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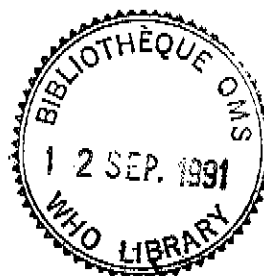
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

EUR/ICP/HSC 633(S)
5795B
ORIGINAL: ENGLISH

SUMMARY REPORT

International Conference on Healthy Lifestyles

Leningrad
12-14 December 1990



1991

EUR/HFA target 13

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ABSTRACT

People's health is affected by their lifestyles, the choice of which depends in part on socioeconomic conditions and the policies of state and society towards health. A conference was held in the USSR for an invited audience, mainly from the countries of central and eastern Europe, to hear about WHO's ideas on health promotion from experts in lifestyles and health education. The audience expressed its commitment to the importance of health promotion, calling for greater local autonomy for the health services and specific funding for health promotion programmes. These programmes would promote such activities as training, education, research and the provision of incentives, both within the health services and in the community, through self-help groups and nongovernmental bodies.

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HEALTHY PUBLIC POLICY

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LIFE STYLE
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The Conference was organized by the Ministry of Health of the USSR and the Leningrad Institute of Advanced Medical Studies, with the support of the WHO Regional Office for Europe and a wide variety of local sponsors from Soviet industry, government bodies and local interest groups. The American organization Our Primary Purpose was actively involved in the development of the Conference.

The Conference was attended by 420 participants from various sectors and academic disciplines and from 15 different countries, though principally from the USSR. The temporary advisers came chiefly from the northern European countries and North America. The main purposes of the Conference were:

- to discuss the role of government and society in the promotion of health;
- to review the current design of healthy lifestyle programmes for different populations (forms, methods, means, ways);
- to discuss the role and significance of health centres, institutions, public organizations and unions in the practical promotion of programmes for healthy lifestyles;
- to review the prevention of substance abuse, including alcohol problems, drug dependence and tobacco consumption;
- to assess risk factors and their effects on individual health; and
- to examine the role that education and training play in the development of good practitioners of health promotion.

Background

The Conference built upon the principles and policies of health for all by the year 2000 and those set out in the Ottawa Charter for Health Promotion of 1986. Papers and discussions covered the elements of a structured approach to planning for health and the development of health promotion at national and local levels. The main focus was influencing the factors that determine the choices people have in the way they live - that is the lifestyle of individuals and of communities.

The priorities and immediate needs of people in the USSR and in countries in central and eastern Europe vary greatly from those living in western Europe.

In central and eastern Europe, people are facing deep political, social and economic changes and challenges, so health has been given lesser attention. Health promotion and a concern with lifestyles have been of subsidiary importance. A question raised early in the Conference was whether health promotion should be a priority at such a time in the USSR and in central and eastern Europe. Economic problems have limited the acquisition of basic equipment, hampered the improvement of the health services and prevented adequate control of environmental pollution. These economic problems have been reflected in the physical and social conditions of life. Much will need to be done to improve all aspects of public and family life.

The participants at the Conference were united, however, in their commitment to ensure that the pursuit of health and spiritual values should be major principles in building a new society, especially at a time of such political and economic change.

Discussions

In many sessions of the Conference, one theme predominated. Improvements in lifestyle require community action at all levels in society, as well as personal commitment. New laws are needed to protect public health, and new fiscal policies should be developed to promote the production and consumption of goods and services that enhance health, in preference to those that damage it. All sectors of society and all parts of government have a part to play, as do individuals and families, in creating opportunities for a healthier way of living. Western ways are not always the best and much has to be done to preserve the healthier aspects of the pattern of life of central and eastern Europe, and to protect people from the adverse aspects of an uncontrolled market economy.

Nongovernmental organizations are needed to play an advocacy role in promoting or demonstrating the effectiveness of new policies and programmes. They will be particularly useful as advocates of policies to control the production and consumption of tobacco, alcohol and other addictive substances.

The distribution of sufficient food and other consumer goods is not fully effective at present in the USSR and other countries in central and eastern Europe. More attention should nevertheless be given to national policies and programmes for promoting healthier nutrition, especially among young people. More attention should also be given to exercise, leisure and recreation facilities to meet the wide variety of needs and interests of local people. These facilities could play a larger role in contributing to the reduction of stress in a community and the improvement of wellbeing. The voluntary organizations represented at the Conference wished to see these issues considered in more detail in future meetings.

Health education for the public lacks proper public funding and professionals are inadequately trained and motivated to undertake these tasks. New health education policies, training and funded programmes are needed in all communities, together with support for organizations concerned with health outside the health services. People other than those in the medical profession also need professional skills in health education. Health services should also dedicate more time and resources to health education and to the promotion of positive physical and psychological fitness. Spiritual values have been neglected and more attention needs to be given to their part in creating more humane health services.

