

## CHAPTER 1

## HEALTH PROMOTION

*An Emerging Field*

Anastasia Snelling

The field of health promotion has a relatively short history compared to public health or medicine. However, it is clear that promoting health is an important component of public health and the medical field. Over the past century, US society has changed dramatically in the ways we work, live, and study. In recent decades, these societal changes have affected individual health choices and disease patterns, and as a result the field of health promotion has emerged as a distinct discipline to work in synergy with the fields of public health and health education. The purpose of this textbook is to familiarize students with the history of health patterns, with an emphasis on personal health behaviors, and to identify the social and environmental forces that can create a culture of health to promote a citizenry with longer, healthier lives that are free of disability and disease.

### Brief Overview of Health in the Twentieth Century

A critical examination of the history of health issues related to death and disability in the United States provides us with an appreciation of how social and environmental factors influence disease patterns (see US Department of Health and Human Services, National Center for Health Statistics, 2010). This section briefly examines US health in the first

#### LEARNING OBJECTIVES

After reading this chapter, the student will be able to:

- Identify health trends related to chronic disease during the second half of the twentieth century.
- Explain primary, secondary, and tertiary care.
- Explain modifiable and nonmodifiable risk factors.
- Identify the leading causes of death in the United States.
- Describe how the Affordable Care Act is working to improve healthy lifestyles.
- Explain the determinants of health.

half of the twentieth century and provides a more in-depth investigation of US health in the second half of the twentieth century.

## 1900–1950s

During the first half of the twentieth century (1900–1950s), the topic of health in the nation focused on developing the medical profession and establishing hospitals to treat patients. Public health departments focused on sanitation, disease control, and health education. During this time, public health functions included child immunization programs, community health services, substance abuse programs, and sexually transmitted disease control.

### *Life Expectancy*

By examining the life expectancy of men and women in the United States over time (see table 1.1), one can understand how medical and health advances have affected the health of a population. **Life expectancy** is a measure of the health status of a given population and is defined as “the average number of years a person from a specific cohort is projected to live from a given point of time” (McKenzie, Pinger, & Kotecki, 1999). At the beginning of the twentieth century, the life expectancies of men and women were 46.3 and 48.3 years, respectively. Infectious diseases such as influenza, pneumonia, tuberculosis, and gastrointestinal infections were the leading causes of death in the United States. The discovery of antibiotics and

#### **Life expectancy**

the average number of years that a person from a specific group is projected to live

**Table 1.1** Life Expectancy at Birth, at Sixty-Five Years of Age, and at Seventy-Five Years of Age

Year	At Birth			At Sixty-Five Years			At Seventy-Five Years		
	Both sexes	Male	Female	Both sexes	Male	Female	Both Sexes	Male	Female
1900	47.3	46.3	48.3	11.9	11.5	12.2	*	*	*
1950	68.2	65.6	71.1	13.9	12.8	15.0	*	*	*
1960	69.7	66.6	73.1	14.3	12.8	15.8	*	*	*
1970	70.8	67.1	74.7	15.2	13.1	17.0	*	*	*
1980	73.7	70.7	77.4	16.4	14.1	18.4	10.4	8.8	11.5
1990	75.4	71.8	78.8	17.2	15.1	18.9	10.9	9.4	12.0
1995	75.8	72.5	78.9	17.4	15.6	18.9	11.0	9.7	11.9
2000	77.0	74.3	79.7	18.0	16.2	19.3	11.4	10.1	12.3

Source: US Department of Health and Human Services, National Center for Health Statistics (2010).

improved sanitation practices significantly contributed to increasing life expectancies by the 1950s, reaching sixty-five and seventy-one years for men and women, respectively.

### *Chronic Disease*

As a result of the advances of immunizations, antibiotics, maternal and child health, and improved sanitation practices, life expectancy increased. Extending years of life was a positive advancement. However, one result of a longer life expectancy is the more significant impact that personal health choices and environmental factors have on the development of chronic conditions, sometimes referred to as **noncommunicable diseases**, which are not infectious or transferable from one person to another. **Chronic disease** is defined as a health condition or disease that lasts for a long period of time, usually for longer than three months. Chronic diseases also tend to take a long period to develop. Chronic conditions such as high cholesterol have developed over years of consuming high saturated fat and cholesterol foods, which leads to high blood cholesterol levels and is a risk factor for cardiovascular disease. These chronic conditions are usually managed with lifestyle changes, medication, or surgical approaches, depending on the disease.

