

Promotion & Education

<http://ped.sagepub.com>

Community health promotion a step further

Sania Nishtar

Promot Educ 2007; 14; 61

DOI: 10.1177/10253823070140021301

The online version of this article can be found at:

<http://ped.sagepub.com>

Published by:

 SAGE Publications

<http://www.sagepublications.com>

On behalf of:



[International Union for Health Promotion and Education](http://www.ihpe.org)

Additional services and information for *Promotion & Education* can be found at:

Email Alerts: <http://ped.sagepub.com/cgi/alerts>

Subscriptions: <http://ped.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Community health promotion– a step further

Sania Nishtar^{1,2}

This themed issue of *Promotion & Education* has received financial support from the United States' Centers for Disease Control and Prevention (CDC), an Agency of the Department of Health and Human Services, under the Cooperative Agreement Number U50/CCU021856 on Global Health Promotion and Health Education Initiatives. The ideas expressed in the articles are those of the authors and do not necessarily represent those of the CDC and the IUHPE.

Community health promotion is of strategic significance in contemporary health systems. The overarching context of this stems from the inability of most countries with mixed health systems to deliver health as a public good; this coupled with the emerging role of the market in health and resource constraints at the social sector level, particularly in the developing countries, necessitate a visible role of the communities in health promotion in order to achieve the equity objective in health. However, in contrast to its significance, community health promotion remains a poorly understood concept, which makes it difficult to advocate it to policy makers. These considerations therefore led the Global Consortium on Community Health Promotion, after its creation in 2003 as a collaborative initiative of the US Centers for Disease Control and Prevention (CDC) and the International Union for Health Promotion and Education (IUHPE) to focus on bringing clarity to concepts and norms as a starting point for the scope of its work; and it is within this context, and as a step in this direction, that this special issue has built further on the Statement of the Consortium (Nishtar et al., 2006).

The issue covers many aspects of community health promotion from the elaboration of its interface with the principles of equity and considerations of population health to spot-lighting a series of case studies to enable a better understanding of what community health promotion involves and how participatory empowering methodologies can be used to harness community assets and why. In addition, the issue also features articles of practical relevance with respect to assisting countries and practitioners to examine whether their general

activities in specific projects meet current standards of good community health promotion practice, and providing guidance on participatory evaluation.

The Consortium's Statement on which this issue further builds, defines community health promotion as a *participatory empowering equity focused process – one that regards community participation as being essential to every stage of health promoting actions as well as one that leverages community assets and knowledge to create the necessary conditions for health*. However, as outlined by Rice in this issue (2007; p. 68), not all health promoting policies and actions conform to this definition. The author uses lessons learnt from the application of participatory evaluation methodologies to Healthy Municipalities, Cities and Communities (HMC) Initiatives in selected countries of the Americas to highlight the point showing that most HMC initiatives had not appropriately taken into account key health promotion principles, such as intersectoral collaboration and community participation. The article by Baum delves deeper into the issue enabling an understanding of the implications of not doing so by referring to the Ottawa Charter galvanised health promoting policies and actions in Australia (2007; p. 90); these have led to a significant impact at the population level across a range of health outcomes, but have remained unsuccessful in addressing inequities and reducing the existing gradients. Such experiences underscore the need to design health promotion policies and actions with a strong equity lens, and it is here that the need to combine top-down political commitment and policy action with bottom-up action from communities and civil society groups referred to by Baum in her article as the 'Nutcracker effect for health equity', assumes importance.

Understanding the role of the communities is therefore critical to health promotion. Within this context, a number of case studies have been featured in this special issue from diverse developing country backgrounds to showcase relevant approaches. Each study used a structured format to highlight both the intervention as well as the lessons that can be extrapolated from the experience for wider application. Weaknesses in their design and evaluation methodologies

notwithstanding, the case studies yield important process-related lessons.

Firstly, the collective message emphasises the importance of understanding the entire process of community project management and its instruments. Foremost is the need to engage all development actors in a locally-suited participatory model for planning and governance; these include local government bodies, NGOs, international development partners, formally established community organizations, local leadership and inter-community federations. Participatory governance with a role, both for the public sector as well as the communities is relevant not only to the sustainability of grass roots initiatives, but also enables transferring successful social technologies to other settings and the adoption and integration of programmes as public policies.

Secondly, the case studies bring to the forefront many considerations that should be taken into account while structuring community initiatives; these include garnering participation and ownership at all steps; ensuring that voices are heard; fostering a sense of cohesion; ensuring that lessons learnt are factored into decision making; allowing for flexibility with program design so that it can be shaped by locally relevant evidence as it emerges during the course of interventions; encouraging self-management and social control; using culturally appropriate and locally validated tools of intervention and paying due attention to the empowerment of women in decision-making. These are regarded as being important to the sustainability of grass roots interventions in general. More specifically, however, these also enable overcoming religious, cultural and ancestral barriers to accessing healthcare as is shown by the case study from the Solomon Islands (MacLaren & Kekeubata, 2007; p. 78); in addition, they can also assist in fostering the empowerment of the most isolated and difficult to access groups, as is shown by the example of the forest peoples, or the 'caboclos', in Brazil, who live in rural, often isolated and difficult to access areas of the Amazon (Scannavino & Anastácio, 2007; p. 85).

