

5.D. Workshop: Meeting in Vienna 30 years after Ottawa: where do we plan to go from here?

Organised by: EUPHA Section on Health Promotion
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This workshop is based upon the premise that health promotion (HP) has been one of the most significant advancements in public health. The 30th anniversary of the Ottawa Charter sets the tone for not only celebrating the successes of HP, but critically discussing the challenges in promoting greater wellbeing and quality of life. The complementary approach brought to the health field by the Ottawa declaration emphasized that curative, palliative and preventive discourses needed to work hand in hand with HP to have emphasis on societal terms. In this context, strengths, weaknesses, opportunities and threats have emerged in the path of HP. EUPHA Health Promotion Section initiated an open discussion about these four perspectives. Our vision is that the voices of those involved in the thinking and *modus faciendi* of HP today can be brought to a new light, reflecting the refined experiences of health professionals and experts. This is achieved with the first presentation of the workshop which illustrates the debate on HP, while presenting results of an international survey. Conceptual, methodological, and practical knowledge about HP will be explored further with four additional presentations. The second and third focus on a European peripheral country and the impact of HP on preventable mortality in life expectancy at birth. The intention is to shed light on the tensions, hopes and future avenues, while considering the new challenges of HP in a globalized & digital world. Thereby, we will link the current debate with contemporary public health approaches as necessary to move the field of HP forward. Consequently the fourth and fifth are dynamic examples of a grass-roots HP agenda implementation (e.g. with the increment of health literacy) moving from the same peripheral country (Portugal) to Germany. This will highlight the transnational call to deepen HP

operationalization by route of empowerment - one of HP's five principles achievable by the means of health literacy. While the workshop is primarily designed for researchers, practitioners and policy-makers interested in learning, improving and discussing HP perspectives, it also aims at audiences from the public and private sectors. Not only does this allow for discussing results that have potential to improve HP research, practice, and policy-making, but it supports further synergies, breaking down barriers between infrastructures and sectors, and allows for cross-national comparison on HP research. We aim at interactively discussing prospective developments with audiences. The workshop will use dialogue and two-way communication methods on a regular 90 minute design. This includes 5 presentations with up to 10 minutes input followed by a discussion, framed by an opening talk and a closing remark. Purposeful interaction will be ensured as audiences, researchers and organizers will have numerous opportunities to engage in vivid discussions on pressing health promotion challenges.

Key messages:

- The participants will get an overview to the state of science in health promotion concepts
- This workshop invites audiences to actively participate in and contribute to the current discussions about health promotion from the perspective of public health

Is the Ottawa Charter still relevant? A survey among health promotion practitioners and researchers Christiane Stock

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Background

The Ottawa Charter for Health Promotion is celebrating its thirtieth anniversary this year stimulating discussion regarding the guiding principles of the Ottawa Charter and the progress of health promotion. This study explores the opinions of health promotion researchers and practitioners on the current relevance and application of health promotion principles based on the Ottawa Charter.

Methods

An invitation to survey participation was sent to members of the EUPHA Health Promotion Section. A total of 86 members (63% females) from 26 European countries plus Israel, Australia and USA responded. Demographic and professional information was collected and responses addressed the relevance, strengths and weaknesses of health promotion. Respondents rated the use of the five action areas of the Ottawa Charter in their country and open questions explored the reasons for various ratings.

Results

47% of respondents stated that health promotion is well developed in their country and 56% of participants declared the same for Europe. 76% of respondents felt that overall knowledge of health promotion has somewhat progressed, but 83% felt that health promotion is due for a deeper reflection. The percentage of use (regularly/very often) of the five action areas in one's country was rated highest for "Developing Personal Skills and Knowledge" at 62%, followed by "Developing Healthy Public Policy" at 47%, and lowest for "Reorientation of Health Services" with 26%. Health promotion was rated as a necessary field by 89% of respondents.

Conclusions

Though the majority of respondents believed health promotion is a necessary field, a similarly high amount felt that health promotion is in need of deeper reflection. Strategies to apply the five action areas in various countries may be beneficial.

Meeting in Vienna 30 years after Ottawa: QuoVadis health promotion?

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Background

The complementary approach brought by the Ottawa declaration 30 years ago, emphasized that curative, palliative and preventive discourses and practices needed to work hand in hand with Health Promotion (HP). This study explores experts and practitioners opinions on the current trends that HP faces in Portugal, a European peripheral country.

Methods

The invitation to participate in a survey followed by a focus group was sent to several health stakeholders (e.g. community intervention (Healthy Cities Network), policy making

(DGS-Health Directorate of Portugal)). A mix of qualitative and quantitative methods screened data provided by a total of 32 participants (81% females). Demographic information, experiences or professional domain, questions related to the relevance, strengths and weaknesses of HP, and open questions explored the reasons for several ratings.

Results

Only 22% of respondents stated that HP is well developed (with 6% fully agreeing). 31% of respondents (25% fully agreeing) felt that overall knowledge of HP has progressed, and the majority (80% fully agreeing) felt that health promotion needs a deeper reflection since Ottawa. Regarding the five HP action areas, the percentage of use (regularly/very often) was rated highest for "Developing Healthy Public Policy" at 28%, "Reorientation of Health Services" with a total of 25%. "Developing Personal Skills and Knowledge" with 25%, followed by "Supportive Environments" with 19% and "Community Action", 12%.

