



## CAPACITY AND RESOURCE DEVELOPMENT IN PUBLIC HEALTH EDUCATION AND PROMOTION

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### ABSTRACT

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Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Public health attempts to decipher what is going on within communities and determine how best to support their wellness efforts. Nevertheless, this cannot work without their input through decision making in a spirit of partnership. Hence the need to have a well-trained health workforce with practice experience on promoting as well as facilitating change in the communities. Our concern in this paper is that capacity building through health education and health promotion need to be in line with people-centered health principles.

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### Introduction

Health is seen as a resource for everyday life, not the object of living; it is a positive concept emphasizing social and personal resources, as well as physical capabilities. (Robertson & Minkler, 1994; Opara, 2003). It is Significant to note that the implication of such a definition is that health promotion goes beyond disease prevention and risk reduction. Health promotion in its truest context has a much broader, enabling emphasis as distinct from the limited focus of disease prevention. Hence, this requires reviewed capacities of the health care providers to efficiently address with a paradigm shift. Dr. Desmond O'Byrne on overview of global education for health promotion spelled out the five priorities for health promotion in the twenty-first century. He further emphasized the need for institutional capacity building and training in health promotion, which form the ground for this chapter in this book. It is

critical to realize that “we live in a global village and cannot work in isolation” this has been one of the biggest sentiment shared globally. As such, there is a need for a holistic, comprehensive, and interdependent approach to health promotion, which entails spelling out the entry points to mobilize an effective health promotion strategy that would underscore the work of the health services, reach out to, and motivate other sectors of society for health action. While much has been done in the field of health promotion, much more needs to be done. Strategic directions need to be adapted to ‘create a cadre of professional health promoters who act as yeast or catalysts’ in spearheading health promotion activities in society. These include the consolidation of the curriculum for education and training for health promotion, and enlisting greater community participation to reduce the burden of disease on the poor and the marginalized. This can only happen when the programs are

designed in a manner to reflect the following aspects, the project be “*of the people; for the people, and with the people*”

In terms of teaching, there has continued to be increasing the challenge to effective teaching because of the diversification of qualifications in public health, accompanied with experiences, expectations, commitment and personalities attributes of students and trainees. For teaching to be effective, it is necessary that students understand the elements that are taught and transfer them to real-life situations through designed community partnership programs with the stipulated process for continued monitoring and supervision. Effective teaching is a continuing process - a three-way communication between students or learners and teachers or facilitators and the community. As such, there is a need to provide students with opportunities for honest, reliable feedback and such feedback be used for continuous improvement.

Community health education looks at the health of a community as a whole, seeking to identify health issues and trends within a population and work with stakeholders to find solutions to these concerns. Key to note that Community health educators work with different stakeholders' namely: public health departments, schools, government offices and even local nonprofits to design educational programs and other resources to address a community's specific needs. “We look at the issues that are going on in our communities as a social justice lens” Ultimately, health education and promotion is the cornerstone in realizing and achieving the developmental agenda globally namely sustainable development goals and country-specific agenda. These are viable because of the main difference between public health and medicine, where public health does not look at people one by one. Nevertheless, work with communities and examine trends in behaviors and health outcomes.

To reiterate the Primary Health Care (PHC) concept at its inception at Alma Ata, Kazakhstan, in 1978 at a WHO-UNICEF conference, it was set as its initial goal Health for All (HFA) by the year 2000. Despite many

countries have integrated it in their national health care system, the goal HFA by the Year 2000 has not achieved globally. According to Smith *et al* (2008), some of the guiding principles of primary health care include accessibility, public participation, health promotion, appropriate use of technology and intersectoral collaboration. The concept of PHC continue to revolve and stands out as the most dynamic stratagem that echoes with issues confronting communities. It provides a platform to contextualize all aspects of resource identification and allocation.

Hence, for health education and promotion to be of benefit to the community through human capacity building, it must gravitate and adopt a people-centered approach to health education and promotion (PCHEP). The people-centered approach to health education and promotion should not be viewed as a health education and promotion program, rather as a principle with guided actions. These actions will involve the community members in the processing of identifying, prioritize, plan, implementation, monitoring and evaluation of the issues that are heartfelt and recognized.

### **Perspectives on Global Health**

The full realization of Global health has now more than ever been confronted by unprecedented challenges that continue to unfold uniquely. These forces range from -the globalization of markets, ease of travel, urbanization, and technological innovation are capable of creating conditions that are creating as well as increasing vulnerability to poor health as well as a vicious cycle of the poor populations. In addition, the unstoppable growth of non-communicable diseases, emergency, and re-emergence of infectious diseases and the threat of pandemics, rapid urbanization, and climate change all pose immense challenges for global health and threaten attainment of the internationally, Regional and local agreed development goals. Not forgetting, the burden of ill health is increasingly distributed inequitably, both within and across countries possibly associated with a wide range of Social Determinants of Health.

In the face of these challenges, the attainment of both good health and health equity depends on a comprehensive approach that empowers individuals and communities, fosters leadership for public health education and promotion (Opara, 2003; Opara, 2015). These approaches should promote intersectoral action to build capacity and to create sustainable health systems to address these challenges. These elements form the foundation for health promotion.

