ANNEXES
The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this Charter for action to achieve Health for All by the Year 2000 and beyond.

This Conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

HEALTH PROMOTION

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

HEALTH PROMOTION ACTION MEANS:

Build Healthy Public Policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier
goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create Supportive Environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitute the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance—to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment—particularly in areas of technology, work, energy production and urbanization—is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen Community Action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their
own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

**Reorient Health Services**

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

**MOVING INTO THE FUTURE**

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

**Commitment to Health Promotion**

The participants in this conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource deple-
tion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;

- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;

- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;

- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves;

- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for International Action

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, non-governmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this Charter, Health for All by the year 2000 will become a reality.
This Charter for action [The Ottawa Charter for Health Promotion] was developed and adopted by an international conference, jointly organized by the World Health Organization, Health and Welfare Canada and the Canadian Public Health Association. Two hundred and twelve participants from 38 countries met from November 17 to 21, 1986, in Ottawa, Canada to exchange experiences and share knowledge of health promotion.

The Conference stimulated an open dialogue among lay, health and other professional workers, among representatives of governmental, voluntary and community organizations, and among politicians, administrators, academics and practitioners. Participants coordinated their efforts and came to a clear definition of the major challenges ahead. They strengthened their individual and collective commitment to the common goal of Health for All by the year 2000.

This Charter for action reflects the spirit of earlier public charters through which the needs of people were recognized and acted upon. The Charter presents fundamental strategies and approaches for health promotion which the participants considered vital for major progress. The Conference report develops the issues raised, gives concrete examples and practical suggestions regarding how real advances can be achieved, and outlines the action required of countries and relevant groups.

The move towards a new public health is now evident worldwide. This was reaffirmed not only by the experiences but by the pledges of Conference participants who were invited as individuals on the basis of their expertise. The following countries were represented: Antigua, Australia, Austria, Belgium, Bulgaria, Canada, Czechoslovakia, Denmark, Eire, England, Finland, France, German Democratic Republic, Federal Republic of Germany, Ghana, Hungary, Iceland, Israel, Italy, Japan, Malta, Netherlands, New Zealand, Northern Ireland, Norway, Poland, Portugal, Romania, St. Kitts-Nevis, Scotland, Spain, Sudan, Sweden, Switzerland, Union of Soviet Socialist Republic, United States of America, Wales and Yugoslavia.
ANNEX II
HEALTH PROMOTION AND EQUITY

Declaration of the International Conference on Health Promotion
9–12 November 1992

The International Conference on Health Promotion sponsored by the Ministry of Health of Colombia and the Pan American Health Organization (PAHO) was held in Santafé de Bogotá on 9–12 November 1992. The Ministers of Health of Bolivia, Colombia, Ecuador and Nicaragua; the Vice Ministers of Health of Cuba, Guatemala and Panama; and the Mayor of La Paz participated in the Conference. Representing PAHO were the Director of the Pan American Sanitary Bureau, the Coordinators of the Regional Programs for Health Promotion, Environmental Health, Health Services, and Maternal and Child Health, as well as consultants from the PAHO headquarters and PAHO country offices. Among others attending were professionals from various entities of the health sector, experts, promoters of social development, social communication professionals, and representatives of health and environmental sanitation services, non-governmental organizations, and community associations, as well as instructors and students.

In all, 550 representatives from 21 countries—Argentina, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Spain, Uruguay and Venezuela—met to define health promotion for Latin America and to discuss the principles, strategies and commitments aimed at securing health for all the Region’s citizens.

The conclusions of the Conference address the problems specific to Latin America and incorporate significant contributions made by previous international meetings and by the experiences other countries of the world have had with health promotion.

The declaration prepared and adopted by the Conference follows.

HEALTH PROMOTION IN LATIN AMERICA

Health promotion in Latin America seeks to create conditions which guarantee the general well-being of the population as a fundamental purpose of

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development, and presupposes the interrelationship of health and development. Torn apart by the inequity which is increasingly aggravated by prolonged economic crisis and macroeconomic adjustment programs, the majority of the Region’s population faces deteriorating living conditions coupled by an increase in health risks and a reduction in the resources required to confront these risks. Consequently, the challenges of health promotion in Latin America are to change exclusionary policies while reconciling economic interests and pursuing the goal of well-being for all, and to work towards solidarity and social equity, conditions indispensable for health and development.

1. Significant portions of the population have been unable to obtain the bare necessities required for securing the most basic standard of living. Complex and overwhelming inequalities—economic, environmental, social, political, and cultural, as well as those concerning coverage by, access to and quality of health care services—tend to be exacerbated by recurring reductions in social expenditures and adjustment policies. Therefore, it is imperative that these problems be faced and resolved with constant regard to attaining health for all.

2. The present inequity in the health care of the countries of Latin America reiterates the need to opt for new alternatives in public health action that will combat the suffering caused by underdevelopment and poverty coupled with the side-effects of urbanization and industrialization. The Region is experiencing an epidemiologic situation characterized by the persistence and resurgence of endemic diseases such as malaria, cholera, tuberculosis, and malnutrition; by an increase in problems such as cancer and cardiovascular illnesses; and by the appearance of new diseases such as AIDS and those caused by the deteriorating environment. With this situation in mind, health promotion emphasizes the importance of participation by the public in modifying risky sanitary conditions and ways of life, thus creating a culture of health. To this end, the dissemination of information and health education are invaluable instruments for promoting participation by and encouraging a change in the lifestyles of the communities.

3. In the political arena, there exist barriers which limit democratic practices and citizen participation in decision-making. Under these circumstances, violence—in all its forms—contributes notably to the deterioration of public services, causes numerous psychosocial complications, and constitutes the background for countless public health problems.

4. Attainment of equity requires the elimination of unnecessary, avoidable and unjust differences that restrict access to the right to well-being. Each society defines its well-being as the right to choose a dignified way of life. The role of health promotion in reaching this goal is not only to identify the factors that encourage inequity and to propose actions to alleviate their effects, but also to act as an agent of change bringing about radical transformation in the attitudes and behaviors of the public and its leaders, the starting point of these problems.

5. Integral and reciprocal development of human beings and societies is the essence of the strategy for health promotion in all societies.
Consequently, the strategy must incorporate the cultural traditions and social procedures which have forged our nationalities and make it possible to face adversity, structural obstacles, and recurring crises with creativity and solidarity. Recognition, recovery, stimulation and dissemination of these experiences are indispensable for the transformation of our societies and for bringing about a culture of health.

