

Quality Recommendation

FOR HEALTH PROMOTION



Quality Recommendation for Health Promotion.

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SUMMARY

Quality Recommendation for Health Promotion.

The purpose of the Quality Recommendation for Health Promotion is to structure the extensive field of health promotion and to support the local authorities' own quality management work. The goal is that promotion of the population's wellbeing and health will be made a priority area in all municipal activity. Therefore it is necessary to assess the structures of health promotion, develop management, allocate resources to preventive work, reinforce the skills and competences in the area of wellbeing, and to monitor and assess the work on a regular basis.

The Quality Recommendation is meant as a tool to be used in both health care and other administrative sectors in local government, and by decision-makers and staff. There are recommendations for the management of health promotion, planning and realisation of the work, co-operation and division of labour, as well as assessment of the health promotion work and of skills and competencies.

The Quality Recommendation is based on the ideology of the EFQM (European Foundation for Quality Management) Excellence Model commonly used in quality management work. The recommendation applies as the framework the classification of health promotion strategies used in the Ottawa Charter of 1986.

In the Quality Recommendation health promotion as a task for local authorities is structured in six strategic lines, each of which contains 4 – 8 recommendations. The recommendations are based on the existing evidence and experience of best practices. The strategic lines are:

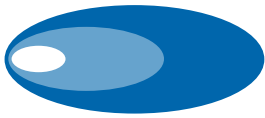
1. Health promotion policy and management
2. Health promotive living environments
3. Health promotive co-operation and inclusion
4. Health promotion skills and competences
5. Health promotive services
6. Monitoring and assessment of health promotion

The Annexes (only in Finnish) to the Quality Recommendation include examples of the components of health promotion: nutrition, physical activity, alcohol and drug use, injury prevention, oral health, prevention of communicable diseases, promotion of sexual health, and promotion of the health of different age groups. All these have a significant impact on the health of municipal residents.

The purpose of the recommendations is to help local authorities and joint municipal boards in developing efficient practices, and in planning and assessment of the work. The recommendations serve as a basis for the planning and assessment the municipal leadership is in charge of. Indicators that will describe better the practical operations are needed for health promotion at operational level.

Key words

health, health promotion, quality, recommendations



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Finland's national health policy objectives are set out in the Government Resolution on the Health 2015 Public Health Programme, as adopted in 2001. The main declared objectives of that programme are to promote health and well-being and to reduce health inequalities between population groups. This Quality Recommendation for Health Promotion will support implementation of the Health 2015 programme. The recommendations are intended to serve as a tool to assist the authorities in the development, planning, monitoring and assessment of health promotion. Work to improve the health of the population and to reduce health disparities should be pursued as a high priority in all local municipalities.

Health promotion at the local level requires unity of action. Every branch of administration involves making decisions that have a bearing on health. Decisions concerning people's living environments, residential areas, homes, schools, workplaces, day care and transport can all either strengthen or undermine health. It is certainly worthwhile to weigh the options from the health point of view.

The health care sector is the foremost expert and advocate of health promotion whose job it is to ensure that health considerations are taken into account in municipal planning, strategy work and joint decision-making.

In early 2006, the Ministry of Social Affairs and Health organized, working closely with its subordinate agencies, the Association of Finnish Local and Regional Authorities and the Finnish Centre for Health Promotion, a round of regional health promotion workshops under the theme of "Health pays – from words to deeds". The purpose was to give greater prominence and weight to health promotion in local municipalities, in intersectoral cooperation and in the field of health care.

During this round it became amply clear that while the importance of health promotion and its further development is recognized, there is also a pressing need for support in the development of working methods, management and structures. This Quality Recommendation provides one tool for this development effort. The amendments to the Public Health Act that took effect from the beginning of 2006, further specifying the health promotion roles and responsibilities of local authorities, are also

aimed at ensuring the standard of health promotion in all local municipalities.

Overall responsibility for compiling this Quality Recommendation for Health Promotion was undertaken by the Research and Development Centre for Welfare and Health (STAKES). The work was supervised by a steering group that additionally included representatives from the Ministry of Social Affairs and Health, the Ministry of the Interior, the National Public Health Institute, the Association of Finnish Local and Regional Authorities, and the Finnish Centre for Health Promotion. State Provincial Offices and several local municipalities and regions also contributed. A warm thanks to all those who took part!

Helsinki, July 2006

Liisa Hyssälä
Minister for Health and Social Services



INTRODUCTION

The Local Government Act says that it is the duty of local authorities to promote residents' well-being and sustainable development. The question of how this duty shall be performed is a matter for the local council to decide. The national objectives for health promotion are set out in the Health 2015 Public Health Programme (Ministry of Social Affairs and Health 2001). The general aim of that programme is to increase people's health, well-being and functional capacity, to improve their quality of life and to reduce health inequalities between population groups.

The revised Public Health Act (2005/928) that took effect from the beginning of 2006 stipulates that health promotion shall be included as an integral part of the development of public health (section 1). Specific responsibilities identified under section 4 of the Act include monitoring the population's state of health and related factors; ensuring that health considerations are taken into account in all local government activities; and promoting health in collaboration with other private and public agencies in the municipality. The Public Health Act identifies health promotion as a challenge for the whole municipality. Health shall be promoted in various areas of municipal activity.

