The Ottawa Charter: Reaction and perspectives

The development of the Ottawa Charter
The content of the Charter
The contribution of the Charter to reducing inequities in health

David V. McQueen
IUHPE Immediate Past President
Global Consultant

Keynote PHABC Conference Nov 2011 Vancouver

davidmcqueen07@gmail.com

Insight and critical thinking about the OC: Reaction and perspectives

- Views based on having been a participant in Ottawa, numerous discussions and debates over the years, and a recent article published in HPI (with Ligia Salazar) entitled "Health promotion, The Ottawa Charter and 'Developing Personal Skills': A Compact History of 25 Years." Health Promotion International, Vol. 26 No. S2, 2011.
- I take full responsibility for my own views.

With Regard to the OC

- After all is said and done
- More will be said and done
- or (Aesop) more is said than done

Plan

- The Problem of History
- The challenge of evidence of impact
- The value connection
- General Comments

The Problem of History

"What has happened in the 25 years since Ottawa?" is essentially a historical question. There are expectations of what would constitute an adequate answer or answers. The answer is, it depends. Are we interested in everything that happened or in just those events that can be linked to the Ottawa Charter

- **The narrative approach to history tends to lead to a discussion of the "champions" of health promotion and what they did in the ensuing 25 years, whereas the social history approach tends to lead to a more history of ideas point of view. The Ottawa Charter does not provide an easy answer as to which methodology might best serve our general question. The evidential part of the Charter would suggest an analytic, social history that follows how the ideas were either taken up or rejected, whereas the value-laden components might be more applicably studied through a narrative approach.**

- **The essential historical question concerning the Ottawa Charter is: "If health promotion was 'in the air' in 1986, how come the Ottawa Charter caught it?" This is a history of ideas question. For those of us who have studied, administrated, taught and practiced health promotion over the past 30 years there is little doubt that the Ottawa Charter was a prime catalyst in what followed.**

The Problem of History 2

- **Whether the OC influence was great in the area of developing skills remains conjectural. Health education, which had a primary role in the area of information and health, as well as considerable involvement with the school setting in particular, was already quite well established in many countries before the Ottawa Charter.**
- **In the United States health education had departments in academia and practitioners in state and local health departments. From an American (US) perspective the area of developing personal skills could be viewed as well funded and developed. Thus, this component of the Ottawa Charter may have had a head start in application in many quarters.**
- **For many the relevance and importance of the Charter as a whole for health education practitioners may have been perceived as outside of their realm of activity.**

The Problem of History 3

- **Whether the influence of the Ottawa Charter extends to reducing health inequalities also remains conjectural. Clearly health inequalities, and particular the notion of health inequities, was on the Ottawa agenda. Really, from the many findings of the Institute of What We Already Know (IWWAK), many of us knew, or believed, it was poverty that was at the root of health inequalities. The "evidence" was correlative, if not causal.**

The challenge of evidence

- During the 25 years since the Ottawa Charter the problem of evidence has been very salient in health promotion. This particularly was the case in the early 1990s with the rise of and connection to the notion of evidence-based medicine. In general this notion was championed by many in the public health community and health promotion was not immune to the pressure to provide "evidence" of its actions.

  The point is clear that the Ottawa Charter as a total document did not deal with the unanticipated evidence challenge. However, there were evidentiary statements made in the Charter and it was only a matter of time before many of the Charter sections would be challenged by the evidence debate. This challenge holds as well for any efforts to look at inequality.

  While the Charter is often referenced in the discussions of evidence and effectiveness, it is usually in terms of what is implied by the Charter. Again this is partly because of the lack of evidence seeking specificity in the Charter itself and brings up the issue of **implied versus explicit attribution of the Charter's influence in the past 25 years.**

Significant non-mentions of the OC with respect to health inequities

- *Equity, social determinants and public health programmes* / editors Erik Blas and Anand Sivasankara Kurup.1.Health priorities. 2.Health status disparities. 3.Socioeconomic factors. 4.Health care rationing. 5.Patient advocacy. 6.Primary health care. I.Blas, E. II.Sivasankara Kurup, A. III.World Health Organization.ISBN 978 92 4 156397 0 (NLM classification:WA 525)2005

Text

- "Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale." Statement from the CRSDOH (in 247 pages, the OC is mentioned once in passing).

