

Health Promotion for NCD Prevention



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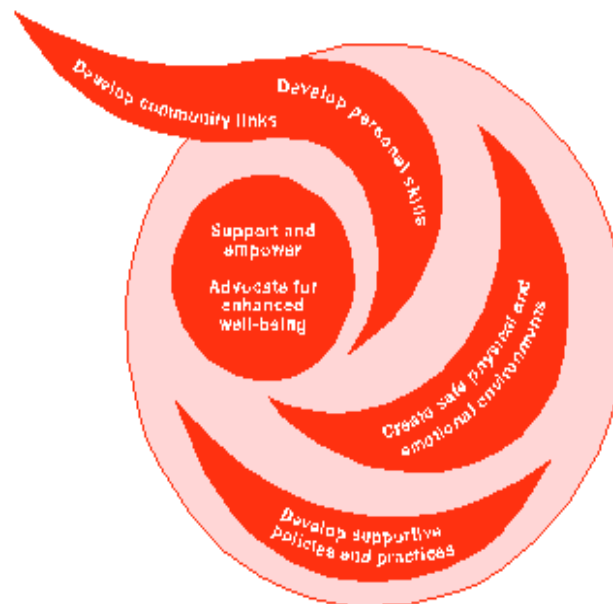
Ottawa Charter for Health Promotion

First International Conference on Health Promotion

Ottawa, 21 November 1986

❖ Prerequisites for Health


- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and equity.

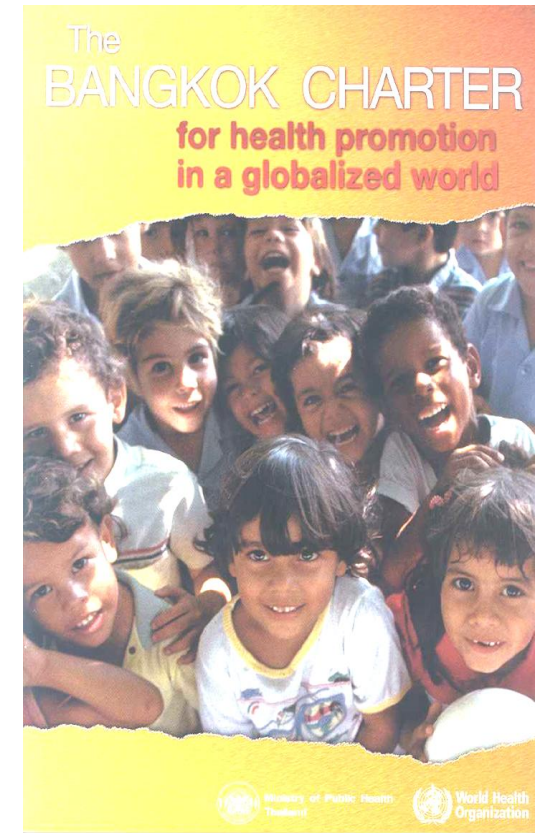


❖ Improvement in health requires a secure foundation in these basic prerequisites.



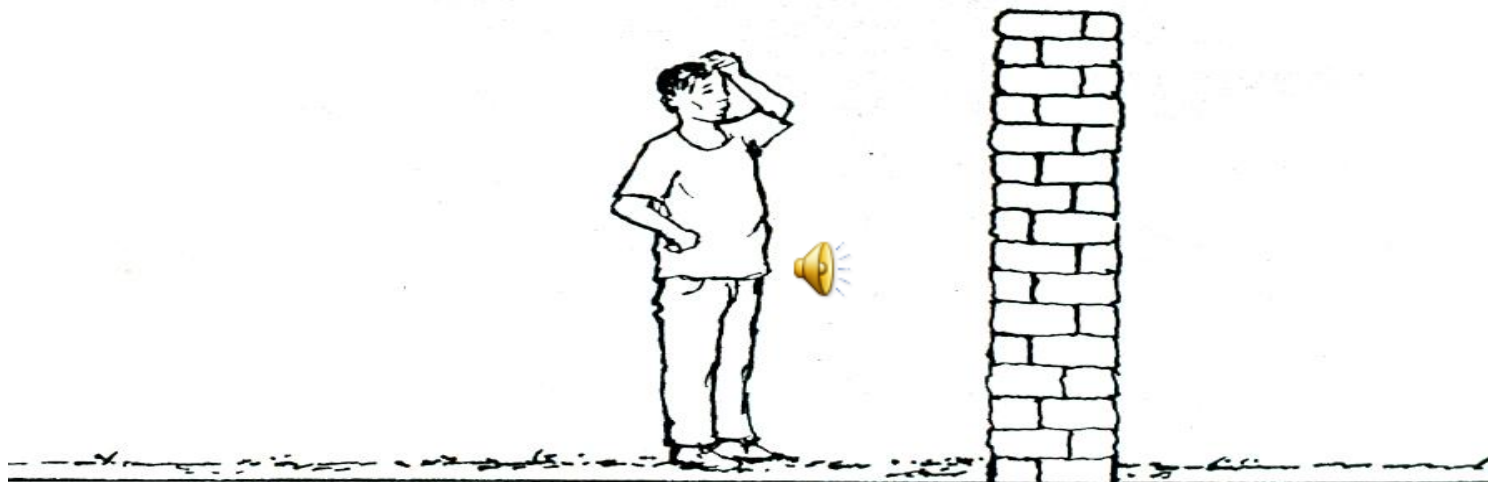
Health Promotion

- ❖ **Definition-** 'the process of enabling people to increase control over and to improve their health'
- ❖ Introduced into public health in Ottawa in 1986.
- ❖ Five critical areas of health promotion 
 1. **Healthy public policy**
 2. **creating supportive environments**
 3. **strengthening community action**
 4. **developing personal skills**
 5. **Reorienting health services**



