HEALTH PROMOTION AND DISEASE PREVENTION **A Handbook for Teachers, Researchers, Health Professionals and Decision Makers**	
Title	**Concepts and Principles in Health Promotion**
Module: 1.1	**ECTS: 1**
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Key words	Health promotion, health promotion principles, health promotion concepts, health promotion development, health promotion documents
Learning objectives	After completing this module students and public health professionals should: • Be aware of the theoretical principles and concepts of Health Promotion; • Understand the current issues and ethical dilemmas facing the health promotion practitioner • Fully understand and different terms (Helth promotion vs. Disease Prevention, Public Health, Health Education) • Improve knowledge about development of Health promotion movement and main documents in this field. • Critically appraise the historical development of, and current practice in, health promotion ; • Reflect one's own position and perspectives within the health promotion context.

Abstract	This module provides a theoretical background to the concepts and principles of health promotion as a foundation for good practice. Current concepts of health promotion, approaches and international targets are addressed together with discussion of debates and dilemmas facing health promotion practitioners. This module is the introduction to the Chapter Health Promotion and covers the topics such us: From Public Health to New Public Health and Health Promotion. The Evolution of Health Promotion. The Ottawa Charter, Bangkok Charter and Beyond. Health Promotion in Europe. Main principles and concepts in health promotion, strategies and areas. The scope of Health promotion in the future.
Teaching methods	Teaching methods could include lectures, exercises, individual work, interactive methods such as small group discussions, seminars, critical readings..
Specific recommendations for teachers	It is strongly recommended to use the text “Health Promotion Documents”, as a trigger for individual I small group work (exercise with two tasks described).
Assessment of students	Assessment could be based on structured essay, seminar paper, and case problem presentation.

CONCEPTS AND PRINCIPLES IN HEALTH PROMOTION

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Health Promotion: What does it mean?

Perhaps no other term has been more frequently used in the last decades than that of "health promotion". It can be said without a doubt it is currently one of the most popular word not only in the World Health Organization documents, declarations, recommendations and guidelines. National and regional documents advocating health promotion principles in their legislations, plans and programmes, the new professional training programmes are offering for health promoters, public health associations are adding "health promotion" in existing titles, etc. In summary – this term is on the marketplace. The questions are: "Is health promotion something new?". "Are we using this term for political or semantically reasons?"

Instead of answer, we should read the papers written by two health professionals. Hans Saan, one of the leading person in the health promotion movement, wrote his paper in 2007, reflecting back on Conference in Ottawa in 1986 (1). Andrija Stampar, one of the leading person in social medicine and people's health in Europe and in the world, wrote his paper in 1926 (2).

They wrote:

Hans Saan: "I took from the Charter three lessons: First, the salutogenic approach taught me to put much more trust in the positive, in people's capacities and taught me to look beyond disease-focussed prevention"(1).

Andrija Stampar: "Goldscheid points out that we are living in a world blind to true value. We can see only sudden catastrophes and have lost the power of sensing hidden, continuous misery every-were in present-day economic and social life. We have understanding only of inorganic capital and know nothing about human capital"(2).

Hans Saan: "The second lesson (I took from the Charter) was the extension of health determinants with the political factors; not only party politics in parliament, but also how capitalism shapes our society and how that creates the rich-poor divide"(1).

Andrija Stampar: "All our efforts made so far towards the promotion of public health have been considered as charity, as acts of humanity, and that is why the budget allotted for those efforts has bee so small...Social politics has not shown any remarkable results eater, because they have been conducted along the same lines; a turning point will occur only when health policy is looked upon as the most important part of national economy..."(2).

Hans Saan: "The third (lesson I took from the Charter) it made me aware of how we used a pair of golden blinkers in HIM: we were not wrong, but just limited in our scope. If we want people to join us for health, we have to see how their history, their opportunities and preferences are shaped not just only by their individual psychology, but how peer pressure are economic and political forces shape the conditions of living" (1).

Andrija Stampar: "Health education has so far been carried out only by private initiative. The present time, however, calls for a more comprehensive participation ...It would be a mistake if health education were restricted to the four walls of the classroom. Health education should continue and be carried out most intensively out-side walls, in communities..."(2).

It seems the idea of health promotion is not something new. Health promotion is not a new discipline. It is an integration of the existing knowledge base in areas such as community

development, health education, social work, political science and social marketing.

However, in the past years and even today, the term health promotion has have a variety of meanings and many of them are based on different philosophies. The reason for this uncoordinated terminology is that terms are taken over from different other scientific fields and/or created according to historical needs and circumstances in different professions, countries, etc.

