119 - DISCUSSING HEALTH PROMOTION AND DISEASE PREVENTION CONCEPTS

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INTRODUCTION

The aim of this article is to discuss the relationship between two essential issues in health matters: health promotion and disease prevention. Through this study we intend not to elaborate an “art state” for these issues but to understand that a better clarity regarding those concepts may help implementing and developing actions concerning health services thus preventing professionals to make mistakes, mainly the ones working with public health services.

Initially, it is relevant to quickly review how the concept later a classic in health promotion was first developed. From the 1st International Conference on Health Promotion on the concept started being defined as “the community capacitation process to act towards the improvement of their quality of life and health, including a greater community participation in controlling the process” (BRASIL, 2001).

The term “health promotion” was first used by the doctor Henry Sigerist f1945 while defining four essential tasks in medicine: health promotion, disease prevention, recover of the sick and rehabilitation. He states that health is promoted as decent life conditions are provided such as good working conditions, education, physical exercises and leisure and relaxation opportunities (FERRAZ, 1998).

A more traditional concept on health promotion was defined as grounded on models of application levels for preventive measures based upon the natural disease background (LEAVELL, CLARK, 1976), according to table 1:

QUADRO 1 - Níveis de aplicação de medidas preventivas na história natural da doença.

Primary Prevention		Secoundary Prevention		Tertiary Prevention
Health Promotion	Particular Protection	Early Diagnosis and Treatment	Disablement Limitation	Rehabilitation

Fonte: LEAVELL; CLARK, 1976

Health promotion in this case appears as one of the elements characterizing the primary level of disease prevention.

The limits between prevention and promotion concepts are very tenuous, however, thinking about strategies to develop promoting or preventive actions may demand radical decisions once they will bring deep changes on how to articulate and use systematized knowledge to develop health practices making it necessary to transform even conceptions of world and people involved. Current studies have shown that it is necessary to worry more about presenting and discussing concepts on health promotion and disease prevention since initial development once students from different under graduation courses in health fields were confused concerning the expression of those terms (SANTOS, LEMOS, 2011; VOLSKI et al., 2011).

Once we can make people involved in public health services think their practices over we may then state that our contribution has fulfilled a mission.

DELIMITING CONCEPTS – SEEKING SENSES

To establish diferences that permeate prevention and promotion has been an object of great worry to workers and mainly to scholars who work hard into these matters. We regard as evident the fact that there are tangencies between both concepts but those are conceptual evidences which do not overcome one another (BUENO, 2007).

According to Buss (2000) several concepts available as well as the practice of health promotion may be gathered in two major groups.

The first group is focused on the individual and emphasizes that health promotion consists in activities centrally oriented to transform behavior grounded on their lifestyles and finding them in their family and community environment. A program guided by such concept tends to concentrate actions in educational activities concerning behavior risks with a chance to be changed and are dependable on the control individuals have of themselves, such as habits concerning food, smoking, drinking and physical activities etc.

The second concept is closer to the idea of “new health promotion” acclaimed in Otawa Charter and defines health promotion as the understanding that health is a product of a great spectrum of factors concerning quality of life, such as housing, sanitation, appropriate working and financial conditions, opportunities for education throughout life, responsible lifestyle etc (BUSS, 2000). In such case actions towards health promotion are oriented to communities and environment.

Marcondes (2004) alerts us about being careful when setting a close relationship between the concept of promoting health and matters related to quality of life. He states that managers' speech intending to invest in actions to value aspects of a better quality of life for communities should not be attached to the decreasing of investments in public policies in a view restricted to financial aspects.

Czeresnia (2003), in the introduction of a book entirely dedicated to health promotion highlights that:

> "the speech of health promotion is not heterogeneous and presentes contractions corresponding to diverging interests. There is a vast production of studies on such matter proving how much strategies for health promotion contemplate perspectives from the most conservative ones to the most progressive ones" (p. 9).

Nutbeam in Glosario de Promoción de la Salud also differs both concepts where health promotion is definied as "the process in which individuals and communities have conditions to execute a greater control on decisive factors concerning health and thus improve their health conditions", once the concept of "disease prevention" is used to set

> "strategies to reduce risk factors for particular diseases; i.e.: campaign against smoking to prevent lung câncer. The author sets a distinguition between primary and secundary prevention. The primary prevention intends to avoid the early stage of diseases. The secondary prevention intends to stop or slow an existent disease when facing an early diagnosis and appropriate treatment or also reduce relapse frequency avoiding the establishment of chronic conditions" (NUTBEAM, 1996, p. 386).

Buss (2003) emphasizes that the confusion between promotion and prevention is mostly due to great emphasis on changes in individual behavior and the nearly exclusive focus on the reduction of risk factors concerning particular diseases in certain programs entitled as health promoters.

