Health Promotion, Version 2.0
- Key principles and challenges

Bjarne Bruun Jensen
European Vice President in IUHPE
Professor and head of Health Promotion, SDCC
bjarne.bruun.jensen@regionh.dk
Health Promotion, Version 2.0
- Key principles and challenges

- The challenge
- The momentum
- Three “simple” principles for Health Promotion
- An equation for promotion of health
- Health Promotion – version 2.0
- Health promotion research
Non-communicable Diseases - a major public health challenge

- NCDs: Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes
- 36 million deaths in 2008 (63% of total)
- 80% occurred in LMIC
- 55 million in 2030 (if “business as usual”)
- Threatening health, social and economic development
- Exposure to risk factors begin in early life

Non-communicable Diseases - the momentum for health promotion

Third United Nations High-level Meeting on NCDs

On 27 September 2018, the United Nations General Assembly is staging the third High-level Meeting on the prevention and control of noncommunicable diseases (NCDs), which will undertake a comprehensive review of the global and national progress achieved in putting measures in place that protect people from dying too young from heart and lung diseases, cancers and diabetes.

— Learn more
Non-communicable diseases - the contribution from health promotion

Health Promotion Intervention: A few key principles

- Participation & co-creation
- A positive & broad health concept
- Setting & synergy

“Conference aims at motivating for physical activity”
Municipalities need to exchange ideas about physical activity among children and young people and share ideas about how they reach young people who are physical in-active with a message on physical activity

“Give play back to the children”
A Nordic conference putting focus on how play and movement can be brought back in children's everyday life
Example: Supersetting: Crossing settings

- Aim: improve health for families with small children
- Improve synergy among:
  - Schools and day care
  - Supermarkets
  - Media (TV)
- Co-creation among all stakeholders
Example: Involving citizens in a vulnerable community

- Training and planning
- Data collection in the local community
- Data management and analysis
- Dissemination of the findings
Promotion of health: An equation (inspired by Keith Tones)

Pedagogy x Context x Coherence
Health Promotion, Version 2.0

Traditional Prevention
- “Top down”
- Expert driven
- Individualistic
- Quantitative eval.
- “RCT”
- Health outcomes
- Effects – but not transferable to real life contexts

Health Promotion Version 2.0
- Dialogue
- “Co-creation”
- “The equation”
- Quanti. + quali.
- Complex interventions
- Health, social and QoL
- Evidence appearing from studies in real life

Traditional Health Promotion
- “Bottom up”
- User driven
- Structure
- Qualitative eval.
- Case studies etc.
- QoL, wellbeing
- Realistic – but limited health effects demonstrated
How to Deal With Complexity?

The Myth + The Reality Of Success
Health Promotion, Version 2.0: What Kind of Research is Needed?

Research:
- Biology
- Epidemiology
- Psychology

Translation

‘Real Life’:
- Clinic
- Local comm.
- School

Translational Research

- Intervention development
- Feasibility study
- Effect study
- Implementation study
Scientific Methods Available

- **Intervention development**
  - Design thinking
  - Intervention mapping
  - Action research
  - ....

- **Feasibility**
  - Survey
  - Observation
  - Interviews
  - Diaries
  - Reports
  - Case study
  - ....

- **Effect**
  - Quasi-experiment
  - Realistic evaluation
  - RCT
  - Case study
  - ....

- **Implementation**
  - Health services research
  - Cost-effectiveness studies
  - ....
A Few Concluding Reflections on the “Simple” Principles

Involving local users in all phases as co-creators:
- Improves local ownership
- Ensures a tailored approach
- Leads to sustainability at the local level

Main challenges:
- Health promoters need skills to give away power and work closely with users
- Researchers need skills to work with real life interventions
- Shift in professional identity needed
## Generic Principles Across Primary, Secondary and Tertiary Prevention

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Does this make sense for Health Literacy, Healthy Settings and Salutogenesis?