

Health Promotion and its New Direction: SOJO Model in Japan

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Introduction

Western medicine has attempted to understand health by analyzing its single components rather than the interconnection of its components. The perspective of western medicine that has led the medical science field primarily focuses on diseases and disability and has been spread throughout the whole world. However this concept has gradually begun to change towards a more holistic view in that health is “quality of life” composing of social, emotional, mental, spiritual and biological dimension¹⁾.

World Health Organization introduced a new definition that was a positive dimension of health: “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” in 1946²⁾. Since then health has also been realized as a building block that enables individuals to contribute for social, economic and personal development. Health is, therefore, a resource for everyday life and not just the objective of living³⁾.

While people have been keen to give an attention to health not only in developed countries but also in developing countries today, the existing inequality in the health status of the people in several level is politically, socially and economically unacceptable, and has therefore been of common concern to all countries. The international Conference on Primary Health Care urges Government, WHO, UNICEF and the whole world community to support national and international commitment to primary health care

in developing countries⁴⁾.

There have been so many ideas and practices to tackle with this inequality of health all over the world. Among them health promotion is the most important and key concept to dealing with health problem. And people have thought of health promotion as an important dimension of public policy to gain and sustain health since the early 1980s. According to a definition of WHO’s health promotion is a process of enabling people to increase control over, and to improve their health³⁾. Research and case studies from around the world provide convincing evidences that health promotion’s strategies are an effective and practical approach to achieve greater equity in health⁵⁾. Health promotion strategies have emphasized on the social, economic and environmental conditions that determine health and⁵⁾. And health promotion has established itself as the science and practice to help people to change their lifestyle and to move toward a state of optimum health.

Health promotion has show progresses during last decade among developed countries although its progress seems to be very slow in developing countries. However it is assumed that health promotion actions truly deserve to contribute establishing health in both developed and developing countries. This paper shows that brief conceptualization of health promotion, the obstacles of health promotion activities and practices and new concept of health promotion, which has been called SOJO model.

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Conceptualization of health promotion

A total mechanism that health promotion activities and practices influence on health development has five basic strategies and it was set out in the Ottawa charter for health promotion ³⁾. These are “Healthy Public Policy”, “Supportive Environments”, “Community Participation, Personal Skills and Reorientation of Health Services”.

Healthy Public Policy

The scope of health promotion can be summed up in the following simple formula; Health Promotion = health education + Healthy public policy ⁶⁾. Health education is any planned activity designed to produce health or illness related learning ⁶⁾. Healthy public policy is all activities to intend to have a positive effect on the health of people.

Political, economic, social, cultural, environmental, behavioral and biological factors have impacts on health positively and negatively ³⁾. Health promotion aims at making these conditions favorable through advocacy for health. It is essential for governments to formulate national policies, strategies and plans of action that should not negatively affect health.

And health promotion enforces policy makers to put health matter in a central agenda of all sectors and at all levels, to be aware of the health consequences of their decisions and to accept their responsibilities for health. To create and sustain healthy public policy, health promotion demands coordinated action by all stakeholders, such as governments, non- governmental and voluntary organizations, local authorities, media and private sectors.

Supportive Environment

The socio-ecological approach to health has an assumption that there are complicated linkages between people and their environment. While a lot of efforts of the health sectors have been

focused on facilities for treating disease directly, many opportunities to improve health through controlling many environmental factors are overlooked. Health sector has been dealing with diseases and injuries caused by unhealthy living conditions, however they have underestimated a significant importance to change them. In fact, health can be improved with modifying physical environments. For example, the home, the school, the village, the workplace, the city are the places where people live and work. The health status is often determined by the conditions in these settings rather than the services themselves provided by health care facilities. Health promotion activities attempt to raise health standards through improved living conditions. The WHO’s Healthy City Program is an outstanding example of such health promotion concept ⁷⁾. And Healthy Cities has been acting as a social change movement⁸⁾. Additionally, changing patterns of life, work and leisure time have a significant impact on health. Work and leisure should a source of health for people. The way society organizes work should help create a healthy society. Health promotion could generate living and working conditions that are safe, stimulating, satisfying and enjoyable.

Community participation

There is now widespread recognition that participation of people and communities in development process of health promotion is critical for achieving sustained benefits not only for health of people and communities but also for health promotion activities themselves. Participation in health development is very important if a strategy of health promotion would respect to success. In theory people have the right and duty to participate individually and collectively in the planning and implementation of their health. They should be at the center for decision-making process for them to be effective. Health care strategies and programs should be

adapted to the local needs and possibilities of individual communities and regions³⁾.

Health promotion should carry out its actions by and with people. People should be at the center of health promotion actions and activities. Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment to communities and their ownership.

Personal Skills

People cannot achieve their fullest health potential unless they are able to take control of many things around them that determine their health³⁾. Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential to ensure sustained health. Health promotion supports personal and social development through providing information and education for health and enhancing life skills. Health promotion should coordinate many stakeholders, such as the educational, professional, commercial and voluntary ones to provide people many skills of sustained health. If health promotion could do it, health promotion increases the options available to people to exercise more control over their own health and over environments, and to make choices conducive to health.