According to WHO, there is need to incorporate five key action areas in Health Promotion namely: build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and reorient health services. Furthermore, consideration of the three basic Health Promotion strategies (to enable, mediate, and advocate). This can only happen when their community involvement in decision-making based on evidence-based plans.

### **Resourcing Public Health Education**

Given the nature of most of the population in developing countries, where deprivation of good health and wellbeing seem to be the norm (Opara, 2015). Hence, exposing majority to risk factors, namely: illiteracy and poverty; isolation due to poor communication structures; inadequate community development programs; poor managed and unproductive farms due to use of past technology; majority living in poor sanitary conditions, all these expose them to a poverty trap namely: ill health and poverty.

Studies also indicate that 65% of the population of Sub-Saharan Africa have reasonable access to health care services. However, there is a remarkable variation per country. Poor health system and infrastructure, poor and inadequate preventive health care service programs such as the provision of clean and safe water supply and sanitation facilities especially in formal and non-formal settlements with urban and rural settings (Opara, et al 2012). As a result, individual communities suffer from myriads of diseases such as malaria, pneumonia, diarrhea, scabies e.t.c that continue to take a toll

especially among the under five years children of age.

This clearly indicates that diseases that mostly cause suffering and death among the majority of the world population are simple and can be eliminated by simple methodical means such as:

Improvement of the immediate human environment; Provision of clean, safe water and sanitation; Strengthening of primary health care services; and Promoting hygienic attitudes and behavior of the individuals.

These means of promoting health and development in the community may be accomplished through a participatory approach with the immediate beneficiaries to ensure sustainability of the health and development programs (Opara, 2003; Opara *et al*, 2012; Opara, 2015).

### **Resourcing Public Health Promotion**

Despite significant economic growth in many developing countries over the past few decades, an unspeakable worldwide statistic continues to haunt us. A huge population accounting for some 1.3 billion people remains excluded from quality health care and other basic services related to primary health care.

Strengthen health promotion approaches on the Social Determinants of Health and through Primary Health Care

Health promotion, “the process of enabling people to increase control over the determinants of health and thereby improve their health”, focuses not just on individual knowledge and behavior change, but also community capacity building and empowerment, and policy change.

From the Ottawa Conference (1986) through to the sixth global conference in Bangkok (2005), the understanding of health promotion has grown and sufficient evidence and experience accumulated to enable an integrated and cost-effective response to the current global health challenges. The aims of health promotion are achieved by using participatory approaches to working with individuals, communities, and institutions that build on their strengths and assets and recognizing that many factors lying outside individual control affect health (PAHO, 2008). Health promotion has emerged as a

cornerstone of contemporary public health that aims to advance the physical, social, and mental health of the wider community. The antecedents of health promotion can be traced to the need to control non-communicable diseases. Health education is an integral component of health promotion. In contrast to the narrow focus of health education, health promotion addresses the broader environmental and lifestyle determinants that influence health. In doing so, it seeks to maintain a balance between individual responsibilities and broader societal responsibilities in the area of health development.

Some of the new health challenges and problems in the health scenario include changing demographic trends, increased urbanization, increase in the geriatric population, the rising prevalence of chronic diseases, new and emerging infectious diseases, behavioral and lifestyle-related problems, and greater prevalence of mental health problems. The situation is further compounded by the influence of transnational factors, the global economy, financial market and trade, access to media and communication technology and environmental degradation. Thus, health education and health promotion must emphasize responses to health determinants and positive lifestyles besides building a supportive environment for the prevention of disease, promotion, and protection of health. The future of health education and promotion is dependent on people-centered principles.

#### **What is People-Centered Health?**

People-centered health (PCH) is not a health program, nevertheless a principle or action, which involves members of a community coming together to address glitches that are commonly felt and recognized. The PCH advocates for a process where issues are identified, program designed and selection of priorities, planning, implementation, monitoring and evaluation of activities, which are community-based, while ensuring absolute community participation through empowerment process.

A most important principle in dealing with community health issues is to educate

people to work and solve their own health and development issues. One of the best offer to promote the poor communities is to facilitate the pillars of primary health care, self-reliance and self-sufficiency in health and development using the locally available resources and technologies. The People-Centered Health must be broadly seen to include multi-sectoral development of the communities.

World Health Organization's agenda for the 21<sup>st</sup> century is the involvement of the communities in activities related to their own health and development, hence promoting their participation. Development should be more people-centered with less emphasis on purely physical improvement while appreciating that it is what can be done that matters and not what must be done. Hence, it should be more directly promote people's empowerment.

Therefore, capacity building through health education and health promotion need to be in line with people-centered health principles. In order to promote WHO's agenda, the training Institutions review and realign the training to address the needs of the community.

#### **Conclusion**

While considering health and development agenda of the communities in the 21<sup>st</sup> Century, the agenda of public health and education cannot but be reviewed, redesigned and readapted in an effort to achieve communities' optimum health. The perspectives of health education and promotion are such that the depiction of health as not merely the absence of disease imparted a positive value that had significant quality of life implications. What has occurred over time is a reconceptualization of the notion of health and subsequently that of health promotion.

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