Strategies

At the international level, the health promotion movement has generated theoretical and practical proposals among which the Ottawa Charter for Health Promotion stands out for its clarity in defining the elements that constitute health promotion and the mechanisms for putting it into practice. The incorporation of these proposals is indispensable to the strategy of health promotion in Latin America.

1. Promote a culture of health by modifying values, beliefs, attitudes and policies in order to allow access to production, as well as to promote the fruitful use of goods and opportunities which facilitate healthy options. Accordingly, it will be possible to create healthy environments and to prolong full lives with maximum development of personal and social capacities.

2. Transform the health sector, emphasizing the strategy of health promotion which means guaranteeing universal access to health care services, changing conditioning factors which produce morbidity/mortality, and promoting processes that encourage the public to forge ideals about health, with full awareness of the importance of health and the determination to take transcendental actions that have impact on this area.

3. Convene, inspire and mobilize a strong social commitment toward making health a high priority on the political agenda. This movement will change the interrelationships in society so that marginalization, inequity, destruction of the environment, and the conditions which these produce will become unacceptable.

Commitments

The right to and respect for life and peace are the fundamental ethical values of the culture of health. As a result, it is indispensable to the promotion of health in Latin America that these values be accepted, cultivated and practiced daily.

1. Instill the concept that health is conditioned by political, economic, social, cultural, environmental and biological factors, and that health promotion is a strategy to change these conditioning factors.

2. Enlist social forces in the application of the health promotion strategy, subordinating economic interests social goals, with the purpose of cre-
ating and maintaining family, physical, natural, labor, social, economic and political settings that promote life rather than degrade it.

3. Encourage public policies that guarantee equity and favor adopting healthy environments and options.

4. Refine coordination and negotiation mechanisms among the social and institutional sectors in order to follow through with health promotion activities, keeping in mind the overall improvement of well-being and fostering the transfer of social investment resources to civilian organizations.

5. Consolidate a committed and effective plan to curtail unproductive spending in areas such as military budgets, diversion of public funds for producing private gains, excessively centralized bureaucracies, and other sources of inefficiency and waste.

6. Strengthen the ability of the people to participate in the decision-making that affects their lives, and to choose healthy lifestyles.

7. Eliminate the excessive burden of inequity on women. The participation of women, providers of life and well-being, constitutes an indispensable axis of health promotion in Latin America.

8. Stimulate dialogue among intellectual leaders so that the process of health development is incorporated in the cultural heritage of the Region.

9. Strengthen the health sector’s capacity to mobilize resources toward social production of health, assigning responsibility for tasks to the social players in their actions related to health.

10. Recognize the people committed to the process of health promotion, such as health workers and agents, in the same way that professionals trained to provide health services are recognized.

11. Encourage health promotion research to generate appropriate science and technology and disseminate the knowledge gained in a way that transforms it into a means for liberation, change and participation.

Ours is a continent of hope and future.
To fulfill our hopes, to live in peace and with dignity, is the commitment we assume.

*Santafé de Bogotá,*
*November 1992*
ANNEX III
CARIBBEAN CHARTER FOR HEALTH PROMOTION

1–4 June 1993

The 13th Meeting of the Ministers Responsible for Health of the Caribbean, seized of the relevance of Health Promotion as an important and significant process through which the Caribbean people might assume more control over and improve their health, called for the development of a Caribbean Charter for Health Promotion.

In fulfillment of that mandate, 125 persons drawn from the health and other kindred sectors, and representing the social partners active in Caribbean life, met in Port-of-Spain, Trinidad and Tobago, from the 1st to 4th of June 1993 at the First Caribbean Conference of Health Promotion.

This cooperative action of Caribbean people in health is in the tradition of previous efforts, declarations and initiatives in this field. In 1978 Caribbean Ministers Responsible for Health issued the Declaration on Health for the Caribbean Community; in 1986 they launched the Caribbean Cooperation in Health Initiative as a joint framework for health action and gave it further form and direction in 1992 when they accepted a set of Goals and Targets in its priority areas.

The Caribbean actions coincide with those being taken at a hemispheric level and are congruent with the plans and programmes for the implementation of the Health Promotion Strategy as highlighted in the Strategic Orientation and Programme Priorities for the Quadrennium 1991–1994 of the Pan American Health Organization.

The countries of the Caribbean are justifiably proud of the gains in health which they have made. However, the governments, conscious of the evidence that the health problems of today and tomorrow are increasingly complex and evermore related to social, economic and behavioural factors, believe that this is the moment for a new approach. The urgency for action is heightened not only by the changing patterns of the health problems of the people, but also by the adverse effects on their well-being of the structural adjustment programmes that their economies have undergone.

1Developed and adopted at the First Caribbean Conference of Health Promotion, sponsored by the Pan American Health Organization/World Health Organization and the Caribbean Cooperation in Health, on 1–4 June 1993 in Port-of-Spain, Trinidad and Tobago.
HEALTH PROMOTION

Health promotion is that new approach: in the Caribbean context it will strengthen the capacity of individuals and communities to control, improve and maintain physical, mental, social and spiritual well-being.

It focuses not only on disease prevention and control, but on health and wellness and advocates that people’s health is a positive resource for their living.

It demands close collaboration among health and other sectors since the determinants of health status are varied and diverse.

Health promotion thus perceived will favour the development of the creativity and productivity of the Caribbean people and seek their spiritual fulfillment in a climate marked by good interpersonal relations and peace.

OPPORTUNITIES

The Caribbean is well equipped to face the challenges that must come with the acceptance of health promotion as an appropriate approach. The opportunities for successful action include:

- the existing structures and institutions born out of the rich variety of experiences and resources that its people have developed;
- the uniqueness of its culture, its racial and religious tolerance, its recognition of the valuable role of family and friends;
- the personality of its people known for their humour and the pride they display in their music, dance and sport;
- the demonstrable advances its people have made in improving many aspects of their health; and
- the achievements in academic excellence.

STRATEGIES

The wellness of the Caribbean people that health promotion seeks to enhance will depend on actions taken by individuals and communities to modify crucial ecological and behavioural factors and to provide efficient and effective systems of health care. The strategies that will ensure the understanding, planning and implementation of the kind of health promotion that adheres to the overriding principle of equity in matters of health, include the following:

- formulating healthy public policy;
- reorienting health services;
- empowering communities to achieve well-being;
- creating supportive environments;
- developing/increasing personal health skills; and
- building alliances with special emphasis on the media.
Formulating Healthy Public Policy

Since all dimensions of the activity of the state will impact on the health status of the people, policy makers must be ever conscious of the impact of these decisions. Multi-sectoral, multi-disciplinary considerations are therefore critical to the formulation of healthy public policy.