The question of who should bear responsibility for health promotion is a subject of ongoing debate. What is each individual's responsibility, and to what extent can government and the authorities assume responsibility for people's health and well-being? It is obviously up to people themselves to bear primary responsibility for their own health and that of their immediate community. However, individual lifestyles and choices are very much influenced by people's knowledge and other resources, their living conditions, as well as by cultural and environmental stimuli and opportunities. It is the local authorities' job to facilitate healthy choices and to strengthen those underlying factors that are conducive to good health, such as educational opportunities, living conditions, working conditions and service availability, so that individuals and communities can do more to promote their own health and that of their immediate community.

The people and organizations involved in health promotion are a diverse group who represent multiple disciplines and professions. Health care experts carry a special responsibility for health promotion by virtue of the Public Health Act alone. The opportunities available for health promotion in the local municipality are practically determined by the local

council through its municipal policy-making. The highest officeholders and elected officials have a special role to play in both preparatory work and implementation. The objectives set out are pursued by frontline staff working with clients and customers in different branches of administration. The local visibility, significance and impact of health promotion is also dependent on the contribution and cooperation of many other operators, including hospital districts, labour market and trade unions, NGOs, local research and training organizations, parishes, business companies and the media.

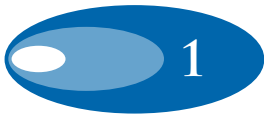
To create a clearer role and profile for health promotion at the local policy level, steps are needed to restructure and develop current policies, management systems and practices. Health considerations must be taken into account in planning and decision-making throughout local government, and resources must increasingly be targeted and allocated according to local residents' health needs.

The purpose of this Quality Recommendation is to give clarification and structure to the broad field of health promotion and to support the local authorities' quality management work. Its aim is to establish the promotion of health and well-being as a high priority in all local municipalities. To this end it is necessary to review and assess the structures of health promotion, to develop the management of health promotion, to allocate resources to preventive work, to strengthen skills and competencies in the area of well-being, and to regularly monitor and assess the work that is done.

The Quality Recommendation is intended as a tool for use in all branches of local government, for decision-makers and frontline staff. The specific recommendations concern the management of health promotion, the planning and implementation of health promotion, cooperation and division of labour, and the evaluation of health promotion and related skills and competencies.

The Quality Recommendation is based on the EFQM (European Foundation for Quality Management) Excellence Model, a commonly used tool in quality management work. The recommendation is structured in accordance with the classification of health promotion actions used in the Ottawa Charter of 1986.

The purpose of this Quality Recommendation is to provide support for local authorities and joint municipal boards in the planning and development of efficient practices and in the evaluation of health promotion operations. The recommendations provide a general framework for the planning and evaluation of health promotion by the highest local authorities. For the evaluation of health promotion at operative level, it is necessary to have more accurate measures of practical operations.



1 HEALTH AND HEALTH PROMOTION IN LOCAL MUNICIPALITIES

Health and influencing health

Health is a major resource and important value in everyday life. The World Health Organization defines health as a state of physical, mental, social, emotional and spiritual well-being that varies at different stages of the life course. Although most people are inclined to understand health primarily in terms of absence of disease, it can also be regarded as the ability to cope with the work and functional capacity demands that are typical of each age stage, regardless of any illnesses and adverse factors that undermine quality of life. Health is an asset that accumulates as individuals and communities gain increased life control.

In this Quality Recommendation health is understood to mean well-being, functional capacity and balanced interaction between people and the environment.

Health can be influenced by many different everyday choices. The choices we make and the actions taken by immediate communities have the effect of either strengthening or weakening our health. The ability of the service system to respond to people's health needs and political decision-making in society support or undermine the population's health. Health effects come about as a result of collective action. The responsibility rests with people themselves, the immediate community and society collectively. In this Quality Recommendation the challenge of influencing health is addressed as a task and responsibility for the highest local authorities and for different administrative branches.

Health promotion in local municipalities

Health promotion is defined as a process that enables individuals and communities to increase control over their health and the factors that shape their health (WHO 1986).

In the context of *local government*, this means that health promotion is recognized and adopted as a policy line whereby health considerations are taken into account in all activities and in all branches. In other words, health promotion does not refer to any specific set of functions, but it is

a universal objective that pervades all activities to increase the population's health, to prevent disease and to reduce health disparities between population groups. In practice, it constitutes a shared commitment by the whole municipality collectively to assume responsibility for and work towards the measurable objectives of health promotion, a commitment that is affirmed in the municipal strategy and the local authorities' action plan and budget. The common objectives are given concrete form in specific tasks identified in each administrative sector's plans, and their attainment is systematically monitored and evaluated in the strategy process and in the municipality's annual report.