Very often, *health promotion* as a term is associated with *health education* (3). Historically, there has been a shift from health education to health promotion. The aim of health education in its early days was to make people aware of the health consequences of their behaviour. People were considered as "empty vessels" that process information in a logical manner and subsequently act accordingly. Changes in individual opinion attitudes and behaviours were seen to result of information and knowledge (4). The line of thought was that if you provide people with knowledge, they could make good decisions regarding their health. In the seventies the insight grew that providing knowledge alone was not enough. To be able to live a healthy life, individual motivation, skills and the influence of the social environment were recognized as very important determinants as well. Just informing people is not enough. They also have to be encouraged, educated, trained and facilitated in order to be able to improve their health and change the environment they live in. In addition to this, it become recognized that individuals can not be isolated from their social environment and that a single behaviour cannot be isolated from the context. The approach of the health professionals changed from an educational into a more health promotional one (3).

In Health Promotion Glossary, "Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve *health*. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on *health*, as well as individual *risk factors* and *risk behaviours*, and use of the health care system. Thus, health education may involve the communication of information, and development of skills which demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental *determinants of health.* In the past, health education was used as a term to encompass a wider range of actions including social mobilization and *advocacy*. These methods are now encompassed in the term *health promotion*, and a more narrow definition of health education is proposed here to emphasize the distinction "(5). However, in some contexts and languages the term "promotion" is considered synonymous with "marketing" and "selling" rather than "enhancement" and "empowerment"(6).

Additional challenge is the relationship between *public health* and *health promotion*, particularly in the South Eastern Europe. Public health (very often translated from English to maternal tongue as a public health care) rose from the past hygiene, preventive and social medicine disciplines with a strong emphasis on the state responsibility for the care of population/nations health, mainly in the hands of health sector and medical professionals. During the political, social and economic transitions, the term «new public health» was becoming increasingly used by a new wave of public health activists who were dissatisfied with the rather traditional and top-down approaches of "health education" and "disease prevention". Majority of professionals in this part of the Europe are still linking closely health education and health promotion, or accepting health promotion as a tool within public health aiming to facilitate changes.

The review of the health promotion definitions made by Rootman and colleagues showed

that definitions and concepts of health promotion have differed in goals, objectives, process and actions (table 1) (7).

Table 1. Definitions of health promotion

Source and date	Definition (emphasis added)
Lalonde, 1974	A strategy "aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health"
US Department of Health, Education and Welfare, 1979	"A combination of health education and related organizational, political and economic programs designed to support changes in behavior and in the environment that will improve health"
Green, 1980	"Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental changes that will improve health"
Green & Iverson, 1982	"Any combination of health education and related organizational, economic and environmental supports for behaviour conducive to health"
Perry & Jessor, 1985 (22)	"The implementation of efforts to foster improved health and well-being in all four domains of health (physical, social psychological and personal)"
Nutbeam, 1985	"The process of enabling people to increase control over the determinants of health an thereby improve their health"
WHO, 1984, 1986	"The process of enabling people to increase control over, and to improve their health"
Goodstadt et al., 1987	"The maintenance and enhancement of existing levels of health through the implementation of effective programs, services and policies"
Kar, 1989	"The advancement of wellbeing and the avoidance of health risks by achieving optimal levels of the behavioural, societal, environmental and biomedical determinants of health"
O'Donnell, 1989	"The science and art of helping people choose their lifestyles to move toward a state of optimal health"
Labont'e & Little, 1992	"Any activity or program designed to improve social and environmental living conditions such that people's experience of well-being is increased"

Source: Rootman et al, 2001 (7)

Most definitions express the desired end (terminal goal) in terms of improved health or wellbeing, although several also give health maintenance as a goal (). Just a few definitions identify the process as a key word, as the official definition given in the Health Promotion Glossary (5):

"*Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health".*

Health promotion development: From Ottawa to Bangkok

Although the idea of health promotion is not new, its rise as an organized field can be traced to 1974 when Marc Lalonde, the Canadian health minister of the time, released a paper entitled "A new perspective on the heath of Canadians" (8). This was the first national government policy document to identify health promotion as a key strategy. His report was both a concept and an approach that could be used by governments, organizations, communities and individuals.

In 1986, the First International Conference on Health promotion captured this growing interest and endorsed the Ottawa Charter for Health Promotion (9). After Ottawa Charter, health promotion movement has become a complementary framework to the traditional focus on health protection and disease prevention

For Catford, Ottawa is a starting pistol who fired in the snow blizzards and the fulcrum of global health development (6). Ottawa Charter has created the vision by clarifying the concept of health promotion, highlighting the conditions and resources required for health and identifying key actions and basic strategies to pursue the WHO policy of Health for All. The Charter identified the prerequisites for health including peace, a stable ecosystem, social justice and equity, and resources such as education, food and income. It highlighted the role of organisations, systems and communities, as well as individual behaviours and capacities in creating opportunities and choices for better health.

