CHAPTER II

LITERLATURE REVIEW

2.1 Health promotion

According to World Health Organization's definition (1998), health promotion is the process of enabling people to increase control over and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Thus, "Health promotion is the process of enabling people to increase control over the *determinants of health* and thereby improve their *health*". Participation is essential to sustain health promotion action.

The **Ottawa Charter** identifies three basic strategies for health promotion. These are *advocacy* for health to create the essential conditions for health; *enabling* all people to achieve their full health potential; and *mediating* between the different interests in society in the pursuit of health. These strategies are supported by five priority action areas as outlined in the **Ottawa Charter** for health promotion:

- Build *healthy public policy*
- Create *supportive environments for health*
- Strengthen *community action for health*
- Develop *personal skills, and*

- Re-orient health services

The **Jakarta Declaration** on Leading Health Promotion into the 21st Century from July 1997 confirmed that these strategies and action areas are relevant for all countries (Bureau of policy and strategy, 2007, Oxford University Press, 2007). Furthermore, there is clear evidence that:

Comprehensive approaches to health development are the most effective. Those that use combinations of the five strategies are more effective than single-track approaches;

Settings for health offer practical opportunities for the implementation of comprehensive strategies;

Participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for them to be effective;

Health literacy/ health learning fosters participation. Access to education and information is essential to achieving effective participation and the *empowerment* of people and communities.

From the 6th Global Conference on Health Promotion (United nation conference center, 2005; Oxford University Press, 2007) in August 2005, the United Nations recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination. Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being. The conference was launched the **Bangkok Charter** on Health Promotion that spread out the scope of implementing through human right and

identified the strategies and commitments that are required to address the determinants of health in a globalized world through health promotion. It affirms that policies and partnerships to empower communities and to improve health and health equality should be at the centre of global and national development.

As its long time involving in health promotion, the ministry of public health (MOPH), Thailand set national agenda called **"Healthy Thailand"** where it states the vision of medium-term strategic plan (2005-2008) whose mission, agenda and strategies would move toward the same direction. Healthy Thailand directs all health staff and health-related agencies to increase specific efforts toward the goals within the timeframe of each year (Wongkongkathep & Srivanichakorn, 2004).

The current Thai government set the national agenda on Health Promotion, Disease Prevention and Control, and Consumer Protection. Health promotion is a key strategy for sustainable health development of individuals, families, communities, and society. Each individual is encouraged to adopt healthy practices such as exercising at least three times/week, eating nutritious and safe food, and staying away from unsafe sex and drugs. In terms of consumer protection, Thailand has employed the principles of good manufacturing practice (GMP) for drug, food and cosmetic products and, recently, for toxic substances. The effort was aimed at raising the manufacturing standards to international level.

The Ministry of Public Health selected appropriate targets and indicators whose fulfillment would be expected to solve health problems. In the year 2004, MOPH determined implementation targets in 5 areas; exercise, diet, emotion development, disease reduction and environmental health. Thailand also determined 10 key success indicators for the village/tambon levels and 6 key success indicators

for districts/provinces. The targets and indicators will be adjusted and/or changed in accordance with the health situation that might change each year and until global targets of Millennium Development Goals are met in 2015.

To reach those goals, main basic concepts of health promotion should be provided and health providers should be trained appropriately. As the main practitioners processing health promotion to achieve goals, health centers and their health team might have enough capacities for enabling their populations and communities to increase control over, and to improve their health.

2.2 The 10th National Health Development Plan (2007-2011)

The present 10th National Health Plan follows the 9th Plan vision which was a people-centered approach and the Philosophy of Sufficiency Economy. Based on the collaborative efforts of all sectors in the society, the conceptual framework to formulate the plan is built on three groups of capitals that aim to provide guiding directive of the plan: economic capital (physical capital, financial capital/assets, and intangible capital), social capital (education, health and human security), and natural resource and environmental capital (based on biodiversity management). Health is under the social capital and health services sector is also considered as a new wave for Thailand competitiveness in the global trend of trade liberalization. This plan will set health strategies as follows: to improve the development of population from new born babies, to reform health services by improving the quality and standard of care and focusing on disease surveillance and prevention for the Thai and migrant labors in Thailand, to build up a new health system to strengthen community and individuals,

to campaign on health activities and sports for healthy behaviors and lifestyles, and to prepare for aging population

2.3 Capacity and Health Promotion

Capacity - Ability to produce during a given time period, with an upper limit imposed by the availability of space, machinery, labor, materials, or capital. Capacity may be expressed in units, weights, size, dollar, man-hours, labor cost, etc. Typically, there are five different concepts of capacity (Dictionary online, 2008).

1. *Ideal capacity*-volume of activity that could be attained under ideal operating conditions, with minimum allowance for inefficiency. It is the largest volume of output possible. It also called theoretical capacity, engineered capacity, or maximum capacity.

2. *Practical capacity*-highest activity level at which the factory can operate with an acceptable degree of efficiency, taking into consideration unavoidable losses of productive time (i.e., vacations, holidays, repairs to equipment). It also called maximum practical capacity.

3. *Normal capacity*-average level of operating activity that is sufficient to fill the demand for the company's products or services for a span of several years, taking into consideration seasonal and cyclical demands and increasing or decreasing trends in demand.

4. *Expected actual capacity* is similar to normal capacity except it is a short-run level based on demand. It minimizes under- or over-applied overhead but does not provide a consistent basis for assigning overhead cost. Per-unit overhead will

fluctuate because of short-term changes in the expected level of output. It is also called planned capacity.

5. O*perating capacity* is similar to planned capacity except the time period is within a small slice of a single year (i.e., daily, monthly, quarterly).

