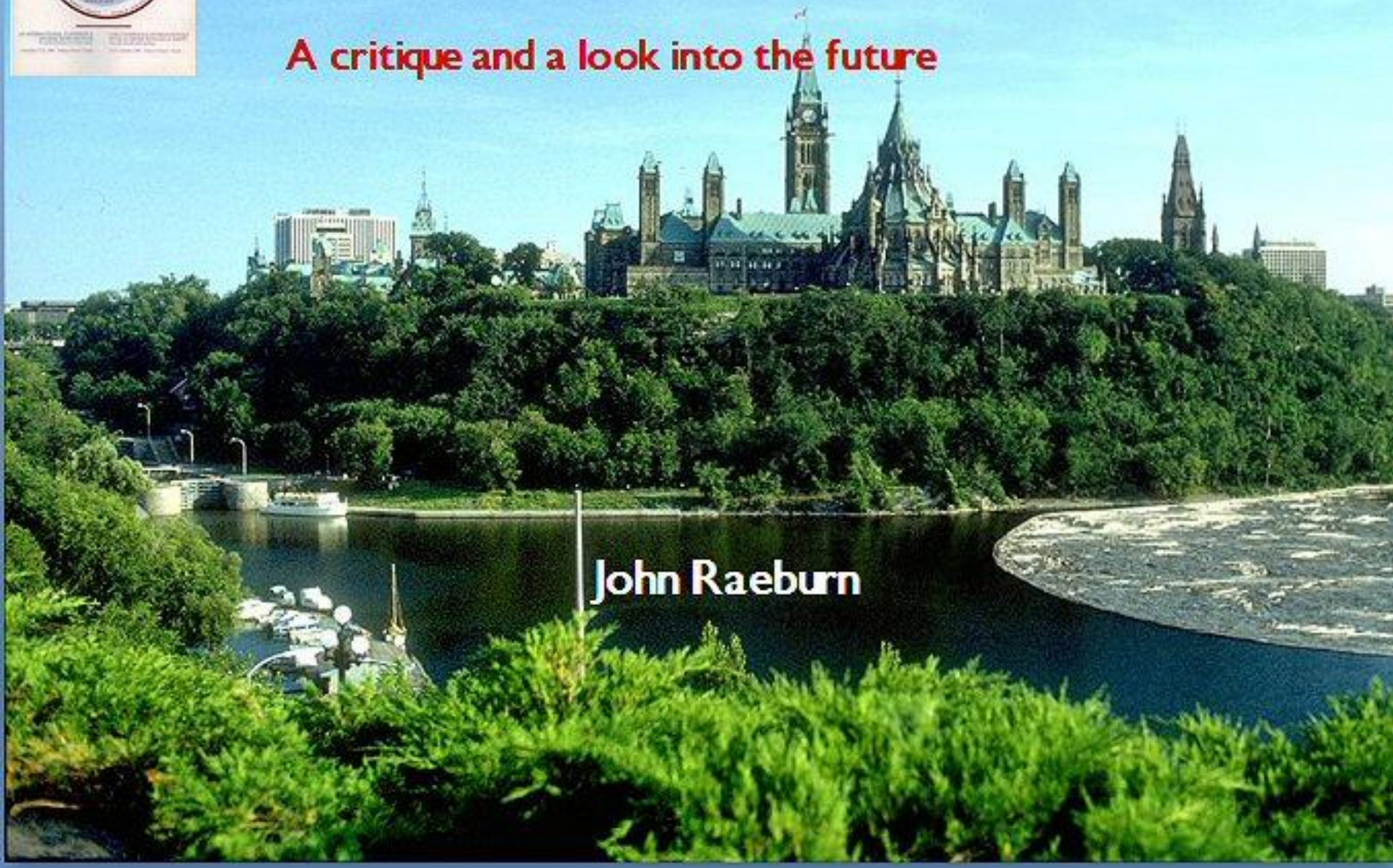




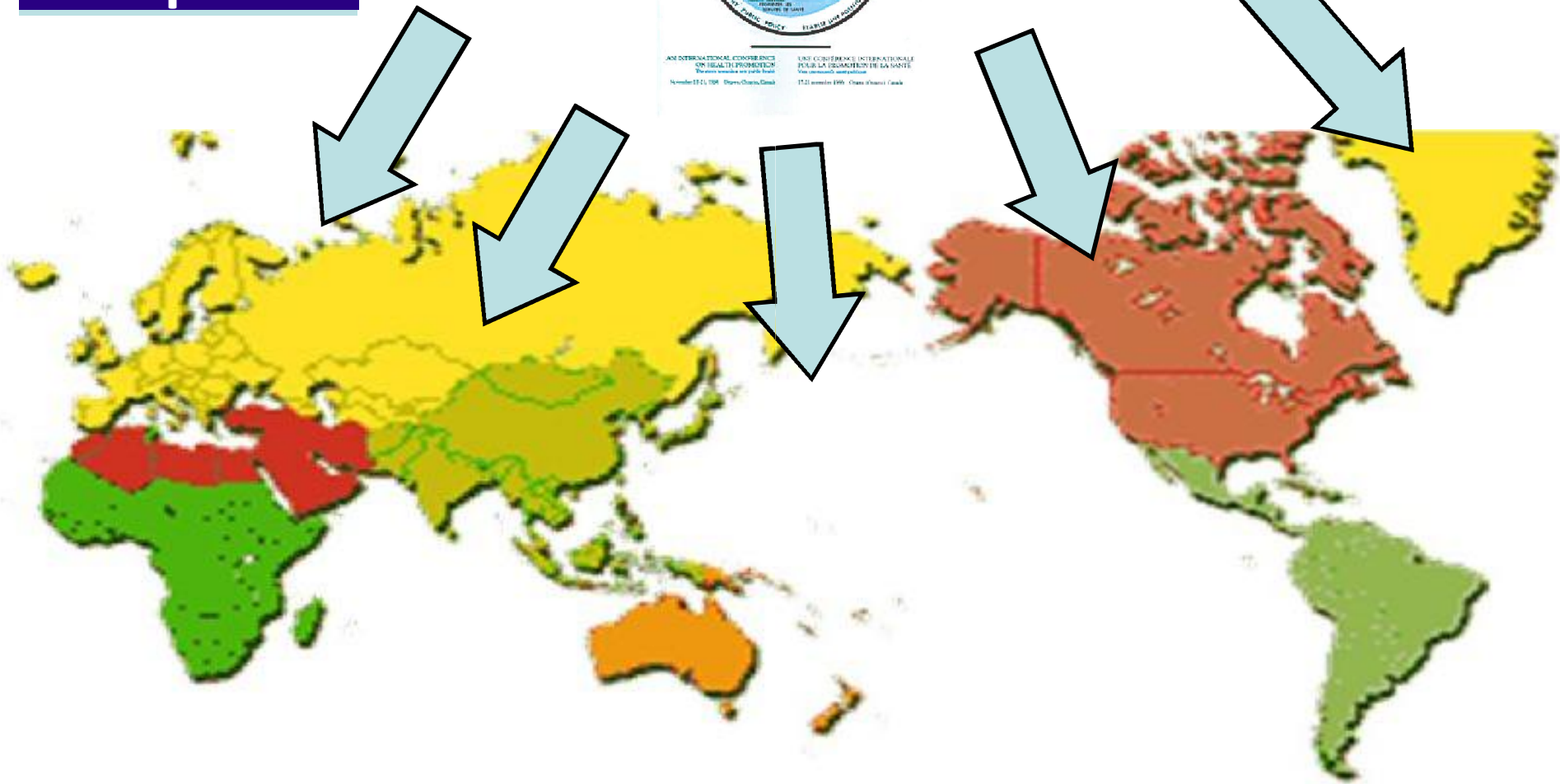
The Ottawa Charter

A critique and a look into the future



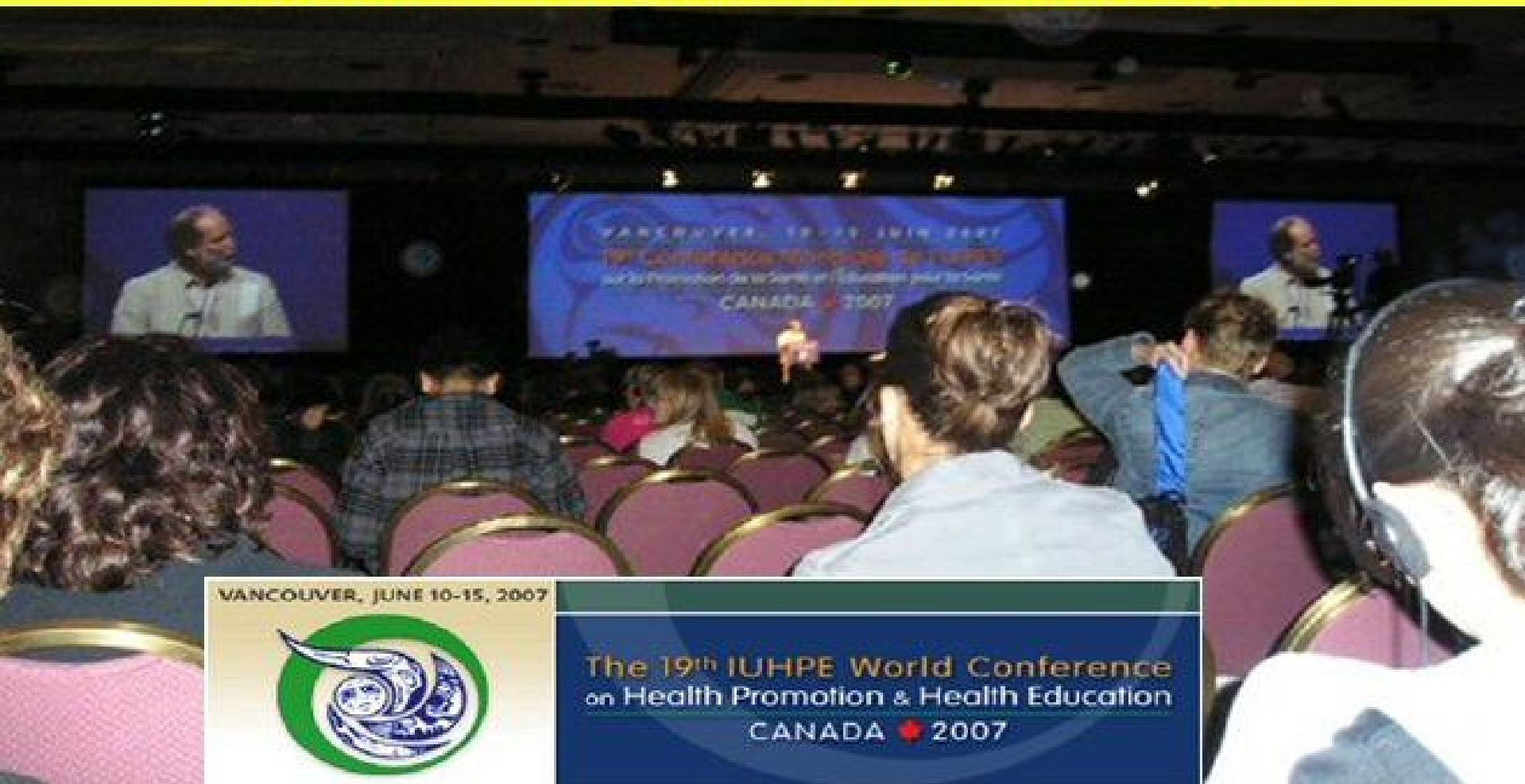
John Raeburn

Mainly
positive
impact



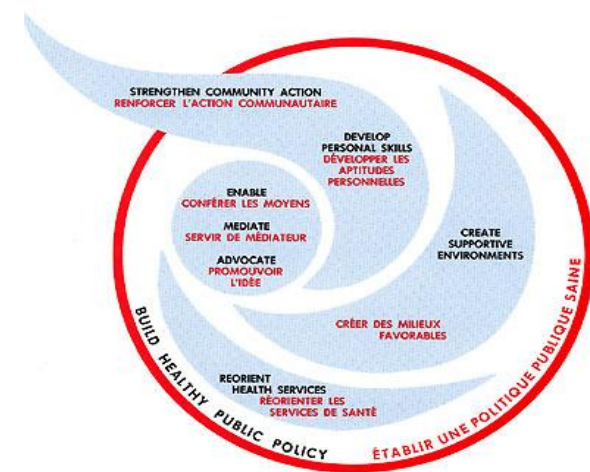
Has had major global uptake - put HP on the map

Its global impact evident to me from the
2007 IUHPE World Conference in Vancouver



Theme: Health promotion comes of age
3000 people, dozens of countries, biggest HP event in history?

Great values



- Peace, education, food and shelter
- Social justice and equity
- Stable eco-system and sustainable resources
- Enabling people to get control over own health
- Empowerment and community development
- Intersectoral collaboration and cooperation
