

|                      |   |
|----------------------|---|
| <b>Course Name</b>   | <b>: Health Marketing and Promotion</b> |
| <b>Course Code</b>   | <b>: APBPH 3203</b>                     |
| <b>Course Level</b>  | <b>: Level 6</b>                        |
| <b>Credit Units</b>  | <b>: 4 CU</b>                           |
| <b>Contact Hours</b> | <b>: 60 Hrs</b>                         |

### **Course description**

Health Promotion and Marketing is the required specialist course for a major in Health Promotion. It builds on Social Foundations of social work and health to develop students' understanding of health promotion at individual, group, community and national levels, as well as their critical thinking around the social determinants of health approaches to health interventions. The course provides both a theoretical basis and a practical focus in order to prepare students for employment or further study. It aims to build students' understanding of key theoretical concepts and principles in health promotion, and of contemporary challenges in the practice of health promotion.

### **Course Objectives/ Learning out comes**

- 1 review and critique major approaches to health promotion (e.g. policy, behaviour change, community engagement, advocacy and social marketing)
- 2 critically explain the historical, social and political context of major health promotion programs and theories, including the Ottawa Charter
- 3 apply major approaches to health promotion policy and theory to contemporary public health issues such as alcohol consumption, problem gambling and obesity
- 4 critically assess the applicability of major health promotion theories and strategies in vulnerable communities, including persons of low SES, Indigenous Australians and refugees
- 5 identify and describe the key challenges facing health promotion programs in both developed and developing country contexts
- 6 explain and demonstrate the importance of research and evaluation in health promotion theory and practice

### **Course Content**

#### Course introduction and overview

- Background, history, and philosophies of health promotion
- Planning of health promotion programs I
- Evaluation of health promotion programs II
- The use of theory in health promotion I

#### Health marketing in the context of social work

- The "product" in question in this case the surgical procedure.
- The "place" which refers to the access to this procedure.
- "Promotion" refers to creating awareness and hence demand.

- "Price" refers to the cost of the procedure e.g. money, time, reputation etc.

What Is Product Marketing in Healthcare?

### How to Implement the 4 Ps of Marketing in Healthcare

- Pharmaceutical Products
- Business-to-Business Product Marketing
- Retail Consumer Products Marketing
- Consumer Equipment, Supplies and Testing
- Hospital Equipment

Healthcare Marketing Matters

### The media and PR crisis

### How do you market healthcare in an era of reform?

- *Sustainability...*
- *Presence...*
- *Perception...*
- *Experience...*

*Change and Survive*

- Price,
- outcomes
- experience
- transparency

Steps to a successful health care marketing plan

- **Assessment:**
- **Comparative analysis:**
- **Define your vision and strategy:**
- **Build support and enthusiasm:**
- **Segment your market:**
- **Budget:**
- **Build your creative:**
- **Kick it off right:**
- **Ready, set, go:**
- **Measure and evaluate:**

Health promotion fundamentals

- Workplace health promotion
- Health promotion entities and projects by country
- International and multinational

- The Ottawa Charter for Health Promotion

#### Health Promotion Prerequisites for Health

- Advocate
- Enable
- Mediate

#### Health Promotion Action Means:

- Build Healthy Public Policy
- Create Supportive Environments
- Develop Personal Skills
- Reorient Health Services
- Moving into the Future
- Commitment to Health Promotion
- Call for International Action
- Health Promotion Emblem
- The role of the nurse in health promotion

#### Cultural sensitivity and competence in health promotion

##### Social marketing for health

- Doing health promotion in a university setting
- Doing health promotion in developing countries
- Harm reduction strategies for health promotion II
- Writing and academic integrity
- The social ecological framework and health
- Planning of health promotion programs II
- Evaluation of health promotion programs II
- The use of theory in health promotion II
- Ethics and health promotion

##### Skills and competencies of health educators and advanced study in health promotion

- Community building, organizing, and empowerment to promote health
- Doing health promotion in worksites
- Harm reduction strategies for health promotion I
- Course review and evaluation

#### **Mode of delivery** Face to face lectures

#### **Assessment**

- **Coursework** 40%
- **Exams** 60%
- **Total Mark** 100%

## Health Marketing and Promotion

### Health marketing

**Marketing** is a new approach to public health that applies traditional marketing principles and theories alongside science-based strategies to prevention, health promotion and health protection. Health marketing is one of the ways through which advancements in medicine and in health-protecting services like insurance are made widely known. A good example is the current drive in Kenya to promote circumcision among communities that do not customarily circumcise. Medical researchers have recently documented that circumcision is 65% effective in preventing HIV infection among men.

The marketing strategy would follow the traditional 4 "P's" of marketing namely:

- The "product" in question in this case the surgical procedure.
- The "place" which refers to the access to this procedure.
- "Promotion" refers to creating awareness and hence demand.
- "Price" refers to the cost of the procedure e.g. money, time, reputation etc.

### What Is Product Marketing in Healthcare?

Healthcare product marketing targets consumers, patients, physicians, hospitals and retailers.

Most people do not think of healthcare products as "products." However, companies who manufacture and distribute healthcare products rely on the same successful tools and strategies used to market "traditional" consumer products like a bag of potato chips or jar of spaghetti sauce. The develop product marketing and branding strategies to target and reach consumers, physicians, hospitals and retailers and achieve their overall goals to achieve brand preference and generate sales.

How to Implement the 4 Ps of Marketing in Healthcare

#### 1. Pharmaceutical Products

- Over-the-counter (OTC) and prescription drugs are the most noticeable form of product marketing in health care. According to Science Daily, pharmaceutical companies generated sales over \$235 billion in 2004 alone, and spent 24 percent of the amount on advertising and promotions to sell medications and pharmaceutical products to consumers and to physicians and health care providers. Big pharmaceutical companies also spend substantial amounts on marketing to maintain preference for their

medications over "generic" prescription drugs and lower-cost OTC medications offered by drug stores in categories like cough syrup, aspirin, allergy medications, vitamins and nutritional supplements.

