

30 years on from the Ottawa Health Promotion Charter – What is the Same and What is Different?

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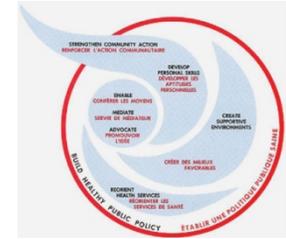
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Health Promotion

- Starts from Ottawa Charter in 1986 – WHO Conference
- Definition - “the process of enabling people to increase control over, and to improve, their health.”



Health Promotion (cont'd)



- Participation, helping people to be part of decisions that affect them (Enabling)
- Conditions of life that make a difference to health (Determinants of Health)
- Looking for the assets people have, not what they don't have (Strengths, focus on health & the positive)
- Working in many different ways at the same time (Multiple actions at multiple levels)
- Working in and changing the Context (Context)

What has changed since 1986?

- Climate change
- Emergence of ecological determinants of health
- More focus on social determinants of health
- Rapid development of technologies, especially social media
- Global security issues
- Global infectious disease epidemics
- Global migrations
- Deepening inequities at global and local levels

1. Participation/Healthy Settings

- These actions are still current:
 - Strengthening community action/engagement
 - Healthy Settings work requires engagement of all stakeholders
 - Intersectoral collaboration towards Health in All Policies
 - Participatory planning, evaluation, research
- Different:
 - Strengthening communities using social media

3. Focus on the Positive

- Still Current:
 - Goal-orientation at all levels – What do you want to achieve? (NOT what do you want to reduce?)
 - Asset-mapping
 - Salutogenesis – Antonovsky's Generalized Resistance Factors

4. Multiple Strategies at Many Levels

Ottawa Charter 1986

- Building Healthy Public Policy
- Creating Supportive Environments
- Strengthening Community Action
- Developing Personal Skills
- Re-orienting Health Services



Charlottetown Call to Action 2016

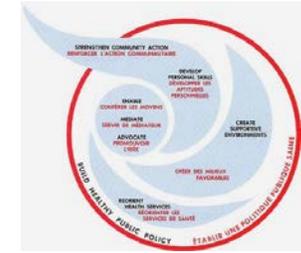
- Governance for Health – From Local to Global
- Multi-cultural and Ecological Environments
- Civil Society Engagement & Action
- Community & Individual Resiliency
- A Health and Human Services System



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HP Practice in 1980s & '90s



- Re Maternal & Child Health
 - Work with new Moms in a community in a group to decrease social isolation & connect them to many different community resources (toy library, playgrounds, food banks, clothing exchanges etc.)
 - Reach out to women who were new immigrants, single parents, youth
 - Moms have some control over the agenda of the group, picking topics of interest (e.g. personal health, baby health, family health)
 - Focus on positive parenting programs
 - Work on career advice, resume writing, community gardening, community fair organizing, advocacy with the city re safety for women (e.g. better lighting)

HP Practice Beyond 2016

- Re Rural Women and Domestic Violence
- Rural women identified the following factors affecting their health:
 - Job opportunities not good – job training & experience needed
 - Cannot afford to leave home – no income
 - Isolation in rural setting – no transportation, unable to see friends & family
 - Fear of mammograms, pap smears
 - No healthy food in local store
 - No control over food purchasing decisions
 - Husbands' working conditions are stressful
 - Unsafe to exercise on own in local area



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Examples of HP Strategies

- Civil Society Engagement & Strengthening Community Action
 - Reach out – invite to meetings about women’s health or a cooking class
 - Have group discussions about what affects their health (from individual to societal factors)
 - Identify factors for women, for your agency, for other sectors/agencies, for Municipal Council/Provincial Government
 - Collaborate with other NGOs & civil society
- Creating Supportive Multi-cult & Ecological Environments
 - Access to meetings – may need to provide help with transportation, find good time to meet, maybe find safe ways to use social media as support
 - Support women to bring issues forward to municipal government rep/Council/larger community forum
 - Support women to take personal level actions on health



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Example – Make Changes in Own Practice

- Health Practitioner actions for community & individual resilience:
 - Show what mammograms and pap smears are
 - Encourage women to come to screening together
 - Arrange transportation on certain days
 - Set up groups focused on topics to build social support
- Collaboration with other agencies in civil society:
 - With local store or farmer to provide healthy food
 - With shelter to find space for women & children
 - With local businesses to find job opportunities
 - With NGOs working on domestic violence, public health, other issues



