

CURRENT INFORMATION ON HEALTH PROMOTION

healthy europe

IN CONVERSATION WITH

“ Health
is political ”

EVELYNE DE LEEUW,
INTERNATIONALLY
RENOUNDED HEALTH
RESEARCHER



**EPH
Conference
2016**

All for Health –
Health for All

**30 years of the
Ottawa Charter**

How health promotion
has developed
since 1986

Interviews

Thomas Dörner,
Armin Fidler,
Allan Krasnik
Thomas Plochg



Health is political

Internationally renowned researcher Evelyne de Leeuw talks to us about what she has learned from 30 years of health promotion in accordance with the Ottawa Charter and about the challenges for the future. **Text:** Dietmar Schobel

HEALTHY EUROPE

How important is the Charter that was developed jointly in 1986 at the World Health Organization's first ever conference on health promotion in Ottawa?

Evelyne de Leeuw: The Ottawa Charter changed the world. It describes a new way for people to get and stay healthy. Health is no longer viewed as something that solely concerns each person individually. Rather, there is a new perspective indicating a relation above all with social and environmental factors. This innovative concept was expressed so clearly and simply in just two pages that it was taken on board by many people in all countries and ultimately changed their way of thinking.

HEALTHY EUROPE

From a global perspective, which developments were triggered by the Ottawa Charter?

The ideas outlined in the Ottawa Charter were embraced in many countries in the first ten years after being published – in Canada, in many European countries, and as far afield as Thailand and Australia. We also suffered setbacks in the years following this, which can in no small part be attributed to the rise in neoliberal political tendencies. In some countries, health policy once again focused only on medical care, stressing that people are responsible for their own health choice and behaviour. In many cases, health is again seen as being merely a question of lifestyle. However, the Ottawa Char-

ter concept has been enjoying something of a second wind over the last few years. More and more people are once again recognising that promoting health involves more than merely aiming to change people's behaviour. Above all, we need to change the circumstances that shape our lives.

HEALTHY EUROPE

Is health promotion a luxury that only rich countries can afford?

No – quite the opposite, in fact. It is low and medium income countries in particular that can also benefit from this. At the WHO's 7th conference on health promotion in Nairobi in 2009, it was possible to establish a clear connection between the principles of the Ottawa Charter on the one hand, and

PROFILE: EVELYNE DE LEEUW

Born on 25 June 1960 in Haarlem

Star sign: Cancer

I live in two different places at the moment: in Summer Hill, a suburb of Sydney where I work and then around 1,000 km away in Drumcondra in the state of Victoria, which is where the rest of my family live – my girlfriend and my dog. Hopefully they will be moving to Sydney next year.

My hobby is thinking. Apart from this, I like to go for walks to experience the world in all its glorious diversity.

I like to go on holiday to Provence in France, or anywhere with mountains.

I like to eat all kinds of cheese and really love cheese fondue, occasionally with a glass of Chasselas white wine.

I listen to classical music, for example Chopin or Rachmaninoff. But I also love the sounds of the 70s like the Electric Light Orchestra or modern French electro like Air and Daft Punk.

On my bedside table there is, among other things, a copy of "Letter to Father" ("Brief aan Vader"), the latest book by Maarten Biesheuvel. In my opinion, he deserves to win the Nobel Prize for Literature. Apart from that, I have a set of radio speakers that allows me

to hear radio stations from all over the world.

I keep healthy by using public transport and, as a consequence, walking a lot as well and by taking good care of myself – for example by eating a balanced diet and getting enough sleep.

What causes illness is having to witness injustice or stupidity and not being able to do anything about it.

These three characteristics describe me best:

I am a thinker, a very reliable friend and sometimes impatient – with other people and with myself.

“The Ottawa Charter changed the world.”

EVELYNE DE LEEUW, INTERNATIONALLY RENOWNED HEALTH PROMOTION EXPERT



Evelyne de Leeuw: “In all Ottawa Charter areas, people must be at the centre.”

economic and infrastructural and human development on the other. Involving people is particularly important. At first glance, it may seem simpler to invest only in vaccines, pills or doctors rather than interacting with everyday people, but this is every bit as important. For example, a sufficient vaccination coverage for a country can only be achieved if the government implements a strategy for this and if the vaccines are available. However, at the end of the day, people must also be convinced that they need to be vaccinated.

HEALTHY EUROPE

Five areas of action are described in the Ottawa Charter. What experiences

have been recorded in each of these?

