1

Health and health promotion

Jane Wills

Professor of Health Promotion, London South Bank University, London, UK

Linda Jackson

Previously Senior Lecturer, Public Health and Health Promotion, London South Bank University, London, UK

Learning outcomes

By the end of this chapter you will be able to:

1. Define health and well-being
2. Analyse the difference between a medical and social model of health and identify how these apply to nursing practice
3. Define and discuss the concepts of public health and health promotion and how they apply to nursing practice

Introduction

This chapter considers the concepts of health and well-being and why they are central to the practice of all health care professionals. There are many ways that the concept of health can be understood. The traditional medical model, where health is seen as the absence of disease and illness, has led to the perception that health is an individual phenomenon for which each person is responsible. A social model of health focuses on social and political determinants and the

Fundamentals of Health Promotion for Nurses, Second Edition. Edited by Jane Wills.

Companion website: www.wileyfundamentalseries.com/healthpromotion

unequal access that people may have to health. This chapter will look at the definitions for health, holistic health, health promotion, and public health, as well as describing the medical and social models of health. As these are basic and commonly used terms, it is important to clearly define and examine what is meant by them and how they are applied to nursing practice. By exploring these other concepts of health, it will challenge nursing students to consider whether, in addition to the more reactive nursing role of responding to disease and illness, they also will have a proactive role in promoting health.

What is health?

Health can be hard to define, as it is one of those words that can mean many different things to different people. It is often looked at in two main ways:

- a positive or wellness approach, where health is viewed as an asset or the ability to do something, or
- a more negative approach, which focuses on the absence of illness and diseases.

The medical model of health sees health as being about illness and disease and ill health pertains to the individual patient or person. The nurse's role is thus seen as treatment and cure.

Activity 1.1

For me, being healthy means …

Tick whichever apply:

- ❑ Taking regular exercise.
- ❑ Getting enough sleep.
- ❑ Eating fruit and vegetables.
- ❑ Enjoying life.
- ❑ Bouncing back when things are tough.
- ❑ Being safe.
- ❑ Having plenty of friends.
- ❑ Being the right weight for my height.
- ❑ Having a job.
- ❑ Feeling at peace with myself.
- ❑ Not smoking.
- ❑ Not getting sick.
- ❑ Drinking in moderation.
- ❑ Enjoying work and study with not too much stress.

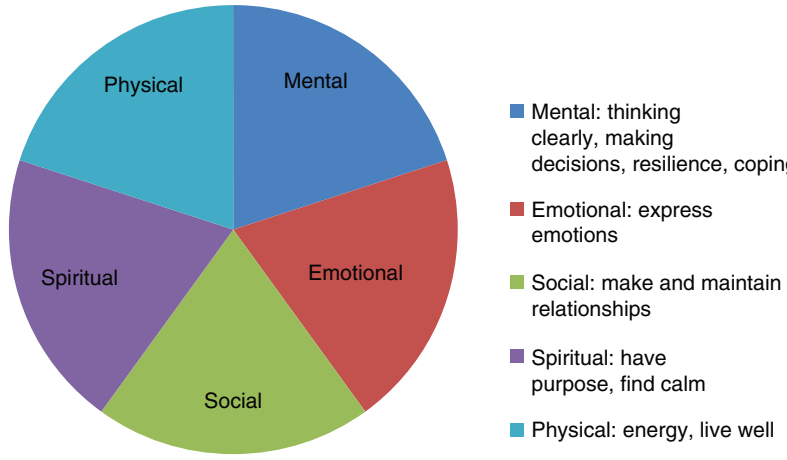

Figure 1.1 The dimensions of health.

Yet people interpret what "being healthy" means in different ways. For many people, it means not being sick or having any diagnosed condition, a view which can be described as a biomedical viewpoint. Others see health as having a lifestyle that contributes to health, such as not drinking too much and not smoking. But health may also be seen positively as a sense of well-being that includes a person's mental health and feeling of control over their life and their social relationships. The World Health Organization (WHO) defined health as a "*state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO, 1948). The WHO's definition of health is both holistic and positive and reflects more accurately how ordinary people view their health than the more medical perspective. Health encompasses many aspects, as shown in Figure 1.1.