### **Business-to-Business Product Marketing**

- Manufacturers of health-care products spend significant amounts of money on business-to-business marketing efforts. This includes expenditures to achieve sales and distribution of health-care products with buyers at major drug stores, grocery stores, "big box" super stores and discount dollar store chains. Health-care product sales and marketing representatives also work with the buyers and merchandisers to develop special displays, newspaper advertising with coupons and other incentives to market their brands and drive sales.

### **Retail Consumer Products Marketing**

- Drug, grocery and major retail stores also spend significantly to market the health-care products they carry via television, radio and direct mail advertising directed to consumers. Retailers promote special discounts on widely recognized brands, offer "buy one, get one free" and price matching to provide incentives for consumers. They will also market convenience services as "products." This can include drive-thru prescription pick-up service or promote that their pharmacy departments are open 24 hours.

### **Consumer Equipment, Supplies and Testing**

- Medical equipment and supply companies also target consumers in their marketing efforts. Companies market powered wheelchairs, oxygen equipment, diabetes monitoring equipment and more for use by consumers at home. Companies utilize television, print and direct mail efforts to market their healthcare products directly to consumers. Clinics will also market their products and services for flu shots, vision, diabetes, blood pressure monitoring and pregnancy tests.

### **Hospital Equipment**

- A new spinal surgical table could cost a hospital over \$37,000. An ultrasound machine could cost over \$100,000.00. Buying a new extremity MRI machine can cost upwards of \$300,000. Companies who manufacture medical equipment depend on marketing to get hospitals to purchase their equipment. Medical office furniture companies market their product

offerings to physicians to purchase examination tables, cabinets to hold tools, medications and more.

## **Healthcare Marketing Matters**

### **The media is calling; how do you respond to PR crisis?**

Sometimes, another organizations PR missteps are an opportunity to learn how not to handle a PR crisis. Just ask the any of the hospitals and health systems that have been in the media the past few weeks with HIPAA violations for data beaches. And what I have seen from the healthcare consumer side in the coverage and their responses have been arrogance, apathy and really stupid responses by senior management.

I mean really, "We had a panic button and security camera." Does it matter in your response that the theft happened after hours? Or the, "We had 60 days under the law before we had to report it." How do you think the public reads that answer of hiding behind regulations when their personal data is at stake?

In an age of healthcare model evolution from provider-dominated models of decision making to consumer-directed models, those bygone days of being able to mismanage a PR crisis and response and get away with it are gone.

Is your response to dive for under the desk? Do you send out poorly prepared underlings, to face reporters and the public? Does leadership, make proud pronouncements at the outset, that could come back to haunt you because at this point, you just don't know? Do you react as an arrogant organization with the, "How dare you question us response"? Do you think that it can never happen to you? Do you have a crisis communications plan in place?

Every healthcare organization will face a PR crisis. How you handle the communications, will determine the amount of brand damage and length of time people remember, the good and the bad. In this age of social media and the Internet, there are no, "We just need to wait 3 days to weather the storm", anymore.

### ***Many times organizations respond with:***

- Lack of organizational understanding of the need to handle a situation as crisis communications;
- Different, conflicting senior management messages;
- Testy responses to questions;
- Lack of preparation by speakers in understanding the seriousness of the communication;
- Poor speaker body language;

- No overriding organizational message;
- Organizational arrogance;
- Lost messaging opportunity;
- Appearance of blaming others;
- The organization appearing not accountable;
- The organization furthering to anger the media;
- No response at all with the "it's just a three day story and will go away";
- Sending out unprepared underlings to face the media;

Is it not true that any press is good press! Every day, someone somewhere faces a crisis communications issue which is poorly handled.

*By following these planning guides, you can weather any storm, limit reputation, revenue and ultimately brand image damage:*

- Understand the nature of the situation;
- Be transparent;
- Be proactive in how you intend to address the situation;
- Limit the amount of time senior leaders i.e. the CEO or president speak;
- Make sure everyone has the same message and is on board;
- Develop strong organizational messaging of care and concern;
- Don't scapegoat, blame others or give the appearance of blaming others;
- Don't tell people things will change when things are not changing;
- Practice, practice, practice;
- Bring in an outside PR firm for another viewpoint;
- Understand that your reputation is built up over a long time and can be destroyed in a few short minutes;
- Remember that it is not just a three day story;
- Watch your body language;
- Know your facts about past performance, reporters will be prepared;
- Learn from others;
- Each year engage in a day of media training for executives. Dealing with the media is a learned skill that the majority of executives do not have. It is not as easy as it looks.

Most importantly, engage the media all the time all year round not just when you have a problem. By establishing positive media relations with the good you do, you won't necessarily be cut any slack in a bad situation, but you will get the opportunity to tell your side. You won't if you don't have good media relations already in place.

Plan now for that crisis communications event, and you will be better off as a prepared healthcare organization.

## **Ready, set, go- will healthcare consumers buy health insurance from an HIX that includes you?**

Health insurance companies and governments are gearing up to spend millions in educating the healthcare consumer regarding purchasing health insurance in a HIX come October 1. But is there any guarantee that they will choose a plan that includes you? Or is this something left to chance?

You have a very big stake for participating actively and reaching out to the potential insured marketplace to choose plans that include you.

These first time buyers are going to include those who are employed, whose companies decided to throw in the towel on a cost basis in favor of a defined contribution benefit, and send their employees on their merry way to buy their own coverage. That is if they don't drop their hours below the threshold for mandated employer insurance first. Or, they could opt to pay a penalty for not providing healthcare coverage which in some cases will be cheaper than providing coverage.

So where is the marketing opportunity for you because not everyone will be eligible for expanded Medicaid coverage?

In case you are thinking that all you have to do is sit back and deal with the new demand for care, how can you be sure the newly insured healthcare consumer will choose plans that include you from the HIX? Right now you can't. Unless of course you start an educational marketing program that educates about insurance and the value you bring to the healthcare consumer by you being included in their choice of plans networks. That also means price, experience and outcome transparency.