One of the first studies conducted to measure the impact of personal health choices on cardiovascular disease was the Seven Countries Studies conducted by Ancel Keys in the 1950s (Keys et al., 1986). Keys recruited researchers in seven countries to launch the first cross-cultural comparison of heart attack risk in populations of men engaged in traditional occupations, comparing their diet and fat intake. The Seven Countries Study indicated that the risk and rates of heart attack and cardiovascular risk at the population and individual levels were directly and independently related to the level of total serum cholesterol. It demonstrated that the association between blood cholesterol level and coronary heart disease risk in the five-to forty-year follow-up was found consistently across different cultures. Cholesterol and overweight or obesity was also associated with increased mortality from cancer. The Seven Countries Study, along with other important large studies such as the Framingham Heart Study, the Nurses' Health Study, and the Women's Health Initiative, confirmed not only the importance of healthy diet but also identified weight status and regular physical activity as important factors for maintaining good general health. These studies were conducted in the mid-1950s and begin to establish the influence of personal health choices on disease patterns. Since that time, hundreds of studies have been done and are now being conducted to

#### **noncommunicable diseases**

not passed from one person to another, also known as chronic diseases

#### **chronic disease**

a health condition or disease that lasts for a long period of time, usually for longer than three months

improve our understandings of the influence of lifestyle behaviors on chronic disease.

### **1960s–2000s**

During the second half of the twentieth century, a number of social and environmental changes occurred that influenced consumer health choices and behaviors. Changes in the way we live are inevitable; however, health promotion professionals must examine how these changes influence health status and respond to these changes to maintain and improve health for individuals and society.

#### ***Employment***

Americans were prosperous after World War II; the end of the war generated enormous advances in technology, medicine, and communications that led to new job opportunities for returning soldiers and for all citizens. Starting in the 1950s, for the first time in American history, a majority of US workers were white-collar rather than blue-collar workers (McColloch, 1983). White-collar workers tended to be involved in positions that required less physical activity than workers in blue-collar positions. People working in white-collar positions are typically sedentary for most of their day; there is a need to build physical activity back into their daily routines.

A blue-collar worker is someone who performs manual labor. Blue-collar work may involve skilled or unskilled labor, such as mining, mechanical, construction, or manufacturing jobs. A white-collar worker is someone who performs professional, managerial, or administrative work; examples include teachers, managers, and secretaries.

#### ***Suburbs and Cars***

The housing industry boomed and shifted families into new suburban neighborhoods; the explosion of the automobile industry accompanied this shift. As people moved from urban to suburban areas, cars became more popular and necessary. Between 1945 and 1947, car production increased from 70,000 to 3.5 million (Weiner, 1992). As people moved out of the city and started owning cars, the reliance on transportation negatively influenced their daily physical activity.

### ***Supermarkets, Food Choices, and Eating Patterns***

As suburban neighborhoods were built, supermarkets and the food industry began to develop and shift to meet this new demand. In 1958, there were approximately fifteen thousand supermarkets; this number roughly doubled by the 1980s (Ellickson, 2011). In the 1960s, women began to enter the workforce, which shifted their role of preparing daily meals for the family. Then, frozen foods became more readily available at the retail level and the fast food industry was born. In 1968, McDonalds operated approximately one thousand restaurants; by 2012 there were thirty thousand McDonalds around the world. Along with the emergence of fast food restaurants, the microwave was introduced into the family kitchen. The shift from eating what one grew during the growing season to being able to purchase large quantities of foods at any time promoted increased calorie consumption. The food environment, from the prevalence and size of supermarkets to the growth of the fast food industry, underwent significant changes during this period.

### ***Entertainment and Leisure Time***

A shift in the physical activity patterns of adults and children also occurred. Advancing technology brought televisions into American living rooms. In 1950, less than 1% of homes had televisions. In 2012, over 83% of homes had at least one television. Between 1975 and 1985, video games such as Atari and Nintendo became available and IBM introduced the first personal computer. People of all ages are entertained with televisions, computers, and video games, again decreasing our daily physical activity time.

