

Commentary

VALUE-BASED EVIDENCES TO FACE THE NEW CHALLENGES OF HEALTH PROMOTION IN A SUSTAINABLE HEALTHCARE SYSTEM.

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ARTICLE INFO

Article history:

Received 30 September 2017

Revised 13 October 2017

Accepted 22 October 2017

Keywords:

health promotion, prevention, health education, Ottawa Charter, Sustainable Development Goals, public health; Public Health Genomics.

ABSTRACT

Thirty years ago, starting from a new awareness of the limits of biomedical power and healthcare services to solve all population' health problems, the Ottawa Conference coined a New Public Health by defining Health Promotion (HP) as “the process of enabling people to increase control over and to improve their health and well-being”. Since then and over the next 30 years, several programs have been developed all over the world to translate HP concepts into practical actions and many health successes have been achieved as well. Nowadays, even if the global health context has strongly changed, the original principles of HP still provide a solid ground for action, being the community engagement and empowerment of women and men still at the heart of any health strategy, in a shared responsibility of all society's sectors approach. However, since now HP promotion efforts have been directed toward priority health problems in a issue- settings-based approach, but in a sustainable and ethical prospective this will be not enough now: a deeper attention on effectiveness is request and an evidence- and value-based HP approach is needed to support the Public Health community and the policy-making, including the new challenges related to Public Health Genomics..

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1. Commentary

According to Tannahill's model, Health Promotion (HP) comprises the efforts to enhance positive health and prevent illness through the overlapping spheres of health education, prevention and health protection^{1,2,3}, where health education includes consciously constructed opportunities of learning and knowledge improving, involving also health literacy, and of developing life skills in support of individual and community health, while disease prevention covers measures not only to prevent the occurrence of diseases and related risk factors, but also to arrest their progress and reduce their consequences once established⁴. Thirty years ago, starting from a new awareness of the limited ability of biomedical power and healthcare services to solve all the health problems faced by the population⁵, the Ottawa Conference coined a New Public Health by defining HP as “the process of enabling people to

increase control over and to improve their health and well-being”^{4,6}. A revolutionary vision of health, going beyond of prevention and correct lifestyles, was stated by clarifying the prerequisites for health and recognizing at the same time the priority action areas with the aim to build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and ‘reorient’ health services⁶. In the same way, some years before, the Declaration of Alma Ata led the first real change in thinking health, stating Primary Health Care as the principle mechanism for health-care delivery⁷: health improvements would not occur just by implementing health services or by imposing public health solutions with a top-down approach, but a shift in power from the providers of health services to the consumers of those health services and the whole community was needed.

Thus, the role of organizations, systems and communities, as well as individual behaviours and capacities in creating choices and opportunities for better health was emphasized, introducing the concept of

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DOI: 10.3269/1970-5492.2017.12.36

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empowerment in the health sector^{8,9}.

Since the presentation of the Ottawa Charter and over the next 30 years, several programs and projects (e.g. tobacco or alcohol use reduction, improving of physical activity and nutrition, etc.) have been developed and implemented all over the world to translate health promotion concepts and strategies into practical actions and many health successes have been achieved as well^{10,11}. In fact, demographic and social transformations were globally experienced as result of population growth, urbanization and environmental changes, and the burden of chronic non-communicable diseases (epidemiological transition¹²) have become a predominant public health challenge, even in lower income countries^{13,14}, leading to huge implication for HP and not only¹⁵. Meanwhile, also the idealistic “absolute definition” of health adopted by World Health Organization (WHO) in 1946, considering health as a “*state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*”^{16,5}, became outdated in favour of new “relative definitions” based on the life context. In particular, thanks to the rediscovery of Canguilhem’s definition, health was re-considered as “*the individual’s ability to adapt to one’s environment*”, depending on available resources and spatial and temporal framework^{17,18}. By replacing perfection with adaptation, a more comforting and creative paradigm for health was defined, in which everybody can actively contribute and participate¹⁷.