Health promotion in public health development

In the field of public health, health promotion involves the following specific tasks:

- monitoring and assessing the population's health and related factors
- health care services: health counselling, health checks, maternity and child health clinics, school and student health care, occupational health care, screenings and health protection/environmental health care
- health education
- health promotion expertise and health advocacy
- prospective health impact assessment; and
- intersectoral collaboration to further the achievement of health promotion objectives.

Health promotion is also an integral part of the medical treatment and rehabilitation of health care customers. One part of the health care sector's role as health promotion expert is to contribute actively to the implementation of national programmes and recommendations together with other administrative branches.

Health determinants

The population's health is influenced through *health determinants*. These are individual, social, structural or cultural factors that can either strengthen or weaken people's health. Their influence is mediated by such factors as health-supportive resources, attitudes, the orderliness of everyday life, health behaviour, the ability to assimilate and interpret health-related information, and access to services. Health determinants include:

- **individual factors:** age, gender, genotype, knowledge, skills, experiences and lifestyles;
- **social factors:** socio-economic position, incomes, social and community networks and mutual interaction;
- **structural factors:** education, living conditions, living environment, working conditions and equal access to effectively functioning services;
- **cultural factors:** safety, attractiveness and interactivity of physical, political and economic environment, and attitudes towards health.

In order that health considerations can be taken into account in municipal policy and that the health implications of alternative decisions can be weighed, it is necessary to recognize these health determinants and to have knowledge of how they have changed at the municipal and regional level. In the long term some of the key ways in which local authorities can work to improve the population's health and reduce health inequalities between population groups are by means of structural and social measures, for instance by providing income security, reducing unemployment, improving educational opportunities, providing a healthy and safe physical environment, guaranteeing access to effectively functioning services, and by encouraging and facilitating healthy lifestyles. The responsibility is shared by all administrative sectors, and intersectoral collaboration is critical. Health care has a crucial role to play in providing expertise, in producing knowledge and in contributing to the health impact assessment.

Approaches to health promotion

Depending on the situation, health promotion in local government can be considered from four different perspectives. For purposes of setting goals and objectives, the tasks of health promotion are considered in terms of its **contents**. Relevant content issues include substance use, nutrition, physical exercise, accidents, marginalization, a healthy environment, safety and health disparities between population groups.

Where the attainment of the stated objectives is concerned, these content areas are narrowed to apply specifically to certain **target groups**, for instance by targeting the whole population (population strategy) or certain risk groups (risk-group strategy), a certain age group (children, young people, working-age population, older people), or by otherwise narrowing the target group by gender, region, special needs, etc.

The third approach is **context-driven**, implying a focus on the environment or policy segments in which health promotion is practised, such as public health or family policy. The context for health promotion may

consist of the physical, social or cultural living environment, such as residential environments, schools or workplaces.

The fourth approach to health promotion is to study *working methods and practices*. This implies an assessment of political influence, community action, preventive service practices and collaboration or implementation of health communication.

Health promotion is not necessarily about launching new actions or creating new organizations alongside existing ones. It is about taking on board health considerations in different administrative sectors, about setting common objectives and working systematically towards achieving those objectives, monitoring and assessing the attainment of the targets set and drawing conclusions on the basis of those assessments.

In order that the objectives of health promotion can be attained it is necessary to have in place certain municipal or regional structures and practices. These include:

- legislation that supports health promotion activities
- access to information about well-being and data systems
- a management system that cuts across administrative boundaries and jointly agreed management practices
- service organization and practices
- resources
- knowledge and skills
- cooperation and participation

The description of the local structures and practices of health promotion in this Quality Recommendation is based on the strategic policy lines set out in the Ottawa Charter of 1986.



2 HEALTH PROMOTION POLICY LINES AND RECOMMENDATIONS

The health promotion duties and responsibilities of local authorities are grouped here under six policy lines, each of which involves 4–8 recommendations. These recommendations are based on existing evidence and experiences of best practices.

1. Health promotion policy and management
2. Health-promotive living environments
3. Health-promotive cooperation and participation
4. Health promotion competencies
5. Health-promotive services
6. Monitoring and assessment of health promotion

Appendix to this Quality Recommendation (only in Finnish) provides examples of the contents of health promotion: nutrition, physical exercise, substance use, the prevention of accidents, oral health, the prevention of communicable diseases and the promotion of sexual health and health promotion in different age groups. All these have a major effect on the health of local residents.

2.1 HEALTH PROMOTION POLICY AND MANAGEMENT (POLICY LINE 1)

According to the Local Government Act decision-making on the direction of municipal policy rests with the local council. In choosing to adopt well-being and health promotion as a strategic priority for the local municipality and in incorporating the related objectives in its action plan and budget, the council affirms its commitment to health promotion as a route of action. In each administrative sector the commonly agreed objectives are given concrete form in specific tasks defined for that particular sector. Intersectoral collaboration is crucial to properly addressing the needs of the population.

The management of health promotion is in essence an exercise of managing processes that cut across administrative boundaries: the challenge is to draw together the knowledge and skills of different branches

and to match and coordinate decentralised responsibilities and functions across different administrative sectors.