- *Mental health*: being able to think clearly and adapt to different situations and have a resilience to cope.
- *Emotional health*: being able to recognize, express and manage emotions such as anger and fear
- *Social health*: being able to form and maintain relationships.
- *Physical health*: having energy and vitality and feeling well.
- *Spiritual health*: being able to be at peace with oneself and find calm.

Because health may be viewed differently, nurses need to recognize individual needs and priorities. Younger people, for example, tend to see being healthy as being fit while older people see health as being able to fulfil their daily activities such as getting to the shops.

Activity 1.2

Consider the following case studies – which of these patients would you regard as healthy?

- Mr A is 46 and has been living with HIV for 20 years, has a long-standing relationship and works for a computer company.
- Mrs B is a new widow, aged 80, who has been admitted following a fall.

Discussion

While individuals may regard themselves as healthy even when having a diagnosed condition such as Mr A, health care professionals tend to view health as the absence of disease or illness and that this is essential to fulfil life's functions.The nurse might be looking more at his physical health in terms of his medication and viral load counts. It would be important to first ask the patient how he is coping and what he considers to be the most important aspect of living with his disease as opposed to focusing on monitoring physical signs and symptoms and getting blood work done.

The nurse might take a functional view of Mrs B's health and may focus on her ability to perform selected duties of everyday life, e.g. dressing, cooking, climbing stairs and moving about unaided. Her mental health may or may not be assessed, however, though this may be the most important issue for this woman. Her major concern may be depression, social isolation and anxiety all of which impact on her health and well-being. The health promotion role could involve listening to the patient and trying to identify her needs as she sees them and offering emotional support.

The medical model of health is based on knowledge about the physical and biological causes of disease. It sees health as the absence of disease. It developed with the growth of the medical profession and tends to take a curative approach.

The social model of health focuses on the social distribution of health and illness between different groups (e.g. death rates vary between social classes). The social model is interested in the environmental and social causes of ill health. It tends to take a preventive approach.

Influences on health

A person's health is inextricably linked to everything around that person.

Activity 1.3

Would you describe yourself as healthy?

Write down a list of factors, e.g. personal, medical, external, that you think have a bearing on your health.

_____

_____

Discussion

Many things affect your health – your family history, where you live, where you work, what you can afford to eat, whether your friends are active, and so on.

Poor health, illness, disease and early death have many causes. Some are genetic, some may be the consequence of age and degeneration and some may be due to people's lifestyle choices but it is also known that some social groups have much higher rates of illness and early death than others. The causes of these inequalities lie in wider structures in society. These factors are termed the social determinants of health and include:

- living conditions;
- employment (or unemployment);
- education;
- housing.

These influences are well illustrated in the model in Figure 1.2 by Barton and Grant (2006), that adapts an earlier model by Dahlgren and Whitehead (1991). It clearly shows the difference between individual and social factors, with an onion likeness, where each layer can be peeled away. The core consists of inherited factors that are fixed. The inner layer suggests that health is partly determined by lifestyle factors such as smoking, physical activity and diet. Moving outwards, Figure 1.2 draws attention to relationships with family, friends and others in the community. The next layer focuses on living and working conditions – housing, transport, workplaces among other factors. The outer layers show the importance of the built, natural and global environment and their impact on health. Chapter 2 discusses how the social context of a patient affects their health.

Many people live with chronic conditions such as diabetes or heart disease (see Chapter 9). The factors that predispose to these conditions are often seen as related to lifestyle choices such as obesity or smoking. The links between a chronic health condition like coronary heart disease and social and environmental factors that impact on the condition may be less recognized.

