HEALTH PROMOTION

A Population and Systems Approach

Health promotion must address the environmental, economic, and social factors that influence health behaviors.

The scale of the global cancer burden and its associated economic costs indicate that adoption of healthy behaviors to reduce the risk of cancer is critical. However, behavior change initiatives directed at individuals are not likely to be successful without addressing the many external factors that influence behavior. In addition to educating and building skills that encourage healthier behaviors, health promotion must also include efforts to address the environmental, economic, and social factors that influence an individual's ability to engage in those behaviors. For instance, the availability of sidewalks and biking infrastructure affects the degree of physical activity in a community, and the availability of affordable fresh fruits and vegetables affects healthy eating habits. This is especially important in the context of health equity, as vulnerable populations are most affected by environments that are not conducive to healthy behaviors.

A comprehensive policy framework to create environments that support following cancer prevention recommendations includes actions at the environmental, system, and individual levels. FIGURE 27.1 While this framework was developed to address diet, physical activity, breastfeeding, and alcohol consumption (all factors associated with cancer risk and/or body weight), the broad policy levers are applicable to other health behaviors, such as tobacco use and vaccination. Examples of initiatives include taxation, FIGURE 27.2 information and community mobilization, FIGURE 27.3 and counseling in healthcare. FIGURE 27.4

Taxes on
sugar-sweetened
beverages
intended to reduce
consumption
are an emerging
public health
strategy.

FIGURE 27.3

Education and Information:
The Healthy Caribbean Coalition
#toomuchjunk Campaign

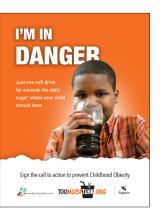


FIGURE 27.1 World Cancer Research Fund/American **HEALTHY POPULATION** Institute for Cancer Research Health cannot be a question (WCRF/AICR) policy framework of income; it is a fundamental human right. — Nelson Mandela Improve the Marketing food and restrictions drink supply Integrate actions Labeling and Incentives in packaging **HEALTH ENHANCING** SYSTEMS **ENVIRONMENTS** Create healthy and safe settings Healthy urban design Fiscal policies Inform people The WCRF/AICR has introduced a BEHAVIOR CHANGE new policy framework to address COMMUNICATION Education diet, physical activity, breastfeeding, and skills Counseling and alcohol consumption.

FIGURE 27.4

Counseling in healthcare: Green Prescriptions (New Zealand)

ACCESS CREATES PROGRESS

In the Netherlands, substantial investments have been made in cycling-promoting infrastructure and policies, resulting in 27% of trips being made by bicycle. This physical activity is estimated to avert 6,500 deaths annually and contribute an additional half-year to the life expectancy of Dutch people.



A Green Prescription (GRx) is the written advice from a health care professional to a patient to be physically active. The program is administered by District Health Boards, with support from the New Zealand Ministry of Health.

Patients receiving a GRx from their health care provider are eligible for ongoing support, delivered as monthly telephone calls, face to face meetings, or group support in a community setting. The patient's progress is reported back to the referring health professional.

A retrospective study of individuals who had participated in the GRx program two to three years earlier found that those who had completed the program reported an additional 64 min of total physical activity per week and were less likely to be sedentary and more likely to meet the current physical activity guidelines of at least 150 min of physical activity per week.





The Healthy Caribbean Coalition's
#toomuchjunk campaign educates
citizens about the harmful effects of poor
diet and lack of physical activity and
asks them to call on their governments
to enact policies and legislation that
effectively combat childhood
overweight and obesity.



FIGURE 27.2

Fiscal policy: Sugar-sweetened beverage taxes

MEXICO

Action A 10% excise tax increase on sugar-sweetened beverages on January 1, 2014.

Result

A 6% decline in purchases of these beverages and a 4% increase in purchases of unsweetened beverages (mainly water) in the first year of the tax.

USA. PHILADELPHIA

Action

The city of Philadelphia implemented a tax on sugar-sweetened beverages (US \$0.015 per ounce) on January 1, 2017.

Result

Two months after the tax went into effect, Philadelphia residents were 40 percent less likely to drink sugary soda and 60 percent less likely to drink an energy drink each day compared with residents of nearby cities.

In addition, Philadelphians were 58 percent more likely to drink bottled water every day.

A handful of communities worldwide, including Mexico, the United Kingdom, and various cities in the US, have begun implementing excise taxes on sugar-sweetened beverages and evaluating the impact on consumption and/or product formulation.

UNITED KINGDOM

Action The 2018 United Kingdom (UK) sugar-sweetened beverage tax utilized a different strategy than other localities by introducing a tiered tax based on the amount of sugar in the beverage—a high tax for drinks with >8g of sugar

high tax for drinks with >8g of sugar per 100ml; a moderate tax for drinks with 5-8g/100ml; and no tax for drinks with <5g/100ml.

Result

The tax has already incentivized some manufacturers to markedly reduce the amount of sugar in their recipes, positively affecting all those who consume these beverages.

A 2017 modelling study examining the potential impact of product reformulation estimated that, with reduced sugar content by 15–30%, the number of adults and children with obesity would fall by 144,000, and there would be 19,000 fewer cases of diabetes per year in the UK.

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