Also the concept of Public Health (PH) has been evolving along time, since advances in genomics promised new ways of differentiating individuals and groups within populations according to their susceptibility to disease or ability to benefit from targeted treatment or changing lifestyles and diet^{19,20}. As personalised prevention is expected to become a complementary approach to existing paradigms of classical public health practice²¹, the multidisciplinary approach of “Public Health Genomics” (PHG) was developed to provide the “*responsible and effective translation of genome-based knowledge and technologies into public policy and health services for the benefit of population health*”²².

In the same perspective of facing the new challenges for health systems, the concept of prevention was re-adapted as well and further stages have been added to the three classical ones (primary, secondary and tertiary) within the HP framework. Primordial or pre-primary prevention consists of all actions taken to minimize future hazards to health and hence inhibit the establishment factors (environmental, economic, social, behavioural, cultural) known to increase the risk of disease. It addresses broad health determinants rather than preventing personal exposure to risk factors, which is the goal of primary prevention^{23,24,25}. Furthermore, quaternary prevention was coined to identify every healthy individual or patient at risk of over medicalisation to mitigate or avoid the consequences of unnecessary or excessive intervention and unjustified health expenditure as well as to suggest interventions which are ethically acceptable^{26,27,28}. In this field both health literacy and education play a role in preventing the *chain of events initiated by an unnecessary test, an unexpected result, or patient or physician anxiety, which results in ill-advised tests or treatments that may cause avoidable adverse effects and/or morbidity* (namely, *cascade effect*²⁹) and the advent of *unpatients*, defined as subjects sharing a genetic predispositions and waiting for the appearance of any symptoms of illness, while organizing their lives in function of periodic medical examinations and analysis or even feeling sick without any diseases or just developing psychosomatic symptoms³⁰.

In this new theoretical framework, the original principles of HP still

provide a solid ground for action even today that the global context has strongly changed³¹. Equity, social justice, community engagement and empowerment of women and men are being challenged, but still are at the heart of any HP strategy¹⁵, in a shared responsibility of all society’s sectors approach¹⁰. The revisited Tannahill’s model of HP also referred to sustainability to reflect the need for HP to give priority to global environmental concerns and to focus on preserving and protecting environmental resources for of long-term survival and health³². Targets of HP interventions should continuous to be all determinants of health within cities and communities³³, viewed as dynamic systems with strengths and capabilities that can be influenced and supported in ways that will improve health³⁴.

More recently, the 9th WHO Global Conference on HP³⁵ has defined the 2030 Agenda for Sustainable Development (SD) and the goals to achieve³³, providing the platform for a whole-of-society approach through a multi-sectorial collaboration: a new global context for HP was outlined, in order to change the environment in which people make their lifestyle choices¹⁰ and to ensure them the complete fulfilment of their potential, to live in health and with dignity and equality³³. In the same direction, the Euro Health Net has developed the “rejuvenate” framework for HP, explaining ten essential actions for the coming decade to improve health and help implementing the 2030 agenda for SD¹⁵. Also the European Public Health Association (EUPHA) has reiterated its commitment to the principles of the Ottawa Charter calling on the whole public health community to work in recognising and fighting multi-tiered determinants of health, and stressing the use of data to give voice to the good governance for HP³⁶. In fact, since now HP promotion efforts have been directed toward priority health problems in a issue- settings-based approach^{14,37}, but in a sustainable perspective this will be not enough: a deeper attention on effectiveness is request^{37,38,39} and an evidence- and value-based approach is needed to support the PH community and the policy-making.

The example of PHG in satisfying the needs related to the diffusion of genetic and genomic tests promising screening values is paradigmatic: the coordinated effort to foster the development of dedicated policies and actions across European Countries⁴⁰⁻⁴⁴ represented one of the main drivers needed to face the challenge of managing a future personalized healthcare and to shift from the treatment of established disease to early diagnosis and disease prevention – particularly for complex diseases – through an appropriate use of genomic technology in PH in the view of a sustainable healthcare and of a better value for healthcare⁴⁵⁻⁴⁶.

In conclusion, in line with the renewed commitments of the PH communities, it can be stated that evidence- and value-based HP is probably the most ethical, effective, efficient and sustainable approach to support healthy communities⁵

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