Behavioral intention

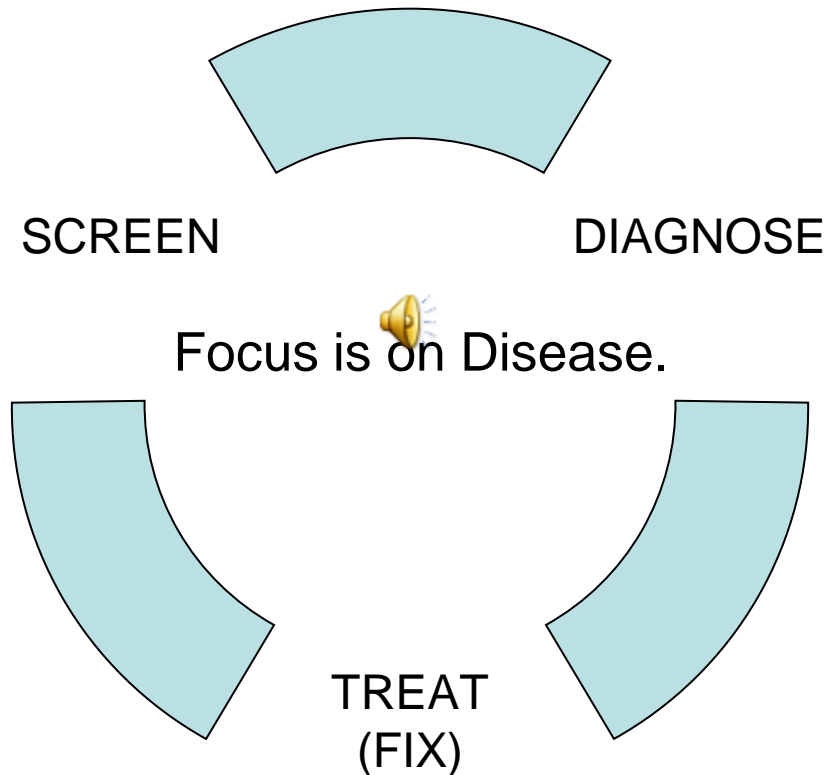
Behavior change



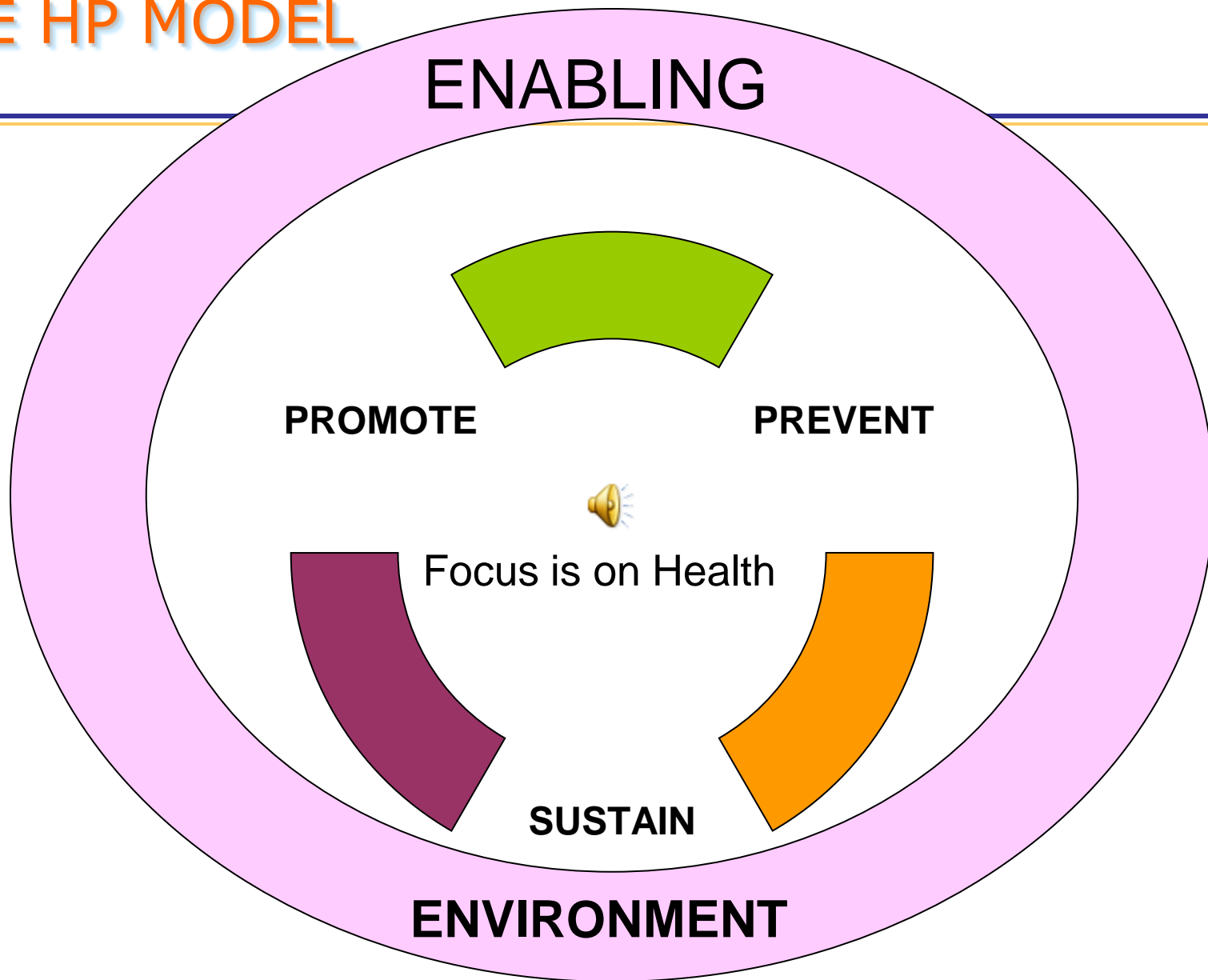
Factors affecting

- * Awareness
- * Time
- * Transport
- * Money
- * Material
- * Decision making
- * Appropriate & accessible health services