This is more than negotiating with every plan available, and being included. In the brave new world of healthcare reform moving an industry to a consumer-directed system, purchasing health insurance is going to become very quickly a big deal. And in some pilots its already been learned that when there is a 10 percent difference in premium, the healthcare consumer exhibits consumerist shopping behavior, and chooses the lower cost health plan with the narrower restrictive provider panel limiting their choice, Wall Street Journal article on Friday, March 1, 2013, "*Another Big Step in Reshaping Healthcare*".

You have a real opportunity with an effective healthcare marketing campaign to influence choice at this point in time which will have a direct bottom line impact. Wait and it will be too late to influence the newly empowered healthcare consumer plan and network choice.

Opportunity like this knocks only once. I hear someone at that the door, better answer.



## **Can earned media, public relations and social media drive healthcare marketing strategy?**

Given the extraordinary competing needs in healthcare organizations to meet the new reality of the healthcare market place from EMRs to employed physician, too new treatment and diagnostic modalities and declining reimbursements, marketing gets the short straw most of the time in those resource allocation decisions. And that is a dangerous position to be in when a market is evolving to a semi-retail, consumer-centric model.

But when you have constrained marketing resources, and you have to have a continuous presence in the market place to shift healthcare consumer's attitudes, preferences and choices, the triple combination of earned media, public relations and social media working in a strategic, integrated fashion can achieve that end for you.

Make no mistake about it, combining social media, public relations and earned media is hard. It is much more than a press release or an event. You have to develop relationships with reporters. You have to plant and cultivate story ideas. You have to respond to reporters request for more information. It takes time. It takes patience in a period of time where all we ask on a daily basis is, "What did you do for me today?"

You need to find ways for reporters and editors to follow your tweets. They have to be exposed to your blog or your company pages on LinkedIn, YouTube or facebook. That's the value in earned media and public relations by integrating those efforts with social media. It becomes your ability to establish a powerful continuous presence by expending human resources with the talent in your marketing operation not financial. And the payoff by combining the three in an integrated strategic fashion can be huge.

*Earned media and public relations driving social media have value.*

All that content that goes online comes from somewhere and has to go somewhere. A reporter has to write it. A network broadcaster has to cover it. Columnists look for it. It goes out on facebook, web sites, YouTube, twitter and electronic / print editions of magazines, daily newspapers and specialty publications.

Earned media and public relations can become viral in social media because it has so many different outlets. When a news outlet or publication carries your brand messages, it makes what you are doing seem more believable. Once the story runs about a topic and you're the first, it's much harder for your competitors to get out there with the same message. A powerful way to differentiate yourself which also has a considerable number of aftermarket uses.

*There is a bigger payoff too.*

Every organization will experience a communications crisis. Taking the time to develop positive relationships with reporters, blog writers, broadcast media and others has a big payoff in a media driven crisis. The development and cultivation of a relationship with media doesn't mean that the story won't run. But what it can mean is the difference between a story that is balanced and fairly reported, versus a story that is one-sided against you. As we all know, negative news about travels farther and faster than positive news, which does more harm than good over the long haul.

So, maybe it's time to rethink in an era of declining healthcare marketing resources traditional marketing activities, to changing your markets with earned media, public relations and social media?

### **How do you market healthcare in an era of reform?**

Faced with a cacophony of payment models from fee-for-service to value and risk based, with everything else in between, the evolving healthcare consumer, millions of people in the coming months gaining access to healthcare via the HIX insurance purchase, healthcare marketing becomes an even greater challenge than before. One size does not fit all. And growth is good.

#### ***Sustainability...Presence...Perception...Experience...***

These are the four dynamics that direct-care healthcare providers need to understand and incorporate for success in their marketing operations and campaign efforts in a consumer-driven market. No longer nice to have, these four basic marketing concepts are now business requirements.

***Sustainability- The resources to effectively and continuously communicate brand and differentiate you're offering across multiple channels.***

***Presence - By maintaining a continuous presence across multiple channels as in so many other consumer-directed industries you build brand preference.***

***Perception- With a sustainable, continuous presence in the marketplace, sooner rather than latter, your key messages become the opinion of you by consumers and they become fact in their minds.***

***Experience- Defining, measuring and changing the healthcare consumers experience including price and outcomes to match the brand image, perceptions and opinions of the market place. And is communicated in an integrated multi-channel sustained effort that includes social media engagement.***

#### ***Change and Survive***

A consumer-directed market is much different environment than a provider-directed market which requires skills and abilities that may or may not exist in an organization. Key success factors for creating a high performance marketing operation that delivers revenue and market share in an era of reform in the new healthcare environment include:

- A Chief Marketing Officer that reports to the CEO and is involved in all decision making.
- Marketing resources- human and capital to support a sustainable and continuous strategically based, fully integrated multi-channel effort externally and internally.
- Basing marketing plans and strategies on data rather than thought or here say. Marketing via data analysis from consumer market research to detailed service area analysis. Not just demographic or lifestyle, but utilization patterns, prevalence and incidence of disease, insurance status, healthcare brand preference, location preference, message testing etc.
- **Price, outcomes and experience transparency**
- Internal communication and training to educate the organization around marketing efforts, expectations and their role in the execution of the plan.
- Creation of a comprehensive marketing dashboard which communicates activities and results on a monthly basis to all levels of the organization.

The above organizational marketing success factors are at a minimum what is needed to move healthcare providers from a cottage-industry approach to marketing, to a comprehensive multimillion or billion dollar corporation approach to marketing.

As the healthcare providers continue to consolidate across all segments, marketing will assume an increasingly important role in the survival and revenue generating activities for the organization in a consumer dominated and directed healthcare marketplace.

And that requires a far different innovative sustainable marketing presence that changes perceptions than the old way of doing things.

### **Steps to a successful health care marketing plan**

It's your organization, your plan. What makes you different?

**1. Assessment:** Consult business plans, patient satisfaction surveys, volume reports, community surveys and any other information you can gather. Consider market dynamics such as seasonality, shifting alliances between physician groups and other “political” issues.