### ***Tobacco Use***

Although Americans had been smoking throughout the entire twentieth century, by 1950 more women were smoking than ever before and approximately 42% of all Americans smoked. Smoking was permitted everywhere, in office buildings, schools, restaurants, and airplanes. However, research started to suggest dangers associated with smoking. In 1964, the first surgeon general's report was written that clearly documented the effects of smoking on health. Early into the 1970s, concerns regarding secondhand smoke were validated and the negative effects of smoking became clear. As a result, clean indoor air legislation and higher cigarette taxes were put into effect in an attempt to reduce the prevalence of smoking. As a nation, we continue to limit where people can smoke and require higher taxes on

**Table 1.2** Leading Causes of Death in the United States and Related Risk Factors

Rank	Cause	Risk Factors
1	Diseases of the heart	Tobacco use, high blood pressure, elevated serum cholesterol, diet, diabetes, obesity, lack of exercise, alcohol abuse, genetics
2	Malignant neoplasms (cancer)	Tobacco use, alcohol misuse, diet, solar radiation, ionizing radiation, work site hazards, environmental pollution, genetics
3	Chronic lower respiratory disease	Tobacco use
4	Cerebrovascular diseases (stroke)	Tobacco use, high blood pressure, elevated serum cholesterol, diabetes, obesity, genetics
5	Accidents (unintentional injuries)	Alcohol misuse, tobacco use (fires), product design, home hazards, handgun availability, lack of safety restraints, excessive speed, automobile design, roadway design
6	Alzheimer's disease	Age, family history, genetics, head injury, heart health, general healthy aging
7	Diabetes mellitus	Obesity (for type 2 diabetes), diet, lack of exercise, genetics
8	Nephritis, nephritic syndrome, and nephrosis	Infectious agents, drug hypersensitivity, genetics, trauma
9	Pneumonia and influenza	Tobacco use, infectious agents, biological factors
10	Intentional self-harm	

tobacco. Some companies and college campuses are going smoke free. Because these actions have shown decreased rates of smoking in the United States, many advocates suggest applying similar strategies to other health behaviors.

By the end of the twentieth century, life expectancy for men and women was 74.3 and 79.7 years, respectively. Advances in medicine and drug therapy for managing chronic conditions were largely responsible for the increase in life expectancy in the late twentieth century.

Although life expectancy continued to increase, causes of death shifted from infectious diseases in the early half of the century to chronic diseases in the late 1900s and early 2000s. These chronic diseases are the focus of the health promotion field today. Now, the leading causes of death in the United States are primarily chronic disease influenced by risk factors that include personal health choices. Table 1.2 shows the leading causes of death and all related risk factors. Table 1.3 presents the actual causes of death from lifestyle behaviors, comparing 1990 and 2000, specifically the risk factors that advance chronic disease development, and Table 1.4 presents the leading causes of death in the United States.

**Table 1.3** Lifestyle Behaviors Related to Disease

Actual Cause	1990		2000	
	Number	%	Number	%
Tobacco	400,000	19	435,000	18.1
Poor diet and physical inactivity	300,000	14	365,000	15.2
Alcohol consumption	100,000	5	85,000	3.5
Microbial agents	90,000	4	75,000	3.1
Toxic agents	60,000	3	55,000	2.3
Motor vehicle	25,000	1	43,000	1.8
Firearms	35,000	2	29,000	1.2
Sexual behavior	30,000	1	20,000	0.8
Illicit drug use	20,000	1	17,000	0.7
Total	1,060,000	50	1,124,000	46.7

Sources: For 1990 data, McGinnis & Foege (1993). For 2000 data, Mokdad et al. (2005).

**Table 1.4** Number of Deaths for Leading Causes of Death

Heart disease	597,689
Cancer	574,743
Chronic lower respiratory diseases	138,080
Stroke	129,476
Accidents	120,859
Alzheimer's disease	83,494
Diabetes	69,071
Nephritis, nephrotic syndrome, nephrosis	50,476
Influenza and pneumonia	50,097
Intentional self-harm	38,364

Source: Centers for Disease Control (2010).

## Health Promotion: An Emerging Field

**Health promotion**, as a field of study, has a shorter history than public health and health education. The emergence of health promotion was a direct response to the changes in disease patterns in the United States, particularly

**health promotion**

the process of helping people to move toward a state of optimal health through lifestyle changes

the rise of chronic disease rates beginning in the mid-twentieth century. This rise is attributed primarily to two reasons: the discovery of antibiotics and vaccinations to prevent and treat infectious diseases and the adoption of lifestyle behaviors that increase risk for conditions that lead to chronic diseases.

