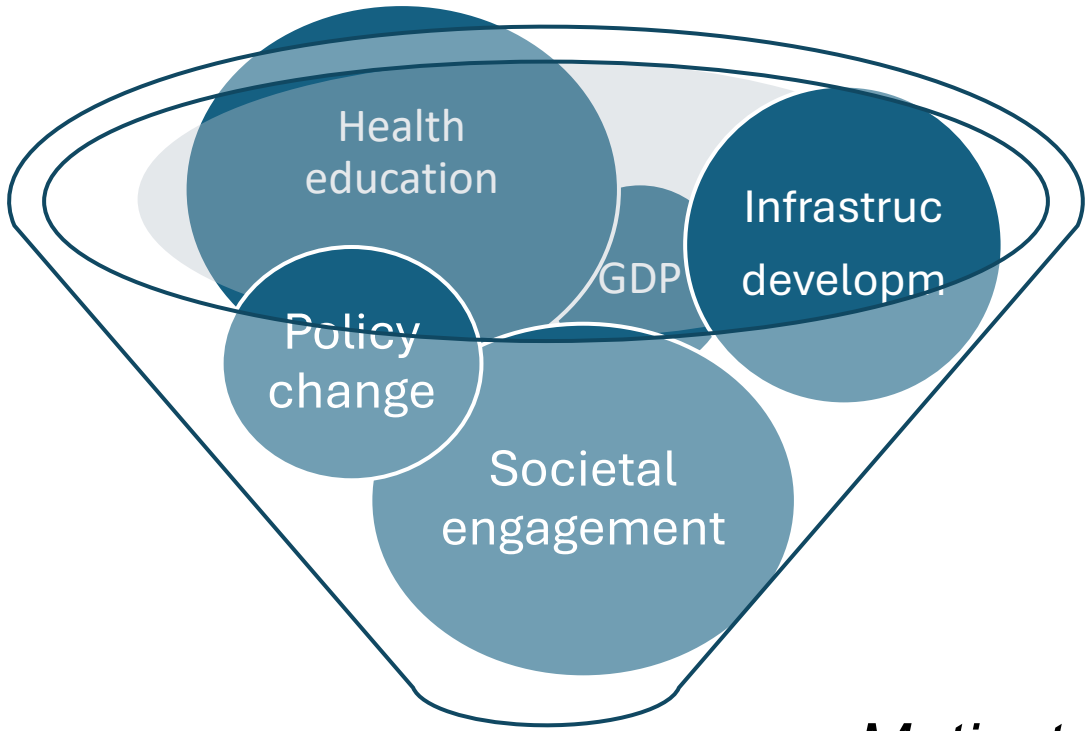


Tertiary Prevention

Pause and think:

What is the difference between Health Education and Health Promotion?