For practitioners in the field of health promotion, The Ontario Prevention Clearinghouse (Canada, Toronto, The Ontario prevention clearinghouse, 2007) defined building capacities refers to the particular types of services, programs and even goods they must provide to help communities, individuals or organizations address their health issues. The capacity for health promotion means that practitioners or health workers must provide their customers health by used of comprehensive approach, to get rid of multifactor that contributes to risk behaviors and illnesses. As its definition of good provider, omniscience was needed for health workers who provided health promotion.

Several of capacity building concepts depend on its purpose of use. The main lesson from reviewing the work of other researchers and practitioners is that capacity-building is defined and conceptualized in at least three different ways (Australia, public health division, 2007) as follows:

1. Health infrastructure or service development – is capacity to deliver particular program and responses to particular health problems. Usually refers to the establishment of minimum requirements in structures, organization, skills and resources in the health sector.

2. Program maintenance and sustainability – is capacity to continue to deliver a particular program through a network of agencies, in addition to or instead of, the agency which initiated the program.

3. Problem-solving – is capability of organizations and communities capacity of a more generic kind to identify health issues and develop appropriate mechanisms to address them, either building on the experience of a particular program or as an activity in its own right.

The three ways of capacity building concept above, actually, contributed main reasons, might be ultimate goals of health promotion capacity building, that people work with partner organizations and communities to build capacity are to;

(1) Run particular programs or capabilities to respond to particular types of issues, e.g. building capacity for disease surveillance or heart disease prevention; or

(2) To develop an independent capability among partner agencies or groups that is to make programmatic responses sustainable and

(3) To build a generalized capability among the partner organizations or community to tackle any issue in a manner that brings mutually beneficial outcomes to the people involved or to those whom they seek to represent.

When considering workforce development and training (Rance & Manahi, 2008) three useful distinctions can be made: 'learning for work', 'learning at work', and 'learning through work'.

Learning for work: a person first gains a formal qualification before seeking work as a practitioner. It is normal procedure in most health related professions e.g. nursing but is not yet common practice in the Health Promotion workforce. A growing range of qualifications equip people to work in the field, but more training opportunities are needed if 'learning for work' is to become widespread.

Learning at work: a practitioner with or without prior training or experience 'learns on the job'. Mentoring, coaching and professional supervision develop and use

a range of learning and teaching methods, techniques, devices, and resources that build on and make use of previous experience. The aim is to enable supervisees to achieve and develop knowledge, understanding and skills. To ensure ongoing education and professional development they suggest professional supervision become a requirement of all job descriptions and that urgent attention is given to the development of a pool of skilled mentors, coaches and professional supervisors.

Learning through work: a practitioner already in work obtains recognition for their experience in the field and is supported to enhance their practice through formally recognized training.

Recognition of Prior Learning, work place assessment, and cross crediting is flexible assessment tools to acknowledge and validate experience and skills learnt in the field. Much work will be required to establish the necessary procedures for people to turn their experiential learning into formal qualifications. Training and education is important so the individual can supplement their working knowledge and experience, as well as lifting the professional profile of health promotion.

2.4 Measuring Capacity of Health Promotion

General concept of measuring health promotion usually evaluates the consequence outcome of its interventions particular in program and issue approach. The following are the core concepts of measuring capacity of health promotion.

Effectiveness - Generally, the literature suggests that well designed health promotion interventions are effective. However, 'effectiveness' is a difficult term with a range of opinions on what actually constitutes 'success' in health promotion. Program designers, evaluators and reviewers of published intervention research, need

to be clear on the relationships between health promotion actions and outcomes. Various schemas, planning approaches and outcome hierarchy models have been developed to assist with this task.

However, the Rural and Regional Health and Aged Care Services Division (2003), Victorian Government Department of Human Services, Melbourne Victoria suggested that there are three level of evaluation widely used, that is process, impact and outcome evaluation.

Process evaluation - Process evaluation covers all aspects of the process of delivering a program. It focuses on evaluating health promotion actions and documenting reach and quality and the capacity of the system to deliver effective health promotion action. That is the number of key stakeholders, settings or members of the community affected by the health promotion program. The performance indicators should be reported for health promotion interventions and capacity building strategies that are part of the health promotion program.

Impact evaluation - Impact is defined as the immediate effect that health promotion programs have on people, stakeholders and settings to influence the determinants of health. Health promotion programs may have a range of immediate effects on individuals and on social and physical settings. For individuals, the immediate effects include improved health knowledge, skills and motivation, and changes to health actions and behavior. In relation to settings, these include the creation of new organizations, programs and services to promote health, reductions in physical health risks and improvements to the physical environment to protect health and health promoting changes to organizational policies and practices. Integrated health promotion programs should specify impact indicators for program activities.

These indicators should specify the type of change that is expected and the percentage of people or settings for which that change is anticipated.

Outcomes - The ultimate goal of health promotion programs is to improve health outcomes for communities. Health outcomes include improvements in quality of life, function, independence, equity, mortality and morbidity. Health outcomes are a function of health promotion activities and a range of other social, environmental and biological determinants. However, there may be considerable lags between social, environmental and biological change and health outcomes. Therefore, it is difficult to directly attribute these longer-term health outcomes to any one specific health promotion program.

Generally, community action was considered and become the most important aspect for health promotion implementing. Community action aims to encourage and empower communities (both geographical areas and communities of interest) to build their capacity to develop and sustain improvements in their social and physical environments that are conducive to improved health outcome (Australia, department of human service, 2007). Finally, health promotion can not get success without the experienced practitioners fulfill of knowledge, attitude and practice called "capacity of health promoting providers".