Although health promotion, public health, and health education overlap to some degree, each is a distinct field of study in and of itself. It is important to understand the distinctions among these three fields, as shown in the following definitions. According to the World Health Organization (WHO Centre for Health Development, 2004), health promotion is

the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. (p. 30)

Dr. Michael O'Donnell (2002), a leading scholar in the field of work site health promotion, offers this definition of health promotion:

The art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice. (p. xx)

## Health Education

**health education**

helping individuals and communities improve their health through learning experiences aimed toward increasing knowledge or influencing attitude

**Health education** is defined by the World Health Organization (WHO Centre for Health Development, 2004) as

any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. (p. 29)

## Public Health

**Public health**, as defined by the World Health Organization (WHO Centre for Health Development, 2004),

is concerned with the health of the community as a whole. The three core public health functions are: the assessment and monitoring of the



health of communities and populations at risk to identify health problems and priorities; the formulation of public policies designed to solve identified local and national health problems and priorities; and ensuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care. (p. 48)

### ***Discussion***

These definitions clearly indicate that public health, health education, and health promotion are all working toward the common goal of improving health for individuals and society. However, distinctly different in each definition are the strategies used to address health issues. Green and Kreuter (1999) suggest that

health promotion draws on the health sciences, programs, practices, and policies that relate to the health of human populations. We must move beyond the tidy boundaries of health institutions, for much of what relates to the health of human populations happens in other sectors, such as schools, industry, social services, and welfare. (p. 2)

The essence of health promotion is to actively promote healthy living by creating a society in which a “culture of health” is evident in places where people live, work, worship, and learn. Health promotion balances individual health behavior choices with creating environments where healthier choices become easier choices. Therefore, health promotion is broader than health education, yet health education is an important component within the field of health promotion. Further, the fields of health promotion and public health are overlapping, yet have distinctly different approaches to addressing the health of society. Public health, as the previous definition demonstrates, is engaged with *monitoring* the health of the public, *formulating* policies, and *ensuring* all citizens have access to health care, all of which are critical to ensuring a healthy society. Health promotion focuses primarily on chronic disease management by *monitoring* health conditions, *assisting* individuals to make healthy choices, and *formulating* policies that create healthy environments.

To illustrate an example of how professionals in the fields of health promotion and public health work together, let’s consider the issue of flu vaccines. Each year public health officials work to identify strains of flu that will be a threat to society when flu season arrives. The influenza viruses in the seasonal flu vaccine are selected each year based on surveillance-based forecasts about what viruses are most likely to cause

### **public health**

organized efforts to promote the health of the community as a whole through measures such as identifying health problems, creating public policies, and ensuring access to cost-effective care

illness in the upcoming season. This work is done primarily by public health epidemiologists and is critically important for the prevention of seasonal flu. The next step is encouraging people to obtain the flu vaccine through health communication campaigns and offering the flu vaccine in places where people frequently visit. It is in these latter steps that health promotion professionals contribute their expertise: understanding their target audience and creating health communication campaigns that trigger individuals to act on the message. In the end both the development of the right flu vaccine and the distribution of the flu vaccine will improve the health of the society.

## Determinants of Health

There is no one cause for the increase in behaviors related to chronic disease. We cannot point to one factor or product, such as video games, suburban neighborhoods, or soda, as the singular cause of chronic disease. Therefore, professionals need a comprehensive understanding of the determinants of health and a broad array of strategies to approach these issues. The Department of Health and Human Services (HHS) has guided the development of the determinants of health because they have been at the forefront of establishing strategic goals for the health of the United States citizenry. Since 1979, when the first surgeon general wrote *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, HHS has guided the development of this overarching document on health indices and goals (US Department of Health, Education, and Welfare, 1980; US Public Health Service, 1979). *Healthy People 2020* is considered a strategic document that uses identification, measurement, and tracking to reduce health disparities through a determinants-of-health approach (Koh, 2010).

### determinants of health

factors that significantly influence the health of individuals and communities, such as genetic or biological factors, social and physical factors, health services, individual behaviors, and policies

The **determinants of health** are defined as factors that significantly influence or have an impact on the health of individuals and communities. Determinants of health comprise genetic or biological factors, social and physical factors, health services, policies, and individual behaviors. The interrelationship of these factors determines the health of individuals and, collectively, the health of a population (Institute of Medicine, 2001). Understanding how each of these factors contributes to the health of an individual is important; however, the single greatest opportunity to improve health lies in personal health choices. Individual behavior choices account for almost 40% of all deaths in the United States (Mokdad, Marks, Stroup, & Gerberding, 2004).