Restrepo apud Restrepo & Málaga (2001) conducted an extense analysis on diferences between health promotion and disease prevention. Five aspects differed more strongly: goals, actions orientation, models for actions implementation, interventing agentes' profile and role and finally actions strategies. This later aspect deserves more attention once the author states that promotion and prevention act in similar ways from the point their strategies are used as tool for information, education and communication towards health as well as a stronger community participation and political action to formulate and implement healthy public policies.

Lefèvre e Lefèvre (2004) first highligts that health promotion and disease prevention are not synonims. He understands that the concept "prevention" means "all measures taken before the occurrence of a given disease or a set of morbid conditions in order to avoid such state". Prevention is thus a provisory intervention that will have to be always repeated in order not to let the disease happen.

According to the same author promotion implies to

> "[...] measures, or a set of measures, or processes or a set of processes, adopted before the occurrence of a given disease or a set of morbid conditions ir order not to let the disease happen (or have their possibilities decreased) or occur less seriously or softer in individuals or communities" (LEFÈVRE & LEFÈVRE, 2004, p.3).

Differently from prevention, promotion aims to eliminate the disease permanently or at least for a long time once it seeks to get into the causes and not only to prevent diseases from manifesting in individuals.

In order to strengthen the concepts previously quoted Czeresnia (2003) highlights that the basis of preventive speech is modern epidemiological knowledge; the goals is to control infectious diseases transmission and risk reduction for degenerative diseases or other particular serious conditions. Actions towards health concerning such thoughts on health prevention and education must be structured in order to inform about science and normative recommendations on habits changes.

On the other hand, health promotion is emphasized as the transformation of life and working conditions that builds the subjacent structure for health issues demanding an intersectorial approach. The promotion concept

> "involves strength of individual and community capacity to deal with multiplicity in health conditioners. Promotion thus goes beyond a technical and normative application understanding that it is not enough to know how diseases work and find mechanisms to control them. Such conception concerns health strengthen through building the ability to choose as well as the use of knowledge with discernment to pay attention to differences and particularities of events. (LEFÈVRE & LEFÈVRE, 2004, p. 5).

From the operational point of view it is difficult to separate such two notions especially in developed countries once the classical strategies division to interfere in health-disease processes includes health promotion, disease, accidents, violence and risk factors prevention as well as treatment and rehabilitation. Such strategies initiate actions that are often linked to one another once they complementary fields concerning the integrated effort to improve health (BUSS, 2000).

A systematic differentiation was also conducted by Stachtchenko e Jenicek (1990), who analyzed publications on health promotion and disease prevention concepts. The most relevant aspects such authors bring are part of Table 2 with contribution of other authors also taking part in such discussions. The table aims to schematically and shortly reveal essential aspects towards a better understanding on differences and similarities between both concepts.

TABLE 2 – Conceptual diferences between health promotion and disease prevention.

ASPECTS	HEALTH PROMOTION	DISEASE PREVENTION
Health concept	Multidimensional and positive	Absence of disease
Intervention models	Participative	Doctors
	Permanent or at least long-lasting elimination	Provisory intervention
Target	All population	High risk groups
Mission	Health issues network	Particular patology
Strategies	Different and complementary	Generally singular
Approaches	Model for health social decisive factors	Notion of health/disease processes as historical and social matters
	Facilitation and capacitation	Oriented and persuasive
Goals	Create healthy alternatives	Reduce risks and diseases
	Try to reach causes	Aims to reach the occurence of a disease or group
Actions orientation	Population in general	For people or groups with possibilities to fall ill or prevent themselves from complications or death

Interventors	Needs integral work	Technical and clinical competence
Main features	Intersectorial approach	Infectious diseases transmission control
	Build ability to choose	Reduction of degenerative diseases risk
	Working and life conditions transformation	Epidemological knowledge
	Discernment concerning diferences and particularities of events	Normative recommendations for habits changes
Primary care	Worry about quality of life	Preocupation with disease control
Similarities do conceito	Emphasis on care	
	When actions are oriented to a big population	
	In health education and communication actions and strengthening of community participation and political actions	
EXEMPLE	Enrichment policy for food largely consumed – iron in buckwheat flour and iodine in salt	
	Highly improve nutritional quality of food	Prevent meningomyelocele in newborns and also certain anemies

Source: BUSS, 2003; RESTREPO apud RESTREPO, MÁLAGA, 2001; LEFÈVRE, LEFÈVRE, 2004; CZERESNIA, 2003, STACHTCHENKO, JENICEK, 1990

Although it might seem conceptually easy to distinguish health promotion from disease prevention through an operational point of view it may be a tricky idea towards a good evelopment of actions regarding health especially for instituions providing health services.

A study dedicated to analyze health promotion actions for a Family Health team noticed that there is a tendency for those to be attached to disease prevention activities. Some of the resultas point to a detachment from the promotion concept expressed in Ottawa Charter, such as: inception of health education practices, minor intersectoral actions and little encouragement for individuals to be stronger (HORTA et al., 2009).

