THE OTTAWA CHARTER AS AN EFFECTIVE HEALTH PROMOTION FRAMEWORK

In 1977, the World Health Organization (WHO) recognised that governments across the world should be working towards attaining a level of health for all citizens that would enable them to lead socially and economically productive lives by 2000. This became known as a global ‘Health For All’ strategy. To help achieve this goal, a document called the Ottawa Charter for Health Promotion was developed in 1986 in Ottawa, Canada, which outlined five areas of action to achieve health for all (see appendix 1). The charter is significant because it gave direction to health promotion through clear definitions, action plans and positive involvement. Agreement to the principles of the Ottawa Charter saw countries across the world adopt the public health approach as a new way of approaching health promotion. A summary of the charter’s main points is given in figure 3.10.

**Health promotion is:**
the process of enabling people to increase control over and improve their health.

**The prerequisites for health improvement are:**
peace, shelter, food, education, income, stable ecosystem, sustainable resources, social justice and equity.

**The charter advocates that:**
good health is important for social, economic and personal development and is an important dimension of quality of life.

**This will enable us to:**
share opportunities and resources to allow all to achieve their fullest health potential.

**We must mediate and:**
involve all people in health promotion and health care. Different groups in society (e.g. governments), too, must mediate for the pursuit of health.

**Health promotion action means:**
1. *Building a public health policy* — e.g. legislation for better health, healthier goods and services, more enjoyable environments.
2. *Creating supportive environments* — encouragement of reciprocal maintenance; that is, take care of one another and the environment.
3. *Strengthening community action* — such as encouraging self-help, social support and participation in health-related matters.
4. *Developing personal skills* — by providing information and enhancing life skills, leading to greater control over one’s own health.
5. *Re-orienting health services* — the health sector must look beyond providing clinical and curative services and look to health promotion that addresses the total needs of the individual as a whole person.

**For the future:**
1. *Commitment to health promotion* — the conference encouraged all participants to actively address health promotion issues in their own countries.
2. *Call for international action* — the conference called on WHO and all international organisations to help with health promotion so that Health for All by the Year 2000 would become a reality.

Figure 3.10: Important points from the 1986 Ottawa Charter for Health Promotion (Source: Adapted from Fran Baum 1998, The New Public Health: An Australian Perspective, Oxford University Press, South Melbourne, pp. 16–17.)

The Ottawa Charter action areas are still regarded as essential to any effective health promotion worldwide. They are based on the understanding that health is socially determined and encourage health professionals and governments not only to educate people about health matters, but also to change the environments in which people live and to involve the community in projects to improve health.
The Ottawa Charter for Health Promotion identified the following prerequisites for health.

- The basic necessities for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.
- Health is a positive concept emphasising social and personal resources, as well as physical capabilities.
- All people should be able to achieve their health potential through the provision of equal opportunities and resources.
- All sectors within the community are responsible for health promotion — health, social and economic sectors, governments, industry, local authorities, media and voluntary organisations.

In order to achieve these ideals, the Ottawa Charter recognised that there are five essential actions to improve health and create greater equality in health:

1. developing personal skills
2. creating supportive environments
3. strengthening community actions
4. reorienting health services
5. building healthy public policy.

INQUIRY: The Ottawa Charter's historical significance

The Ottawa Charter has had considerable influence on the understandings of health promotion that have developed in Australia, the approaches that have been adopted and the people or organisations that have involved themselves in these approaches.

Explain how the Ottawa Charter marked a change in approaches to health promotion in Australia.

Developing personal skills

Personal and social development occurs through the provision of information, education for health and the enhancement of life skills. This increases options in exercising control over our own health, our environments and in making choices that will promote health. These skills can be developed in schools, workplaces and in other community settings through actions by professional and voluntary organisations, the media and health services. Examples are:

- communication
- problem solving
- planning
- decision making
- conflict resolution
- goal setting.

These skills lead to:

- the ability to seek information
- individual empowerment
- self-reliance (autonomy).

Empowerment for individuals means that they are aware of the choices they have, they can make decisions without relying on others or expecting others to make decisions for them, and they can act in various situations in daily life to protect themselves and promote their health.

These skills enhance our health by making us feel more responsible, empowered and self-
confident. We will then have a greater capacity to respond to changes and adjustments that occur in our lives.

Creating supportive environments

This action area focuses on the places where people live, work and play. It also focuses on increasing people's ability within these settings to make health-promoting choices. It is concerned with our social and physical environments. We need to take care of, protect and support each other, our community and our natural and built environments from threats to health. The organisation of work and leisure and the use of technology should enhance health and provide a safe, stimulating, satisfying and enjoyable environment.

![Figure 3.11: Providing safe places for children to play and socialise is one way that the community can create supportive environments.](image)

Workplaces, support groups, health services, schools, the media and families can all help to provide supportive environments. Examples of measures that support a healthy environment include the use of unleaded petrol, availability of alcohol-free areas at sporting venues and in the community, the policing of speeding within school zones, the provision of counsellors in schools and the establishment of healthy school canteens.

Strengthening community actions

The focus of this area is the empowerment of communities to identify and implement actions to address their health concerns. If communities can work together to set health priorities, make decisions, plan strategies and implement them, they will have greater ownership and control of the health promotion processes.

Examples of community resources that can work effectively together are schools, workplaces, self-help groups, local governments, community health centres, doctors, the media and interest groups. Projects such as Active After School Communities, Health Promoting Schools, Healthy Catchments and the New South Wales Government’s Live Life Well campaign have involved the partnership of many groups within the community to successfully address local health concerns.
Reorienting health services

The focus and delivery of health services has moved away from an emphasis on the more traditional aspects of health: diagnosis, treatment and rehabilitation. The reorientation of health services has focused on the well-being of the whole person: promoting health, preventing ill health and supporting well-being. This requires a change in attitude and the organisation of health services, and changes to professional education, training and research.

