

**Health promotion: visiting concepts and ideas**  
**Promoção da saúde: visitando conceitos e ideias**  
**Promoción de la salud: visitando conceptos e ideas**

Received: 08/07/2016  
Approved: 18/09/2016  
Published: 01/01/2017

Maria Cecília Leite de Moraes<sup>1</sup>

This article discusses the different concepts related to health promotion. It's a reading, throughout history, of works that stem from the earliest times up to contemporaneity. It discusses the importance of biomedical disruption in health care, and values interdisciplinary as a key issue in this context. It is noteworthy that despite the many articles and important reflections, there is not a definite agreement regarding the nature of Health Promotion. At the same time, ideas relating to the theme reinforce health as a condition— a result from a process — and not a state. It's an interesting issue, with several challenges to be overcome.

**Descriptors:** Public health policy; Public health; Health care; Health education.

O presente artigo aborda as diferentes concepções relacionadas a Promoção da Saúde. Faz uma leitura, ao longo da história, desde os primórdios até o momento contemporâneo. Discorre sobre a importância do rompimento biomédico, para o cuidado da saúde e, valoriza a interdisciplinaridade como questão fundamental neste contexto. Cabe ressaltar que apesar dos diversos artigos, e importantes reflexões, ainda hoje não há um consenso definidor que contemple a Promoção da Saúde. Simultaneamente, as ideias atinentes ao tema reforçam a saúde como uma condição — resultante de um processo, e não um estado. É uma pauta interessante com vários desafios a serem vencidos.

**Descritores:** Políticas públicas de saúde; Saúde pública; Atenção à saúde; Educação em saúde.

Este artículo aborda las diferentes concepciones relacionadas a la Promoción de la Salud. Hace una lectura, a lo largo de la historia, desde los primeros tiempos hasta el momento actual. Se analiza la importancia de la ruptura biomédica para el cuidado de la salud y valoriza la interdisciplinariedad como un tema clave en este contexto. Cabe destacar que a pesar de los diversos artículos e importantes reflexiones, hasta hoy no existe un acuerdo que determine La Promoción de la Salud. Al mismo tiempo, las ideas relacionadas con el tema refuerzan la salud como una condición – resultante de un proceso y no de un estado. Es una pauta interesante, con una serie de desafíos que hay que superar.

**Descriptores:** Políticas públicas de salud; Salud pública; Atención a la salud, Educación en salud.

<sup>1</sup>Occupational Therapist. Master's and Doctor's degree Public Health. Coordinator of the Public Health Post-Graduation Course at UNASP, Brazil. ORCID - 0000-0002-8717-6513 E-mail: ceciliamoraespublicacoes@gmail.com. Brazil.

## INTRODUCTION

This is a general reading regarding some aspects discussed regarding Health Promotion; clippings of some concepts and reflections of several authors, who studied their essence and foundations. Then, to try and offer a better understanding, an extended synthesis was elaborated, with multiple conceptions.

It is an immersion in what seems to be extremely important; passing through different historical moments. It can be read as a simplified reference, a reflexion manuscript, or even as a theoretical reference for enthusiasts of this type of activity. The main objective is to contribute to the reflexion, to those who work, research, or even are just interested in the subject.

## METHOD

This is a reflection on the theme Health Promotion, based in authors who work with or research about the theme.

## HEALTH PROMOTION

For long the concept of Health Promotion (HP) has been discussed. Wislow, in 1920, saw it as the efforts and organization of communities to bring to a concrete reality policies which would improve the health of the population. For that, he would use didactic programs. In 1946, Sigerist understood the idea as a Social Machinery, which incorporated decent life conditions, a good work situation, education, physical culture and forms of leisure. In short, it would be the achievement of a complete life<sup>1</sup>.

In the model for the Natural History of Disease, Leavel and Clark (1965) approached Health Promotion as a typology of the attention/primary care: "caring before getting ill"<sup>2</sup>. The Lalonde report<sup>3</sup>(1974) highlighted the behaviorist aspects of Health Promotion, that is, that the frame of reference of this kind of car would be the changes in individual behaviors.

In the following decades, definitions and refinements were added to the concept of Health Promotion. The Ottawa Letter<sup>4</sup> (1986) proposed a new concept, according to which the result of the actions would be

directly related to the training of people and communities, as they would be the main actors of such actions. That way to act would change the health conditions that are part of every single context, strongly changing the quality of life of the citizens.

The quality of life is the result of a set of individual and socio-environmental parameters, modifiable or not, that characterize the situations in which the human being lives<sup>5</sup>. It is the social/collective edification of the patterns of comfort and tolerance that a certain society establishes, as parameters for itself<sup>6</sup>. It contemplates the factors that compose the texture of events and circumstances which permeate the human quotidian, including the satisfaction with work and study, coexisting relationships and the state of health itself.