In most WHO documents related to equity

The value connection: as a quest for equity

- **Another avenue in assessing the impact of the Ottawa Charter over the past 25 years is in the dimension of "values". Throughout the Ottawa Charter are many statements that assume underlying agreement on values.**
- **Health is a value; *equity is a value;* social justice is a value. One could cite many such value-laden notions that inform health promotion and specifically the health promotion that is expressed in the Charter.**
- **It is not the place here to engage in the complicated dynamics of the "values" discussion, but one should be cognizant of the current debates in health and health promotion that have value-laden implications and their possible connections to the Charter, particular around the value of equity.**

Some General Comments

- **The Ottawa Charter was a charter for health promotion. However, it would be amiss in any discussion of the Charter not to consider the OC in terms of health education. At the time of the Ottawa Charter health education as a field of work in public health was quite advanced in many countries, notably in the United States. In addition, the present day IUHPE had been established as the International Union of Health Education (IUHE) some 35 years earlier in 1961 and had a strong international focus by the time of the Charter. Relatively little has been written about how the Charter focused away from what was seen as individual based traditional health education.Writing in the IUHPE forum, Don Nutbeam (2005) wrote:**

  "The development of the concept and principles of health promotion were, to some extent, responses to unduly simplistic, individual behavioural health interventions that had emerged in the 1970's and early 80's. The Ottawa Charter makes clear that efforts to develop personal skills through traditional health education methods are only a part of a more complex and sophisticated set of tools to promote good health." **Nutbeam 2005**

- **What the Ottawa Charter brought to the table, both for health promotion and education, was a recognition that health was a broad concept in its own right. Furthermore it made explicit that ties to disease approaches were highly related to health education and promotion, but that health promotion had to go well beyond a narrow interpretation of the field. This included attention to issues of health equity.**

What has changed since the OC

- **Hot areas have been: evidence (now cooling?), context, partnership, equity, social justice, complexity, governance, climate change, urbanization, the environment, marginalized peoples, to name a few. Many of these related to values and inequity.**
- **Focus on individual behaviors remains strong - in funding if not in values held.**

Some comments from the current discussion of the OC*

- " Ottawa 25 years on: a more radical agenda for health equity is still required" Frances Baum and David Sanders (Aus and So Africa)
- "Health promotion in Canada: 25 years of unfulfilled promise" Trevor Hancock, (local)
- "The development of Health 2020 is a practical illustration of the evolution and application of health promotion to policy-making in one WHO region. While the changes of the past decades have transformed public health, the **concept,principles and the Charter of health promotion have endured. They will remain our guide in the next quarter century."** Zsuzsanna Jakab and Gauden Galea* WHO Regional Office for Europe, Denmark
- *from just published special issue on the OC, Health Promotion International, Vol. 26 No. S2, 2011.

An Instance of Success

- RESOLUTION TO PROMOTE HEALTH EQUITY
- Proposed by Health and Social Justice Committee
- Adopted by NACCHO Board of Directors
- March 16, 2005

RESOLUTION TO PROMOTE HEALTH EQUITY
Proposed by Health and Social Justice Committee
Adopted by NACCHO Board of Directors
March 16, 2005

- WHEREAS, according to the **Ottawa charter of** the World Health Organization, "The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem,sustainable resources, **social justice and equity**. Improvement in health requires a secure foundation in these basic prerequisites." and WHEREAS, multiple UN Human Rights documents and charters establish the linkage between equity,social justice, human rights, and health and specifically Article 25 of the Universal Declaration of HumanRights, adopted by the United Nations General Assembly in 1948, states "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his/her family, including food,clothing, housing, and medical care;"2 and WHEREAS, with regard to **almost** every disease and chronic illness, socioeconomic disadvantage causes or contributes to early death and preventable disease and principal causes of socioeconomic disadvantage are classism, racism, and sexism;3 and WHEREAS, social justice is a core value of public health, and the birth of public health was rooted in the principles of social justice;4 andWHEREAS, inequities in the fundamental resources and conditions needed for health are avoidable;andWHEREAS, health inequities harm the entire society, wasting human potential and financial resources; andWHEREAS, the disadvantages producing inequitable outcomes in health status are interconnected,cumulative, intergenerational;5