**2. Comparative analysis:** Study your competitors, considering their historical advertising levels, any new product launches that may be forthcoming, and the overall competitive nature of your market. Develop your own “unique selling proposition.” What makes you different from your competition?

**3. Define your vision and strategy:** Where do you want your program or organization to be in three to five years? How can marketing help realize this vision? Make a list of all the tools at your disposal and determine what options will work best for your product, marketplace and expected budget. Among other tools, consider:

- Networking/sales – Go where your market is; develop presentations.
- Direct marketing – Use letters, fliers, brochures, postcards.
- Advertising – Consider print, broadcast, outdoor, special publications such as chamber of commerce directories and sports programs.
- Training programs – Increase awareness of your services by offering training to your customers.
- Free media – Write articles for news media; make your organization known as the expert.
- Public relations – Consider sponsorships that “fit” with your service; hold events, tours, open houses.
- Website/emerging media – It’s not just for young professionals anymore; fast-growing segments of the elderly and minority populations are using the Internet to gather information on their health care options.

**4. Build support and enthusiasm:** Locate your champions in the organization. Find the experts who will help support your marketing efforts through speaking engagements, newspaper interviews, and quotes for newsletters and media releases.

**5. Segment your market:** Consider target audiences and think outside the box. Look inward first, as your employees can be some of your best customers – and your best marketers. Know where your business comes from: Is it driven by physician referrals or do patients refer directly? Make a list of target audiences and identify the best ways to reach them.

**6. Budget:** Now that you have the tools you need and have determined the best way to reach your target audiences, build your budget to support the campaign. Stick with the 80/20 rule: 80 percent of your volumes will often come from 20 percent of your

customers. Focus on the top group or groups to make sure your plans have the greatest impact. Determine what you can do in-house and what you need to outsource.

**7. Build your creative:** Turn your ideas into the creative product that will support your plan. Keep referring to your vision and strategy to ensure that the creative concepts support your ultimate objectives. When outsourcing, give your agency as much information as you can gather. Always share your vision.

**8. Kick it off right:** Introduce your campaign internally first. Tell physicians, employees, volunteers, board members and other stakeholders. They are often your best marketing support. Conversely, if they don't "live the message," your marketing efforts will be for naught.

**9. Ready, set, go:** Timing is everything. Plan your rollout to maximize exposure. Avoid marketplace "clutter" and down times, such as holidays, when readership and viewers are less than normal. Once you have your media plan in place, stick to it.

**10. Measure and evaluate:** Whenever possible, include a call to action that can be quantified. You may want to track new patients, calls for information, physician referrals, website hits, patient/procedure volumes or other data meaningful to your organization. You should also consider consumer preference and top-of-mind awareness, which may translate into volumes in the future.

Whatever you do, make sure that your marketing plan becomes a part of the organizational culture. Facility plans, strategic plans and financial plans all garner the time and attention of leadership. Make sure the marketing plan is received and understood by your organization's top management.

## **Health promotion**

**Health promotion** has been defined by the World Health Organization's (WHO) 2005 Bangkok Charter for Health Promotion in a Globalized World as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health". The primary means of health promotion occur through developing healthy public policy that addresses the prerequisites of health such as income, housing, food security, employment, and quality working conditions. There is a tendency among public health officials and governments—and this is especially the case in liberal nations such as Canada and the USA—to reduce health promotion to health education and social marketing focused on changing behavioral risk factors.

Recent work in the UK (*Delphi consultation exercise due to be published late 2009 by Royal Society of Public Health and the National Social Marketing Centre*) on relationship between

health promotion and social marketing has highlighted and reinforce the potential integrative nature of the approaches. While an independent review (NCC 'It's Our Health!' 2006) identified that some social marketing has in past adopted a narrow or limited approach, the UK has increasingly taken a lead in the discussion and developed a much more integrative and strategic approach (see Strategic Social Marketing in 'Social Marketing and Public Health' 2009 Oxford Press) which adopts a whole-system and holistic approach, integrating the learning from effective health promotion approaches with relevant learning from social marketing and other disciplines. A key finding from the Delphi consultation was the need to avoid unnecessary and arbitrary 'methods wars' and instead focus on the issue of 'utility' and harnessing the potential of learning from multiple disciplines and sources. Such an approach is arguably how health promotion has developed over the years pulling in learning from different sectors and disciplines to enhance and develop.

## History

The "first and best known" definition of health promotion, promulgated by the *American Journal of Health Promotion* since at least 1986, is "the science and art of helping people change their lifestyle to move toward a state of optimal health". This definition was derived from the 1974 Lalonde report from the Government of Canada, which contained a health promotion strategy "aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health". Another predecessor of the definition was the 1979 *Healthy People* report of the Surgeon General of the United States, which noted that health promotion "seeks the development of community and individual measures which can help... [people] to develop lifestyles that can maintain and enhance the state of well-being".

At least two publications led to a "broad empowerment/environmental" definition of health promotion in the mid-1980s:

- In 1984 the World Health Organization (WHO) Regional Office for Europe defined health promotion as "the process of enabling people to increase control over, and to improve, their health". In addition to methods to change lifestyles, the WHO Regional Office advocated "legislation, fiscal measures, organisational change, community development and spontaneous local activities against health hazards" as health promotion methods.
- In 1986, Jake Epp, Canadian Minister of National Health and Welfare, released *Achieving health for all: a framework for health promotion* which also came to be known as the "Epp report". This report defined the three "mechanisms" of health promotion as "self-care"; "mutual aid, or the actions people take to help each other cope"; and "healthy environments". The WHO, in collaboration with other

organizations, has subsequently co-sponsored international conferences on health promotion as follows:

- 1st International Conference on Health Promotion, Ottawa, 1986, which resulted in the "Ottawa Charter for Health Promotion".<sup>[9]</sup> According to the Ottawa Charter, health promotion:
  - "is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being"
  - "aims at making... [political, economic, social, cultural, environmental, behavioural and biological factors] favourable through advocacy for health"
  - "focuses on achieving equity in health"
  - "demands coordinated action by all concerned: by governments, by health and other social and