Planning has to be grounded in local and regional knowledge about health and well-being as well as in a keen knowledge of local conditions, the objectives of national health promotion programmes and the proper allocation of resources available.

How to develop a policy for promoting health and well-being: recommendations

- **Objectives.** The objectives of health promotion are based on local residents' health needs, local conditions and national health policy objectives (Health 2015 Public Health Programme). The objectives shall be defined in such a way that it is possible to monitor and assess their attainment.
- **Well-being strategy.** The objectives of health promotion shall be incorporated into the municipality's well-being strategy, or if such a strategy is not in place, in the municipal strategy and in the action plans and budgets drawn up for individual administrative sectors to complement strategy documents. The well-being strategy shall identify the priority areas for health promotion and specify responsibilities for implementation and for the monitoring and assessment of implementation.

The well-being strategy shall be implemented as part of the annual action plan and budget. The budget allocates resources to such activities as are necessary to promote the health of local residents.

- **Well-being report:** The health and well-being of the population and the attainment of the objectives set by the local council shall be monitored and assessed through a well-being report or corresponding tool.

The well-being report shall be prepared jointly by experts from different administrations. The report shall describe the population's current state of health and well-being and changes in factors impacting health and well-being, such as living conditions and lifestyles, the municipal policy of health promotion, the effectiveness of the service system and the attainment of the state well-being objectives and the costs involved.

- **Indicators.** Based on the objectives set out in the municipal strategy and in the annual action plan and budget, the local authorities shall define a set of well-being indicators that are then further specified and elaborated in each administrative sector.

- **Management and responsibilities.** The municipal executive board shall adopt a health promotion management system which sets out the intersectoral responsibilities for the management of health promotion, the division of labour between different administrations, practices of intersectoral coordination as well as responsibilities for planning, monitoring and assessment.

The specific roles and duties of the health care sector in health promotion shall be defined in relation to the respective roles and duties of other administrations.

- **Taking account of health considerations and prospective impact assessments.** In decision-making and policy implementation, health considerations shall be made visible by using the methods of ex ante assessment: human impact assessment (HuIA), health impact assessment (HIA), social impact assessment (SIA), environmental impact assessment (EIA).

Health considerations and health promotion shall also be taken into account in the procurement of purchased services.

- **Networking.** Health promotion activities require networking and collaboration with regional institutions and organizations (hospital district, joint municipal authority for public health, centre of expertise on social welfare, employment and economic development centre, polytechnic, university, regional council, other local municipalities, associations, business and industry, etc.). These networks shall agree upon forms of cooperation and divisions of labour and responsibilities.

2.2 HEALTH-PROMOTIVE LIVING ENVIRONMENTS (POLICY LINE 2)

Apart from the natural environment, the notion of health-promotive living environments refers to the built, social, cultural and economic living environment. The focus here is on the creation of a health-promotive built environment in the immediate community, at home, in the workplace and in public areas. A health-promotive living environment is accessible, safe, attractive and comfortable, stimulating and enhances social well-being. The planning and development of a healthy living environment requires awareness and recognition of solutions that can contribute to health promotion at both the individual and community level as well as community development that takes account of health considerations.

How to create a health-promotive living environment: recommendations

- **Objectives.** Different administrative sectors shall establish objectives with a view to creating a healthy, safe, stimulating, attractive and comfortable living environment with accessible services as part of the process of preparing local action plans and budgets, and they shall also contribute to master planning.
- **Risk assessment.** Local authorities shall conduct a risk assessment in connection with the municipality's master plan, for instance, in order to identify factors in the living environment that may be injurious or hazardous to health. Any harmful factors shall be addressed by the respective administration.
- **Planning and land use.** Environmental and health effects shall be taken into account in planning and land use processes.

Community planning and decision-making shall favour options that are as beneficial to health as possible and that furthermore support sustainable development. Social, health and environmental authorities shall contribute to the municipal community planning process. Land use planning shall be a collective effort across administrative boundaries.
- **Transport.** Local authorities shall take action to develop public transport and pedestrian and bicycle infrastructure.
- **Special needs groups.** Local authorities shall provide for special needs groups such housing, service, mobility and transport environments that maximize their opportunities for independent living even if their functional capacity deteriorates.

Focus shall be given to the needs of different population groups (children, young people, older people, disabled people) and to giving people the opportunity to live in housing and residential areas that meet their needs.
- **Participation and empowerment.** Local residents are empowered to participate in planning and decision-making concerning their living environment.
- **Environmental health.** Local authorities shall define the priority areas of environmental health, the necessary measures and the responsibilities of different operators.
- **Monitoring.** As part of the health promotion management system a body shall be designated to monitor regional differences in factors

that have an impact on health as well as the impacts of living conditions and the environment on health. The knowledge accumulated shall be used for planning and decision-making purposes.

2.3 HEALTH-PROMOTIVE COOPERATION AND PARTICIPATION (POLICY LINE 3)

Cooperation and participation support the health and well-being of individuals and various communities. At home, at day care centres and at school, children and young people learn and assimilate not only knowledge but also different behaviours, gain experiences of cooperation and participation and of how they can influence their own health and that of their immediate community. Participation requires personal interest and initiative as well as empowerment. Local authorities can develop the administrative and decision-making system in such a way that it facilitates the cooperation of different parties and their involvement in the planning and preparation of health promotion.