Health Education vs Promotion

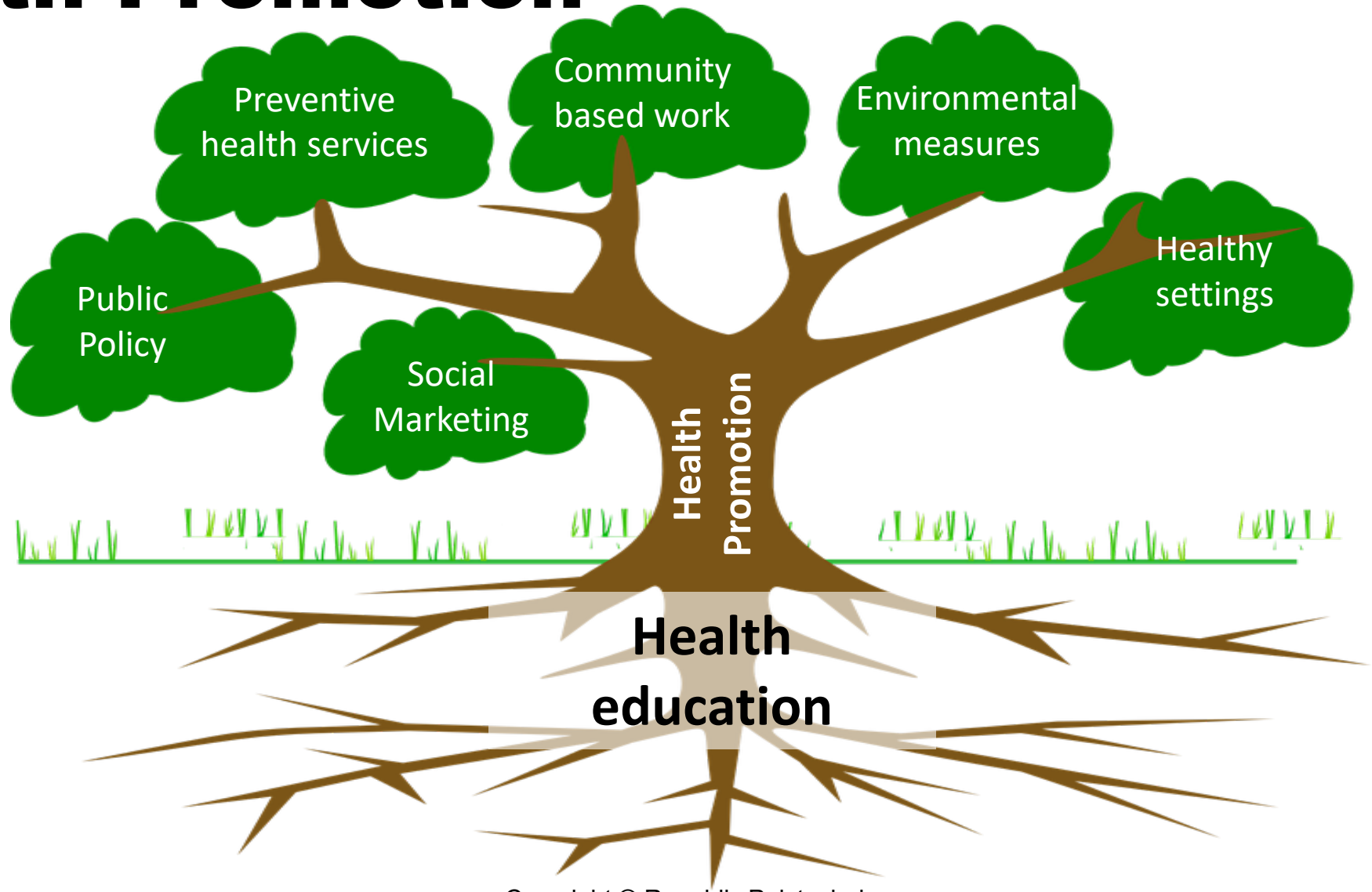


Health Promotion

Communicating health information and knowledge, providing skills for adoption of positive healthy behaviours

Motivate positive health behaviours, enhances social and economic environment to support adoption of positive health behaviours

Health Promotion



Health Promotion

The process of enabling people to increase control over, and to improve, their health

Ottawa Charter 1986

It moves beyond a focus on **individual behaviour** towards a wide range of **social** and **environmental** interventions.

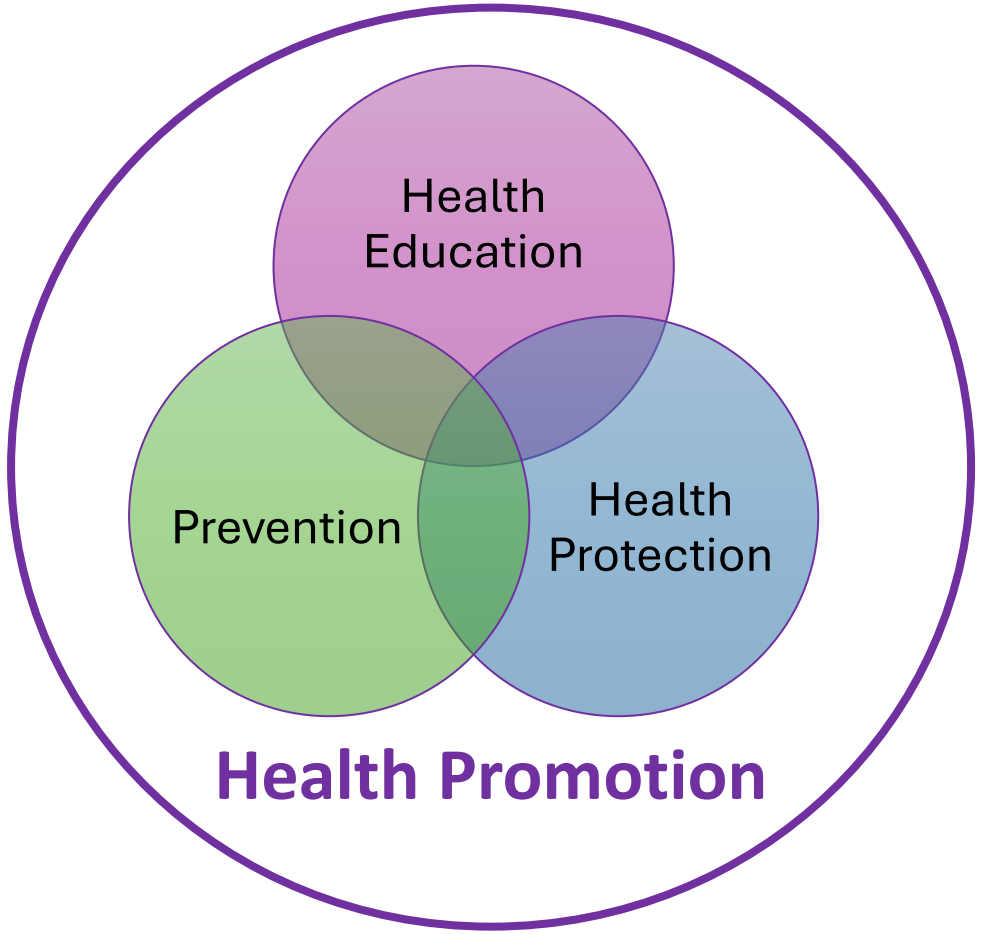
(WHO, 2013)