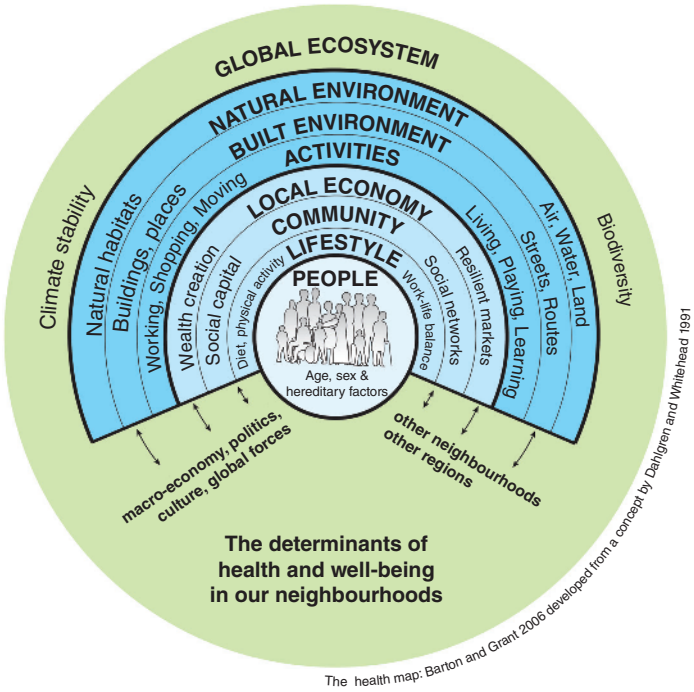

Figure 1.2 The social determinants of health. Source: Barton, H. and Grant, Figure 1. Copyright © 2006 by SAGE Publications on behalf of the Royal Society for Public Health. Reprinted by Permission of SAGE, and Dahlgren and Whitehead, 1991.

Evidence 1.1

Housing and coronary heart disease (Hicks and Crowther, 2000)

Why is housing relevant to health?

When room temperatures fall below 12 °C, cardiovascular changes can be seen that increase the risk of myocardial infarction and stroke.

There is excess mortality in Britain in the winter. Approximately 40 000 more people die in Britain in winter than in summer, and most of these are older people. These excess deaths are

(*Continued*)

Evidence 1.1 (*Continued*)

mostly due to respiratory and cardiovascular diseases, not hypothermia. Therefore, the risk to health increases as the temperature decreases.

What action/intervention is needed?

Standards need to be set so than an acceptable indoor temperature, e.g. 20 °C, can be achieved at no more than 10% of the household income. Any excess should be paid for by social benefits.

Who will benefit?

The poorest people in society: the unemployed, the chronically ill, older people. "Fuel poverty" describes those with least to spend on heating but living in houses that are hard to heat. Many low-cost houses are prone to damp and cold.

What are the key targets?

The indoor temperature of local authority housing stock to be kept to a minimum of 20 °C.

While a medical model of health works towards the absence of disease and is focused on diagnosis and treatment, the social model of health acknowledges the wide range of factors (determinants) that influence health, and focuses on empowering people and communities and influencing policy so that people can have greater control of their health.

What is health promotion?

Much of nursing is about treatment and restoring a patient to health. Sometimes this is referred to as "downstream" actions as they do not address why a person has become ill in the first place. Health promotion is principally about "going upstream" and initiating care to prevent people becoming ill in the first place. Nurses have a key role in minimising the impact of illness, promoting health and function (capabilities), and helping people maintain their roles at home, at work, at leisure and in their communities. Figure 1.3 shows the key areas for nurse involvement in public health and health promotion: promotion of health and health education; protection from harm; and the prevention of ill health underpinned by the assessment of health needs (RCN, 2012).

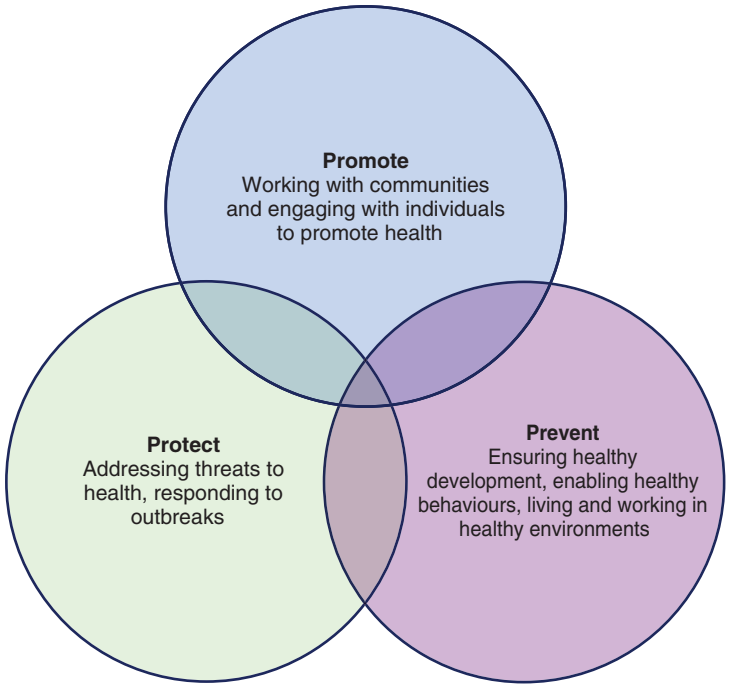

Figure 1.3 A framework for nursing and public health and health promotion. Source: adapted from Royal College of Nursing, 2012, Figure 3, p. 14. Reproduced under the Open Government Licence.