### **Workplace health promotion**

Work site health focus on the prevention and intervention that reduce health risk of the employee. The U.S. Public Health Service recently issued a report titled "Physical Activity and Health: A Report of the Surgeon General" which provides a comprehensive review of the available scientific evidence about the relationship between physical activity and an individual's health status. The report shows that over 60% of Americans are not regularly active and 25% are not active at all. There is very strong evidence linking physical activity to numerous health improvements. Health promotion can be performed in various locations. Among the settings that have received special attention are the community, health care facilities, schools, and worksites. Worksite health promotion, also known by terms such as "workplace health promotion," has been defined as "the combined efforts of employers, employees and society to improve the health and well-being of people at work". WHO states that the workplace "has been established as one of the priority settings for health promotion into the 21st century" because it influences "physical, mental, economic and social well-being" and "offers an ideal setting and infrastructure to support the promotion of health of a large audience".

Worksite health promotion programs (also called "workplace health promotion programs," "worksite wellness programs," or "workplace wellness programs") include exercise, nutrition, smoking cessation and stress management. Reviews and meta-analyses published between 2005 and 2008 that examined the scientific literature on worksite health promotion programs include the following:

- A review of 13 studies published through January 2004 showed "strong evidence... for an effect on dietary intake, inconclusive evidence for an effect on physical activity, and no evidence for an effect on health risk indicators".

- In the most recent of a series of updates to a review of "comprehensive health promotion and disease management programs at the worksite," Pelletier (2005) noted "positive clinical and cost outcomes" but also found declines in the number of relevant studies and their quality.
- A "meta-evaluation" of 56 studies published 1982–2005 found that worksite health promotion produced on average a decrease of 26.8% in sick leave absenteeism, a decrease of 26.1% in health costs, a decrease of 32% in workers' compensation costs and disability management claims costs, and a cost-benefit ratio of 5.81.
- A meta-analysis of 46 studies published 1970–2005 found moderate, statistically significant effects of work health promotion, especially exercise, on "work ability" and "overall well-being"; furthermore, "sickness absences seem to be reduced by activities promoting healthy lifestyle".
- A meta-analysis of 22 studies published 1997–2007 determined that workplace health promotion interventions led to "small" reductions in depression and anxiety.
- A review of 119 studies suggested that successful work site health-promotion programs have attributes such as: assessing employees' health needs and tailoring programs to meet those needs; attaining high participation rates; promoting self-care; targeting several health issues simultaneously; and offering different types of activities (e.g., group sessions as well as print materials).

### **Health promotion entities and projects by country**

Worldwide, government agencies (such as health departments) and non-governmental organizations have substantial efforts in the area of health promotion. Some of these entities and projects are:

#### **International and multinational**

The WHO and its Regional Offices such as the Pan American Health Organization are influential in health promotion around the world. The International Union for Health Promotion and Education, based in France, holds international, regional, and national conferences.

#### **Australia**

The Australian Health Promotion Association, a professional body, was incorporated in 1988. In November 2008, the National Health and Hospitals Reform Commission released a paper recommending a national health promotion agency. ACT Health of the Australian Capital Territory supports health promotion with funding and information dissemination. The Victorian Health Promotion Foundation (VicHealth) from the state



of Victoria is "the world's first health promotion foundation to be funded by a tax on tobacco. "

## **Canada**

The province of Ontario appointed a health promotion minister to lead its Ministry of Health Promotion in 2005.

The Ministry's vision is to enable Ontarians to lead healthy, active lives and make the province a healthy, prosperous place to live, work, play, learn and visit. Ministry of Health Promotion sees that its fundamental goals are to promote and encourage Ontarians to make healthier choices at all ages and stages of life, to create healthy and supportive environments, lead the development of healthy public policy, and assist with embedding behaviours that promote health.

The Canadian Health Network was a "reliable, non-commercial source of online information about how to stay healthy and prevent disease" that was discontinued in 2007.

The BC Coalition for Health Promotion is "a grassroots, voluntary non-profit society dedicated to the advancement of health promotion in British Columbia".

## **New Zealand**

The Health Promotion Forum of New Zealand is the national umbrella organization of over 150 organisations committed to improving health.

## **Norway**

The Research Centre for Health Promotion and Resources HiST/NTNU (<http://www.rchpr.org>) was established in Trondheim 2010. The Centre takes part in the scientific exploration of what promotes, maintains and restores good health - both in healthy, vulnerable and diseased populations. The research group has a bio-psycho-social- existential health understanding. Health is understood as a positive resource which every person has more or less of. The Centre will contribute to new knowledge about the following: Factors that promote, sustain, and restore good health in healthy people, vulnerable or exposed groups, and those with health deficiencies. Factors that promote health (i.e., salutogenesis) as opposed to focusing on factors that generate illness and disease (i.e., pathogenesis).

## **Sri Lanka**

Health promotion in Sri Lanka has been very successful during recent decades as shown by the health indicators. Despite the numerous successes over the years, the

integrity of the health system has been subjected to many challenges. Sri Lanka is already facing emerging challenges due to demographic, epidemiological, technological and socio-economic transitions. The disease burden has started to shift rapidly towards lifestyle and environmental related non-communicable diseases. These are chronic and high cost and will cause more and perhaps unaffordable burden to the country's health care expenditure, under the free of charge health services policy. The previous success of health development increased the life expectancy of Sri Lankan people to 72 for male and 76 for women but the estimated "healthy life expectancy" at birth of all Sri Lanka population is only 61.6

Health is affected by biological, psychological, chemical, physical, social, cultural and economic factors in people's normal living environments and people's lifestyles. With the current rapid changing demographic, social and economic context and the epidemiological pattern of diseases, the previous health promotion interventions which found to be effective in the past may not be effective enough now and the future to address all the important determinants that affect health. Promoting people's health must be the joint responsibility of all the social actors. These challenges require significant changes in the national health system toward new effective health promotion which has been accepted worldwide as the most cost effective measure to reduce the disease burden of the people and the burden of the nation on the increasing cost for treatment of diseases.