What is Health Promotion?

Source: https://youtu.be/y9THQTEqMaU

Tannahill's Model of Health Promotion

- **Prevention** aims to reduce risks of ill health and to minimize the consequences of diseases
- Interventions prevent the emergence or increase of specific diseases in a population



(Downie, Fyfe and Tannahill, 1990)

- **Health Education**: Communication to enhance well-being and prevent ill-health through improving knowledge and attitudes.

- **Health Protection**: Safeguarding population health through legislative, financial or social measures.

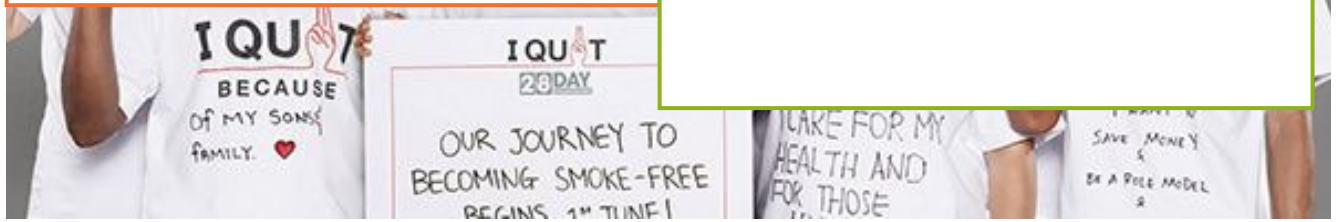
Changes in Health Promotion Approaches

Traditional Approach

Focus on individual (victim blaming)

Knowledge leading to attitude change leading to practice

Target high risk individuals

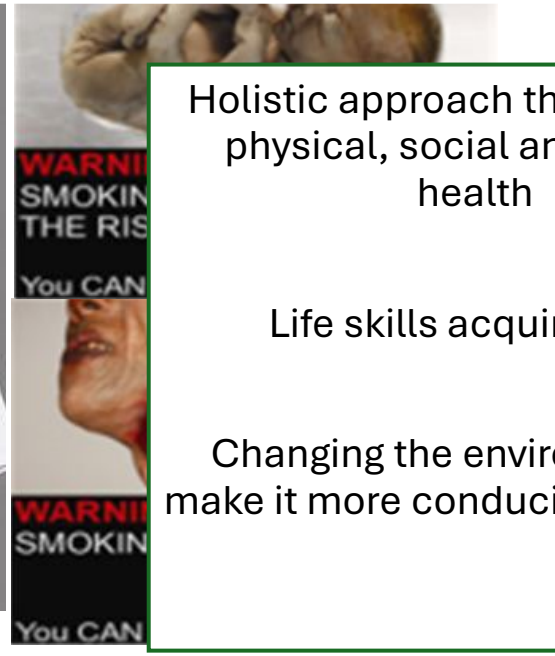


Transitional Approach

Using fear or shock tactics to make individual feels that the health risk is real

Offer easy ways for individuals to reduce the health risk

New / Modern Approach



Holistic approach that includes physical, social and mental health

Life skills acquirement

Changing the environment to make it more conducive for health

“It's Time to Focus on Health Prevention and Promotion”

Source: https://youtu.be/eOhv5gF987s

Pause and think:

What can WE do as individuals in the area of Health Promotion?

What Have you Learnt Today?

- ✓ WHO's definition of health and the evolution of health promotion
- ✓ Social Ecological Model - determinants of health
- ✓ Upstream approach

References

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Thank you