Part of the nursing role is to promote the health of patients and clients. This can take place at three different levels: primary, secondary or tertiary prevention:

- *Primary prevention* seeks to prevent the onset of specific diseases via risk reduction: by altering behaviours or exposure that can lead to disease through education or protection. For example, respiratory disease might be reduced through smoking cessation and through state actions to restrict smoking in public places.
- *Secondary prevention* includes procedures that detect and treat pre-clinical pathological changes and thereby control disease progression. Screening procedures (such as mammography to detect early stage breast cancer) or routine blood sugar testing for people over 45 can lead to early interventions.
- *Tertiary prevention* seeks to reduce the disability or complications arising from a condition and improve a patient's function, longevity, and quality of life. Cardiac rehabilitation following a myocardial infarction can seek to alter behaviours to reduce the likelihood of a re-infarction by encouraging a patient to lose weight.

Activity 1.4

Table 1.1 shows the levels of prevention applied to bowel cancer. Fill in the same table to show the activities at each level relevant to coronary heart disease.

Table 1.1 Levels of prevention.

Disease	Intervention level	Primary prevention	Secondary	Tertiary
Colorectal cancer	Individual	Health education advice on healthy diet, smoking cessation and alcohol reduction	Hemoccult stool testing to detect colorectal cancer early	Follow-up exams to identify recurrence or metastatic disease: physical examination, liver enzyme tests, chest X-rays, etc.
	Population	Publicity campaigns alerting the public to the early warning signs; health education promoting high fibre diets, exercise and non-smoking; subsidies to help people access exercise programmes	Organised screening prorgramme: Making testing easier by the provision of home screening kits for those over 60	Implementation of health services organisational models that improve access to high-quality care

A very broad range of activities can thus be considered health promotion. It is a broad term that can be visualized like an umbrella that has under its cover:

- Education and marketing.
- Social, environmental, political and economic actions to improve and promote health.
- Protection actions that control risks to population health.

Often the word "promotion", when used in the context of health promotion is associated with the idea of media and even propaganda. This is a misunderstanding of the term. Promotion, in this context, is about improving health at all levels from individuals to society to worldwide policy and supporting and encouraging it to be higher on personal and public agendas.

A landmark international WHO conference on health promotion was held in Ottawa, in Canada, in 1986 and it published the key document, the *Ottawa Charter for Health Promotion*, which continues to guide health promotion practice today. The following WHO (1986) definition was part of that document and combines these two elements of improving health and having more control over it: "*Health promotion is the process of enabling people to increase control over and to improve their health (including the determinants of health)*." The Ottawa Charter provides five action areas that are central to the conceptual framework of health promotion:

1. Build healthy public policy.
2. Create supportive environments.
3. Develop personal skills.
4. Reorient health services.
5. Strengthen community action (WHO, 1986; Nutbeam, 1998).

These five areas suggest that for the health of the population to be improved, it is important not only to help individuals to lead healthier lives but also make it easier for them to do so, e.g. encouraging healthy workplaces and supporting a physical environment that is more conducive to health with "green" public transport and locally grown fresh food.

Activity 1.5

Examples of the action areas identified in the Ottawa Charter are listed in Table 1.2. Can you think of any others?

Table 1.2 Action areas of the Ottawa Charter.