The development of this National Health Promotion Policy is based on: (a) the evidences from Sri Lanka health promotion situation analysis, (b) the international accepted concept, the WHO guiding principle for health promotion and the World Health Assembly resolutions and WHO South East Asia Regional Committee Resolution, and (c) the State Policy and Strategy for Health and the Health Master Plan 2007-2016.

The key strategies for health promotion are: advocacy and mediate between different interests in society for the pursuit of health; empower and enable individual and communities to take control over their own health and all determinants of health; improve the health promotion management, health promotion interventions, programs, plans and implementation; and partnership, networking, alliance building and integration of health promotion activities across sectors.

In Sri Lanka, other non health government sectors and NGOs are currently active implementing their community development projects with the community empowerment concept that resemble the healthy setting approach for health promotion. These projects are the high potential entry points and good opportunity for the formal commencement of the new effective setting approach health promotion and the holistic life course health promotion. It is also an opportunity for partnerships and alliance

building for concerted action to promote health of the nation. This policy is formulated to promote health and well-being of the people by enabling all people to be responsible for their own health and address the broad determinants of health through the concerted actions of health and all other sectors to make Sri Lanka a Health Promoting Nation where all the citizens actively participate in health promotion activities continuously for a healthy life expectancy.

The policy objectives are as follow :

1. To strengthen leaderships for health promotion at all levels and all sectors through advocacy.
2. To mobilize the society and create nationwide health promotion actions.
3. To develop and implement effective comprehensive holistic and multisectoral approach health promotion interventions.
4. To establish an effective system and mechanism for health promotion management and coordination at all levels.
5. To build capacity for health promotion at all levels and across sectors.
6. To improve financing and resources allocation and utilization for health promotion.
7. To establish an evidence-base for health promotion effectiveness.

Various strategies have been developed for the attainment of each objective focus on the multi-sectoral comprehensive approach and participation of all stakeholders and the people themselves. This National Health Promotion Policy will be monitored and evaluated at all levels. Participatory monitoring and evaluation will be encouraged at implementation level. The National Health Promotion Consortium and the National Health Council will be responsible for the regular monitoring and evaluation of the implementation of this National Health Promotion Policy. Implementation of this policy will also be monitored regularly as part of the overall process of monitoring the activities of the Government and Ministries and covering various sectors and levels of government.

## **United Kingdom**

The Royal Society for Public Health was formed in October 2008 by the merger of the Royal Society for the Promotion of Health (also known as the Royal Society of Health or RSH) and the Royal Institute of Public Health (RIPH). Earlier, July 2005 saw the publication by the Department of Health and Welsh Assembly Government of Shaping the Future of Public Health: Promoting Health in the NHS. Following discussions with the Department of Health and Welsh Assembly Government officials, the Royal Society for Public Health and three national public health bodies agreed, in 2006, to work together to take forward the report's recommendations, working in partnership with other organisations. Accordingly:

1. the Royal Society for Public Health (RSPH) leads and hosts the collaboration, and focuses on advocacy for health promotion and its workforce;
2. The Institute of Health Promotion and Education (IHPE) works with the RSPH Royal Society for Public Health to give a voice to the workforce;
3. the Faculty of Public Health (FPH) focuses on professional standards, education and training; and
4. The UK Public Health Register (UKPHR) is responsible for regulation of the workforce.

In Northern Ireland, the government's Health Promotion Agency for Northern Ireland, which was set up to "provide leadership, strategic direction and support, where possible, to all those involved in promoting health in Northern Ireland". The Health Promotion Agency for Northern Ireland was incorporated into the Public Health Agency for Northern Ireland in April 2009. [33]

## **United States**

Government agencies in the U.S. concerned with health promotion include:

- The Centres for Disease Control and Prevention has a Coordinating Centre for Health Promotion whose mission is "Prevent disease, improve health, and enhance human potential through evidence based interventions and research in maternal and child health, chronic disease, disabilities, genomics, and hereditary disorders".
- The National Institute for Occupational Safety and Health has developed Total Worker Health, a strategy incorporating elements of occupational safety and health and health promotion, to advance the health and well-being of employees.
- The United States Army Centre for Health Promotion and Preventive Medicine "provide[s] worldwide technical support for implementing preventive medicine, public health, and health promotion/wellness services into all aspects of America's Army and the Army Community".

Nongovernmental organizations in the U.S. concerned with health promotion include:

- The Public Health Education and Health Promotion Section is an active component of the American Public Health Association.
- The Wellness Council of America is an industry trade group that supports workplace health promotion programs.
- URAC accredits comprehensive wellness programs "that focus on health promotion, chronic disease prevention and health risk reduction".

## **The Ottawa Charter for Health Promotion**

**First International Conference on Health Promotion, Ottawa, 21 November 1986**

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 favor health or be harmful to it. Health promotion action aims at making these conditions favorable 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 nongovernmental and voluntary organization, 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 constitutes the basis for a socioecological 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 Actions**

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 in 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 depletion, 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.

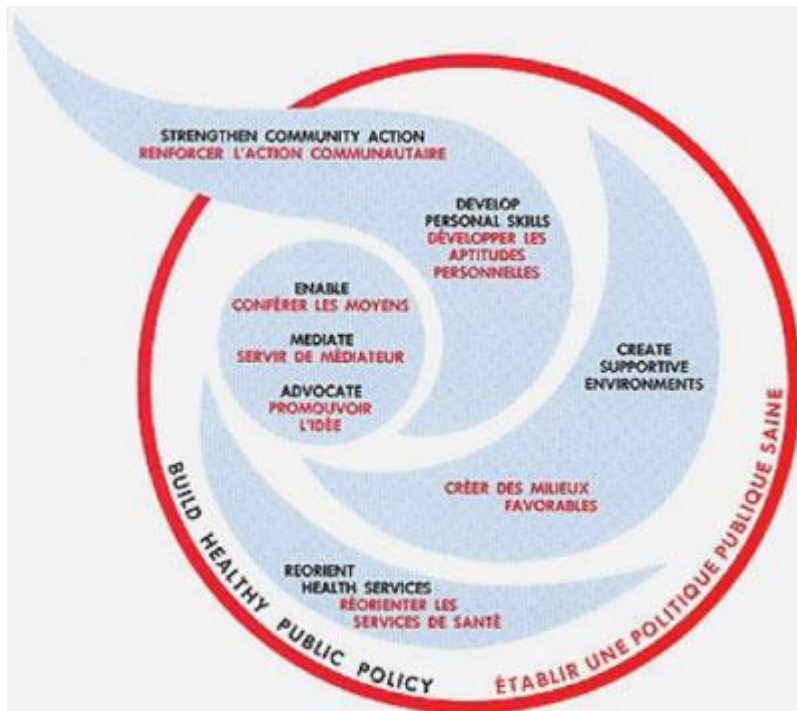
The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