People are using the Ottawa Chapter in his or her own manner. Some people are describing the Chapter as a reference framework, orientation, direction, guideliness, an intervention tool to be used directly in the field, even as a manifesto in practice, but Chapter must be percieved more as a conceptual or theoretical instrument (10).

After Ottawa Conference, the World Health Organization has organized, in partnership with national governments and associations, a series of follow up conferences, which have focused on each of Ottawa's five health promotions strategies.

Building healthy policy was explored in depth at the Second International Conference on Health Promotion. Adelaide Recommendations on Healthy Public Policy called for political committeemen to health by all sectors (11).

The locus of the Third International Conference on Health Promotion was on *creating supportive environments*. It was considered that environments, whether physical, social, economic or political can be made more supportive for health. The Sundsvall Statement on Supportive Environments for Health stressed the importance of sustainable development and urged social action at community level with people as the driving force of development. This statement contributed to the development of Agenda 21 (12).

All those conferences, Adelaide, Sundsvall and Jakarta emphasized the need to evaluate the impact of policy, and the need of collaboration and developing partnership for a new health alliance for the commitment to a global public health; governments need to invest resources in healthy public policy and health promotion in order to raise the health status of all their citizens, ensuring people to have access to the essentials for a healthy and satisfying life, giving priority to underprivileged and vulnerable groups and recognizing the unique culture of indigenous peoples, ethnic minorities, and immigrants. The social, political and economic dimension were highlighted and the empowerment of people and community participation were seen as essential factors in a democratic health promotion approach. The three conferences provided an opportunity to reflect on what has been learned about effective health promotion, to re-examine determinants of health, and to identify the directions and strategies which are required to address the challenges of promoting health in the 21st

Century, listing five priority areas.

The fourth International Conferences on Health Promotion in Jakarta reviewed the impact of the Ottawa Charter and engaged *new players* to meet global challenges. In this conference, developing countries and private sectors were involved (13).

In *Bangkok Charter* for Health Promotion in a Globalize World four new commitments were identifies: make the promotion of health central to the global development agenda, a core responsibility for all government, a key focus of communities and civil society and a requirement for good corporate practices.

Health promotion: Concepts and principles

The health promotion principles are based on human rights, seeing people as active participating subjects - professionals and people are mutually engaged in an empowering process. The role of the professionals is to support and provide options that enable people to make their own choices and to make people aware of determinants of health and able to use them (15).

- *Health is a positive value*

The Ottawa Charter goes beyond healthy life-styles in that it defines health as a state of complete physical, mental and social well-being. This *positive concept* of health sees the individual as a whole person in a social context. Health promotion goes beyond healthy life-stiles to well-being in order to reach a state of complete physical, mental, social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is created and lived by people within the settings of their life. Also, positive health is emphasizing social and personal resources, as well as physical capacities. Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Therefore it is an important issue to enable people to manage the different stages in their lives and to cope with chronic illness and injuries.

- *Health is not just an individual responsibility*
- *Health promotion focuses on achieving equity in health*

Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.

- *Health promotion demands coordinated action and intersectoral collaboration*

Health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health. The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.

- *Health promotion strategies are based on local needs*

Health promotion strategies and programmes are adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

- *Health promotion works through community action*

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

- *Empowering individuals and communities, valuing the assets they bring to improve health, is a fundamental health promotion principles.*

Empowerment is a process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. Through such a process people see a closer correspondence between their goals in life and a sense of how to achieve them, and a relationship between their efforts and life outcomes. Health promotion not only encompasses actions directed at strengthening the basic life skills and capacities of individuals, but also at influencing underlying social and economic conditions and physical environments which impact upon health. In this sense health promotion is directed at creating the conditions which offer a better chance of there being a relationship between the efforts of individuals and groups, and subsequent health outcomes in the way described above. A distinction is made between *individual and community empowerment***.** *Individual empowerment* refers primarily to the individuals' ability to make decisions and have control over their personal life. *Community empowerment* involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community, and is an important goal in community action for health (5).

The salutogenic framework in the context of HP

The Ottawa Charter proposed a salutogenic view on health which focuses on strengthening peoples' health potential and which is aimed at whole populations over the life-course.