- Caring, holism and ecology

Great definition!



Health promotion is the process of enabling people to increase control over, and to improve, their health

Five action streams a good checklist of domains of HP activity



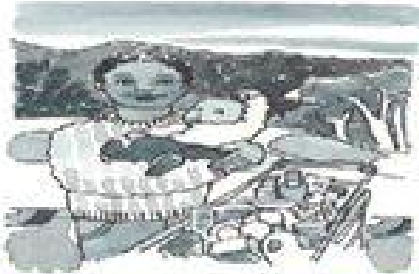
Policy



Environment



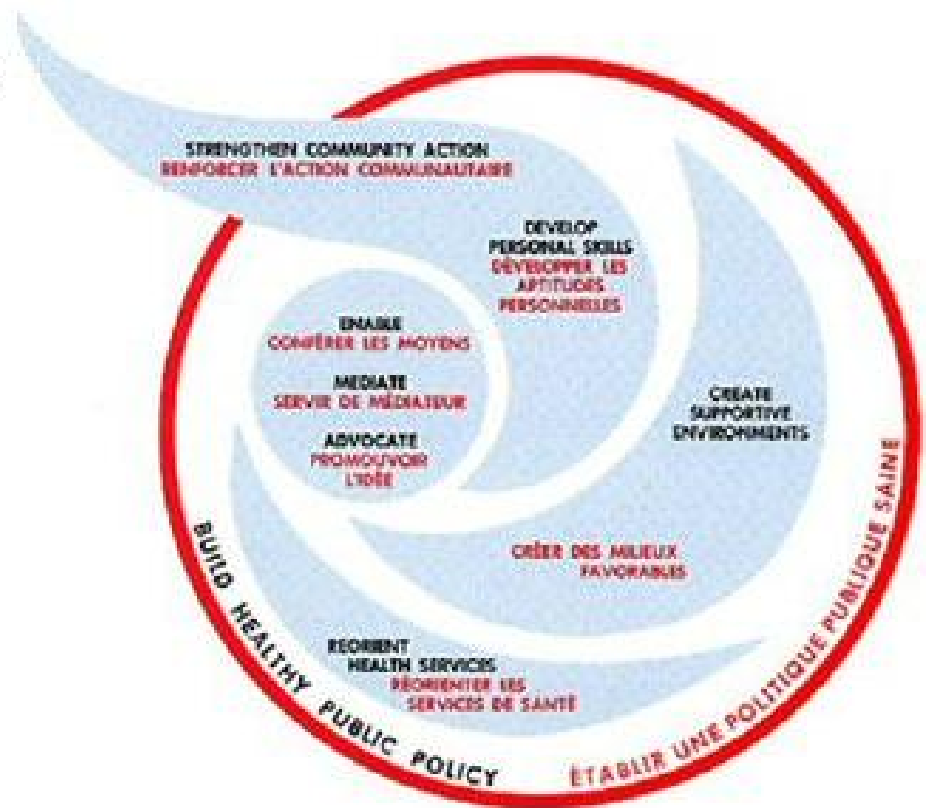
Community



Personal



Services



And many successes claimed for it

Across the world, there are **government health promotion strategies and reviews, statutory authorities and foundations, consumer interest groups, professional associations and journals. University departments and professors** proudly bear the name, Masters and Bachelor degrees are in abundance and **a new book** seems to appear every few months.