How to strengthen health-promotive cooperation and participation: recommendations

- **Cooperation.** Local authorities shall work closely with different municipal branches and administrative sectors, educational organizations and local residents to promote the health of the local community.
- **Community.** Local authorities shall support the work of communities by providing grants or facilities, for instance. Examples of such work include voluntary activities by residents to improve local amenities and their living conditions.
- **Participation and empowerment.** Local authorities shall strengthen and promote the participation and empowerment of local residents, authorities, business companies, associations and educational organizations in the planning, monitoring and evaluation of health promotion (e.g. local residents' meetings and questionnaires, online arenas, public events, regional information, customer feedback).
- **Health communication.** Local authorities shall provide information and organize hearings on matters concerning local residents' health and well-being, working closely with various stakeholders groups such as patient associations, health care professionals, private health care services, trade unions, social partners, and public health organizations.

2.4 HEALTH PROMOTION COMPETENCIES (POLICY LINE 4)

The local authority's most important asset is its personnel. Improving the competencies of personnel involves improving their health promotion knowledge, skills and practices at a strategic and professional level. Strategic competence includes the ability to administer and manage activities and to optimally allocate resources. Professional competence refers to the mastery of research-based knowledge and methods. Personnel shall have the opportunity to undertake basic, supplementary and further training courses so as to flexibly upgrade their competencies. Better knowledge and skills will mean people are better placed to make choices that have positive health effects, to assume responsibility for their own health, the health of their immediate community and environment and to increase their self-care skills.

How to strengthen health promotion competencies: recommendations

- **Knowledge base.** The highest local authorities shall be well-informed about the population's health, health determinants and how they have changed. They shall share a common vision of how best to allocate resources and how most effectively to develop and implement health promotion measures.

Personnel in different administrative sectors shall be aware of the goals and objectives of health promotion and preventive work. They shall also be knowledgeable about health determinants and how they can be influenced.

- **Training and development.** The highest local authorities, elected officials and municipal employees shall be given training and direction in health promotion policy with a view to strengthening their well-being competencies and to developing health promotion activities.
- **Networking.** Efforts at health promotion in the local municipality shall make good use of the expertise and competencies of locally-based businesses, associations, government agencies and offices, educational organizations and media and local residents.
- **Education.** Health promotion shall be included in the curriculum at all levels of municipally administered education (primary education, secondary level, polytechnics).

In order to strengthen knowledge and skills that support lifestyles conducive to health and well-being, training events shall be organ-

ized in the local municipality in collaboration with folk high schools, workers' institutes and other organizations and associations.

- ***Counselling and guidance.*** Local residents are to be provided with tailored health advice at different stages of their life as well as readily understandable, scientifically based information about health promotion and the prevention of diseases.

2.5 HEALTH-PROMOTIVE SERVICES (POLICY LINE 5)

Local residents' health promotion needs shall be taken into account in all municipal branches and administrative sectors. Health-promotive services shall share the same strategic and operational objectives and apply the same sets of indicators to monitor the attainment of these objectives.

Recommendations applicable to all services

- ***Service needs.*** All basic municipal services intended to promote health and well-being shall be jointly planned with due consideration to local circumstances, service structures and service needs.
- ***Resources and competencies.*** Through the provision of adequately resourced and efficient services, local authorities shall encourage residents to assume responsibility for their health and healthy lifestyles and for the prevention of diseases.
- ***Planning and data collection.*** Throughout the planning and implementation of municipal services, local authorities shall make good use of research and statistical information sources and conduct surveys of service needs. These surveys (targeted questionnaires and interviews) will shed light on the well-being needs of local residents in different life situations.
- ***Reducing health inequalities.*** In order to reduce health inequalities between different population groups, municipal services shall pay special attention to high-risk groups and disadvantaged population groups.
- ***Health topics.*** In the processes of planning and implementing municipal services it is necessary to identify health determinants (Chapter 1) and to focus specifically on key health topics (Appendix 4, only in Finnish).

Recommendations concerning health services

Health promotion in health care is based on research and professional competence. It is a systematic planned exercise to increase health, to prevent diseases and to reduce health disparities. The specific tasks of health promotion in public health development (Chapter 1) can be derived from the Public Health Act (2005/928).

The delivery of efficient health services depends upon multiprofessional cooperation and the availability of adequate resources for preventive work. Earlier, Quality Recommendations have been issued for mental health services¹, school health services^{2,3}, child welfare clinics⁴ and student health care⁵.