The salutogenesis could be considered as a theoretical framework for health promotion. The salutogenic perspective focuses on three aspects: first, the focus is on problem solving/ finding solutions, second, it identifies GRRs (General Resistance Resources) that help people to move in the direction of positive health. Third, it identifies a global sense in individuals, groups, populations or systems that serves as the overall mechanism or capacity for the process, the Sence of Coherence (SoC). The combination of salutogenesis and quality of life catches the core components of the principles of health promotion where salutogenesis is the process leading to Sence of Coherence (15).

Health promotion: Basic strategies and action areas

The Ottawa Charter identifies three basic strategies for health promotion:

- ***advocacy*** for health to create the essential conditions for health;
- ***enabling*** all people to achieve their full health potential;
- ***mediating*** between the different interests in society in the pursuit of health.

Advocacy is a "combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programmed. Advocacy can take many forms including the use of the mass media and

multi-media, direct political lobbying, and community mobilization through, for example, coalitions of interest around defined issues. Health professionals have a major responsibility to act as advocates for health at all levels in society. Health advocacy is the action of health professionals and others with perceived authority in health to influence the decisions and actions of communities and governments which have some control over the resources which influence health" (5).

The Ottawa Charter aims at advocating a clear political commitment to health and equity in all sectors. It puts health on the agenda of policy makers in all sectors and at all levels in order *to make the healthier choice the easier choice* for all and the policy makers as well. And it also aims at sharing power with other sectors, other disciplines and – most importantly – with people themselves (17).

Enabling means "taking action in partnership with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their health" (5). The Ottawa Charter focuses on enabling all people to achieve their fullest health potential in order to take control of those things which determine their health. People are acknowledged as the main health resource. The most important goal of all health promotion activities is to support and enable people to keep themselves healthy, as well as their families and friends through financial and other means. Health promotion activities have to turn to the community as the essential voice in matters of health, living conditions and well-being. The key-word here is empowering people (17).

Mediating is a process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private)

are reconciled in ways that promote and protect health. According to the Ottawa Charter politicians, professional and health personnel have a major responsibility to **mediate** between differing interests in society for the pursuit of health. Health promotion action programmes are to *create supportive environments* – which means to generate living and working conditions that are safe, stimulating, satisfying and enjoyable by active participation of all people who are involved and addressed. To strengthen community actions is the heart of this process that can be called: empowerment of communities – their ownership and control of their own endeavours and destinies (17).

These strategies are supported by *five priority action areas:*

- *Build healthy public policy*
- *Create supportive environments for health*
- *Strengthen community action for health*
- *Develop personal skills*
- *Re-orient health services*

Health promotion technology

The best developed amongst health promotion's technologies is setting's based action Settings are ubiquitous in our lives, as they are the physical and social environments within which we carry out our daily activities, and settings themselves can influence our health directly and indirectly. The technology of health promotion in settings includes participative processes that help organizations decide on and implement their policies, use research-derived evidence to inform policy development, and undertake routine measurement of progress and outcomes. The examples of Health promotion in settings are Healthy City, Health promoting school, Health promoting hospitals and so on.

Shaping the future of health promotion: Priorities for action
(adopted from: IUHPE and CCHPR, 2007)(18)

In 2007, International Union for Health Promotion and education (IUHPE), the leading association in promotion global health and to contribute to the achievement of equity in health between and within countries of the world, proposed the list of priorities for action in the 21st century for health promotion researchers, practitioners and policy-makers as follows:

Putting healthy public policy into practice

"Health improvement should be a stated objective of policies in all sectors based on the solid evidence that healthy and more equitable societies are successful societies."

Strengthening structures and processes an all sectors

"To act actively on the determinants of health, all sectors including healthcare, education, environment, transport, housing and commerce must take responsibility for promoting health"

Towards knowledge-based practice

"Knowledge-based practice necessitates a rapid increase in the proportion of research funding spent on evaluating complex, community-based health promotion interventions, longitudinal studies, impacts of policy and effect on health inequalities.

Building competent health promotion work-forces

"In all parts of the world there is a pressing requirement for further investment in the education and training of health promotion specialists, practitioners and other workers. Essential training should include developing knowledge and skills for advocacy and mediation with politicians and the private sector, assessing the impact of policies on health and its determinants, assessing and using available information and evidence, and evaluating interventions."

Empowering communities

"To influence future healthy public policy we must work hand to hand with communities and civil societies and ensure that our communications are accessible to all and understood by all".

Exercise: Individual and small group work

Task 1.

Made your own definition of health promotion and share your reflection with others.

Task 2.

Reflect briefly on the context of health promotion policies and practices in your country and think about your own position in relation to that context. Discuss questions with others such as: What are your personal views on the concepts of health promotion and what are your personal and political expectations to the further development of health promotion in your country?