Thirdly, most examples highlight the need for intersectoral action within the larger framework of social sector develop-

1. Guest Editor

2. SI, FRCP, Ph.D; Founder and President, Heartfile, Pakistan. Correspondence to: sania@heartfile.org

ment rather than within the domain of healthcare. Examples of health interventions cited herein have garnered support from across various sectors such as housing, education, youth services, and food security agencies rather than conventional health systems to improve health outcomes. A local perspective within an intersectoral scope can also flag locally specific opportunities for health promotion; for example, the case history from Orissa shows that disaster proneness is one of the strongest determinants of death and disability in the cited region of India; the predictability of disaster in this area therefore warrants institutional capacity strengthening for relief and rehabilitation operations rather than the traditional public health interventions (Mukhopadhyay, 2007; p. 74).

And *finally* the case studies allude to the potential value of networking both globally in terms of promoting values of equity and social justice in health by facilitating sharing of experiences across countries, as in the case of EQUINET (Loewenson, 2007; p. 105), as well as, enhancing peoples' power over their health and well-being in local community settings as was shown for the 'Graniators' in Australia (Sullivan et al. p. 80).

The articles featured herein yield useful lessons for fostering community health promotion. Evidence of the effectiveness of such initiatives underscores the need to move beyond pilot and demonstration projects to mainstream the participation and role of communities for improving health across a range of outcomes (IUHPE, 2000). This necessitates a range of complex interdependent actions and requires going beyond increasing the voice of communities and frontline health workers to strengthening the social policy fabric, shaping social welfare and health financing arrangements and moulding the regulatory environment within country settings. Within the health sector, this also necessitates a number of other overarching measures, such as, redistributing health budgets from tertiary care to prevention and health promotion, and addressing budgetary and health personnel deployment imbalances in favour of rural, informal urban and primary care infrastructure and services. Existing and evolving public health programmes present an opportunity, where prevention, control and health promotion can be integrated as was shown for the non-communicable diseases initiative in Pakistan (Ronis & Nishtar, 2007; p. 98).

However, sustainable engagement of communities in mainstream healthcare is most feasible in countries with systems of governance which involve decentralization of administrative and political power to the

lowest administrative units, such as municipalities. These structures have institutional mandate and responsibility for engaging communities and channeling inputs by development actors to local development plans. The local government perspective can also enable the tying in of health interventions to over-arching development goals, cross-linking these with initiatives for livelihood support, education, savings and credit, given that these are critical to the process of development in general at the grass roots level.

Spurring action at a social sector level within countries along these lines is a prerogative of state institutions; however, multilateral development initiatives such as the WHO's Commission on the Social Determinants of Health can provide an impetus particularly through WHO's leverage in more than 190 countries to encourage governments to make public policy choices organized around the active participation and involvement of communities as outlined in these approaches. A strong state and public sector in health is important to improve population health equitably – both by delivering public good as well as regulating the private market and the role of communities can be critical to the success of both.

References

- Baum, F. (2007) "Cracking the nut of health equity: top down and bottom up pressure for action on the social determinants of health" *Promotion & Education*, XIV (2): 90-95.
- IUHPE (International Union for Health Promotion and Education) (2000). *The Evidence of health promotion effectiveness: Shaping Public Health in a New Europe*. A report for the European Commission. Paris: Jouve Composition & Impression.
- Loewenson, R. (2007) "EQUINET: Networking for equity in health in east and southern Africa" *Promotion & Education*, XIV (2): 105-106.
- MacLaren, D. and Keukubata, E. (2007) "Reorienting health services through community health promotion in Kwaio, Solomon Islands" *Promotion & Education*, XIV (2): 78-79.
- Mukhopadhyay, A. (2007) "Aparajita Orissa" *Promotion & Education*, XIV (2): 74-75.
- Nishtar, S., Perry, M., Lamarre, M. C., Ritchie, J., et al. (2006) "Statement of the Global Consortium on Community Health Promotion." *Promotion & Education*, XIII (1):7-8.
- Rice, M. and Franceschini, C. (2007) "Lessons learned from the application of a participatory evaluation methodology to Healthy Municipalities, Cities and Communities Initiatives in selected countries of the Americas" *Promotion & Education*, XIV (2): 68-73.
- Ronis, K.A. and Nishtar, S. (2007) "Community Health Promotion in Pakistan: a policy development perspective" *Promotion & Education*, XIV (2): 98-99.
- Scannavino, C. and Anástacio, R. (2007) "Promoting health and happiness in the Brazilian Amazon" *Promotion & Education*, XIV (2): 85-87.
- Sullivan, E. et al. (2007) "The Graniators support group program" *Promotion & Education*, XIV (2): 80-81.
-