- ***Development of working methods and transmission of competencies.*** Health services experts shall work to develop the methods and the monitoring and assessment of health promotion and actively support their application in different administrative sectors. They shall contribute to maintaining and upgrading the health promotion knowledge and skills of personnel in other administrations.
- Health services experts have knowledge of
 - which factors weaken and which factors strengthen health;
 - what lies behind the health effects of different health determinants;
 - what kinds of interventions targeted at which factors produce the greatest health benefits;
 - what kinds of methods should be used in health promotion.
- ***Training and supervision.*** Health care staff shall receive supplementary training and on-the-job supervision on a systematic and ongoing basis. Competence analyses shall be conducted as part of the supplementary training plan. Staff shall be guaranteed the opportunity to undertake supplementary vocational training on a regular basis so that they can update their health promotion knowledge and skills.

¹ Mielenterveyspalvelujen laatusuositus. (Quality Recommendation for Mental Health Services) Handbooks of the Ministry of Social Affairs and Health 2001:9. Helsinki, Ministry of Social Affairs and Health, 2001.

² Kouluterveydenhuolto 2002. Opas kouluterveydenhuollolle, peruskouluille ja kunnille. (School health care 2002. Guidelines for School Health Care, Elementary Schools and Municipalities). Stakes Oppaita Series 51. Helsinki, Stakes, 2002.

³ Kouluterveydenhuollon laatusuositus. (Quality Recommendation for School Health Care) Handbooks of the Ministry of Social Affairs and Health 2004:8. Helsinki, Ministry of Social Affairs and Health, 2004.

⁴ Lastenneuvola lapsiperheiden tukena. Suuntaviivat lastenneuvolatoiminnan järjestämisestä kunnissa. Sosiaali- ja terveysministeriön julkaisuja 2004:13. – Child health clinics in support of families with children. A guide for staff. Helsinki 2004. 318p. (Handbooks of the Ministry of Social Affairs and Health, ISSN 1236-116X; 2004:14) ISBN 952-00-1579-5

⁵ Opiskeluterveydenhuollon opas. (Handbook on health care during studies) Reports of the Ministry of Social Affairs and Health 2006:12. Helsinki, Ministry of Social Affairs and Health, 2006.

- **Feedback and use of feedback.** Health services experts shall compile feedback from different administrative sectors and develop new ways of delivering health promotion on the basis of the feedback and development ideas received.
- **Participation in decision-making and its development.** Health services experts shall work to develop health-supportive decision-making. They shall submit initiatives, consult, monitor, issue statements and support the highest local authorities, personnel in different administrative sectors and multiprofessional teams in matters related to the health and well-being of local residents.
- **Health-promotive health care culture.** Health services shall adopt a health-promotive health care culture, which includes a comprehensive understanding of health and promoting the health of personnel, patients and their family members.

Considerations of health promotion shall be taken into account in the chains of care between primary and specialized health care as well as services purchased from outside suppliers.

Recommendations concerning social services

The specific role of **social services** is to facilitate local residents' everyday coping through all stages of their life course and to provide living conditions that are conducive to health and well-being. Working closely with other municipal branches and administrative sectors, social services shall provide information about the social well-being of local residents. It is the responsibility of social services to identify and anticipate major factors that undermine health and well-being and that cause social problems and to intervene in these factors. In the social services sector quality recommendations have previously been prepared on services for old age services⁶, substance abuse services⁷, preventive work against substance abuse⁸ and housing services for the disabled⁹.

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⁶ Ikäihmistien hoitoa ja palveluja koskeva laatusuositus. (Quality Recommendation for Care and Services for Older People). Handbooks of the Ministry of Social Affairs and Health 2001:4. Helsinki, Ministry of Social Affairs and Health, 2001.

⁷ Päihdepalvelujen laatusuositus. (Quality Recommendation for Services for Substance Abusers). Handbooks of the Ministry of Social Affairs and Health 2002:3. Helsinki, Ministry of Social Affairs and Health, 2002.

⁸ Laatu tähtää tavoittelemassa. Ehkäisevän päihdetyön laatukriteerit. Stakes 2006. (Seeking a Quality Star. Quality Criteria for Substance Abuse Prevention). Helsinki, Stakes, 2006.

⁹ Vammaisten ihmisten asumispalveluiden laatusuositus. (Quality Recommendation for Housing Services for People with Disabilities). Handbooks of the Ministry of Social Affairs and Health 2003:4. Helsinki, Ministry of Social Affairs and Health, 2003.

- **Supporting resources.** The practices and methods applied in social services shall support people at different stages of life in mobilizing their own resources so that service users can make health-promotive choices in their own life.
- **Preventive practice.** Social services shall develop and implement preventive practices that support well-being, such as early interventions at different stages of the life course. The aim is to empower people in decisions that concern their own lives.
- **Early childhood education** provides the foundation for healthy lifestyles and supports children's health-promotive lifestyles and the educational role of families.
- **Social reporting and its development.** Social services shall contribute to implementing health-promotive policies by producing and distributing information for purposes of preparatory work and decision-making at different levels about the impacts of everyday matters and living conditions on health and functional capacity.
- **Marginalization and threats of marginalization.** Social services shall monitor and make visible social risk factors and trends leading to greater marginalization in local municipalities.
- **Impact assessment.** Social services shall use the methods of social impact assessment (SIA) to evaluate the impacts of decisions and measures taken on the health and well-being of local residents (e.g. what kind of housing policy and what kind of measures serve to create more attractive and comfortable living environments, what are the consequences of building blocks of flats without lifts).
- **Knowledge and skills.** Social services experts shall receive supplementary training and on-the-job supervision on a systematic and ongoing basis. Competence analyses shall be conducted as part of the supplementary training plan. Staff shall be guaranteed the opportunity to undertake supplementary vocational training on a regular basis so that they can update their health promotion knowledge and skills.

