European Health Promotion Indicator Development (EUHPID Project)

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This project is funded by the European Commission (DG SANCO)
EUHPID Project Aims

• To establish a European Health Promotion Monitoring System, including a set of common health promotion indicators

• To recommend suitable methodology and systems to collect the above data on health promotion indicators and activate the monitoring system

• To recommend dissemination strategies to policy makers and practitioners at Community level and within Member States
EUHPID Consortium

- Universities
  - Athens
  - Bergen
  - Brighton
  - Brussels
  - Galway
  - Graz
  - Jyvaskyla
  - Maastricht
  - Magdeburg
  - Marseille
  - Perugia
  - Southern Denmark

- Nordic School of Public Health - Goteborg

- National School of Public Health - Lisbon

- Regional School of Public Health - Valencia

- Flemish Centre for Health Promotion - Brussels

- International Union for Health Promotion & Education – Paris

- Also colleagues from
  - University of Vienna
  - University of Zurich
  - Health Promotion Switzerland
EUHPID Working Groups

- **Data-driven-**
  - Links with HP Source, EUROSTAT, etc.

- **Policy-driven-**
  - Links with Health Promoting Schools, Workplace Health Promotion & Health Promoting Hospitals

- **Theory-driven**
  - EUHPID Health Development Model
Current Status

• Writing Final Report
• The EUHPID Health Promotion model as a rationale for the construction, selection and classification of European HP indicators
• ECHI framework – EUHPID influence
• Classification system for EUHPID Indicators & demonstration examples
• EUHPID Health Promotion User Window
European Community Health Indicator (ECHI) System

- Demographic & socio-economic factors
  - Population
  - Socio-economic factors

- Health Status
  - Morality
  - Morbidity
  - Generic Health Status
  - Composite Health Measures

- Determinants of health
  - Personal & biological
  - Health behaviours
  - Living and working conditions

- Health Interventions: Health Care
- Health Interventions: Health Promotion
<table>
<thead>
<tr>
<th>ECHI scheme</th>
<th>EUHPID scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interventions/policies</strong> (4)</td>
<td><strong>Interventions/policies/HP actions</strong></td>
</tr>
<tr>
<td>Health services</td>
<td>Socio-ecological context</td>
</tr>
<tr>
<td>Health promotion</td>
<td>Policies (e.g. smoke-free)</td>
</tr>
<tr>
<td></td>
<td>Organisations</td>
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<tr>
<td></td>
<td>Community</td>
</tr>
<tr>
<td><strong>Determinants external</strong> (3.2, 3.3)</td>
<td><strong>Health opportunities</strong></td>
</tr>
<tr>
<td>Risk/promoting factors:</td>
<td>damaging/promoting behaviour;</td>
</tr>
<tr>
<td>health behaviours;</td>
<td>Settings: work, schools etc.</td>
</tr>
<tr>
<td>Living/working conditions; (= physical/social environment)</td>
<td>(e.g. social isolation/support)</td>
</tr>
<tr>
<td></td>
<td>(e.g. noise, workplace design,</td>
</tr>
<tr>
<td></td>
<td>hierarchy, smoke-free practice)</td>
</tr>
<tr>
<td><strong>Determinants: personal factors</strong> (3.1)</td>
<td><strong>Health capacities</strong></td>
</tr>
<tr>
<td>Risk/promoting factors:</td>
<td>Physical, mental, social</td>
</tr>
<tr>
<td>physical, mental</td>
<td>(e.g. social competency,</td>
</tr>
<tr>
<td></td>
<td>attitudes)</td>
</tr>
<tr>
<td><strong>Health status</strong> (2)</td>
<td><strong>Health development</strong></td>
</tr>
<tr>
<td>Morbidity</td>
<td>Disease</td>
</tr>
<tr>
<td>Mortality</td>
<td>Positive well-being</td>
</tr>
<tr>
<td>Functional health</td>
<td></td>
</tr>
</tbody>
</table>
Focus on key perspectives of HP field (model specifications)

• health development = interaction between individual/population (health/health capacities) and environment (health opportunities)

• distinguish health development & intentional interventions

• health of individuals/populations at centre

• health defined by three interacting dimensions

• distinguish health and health capacity
EUHPID Model Specifications

• distinction between pathogenic & salutogenic health development
  – negative health (disease) vs. positive health (wellbeing)
  – Risk factors vs. resources

• Ottawa Charter action areas define
  – Health promotion actions (interventions)
  – Health promoting areas (targets of interventions)
Detailed sub-levels of classification system

- structure vs. processes
- functional systems vs. environment
  - not generalizable distinction
  - context-specific, to be defined by user - “health promotion user window”
  - possible to propose key settings and sectors for HP
1) HEALTH DEVELOPMENT MODEL

HEALTH DEVELOPMENT MODEL

- **Socio-ecological Environment**
- **Health Opportunities**
- **Health Capacities**
  - Physical
  - Mental
  - Social
- **Individual(s)**
- **Risk Factors**
- **Positive Health Wellbeing**
- **Salutogenesis**
- **Analytical Perspectives on Health Development**
- **Pathogenesis**

Legend:
- **RESOURCES**
- **DISEASE**
2) Ottawa Charter Action Areas: Reference point for Health Promotion Actions and Health Promoting Areas

**General Health Promotion Actions**

- Socio-ecological context development
- Policy development
- Organisational/network development
- Community development
- Competency building/health education

**Ottawa Charter Action Areas**

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

**General Health Promoting Areas**

- Socio-ecological context
- Policy
- Organisation/network
- Community
- Individual(s)

HP Process indicators

HP Outcome indicators
3) EUHPID HEALTH PROMOTION MODEL

HEALTH PROMOTION INTERVENTION
(HP Process indicators)

- socio-ecological context development
- policy development
- organisational/network development
- community development
- competency building/health education

HEALTH PROMOTION APPROACHES
- advocate
- enable
- mediate

HEALTH PROMOTION PRINCIPLES
- empowering
- participatory
- holistic
- intersectoral
- equitable
- sustainable
- multistrategy
## Classifying HP outcome indicators: overview

<table>
<thead>
<tr>
<th>Levels</th>
<th>Elements of health development</th>
<th>Endpoints of elements</th>
<th>Sub-dimensions of elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>health opportunities</td>
<td>determinants of health</td>
<td>- socio-ecological context</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- policy</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- organisation/network</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- community</td>
</tr>
<tr>
<td>Individual(s)</td>
<td>health capacities</td>
<td></td>
<td>- social</td>
</tr>
<tr>
<td></td>
<td>health</td>
<td>- disease</td>
<td>- mental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- positive health/wellbeing</td>
<td>- physical</td>
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</tbody>
</table>
Adaptation of ECHI - Health Systems

- Class 4 = Health Interventions: Health Services
- Class 5 = Health Interventions: Health Promotion
- Health Promotion User Window
ECHI 2 Core Indicators (Short List)

- Health Promotion Policy & Practice
- Integrated Settings
Health Promotion Policy & Practice

- Policy formulation
- Infrastructure development
- Implementation
- Campaigns & programmes
- Evaluation
- Funding
Settings Based Health Promotion

User Windows

• Work place
• School
• Hospital
### Classifying indicators of health (level: individual(s))

- Examples

<table>
<thead>
<tr>
<th>Sub-dimensions</th>
<th>Endpoints of health</th>
<th>positive health/wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>disease</td>
<td>social support</td>
</tr>
<tr>
<td>social</td>
<td>social isolation</td>
<td>participation in community action/development</td>
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<td></td>
<td>discrimination</td>
<td></td>
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<tr>
<td>mental</td>
<td>depression</td>
<td>sense of coherence</td>
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<td></td>
<td></td>
<td>optimism</td>
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<tr>
<td>physical</td>
<td>immobility</td>
<td>fitness</td>
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<tr>
<td></td>
<td>morbidity</td>
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</tbody>
</table>
Classifying indicators of health capacities
(level: individual(s))
(examples)

<table>
<thead>
<tr>
<th>Sub-dimensions</th>
<th>Endpoints of health capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>riskfactors</td>
</tr>
<tr>
<td>social</td>
<td>• social withdrawal</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>mental</td>
<td>• resignation</td>
</tr>
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<td></td>
<td>• overcommitment</td>
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<tr>
<td></td>
<td>• positive attitude towards smoking</td>
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<tr>
<td>physical</td>
<td>• health damaging behavior</td>
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<td></td>
<td>• controlling leadership style</td>
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</tbody>
</table>
### Indicators of health opportunities (level: environment)

(Examples from worksite health promotion)

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<thead>
<tr>
<th>Sub-dimensions</th>
<th>Endpoints of health opportunities</th>
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<tbody>
<tr>
<td></td>
<td>riskfactors</td>
</tr>
<tr>
<td><strong>socio-ecological context</strong></td>
<td>noise</td>
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<td></td>
<td>heavy loads</td>
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<tr>
<td><strong>policy</strong></td>
<td>hire &amp; fire</td>
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<td></td>
<td>unfair reward system</td>
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<tr>
<td><strong>organisation/network</strong></td>
<td>isolated jobs</td>
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<td></td>
<td>multi-level hierarchy</td>
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<td></td>
<td>control of employees</td>
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<tr>
<td><strong>community</strong></td>
<td>mobbing</td>
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<tr>
<td>Classification System for HP process indicators: Actions &amp; Approaches</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>Approaches</strong></td>
<td><strong>mediate</strong></td>
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<tr>
<td><strong>Actions</strong></td>
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<tr>
<td><strong>Socio-ecological context development</strong></td>
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<td><strong>Community development</strong></td>
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<tr>
<td><strong>Competency building/health education</strong></td>
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http://www.health.brighton.ac.uk/euhpid/

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