Conclusions

Strong emphasis is given to the fact that HP is not well developed and needs a deeper reflection. Strategies to apply the five action areas may be beneficial.

The impact of preventable mortality on life expectancy at birth in Portugal: changes in the last 25 years and need for health promotion complementary insight

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Background

This study was undertaken as part of GeoHealthS project aimed to evaluate Portuguese population health in the last two decades. Life expectancy at birth (LEB) offers a concise population measure which allows assessing not only the population health status of a country or region, but also its development. However, gains in terms of years of life do not solely indicate the specific actions needed to improve the population's health. Preventable mortality (PM) is a more suitable indicator to target priority interventions. PM provides some indication for the quality and performance of wider public health policies and the need for health promotion initiatives in a country.

Methods

Multiple decrement life tables were constructed to evaluate the impact of PM on the changes in life expectancy at birth. We considered the resident population and deaths occurred on Portugal mainland (1989-93; 1999-2003; 2008-2012) by cause of death, sex and age group.

Results

Over the last 25 years, PM decreased considerably in Portugal, particularly the reduction of deaths due to ischemic heart disease (-52% in men and -62% in women). In the last period (2008-2012) PM represents 11% of all deaths. Between the first and last period, LEB increased 5.7 and 5 years respectively for men and women (77.1 and 83.4 years in 2008-2012). Estimating the total elimination of PM in the last period, it is found that there would be a potential LEB gain of 1.7 years in men and 0.6 years in women.

Conclusions

Despite the relevant decrease of PM in Portugal, the burden of such causes of death in LEB is still significant. Actions and policy measures should perform interventions in health determinants that affect (positively or negatively) lifestyle and behavior by promoting environments that encourage healthy practices. Consequently, health promotion could play a more relevant role to ease the burden of these causes of death.

From Ottawa to Nairobi: adolescent's wellbeing and the health promotion trigger of health literacy

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Background

Time trends in mortality from cerebrovascular accidents in Portugal have decreased from 273 (%000) in 1976, to 72 (%000) by 2010. These results are consequences of several stakeholders' interventions such as CINDI (Countrywide Noncommunicable Disease Intervention) which were carried out in Portugal by the Fundação Professor Fernando Padua (FPPF). These health gains are at risk today (e.g. increase on smoking rates, weight gain). To face these aggravations, the FPPF launched a program to foster health promotion among adolescents by the increase of health literacy (HL). Presentation of preliminary results help define a base line for intervention.

Methods

A quantitative explanatory cross-correlated study based on a sample of 110 adolescents from the Portalegre region of Portugal was collected in a school setting, after ethical procedures were followed with CAWI and SASI methods. Measurement of adolescents' HL was implemented with the HLS-EU-PT[®] survey, the Portuguese version of the European Health Literacy Survey instrument adapted to adolescents (www.literacia-saude.info).

Results

Reliability analysis of HLS-EU-PT dimensions shows an internal consistency (Cronbach's alpha coefficient) of 0.93 (Health Care), 0.92 (Disease Prevention) and 0.95 (Health Promotion), while the global instrument presents a value of 0.94. Inadequate HL (7.5%) and problematic HL (29.3%) show that about 36% of respondents have limited HL. Participants were more likely to adopt measures to promote health if they had higher levels of HL.

Conclusions

The results enhance the reliability of the Portuguese translation and validation process of the HLS-EU survey when applied to evaluate adolescents' HL. HL seems to play a role in health promotion. Further research must investigate HL potential at this age range and how it should be developed in the school curricula.

Health literacy under the health promotion framework: a German study case

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Background

During the last 30 years the operationalization of health promotion has been an important focus for researchers and practitioners. The Nairobi declaration in 2009 navigates a step forward with the introduction of health literacy (HL). In line with this, the Health Literacy in Childhood and Adolescence Research Consortium (HLCA) is conducting evidence-based research on HL.

Main objectives of HLCA include developing and evaluating strategies for effective child health promotion and analyzing the extent to which HL drives the Ottawa Charters' action area of developing personal skills and knowledge.

Methods

The framework of HLCA is informed by health promotion and comprises nine subprojects committed to three work blocks on (1) basic research on HL including conceptual and methodological projects and (2) applied research on mental HL and (3) eHL. We apply collaborative team science and a mixed method approach combining quantitative research, e.g. questionnaires, online surveys, systematic reviews, and qualitative methods, e.g. ethnographic studies and observations, focus groups, cognitive interviews.

Results

After the first project year and critically analysing research studies on the subject, we approached ethics committees and obtained positive approvals. Currently, most projects are performing field research by applying interviews and focus groups using questionnaires (pen&paper, online survey) or implementing an HL intervention for parent-child dyads on media use.

Conclusions

From a public health perspective, HL is a multidimensional content and context specific concept. It applies to both an individual and a system level. HL is affected by social structures, health inequalities, risk factors, and effectiveness and sustainability of health promoting efforts. In the next two years, we will analyse our models and data and refine our approaches. Findings will be translated into policy and practice recommendations for child health promotion.