Quality of life and health are contents which are close together due to the strong connection they have; health contributes for the improvement of the quality of life of a human, which by its turn is essential for the human being to be healthy. Recently, in the last ten years, researches assumed that the quality of life is the ability to live free of diseases, and even overcome the difficulties of morbid conditions<sup>7</sup>.

The high point of the discussion of the Ottawa Conference was the introduction and comprehension of the empowerment of the individual, in such a way that the individuals took upon themselves the responsibility for their own issues both regarding their lives and their healths. Empowerment refers to the recognizing and improving of abilities, already present in every person, that should be used in their own interest, improving their quality of life. Of course, there should be political support to attend the needs of the situation.

Santos & Bógus<sup>8</sup> stated that in the context of Health Promotion, there were two different aspects: the individual ones - lifestyle - and the environmental ones, which would contemplate the culture of the individual. The lifestyle would be the quotidian actions which show the attitudes and values the subjects hold dear. The

programs and projects related to lifestyle tend to focus on educational action<sup>9</sup>.

These practices correspond to habits and behaviors which are either self-determined or social and culturally acquired<sup>10</sup>. Among the important examples, are: smoking, inadequate eating pattern and physical inactivity<sup>11</sup>. These variables are seen to be controlled by the individual, also including, in this group, breastfeeding and responsible driving<sup>9</sup>.

The individual aspects are based on the familial and community environments. In this context, religiousness also needs to be highlighted, as it is a strong empowerment factor.

For sometime, there was a setback, when a meaningful part of Health Promotion actions was focused on the individuals. They exclusively aimed at changes in their behavior and attitudes, not taking into account the influences which came from the subjects context. Health actions then, came from an old model of work, which did not really value health - which by its turn involves many inter-relations which compose the dynamic balance of life<sup>12</sup>.

Health is the product of a huge number of factors, which together constitute the quality of life. It includes healthy environment, which represent peace, political and personal security; family support; violence prevention on the streets; as well as relationships between men and women, parents and children<sup>10</sup>.

The definition of health is incessantly expanding, and it incorporate different spheres of human life. Health is stated to be not a state, but a process<sup>9</sup>. The contemporary aspects of Health Promotion focus on the preservation and maintenance of health. They present as their objectives: a decrease in mortality, the identification and approach of the main risk factors. The risk factors are the health vulnerabilities, that is, the chances for the emergence of health problems.

The great challenge is to reconcile the conceptual and methodological issues. That is because the premises and concepts are still being built. The ideas are all in health, however, a great part of the population is still

sick. This profile strengthens the assistance model, where problems are solved and individual needs are answered<sup>13</sup>. Health Promotion is not an isolated act of assistance. It presupposes knowledge regarding the individual and their community, and its conception must come from data found in our reality. Hence the need for a population reading and diagnosis, not to mention for a perception and for the clarity of such issues.

It is important to highlight the discussion regarding the fall of the biomedical model, according to which the Promotion of Health is not antagonistic to the sickness<sup>14</sup>. It is a field of studies which aims at the obtaining of optimal health conditions. That is built upon interdisciplinary, including several aspects, such as: self-care, education, job, transport, sanitation and housing, which constitute the social determinants in health, which are the economic and social conditions which affect health.

The political interaction between the several fields of knowledge is essential in this context. As such, the importance of professionals from the different fields is an important part of this composition. All of those who, somehow, help improving health, are part of this, including, physical educators, physical therapists, occupational therapists, nurses, physicians, psychologists, dentists, engineers, veterinaries, anthropologists, security and traffic professionals, among others. The Health Promotion strategies main focus must be targeted at the several sectors of public policies which reverberate in health.

The singularity of Health Promotion is in the composition of different activities to achieve objectives regarding health and life quality. It is essential to create environments which are conducive to change; increase the dissemination of knowledge for the development of personal, social and political abilities; give strength to community actions, defining priorities, improving decision making, and redirecting health services<sup>1</sup>.

The effectiveness, the efficaciousness, and the efficiency of these actions are part of this context. The effectiveness observes the favorable results of the action, verifies

efficaciousness. Efficaciousness is the ability to produce some effect, corresponds to the value of the intervention, it is the device that brings about change in the health determinants. Efficiency, by its turn, contemplates the combination of qualitative procedures which will define the indicators and evaluative processes. The epistemological basis for the solidification of such a construct are the social and behavioral sciences.

The 22nd World Conference of the International Union for the Promotion of Health and Education<sup>15</sup> (UIPES), conducted in Curitiba, between May 22 and 26, 2016, brings news. It proposes ethical and cultural imperatives to favor health and equity, a relevant theme, since the actions in Health Promotion come to light in the lives of the individuals and their community. Also, they paved the ways for a globally sustainable and healthy human development, which nowadays is a highlighted objective. There was also a discussion of shared researches and practice investigation, which certainly are important paths for the consubstantiation of the subject.

## CONCLUSION

Health Promotion is a positive, multidimensional, and cross-sectional concept, which values participation. It is associated to activities and procedures which seek to improve the health of the population<sup>8</sup>. However, there is still not a definite consensus.