CHARTER ADOPTED AT AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION\* The move towards a new public health, November 17-21, 1986 Ottawa, Ontario, Canada.

\* Co-sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization.

### **Health Promotion Emblem**

A brief explanation of the logo used by WHO since the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. Select an element of the logo for the specific explanation of that part or simply read on for the complete explanation.



This logo was created for the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. At that conference, the Ottawa Charter for Health Promotion was launched. Since then, WHO kept this symbol as the Health Promotion logo (HP logo), as it stands for the approach to health promotion as outlined in the Ottawa Charter.

The logo represents a circle with 3 wings. It incorporates five key action areas in Health Promotion (build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services) and three basic HP strategies (to enable, mediate, and advocate).

The main graphic elements of the HP logo are:

- one outside circle,
- one round spot within the circle, and
- Three wings that originate from this inner spot, one of which is breaking the outside circle.

a) The outside circle, originally in red color, is representing the goal of "Building Healthy Public Policies", therefore symbolizing the need for policies to "hold things together". This circle is encompassing the three wings, symbolizing the need to address all five key action areas of health promotion identified in the Ottawa Charter in an integrated and complementary manner.

b) The round spot within the circle stands for the three basic strategies for health promotion, "enabling, mediating, and advocacy ", which are needed and applied to all health promotion action areas. (Complete definitions of these terms can be found in the Health Promotion Glossary, WHO/HPR/HEP/98.1)

c) The three wings represent (and contain the words of) the five key action areas for health promotion that were identified in the Ottawa Charter for Health Promotion in 1986 and were reconfirmed in the Jakarta Declaration on Leading Health Promotion into the 21st Century in 1997.

More specifically:

- The upper wing that is breaking the circle represents that action is needed to "strengthen community action" and to "develop personal skills". This wing is breaking the circle to symbolize that society and communities as well as individuals are constantly changing and, therefore, the policy sphere has to constantly react and develop to reflect these changes: a "Healthy Public Policy" is needed;
- the middle wing on the right side represents that action is needed to "create supportive environments for health"
- the bottom wing represents that action is needed to "reorient health services" towards preventing diseases and promoting health.

Overall, the logo visualizes the idea that Health Promotion is a comprehensive, multi-strategy approach. HP applies diverse strategies and methods in an integrated manner - one of the preconditions "for Health Promotion to be effective" (Jakarta Declaration 1997). Health Promotion addresses the key action areas identified in the Ottawa Charter in an integrated and coherent way.

The term Health Promotion (HP) was, and still today is sometimes, narrowly used as equivalent for Health Education (HE). But HE is one of several key components and action areas of HP as illustrated by the HP logo(see the key action area of "develop personal skills").

The HP logo and approach were reinforced at the second and third conferences on Health Promotion that took place in Sundsvall and in Adelaide.

In the light of the venue of the Fourth International Conference on Health Promotion, that was held in Jakarta, Indonesia, in July 1997, the design of the Ottawa logo was slightly modified to reflect culture and atmosphere of the host country of the conference, making sure that the shape and elements of the original logo were preserved, together with its inner meaning.

The Jakarta Conference logo is a more open and slightly more abstract version of the original HP logo from Ottawa. The three wings that are now in brick-red color still represent the key HP action areas. The outside circle and the inner spot of the Ottawa logo are merged into a unique blue spot from where the three wings originate. This still symbolizes that HP addresses its action areas with an integrated multi-strategic approach. Overall, the design of the HP logo adapted for the Conference in Jakarta is more open and lively; all the wings are now reaching out of the circle. This, visualizes the fact that the field of HP has grown and developed, and that today and in the future HP is outreaching to new players and partners, at all levels of society, from local to global level.

### The role of the nurse in health promotion

Health promotion is a popular phrase. What does it mean, really? How does someone promote health? I'm going to address the concept of health promotion from my perspective as a Registered Nurse in Ontario. Nurses play a huge role in illness prevention and health promotion. We, as nurses assume the role of ambassadors of wellness. Yes, I do believe that nurses play just as an important role in caring for the well as they do in caring for the sick. Perhaps caring for the well is the more important role. In this day and age of budget cuts, cost reduction and staffing shortages, health promotion makes sense. If we can preserve wellness, we reduce the number of times a person needs to enter the health-care system, thus reducing costs.

The World Health Organization (WHO) defines health promotion as a process of enabling people to increase control over and to improve their health (WHO, 1986). To facilitate that process, we must provide people with appropriate information. Nurses have a key role in providing that information in the form of health teaching. Nurses are highly educated, experienced health professionals who are accessible through many settings. Telehealth Ontario is a great example of how anyone can access the expertise of a nurse. Anyone can call in with a question, concern or health issue and gain information while being advised of a plan of action right over the phone. Of course, without being able to use hands-on assessment skills, this can be limiting when it comes to dealing with an acute scenario. Telehealth is not for resolving situations that require immediate attention. Nurses can direct people to local resources and give out health and wellness information. Telehealth would be useful when parents seek well-baby/well child information, information on vaccines, smoking cessation, addiction counseling, adolescent mental health resources, nutrition information etc. These are examples of situations where access to accurate health information can assist people in staying healthy.