Millions of dollars are increasingly being invested in health promotion programmes by governments and international organizations, like the World Bank, as well as through voluntary contributions from people themselves. Outcomes are now obvious globally from **a health-promoting school in Africa to a health-promoting market in Asia, to a health-promoting hospital in Europe and to a health-promoting city in South America. Smoking** has fallen in many countries, **HIV** has been curbed, **road injuries** prevented and **mental health promotion** centre-staged. It is quite remarkable that this has all happened in just a quarter of a century.

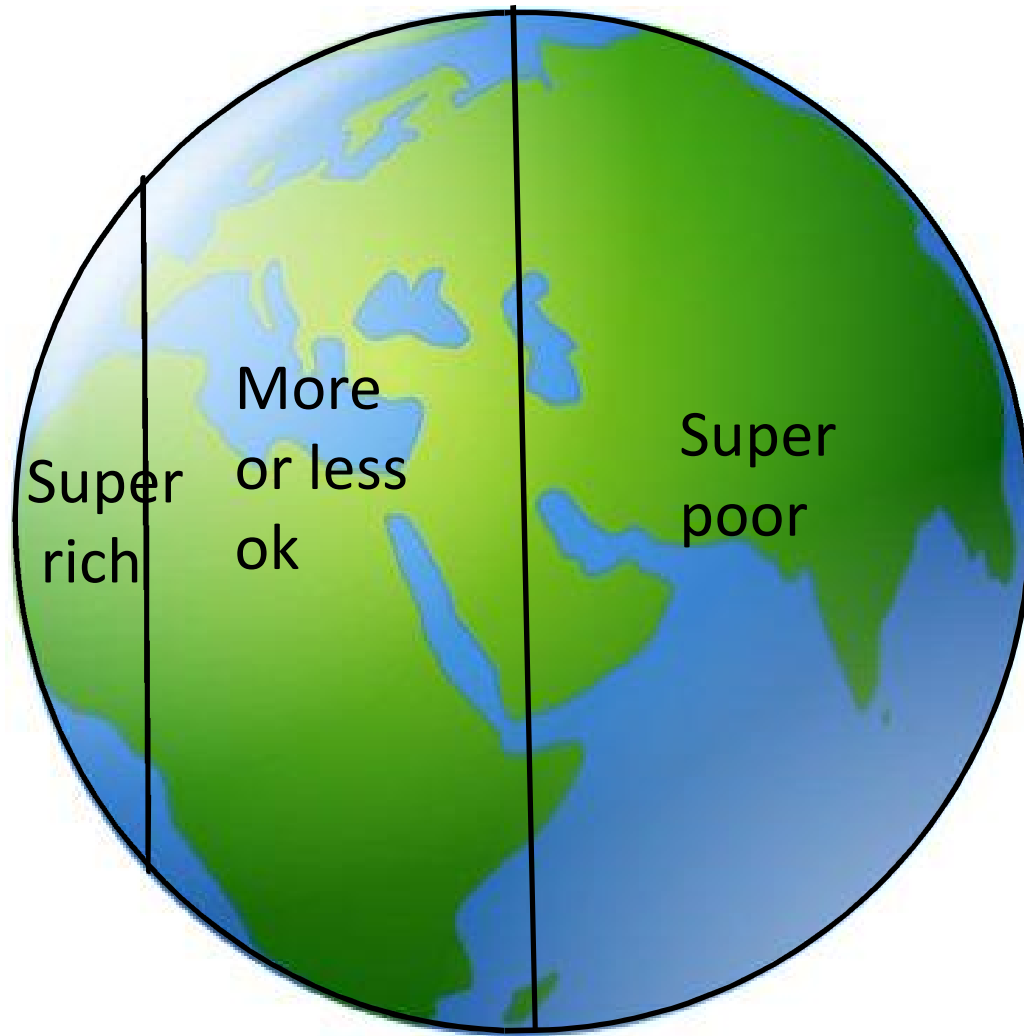
John Catford in *Health Promot. Int.* (2011) 26 (suppl 2): ii163-ii167.

[The Ottawa Charter for Health Promotion 25 years on](#)

But...

**This is the very same 25 years in which inequity
has greatly increased around the world**





Super
rich

More
or less
ok

Super
poor

A scenic landscape featuring a range of rugged, snow-capped mountains in the background. In the foreground, a river flows through a lush, green forested valley. The sky is a pale, hazy blue, suggesting a clear day. The overall scene is peaceful and majestic.

Aotearoa-New Zealand

- One of the most beautiful countries in the world
- Inventor of the welfare state and universal suffrage
- Once the most egalitarian western country
- Auckland rated 5th highest QOL city in world
...etc

But in past 25 years, thanks to
“Rogernomics” and “Ruthenasia” ...

- Sixth highest economic disparity in OECD and highest rate of inequity increase in last 25 years
- 20% of kids in poverty
- Next to Turkey for poor child health status
- Third world diseases such as rheumatic fever
- Highest rate of youth suicide in world
- Highest rate of violent crime in OECD?
- Highest rate of poker machines in the world

The poverty issues mainly “brown” (Maori and Pacific)

Part of a wider global picture of the triumph of neo-liberalism

World economic and political system

IMF, World Bank, WTO, corporates, etc

Inequity-producing neo-liberal economic policies

Stressed world and communities



Some benefits but many costs

Psychological, social and physical impacts

Widespread inequity →
widespread poverty,
ill-health & suffering

Health and wellbeing suboptimal for the majority



Trevor hancock in current HPI special edition on the ottawa charter

“health promotion in canada: 25 years of unfulfilled promise”

Health promotion in Canada: 25 years of unfulfilled promise

TREVOR HANCOCK*

School of Public Health and Social Policy, University of Victoria, BC, Canada
*Corresponding author. E-mail: thancock@uvic.ca

Commemorations of the Ottawa Charter have become a bit of a growth industry in Canada. Health Canada organized a 25th Anniversary Symposium (Ottawa, 1997) followed by a case study screening program prepared for the Fourth International Conference on Health Promotion in Jakarta in 1997 (Health Canada, 1997); there was a 25th birthday event and series of publications both in Quebec (O'Neill et al., 2007a) and at the IHPHO Conference in Vancouver (Jackson and Riley, 2007; ICHPH, 2007) and most recently a well-attended session to mark the 25th anniversary at the 2011 ICHPA Conference (Tomas Brink and Kirk, 2011). In addition, there have been two editions of *Health Promotion in Canada* (Pederson et al., 1996; O'Neill et al., 2007b) and a third edition is due out in Fall 2012. Together, these three books give a comprehensive and exciting view of health promotion in Canada and document the many good things that have happened.