Such public policy must emphasize alliances among varied programmes and promote health as a strategic input and priority outcome of development. It must seek consensus among critical actors and sectors and involve the population and its several communities in its definition.

Reorienting Health Services

The implementation of health promotion strategies requires no less than the orientation of the health system to make it more responsive to the health needs of communities and individuals.

Health systems that espouse promotion must involve members of the community in its development, and ensure that decisions about services result from genuine local and national participatory and consultative processes.

Such systems will have equity as a central consideration. The allocation of resources and the establishment of programmes is crucial to ensure that health promotion assumes its proper priority position.

These systems will be open to the provision of non-traditional services, the conduct of appropriate health research and will legitimize the role of any member of the health team as a leader.

Empowering Communities to Achieve Well Being

Health promotion must build on that aspect of Caribbean culture that embraces community action and the tradition of the extended family. Communities will be provided with the information and tools to allow them to take such actions as are needed to improve health and well being.

Proactive community action and participation, as well as the community’s involvement in determining its priorities for health promotion, must be acknowledged and facilitated by policy makers, health care providers and the media.

Creating Supportive Environments

The success of health promotion will depend in part on the commitment of governments to achieving a healthy physical, social, economic and political environment. All development activities must be guided by the need to sustain and enhance the environment as the Caribbean people aspire to live in healthy countries and healthy cities, to work in healthy places and to have their children attend healthy schools.

In turn, health promotion will advocate a commitment to securing these aspirations—turning to legislation if the need arises.
Developing/Increasing Personal Health Skills

Education for personal health must aim to inculcate self-discipline, recognising the critical importance of early childhood education and take account of the values, beliefs and customs of the community.

The development of these skills is a continuous process and must be facilitated at all stages of life—at home, school, work and leisure. Individuals will be guided and supported in achieving these goals, rather than having such goals imposed upon them.

The responsibility for increasing skills is one shared by all the sources of information and all the media of education and communication.

Building Alliances with Special Emphasis on the Media

Countries and communities have diverse resources that will be brought together in the joint and shared efforts to promote health. Alliances will be formed and coordination sought among all those traditional and non-traditional sectors that impact on health.

The media in all their diversity must be key players in this partnership, bringing their considerable power and influence to bear on the formulation of policies and programmes that affect the health of the people.

It is imperative that there be a reciprocal relationship between the media and health related sectors to ensure free flow of information on matters vital to Caribbean health.

The effectiveness of many of these alliances will depend on the attention paid to training at different levels in the different fields from which the allies for health are drawn.

THE CHALLENGE

In this 20th year of the signing of the Treaty of Chaguaramas, it is significant that the Caribbean should seek to examine existing practices and establish new norms to guide action in this unfolding field of health promotion. It is fitting that the Ministers of Health should adopt this Charter and so strive and work in collaboration with all the relevant social partners to take actions that can transform this Charter into a living instrument that will maintain and improve the health of the Region. This is the challenge!
EDITORIAL NOTE

In January 1984 a new programme in health promotion was established by the World Health Organization’s Regional Office for Europe. Since planning began in 1981, a number of meetings involving a range of professional and academic disciplines and consumer groups have helped to clarify the special approach of such a programme. With such a wide base which draws upon different disciplines and concerns a variety of agencies, professionals, lay people and consumer groups, a programme inevitably faces difficulties of communication. It therefore seemed appropriate to make some early attempt to consolidate the current use of terms in the form of a glossary to aid communication. To this end, this health promotion glossary was commissioned from Don Nutbeam, Head of Research at the Welsh Heart Programme, Cardiff, Wales, by WHO Regional Office for Europe.

This health promotion glossary is not a final statement, but is presented for discussion in an attempt to move towards a consensus on terminology. It is intended as a guide for readers of WHO documents and publications in this broad field. Where definitions and concepts have been used and discussed in these publications, they are referenced in this glossary. A list of these publications is included in Appendix 1. Where terms have not been clarified in these publications, suggested definitions and supporting discussion are offered, based on an appraisal of the wider literature and consultation with experts in the field. Definitions are restrictive by nature. They often represent summaries of complex concepts and activities and consequently the subtleties of objectives and processes are missed. Health promotion is an evolving concept which will undoubtedly be subject to further refinement. The use and relevance of many of the terms defined in this glossary will be situation-specific and moulded by prevailing social, economic and cultural conditions.

This list of terms is by no means exhaustive: it represents a consensus of core terms. Neither is it exclusive. Indeed many have been borrowed from the various disciplines in which health promotion has its origins. Definitions in current use have been included where appropriate.

The first section of the glossary presents an extended examination of the basic concepts from which the terminology of health promotion stems. The major section consists of the extended list of terms and definitions in alphabetical order. These definitions are short and make no pretence at offering fuller inter-
pretations that may be found elsewhere. A short note about variations in the interpretation and use of terms has been added where appropriate. In cases where no appropriate definition is available, the primary sources of information on the concept are given. Words printed in bold type are defined in the glossary.

**BASIC CONCEPTS**

**Health**

Health has been defined by WHO as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. However, as one might expect, this all-embracing and idealistic description has sometimes been viewed as unattainable and largely irrelevant to the lives of most individuals. Within the context of health promotion, health has been considered less as an abstract state and more in terms of the ability to achieve one’s potential and to respond positively to the challenges of the environment. In these terms, health is seen as a resource for everyday life, not the object of living; it is a positive concept emphasising social and personal resources as well as physical capacities.

Basic resources for health are income, shelter and food. Improvement in health requires a secure foundation in these basics, but also information and lifeskills; a supportive environment, providing opportunities for making healthy choices among goods, services and facilities; and conditions in the economic, social and physical environments (the total environment) which enhance health.

This inextricable link between people and their environment constitutes the basis for a socio-ecological concept of health which is central to the concept of health promotion. Such a view emphasises the interaction between individuals and their environment and the need to achieve some form of dynamic balance between the two. In this view the relativity and subjective nature of the concept of health are highlighted, as is the fact that the experience of health and illness is strongly influenced by the cultural context in which it occurs. Thus the importance of perceived health is also stressed in health promotion.


**Health Promotion**

Health promotion is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. It has come to represent a unifying concept for those who recognize the basic need for change in both the ways and conditions of living in order to promote health. Health promotion represents a mediating strategy between people and their environments, combining personal choice with social responsibility for health to create a healthier future.

Health promotion as a principle involves the whole population in the context of its everyday life. Central to this is effective public participation in the definition of problems, decision-making and action taken to change and improve the determinants of health. For this reason health promotion involves close co-operation between all sectors of society, including government, to ensure that the “total environment” is conducive to health.