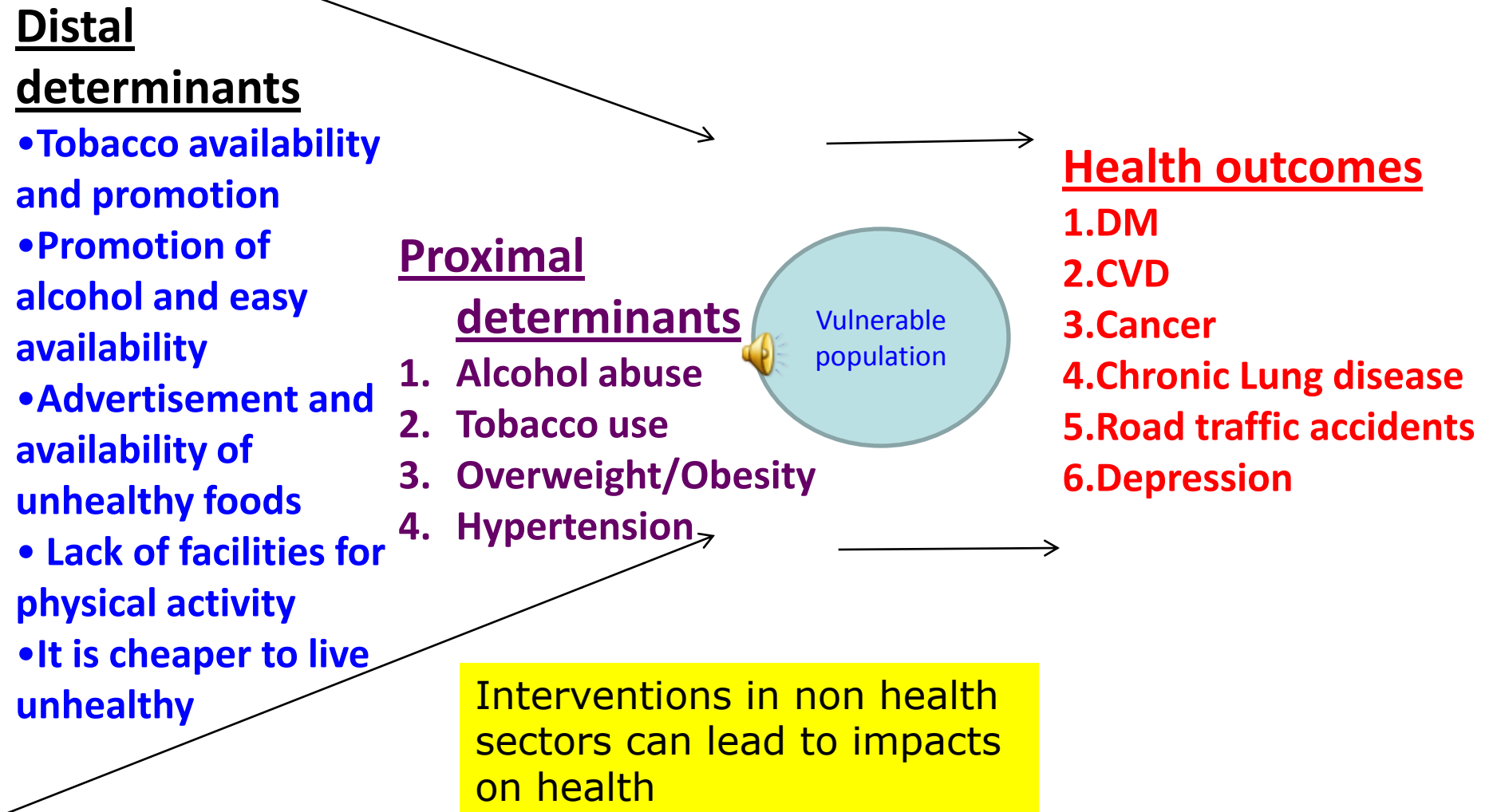
THE MEDICAL MODEL



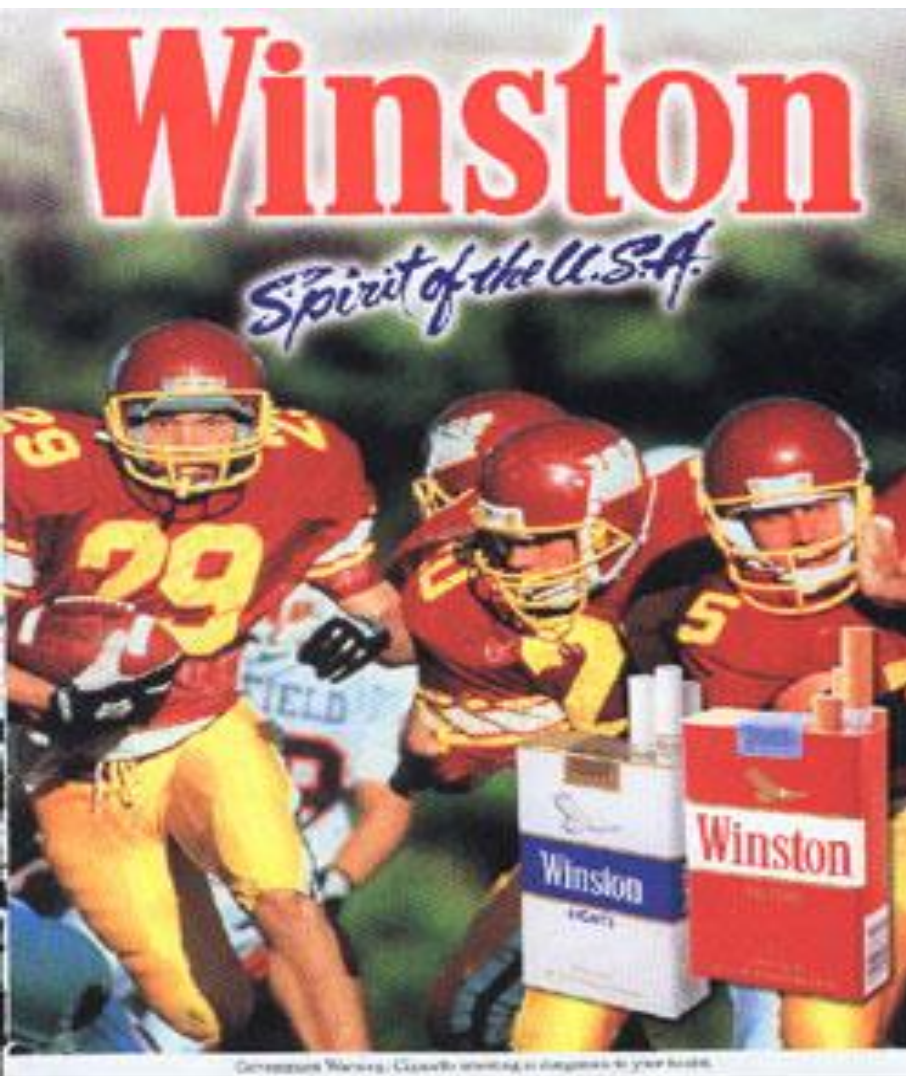
THE HP MODEL



Causes of causes



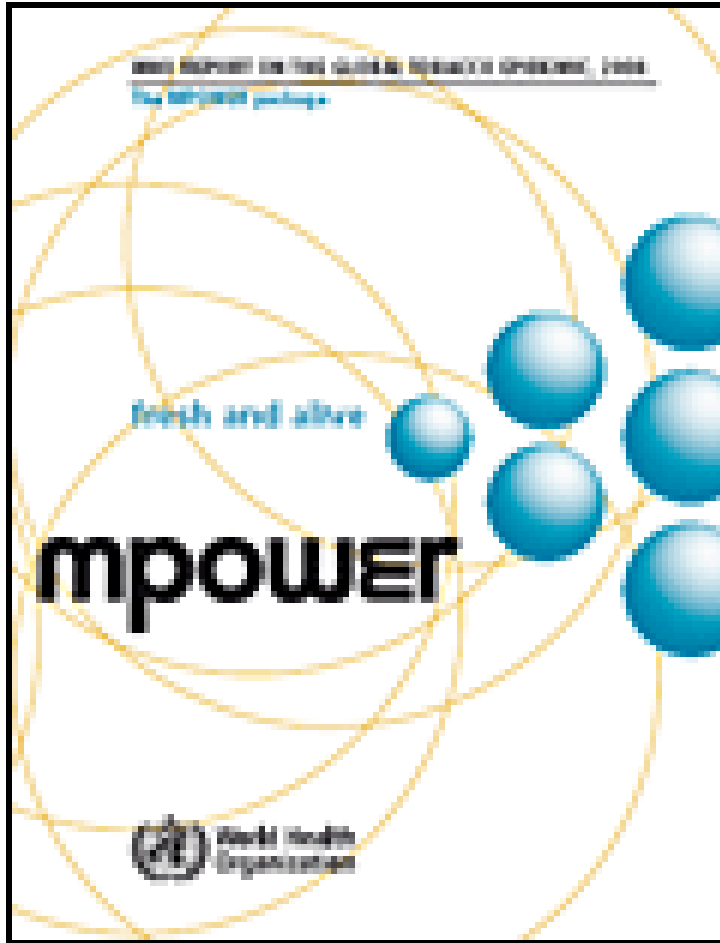
Strong?



Making the next generation unwell!



MPOWER: 6 policies to reverse the tobacco epidemic

