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Health Promotion:
A key to a Healthy Nation

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Ⅰ. Introduction

Health promotion programs are becoming a vital component of comprehensive health care services worldwide for individuals and population, and health promotion activities have been a major component in advancing overall health of population. Promoting the health of individuals is akin to promoting the health of the community as these are closely linked to each other. Likewise, the health of every community in every state determines the overall health status of the Nation. Community health signifies healthy environment in which individuals live, work, and play, and it is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community (Shi and Singh 2001). This paper aims to present the importance of health promotion programs and activities in improving overall health of individuals, population and the nations, and to suggest strategies that will enhance health promotion activities.

Ⅱ. Health and Health Promotion

The major aim of health promotion activities is to promote the state of health in individuals as well as in communities. Health has been defined in varied ways but two

representative definitions are presented here. The first is by the WHO (1948) that stated health as a "complete state of physical, mental, and social well-being, and not merely the absence of disease or infirmity." The second is by the Institute of Medicine (1997) that defined health as "a state of well-being and capability to function in the face of changing circumstances" (page 2). Blum (1981) proposed four major influences, called "force fields" that must be considered simultaneously when addressing the health status of an individual or a population. The most important force field was environment, followed by life styles, heredity and medical care.

Environment includes the physical, sociocultural, and socioeconomic dimensions. Physical environmental factors are air pollution, food and water contaminants, radiation, toxic chemicals, wastes, safety hazards and habitat alterations. Socioeconomic status is linked to health and well-being as better educated individuals tend to have higher incomes, live in better homes and locations where they are less exposed to environmental risks. They most likely would have better access to health care and more likely to avoid risk behaviors (Shi and Singh, 2001). When income differences were smaller, people experienced a more hospitable social environment. People were more trusting of one another and more likely to participate in communal activities and this social cohesiveness was linked to lower overall mortality (Kawachi et al. 1997) and better self-rated health (Kawachi et al. 1999).

Lifestyle factors such as diet and foods play a major role in most of the significant health problems. Researchers estimated that 40-60% of all cancers, and as many as 35% of cancer deaths were linked to diet (American Institute for Cancer Research, 1996). Nutritional approach including a diet rich in fruits, vegetables, and low-fat dairy foods and with reduced saturated and total fat can substantially lower blood pressure (Appel et al. 1997).

Heredity is another key determinant of health as genetic factors predispose individuals to certain diseases. Lifestyles and behaviors that individuals engage in can have significant influences on the future progeny (Shi and Singh, 2001).

Medical care is not as important as the three determinants afore mentioned, but it still is one of the key determinants of health as both individual and population health are closely related to access to adequate preventive and curative health care services.

Blum's four major force fields presented above mirror the report of the Center for Disease Control (1979) on the major causes of premature mortality. According to this report,

50% was due to individual lifestyle and behaviors; 20% individual's inherited genetic profile, 20% social and environmental factors, and 10% inadequate access to medical care. Both of these reports support what we have observed during the past three decades the increases in health of the population that had relatively little to do with medical care alone (Shi and Singh, 2001). Indeed, most of the gains in health were accounted for by personal health behavior and environmental quality (Kasl, 1986). Furthermore, the best national plans for health progress have emphasized disease prevention and health promotion (McBeath, 1991).

Healthy People 2010 is one such national plan of the United States. This is the third major national plan that outlines a comprehensive, nationwide health promotion and disease prevention agenda for the next 10-years. It is designed to achieve two overarching goals: "Increase quality and years of healthy life and eliminate health disparities" (Shi and Singh, 2001 p. 36).

The World Health Organization (WHO) most recently advanced the health systems approach in improving peoples' health (WHO, 2000). The WHO expands its traditional concern for people's physical and mental wellbeing and emphasizes the "goodness" and "fairness" elements in achieving good health. Goodness refers to the best attainable average level of health and fairness, the smallest feasible differences among individuals and groups. A health system includes "all the activities whose primary purpose is to promote, restore or maintain health" (p.5). It comprises all organizations, institutions and resources that are directed to producing health actions, (i.e. any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health. Using this approach, one can appreciate the attainment and performance of health system of each country, and the rankings of Korea, Japan and USA among 181 WHO member countries are shown in table 1.

Table 1. Rankings of Health System Attainment and Performance among 181 Countries (WHO 2000, pp. 154 & 196)

	DALE*	Health Expenditure peer capita	Performance on level of health
Korea	51	31	107
Japan	1	13	9
USA	24	1	72

	Overall HS performance	Overall HS attainment
Korea	58	35
Japan	10	1
USA	37	15

* Disability adjusted live expectancy
HS = Health System

Ⅲ. Curative Medicine vs. Health Promotion

The importance of promoting health is still overshadowed by the current health care delivery system that continues to have a value and belief structure that emphasizes disease rather than health. Therefore, for health promotion activities to make a major impact in overall health of the population, the health care delivery system must allocate resources and ta ke necessary measures to set a change in course. They may benefit from Saward and Sorensen (1980) who observed that from an economic perspective curative medicine seemed to produce decreasing returns in health improvement with increased health care expenditures.