More specifically, health promotion represents a new strategy within the health and social fields which can be seen on the one hand as a political strategy, directed towards policy and on the other hand as an enabling approach to health, directed at lifestyles. Thus health promotion is not only concerned with enabling the development of lifeskills and individual competence to influence factors determining health, but is also concerned with environmental intervention to reinforce factors supporting healthy lifestyles and to change those factors preventing or prohibit-
ing healthy lifestyles. This strategy has been summarised by the phrase “to make healthy choices the easy choices.”

Health promotion has been summarized through the following general principles of approach: health promotion works with people not on them; it starts and ends with the local community; it is directed to the underlying as well as immediate causes of health; it balances concern with the individual and the environment; it emphasises the positive dimensions of health; and it concerns and should involve all sectors of society and the environment.

Reference: 21. Other Sources: 25, 34, 18, 6, 19.

**Health Education**

Health education is a term used to represent consciously constructed opportunities for learning which are designed to facilitate changes in behaviour towards a pre-determined goal. In this context health education has been closely allied to disease prevention as a means to changing behaviours which have been identified as risk factors for particular diseases. It is essentially an educational activity involving some form of communication designed to improve knowledge, and develop understanding and skills which are conducive to health.

Health education, however, is not merely concerned with individuals and their health and risk behaviours. In the context of health promotion different forms of health education directed at groups, organizations and whole communities, are necessary. Such approaches concern raising awareness about the environmental, economic and social causes of health and ill health.

These developments represent a departure from the traditional role of health education, concerned mainly with changing the risk behaviour of individuals, to represent a potent force for change. In this context the content of health education would include the provision of information relevant to policy. That is information which, for example, would demonstrate the political feasibility and organisational possibilities of various forms of action to support environmental, economic or social change conducive to health.

In such a way health education and health promotion become closely interlinked. Health promotion depends in essence on the active involvement of an informed public in the process of change. Health education represents a crucial tool for this process.

Primary Sources: 40, 26, 27, 24, 28.

**Disease Prevention**

Disease prevention is normally used to represent strategies designed either to reduce risk factors for specific disease, or to enhance host factors that reduce susceptibility to disease.

Disease prevention can also include activities or strategies designed to reduce the consequences of disease once established. In this case a distinction is made between primary and secondary prevention.

Primary prevention seeks to prevent the initial occurrence of a disease or disorder. Secondary prevention seeks to arrest or retard existing disease through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, rehabilitative measures or corrective surgery.

When personal behaviours are related to the prevention of disease, health education, as a means to changing those behaviours, is one potentially effective strategy.

Disease prevention is essentially an activity in the medical field dealing with individuals or particularly defined groups at risk. It aims to conserve health. It does not represent a positive vision of health that moves ahead, but is concerned with maintaining the status quo.

Health promotion, on the other hand, starts out with the whole population in the context of their everyday lives, not selected individuals or groups. Its goal is to enhance health. In this context health promotion and disease pre-
vention can be seen as two separate but complementary activities which overlap in a variety of situations and circumstances. Reference: 6. Other Sources: 21, 25.

**Primary Health Care**

Primary health care is essential health care made accessible at a cost the country and community can afford, with methods that are practical, scientifically sound and socially acceptable. Everyone in the community should have access to it, and everyone should be involved in it. Related sectors should also be involved in it.

As a set of activities it should include at the very least health education for individuals and the whole community concerning the size and nature of health problems prevalent in that population, and on methods of preventing and controlling those problems. Other essential activities include the promotion of adequate supplies of food and proper nutrition; sufficient safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the main infections and diseases; appropriate treatment of common diseases and injuries and the provision of essential drugs.

Primary health care is also a level of care in a country’s health care system. Primary health care is the central function and main focus of a country’s formal health system, the principal vehicle for the delivery of formal health care.

Primary health care can be seen as closely linked to both health promotion and disease prevention, a third, separate but complementary activity. There is tremendous scope for both planned and opportunistic health promotion through the day-to-day contact between primary health care personnel and individuals in their community. By acting as health advocates, PHC personnel are well placed to influence the formulation of policies affecting the health of the community they serve. Reference: 1. Other Sources: 6, 36, 25.

**Lifestyle**

The term lifestyle is taken to mean a general way of living based on the interplay between living conditions in the wide sense, and individual patterns of behaviour as determined by socio-cultural factors and personal characteristics.

The range of behaviour patterns open to individuals may be limited or extended by social and environmental factors and for this reason lifestyles are usually considered in the context of both collective and individual experiences and of conditions of life.

The lifestyle of a social group comprises a range of socially determined patterns of behaviour and interpretations of social situations, developed and used by the group as a mechanism for coping with life.

An individual’s lifestyle is made up of the standard reactions and behaviour patterns that are developed through processes of socialisation. They are learned through social interaction with parents, peer groups and friends and siblings, or through the influence of schools, the mass media, etc. These patterns of behaviour are continually interpreted and tested out in social situations and are therefore not fixed, but subject to change.

In the context of health promotion, it is both the important influence of lifestyles on health and the potential for change in lifestyles which is of crucial importance. The way in which an individual lives may produce behaviour patterns which are either beneficial or detrimental to health. What is clear from an understanding of the determinants of lifestyles is that if health is to be improved through changes in lifestyle, action must be directed at both the individual and factors in the total environment which will influence lifestyles.

It is important to recognise, however, that just as there can be no ideal state of health, there can be no “optimal” prescribed lifestyles for all people. Culture, income, family life, age, physical ability, traditions and the home and work environment will make certain
ways and conditions of living more attractive, feasible and appropriate.

GLOSSARY

Action Research

Describes a wide range of evaluative activities which are used to shape, guide and modify established programmes (e.g., intervention programmes) as they continue to develop.

Note: Such an approach to research emphasises the quality and relevance of various components of a programme as it relates to its identifiable population in the context of its everyday life. Interactive research methods such as participant observation could be included in such an approach in that they more directly involve the population in the definition and solution of problems from their own point of view.

At Risk

In epidemiology “at risk” describes the susceptibility of an individual or group of persons to the occurrence of some predictable event or disorder which may result in loss, difficulty or ill health. Predictability in this case is based on mathematical probability.
Primary Source: 22.

At-risk Group

In disease prevention, a group of persons who by virtue of their biological, social or economic status, behaviour or environment, are more susceptible to certain diseases or ill-health than the rest of the population.

Behaviour Modification

The process by which an individual’s behaviour or response is shaped towards some predetermined outcome by means of positive or negative reinforcement of behaviour, or by reward or punishment through manipulation of the environment.