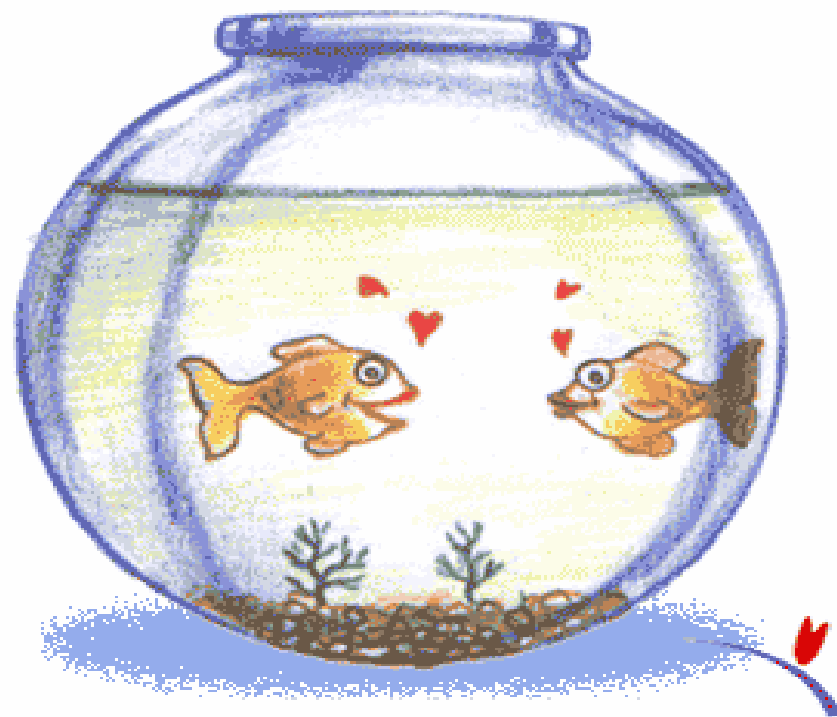


- ❖ **M**ONITOR tobacco use and prevention policies
- ❖ **P**ROTECT people from tobacco smoke
- ❖ **O**FFER help to quit tobacco use
- ❖ **W**ARN about the dangers of tobacco
- ❖ **E**NFORCE bans on tobacco advertising, promotion & sponsorship
- ❖ **R**AISE taxes on tobacco