The types of determinants of health are as follows:

- *Biology and genetics.* These factors relate to family history because individuals can be predisposed to a condition from a parent. Other factors may relate to age; for example, as individuals age they are predisposed to certain physical and cognitive changes.
- *Social and physical factors.* Social determinant of health includes a range of issues that affect the health of people, including education, income, social supports, and quality of schools. Physical factors also affect health by expanding or limiting access to healthy food and opportunities for physical activity. The physical environments where people work and live, including access to grocery stores, safe walking or biking paths, housing, work sites, and exposure to physical hazards, affect health.
- *Health services.* Access to health services and the quality of these health services affect health. Improving access to preventive health services is a primary goal of the Affordable Care Act. However, medical care plays a minor role in preventing premature deaths.
- *Policies.* Policies at the local, state, and national levels, as well as the workplace, affect health. Clean indoor air policies and increased taxes influence the percentage of people who smoke tobacco. More recently, school wellness policies promote healthy school environments for children, although there is little data available to assess the impact of these policies on childhood obesity.
- *Individual behaviors.* Individual behaviors, such as food choices, physical activity, managing stress, or cigarette use, influence the development of chronic health conditions.

Each of these factors contributes to the overall health and well-being of individuals. Health promotion focuses primarily on individual behaviors and recognizes the importance of the physical and social environmental factors and policy formulation and implementation. In the first half of the twentieth century, health advances were made as a result of policies (e.g., improved sanitation practices) and medical care (e.g., discovery of antibiotics). Continued advances in medical procedures and prescription drugs have been important in improving the quality of life for those with chronic disease. However, as we move into the twenty-first century, to address rising health care costs and the health of people, health improvements will be derived from changes in individual health behavior supplemented with environmental supports.

**physical environment**

the structures, buildings, or services that can either facilitate or hinder healthy behavior

**social environment**

the personal relationships or networks that surround people

**social ecological model**

a multilayered approach to health issues that illustrates different spheres that influence individual behavior

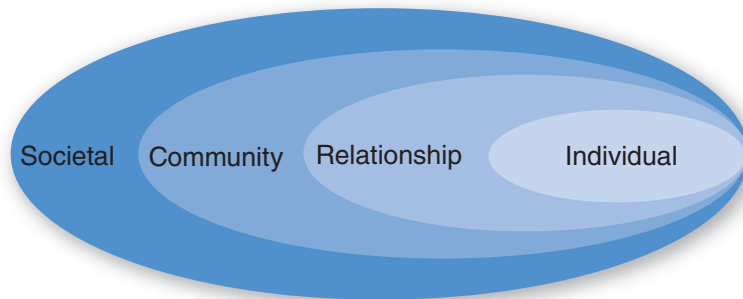
As indicated previously, physical and social environmental factors are critical to achieving successful individual behavior change. The **physical environment** includes the structures, buildings, or services that can either facilitate or hinder healthy behavior. For example, walking paths or lighted streets may encourage more walking in neighborhoods and deter crime; grocery stores may provide improved access to healthy foods and fresh fruits rather than people having to rely only on corner stores in a neighborhood, which traditionally do not stock a wide array of produce. The physical environment creates the opportunity for a person to engage in the behavior, but that alone may not reach everyone.

The **social environment** is the personal relationships or networks that surround people. Social networks establish norms of behavior and these behaviors can facilitate or hinder healthy behavior. Back in the mid-1950s, about half of the country was smoking. Smoking was a very acceptable practice, which may have influenced people to start smoking. Conversely, to help people change behaviors, social support and networks are important for the health behavior change to be realized (Breslow, 1999). For example, if a child is overweight, it is recommended the entire family engage in healthy eating and regular exercise to promote weight management. Work site health promotion programs also rely on social support from employees.

Building on the determinants of health, health promotion addresses health issues in a multilayered approach using a **social ecological model**. This model illustrates different spheres that influence individual behavior. Each individual has knowledge, beliefs, or values that will influence his or her health choices. Then there is the family unit and how the family will influence health behaviors. The next sphere is a school or workplace, and because children and adults spend six to eight hours of their day at these places, their programs and policies may influence behavior. The next sphere is the community where people live, and the last area is policy, which includes local, state, and national policies that are related to healthy environments (Sallis, Owen, & Fisher; 2008; Stokols, 1992). This model is presented in figure 1.1 and is furthered discussed in chapter 3 on program planning models. As you read about the different health behaviors in chapters 4 through 8, you will notice the ecological approach to improving each sphere to positively influence health behavior changes.