It is not my intention to try to summarize all that has been said elsewhere, but rather to cast a personal and critical eye over what I see to be the general failures of our federal and provincial governments to fully adopt and implement health promotion, and then to analyze the population health benefits that could and should have been achieved.

THE UNFULFILLED PROMISE

The First International Conference on Health Promotion was held in Ottawa mainly because of Canada's reputation as a leader in health

promotion. That reputation rested on the 1974 Lalonde Report, and on the subsequent work of the federal Health Promotion Directorate, which was created in 1978 under the leadership of Ron Dupuy (Health Canada, 1997). However, after a brief period of exciting initiatives in the late 1980s, following the adoption of the Ottawa Charter and the Epp Report (Health and Welfare Canada, 1986), health promotion in Canada—at least at the federal and provincial levels—became derailed, due in my view to a combination of the advent of population health and significant budget cuts in the early 1990s.

The concept of population health (Evans and Stoddard, 1990; Evans et al., 1994) was not even a government development for the good of the day because it was congruent with increasingly dominant neo-liberal advanced capitalist countries' (Labonté, 1997) and because, while it was eloquent in its identification of the social determinants of health, it was relatively silent about what to do about them. For a government looking for budget cuts and wanting to avoid action on the determinants of health—which would have meant challenging the underlying assumptions about the way society is organized—this was a much more palatable approach than health promotion, which questioned the given and advocated social, political and economic change.

In, in this period (1993–2005), health promotion was largely abandoned. It was not positioned as a service strategy within the health system' (Jackson and Riley, 2007). In 1995, the Health Promotion Directorate itself was

However, after a brief period of exciting initiatives in the late 1980s, following the adoption of the Ottawa Charter and the Epp Report (Health and Welfare Canada, 1986), health promotion in Canada—at least at the federal and provincial levels—became derailed, due in my view to a combination of the advent of population health and significant budget cuts in the early 1990s.

The concept of population health (Evans and Stoddard, 1990; Evans et al., 1994) was a very convenient development for the government of the day because it was congruent with 'the increasingly dominant neo-liberalism of advanced capitalist countries' (Labonté, 1997) and because, while it was eloquent in its identification of the social determinants of health, it was relatively silent about what to do about them.

So, the Ottawa Charter failed us!

Some of its general shortcomings...

- Out of date
- Too Eurocentric
- Too policy-oriented
- No clear aims or goals
- No “theory” or coherent strategic approach
- Vague and wishy-washy
- Determinants approach not spelled out
- Implied physical health/fitness emphasis
- Easily reverts to illness approach
- Not clear on the main equity issues
- Unclear concept of health as a “resource”
- No mention of mental and spiritual health
- No mention of aboriginal and indigenous issues, or even culture
- Not clear about differences of HP from associated fields
- Too paternalistic and too little EMPOWERMENT!

STRENGTHEN COMMUNITY ACTION
RENFORCER L'ACTION COMMUNAUTAIRE

DEVELOP
PERSONAL SKILLS
DÉVELOPPER LES
APTITUDES
PERSONNELLES

ENABLE
SERVIR DE MÉDIATEUR
ADVOCATE
SERVIR D'AVOCAT
LUTTE

CREATE
SUPPORTIVE
ENVIRONNEMENTS

CRÉER DES MILIEUX
FAVORABLES

HEALTH SERVICES
SERVICES DE SANTÉ

ESTABLISH A PUBLIC HEALTH POLICY
ÉTABLIR UNE POLITIQUE PUBLIQUE SAINTE



Like rhizomes?

Or like wildflowers?



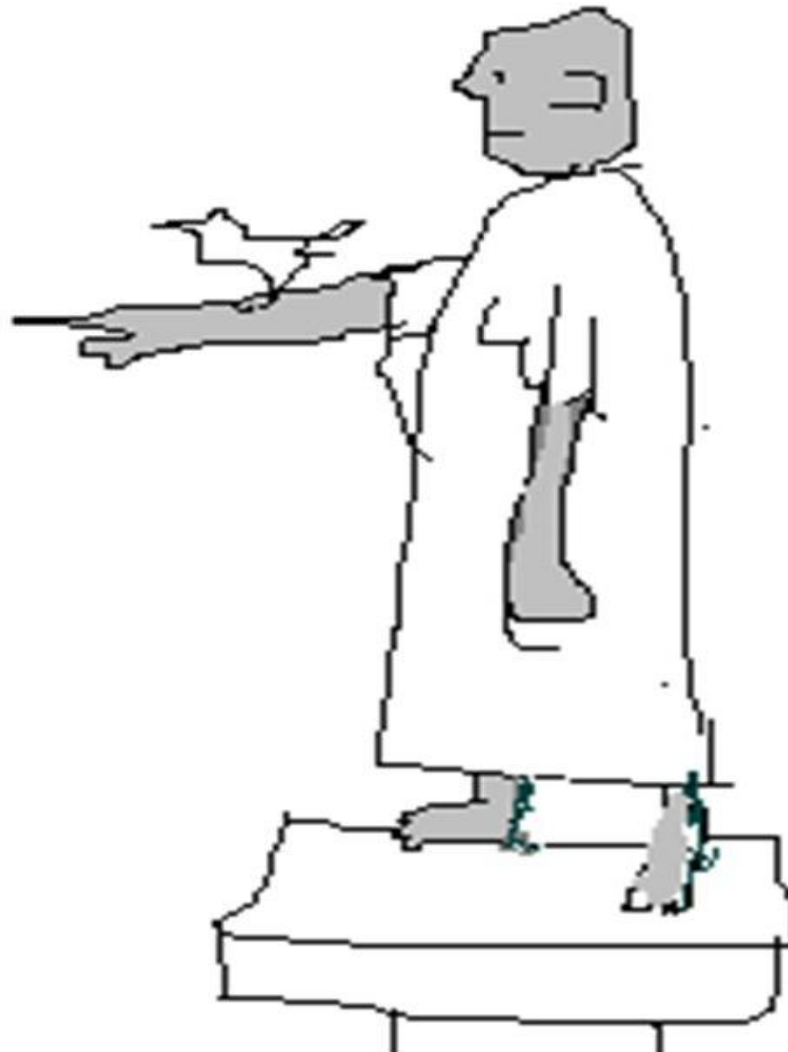
For me the big issue is...

Policy

vs

The People

To understand the issues here, need a brief look at history of health promotion.