There are an increasing number of web pages with good health information available to the general public such as the Healthy Ontario website which is run by the Ontario government and has links to various health related resources. We must be aware that

internet searching poses the threat of inaccurate, outdated information. Part of the role of a nurse is to assist clients to decide which websites and what information is indeed suitable. Nurses can use the internet resources to expand their knowledge about specific conditions or treatments, retrieve materials to integrate into teaching or to help patients use the internet to self-educate.

When nurses are working within a health promotion model, every interaction with a client can be an educational intervention (Rankin 2005). For example, while changing the dressing of a diabetic foot ulcer, there is the opportunity to discuss blood sugar testing and diabetic control. When in a clinic or doctor's office, if a patient comes in with a cut, it's the perfect time to check the chart for the last tetanus booster. During a home visit to discuss newborn care, it is the perfect opportunity for the nurse to discuss the childhood vaccine schedule, recommended vitamin supplements or even the developmental milestones of an older sibling. Nurses are practicing health promotion strategies constantly. Recognition of these subtle yet effective interactions is important in giving credit to the significance of nurses as health promoters.

Everyone will interact with a nurse at some point in their lives. I challenge you to make the most of the expertise of a nurse. Nurses are high level thinkers with exceptional skills and considerable ability to communicate, negotiate, coordinate, and collaborate in order to deliver care (Sullivan, 2004). I am proud to be a part of such a dynamic, caring profession. The next time you are in the presence of a nurse, read a health-care article or are part of a health related discussion, think about nursing and the impact the occupation has on the health and wellness of our society. Ask a nurse a question about his or her career, daily tasks, and routines and ask questions about how he/she can assist you to achieve your goals for health and wellness.

## References

1. ^ Participants at the 6th Global Conference on Health Promotion. The Bangkok Charter for health promotion in a globalized world. Geneva, Switzerland: World Health Organization, 2005 Aug 11. Accessed 2009 Feb 4.
2. ^Bunton R, Macdonald G. (2002). *Health promotion: disciplines, diversity, and developments* (2nd ed.). Routledge. ISBN 0-415-23569-3.
3. ^ *abcde*Minkler M (Spring 1989). "Health education, health promotion and the open society: an historical perspective". *Health Educ Q***16** (1): 17–30. PMID 2649456.
4. ^Lalonde M. A new perspective on the health of Canadians. A working document. Ottawa: Government of Canada, 1974.
5. ^Healthy people: the Surgeon General's report on health promotion and disease prevention. Washington, DC: U.S. Department of Health, Education, and Welfare, Public Health Service, Office of the Assistant Secretary for Health and Surgeon General, 1979. DHEW (PHS) Publication No. 79-55071. Accessed 2009 Feb 4.
6. ^ *ab*"A discussion document on the concept and principles of health promotion" (PDF). *Health Promot***1** (1): 73–6. May 1986. PMID 10286854.
7. ^ *ab*Epp J (1986). "Achieving health for all. A framework for health promotion" (PDF). *Health Promot***1** (4): 419–28. PMID 10302169.
8. ^ *ab*The Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa, 21 November 1986. Accessed 2009 Feb 4.
9. ^ Tones K, Tilford S (2001). *Health promotion: effectiveness, efficiency and equity* (3rd ed.). Cheltenham UK: Nelson Thornes. ISBN 0-7487-4527-0.
10. ^ European Network for Workplace Health Promotion. Workplace health promotion. Accessed 2009 Feb 4.
11. ^ World Health Organization. Workplace health promotion. The workplace: a priority setting for health promotion. Accessed 2009 Feb 4.
12. ^Engbers LH, van Poppel MN, Chin A Paw MJ, van Mechelen W (July 2005). "Worksite health promotion programs with environmental changes: a systematic review". *Am J Prev Med***29** (1): 61–70. doi:10.1016/j.amepre.2005.03.001. PMID 15958254.
13. ^ Pelletier KR (October 2005). "A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: update VI 2000–2004". *J. Occup. Environ. Med.***47** (10): 1051–8. PMID 16217246.
14. ^ Chapman LS (2005). "Meta-evaluation of worksite health promotion economic return studies: 2005 update" (PDF). *Am J Health Promot***19** (6): 1–11. PMID 16022209.
15. ^Kuoppala J, Lamminpää A, Husman P (November 2008). "Work health promotion, job well-being, and sickness absences—a systematic review and

- meta-analysis". *J. Occup. Environ. Med.***50** (11): 1216–27. doi:10.1097/JOM.0b013e31818dbf92. PMID 19001948.
16. ^ Martin A, Sanderson K, Cocker F (January 2009). "Meta-analysis of the effects of health promotion intervention in the workplace on depression and anxiety symptoms". *Scand J Work Environ Health***35** (1): 7–18. PMID 19065280.
  17. ^Goetzel RZ, Ozminkowski RJ (2008). "The health and cost benefits of work site health-promotion programs". *Annu Rev Public Health***29**: 303–23. doi:10.1146/annurev.publhealth.29.020907.090930. PMID 18173386.
  18. ^Kickbusch I (March 2003). "The contribution of the World Health Organization to a new public health and health promotion" (PDF). *Am J Public Health***93** (3): 383–8. PMC 1447748. PMID 12604477.
  19. ^International Union for Health Promotion and Education. Accessed 2009 Feb 4.
  20. ^ Cheung, Robin. Overall health and wellbeing deserves more than lip service. South China Morning Post 2007 Jul 7.
  21. ^ Australian Health Promotion Association. Providing knowledge, resources and perspective. Accessed 2009 Feb 4.
  22. ^Cresswell, Adam. Plan for agency to prevent illness. The Australian 2008 Nov 7. Accessed 2009 Feb 4.
  23. ^ACT Health Promotion. Online support for health promotion workers in the ACT. Accessed 2009 Feb 4.
  24. ^ Benzie, Robert. Obesity now on Ontario hit list – Health promotion minister's new job. Toronto Star 2005 Jul 14.