## Important Health Promotion Concepts

Before moving into the chapters discussing the health behaviors that affect chronic disease and the resources, strategies, and models that support health



**Figure 1.1** Social Ecological Model

Source: Centers for Disease Control (2013).

promotion, this section briefly discusses concepts and terminology relevant in the field.

## Risk Factors, Chronic Diseases, and Empowerment

Specific health behaviors are directly associated with chronic disease. These health behaviors are termed **risk factors**. Risk factors may be modifiable or nonmodifiable. **Modifiable risk factors** are those that an individual can change through his or her own actions, such as levels of physical activity or eating habits. **Nonmodifiable risk factors** are those that cannot be changed by the individual, such as age, gender, or family history.

Health promotion focuses on the *modifiable* risk factors that individuals have the ability to change when provided the necessary education, motivation, and a supportive environment. Approaching health from this perspective can empower people to improve their own health status and hence have more control over their well-being. Empowerment of individuals or communities is a key theme in the field of health promotion. When used correctly, empowerment can be a long-term strategy for making permanent changes. Research indicates that small behavior changes in someone's weight status or physical activity patterns can improve health outcomes.

### **risk factors**

specific health behaviors that are directly associated with chronic disease

### **modifiable risk factors**

risk factors that an individual can change through his or her own actions

### **nonmodifiable risk factors**

risk factors that cannot be changed by the individual, such as age, gender, or family history

Health behaviors and choices occur every day in our lives. Stop and consider how many health choices you have made in the last twenty-four hours (brushing your teeth, eating breakfast, wearing a seat belt or bicycle helmet). Each of these choices may exert a strong influence on your health status, although it may be years before the effects of those choices are known. For example, smoking one cigarette will not cause lung cancer but smoking over thirty years of your life will certainly increase your chance of lung cancer.

## Prevention Activities: Primary, Secondary, and Tertiary

Health prevention is an important component of managing people's health once a chronic condition develops. Individuals can actively engage in promoting their own health through regular physical activity or managing their stress, but they must also be informed about health prevention activities. Prevention activities are categorized into three levels: primary, secondary, and tertiary. Prevention activities tend to be associated with the health care system.

### *Primary Prevention*

**primary prevention**

primary prevention aims to prevent the disease from occurring

**Primary prevention** emphasizes activities to avert illness, injury, or disease conditions. Strategies may be incorporated into an educational situation or a medical visit. For example, elementary school children may have an assembly in which information is shared to discourage them from starting to smoke tobacco or, at the college level, there may be educational programs on the risks of drinking alcohol. During medical visits, primary prevention activities might include scheduled immunizations or appropriate cancer screenings. The Affordable Care Act, described later in this chapter, prioritizes primary prevention activities.

### *Secondary Prevention*

**secondary prevention**

used after the disease has occurred, but before the person notices that anything is wrong

**Secondary prevention** emphasizes identifying diseases at their earliest stage and treating the conditions early. Research suggests that when disease is detected early, there is a far greater chance of treatment with a successful outcome. The health care system is sometimes called the “curative” system due to its focus on detecting and treating disease. Examples of secondary prevention abound in the United States because of the number of people with chronic conditions, including high blood pressure or high blood cholesterol. A person with either high blood pressure or blood cholesterol would be prescribed a drug that would help lower either his or her blood pressure or blood cholesterol. Managing chronic conditions by using prescription drugs is a hallmark of the health care system, which has made significant advances in treating chronic conditions.

### *Tertiary Prevention*

**tertiary prevention**

targets the person who already has symptoms of the disease

**Tertiary prevention** relies mainly on the health care system and highlights specific medical interventions to limit advancing conditions linked to chronic diseases. If not treated, chronic conditions progress over time and cause further debilitation of the body. Tertiary prevention aims to

slow the progression of the chronic condition. Rehabilitation services such as physical or occupational therapy are trademarks of this type of prevention. This type of care is usually considered the most expensive care and is responsible, in part, to driving up health care costs.

### *Discussion*

Secondary and tertiary prevention activities are delivered mainly through the health care system, where the cost is considerably higher as chronic conditions advance. Unfortunately, much less attention is given to preventing the onset of these chronic conditions (primary prevention) until recently. Since about 2000, the US Preventive Services Task Force was established and specifically recommends that managing these conditions begins with lifestyle behavior changes. However, there has been a slow uptake of this approach through the medical system and personal health choices.