At the same time, it is possible to note that the ideas are linked complement each other. The conception of Health Promotion is based on a tripod composed by health education (learning experiences), damage prevention (keeping damage at bay), and health protection (legal aspects). Its political axis is health, and it is a field of public health.

If one believes that health is a process, one necessarily concludes that technical and popular knowledge need to be articulated to be consolidated as devices for the construction of this knowledge. The issues which are peculiar to each population should be a stimulus.

It is not an easy agenda, but considering experiences which were already observed, we know it is possible.

## REFERENCES

1. Buss PM, Czeresnia D. Uma introdução ao conceito de promoção da saúde. In: Buss PM, Czeresnia D, organizadores. *Promoção da saúde: conceitos, reflexões, tendências*. 2ed. Rio de Janeiro: Fiocruz; 2003. p. 19-42.
2. Heidmann, ITSB, Almeida MCP, Boebbs AE, Wosni AM, Monticelli M. *Promoção à saúde: trajetória histórica de suas concepções*. *Texto & Contexto Enferm*. 2006; 15(2):352-8.
3. Lalonde M. *Nouvelle perspective de la santé des Canadiens: un document de travail*. Ottawa: Ministère de la Santé Nationale et du Bien-Être Social; 1974. 83p.
4. Primeira Conferência Internacional sobre promoção da saúde. Carta de Otawa. Ottawa; nov 1986.
5. Nahas MV. *Atividade física, saúde e qualidade de vida*. 3ed. Florianópolis: UFSC, 2003.
6. Minayo MCS, Hartz ZMA, Buss PM. Qualidade de vida e saúde: um debate necessário. *Ciênc Saúde Coletiva*. 2000; 5(1):7-18.
7. Silva RS, Silva I, Silva RA, Souza L, Tomasi E. Atividade física e qualidade de vida. *Ciênc Saúde Coletiva*. 2010; 15(1):115-20.
8. Santos KF, Bógus CM. A percepção de educadores sobre a escola promotora de saúde: um estudo de caso. *Rev Bras Crescimento Desenvolv Hum*. 2007; 17(3):123-33.
9. Neves TP. Reflexões sobre a promoção da saúde. *Rev Espaço Acad*. [Internet]. Jul 2006 [cited in 05 abr 2016]; 6(62). Available in: <http://www.espacoacademico.com.br/062/62neves.htm>.
10. Buss PM. Promoção da saúde e qualidade de vida. *Ciênc saúde Coletiva*. 2000; 5(1):163-77.
11. Monteiro AI, Medeiros JD, Oliveira JR. Estilo de vida e vulnerabilidade social dos adolescentes no Bairro de Felipe Camarão, Natal/RN, 2005. *Rev Eletrônica Enferm*. [Internet]. 2007 [cited in 02 mar 2016]; 9(1):176-90. Available in:

<http://www.fen.ufg.br/revista/v9/n1/v9n1a14.htm>.

12. Gonçalves FD, Catribi AMF, Vieira NFC, Vieira LJES. A promoção da saúde na educação infantil. *Interface Comun Saúde Educ.* 2008; 12(24):181-92.

13. Lima TL, Pires DEP. Implicações dos modelos assistenciais da atenção básica nas cargas de trabalho dos profissionais de saúde. *Texto & Contexto Enferm.* 2013; 22(1):36-42.

14. Vendruscolo C, Trindade LL, Rech KCJ, Ferraz L, Krauzer IM. Promoção da saúde:

concepções que permeiam o ideário de gestores do Sistema Único de Saúde. *Rev Polít Públicas.* 2015; 19(1):315-26.

15. XXII Conferência Mundial de Promoção da Saúde [Internet]; Curitiba; 2016. Curitiba: Prefeitura de Curitiba; UIPES; 2016 [cited in 22 ago 2016]. Available in: [http://www.iuhpeconference2016.com/programacao/index\\_programado\\_completo.php](http://www.iuhpeconference2016.com/programacao/index_programado_completo.php)

#### CONTRIBUTIONS

**Maria Cecília Leite de Moraes** was responsible for the design and writing of the article.

#### How to cite this article (Vancouver)

Moraes MCL. Health promotion: visiting concepts and ideas. *REFACS* [Internet]. 2017 [cited in: *insert day, month and year of access*]; 5 (1): 75-79. Available in: *access link*. DOI:

#### How to cite this article (ABNT)

MORAES, M. C. L. Health promotion: visiting concepts and ideas. *REFACS*, Uberaba, MG, v. 5, n. 1, p. 75-79, 2017. Available in: *access link*. Access in: *insert day, month and year of access*. DOI:

#### How to cite this article (APA)

Moraes, M. C. L. (2017). Health promotion: visiting concepts and ideas. (2017). *REFACS*, 5(1), 75-79. Recovered in: *insert day, month and year of access*. *Insert access link*. DOI: