

## **OPHA Endorsement of the Ottawa Charter for Health Promotion**

A resolution adopted at the 1995 OPHA Annual General Meeting

*Code:* 1995-01 (RES)      *Status:* Active

### **RESOLUTION**

WHEREAS, it is the mission of the Ontario Public Health Association to strengthen the impact of people who are active in community and public health in Ontario, and;

WHEREAS, the Ottawa Charter for Health Promotion defines health promotion as the process of enabling people to increase control over, and to improve their health, and;

WHEREAS, the Ottawa Charter for Health Promotion outlines five key areas for action on Health Promotion, specifically, building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services;

THEREFORE BE IT RESOLVED that the Ontario Public Health Association endorse the Ottawa Charter for Health Promotion to serve as a guide for developing and implementing health promotion initiatives.

### **IMPLEMENTATION STRATEGY**

#### **Purpose**

By officially endorsing the Ottawa charter for Health Promotion, the Ontario Public Health Association reaffirms its belief in the value of comprehensive health promotion.

#### **Actions**

The resolution serves as a reference for health promotion work by providing a definition of health promotion, guiding principles and key areas for action. A commitment to health promotion and a call for international action is also included in the Ottawa Charter.

The resolution will be widely publicized through the networks of the Ontario Public Health Association and the Ontario Association of Health Promotion Specialists in Public Health (OAHPSPH) using direct mailings.

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## **Commitment**

Currently much of the work of the Ontario Public Health Association supports the Ottawa charter of Health Promotion and this commitment will continue in the future. The OAHPSPH representative on the Ontario Public Health Association Board will ensure that the Charter is distributed with their resolution on the Delivery of Health Promotion Programs in Ontario.

## **BACKGROUND**

The Board of OPHA at its June '95 meeting reviewed a Position Statement on the Delivery of Health Promotion Programs in Ontario from the Ontario Association of Health Promotion Specialists in Public Health. Since the Position Statement was based on the Ottawa Charter for Health Promotion, the Board decided to develop a resolution endorsing both the principles of the Position Statement and the Ottawa Charter for Health Promotion.

The following is the text of the Ottawa Charter for Health Promotion.

### ***OTTAWA CHARTER FOR HEALTH PROMOTION***

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

## **HEALTH PROMOTION**

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and 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, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

## **PREREQUISITES FOR HEALTH**

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

## **ADVOCATE**

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. Health Promotion action aims at making these conditions favourable through advocacy for health.

## **ENABLE**

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. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

## **MEDIATE**

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, 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.

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

## ***HEALTH PROMOTION ACTION MEANS:***

### **BUILD HEALTHY PUBLIC POLICY**

Health promotion goes beyond health care; it puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept Their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public-policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

## **CREATE SUPPORTIVE ENVIRONMENTS**

Our societies are complex and interrelated: Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing-environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

## **STRENGTHEN 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.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

## **DEVELOP PERSONAL SKILLS**

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

## **REORIENT HEALTH SERVICES**

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

### **MOVING INTO THE FUTURE**

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

### **COMMITMENT TO HEALTH PROMOTION**

The participants in this conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves;
- to recognize health and its maintenance as a major social investment and challenge: and to address the overall ecological issue of our ways of living.

The conference urges all concerned to join them in their commitment to a strong public health alliance

## CALL FOR INTERNATIONAL ACTION

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER Health For All by the year 2000 will become a reality.

### **Regarding resolutions, position papers and motions:**

**Status:** Policy statements (resolutions, position papers and motions) are categorized as:

**ACTIVE**, if:

1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

**ARCHIVED**, if:

1. The activities outlined in the policy statement's implementation plan have been completed; or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supersedes the latter

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