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Challenges and opportunities for health promotion in a changing landscape

(the italian version is available on www.dors.it - <http://www.dors.it/page.php?idarticolo=3656>)

Health promotion is facing a changing landscape influenced by COVID-19 and the subsequent economic and workload crisis. The impact of a prolonged and severe economic crisis is already evident in some European countries as family businesses close and the hunger queues grow longer. Health promotion resources, including the workforce, have had to be diverted to fight COVID-19 even though non-communicable diseases have increased during the same period. The number and diversity of migrants and refugees has increased as well as other hard to reach groups such as the unemployed and homeless. Poverty and inequality have increased, physical and mental health has worsened and there are fewer available resources to address the extra workload.

Now is a good time to reflect on the experiences of the past to make an assessment of the challenges and opportunities for health promotion in the future. In particular, the advice of up and re-skilling in health by EuroHealthNet [i] and the IUHPE roundtable conference debate [ii] can help us to identify how to address the changing landscape develop a relevant and sustainable workforce for the future.

Facing the challenges, old and new

Reaching the vulnerable in society such as refugees and migrants, the socially isolated and the poor, who are more adversely affected by COVID-19 and the economic crisis, creates challenges. In the short-term, the vulnerable can be reached by tailored and targeted health

promotion interventions. However, long-term, interventions that focus on the individual and on a single behavioural risk have little impact on the determinants of the underlying causes in the first place. Addressing the social determinants of health as an integral part of health promotion has been a challenge but it is important to persevere as this is a positive step towards dealing with the causes of poverty and poor health.

The “art and science” of health promotion, how we interpret the scientific evidence and how we use our experience, has been a challenge [iii]. At times, it feels as though we have hidden behind the evidence when making difficult policy decisions during the pandemic, even when the evidence was weak, contradictory or non-existent. This led to limited options and to a reliance on traditional, top-down disease control approaches. Society and the way in which people interact have changed and we must be prepared to take a more inclusive, community-based perspective to address disease outbreaks in the future.

We must learn to trust our own professional experience and common sense alongside the scientific evidence and find an effective way to benefit from the collective experiences of others. For example, we can learn from frontline workers through surveys and advisory committees and we can learn from the experiences of communities through consultation and engagement. The social sciences can also help to provide a deeper understanding of complex issues such as the relationship between infectious diseases, human behaviour and the built environment. Health promotion professionals must develop the skills to use and interpret the findings from social science methods in their everyday work.

The challenge of non-compliance with health promotion interventions, including vaccination, will remain a common feature unless behaviour change is accompanied with a policy framework that creates a supportive environment and enables people to take more control of their own lives [iv].

Seizing the opportunities

A “whole of society approach” is a step forward for health promotion because it engages the public and private sectors, faith-based and the general public, in conjunction with services at

the local and national levels. The Independent Panel for Pandemic Preparedness and Response concluded that those countries which successfully managed COVID-19 took a whole of society approach, sought scientific guidance, engaged with community health workers and community leaders, involved the marginalized and worked closely at the sub-national level [v]. Health promotion practice recognizes the value of capacity-building, participation and empowerment, aspects that are an intrinsic part of a whole of society approach. Understanding how this approach can be best achieved is an important goal for all European countries and one that could be assisted by national (DORS) and international organisations (IUHPE and WHO).

The changing landscape creates an opportunity for health promotion to provide tailored, targeted interventions for the hard to reach in society. Mobilising migrants and refugees, for example, has been successful through targeted interventions in controlling the spread of STIs and promoting immunisation [vi]. Health promotion can engage with community-based organisations that act as a bridge between health policy and community involvement and to build the skills of local leaders. The planning for, and the support of, community-based organisations and voluntary support networks is good health promotion practice that gives communities more of a voice and provides a better balance between top-down and bottom-up approaches.

Understanding the context is essential to good practice including the socio-cultural, political, economic and historical contexts. The cultural context includes a consideration of how value systems, traditions and beliefs can affect health and well-being [vii] and provides the opportunity to work in a meaningful way with hard to reach groups.

Strengthening health promotion to address a changing landscape

Health promotion has been traditionally associated with non-communicable diseases, a major burden of disease, and with changing lifestyle behaviours. The COVID-19 pandemic has shown that health promotion is also important in controlling disease outbreaks. Strengthening health promotion to address a changing landscape must, in part, include a better definition of the role of health promotion in terms of both non-communicable and

communicable diseases. Health promotion must reposition itself alongside technical areas that have gained popularity during the pandemic, such as the behavioural sciences and risk communication. Health literacy and salutogenesis are important tools but health promotion provides considerable added-value with a broader perspective that addresses poverty and poor health through a whole of society approach, empowerment and the social determinants of health. In a changing landscape the purpose of health promotion, at both an academic and practical level, must be expanded and mapped out to show its distinct advantages.

Responding to new the challenges will require an up and re-skilling of health promotion professionals that can be best achieved as part of a comprehensive framework of commitment to capacity building strategies and through a closer collaboration between research and practice.

1. Upand re-skilling for cultural competence

A culturally sensitive and reflexive practice works in a meaningful way and pays attention to different needs and is sensitive to the cultural position and perceptions of others. Health promotion is not culturally competent and students do not routinely receive training on cultural competence or diversity. Up-skilling must be provided for health promoters to be critically aware about the use of professional knowledge, language and experience in a “reflexive practice” [viii] that enables cultural competence.

2. Upand re-skilling for social science methods

Social science methods including focus groups and individual interviews, rapid KAP surveys, “quick and dirty” analysis of qualitative data and a rapid review of the literature are essential skills for health promotion professionals and must become a routine part of their training.

3. Up and re-skilling for program design

How to design a program within a specific cultural context to address a real health issue including selecting an appropriate model, a planning framework (top-down and bottom-up), strategic approach, evaluation methods and using the best available evidence is a basic skill

for health promotion professionals. This involves an understanding of the theory, a reality of what works and does not work and the application of methods and tools in different contexts.

4. Up and re-skilling for community engagement

Engaging with communities to give them more of a voice and to have an active role in program planning, implementation and evaluation is an important skill for health promotion professionals [ix]. Tools for community engagement already exist and must be included in the training of health promotion professionals, with an equal importance to theoretical models and frameworks, and alongside case studies of best practice.

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