**KISS A NON
SMOKER AND FEEL
THE DIFFERENCE!**



Armoire à glace

**Alcohol provokes
the desire, 
but takes away the
performance!!**



Responding to alcohol problems

- ❖ Measures for the population-most effective
- ❖ Education in school is not enough
- ❖ Public information and persuasion-mostly symbolic
- ❖ Treatment-worthy and humane-but unlikely to reduce problems of alcohol
- ❖ Measures that restrict and channel sales-effective 📢
- ❖ Most effective
 - Taxation, licensing of outlets, limits in number of outlets, times and conditions of beverage sales, minimum age limits, drink driving counter measures
- ❖ Government monopolies of retail and wholesale market-effective
- ❖ Limits on advertising and promotion, warning labels
- ❖ Governments possess the powers and policy levers to reduce and prevent alcohol problems



Change of bottles in life





Decade 📢 of the bulge



Eating habits

- ❖ Established early in life
- ❖ Diet
 - Composition
 - Periodicity
 - Amount of energy derived
- ❖ 'Eat least' category foods are promoted maximum 
- ❖ Advertising
- ❖ Marketing
- ❖ Culture
- ❖ Fashion
- ❖ Convenience




Junk food generation

- ❖ Average amount of typical snacks, fast food and treats eaten by children between the ages of four and ten in just one year.



WHO Recommendations

1. The policy aim should be to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt.
 - Effectiveness depends on two elements
 - Reach, frequency and impact (exposure)
 - Content design and execution  power)
2. Overall policy objective should be to reduce both the exposure of children to, and power of, marketing of foods high in
 - Depending on national circumstances and resources
 - Comprehensive approach-restricting all marketing to children
 - Highest impact
 - Stepwise approach-either exposure or power



Controls on advertisement

- ❖ **EU television without frontiers directive**
 - **TV adverts shall not cause moral or physical detriments to minors**
- ❖ **Ireland-bans cartoon characters and celebrities to promote foods** 📢
- ❖ **France –mandatory health messages should accompany adverts on TV and radio**
- ❖ **Sweden-total ban for adverts aimed at children less than 12 yrs**



Taxation as a means to change behaviour

❖ The tobacco experience

- education is not enough: regulation, litigation, and legislation are needed too.
- Increasing taxes on cigarettes has been the single most effective strategy in reducing smoking.

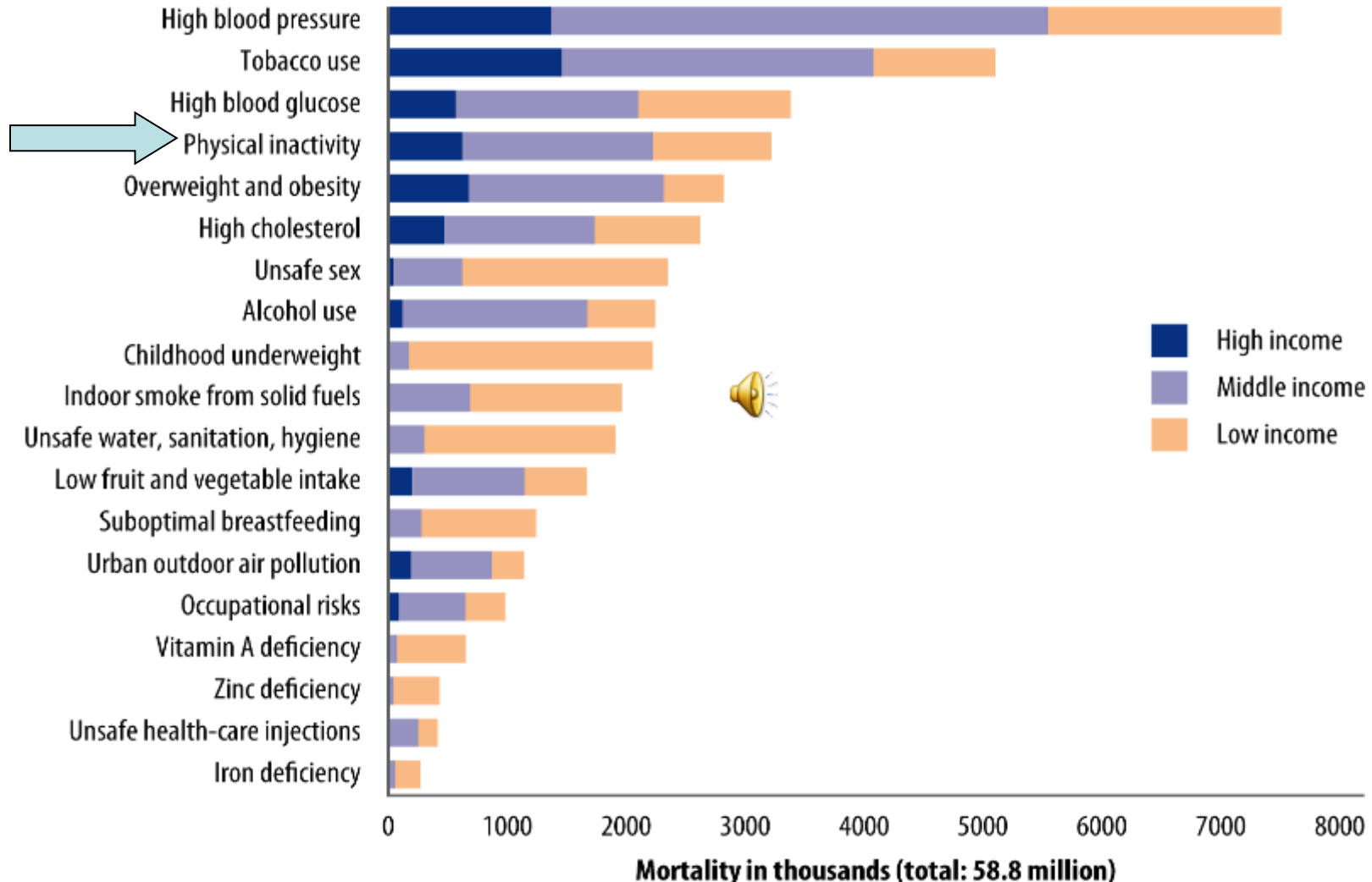
❖ The best chance for success is to impose a penny per ounce Sugar Sweetened Beverages SSB tax, resulting in a rise of a dollar or two in the price of a six pack of sodas or a 2 litre bottle. 🔊

- Most people favour such taxes.
- In New York state, projections found that a penny per ounce tax on SSBs could prevent 145 000 cases of adult obesity and 37 000 cases of diabetes in a decade. It could save \$2bn in healthcare costs.

