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The value of health promotion programs for older people with chronic conditions in the community

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Abstract
The Ottawa Charter of Health Promotion (WHO, 1996) advocates that health promotion occurs when people are able to improve and practice more successful control over their health. The concept of health promotion was founded on the notion of community action, raising awareness and instilling community accountability and involvement in one's own actions.

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The value of health promotion programs for older people with chronic conditions in the community – an overview of the literature

The Ottawa Charter of Health Promotion (WHO 1996) advocates that health promotion occurs when people are able to improve and practice more successful control over their health. The concept of health promotion was founded on the notion of community action – raising awareness and instilling community accountability and involvement in one’s own actions. In 2007, the World Health Organization also promoted person-centred approaches to healthcare – “the overall vision for people-centred health care is one in which individuals, families and communities are served by and are able to participate in trusted systems that respond to their needs in humane and holistic ways” (WHO 2007, p.7). Despite this international charter and framework, community interventions and in particular community health promotion programs involving exercise for older people with chronic health conditions are underdeveloped, certainly in Australia. Health promotion programs have proven to be effective in promoting self-care and increasing levels of exercise in people with chronic illnesses, particularly when implemented in community settings outside the home environment, such as local halls or gyms (Desveaux et al. 2013). The literature establishes that older people benefit physically, cognitively and socially from being engaged in community recreational activities (Huang et al. 2015; March et al. 2015; Nishiguchi et al. 2015; Patil et al. 2015).

Community health promotion programs “support healthy ageing” (Young et al. 2015, p.2). They are excellent means of enabling older people to participate in community programs, allowing them “to be more productive, useful members of society and more independent in their life choices, while at the same time reducing the level of community expenditure and burden” (Stumbo et al. 2015, p.36). Stumbo et al. (2015) also assert that older people with chronic conditions participating in health promotion programs in the community experience opportunities that allow them to maintain abilities, contribute to a cause, draw on past roles and skills, and improve their self-belief.

Community based health promotion programs have demonstrated benefit to older adults, with key considerations being to help regain function, stability and/or independence (Zabriskie, Lundberg & Groff 2005), and to promote self-management and facilitative behaviours to maintain a healthy lifestyle and thereby prevent potential co-morbidities and bring general improvement in quality of life (March et al. 2015; Rowan, Riddell & Jamnick 2013).

Cogswell and Negley (2011) advocate that by increasing opportunities to support individual autonomy, the potential to increase internal motivation for improving healthy lifestyles can occur. Community based health promotion programs should encourage participants to take responsibility for their own wellness and thereby foster an internal locus of control and an increased ability to manage change (Stumbo & Peterson 2009). Even where a program is fairly prescriptive, the individual needs to be encouraged to be as autonomous as possible, so as to
promote the outcomes of the program. When personal choice is increased within a program, life and leisure satisfaction is enhanced and participants are far more likely to benefit and see results (Stumbo & Peterson 2009).

Drawing on the lead authors PhD research, the following major finding was identified that supports the literature outlined here. Shifting the focus to the person involved, self-management and self-determination are encouraged, bringing a positive conception of health and empowerment to the individual. Such person-centredness enhances the aims community health promotion programs strive to achieve.

**References**


World Health Organization (WHO) 1996. *Ottawa Charter of Health Promotion.* Toronto, Canada: OMS.