Ottawa Charter action areas	Examples of interventions
Build healthy public policy	• No smoking policy in public buildings including all NHS buildings • Breastfeeding policy in hospitals • Motorcycle helmet laws • Drink driving policies and laws
Create supportive environments	• Healthy food choices for staff in workplaces (including hospital canteens) • Healthy school meals for children • Easy access to condoms (including reasonable prices) • Safe and well-lit play and walking areas
Develop personal skills	• Smoking cessation skills • Information on health issues • Food product label reading • Parenting skills

(*Continued*)

Table 1.2 (*Continued*)

Ottawa Charter action areas	Examples of interventions
Reorient health services	• Blood pressure screening at chemists • Breastfeeding support services in the community • Immunization clinics at neighbourhood clinics or surgeries • Chlamydia screening on mobile buses in areas where young people can access them
Strengthen community action	• Housing estate action group to clean up and increase safety in children's play area • Community Drug Action Teams including schools, parents, churches and shop owners • Anti-graffiti action groups in neighbourhoods

Source: Adapted from WHO (1986).

The health promotion role of most nurses will be to:

- provide health information and advice about healthy lifestyles;
- promote every encounter between a nurse and a patient or client as a health promotion encounter;
- develop personal skills for their clients and patients that are empowering and enable people to feel more confident and competent in managing their health;
- enable access and use of the health care system;
- encourage social change and addressing inequalities.

Scenario 1.1

Patient on ward following an intra-cerebral haemorrhage

Mr C is 58 and has been transferred to a rehabilitation unit following a stroke which has caused right-sided weakness. Mr C can walk a few steps with sticks and can transfer from the bed to the chair with assistance. He has no swallowing problems though his appetite is poor. He is uncommunicative and repeats certain phrases such as "What's the time?"

- ❑ What would be the likely health needs of the patient?
- ❑ What is the health promotion role of the nurse?

Discussion

Patient priorities are likely to be to resume daily activities and be able to go home quickly. The nurse's health promotion role would include:

- *listening to the patient's and family's concerns and identifying needs in his daily activities such as returning to work and driving;*
- *involving the patient/client in their health care plan, including, e.g. how to use a dosset box so he can remember to take his medication;*
- *offering a short focused intervention to Mr C and his family and skills to decrease risk factors on safe drinking levels and the importance of weight control;*
- *providing information to Mr C and his family about support organizations such as the Stroke Association and its health promotion material;*
- *awareness of patient's living situation when returning home (e.g. cooking facilities, transport, support in the home, as well as hobbies and social life);*
- *benefits advice;*
- *referral information to community programmes on patient's needs (e.g. smoking, walking, cooking, hobby groups that may aid communication).*

Health promotion and public health

The term health promotion is not always used in the UK and instead, public health is often used to describe this aspect of the nurse's role. Traditionally, the term public health meant efforts to improve the health of communities by providing protection from environmental hazards and responding to the health needs. Its broadest definition is "*the science and art of preventing disease, prolonging life and promoting health through organised efforts of society*" (Acheson, 1988). However, most policy discourse refers to nurses delivering public health and health promotion is one aspect of this, e.g. "*Nurses delivering public health are working to create the opportunities for people to live positive healthy lives, by influencing public policy and by health promotion*" (RCN, 2007). Confusingly, the term "health improvement" may also be used to describe health promotion activities, as seen in Table 1.3 which illustrates the Public Health Outcomes Framework and the actions expected at national, local and community levels.

Table 1.3 Public Health Outcomes Framework.

Domain 1 Health Protection and resilience	Domain 2 Tackling the wider determinants of health	Domain 3 Health improvement	Domain 4 Prevention of ill health	Domain 5 Healthy life expectancy and preventable mortality
Protecting the population from major emergencies and remaining resilient to harm	Tackling factors which affect well-being and health inequalities	Helping people to live healthy lifestyles, make healthy choices	Reducing the number of people living with preventable ill health	Preventing people from dying prematurely

Health promotion and nursing practice

Health promotion is increasingly important to nursing practice. It enhances the way in which health care and services are viewed, looking beyond the medical model to consider the broader influences on health. It can be seen from previous discussions in this chapter that health promotion shares many of the characteristics of good nursing practice:

- It is patient-centred, in that it is based on an assessment of the patient's individual needs and valuing the patient's own views.
- It includes spending time listening to and talking to the patient to identify their individual needs and using high-level communication skills and methods.
- It seeks to involve patients in their own health care decisions.

Table 1.4 illustrates some of the shared principles of nursing and health promotion.