Note: In health education this term has been extended from its original application by behavioural psychologists to include a wide range of educational strategies for which the main objectives are changes in behaviour. In such cases behaviour modification is the end-point in the knowledge, attitude, behaviour (K.A.B.) chain which forms the basis of many early health education strategies.

Community

A specific group of people usually living in a defined geographical area who share a common culture, are arranged in a social structure and exhibit some awareness of their identity as a group.

Note: In modern societies, individuals rarely belong to a single, distinct “community” but maintain membership of a range of communities based on variables such as geography, occupation, social contact and leisure interests.

In health promotion the concept of community is important as a focus for approaches which concern groups of individuals in the context of their everyday lives.

Community Development

In health promotion, the process of involving a community in the identification and reinforcement of those aspects of everyday life, culture and political activity which are conducive to health. This might include support for political action to modify the total environment and strengthen resources for healthy living, as well as reinforcing social networks and social support within a community and developing the material resources available to the community.
Primary Source: 25.

Community Involvement

The active participation of people living together in some form of community in the
process of problem definition, decision-making and action to promote health.

Note: In the context of health promotion, community involvement is seen as central to the processes of community development.

In the context of primary health care, community involvement is seen as an essential prerequisite for individuals and families to assume responsibility for their and the community's health and welfare through involvement in the planning, operation and control of primary health care.

Reference: 6. Other Sources: 37, 34.

Consciousness Raising

In health promotion, the processes by which individuals or communities are made aware of the existence of factors, or are made aware of the relative importance of already known factors in their total environment which may affect health.

Note: The development of the concept has been closely associated with the evolution of the women's health movement, and formed an important part of the overall strategy employed by that movement.

Consumer Group

A group which shares common goals to influence the production, distribution and/or sales of goods and services, especially through informed choice.

Note: There is evidence of increasing consumer participation in the delivery of health care services through consumer groups.

Consumerism (Consumer Movement)

A social movement intended to improve the influence of individuals or groups, including consumer groups, on the production, distribution and/or sales of goods and services.

Note: In health promotion, consumerism represents a powerful allied movement which is essentially concerned with extending the control that people have over their lives and the choices they make. In the context of health promotion this means that the public should demand and receive the information with which to develop a more critical awareness of the impact of different goods, services, personal activities and environmental conditions on health. Subsequently, effective consumer choice or behaviour implies the ability to use the information, and the availability of selected services or other services.

Primary Source: 34.

Coping

The cognitive and physical skills, and resources available to and used by individuals to help them deal with the problems, stress and strains of daily living, or life events causing stress.

Note: People try to cope with their problems in three basic ways; either by attempting to alter their perception of the problem, or by attempting to change the situation that has created the problem, or by attempting to control the stress to which the problem gives rise.

Clearly, in situations beyond individual control, the latter variant will be most common. It is in this sense that risk behaviours (such as smoking, excessive alcohol consumption, drug misuse) are considered as coping styles.

In health promotion the aim is to open up coping options so that risk behaviours become a much less important mechanism for coping. Strategies for doing this may focus more on changing the situation which created the problem. This might involve reinforcing social support, developing individual skills and resources to improve autonomy and diminish powerlessness, and to promote changes in the environment which affect the material resources available to individuals for coping.

Primary Sources: 10, 25.

Decision-making Skills

Those abilities of definition and discrimination by which individuals and/or communities make choices from a range of available options.

Note: In health promotion, decision-making skills form an essential element to the processes of com-
munity development and community participation in strategies to improve health. It is worth noting, however, that decision-making skills are only useful if individuals have a range of choices open to them through their environment, and are well informed of these choices and their consequences.

**Disease Prevention**

See Basic Concepts.

**Ecology of Health (The Ecological Scenario for Health)**

In health promotion, a scenario for health which is based on personal and social responsibility for health, and a positive concept of health.

*Note:* In this scenario for health, people will take personal responsibility for their own health in a spirit of individual self help and mutual aid, and will actively insist that society provide a health promoting environment.

This ecological scenario for health rests heavily on the success of health promotion both in enabling individuals towards healthy lifestyles and in creating a supportive environment for health.

Reference: 25.

**Economic Environment**

In health promotion, economic factors beyond the immediate control of individuals which affect health and healthy lifestyles.

*Note:* Factors such as employment, unemployment and income, as well as pricing policy affecting goods and services related to health, might be included under this heading.

In the context of health promotion, strategies concerned with the economic environment might include attempts to demystify economic policies, point out the inadequacies of many economic indicators (e.g., the inclusion of cigarettes in a "cost of living" index) and suggest alternative economic policies.

Primary Source: 25.

**Epidemiology**

The study of the distribution of a disease, behaviour or other health indicators in human populations and of factors that may cause or be associated with their distribution, and the application of this study to the control of health problems.

*Note:* Epidemiological information, particularly that which defines at-risk groups and risk behaviours, has provided the basis for disease prevention. However, the traditional focus of epidemiology on disease and the determinants of disease has meant that it has been of less use in the field of health promotion. In this context the concept of social epidemiology has been of greater relevance.

Primary Source: Existing WHO.

**Fiscal Policy (Health)**

In health promotion, decisions or action taken by government to affect the level of taxation on goods, products or services which may affect health and healthy lifestyles.

*Note:* Opportunities and incentives to select healthy lifestyles depend heavily upon public policies that shape the economic and social conditions under which people live. Thus, to be effective, health promotion programmes must deal with these structural influences on behaviour creating an economic environment conducive to health.

Primary Source: 13.

**Health**

See Basic Concepts.

**Health Advocacy**

The actions of health professionals and others with perceived authority in health to influence the decisions and actions of communities and governments which have some control over the resources which influence health.

*Note:* There may be a number of mechanisms for action which range from providing health infor-
nformation to decision-makers, and promoting public involvement in decisions about health-related issues to direct attempts to influence appropriate levels of government to take action that will improve the health of the community.

In health promotion, health advocacy can be seen as an important role for health professionals, especially primary health care personnel.

Health Behaviour (Health-directed Behaviour)

Any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health whether or not such behaviour is objectively effective towards that end.

*Note:* Health behaviour should be seen as distinct from health-related behaviours which are not necessarily consciously directed towards improving health.

Primary Sources: 25, 34.

Health Choice

The selection between options open to individuals and/or communities to enhance health. Such choices are inevitably constrained by the total environment.

*Note:* In health promotion the focus of attention is not only on equipping individuals with the necessary health knowledge and decision-making skills, but also on creating as wide a range of options for individuals and/or communities to choose from. As such, action would be directed as much at the total environment as the individual. In this way the objective is to make healthy choices the easy choices.