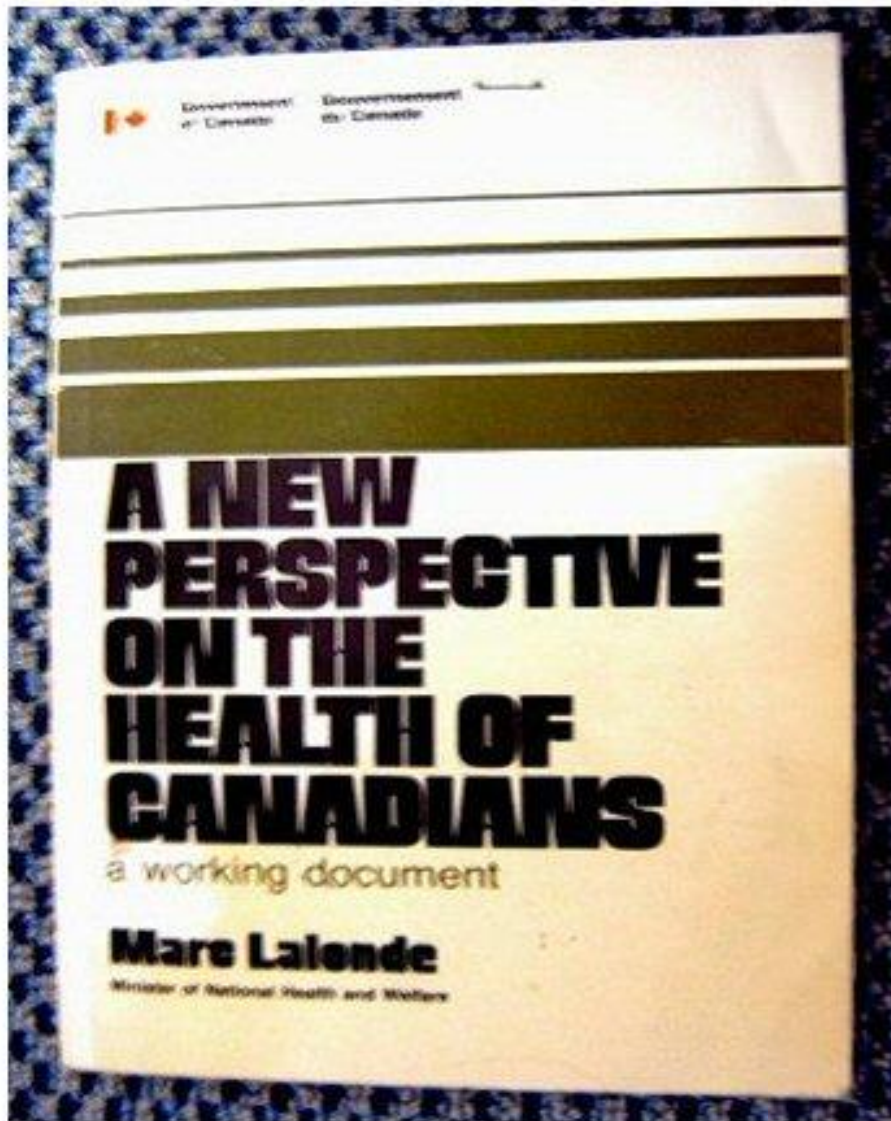


Anima sana in corpore sano

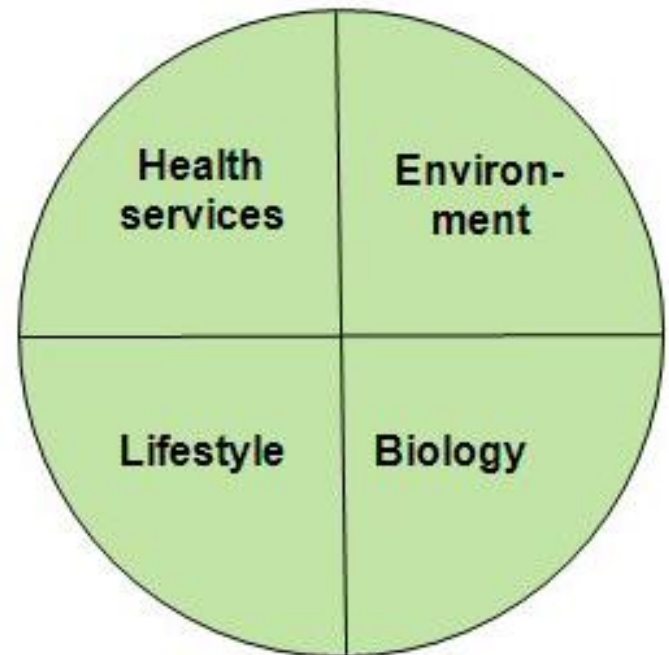
Brush your teeth
Eat an apple a day
Clean out your ears
Be seen and not heard



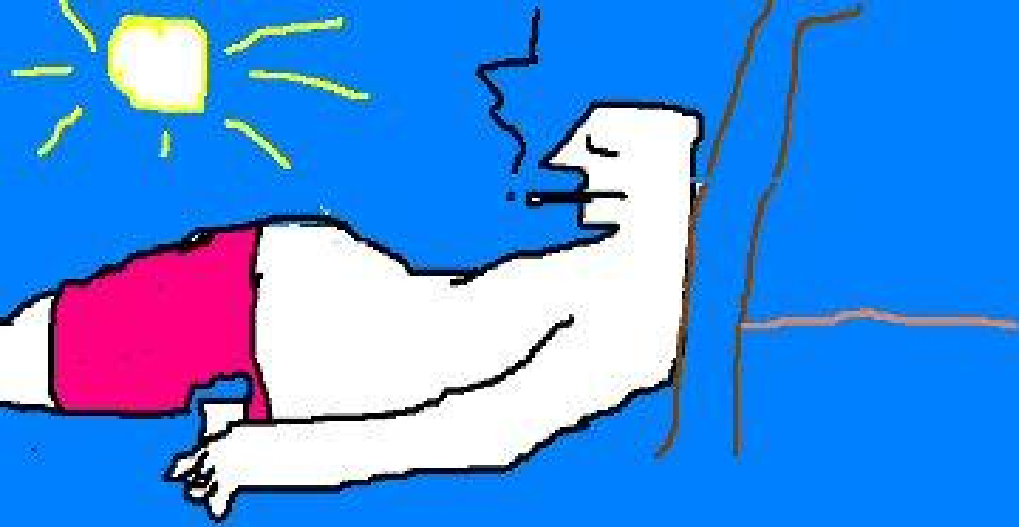
Pre 1970s: The Health Education Era



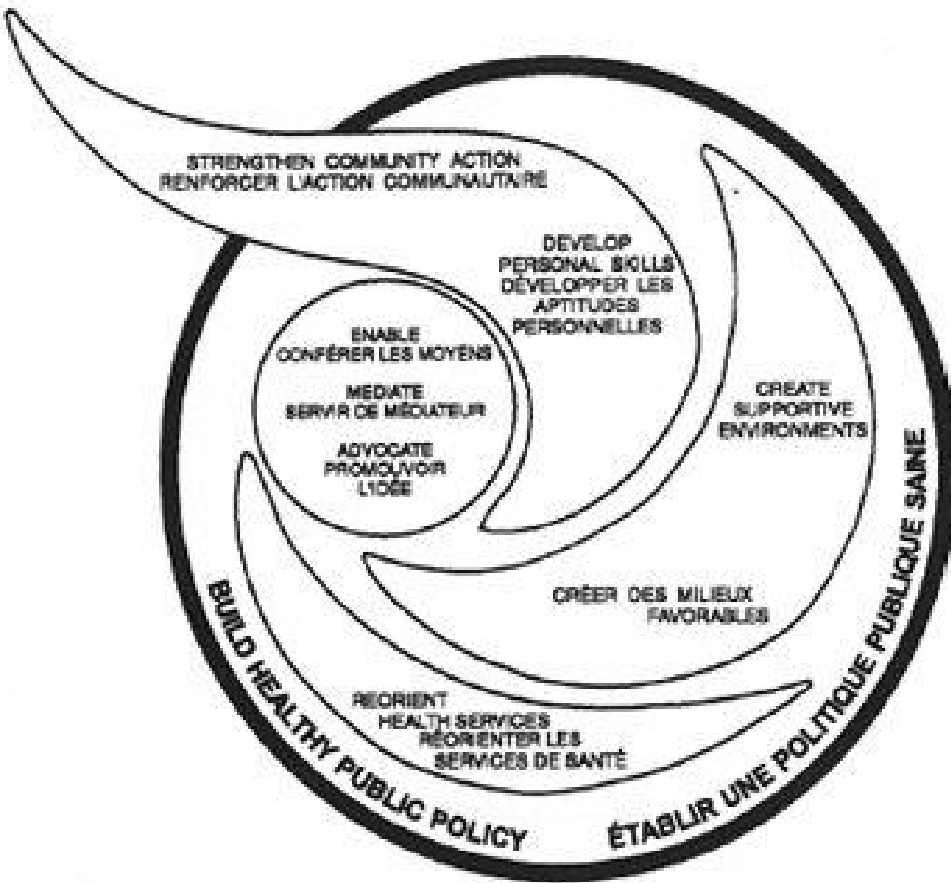
1974



Health field concept =
"determinants" of health



1970s - the lifestyle era



HEALTH PROMOTION (1986)