References

1. Saan H. Ottawa 1988 revised. Promotion & Education 2007; supplement 2:11.
2. Brown TM, Fee E. Voices from the past: On Health Politics. American Journal of Public Health 2006; 96:1382-5.
3. Tones K. Health promotion, health education and the public health. In: Detels R, McEwen J, Beaglehole R, Tanaka H,eds. Oxford Textbook of Public Health. The Scope of Public Health.New York: Oxford University Press, 2002: 829-63.
4. Koelen M, van den Ban AW. Health education and health promotion. Wageningen: Wageningen Academic Publishers, 2004.
5. Health Promotion Glossary. Geneva: World Health Orgnization, 1998. WHO/HPR/HEP/98.1
6. Catfoird J. Ottawa 1986: The fulcrum of global health development. Promotion and Education 2007; supplement 2:6-7.
7. Rootman I, Goodstadt M, Hyndman B, McQueen M, Potvin L, Springett J, Ziglio E. Evaluation in health promotion. Principles and perspectives.Copenhagen: WHO Regional Publications, European Series, No.92, 2001.
8. Lalonde M. A new perspective on the health of Canadians. Canadian Minister of Supply and Servucem 1974.
9. World Health Organization. Ottawa Charter for Health Promotion. First international conference on health promotion: The move towards a new public health, November 17-21, 1986 Ottawa, Ontario, Canada. Ottawa: World Health Organization, 1986.
10. Mittelmark MB, Perry MW, Wise M, Lamarre M, Jones CM. Enhancing the effectiveness of the International Union for Health Promotion and Education to move health promotion forward. Promotion and Education 2007; supplement 2:33-5
11. Adelaide Recommendations on Healthy Public Policy. Second International Conference on Health Promotion, Adelaide, South Australia, 5-9 April 1988- Available from: URL: *http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index.html* .
12. Sundsvall Statement on Supportive Environments for Health. Third International Conference on Health Promotion, Sundsvall, Sweden, 9-15 June 1991. Available from: URL: *http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index.html*
13. Jakarta Declaration on Leading Health Promotion into the 21st Century. The Fourth International Conference on Health Promotion: New Players for a New Era - Leading Health Promotion into the 21st Century, meeting in Jakarta from 21 to 25 July 1997. Available from: URL: *http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/*
14. Mexico Ministerial Statement for the Promotion of Health. Fifth Global Conference on Health Promotion, Health Promotion: Bridging the Equity Gap, Mexico City, June 5th, 2000. Available from: URL: *http://www.who.int/healthpromotion/conferences/previous/mexico/statement/en/index.html*
15. Lindstrom B, Eriksson M. Contextualizing salutogenesis and Antonovsky in public health development. Health Promotion International 2006; 21: 238-44.
16. Antonovsky A. The salutogenic model as a theory to guide health promotion. Health Promotion International 1996;11:11-8.
17. Pluemer KD. Healthy Public Policy. In: Readers for the ETC-PHHP program on Health Promotion. Zagreb: ETC-PHHP, 2006.
18. International Union for Health Promotion and Education and Canadian Consortium for Health Promotion Research. Shaping the future of health promotion: Priorities for action, 2007.

Recommended readings

1. Breslow L. From disease prevention to health promotion. JAMA 1999; 281:1030-33.
2. Kickbush I. Contribution of the WHO to a New Public Health and Health Promotion. AJPH 2003; 93:383-88.
3. The evidence of health promotion effectiveness: Shaping public health in a new Europe. A report for the European Commission by the International Union for Health Promotion and Education, 1999.
4. Best practices in Health Promotion. Centre for Health Promotion. University of Toronto: http://www.utoronto.ca/chp/
5. Starfield LS. Policy relevant determinants of health – an international perspective, Health Policy 2002; 60:201–18.
6. Green LW, Raeburn JM. Health Promotion – What is it? What will it become? Health Promotion International 1988; 3:151-59.Naidoo J,

7. Wills J. Health Promotion: Foundations for Practice (2nd edition). London: Bailliere Tindall, 2000.
8. Koelen MA, Lindstrom B. Making healthy choices easy choices. European Journal of Clinical Nutrition 2005; 59:S10-S16.
9. Nutbeam D. What would the Ottawa Charter look like if it were written today? http://www.rhpeo.org/reviews/2005/19/index.htm
10. Ziglio E, Hagard S, Griffits J. Health promotion development in Europe: achievements and challenges. Health Promotion International 2000; 15(2):143-153.
11. Perkins E, Simnett I, Wright L, eds. Evidence-based Health Promotion. Chichester: Wiley&Sons, 1999.