Health Education

See Basic Concepts.

Health Indicator

A variable, susceptible to direct measurement, that provides a measure of one or more aspects of the level of health of a given community or population.

*Note:* Health indicators can be used to evaluate changes in the level of health of a population and, directly or indirectly, used to assess the extent to which the objectives and targets of a programme are being attained.

For example, if the aim of a programme is to improve child health, several indicators could be used, such as nutritional status, psychosocial development, the immunisation rate or morbidity and mortality rates.

In the context of health promotion it has been suggested that attention should be focused on quantifiable “positive health indicators” which are concerned with measuring health behaviours and conditions in the total environment conducive to health. Conversely “negative health indicators” are those concerned with mortality, disease and ill health.

However in practice, although efforts are normally made to quantify indicators, this is not always possible. Qualitative indicators are therefore often necessary, for example, to assess people’s involvement and their perception of their health status.


Healthism

A term used to describe the belief or cultural value that health is more important than all other rewards or satisfactions; in other words the achievement of health is the prime object of living.

*Note:* Such an ideology could lead to others prescribing what individuals should do for themselves and how they should behave, which is contrary to the principles of health promotion. Such an approach to health, focused on the individual and his prescribed way of living, also obscures and diminishes the relationship between social and environmental conditions and health.

In the context of health promotion it may be that some health problems should be endured in order that individuals or groups might support values they consider to be more important than health.

Primary Source: 34.
Health Knowledge

That information to which individuals have access, which provides the cognitive base on which decisions are made about health, health behaviour and risk behaviour.

Note: In the past, much health education has been focused on improving knowledge about health and risk behaviours. This was in the belief that this information would result in a change in attitude and ultimately changes in behaviour. This knowledge, attitude, behaviour (K.A.B.) approach to health education has consistently failed to result in the desired changes in behaviour, and the various refinements of this approach (such as the health belief model) have failed to make any major improvements in efficacy.

In health promotion the focus of information is as much on the social and environmental causes of health as on individual behaviour and lifestyles, the central aim being to improve knowledge about the range of actions available to improve health and to enable genuine, informed choice.

Health Policy

A formal statement or procedure within institutions (including government) which gives priority to health or which recognises health goals. It involves health services and sectors outside health services which affect health.

Note: Health policy normally consists of a web of decisions and actions which are a response to health needs, health demands, available resources and other non-health-related pressures. The absence of decisions must also be recognised as a component of health policy which may influence the health of individuals or communities.

Health Professional

Those occupations within organised health care services demanding specialised knowledge and skill acquired at least in part by education and training of a theoretical nature. These occupations are usually governed by a code of conduct and a restricted-entry professional association.

Note: In the context of health promotion it should be recognised that those involved in the field may be drawn from a far wider range of professional and lay groups than just health professionals. Health professionals, however, may have a special role in health promotion through health advocacy.

Health Promotion

See Basic Concepts.

Health-related Behaviour

Any behaviour or activity which is part of everyday living but influences a person’s health status.

Note: Almost every behaviour or activity may have some influence on health and in this context it may be useful to consider health-related behaviours as an integral part of the lifestyle of an individual or group. Health-related behaviours can have either a positive or negative influence on a person’s health status. Within the context of health promotion, the emphasis would be on supporting those aspects of everyday living which are conducive to health, and neutralising or reducing those aspects of everyday life which are hazardous to health.

Reference: 25.

Health Services

A formally organised system of established institutions and organisations, the multipurpose objective of which is to cope with the various health needs and demands of the population.

Note: Normally these services provide health care to individuals and the community and usually include a broad spectrum of curative and disease prevention and health education activities.

Primary health care is viewed as the central function and main focus of a country’s health services and the principal vehicle for the delivery of health care.
Health Status

A means of describing and/or measuring the health of an individual, group or population against accepted standards, often by reference to health indicators.

Note: As a descriptive term health status is often used in relation to the physical or biological health status of an individual or population. In health promotion, the term should be extended to include the social and emotional aspects and perceived health status.


Inter-sectoral Policy

Health-orientated policy affecting sectors outside health services but usually evolved in collaboration with the health sector.

Note: Inter-sectoral policy may affect, for example, individual sectors of a society or a community such as employment, housing, food production and social care, or it may affect several sectors. It may also be comprehensive.

Intervention Programme

In disease prevention a planned course of action usually targeted on a specific group or discrete population at risk of some identifiable disease or disorder, in order to reduce the risk of this disease or disorder.

Note: Intervention programmes are usually concerned with changing risk factors or risk behaviours in the target group or population, often using health education.

Lay Care

All measures carried out by nonprofessionals to promote, maintain, improve or restore health.

Note: In such a definition the difference between self help and lay care is that the former refers to measures directed at or available to a community, and the latter to measures directed at or available to an individual.

Reference: Existing WHO. Other Source: 12.

Legislation (Health-Relevant)

In health promotion, the making of laws by government (and the resulting laws) which explicitly aim to promote or protect health.

Note: Laws which are not explicitly concerned with health promotion or protection (such as traffic laws) which significantly affect health might also be considered under this broad heading.

Life Events

Those significant social changes which individuals may experience as part of everyday living.

Note: Life events are often causes of stress, but may also have positive outcomes in terms of promoting or protecting health.

Primary Sources: 40, 25.

Lifeskills

Those personal, social, cognitive and physical skills which enable people to control and direct their lives, and to develop the capacity to live with and produce change in their environment.

Note: Examples of individual lifeskills might include problem identification and problem solving, decision making and conflict resolution. As such, the development of lifeskills in individuals becomes an important goal for health promotion.

Reference: 34.

Lifestyle

See Basic Concepts.

Living Conditions

The standard of housing and material resources within the physical environment in which an individual lives.

Note: Differences in living conditions usually reflect a wide range of inequalities among different socio-economic groups within societies. The
overall impact of living conditions on health is sometimes difficult to untangle from the combined influence of individual lifestyles and social and cultural norms.

In the context of health promotion the focus of activity to promote health is as much on making improvements and changes to living conditions as it is on individual factors.

Mass Campaign

A series of planned activities and strategies directed at whole populations. For this reason, mass campaigns frequently rely heavily on the use of the mass media.

Note: Mass campaigns have been much used in the field of disease prevention. In general, mass campaigns have proved successful only where very short-term or one-off changes in behaviour are required, e.g., the introduction of new vaccines.

Mass Media

All the impersonal means of communication by which visual and/or auditory messages are disseminated directly to individuals or groups. Examples of the mass media include television, radio and newspapers.