- THEREFORE, BE IT RESOLVED THAT the National Association of County and CityHealthOfficials (NACCHO) supports the incorporation and adoption of principles of equity, social justice, and human rights into social policy, public health curricula, workforce development initiatives, and in the design of program evaluation measures, as strategies to maximize health outcomes and minimize health inequities;

Globally

- Inequality remains high
- Maybe even getting worse

Lots of evidence

- Good summary article by Reidpath and Allotey, "Measuring global health inequality,"in the International Journal for Equity in Health , 6: 16 2007.
- "The inequity of poor health experienced by poorer regions around the world is significantly worse than a simple analysis of health inequality reveals. By measuring the inequity and not simply the inequality, the magnitude of the disparity can be factored into future economic and health policy decision making."
- found online at http://www.equityhealthj.com/

Measuring global health inequity

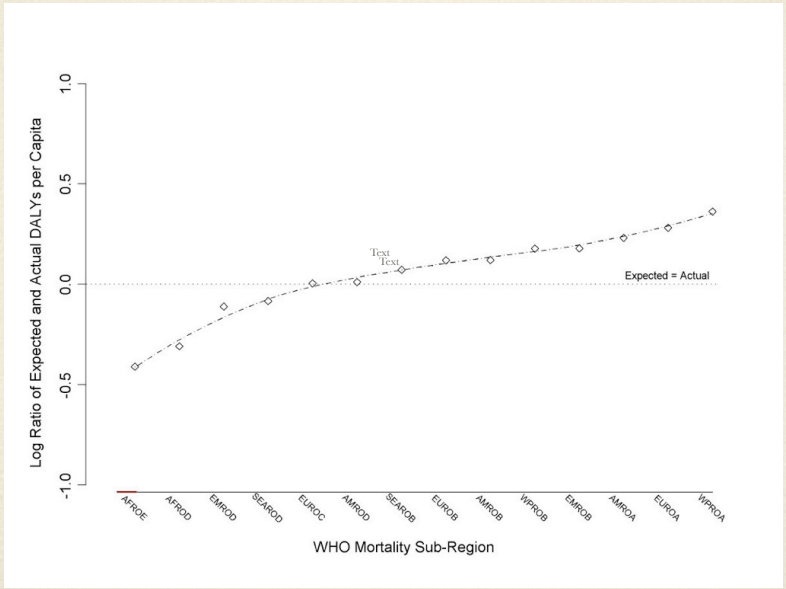
Daniel D Reidpath[*] and **Pascale Allotey**

Centre for Public Health Research, Brunel University, Uxbridge, UK

International Journal for Equity in Health 2007, **6**:16 doi:10.1186/1475-9276-6-16

The least healthy global sub-region is shown to be around four times worse off under a health inequity analysis than would be revealed under a straight health inequality analysis. In contrast the healthiest sub-region is shown to be about four times better off. The inequity of poor health experienced by poorer regions around the world is significantly worse than a simple analysis of health inequality reveals.

From Reidpath and ASIlotey



J P Ruger and H-J Kim J Epid Community Health. 2006 November; 60(11): 928–936
 "Global health inequalities: an international comparison"

- "Inequalities in child and adult mortality are large, are growing, and are related to several economic, social and health sector variables. Global efforts to deal with this problem require attention to the worse-off countries, geographic concentrations, and adopt a multidimensional approaches to development."
- "In conclusion, this study identified three distinct mortality groups worldwide (worse-off, better-off, mid-level) and showed that key associated factors to health disparities among countries include both factors within the health sector and factors related to a country's overall level of development. Thus, this analysis could be extended by multinational development actors to assess shortfalls in mortality using better-off as the reference group. It is important to note, however, that global health policy focused on narrowing the mortality gap between countries is not simply a matter of poverty reduction or development. It requires a commitment to social justice." (Is this the influence of Health Promotion, the OC?)

Conclusion

- Ottawa Charter impact on health promotion +
- Ottawa Charter impact on health inequalities ?
- Relevance of OC for today + -
- Values expressed Charter ++

- David V. McQueen
- davidmcqueen07@gmail.com
- Global Consultant
- 2418 Midvale Court
- Tucker, GA, 30084 USA
- Tel: + 1 770 939-1502
- Mobile: + 1 770 658-6865