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Examples of Health Promotion Actions

- Individual Actions for Rural Women
 - Decide to go to shelter when ready
 - Get mammogram and pap smear
- Policy Actions/Advocacy Required
 - Advocate for better working conditions and wages for workplaces
 - Municipal policy to provide public transportation
 - Mun/Prov policy to provide healthy food options in all stores or all areas
 - Municipal policy for better lighting and park areas for exercise
 - Prov policy to provide job training and access to education for all
 - Prov policy to have enough shelter spots available



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Promoting Health at the Local Level

- Reach out to & build relationships with the most disadvantaged people in your catchment area (*Building Community & Individual Resiliency*)
- Engage them in group discussions about what SDH affect their health
- Support local people to work with local NGOs and bring their ideas to local council for policy development (*Civil Society Engagement & Action + Local governance for health*)
- Use their ideas to change your practice (*Re-orienting services in different sectors towards creating a Health and Human Services System*)
- Collaborate with other agencies (including business sector) to bring in new information, training, actions to support health (*Creating Multi-cultural and Ecological Environments to support health + Civil Society Engagement & Action*)



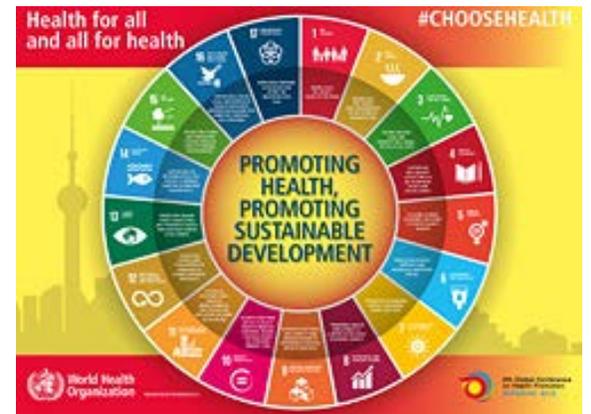
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Shanghai Declaration – Nov 2016

- **Key messages:**
- Health & Wellbeing are essential to achieving the SDGs
- Health promotion is the cornerstone to achieving the SDGs
- Health will be promoted by acting on all SDGs
- Bold political choices are required – people's health cannot be separated from health of planet (NOT all about economic growth)
- Social justice, equity & leaving no one behind are important
- Cities & communities are critical settings
- Health literacy empowers & drives equity



Challenges of Integrating HP and SDH/SDG

- Requires political action & social change that challenges existing gov't & corporate power
- Too easy, in a medical setting, to focus on individual behaviours & use health education strategies that do not “rock the boat”
- Activating citizens can raise expectations, cause political turmoil & prompt oppressive actions
- Need ways to connect local level actions and analyses to regional, national & international levels where policy change is required
- Different NGOs have different mandates – hard to collaborate

PH Practice at the Local Level Matters

- People in communities (even in Canada) are unhealthy because of:
 - Poverty
 - Hunger
 - Unemployment
 - No access to clean water, sanitation systems
 - Air pollution (from coal & other carbon energy sources)
 - Gender inequalities, racism, religious discrimination ...
 - Poor education
 - Unhealthy lifestyles
 - No access to healthcare
- As public health professionals, what do we do about it?
 - Mostly Work downstream! → Revolving Door

Local to National Connection

- Changing conditions of life requires policy change at municipal, provincial, and federal levels
- Who makes policy change? → Citizens, researchers, health workers, and NGOs can influence
- Health promoters in particular:
 - Strengthen community action/work with community members
 - Collaborate with others → through and with civil society organizations
 - Work across sectors (health in all policies & intersectoral collaboration)
 - Healthy settings movements
 - Work at multiple levels using multiple strategies

The Global Connection



- Ottawa Charter is a guide for practice around the world
- Interconnections between countries re climate change, financial flows, infectious diseases, migrations
- Interconnections between countries via trade, policies, migration, development
- Interconnections between individuals via social media
- Now local change needs support from international/global treaties

Global Connection



- Maybe things are OK in Canada & Britain but they are not OK in other countries
- Canadian immigration policies enable or prevent people from leaving a violent situation
- Canadian policies support development of drugs to serve us first re infectious diseases
- Other countries cannot change tobacco and alcohol policies in their jurisdictions due to trade laws
- Sense of solidarity between health promoters & public health workers worldwide – working on same agendas, sharing same approaches