The new proposals for introducing an insurance-based system for the finance and management of medical services in the USSR and other central and eastern European countries are controversial. Some participants considered that they would not necessarily strengthen the pursuit of the health for all policy or help to promote healthy lifestyles. They might merely give a greater emphasis to medical services. The health services needed reforming to make them more effective and to improve their quality, but it is vital that these reforms also give priority to health promotion.

Many participants were involved in alternative forms of therapy and community action, especially stress management, exercise and treatment therapies. Their attendance and the papers they presented contributed to a stimulating, wide-ranging debate and raised some controversy over the soundness of the claims made for these services and the criteria used in assessing them.

The use of risk factors in the assessment of health does not seem fully developed in the USSR. This impression is partly due to a different approach in the USSR, but also to differences in culture and ways of living. More study of the cultural, social, economic and lifestyle factors that differ in central and eastern Europe from the rest of Europe, and their impact on health, is a priority for future work in this field.

The idea that governments should each appoint a health minister to coordinate all national policies that affect health, and should also take on the development of programmes to protect and promote health, was generally supported.

Many cities and communities represented at the Conference were eager to participate in the WHO Healthy Cities project in either the international or the national networks. Some participants also supported the project to develop links with communities and regions and not just cities as a means of creating the multisectoral development of healthy policies.

Public policy plays a vital part in developing health promotion but it is only when health promotion programmes are firmly rooted in the community, and carried out by the community, that they are likely to succeed. The Healthy Cities project was cited as just such a community-based programme.

The three symposia held on the second day of the Conference focused on substance abuse, the psychological basis of health promotion and the treatment and rehabilitation of people suffering from chronic pain and disease. The following four points emerged.

- Policies to reduce substance abuse, and particularly to reduce the production and consumption of alcohol and tobacco, need the support of nongovernmental agencies and organizations, as well as the media and the public. This requires the long-term development of public education and advocacy in schools, at work and in the press, radio and television.
- The countries of central and eastern Europe may soon experience an explosion of illegal drug use and the problems associated with this. They would be wise not to repeat the mistake made by western governments of assuming that information alone leads to a change in behaviour. Long-term public policies, controls on the supply of drugs and community-based programmes are essential.
- Local community services that provide support for therapy and rehabilitation can be effective with "hard-to-reach" groups such as prisoners, drug addicts, social outcasts and social minorities, and experience from North America and the USSR was shared at the Conference.
- A wide variety of approaches to exercise, suited to local interests, were reported.

The final discussion centred around the need for effective long-term education and training programmes for health promotion specialists, including physicians. No general policy on such programmes exists in the USSR, but the recent creation of a department of healthy lifestyles in Leningrad was a first step.

The final plenary session included vigorous statements from participants on a wide variety of issues and a general commitment to more debate, study and development of health promotion. They called for more decentralization of services, specific funding for health promotion and the broad development of activities within the medical services and beyond, including the strengthening of health promotion through nongovernmental bodies and in community self-help groups.

Recommendations

The participants expressed a strong commitment to promoting improvements in the physical, mental, social and spiritual wellbeing of people throughout Europe. They supported the idea that health should be considered a basic human right and, to achieve this, priority should be given at the national and local level to the following actions.

1. Policies and funded programmes should be provided that promote a healthy lifestyle.
2. The health for all principles should be applied at all levels of the health care system, for the pursuit of health for every individual.
3. Mechanisms should be explored to reduce the production and sale of tobacco and alcohol, in line with the European health for all targets.
4. Local governments and industrial organizations should be given planning and financial incentives to improve the environment and to make city infrastructures more conducive to health promotion.
5. A national network of healthy cities should be promoted as part of a community approach to improving environmental and community-based health services.
6. Greater emphasis should be given to healthy nutrition, physical exercise and skills in relaxation management, in future policies, programmes, education and research in health promotion.
7. All people at all levels in all sectors, especially those in health care, education and the media, should be encouraged to participate fully in programmes on healthy lifestyles.
8. Methods should be established for monitoring people's health, developing health status criteria and assessing the effectiveness of health promotion policies and programmes.
9. A sound research base for health promotion should be established and new initiatives should be developed in the education and training of both health

promotion specialists and other health care staff with a working interest in health promotion.

10. A voluntary association for healthy lifestyles should be set up in the USSR and similar developments should be encouraged throughout Europe, with the support of WHO, within the health for all framework.

11. In accordance with the health for all strategy, healthy lifestyle programmes should be developed for children with extreme health problems.

12. The next healthy lifestyles conference should be dedicated to a more detailed review of specific programmes and their results.

13. The new Department of Healthy Lifestyles in the Institute of Advanced Medical Studies in Leningrad should take a lead in the development of educational programmes for healthy lifestyles.