Health promotion activities focus on engaging individuals in primary prevention to delay or avoid the onset of chronic conditions. However, health promotion interventions should also be part of secondary and tertiary care as well. Consider someone who is diagnosed with early stages of diabetes and is also overweight and lives a sedentary life. This individual would benefit greatly from losing weight, eating a healthy diet, and slowly beginning an exercise program. The health care system is remarkable at restoring health; however, the cost of this type of care is very high to those who pay the bill, including individuals, organizations, and the federal government. There is a more cost-effective approach to health and disease; health promoters aim to improve the overall wellness of the target audience, which will lead to a decrease in the cost of treating illness and, more important, assist people in living more years free of chronic conditions.

## **Health Promotion Meets the Health Care System**

The United States has an employee-based health care system rather than a government-run system. This means health insurance is offered to employees through the organizations where they work. In some cases, the US government offers health insurance to special segments of the population: people over sixty-five years can enroll in Medicare, military veterans receive care through the Veterans Administration, individuals living below the poverty line and those who are disabled are eligible for Medicaid, and the State Children's Health Insurance Program provides matching funds to states for health insurance to families with children whose incomes are

modest but too high to qualify for Medicaid. There are many different health insurance programs in the United States funded by private organizations and the federal and state governments.

The US health care system, whether offered through an organization or through the federal government, has been known as a “restorative” medical system, a system that focuses primarily on treating disease rather than preventing disease. The medical system has made enormous advances in detecting and treating diseases through the use of technology, surgery, and drug treatment. Because of these advances, the United States has a very expensive health care system; however, as a nation, we lag behind other countries on several key health indices, including infant mortality, life expectancy, and rates of chronic disease.

### **Patient Protection and Affordable Care Act**

In 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act, commonly referred to as the Affordable Care Act (ACA) (Open Congress, 2010). This monumental piece of legislation represents the most comprehensive set of health care reforms in recent US history. One significant component of the ACA was to extend health coverage to citizens in the United States by requiring individuals to have medical coverage; the goal is to have everyone contributing financially into the health care system. As a result of the ACA, it is estimated that an additional thirty-one million Americans will have access to health insurance coverage. One objective of the law is to increase by 2014 the number of quality, affordable, private health insurance plans from which more people are able to choose. By 2014, more than seven million Americans had signed up for health care through the health care exchanges. Access to medical care is an important factor for improving health outcomes; increased access provides more opportunities to promote healthy behavior and offer age-appropriate clinical preventive services.

A second hallmark of the ACA is its emphasis on wellness, health promotion, and prevention. Two parts of the ACA are focused in this area, Title IV, Prevention of Chronic Disease and Improving Public Health, and Title V, Healthcare Workforce. Within these areas is the creation of councils to advance the priority of improving quality of health care through disease prevention and health promotion. Within Title IV, it requires the creation of the National Prevention, Health Promotion, and Public Health Council (the National Prevention Council). This council is tasked with developing the National Prevention Strategy to guide our nation in identifying the most effective and achievable means to improve health and well-being.



The National Prevention Strategy envisions a prevention-oriented society in which all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans (Fielding, Teutsch, & Koh, 2012; Koh & Sebelius, 2010). Within Title V, the creation of the National Health Care Workforce Commission reviews workforce needs and makes recommendations to the federal government to ensure that national policies are aligned with consumer needs. One initiative under this title is to provide technical assistance to primary care providers about health promotion, chronic disease management, and preventive medicine. These initiatives are focused on the emphasis of health promotion and disease prevention.

The ACA also requires health insurance companies to cover a number of recommended preventive services, such as blood pressure or cancer screenings, without additional costs to patients. This emphasis on early detection of chronic conditions is a critical step to decreasing rates of the leading causes of death in the United States. An independent panel of medical and scientific experts serve on the US Preventive Services Task Force to identify preventive services based on the strength of the scientific evidence documenting their benefits and cost effectiveness. Chapter 8 addresses clinical preventive services and their importance to health promotion and chapter 9 discusses the role of the federal and state governments in health activities.

## Discussion

With the new provisions established in the ACA, the nation is experiencing a shift in its approach to health, wellness, and the treatment of illness. For the first time, a greater value is being placed on health promotion and the long-term benefits of preventing disease. By viewing health through this lens, health promoters can reframe the dialogue on many of the chronic diseases and lifestyle risk factors that plague our population. These ACA provisions underscore the value of health promotion and prevention, lending credibility to the field of health promotion.