Ottawa Charter Action Streams

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

1980s – the Social Model era



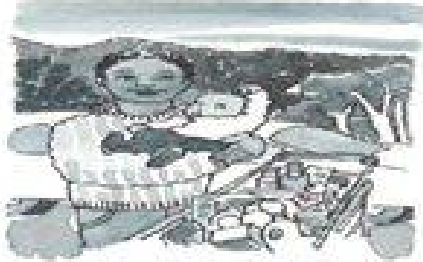
Policy



Environment



Community



Personal



Services



The five action streams
are probably the main focus
for most people



Policy



Environment



Services



Community



Personal

Policy/structural

People-oriented



But actually, there are just two main action groupings

And policy/structural won out

- suits political agendas
- fits “old” public health and “population health”
- is less medical and psychological
- is more academically respectable
- is conceptually simple





We know what's best for you

And losing the hearts of the people, may be one of the main reasons why health promotion seems to have stagnated and even be in decline (as it is in NZ)



Yet ordinary people can be great agents for their own health promotion...

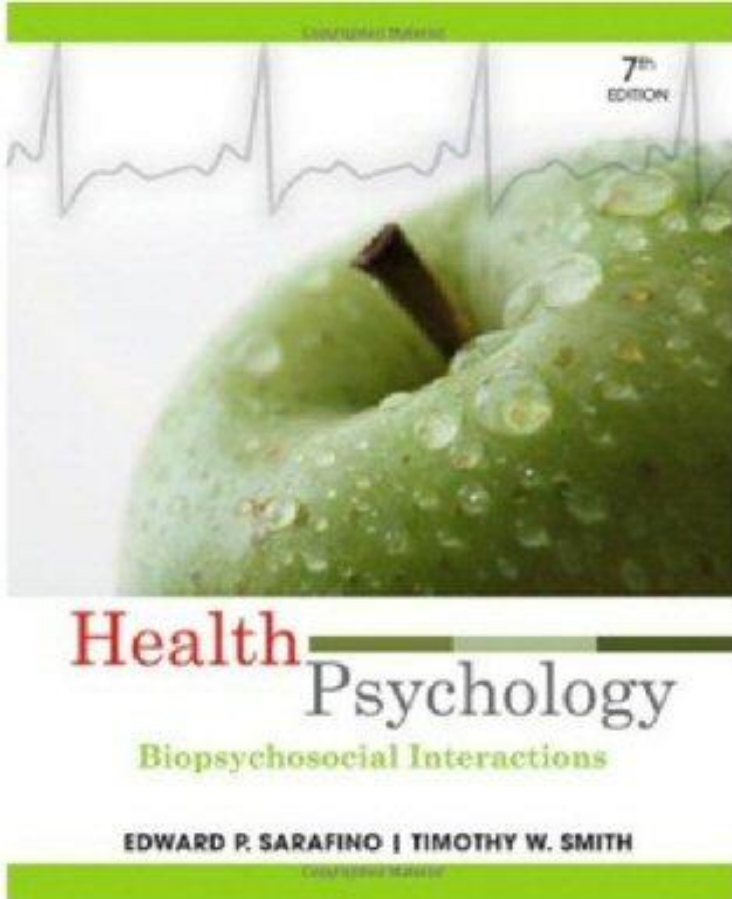
**Yes! We can do it! We know what's best for us!!
(But we don't mind a bit of support from you experts).**



And this is the way I believe we need to go in the future!



At the heart of this process of health promotion is empowerment and self-determination. It has to do with people's sense of their own power and control.



And as health psychology tells us...

A sense of control = healthiness

And the number one contributor to a sense of control
is social support and collective action

The old fashioned defining feature of health promotion used to be...

Empowerment

And that's exactly what we're talking about here



This doesn't mean that policy is unimportant!

People power

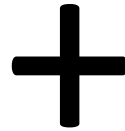
Policy

But the People Power
should be in the ascendancy!

My suggestion



Community development



Policy development



proto-health promotion action

Making A Difference For Whānau

✓ PITA SHARPLES

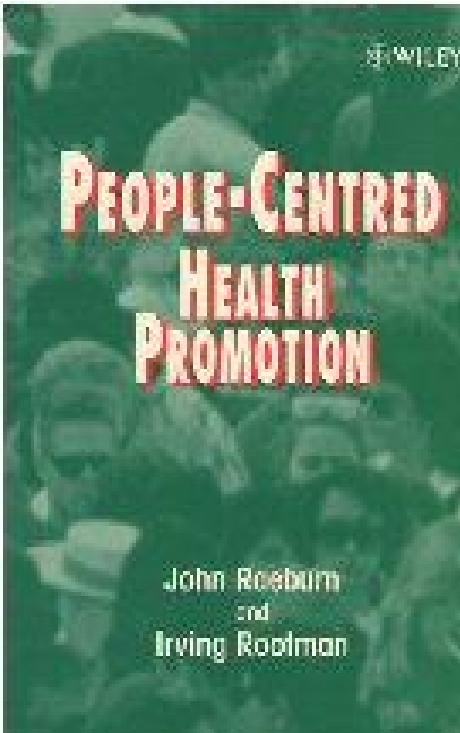
✓ māori
PARTY

Authorized by Pita Sharples, 40 Kolumba Road, Papanui, Christchurch

New Zealand elections November 26, 2011

**And indeed, the people themselves should be the prime movers in
making policy**

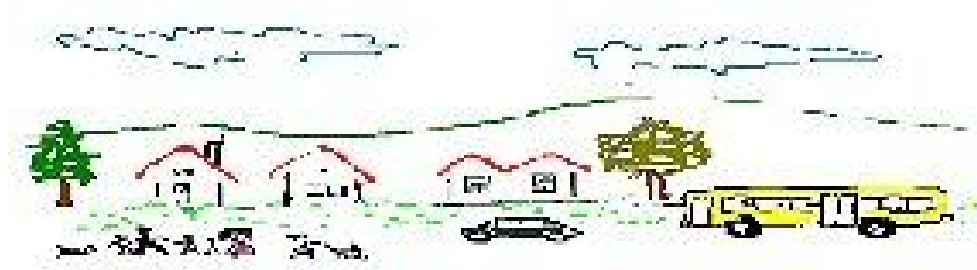
This people-centred, empowerment approach, is one that Irv Rootman and I have advocated for years



Emphasizes:

- P** People-centredness
- E** Empowerment and Equity
- O** Organizational, social & community development
- P** Participation (incl policy formation)
- L** Life quality
- E** Evaluation