Recommendations concerning technical and environmental services

The specific role of ***technical and environmental services*** is to ensure that all local residents have access to living and working environments that are conducive to health and well-being. Their mandate includes produc-

tion and manufacturing, housing, water and waste management, and the facilities and environments needed for mobility and recreation.

- ***The criteria for a good environment.*** Experts in technical and environmental services shall work together with health services experts to establish the criteria for a good and health-promotive environment, which are used to evaluate various living environment plans.
- ***Pedestrian and bicycle transport.*** Every local municipality shall provide a safe pedestrian and bicycle infrastructure.
- ***Participation.*** Social, health and environmental health authorities shall be involved in the process of community planning.
- ***Taking consideration of health impacts.*** Both environmental and health effects shall be taken into account in planning and land use processes.
- ***Development of residential areas.*** Local authorities shall work to develop residential areas that are safe, functional, attractive and comfortable, stimulating and supportive of local collectivity.
- ***Accessibility.*** Independent living and home care for older and disabled people shall be supported by renovating housing and neighbourhoods for accessibility.

Recommendations concerning education and cultural services

The specific role of ***education and cultural services*** is to support human growth and development. Culture and library services as well as youth affairs and sports services contribute to promoting the health and well-being of local residents and support community. A positive atmosphere at school, a suitable physical environment and effective interaction as well as good cooperation between homes and schools all serve to promote learning and help children feel safe and comfortable at school.

- ***Health literacy.*** All students completing a degree at a municipal educational institution shall acquire adequate knowledge, skills and attitudes to adopt health-promotive habits.
- ***Objectives.*** Schools shall avail themselves of the national targets set for schoolchildren's and students' health promotion.¹⁰

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¹⁰Kouluterveydenhuollon laatusuositus. (Quality Recommendation for School Health Care). Handbooks of the Ministry of Social Affairs and Health 2004:8. Helsinki, Ministry of Social Affairs and Health, 2004.

- **Knowledge, skills and practices.** School staff shall have the knowledge and skills to identify pupils' learning difficulties early on, their difficulties with social coping and any health-related problems. Schools shall have practices and procedures in place for how to address these problems. Development efforts shall make use of the results of national school health questionnaires, for example.
- **Physical environment.** The school physical environment shall be safe and stimulating and facilitate health-promotive choices.
- **Responding to health needs.** Health and well-being services at schools (e.g. school health care, student welfare services, school meals) have adequate resources as specified in national recommendations and they are based on schoolchildren's actual needs.

2.6 MONITORING AND ASSESSMENT OF HEALTH PROMOTION (POLICY LINE 6)

Mechanisms shall be in place to monitor and evaluate efforts to promote the health and well-being of local residents and the impacts of these efforts. This will provide information about how the structures, practices and procedures of local authorities have changed to support and promote health and well-being and how the objectives have been achieved. The clearer the local authorities' objectives, the easier it is to monitor and assess the success of health promotion. Some of the monitoring indicators shall be such that they allow for regional and national comparisons.

How to support the monitoring and assessment of health and well-being: recommendations

- **Creating a culture of assessment.** Local authorities shall have procedures in place for monitoring and assessing the health and well-being of local residents and the adopted policy, including well-being indicators describing strategic objectives and indicators to measure the achievement of objectives. Monitoring results shall be reported regularly to the highest local authorities, elected officials and local residents.
- **Data collection and utilization.** The monitoring and assessment of the impacts of health promotion and efforts to reduce health inequalities provide the foundation for local development and de-

cision-making. Each administrative sector shall monitor and assess the impacts of all proposed and implemented measures. The Audit Committee shall also monitor and assess the achievement of the specified objectives. The data collected in these assessments shall be used to support national health policy decision-making and training.

- Local authorities shall monitor changes in the local population's health and health inequalities between population groups, the impacts of health promotion methods and measures and the quality, cost effectiveness and efficiency of services.
- The health behaviour of local residents and their views and experiences of the local authorities' efforts for the promotion of health and well-being shall be explored by means of questionnaires or interviews at least once during the local council's term in office.
- Flows of information regarding local residents' health and well-being shall be assessed in local municipalities as part of the broader effort to monitor and assess health and well-being.
- ***Assessing the achievement of national objectives.*** Local authorities shall monitor and assess the achievement of the objectives set on the basis of the Health 2015 Public Health Programme and the conditions for health promotion: how service structures, practices and procedures, the management of health promotion, cooperation and the allocation of resources facilitate the achievement of the specified objectives.