Note: Achieving an informed and effective level of individual and community involvement in health is heavily dependent on continuous, accessible, credible and attractive information. Mass media communication has a central role in this regard. This role may become even more crucial as information technology develops and new methods of mass communication become more widely accessible.

Medicalization

The process of treating normal bodily function or social issues as problems which require a medical solution.

Note: Such a process has often resulted in broad aspects of personal and social life becoming the subject of medical intervention and expertise, e.g., family relations, childbirth and child development and sexual behaviour.

The medicalization of everyday life is contrary to the principles of health promotion in that it deflects individuals from understanding the wider causes of health and minimises self reliance and self empowerment.

Primary Sources: 33, 9.

New Public Health

Professional and public concern with the effect of the total environment in health.

Note: The term builds on the old (especially 19th century) public health which struggled to tackle health hazards in the physical environment (for example, by building sewers). It now includes the socio-economic environment (for example, high unemployment).

"Public health" has sometimes been used to include publicly provided personal health services, such as maternal and child care. The term "new public health" tends to be restricted to environmental concerns and to exclude personal health services, even preventive ones such as immunisation and birth control.

Occupational Environment

Those factors within the workplace beyond the immediate control of the individual which shape health and health and risk behaviour.

Note: At present, factors such as safety and exposure to hazardous substances are the main focus for attention. In health promotion, wider factors such as job satisfaction and security could be included under this heading.

Occupational Health

Concerns the health of individuals or groups in relation to work and the occupational environment. It includes the ability of individuals to adjust to the activity of work and the adjustment of the occupational environment to the individuals who work there.
Perceived Health

An individual's interpretation of experiences of health and ill-health within the context of everyday living. This judgement is normally based on available knowledge and information modified by previous experience and social and cultural norms.
Primary Source: 25.

Physical Environment

Those physical, chemical and biological factors within home, neighbourhood and/or workplace beyond the immediate control of the individual which affect health.

Note: Factors such as living conditions and access to and availability of facilities and services could be included under this heading.

Popular Movement

See Social Movement.

Positive Health

A state of health beyond an asymptomatic state. Concepts of positive health usually concern the quality of life and the potential of the human condition.

Note: Notions of positive health may include self fulfillment, vitality for living and creativity. Positive health is concerned with thriving rather than mere coping.

Consideration of positive health clearly transcends the traditional concerns of medicine with preserving and restoring health. It is not a subject which many health professionals have explored. Although the concept of positive health is central to the philosophy of health promotion, there is some need for caution in the use of the term.
Reference: 34. Other Source: 19.

Pressure Group

A voluntary group of individuals, linked by shared goals and attitudes, who attempt to obtain decisions and actions favourable to their goals by various means, but especially by attempting to exert influence on government.

Note: In health promotion the concept of a pressure group represents an important force for achieving change within communities or society. Often pressure groups are established or supported as part of a community development programme.

Quality of Life

The perception of individuals or groups that their needs are being satisfied and that they are not being denied opportunities to achieve happiness and fulfillment.

Note: The term “quality of life” has come into common use in the developed world where basic material requirements are widely available. Individuals have become increasingly aware of the potential for fulfilling individual and social needs, and seek a quality of existence beyond mere survival.

Risk Behaviour

In disease prevention, specific forms of behaviour which are known to be associated with increased susceptibility to a specific disease or ill health. In this context changes in risk behaviour become a major goal for disease prevention. Health education is a commonly used method to achieve this goal.

Note: In health promotion, risk behaviour is viewed in its wider context. Feelings of powerlessness are a major factor in the causation of risk behaviour. Any decision on how to react in a social situation is determined by what risks are considered acceptable, but acceptability is not always based on rational criteria and behaviour is not always subject to individual control.

Often risk behaviour is seen as an acceptable mechanism for coping. Phrases such as “you need a drink” and “have a cigarette” encourage the social acceptability of certain risk behaviours. Once these responses are transformed from short-term coping reactions to lifestyle patterns, they may become formidable health problems.
A basic strategy for health promotion thus becomes one of widening options for coping both by enabling self empowerment and by producing changes in the environment which support healthy lifestyles.

Primary Sources: 22, 25, 11, 29.

Risk Factor

In disease prevention, this term includes social, biological or economic status, behaviour, or other states known to be associated with, or the cause of, increased susceptibility to a specific disease, ill health or accident.

*Note:* Once identified, a risk factor may be modified by a course of action such as an intervention programme based on health education. Such an approach is often planned on the basis of tackling one single risk factor. This approach has been criticised because it frequently results in the isolation of individual behaviours from their social and cultural context and does not account for the assessment of risk (perceived risk) by the population studied.

Self Help

All measures carried out by non-professionals to promote, maintain or restore the health of an identifiable community.

*Note:* Examples of self-help activities might include the building of a local clinic or of a waste disposal system by the community likely to benefit from such improvements.

Self-help has also been viewed as "non-professional health resources" which are consciously mobilized in a community to address health problems. Self help is less of an activity than a resource.

The concept of self help is important within health promotion in that it may be seen as the basis for new forms of coping, self determination and humanization in health care and health enhancement.

Reference: Existing WHO.

Self-Help Group

Voluntary, small group structures for mutual aid towards a common goal.

Note: The initiators and members of such groups perceive that their needs are not or cannot be met by existing health and social services and seek to establish a mechanism for meeting their needs.

Reference: 12.

Self Care

Non-formally organised health activities and health-related decision-making encompassing self medication, self treatment, and first aid in the normal social context of people's everyday lives. Self care is considered the primary health resource in the health care system and is usually provided on an ad hoc basis.

*Note:* Self care is a means whereby people take much greater responsibility for their own health based on an understanding, in their own language, of what health is all about, how to promote it and what to do when it all goes wrong.

Part of the process of self care is knowing its limits and when to seek appropriate professional services. The parallel responsibility of health professionals is to provide an appropriate level and mix of services which enhance the confidence and competence of self care in the population.

Reference: 6. Other Sources: 8, 12.

Self Esteem

The extent to which an individual values his perceived image of himself.

*Note:* It is generally acknowledged that high self esteem is conducive to good mental health. In addition it is argued that high self esteem provides individuals with a degree of independence which will allow greater freedom of choice in health-related decisions, free, for example, from peer pressure. For this reason, activities designed to strengthen self esteem may be viewed as health promoting.

It is worth noting, however, that constraining factors in the total environment such as employment opportunities, income and housing impinge on self esteem. Thus effective action to raise self esteem in individuals should focus as much on the environment as the individual.
Self Empowerment

The achievement of personal autonomy through the development of and use of *lifeskills* for health.