1998



**Health equity is not just about economics.
It's also about personal, family and community power**



A Call to Action On First Nations Poverty



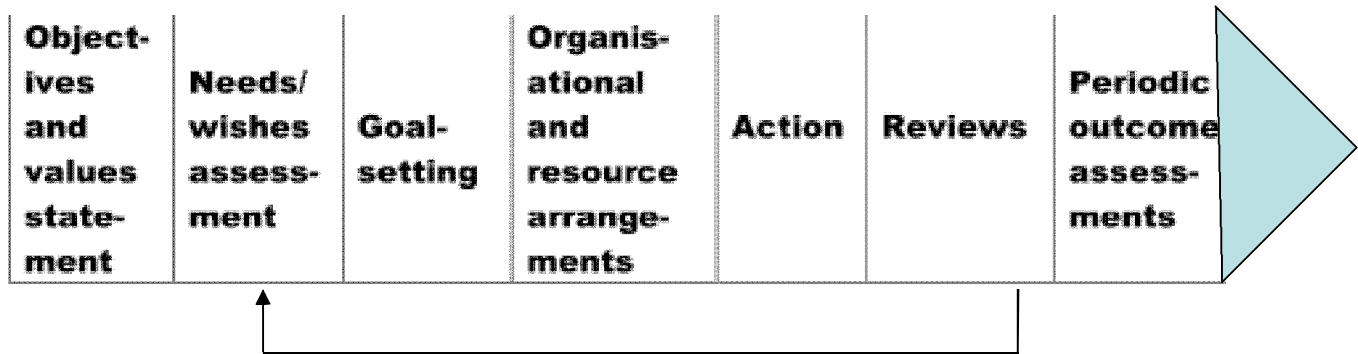
In New Zealand, one of the successful ways we have mobilized this community health-promoting power is through “Comprehensive Community Projects”



The Glen Innes Ka Mau Te Wero comprehensive community project, Auckland

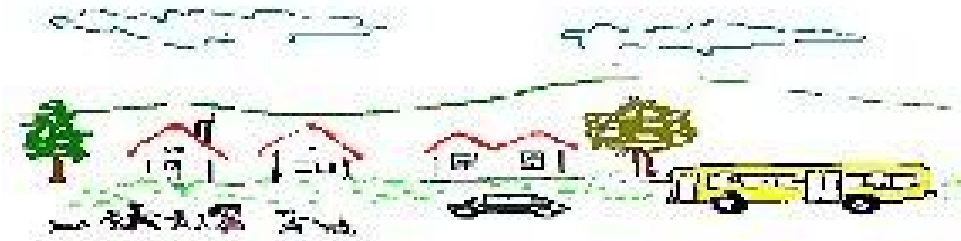


The A-Team



**PEOPLE System
planning model**

**‘PEOPLE’ = Planning and
Led**



**To do this, we use a planning model called
“The PEOPLE System” (developed in Ottawa!!)**

Could show you numerous examples of this approach in action, how it is measurably effective, and how it has been used to influence policy - including Maori and Pacific settings



*A Maori perspective
on community
development*

Ngati Whatua intergenerational
community development, Auckland

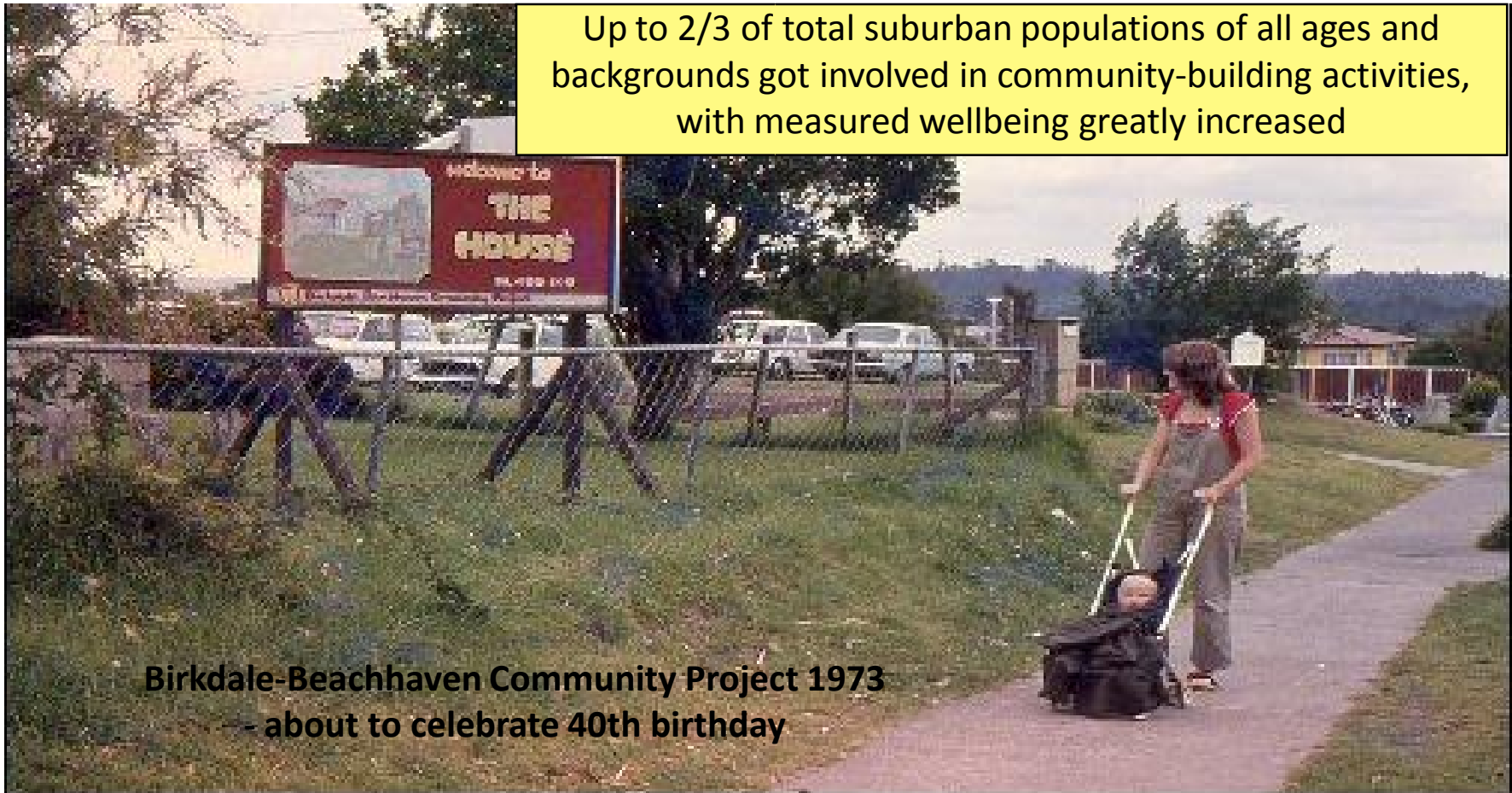
Zoe Martin-Hawke



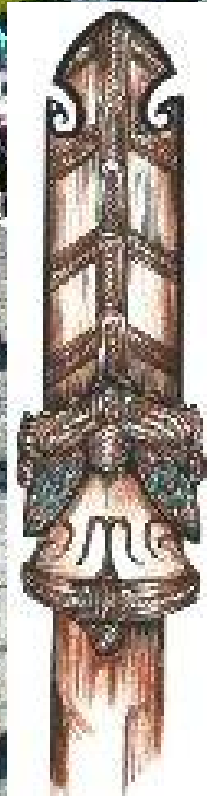
1970s

First application of this approach:
Community Houses/Comprehensive Community Pro
(on a health/wellbeing agenda)

Up to 2/3 of total suburban populations of all ages and backgrounds got involved in community-building activities, with measured wellbeing greatly increased



Birkdale-Beachhaven Community Project 1973
- about to celebrate 40th birthday



KA MAU TE WERO
- RISE TO THE CHALLENGE!!