LITERATURE

- Apuvälinepalvelujen laatusuositus (A quality recommendation for assistive device services). Handbooks of the Ministry of Social Affairs and Health 2003:7. Helsinki, Ministry of Social Affairs and Health, 2003.
- Welfare indicators available online at: <http://www.stakes.fi/hyvinvointi/khs/hvkertomus/tieto.htm> <http://www.sotkanet.fi>.
- Government Resolution on the Health 2015 Public Health Programme. Publications of the Ministry of Social Affairs and Health 2001:6. Helsinki, Ministry of Social Affairs and Health, 2001.
- Human Impact Assessment online at: <http://www.stakes.fi/sva/projekti.htm>.
- Ikäihmisten hoitoa ja palveluja koskeva laatusuositus (A quality recommendation for care and services for older people). Handbooks of the Ministry of Social Affairs and Health 2001:4. Helsinki, Ministry of Social Affairs and Health, 2001.
- Ikääntyneiden ihmisten ohjatun terveystoiminnan laatusuositus (Quality recommendations for guided health-enhancing physical activity for older people). Handbooks of the Ministry of Social Affairs and Health 2004:6. Helsinki, Ministry of Social Affairs and Health, 2004.
- Koskinen Seppo & Teperi Juha (eds.). Väestöryhmien välisten terveyserojen supistaminen (Reducing health differences between population groups). Stakes Raportteja Series 243. Helsinki, Stakes, 1999.
- Kouluterveydenhuollon laatusuositus (Quality recommendation for school health care). Handbooks of the Ministry of Social Affairs and Health 2004:8. Helsinki, Ministry of Social Affairs and Health, 2004.
- Kouluterveydenhuolto 2002 (School health care 2002). Opas kouluterveydenhuollolle, peruskouluille ja kunnille (Handbook for school health services, comprehensive schools and local authorities). Stakes Oppaita Series 51. Helsinki, Stakes, 2002.
- Laatutähteä tavoittelemassa (Seeking a quality star). Ehkäisevän päihdetyön laatukriteerit (Quality criteria for substance abuse prevention). Helsinki, Stakes, 2006.
- Lastenneuvola lapsiperheiden tukena (Child health clinics in support of families with children). Suuntaviivat lastenneuvolatoiminnan järjestämisestä. kunnissa (Guidelines for local authorities on arranging the work of the clinics). Reports of the Ministry of Social Affairs and Health 2004:13. Helsinki, Ministry of Social Affairs and Health, 2004.
- Mielenterveyspalvelujen laatusuositus (A quality recommendation for mental health services). Handbooks of the Ministry of Social Affairs and Health 2001:9. Helsinki, Ministry of Social Affairs and Health, 2001.
- Opiskeluterveydenhuollon opas (Handbook on health care during studies). Reports of the Ministry of Social Affairs and Health 2006:12. Helsinki, Ministry of Social Affairs and Health, 2006.
- Paikalliset terveyden edistämisen osoittimet (Local indicators for health promotion). Kansanterveyslaitoksen suosittelemat paikallisen tason terveyden edistämisen osoittimet (The local-level indicators for health promotion recom-

- mended by the National Public Health Institute). Helsinki, National Public Health Institute, 20 December 2000 (Unpublished).
- Perttilä Kerttu, Orre Soili, Koskinen Sari & Rimpelä Matti. 2004. Kuntien hyvinvointikertomus (Local authority welfare report). Hankkeen loppuraportti (Final report of the project). Stakes Aiheita Series 7/2004. Helsinki, Stakes, 2004.
- Päihdepalvelujen laatusuositus (A quality recommendation for services for substance abusers). Handbooks of the Ministry of Social Affairs and Health 2002:3. Helsinki, Ministry of Social Affairs and Health, 2002.
- Sosiaali- ja terveydenhuollon tavoite- ja toimintaohjelma 2004–2007 (Target and Action Plan for Social Welfare and Health Care 2004–2007). Publications of the Ministry of Social Affairs and Health 2003:20. Helsinki, Ministry of Social Affairs and Health, 2003.
- Terveys 2015 -kansanterveysohjelman toteutumisen seuranta (Follow-up of the implementation of Health 2015 public health programme). A joint presentation of the National Public Health Institute, Stakes, and Finnish Institute of Occupational Health. Draft 28 August 2003.
- Terveysliikunnan paikalliset laatusuositukset (Local quality recommendations for health-enhancing physical activity). Publications of the Ministry of Social Affairs and Health 2001:1. Helsinki, Ministry of Social Affairs and Health, 2001.
- Uusitalo Minna, Perttilä Kerttu, Poikajärvi Kristiina & Rimpelä Matti. 2003. Hyvinvoinnin ja terveyden edistämisen paikalliset rakenteet ja johtaminen TEJO (Local structures and management of the promotion of welfare and health). Preliminary research report. Stakes Aiheita Series 21/2003. Helsinki, Stakes, 2003.
- Vammaisten ihmisten asumispalveluiden laatusuositus (A quality recommendation for housing services for people with disabilities). Handbooks of the Ministry of Social Affairs and Health 2003:4. Helsinki, Ministry of Social Affairs and Health, 2003.

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