New nurses are expected to do the following:

- Be able to identify patients' needs for health-promoting activity and include health promotion in a care plan.
- Be able to select an appropriate range of health promotion materials relevant to patients' care need.
- Be able to take account of patients' capacity, expressed preferences and social and cultural context.

Generally, nurses are enthusiastic about health promotion and are certain that they have a role to play. However, that role is not as well defined or as clear as may be presented in descriptions of the role. Although health promotion is being taught in the nursing curriculum, it has tended to focus on communication and therefore health education along with the principles of health promotion practice: empowerment, equity, collaboration, participation. Yet many studies of nurses and health promotion report that they felt health promotion was part of their work but they were unsure how to do it, e.g. (Cross, 2005). Many student nurses report a gap between what is taught as health promotion and what is "seen" and observed in practice. These included a lack of time that reduces health promotion activity to simple information-giving, and a predominantly behavioural and disease-focused view of the determinants of health that means practice is focused on the sick individual. For many nurses, health promotion work might be short-term or individually driven. This will be particularly true for hospital nurses. Community nurses may have more opportunities for family and community intervention.

Table 1.4 Nursing and health promotion.

Nursing principle	Example of how health promotion practice (HPP) may complement or evidence the principle
Dignity and humanity	HPP involves valuing the person, offering hope for health improvement, investing time and energy in meeting health promotion needs in a sensitive, non-judgmental and respectful manner.
Taking responsibility for care	HPP involves working in partnership with the patient to ensure that health promotion is embedded and relates to all nursing practice, e.g. health promotion is recognized as an essential need in the current episode of care rather than seeing it as an activity that happens after the patient has been discharged.
Managing risk	HPP understands that a range of factors can increase and predispose to health risks. Health promotion takes a promotional approach and seeks to reduce risk or prevent illness occurring.
Patient-centred care	HPP also puts patients at the centre of care and nurses work in partnership to ensure that the interventions employed are understood, chosen and tailored to meet individual needs.
Communication	HPP requires sensitive communication, particularly if it relates to making changes that can be anxiety-provoking or is trying to motivate a patient to change. In addition, health promotion uses a range of communication approaches (e.g. written, verbal, role modelling) to convey and communicate interventions.
Up-to-date knowledge and skills	HPP recognizes and requires nurses to keep abreast of evidence-based interventions that are proven to be effective. In addition, HPP requires nurses to update their knowledge to ensure that their practices are current.
Co-ordinated care	HPP requires co-ordination among health and social care professionals as health is influenced by many factors not just NHS services.
Leadership	HPP requires nurses to demonstrate leadership skills, to be visionary and to ensure that health promotion is a demonstrable part of practice. In doing so, leading by example is key; this may include appropriate self-disclosure or role modelling.

On placement: checklist

- ❑ Are all dimensions of health considered in care plans?
- ❑ Are health promotion materials available for patients and families? Are these kept up to date?
- ❑ Is health promotion included in care plans? What is included?
- ❑ Is information personalized?
- ❑ Is information on patients' social circumstances recorded or known, e.g. who they live with, education levels, socio-economic status?
- ❑ Is health behaviour information recorded, e.g. smoking status including ever smoked, alcohol consumption including drinking behaviour, BMI, physical activity?

Key learning points

1. Health is not just the absence of disease but includes social, emotional, psychological, and spiritual elements.
2. Promoting health is about activities that enable a person to live well, even with a diagnosed condition.
3. Promoting health is also about a way of working that is empowering and participatory. It is not about persuasion or coercion to get people to adopt particular health behaviours.
4. Public health usually means actions to protect from disease and knowledge work to identify where and how resources should be used to best meet needs.
5. Health promotion includes many different activities at different levels of intervention: individuals, families and communities and populations. It is sometimes called health improvement.

Chapter summary

This chapter has discussed the concept of health and why it is central to the practice of all health care professionals. There are many ways that the concept of health can be understood. Students were encouraged to look beyond the traditional medical model of health to a social model of health. In the medical model, health is seen as the absence of disease and illness, which has led to the perception that health is an individual phenomenon where each person is responsible solely for their health. A social model of health focuses on social and political determinants and the unequal access that people may have to health. It looks at social interactions, socio-economic factors and their interaction with people's lives. This relates to nursing practice in encouraging nurses to look beyond the disease or illness that a patient may present with to the causes of that disease or illness and to include the patient in the treatment process.