:STRONGER COMMUNITIES
 ACTION GROUP, GLEN INNES

2001 - 2011
 ☺ ☺ ☺

Tess Liew



Albany new housing area



Text

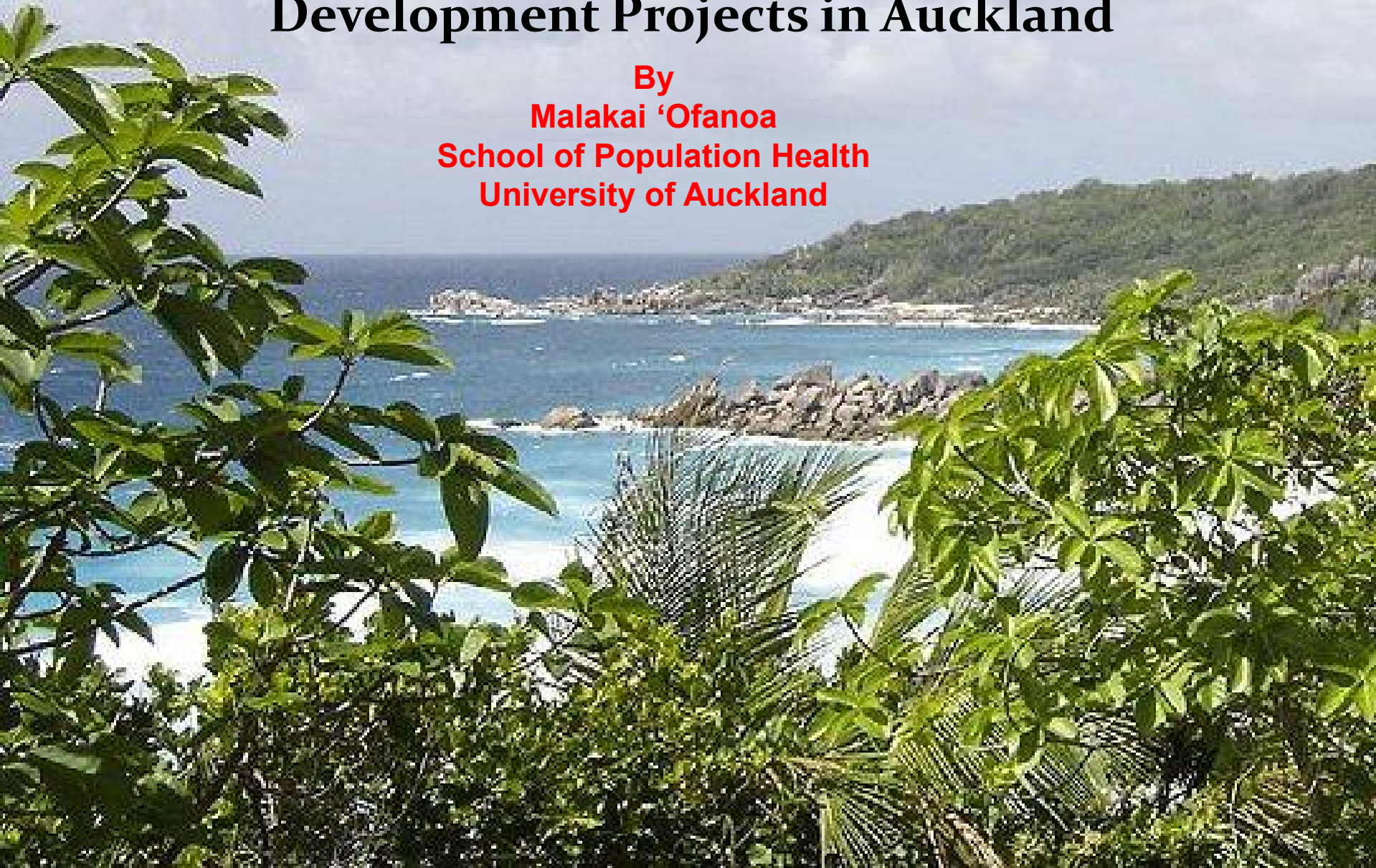
Know Your Neighbours Project

Rebecca Harrington
LIFEWISE & Takapuna Methodist Church
RebeccaH@lifewise.org.nz



Community Democratic Approaches by Tongans in Community Development Projects in Auckland

By
Malakai 'Ofanoa
School of Population Health
University of Auckland



Mangere Comprehensive Community Development Project - being undertaken by Pacific people for whole large suburban community

Malakai Ofanoa



ENTRY PERSPECTIVE 2 -WEST



Hutana Design LTD
871 Newmarket, Auckland, New Zealand
09 489 0171 • 09 489 0172
E: info@hutana.co.nz

MAILE UA COMMUNITY CENTRE - MANGERE
40 Cleek Road, Mangere East



27 86 1



Pacific connectedness-building activities

TONGAN System Model





Tamaki Inclusive Engagement Strategy

Creating TIES that strengthen

Grass-roots community input into largest urban redevelopment project in Australasia

And even more megalomaniac, we have plans to eventually locate health and wellbeing resource centres throughout NZ, based on this approach



On a potential national scale



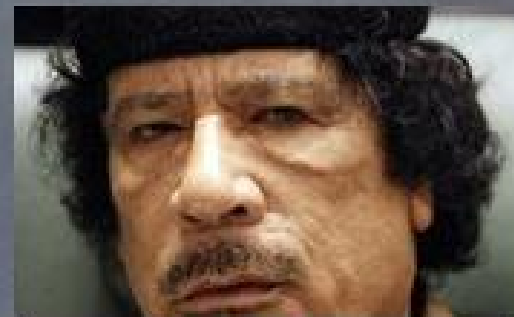
For me, this is *real* health promotion

It hits a really deep part of people's beings - you can see the health promotion taking place in front of you - and we can measure it scientifically

Internationally, we are seeing how people power can directly take on governments and the destructive effects of globalization and neo-liberalism - and this is healthy!



Occupy Vancouver!



Libya, Egypt, etc

START A PETITION → MOBILIZE SUPPORT → WIN CHANGE

Molly Catchpole starts a petition asking Bank of America to stop its unethical new 12-month banking fee.

200,000 people join, getting national media exposure and driving consumers to leave Bank of America.

Bank of America's promise to stop the new banking fee is broken - all other major national banks.

Molly Catchpole takes on Bank of America and wins (change.org)



Many successful Maori rights campaigns in New Zealand

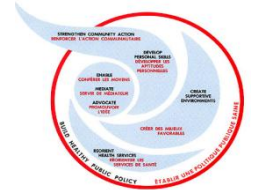


Successful grassroots opposition to (Canadian) mining in Intag, Ecuador



Successful First Nations/youth campaign for school in Attawapiskat

OK. So where does this leave us for the future of health promotion?



My propositions:

1. Health Promotion based on the Ottawa Charter got too diverted in a policy direction, and lost much of its soul
2. This approach to health promotion was not powerful enough to withstand the global onslaught of neo-liberalism
3. The people-centred approach is a viable alternative, potentially able to correct both these shortcomings
4. The Ottawa Charter has the basic elements of a people-centred approach in it
4. Health equity has as much to do with people power as with wealth distribution and top-down policies

People-centred messages in the Ottawa Charter

(Yes, there are some)



“Health promotion is the process of enabling people to increase their control over, and improve, their health”

“Health promotion works through... the empowerment of communities - their ownership and control of their own endeavours and destinies”



So can we save the world through
people-centred health promotion?

Yes!

Here's how for starters (and discussion)

1. Be committed to a grassroots, people-first, self-determination, empowerment approach to HP.



2. The people themselves make the decisions about their health/wellbeing priorities.

What things do we really want for ourselves in this community?



Safety issues, employment

Better child care,
a place to meet others



Free ice creams


3. Start with local projects one by one, and build wider networks and coalitions



As professionals we pursue our passions (policy, environment, etc), but the people's perspective always come first!



And are the people up to this role?

A large crowd of people is celebrating at night. Many are wearing red and blue shirts. The air is filled with confetti and streamers. A speech bubble is overlaid on the image, containing the text "Of course we are! Let's do it!!!".

Of course we are!
Let's do it!!!