Source: The case of the sugar sweetened beverage tax : Douglas Kamerow, BMJ 2010;341:c3719



Physical inactivity 4th leading risk factor in global mortality



Source: WHO's report on "Global health risks"

60% of global deaths due to NCDs

Impact of overweight and obesity at the population level

- ❖ **Burden attributable to over-weight and obesity globally:**
 - **44% of diabetes burden,**
 - **23% of ischaemic heart disease burden and**
 - **7–41% of certain cancer burdens.**
- ❖ **43 million children are estimated to be overweight (2010)**

Source: WHO, 2009



Global recommendations on physical activity for health

❖ Why?

- Evidence based starting point to promote physical activity + advocacy
- Limited existence of national guidelines in low and middle income countries; different guidelines

❖ Physical inactivity is an independent risk factor for:

1. Cardio-respiratory health (coronary heart disease, cardiovascular disease, stroke and hypertension)
2. Metabolic Health (diabetes and obesity)
3. Musculo-skeletal health (bone health, osteoporosis)
4. Cancer (breast and colon cancer)
5. Functional Health and prevention of falls
6. Anxiety, depression, cognitive functions



Global Physical Activity Recommendations

Intensity of activity

moderate



vigorous



Type of activity



Aerobic



Strength



Balance



Flexibility

Domains of activity

recreation



and sports



transportation



household



work/school



Global recommendations on physical activity for health

❖ Target audience: national policy makers

❖ What are these?

Population based physical activity for 3 age groups

(5-17 yrs; 18-64 yrs and 65🔊 yrs and older):

- what type (aerobic, strength, flexibility, balance)?
- how often?
- for how long?
- how intense (how hard a person works to do the activity)?
- how much in total?




Children and youth - aged 5-17 - should:


- ❖ Accumulate **at least 60 minutes** of moderate to vigorous intensity physical activity daily.
- ❖ Amounts of physical activity greater than 60 minutes provide additional health benefits.
- ❖ Most of the daily physical activity should be aerobic. Vigorous intensity activities should be incorporated, including those that strengthen muscle and bone at least 3 times per week.



Adults - aged 18-64 – should:

- ❖ Do **at least 150 minutes** of moderate-intensity aerobic physical activity spread throughout the week **or** do at least 75 minutes of vigorous-intensity aerobic physical activity spread throughout the week **or** an equivalent combination of moderate-and vigorous-intensity activity.
- ❖ Aerobic activity should be performed in bouts of at least 10 minutes.
- ❖ *For additional health benefits*, adults  should increase their moderate-intensity aerobic physical activity to 300 minutes per week, **or** engage in 150 minutes of vigorous-intensity aerobic physical activity per week, **or** an equivalent combination of moderate-and vigorous-intensity activity.
- ❖ Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.

Older adults - 65 years old & above :

- ❖ Older adults, with poor mobility, should perform PA to enhance balance and prevent falls on 3 or more days/week.
- ❖ Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week. 
- ❖ When older adults cannot do the recommended amounts of PA due to health conditions, they should be as physically active as their abilities and conditions allow.

Important elements of successful policies

- ❖ High level political commitment
- ❖ Surveillance, monitoring and evaluation
- ❖ Multi-stakeholder support
- ❖ Leadership and workforce development
- ❖ Integration into national strategies & policies 📢
- ❖ Multiple intervention strategies
- ❖ Stepwise approach to implementation
- ❖ Culturally appropriate
- ❖ Implementation at different levels within "local reality"
- ❖ Dissemination
- ❖ **National Physical Activity Guidelines**



Supportive policies in promoting PA

Possible physical activity promoting interventions include:

- ❖ ensuring that walking, cycling and other forms of physical activity are accessible and safe;
- ❖ providing local play facilities for children (e.g. building walking trails);
- ❖ facilitating transport to work (e.g. cycling and walking) and other physical activity strategies for the working population;
- ❖ ensuring that school policies support the provision of opportunities and programmes for physical activity;
- ❖ providing schools with safe and appropriate spaces and facilities so that students can spend their time actively;
- ❖ providing advice or counsel in primary care; and
- ❖ creating social networks that encourage physical activity.



HEALTH PROMOTION APPROACHES

SETTINGS-BASED APPROACH

- Acknowledges the interrelationship between the environment and humans e.g, Healthy cities, villages, schools, markets etc.,

POPULATION-BASED APPROACH

- Address needs diverse population  groups - children, women, elderly or workers

ISSUES-BASED APPROACH

- Targets a wide range of determinants of health or risk factors (diet, smoking, unsafe sex, road safety, patient safety etc.,)



School Health Programme Theory to practice





WPRO Health Promoting School Framework

- ❖ A healthy setting for learning, living and working
- ❖ Allows all members of the school community to work together
- ❖ Proposed approach is to embed health promotion into school operations through policies, practices, and structures

Key factors

1. Healthy school policies
2. School's physical environment
3. School's social environment 
4. Community links
5. Action competencies for healthy living
6. School health care and promotion services