The first area of action is “Building healthy public policy”. At a national level, only initial approaches have been made so far, such as the national health objectives in Austria. At a local level, however, this often works very well, for instance in thousands of cities that are involved in the WHO’s “Healthy Cities” initiative. Great progress has been and is still being made with regard to the area of “Strengthening community action”. Similarly, extensive know-how has since been accumulated in the area of “Developing personal skills” and there are many good examples of how this can be implemented in practice. This involves above all increasing people’s

health literacy and self-efficacy. There has also been progress in the area of “Creating supportive environments”. The relation between health on the one hand and living, working and leisure conditions on the other is generally recognised today and practical initiatives have helped to make schools and workplaces into healthier environments. However, hardly any significant improvements have been made in the fifth area of action, “Re-orienting health services”.

HEALTHY EUROPE

Why not?

There is a lot of talk about involving patients in decisions but it rarely amounts to more than empty buzz-

Evelyne de Leeuw:

“Knowledge does not lead to change. That is true for individual as well as political choice.”

A BRIEF CAREER RUNDOWN

Evelyne de Leeuw was born on 25 June 1960 in the Dutch city of Haarlem and “grew up all over the world”. As she explains: “I have lived in many countries and cities, from the USA and Canada to France, Denmark and Australia. In all of these places there were influences that were important to me and people who inspired me.” Her overriding memories of primary and secondary school were of being bored there. After this, she discovered an interest in health sciences, which she studied in Maastricht from 1981 to 1985. Following this, she graduated with a Master of Public Health from the University of California in Berkeley. In 1989 she successfully defended her PhD thesis.

Since 1989, Evelyne de Leeuw has acted as advisor at the Healthy Cities project of office for the European region of the WHO and was General Secretary of the Association of Schools of Public Health in the European Region (ASPHER) between 1992 and 1998. From 1992 to 2001, the much-travelled academic became Director of the World Health Organization Collaborating Centre for Research on “Healthy Cities” at the University of Maastricht. In 2000 she set up the public health programme at Syddansk Universitet in Esbjerg, Denmark, which was followed by a position at Deakin University in Victoria, Australia, from 2005 to 2013.

Since October 2015, Evelyne de Leeuw is Director of the Centre for Health Equity Training Research and Evaluation (CHETRE) at the University of New South Wales in Australia. Here, the work undertaken together with her 25-strong team includes theoretical and practical research into Indigenous health and socially disadvantaged people, and applying and refining health decision support systems, including Health Impact Assessment. Evelyne de Leeuw is also Editor-in-Chief of the renowned international peer-reviewed journal “Health Promotion International”.



words. The fact is that healthcare systems are still geared towards treating sick people in such a way that they can leave the system again as quickly as possible. How long they remain healthy after that does not seem to enter the equation.

HEALTHY EUROPE

What have you learned from your experience to date with health promotion in accordance with the Ottawa Charter?

Knowing about health is not enough on its own. For example, it is by no means enough just to tell someone that they should switch to a healthier diet and what such a diet consists of. We need to work together with people and with the communities they belong to. We need to listen to them, to respect them and to get them on board at the outset so that we can develop health-oriented community action together. As well as this, we need to structure their everyday environment in such a way that it is easier to opt for health – the healthier choice should be the easier choice.

HEALTHY EUROPE

What are the greatest challenges for the future in the field of health promotion?

Needless to say, where health is concerned, there is always an individual component as well. But first and fore-

most it is a question of policy and is directly related to systems. Because of this, health promotion is concerned with systems and we know today better how we need to change these in order to ensure a healthier population. This is by no means easy. But that shouldn't stop us from analysing it very closely and communicating it to people in the simplest possible terms. After all, life itself is complicated as well. But that doesn't mean that we shouldn't be able to cope with it effectively.

HEALTHY EUROPE

What personal memories do you associate with the WHO conference on health promotion in Ottawa in 1986?

Aged 26, I was one of the very youngest participants and only in hindsight I realised what a high-level conference it was. One thing I still recollect very clearly is sitting for three hours in a restaurant with a group of 15 women having a heated discussion about whether the Charter met our expectations as women. We felt that two sentences needed to be added at all costs, scribbled them down on a napkin and delivered them to Ilona Kickbusch, the initiator of the Charter, in the middle of the night. One of the two sentences was actually included in the Charter and I am still quite proud of this today. It read: 'This must apply equally to women and men.'