Ⅳ. Strategies for Health Promotion Education and Activities

1. Education and Training Programs

Education and/or training programs are major tools used to promote health of individuals or groups. Undertaking such activities requires one to have clear understanding of risk factors associated with host, agent, and/or environment. The risk factors and their health consequences are evaluated through health risk appraisal. Other important activity in health promotion is interventions for counteracting the key risk factors. Two main types of interventions are behavior modification aiming at adopting healthier lifestyles and therapeutic interventions.

Behavior can be modified through educational programs and incentives directed at specific high-risk populations. For example, health promotion activities for cigarette smoking behavior include building people's knowledge, attitudes, and skills to avoid or quit smoking. Financial incentives such as a higher cigarette tax are also used to discourage purchase of cigarettes.

For healthier lifestyles, educational programs that aim to build higher levels of personal commitment are necessary.

For therapeutic interventions, three areas of preventive efforts are necessary: primary, secondary and tertiary prevention.

Primary prevention refers to activities undertaken to reduce the probability that a disease will develop at some point in the future (Kane, 1988). Its objective is to restrain the development of a disease or negative health condition before it occurs. Some current examples include smoking cessation to prevent lung cancer, an increase in physical activity to prevent heart disease, safety practices to reduce serious injuries

in the workplace and immunizations to protect against certain infections, etc.

Secondary prevention refers to early detection and treatment of disease. It includes health-screening tests such as hypertension screening, Pap smears, and mammograms; and periodic health examinations. The main objective is to block the progression of disease or an injury from developing into an impairment or disability (Timmreck, 1994).

Tertiary prevention refers to rehabilitative activities and the monitoring of health care processes to prevent complications or to prevent further illness, injury, or disability. Some examples include regular turning of bed-bound patients to prevent bedsores; infection control practices in hospitals and nursing homes to prevent iatrogenic illnesses; and patient education and behavior change to prevent recurrence of disease (Timmreck, 1994). More innovative and creative programs/strategies are needed for all three prevention levels.

2. Research

Conducting research on health promotion is another strategy to identify theoretically sound and culturally sensitive interventions for improving the health of people. Partnerships with community residents help researchers to develop and test health promotion interventions that are responsive to community needs, thereby increasing the likelihood of community health.

Nurse researchers have conducted numerous research projects on health promotion. They range from preventing and treating hypertension in Black Americans, lowering risk for cardiovascular disease in children and adolescents, promoting health in adolescents, and promoting health and preventing disease in worksite populations. Only a few topics are presented in Table 2 (Hinshaw, Feetham, and Shaver, 1999) in the spirit of sharing the findings of nursing research with this audience.

Table 1. Nursing Research on Health Promotion for Hypertensive Subjects-examples

- Adherence to therapeutic regimen using contingency contracting (Swain and Steckle, 1981)
- Hamilton Health Belief Scale (RO1 NR 03317)
- Effect of talking and listening on BP levels (Lehr, 1992 and Thomas and Friedman, 1994)
- Lifestyle profile-importance of dietary intake, perceived stress, and obesity (MacDonald et. al, 1991)
- Church-based programs (Smith, 1989 & 1992)

3. Health Policy

For health promotion activities to succeed, we need enabling policies and resources. The important role of politics and health policies was amply demonstrated in recent presidential

election in the States. The health care issues were one of the major defining issues of the election and many physicians took unusually active role in presidential politics.

Health policies can be used as regulatory tools as they call on government to prescribe and control the behavior of a particular target group. One example is federally funded Peer Review Organizations that develop and enforce standards concerning appropriate care under the Medicare program. Health policies can also be used as allocative tools. These involve the direct provision of income, services, or goods to certain groups of individuals or institutions. There are two main types: distributive and redistributive. Distributive policies spread benefits throughout society. Some examples include the funding of research through the National Institute of Health; the development of medical personnel through the National Health Service Corps; and the construction of hospitals under the Hill-Burton program during 1950s-1960s. Redistributive policies take money or power from one group and give it to another. These policies are often most visible and politically charged because they create visible beneficiaries and payers. Examples in this category include Medicaid program which takes tax revenue from the more affluent and spends it on the poor in the form of free health insurance; and the state Children's Health Insurance Program, welfare, and public housing programs (Shi and Singh, 2001).

Government, and local public health agencies and boards of health are all stakeholders in a community health and they are capable of setting policies and taking actions to improve it. The government Public Health Service and health departments should provide leadership in setting health policies, and providing resources (e.g. research funding, technical assistance, and data) to support the implementation of health promotion activities in the communities. Likewise, local health departments must be a part of the community coalition that addresses health issues; and they must be prepared to develop and support health policies, and take necessary actions to improve community's health, hence nation's health.

V. Conclusion

- Promoting health through education, training, research, and health policy activities is a key to a healthy nation.
- Individual health and community health are almost inseparable; and together they determine the nation's health.
- Educational programs and research on health promotion should focus on major determinants of health, such as lifestyles and behaviors, and environmental factors.

- Health promotion advocates should utilize health policies as regulatory and allocative tools.

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