FINAL REMARKS

Many professionals still do not know the true meaning of health promotion and there is still confusion especially when compared to the concept of prevention. In such case, even without being fully expressed we notice that there is a predominance of the behavior view that health is only the absence of diseases.

Through such revealing experience we seek to promote health towards individual responsibility concerning healthy lifestyles with a greater social participation in public health.

We understand that a greater social participation with more community actions and the encouragement to individuals' autonomy may prevent health problems to be blamed on people.

We believe that aspects here discussed must be taken into account both for specific actions – clinical services, elective appointments – and for managers' calendars considering health public policies for cities, towns, states and even the country.

It is important to highlight that the future of public health depends on health promotion (LEFÈVRE, 2000) and therefore we wish that this study may be a starting point to future generations suggest, discuss and Exchange information on such relevant strategy.

To enclousure our remarks not in a definitive matter, but understanding that they are always provisory and unfinished we will use a provocation made by Campos (2006) where he states that “health promotion may be developed about communities and people or with communities and people”. We should not only think and discuss the existence of diseases or risk factors wondering around but above all understanding that there are people, real individuals, organized inside communities who may have chosen life strategies that expose them to major or minor risks o fone or another disease to happen. To discuss health promotion concept may help us to implement more efficient action however we should consider people who are involved into such actions.

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DISCUSSING HEALTH PROMOTION AND DISEASE PREVENTION CONCEPTS

ABSTRACT

This bibliographical study aims to establish a reflection upon conceptual delimitation of health promotion and disease prevention concepts revealing how close and distant they are from one another. Through this reflection it is relevant to emphasize how necessary it is for health professional to enlarge their view regarding health/disease processes especially at the implementation and development point of actions towards health thus seeking to promote health with a focus broader than the one restricted to diseases with power to value and reinforce responsibilities and rights for individuals and communities concerning their own health meeting principles proposed by Ottawa Charter.

KEYWORDS: health promotion, disease prevention, health professional.

DISCUSSION SUR LES CONCEPTS DE PROMOTION DE LA SANTÉ ET PRÉVENTION DES MALADIES

RÉSUMÉ

Cette étude bibliographique a comme objectif faire la réflexion sur la délimitation conceptuelle des termes promotion de la santé et prévention des maladies, ce qui démontre la proximité et la distance qui les sépare. De cette réflexion, il est important de mettre en évidence le besoin urgent de professionnels de la santé afin d'élargir leur vision sur le processus maladie-santé, en particulier au moment de l'implantation et le développement des actions de santé, apercevant ainsi, la promotion de la santé qui avance de la focalisation étroite sur la maladie avec pouvoir d'améliorer et de renforcer les responsabilités et les droits des individus et de la communauté pour leur propre santé, répondant aux hypothèses de la Charte d'Ottawa.

MÓTS-CLÉS: promotion de la santé, prévention des maladies, professionnel de la santé

DISCUTIENDO LOS CONCEPTOS DE PROMOCIÓN DE LA SALUD Y PREVENCIÓN DE ENFERMIDADES

RESUMEN

Este estúdio de naturaleza bibliográfica tiene como objetivo reflexionar sobre la delimitación conceptual de los términos promoción de la salud y prevención de enfermedades, mostrando las semejanzas y diferencias entre los mismos. A partir de esta reflexión, es importante destacar la inminente necesidad de los profesionales de la salud DE ampliar su visión sobre el proceso salud-enfermedad, principalmente en el momento de la implantación y desarrollo de las acciones en salud, vislumbrando así una promoción de la salud que avance del foco restringido de la enfermedad con potencial para valorar y reforzar las responsabilidades y los derechos de los indivíduos y la comunidad por su propia salud, yendo al encuentro de los pre-supuestos de la Carta de Ottawa.

PALABRAS-CLAVE: promoción de la salud, prevención de enfermedades, profesionales de la salud.

DISCUTINDO OS CONCEITOS DE PROMOÇÃO DA SAÚDE E PREVENÇÃO DE DOENÇAS

RESUMO

Este estudo de natureza bibliográfica tem como objetivo fazer uma reflexão sobre a delimitação conceitual dos termos promoção da saúde e prevenção de doenças, demonstrando as proximidades e as distâncias entre os mesmos. A partir desta reflexão, é importante salientar a necessidade premente dos profissionais de saúde em ampliarem sua visão a respeito do processo saúde-doença, principalmente no momento da implantação e desenvolvimento das ações em saúde, vislumbrando assim, uma promoção da saúde que avance do foco restrito na doença com potência para valorizar e reforçar as responsabilidades e os direitos dos indivíduos e da comunidade pela sua própria saúde, indo ao encontro dos pressupostos da Carta de Ottawa.

PALAVRAS-CHAVE: promoção da saúde, prevenção de doenças, profissional de saúde.