Health promotion can take place in a number of settings, such as schools, workplaces and community health centres, as well as through NGOs, such as the National Heart Foundation of Australia and the Cancer Council. An example of this reorientation includes health professionals working with and supporting schools in health promotion initiatives such as MindMatters, Jump Rope for Heart and the New South Wales Healthy School Canteen Strategy.

Building healthy public policy

This relates to the decisions made at all levels of government and by organisations that work towards health improvement. It goes beyond the health sector and involves more than providing hospitals and medical policies. It includes legislation, policies, taxation and organisational change in areas such as recreation, welfare, transport, education and housing. This coordinated action helps to make healthier choices the easier choices in our working and living environments.

Figure 3.12: Random breath test (RBT) activities by the police help to enforce drink-driving laws and reduce the number of road accidents.

Some examples of healthy public policy include taxation subsidies on low-alcohol beer, legislation relating to driving while under the influence of alcohol and drugs, labelling requirements for packaged food products, occupational health and safety regulations, legislation on smoking in enclosed public places such as clubs and pubs, and school policies related to sun safety.

INQUIRY: Effective health promotion

Investigate and prepare a report on a successful health promotion initiative, either on a national
scale or at your local community level. You may wish to investigate the Active After School Communities initiative (use the Active After School Communities weblink in your eBookPLUS) or research another health promotion of your choice. Use the following questions to structure your report.

1. Describe the aims of the health promotion initiative.
2. Outline positive health outcomes that have been achieved as a result of the initiative.
3. Explain:
   (a) how the five action areas of the Ottawa Charter have been addressed in this initiative
   (b) why this has contributed to its success.

The emphasis of recent health promotion centres on creating a physical, social, economic and cultural environment that enables people to achieve maximum well-being. The Ottawa Charter action areas are central to many health promotion initiatives and programs in Australia. One successful and world-acclaimed health promotion example in Australia was the national HIV/AIDS strategy from 1989 to 1995. Australia's response to the HIV/AIDS epidemic focused on more than a healthier individual approach by addressing the five action areas (see table 3.1, below).

**INQUIRY: Actions and strategies**

Review the actions undertaken as part of the national HIV/AIDS strategy that are shown in table 3.1 below. Explain how the action areas of the Ottawa Charter and the various strategies used within each area contributed to positive health outcomes for the following groups:

- groups with a high risk of contracting HIV/AIDS
- the general public
- health professionals such as doctors, dentists and nurses
- people infected with HIV/AIDS.

**APPLICATION: Exploring the use of the action areas to improve health**

1. In small groups, select an area of concern for health that has improved in recent years, for example, reduction in road injuries or decreases in tobacco use.
2. Research actions that have been undertaken by various levels of government, workplaces, non-government organisations and community groups to address the health issue.
3. Use your research to complete a table similar to table 3.1 below to show how each of the five action areas of the Ottawa Charter has been addressed in order to achieve improvements in relation to the health issue.
4. Using your completed table, identify:
   (a) actions that might fit into more than one area of the Ottawa Charter
   (b) groups targeted by various actions and strategies used to promote health improvements.
5. Report back to the class on your selected health issue and discuss each group's findings.

**Table 3.1: The national HIV/AIDS strategy**

<table>
<thead>
<tr>
<th>Action area of the Ottawa Charter</th>
<th>Examples of actions or strategies used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing personal</td>
<td>- education of the community via schools, workplaces and the media — actions</td>
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</table>
and decision-making skills to avoid transfer of bodily fluids
- widespread information provided for the sexually active on safer sex and how to use a condom
- injecting drug users educated about not sharing injecting equipment and how to avoid infection
- awareness raising of STIs and risk behaviours via the media, schools and community settings

<table>
<thead>
<tr>
<th>Creating supportive environments</th>
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<tbody>
<tr>
<td>• needle and syringe exchange available</td>
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<tr>
<td>• screening of blood donors</td>
</tr>
<tr>
<td>• puncture-proof containers for used needles</td>
</tr>
<tr>
<td>• condom vending machines widespread</td>
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<tr>
<td>• working conditions that reduce the risk of infection</td>
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<thead>
<tr>
<th>Strengthening community actions</th>
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</thead>
<tbody>
<tr>
<td>• support for HIV-positive people via social groups</td>
</tr>
<tr>
<td>• encouragement of HIV testing if at risk with pre- and post-test counselling</td>
</tr>
<tr>
<td>• information and counselling services available</td>
</tr>
<tr>
<td>• family planning and HIV/AIDS clinics in communities</td>
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<table>
<thead>
<tr>
<th>Reorienting health services</th>
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</thead>
<tbody>
<tr>
<td>• specific groups at risk targeted for prevention and support</td>
</tr>
<tr>
<td>• special medical services available for those at risk</td>
</tr>
<tr>
<td>• increased research of HIV/AIDS</td>
</tr>
<tr>
<td>• comprehensive and regular surveillance of new and existing cases</td>
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<table>
<thead>
<tr>
<th>Building public health policy</th>
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</thead>
<tbody>
<tr>
<td>• legislation in regard to blood donations</td>
</tr>
<tr>
<td>• laws related to notifications of sexual partners if infected</td>
</tr>
<tr>
<td>• anti-discrimination laws to protect people infected with HIV/AIDS</td>
</tr>
<tr>
<td>• provision of working conditions that reduce risk of infection</td>
</tr>
<tr>
<td>• law encouraged to complement and assist education and other public health measures.</td>
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