The terms health education and health promotion are often thought to mean the same thing, however, they are not. Education is one of the means of improving health and is often the main one that is used by health professionals. Health education is concerned with communicating information and with building the motivation, skills and confidence necessary to take action to improve health. However, health promotion is about improving the health status of individuals and communities. It is a broader term that can be visualized like an umbrella that has under its cover, education, as well as social, environmental, political and economic components to improve and promote health. Health promotion is about improving health at all levels, from individuals to society to worldwide policy and supporting and encouraging it to be higher on personal and public agendas.

Nurses are encouraged to have a wider health promotion role. This might mean going beyond health education and helping clients: to access and use the health care system; to assess their own risks to health and decision-making about their health lifestyle; and to understand the economic, social and environmental influences on their health.

Further reading and resources

Department of Health (2004) *Choosing Health: Making Healthy Choices Easier*. TSO, London.
This White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to health. It is followed by delivery and action plans which can be found on the same website. Available at:
http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4094550.

Department of Health (2011) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. TSO, London.
This White Paper sets out a new structure for public health in England and identifies priorities through the life course. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf.

Naidoo, J. and Wills, J. (2009) *Health Promotion: Foundations for Practice*, 3rd edn. Ballière Tindall, London.
This wide-ranging text provides a comprehensive and critical framework for promoting health. There are in-depth discussions, reflection points and case studies. It is reader-centred and an excellent resource for anyone interested in this field.

Scriven, A., Ewles, L. and Simnett, I. (2010) *Promoting Health: A Practical Guide*, 6th edn. Baillière Tindall, London.
This text is a popular basic text on health promotion and provides comprehensive and readable information on the theory and practice of health promotion. It includes questionnaires, practical exercises and case studies.

World Health Organization (WHO) (1986) *Ottawa Charter for Health Promotion*. WHO, Geneva.
The first International Conference on Health Promotion met in Ottawa, Canada, on the 21st day of November 1986 and developed this Charter for action to achieve Health for All by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialised countries, but took into account

similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health. The Charter is still widely used today as framework for action in health promotion. See http://www.who.int/healthpromotion/conferences/previous/ottawa/en/.

References

Acheson, D. (1988) *Public Health in England: Report of the Committee of Inquiry into the Future of the Public Health Function*, Cm 289. HMSO, London.

Barton, H. and Grant, M. (2006) A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health*, **126** (6), 252–253.

Cross, R. (2005) Accident and Emergency nurses' attitudes towards health promotion. *Journal of Advanced Nursing*, **51** (5), 474–483.

Dahlgren, G. and Whitehead, M. (1991a) *Policies and Strategies to Promote Social Equity in Health*. Institute for Future Studies, Stockholm.

Dahlgren, G. and Whitehead, M. (1991b) "The main determinants of health" model, version accessible, in *European Strategies for Tackling Social Inequities in Health: Levelling Up Part 2* (eds G. Dahlgren and M. Whitehead, 2007), WHO Regional Office for Europe, Copenhagen. Available at: http://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf.

Department of Health (2012) *The Public Health Outcomes Framework for England, 2012–2016.* The Department of Health, London.

Hicks, N.R. and Crowther, R. (2000) Coronary heart disease: a practical tool and structured approach to developing and implementing a HimP, in *Health Improvement Programmes* (eds S. Rawaf and P. Orton), Royal Society of Medicine, London.

Nutbeam, D. (1998) Health promotion glossary, *Health Promotion International,* **13**, 349–364.

RCN (Royal College of Nursing) (2007) *Nurses as Partners in Delivering Public Health*. RCN, London. Available at: http://www.rcn.org.uk/_data/assets/pdf_file/0011/78734/003114.pdf.

RCN (Royal College of Nursing) (2012) *Going Upstream: Nursing's Contribution to Public Health. RCN Guidance for Nurses*, RCN, London. Available at: http://www.rcn.org.uk/_data/assets/pdf_file/0007/433699/004203.pdf.

World Health Organization (1948) *Constitution*. WHO, Geneva.

World Health Organization (1986) *Ottawa Charter for Health Promotion*. WHO, Geneva.

Don't forget to visit the companion website for this book: www.wileyfundamentalseries.com/healthpromotion where you can find self-assessment tests to check your progress.