Monitoring tool

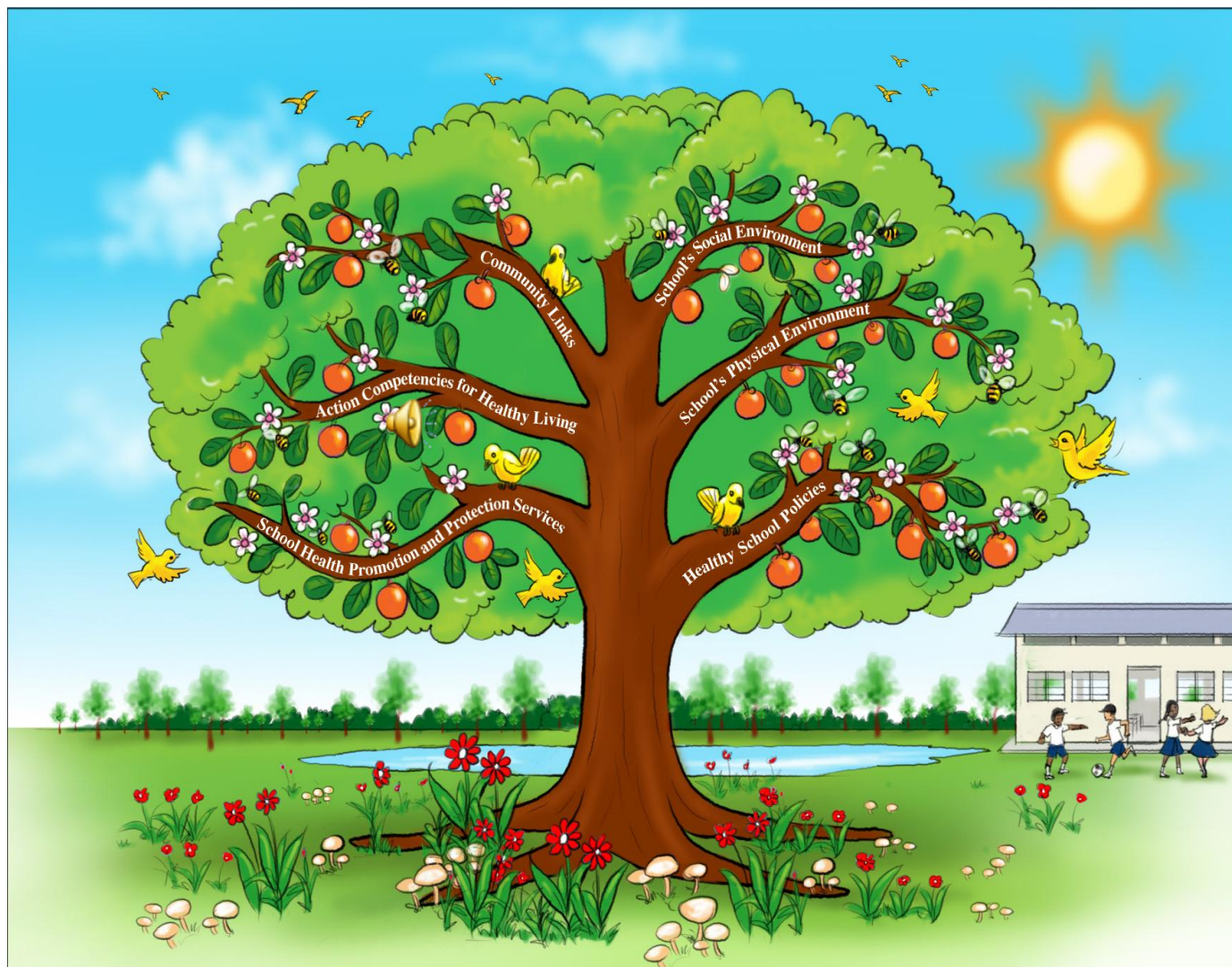
**Meeting of
stakeholders**

**Review of
policies and
programmes**

**Identify the
gaps**

**Develop a plan
to improve the
areas for
action**

**Implement then
evaluate after 6
and 12 months**



HEALTHY WORK PLACE

COMMITMENT

EMPLOYEE
PARTICIPATION

HWP

Surveillance
NCD risk factors
Baseline data
Current spending
on health
Sickness absenteeism
Environment

INTERVENTIONS

Tobacco cessation
Diet
Physical activity
Stress reduction
Occupational health
Noise, Dust
Water
Sanitation

Check list

Primary health care

- A -Management of presenting problems
- B -Modification of help-seeking behaviour
- C-Management of continuing problems
- D- Opportunistic health promotion**

Comprehensive care is a blend of the four interrelated areas. Usual clinician-Area A



Primary health care

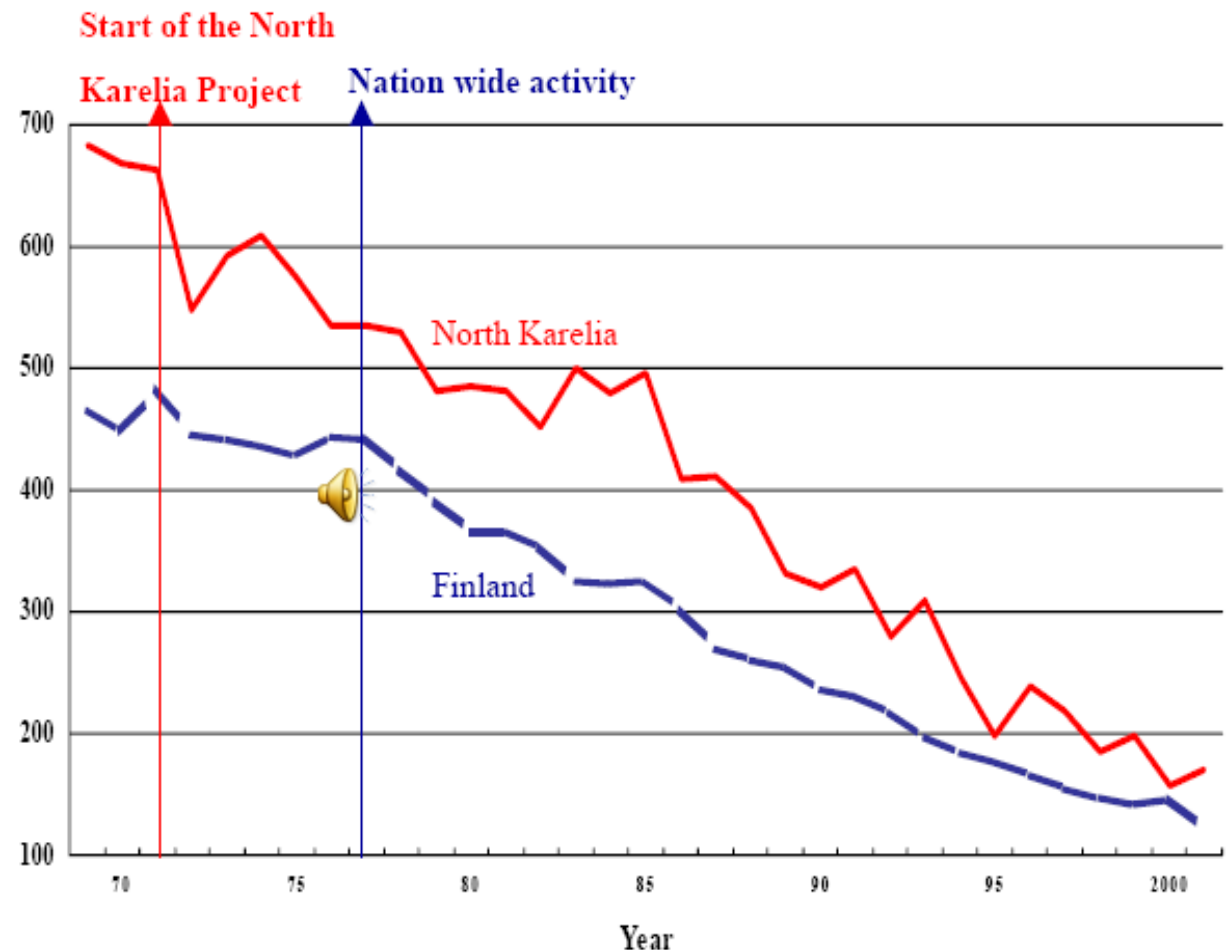
❖ A Green Prescription (GRx) is a health professional's written advice to a patient to be physically active, as part of the patient's health management.