*Note:* Self empowerment is a process designed to restore decision-making capabilities and to equip individuals with a belief in their autonomy, together with the skills necessary to enable them to decide what to do about their own health, their family's health and the health of the community.

One central aim of health promotion is to enable people to take control over, and responsibility for, their health as an important component of everyday life—both as spontaneous and organised action for health. Self empowerment is a crucial resource for such control, responsibility and action. Primary Source: 25.

Social Epidemiology

Epidemiology which is sensitive to social phenomena and informed by sociological understanding.

*Note:* While "epidemiology" normally recognises and uses certain social classifications and factors, such as social class, "social epidemiology" gives more weight and sophistication to these and is sociologically critical of some medical terms, for example depression, which are often more culturally and institutionally based than is commonly recognised.

Primary Sources: 9, 32.

Social Inequality

The existence of unequal opportunities and rewards for different social positions or statuses within a group or society. Social inequality in health often refers to the unequal influence on health of the different material rewards or possessions available to people of different social positions or statuses.

*Note:* The fundamental aim of Health for All 2000 is to reduce inequalities in health both among countries and within countries.

Social Movement

Various forms of collective action by a group of individuals aimed at social reorganisation. In general social movements are not institutionalised but arise from spontaneous social action directed at specific or widespread grievances.

*Note:* An example of a social movement for health might be the women's health movement in Europe. Drawing upon a broad basis of smaller groups with specific concerns, the movement has had a powerful effect in producing change in the way in which women's health problems are perceived and dealt with.

In the context of health promotion, one important practical strategy might be to identify broad social movements or trends in an attempt to support such movements for change if they are appropriate. It is usually far better to swim with the tide than against it.

Social Networks

The number and types of social relations and links between individuals which may provide access to or mobilisation of *social support* for health.

*Note:* Social networks can serve as an important resource for *coping*. Alternatively, social networks may reinforce *health behaviour* and influence recovery rates from ill health.

A stable society is much more likely to have established social networks for access to *social support*. De-stabilizing influences such as high unemployment, large rehousing schemes and rapid modernization can lead to severe social disruption. Under such conditions it is essential to support the establishment or re-establishment of formal and informal social networks to provide positive assistance for people in their pursuit of health. Primary Sources: 39, 35, 9.

Social Planning

Governmental planning in the social sector which normally includes, for example, health
and social services, social security, housing and education.

Note: Social planning may include urban and rural planning and it normally excludes economic and related planning in sectors such as agriculture, industry, trade and taxation.

Social Support

That assistance available to individuals and groups from within communities which can provide both help in coping by acting as a buffer against negative life events and other sources of stress. Social support includes emotional support, information sharing and the provision of tangible goods and services.

Note: Access to social support is not just dependent on the individual and his/her willingness to belong to a social network or cultural group. It is also dependent on the opportunities provided. The concept of social support is often considered in the context of stress control or reduction, where it has been identified as an important buffer and resource for coping.

Primary Sources: 25, 39, 34, 9.

Stress

The process by which individuals identify and act out their problems, how they react to them and attempt to cope with them. It is a situation-specific concept formed by the demands made on a person, the support and resources made available for coping and the constraints on coping.

Note: Stress can also be defined within the context of physiological changes as a response to certain events in everyday life.

Stress is often associated with major life events such as marriage, divorce and bereavement. Changes in social role and periods of transition between social roles are also considered significant sources of stress.

Stress may also be seen as a positive response to a situation which motivates positive action.

In health promotion the aim is to open up coping options for individuals, for example, by providing access to social support, so that individuals are in a better position both to cope and to respond positively to stress-producing events.

Primary sources: 39, 22.

"Total" Environment

In health promotion, all identifiable aspects of the social, economic and physical environment which may influence the health of individuals or groups.

Note: Health promotion is directed towards action on the determinants or causes of health. Health promotion therefore requires close cooperation between sectors beyond health services. In this context, government at both local and national levels has a unique responsibility to act appropriately and in a timely way to ensure that the total environment is conducive to health.

Victim-Blaming

Those activities in the health field based on the belief that responsibility for health and health problems is placed chiefly if not exclusively with the individual, neglecting the influence of social, economic and physical environments, and the constraints on healthy lifestyles imposed by these factors.

Note: In certain cases disease prevention programmes, focused on individual risk behaviours, may unconsciously "blame the victim" for his behaviour. Such cases emphasise the need to consider the social, economic and cultural basis for such behaviours if effective change is to be achieved.

Primary Source: 34.

Well-Being

A subjective assessment of health which is less concerned with biological function than with feelings such as self esteem, and a sense of belonging through social integration.

Note: Like the term positive health, well-being has much to do with achieving human potential physically, emotionally and socially. The term has been widely used in the context of the WHO definition of health as a rather idealised state of com-
plete health. In health promotion the use of the term might focus more on social integration and social support, or even a broader sense of social coherence for belonging, as the central meaning. This places the term within the broad context of a social model of health.

Wellness

An emerging concept of health primarily concerned with the quality of life, emphasising the experiential as well as behavioural dimensions of human existence.

Note: Programmes concerned with promoting wellness would recognise the multi-dimensional, holistic nature of health, focusing on lifestyles rather than risk behaviours and risk factors.

Wellness programmes tend to rely heavily on educational strategies but would also include the full range of health promotion strategies to provide environmental and economic support for lifestyles conducive to wellness.

Reference: 38.

Acknowledgements

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APPENDIX 1

PRINCIPAL SOURCES OF INFORMATION

List 1. WHO Publications and Documents
(Geneva)

2. 1979; Formulating Strategies for Health for All by the Year 2000: Guiding Principles and Essential Issues; WHO, Geneva.
6. 1984; Glossary of Terms used in the “Health for All” series; WHO, Geneva.
8. 1984; Health Education in Self Care: Possibilities and Limitations; HED/84.1; WHO, Geneva.

List 2. Documents and Publications from
WHO Regional Office for Europe

10. September 1982; Regional Strategy for Attaining Health for All by the Year 2000; EUR/RC30/8, 0425D.
11. March 1983; Intervention Studies Related to Lifestyles Conducive to Health; Report on a WHO meeting; ICP/HED 019(3), 2096F.
12. 1983; Self Help and Health in Europe; Stephen Hatch and Ilona Kickbusch; WHO.
13. December 1984; Regional Targets in Support of Regional Strategy for Health for All; EUR/RC34/7, 6388D/6389D.

List 3. Other Studies, Working Papers and Technical Reports Commissioned by WHO Regional Office for Europe

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