## Positions in the Health Promotion Field

There is an enormous need and demand for the skills of health promotion professionals. Students academically trained in the field will have a scientific understanding of the body, including biology, chemistry, exercise physiology, nutrition and diet, and health psychology. Paired with this science knowledge, health promotion students will also possess a theoretical

perspective of program planning and implementation, including assessment, methodology, and evaluation, as well as policy formulation. Chapter 10 provides an extensive discussion on a variety of settings where health promotion is occurring.

Historically, some of the first positions in the field of health promotion were responsible for managing work site health promotion programs. With an employee-based health care system, US corporations share the overall cost of the nation's health care bill; toward the end of the twentieth century, health care costs began to rise significantly. In response to increased costs, many employers established work site health promotion programs.

Beyond work site health promotion programs, which continue to employ a large number of health promotion professionals, the field of health promotion has grown significantly in response to the obesity epidemic and the associated rise in the rates of chronic disease. Health promotion positions are now well established in government and non-governmental agencies, including state and local health departments, health care providers and insurance companies, school districts, commercial gym facilities, and faith-based organizations, as well as companies that supply specialized services related to health promotion, such as social marketing campaigns, health coaching, health screenings, or health education materials.

As students explore different career options within the field of health promotion, interests might focus on a health condition or a life stage. Health issues such as heart disease, osteoporosis, or childhood obesity can frame positions within the field. Another approach is the identification of a specific target population. Health promotion positions address individual behavior at all stages of life, from encouraging healthy prenatal behaviors during pregnancy, to early childhood growth and development, to student health in primary and secondary schools, through the life span in universities, work sites, communities, and assisted living facilities. The nation needs health promotion professionals who are trained to motivate and educate individuals to invest in healthy lifestyles and work with communities and government to build social and physical environments that support healthy living.

## Summary

This chapter introduces a number of key terms and the foundation for the emerging field of health promotion. It briefly describes the social and physical changes to the environment from the first half of the twentieth century to the second half. It distinguishes health promotion from public

health and health education. Evidence on how the social, behavior, and environmental factors have influenced our behaviors and chronic diseases is described both qualitatively and quantitatively. Understanding the forces that have brought about the changes in these factors is fundamental to the discipline of health promotion.

### KEY TERMS

1. **Life expectancy:** the average number of years that a person from a specific group is projected to live
2. **Noncommunicable disease:** diseases not passed from one person to another; also known as chronic diseases
3. **Chronic disease:** a health condition or disease that lasts for a long period of time, usually for longer than three months
4. **Health promotion:** the process of helping people to move toward a state of optimal health through lifestyle changes
5. **Health education:** helping individuals and communities improve their health through learning experiences aimed toward increasing knowledge or influencing attitude
6. **Public health:** organized efforts to promote the health of the community as a whole through measures such as identifying health problems, creating public policies, and ensuring access to cost-effective care
7. **Determinants of health:** factors that significantly influence the health of individuals and communities, such as genetic or biological factors, social and physical factors, health services, individual behaviors, and policies
8. **Physical environment:** the structures, buildings, or services that can either facilitate or hinder healthy behavior
9. **Social environment:** the personal relationships or networks that surround people
10. **Social ecological model:** a multilayered approach to health issues that illustrates different spheres that influence individual behavior
11. **Risk factors:** specific health behaviors that are directly associated with chronic disease
12. **Modifiable risk factors:** risk factors that an individual can change through his or her own actions
13. **Nonmodifiable risk factors:** risk factors that cannot be changed by the individual, such as age, gender, or family history
14. **Primary prevention:** primary prevention aims to prevent the disease from occurring

15. **Secondary prevention:** used after the disease has occurred, but before the person notices that anything is wrong
16. **Tertiary prevention:** targets the person who already has symptoms of the disease

### REVIEW QUESTIONS

1. What are the differences and similarities between health promotion and disease prevention?
2. Are promoting health and preventing disease the same thing or different?
3. Why is health promotion framed as an emerging field?
4. How are the determinants of health related to the social ecological model?
5. What is the goal of health promotion?
6. What are chronic disease, risk factors, and levels of prevention?
7. How would you define determinants of health?
8. How would you define “a culture of health”?

### STUDENT ACTIVITIES

1. Some researchers have stated that children today will have a shorter life span than their parents. Do you agree or disagree? State your reasons.
2. Draw a graphic showing the intersections of health promotion, public health, and health education.
3. Describe the social and physical environment on your college campus. What areas support health-promoting behaviors and what areas are inconsistent with health-promoting behaviors?
4. Identify an organization that employs health promotion professionals and review the position descriptions.
5. Explain the anticipated shifts in the health care system as a result of the Affordable Care Act.

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