(New Zealand)



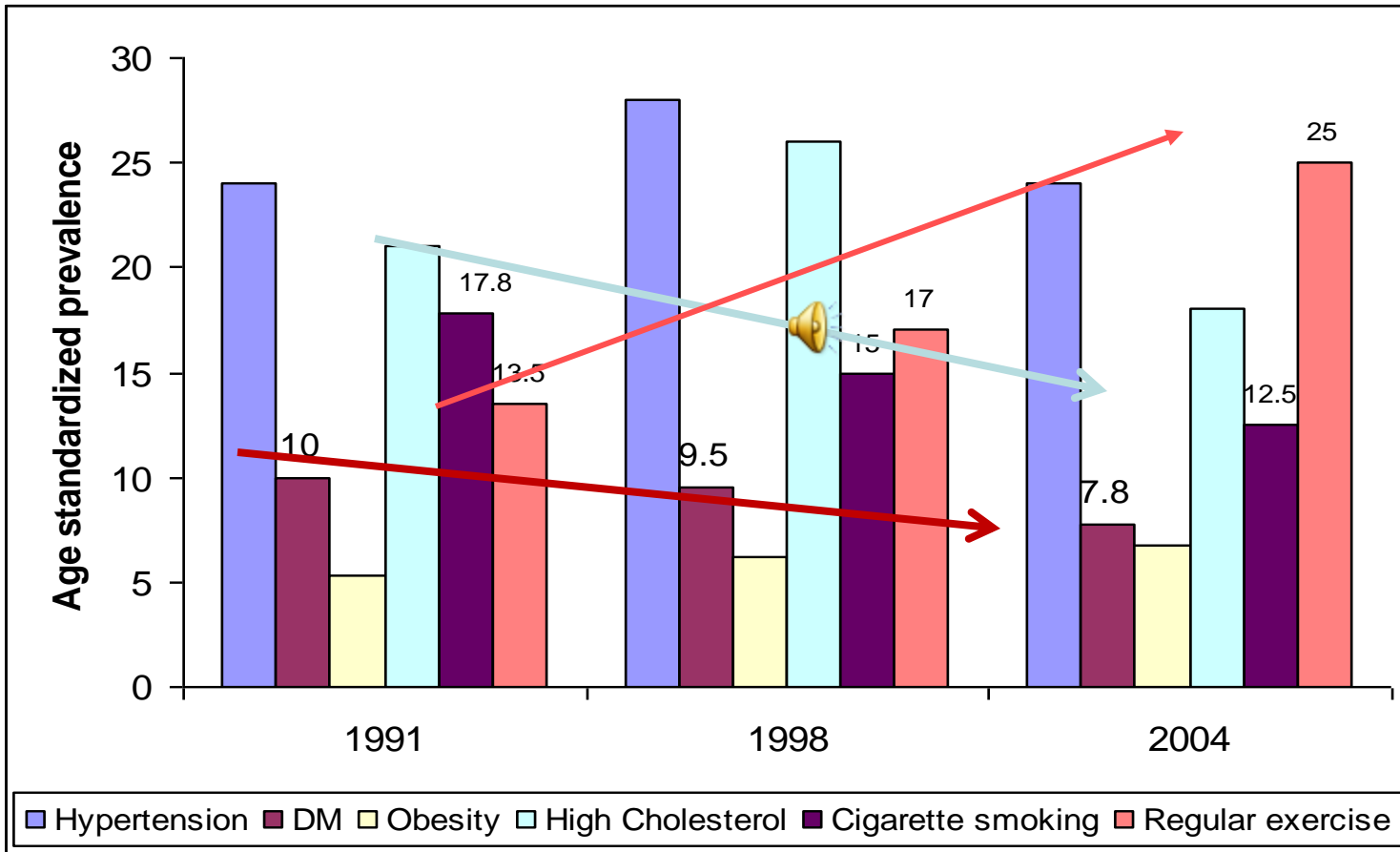
Prevention Works

Age-adjusted mortality rates of coronary heart disease in North Karelia and the whole of Finland among males aged 35-64 years from 1969 to 2001



Mortality per
100 000
population

Age standardized prevalence of NCDs and risk factors in Singapore 1992-2004



**There are no short cuts to
any place worth going.....**