Reorientation of Health services

There have been many factors, such as the changing burden of diseases, an increased number of old people, increased drug abuse, civil and domestic violence to influences health seriously. As a results not only in developed countries but also in developing countries many people has realized that it would be necessary to have life-long health-enhancing strategies that are safe, effective and low-cost⁹⁾.

To address emerging threats to health, the role

of the health sector must be reoriented into health promotion direction, which is beyond just providing clinical and curative services. In order to reach optimum health target, breaking through traditional boundaries within governmental sectors and cooperation among governmental, non-governmental and private sectors is need. Health promotion activities could coordinate actions of every key stakeholders and deal with resource allocation, legislation, policy, information and advocacy (among other things), all of which are very critical to reorientation of health services.

Impediments to Health promotion and possible solutions

The agenda of health promotion in developing countries was first put in Ottawa Charter for Health Promotion developed by WHO in the First International Conference on Health Promotion in 1986, Canada³⁾.

However many efforts to establish health promotion as an approach to health development in developing countries have not been fully realized. A number of obstacles have been identified to discourage health promotion activities in developing countries. David Nyamwaya points out this point of problems of health promotion activities¹⁰⁾. The impediments to health promotion in developing countries are followings;“Professional competition”,“New emerging discipline”,“Lack of experts in the discipline”and“Prolong time between intervention and impact”.

Professional competition

Professional competition may be considered as the most critical obstacles of health promotion not only in developing countries but also in developed countries. In most of developing countries well-established disciplines such as public health, medicine and nursing has still competed over control of the health promotion

and health development. Each discipline seeks to occupy the top niches in the planning and administration of health promotion activities and health development programs. The entry of health promotion is viewed as making the competition in the field. The practitioners who have already entrenched themselves in the health promotion and health development hierarchy do not wish to welcome another potential competitor into the arena.

New emerging discipline

Another obstacle facing health promotion is its relative newness as a discipline. Its theoretical bases and implementation strategies are not well understood not only by most planners but also by policy makers in the health sector. Because of this lack of understanding, health promotion is valued as public health or health education, both of which are better established relatively. Such misperceptions reduce the level of support and funding for health promotion as a discipline.

Lack of experts in the discipline

Lack of a sizeable pool of professional practitioners in the discipline is the third obstacle to health promotion. In most countries except a few, it is only recently that a few health and social scientists have taken an interest in health promotion. And most of them have received short-term training, as a result they are not familiar with theory and practices of health promotion.

Prolong time between intervention and impact

Another obstacle to health promotion arises from time lag issues. While it is easy to make a plan of health promotion activities relatively, it is not easy to estimate real impacts of interventions of health promotion activities. It is hard to convince planners and community leaders to divert resources to health promotion activities, specifically with community development

approach. Because not only community development approach but also community based approach might take a long time to be realized. Therefore some parts of health promotion activities should need completely different criteria to estimate their achievement.

New concept of health promotion

In spite of the existed obstacles, health promotion is definitely to stay not only in developed countries but also in developing countries to establish real health development. However, there is need for a number of actions to be undertaken in order to propel the discipline fully fledged into the 21st century. The problem of professional competition may never be eliminated completely, since such competition exists among other disciplines, for example, between health education and public health.

We believe a new approach of health promotion activities and criteria to estimate their activities might overcome such professional competition because the new approach shares of the common goals in a specific area. This new approach has a several variation and originated from several types of public health activities in western world. However we should have our own approach which more suitable to Asian context. For example the community development approach that has called by SOJO model is one of the most suitable and advanced approach, which in developed in Asian countries, especially Japan.

SOJO - System Oriented Joyful Operation - Model

SOJO means System Oriented Joyful Operation and it is a kind of systematic process model that stimulates community itself to develop its own health matter based on participatory approach. The feature of SOJO model promotes community people to think about their own communities and set visions of communities by themselves. The process is very similar to that of health strategic

planning, but what SOJO model most emphasizes is the final vision of communities and whichever level it archives is not an important issue. But SOJO model is not necessarily care for the outcome of its actives. SOJO model try to make a kind of change through community people sharing their visions.

This aspect of SOJO model has an advance to develop and promote health promotions activities, specifically community development type of health promotion actives in Asian countries. SOJO model has already developed in around hundred of Japanese community and communities. There is a very huge potential that SOJO mode could develop communities in other countries, especially those of other Asian countries because Asian context seems to have similarities in several aspects. If SOJO model or other type of community development type of health promotion actives could be developed in Asian countries, they should contribute to health itself and health promotion activities itself.

Discussion

The enjoyment of the highest attainable stand of health is one of the fundamental rights of every human being without distinction race, religion, political belief, economic and social conditions ²⁾ Health promotion refers to measures that can be taken to encourage healthy behavior and enhance what people can do themselves in conjunction with their families, communities and nation to improve and manage their own health ¹¹⁾.

Each Asian community has their own social and economical context and its own tradition, which is very different of that of western societies. So it is useful for themselves to have final visions of communities by themselves to promote community health based on their own context.

SOJO model is a systematic process model, which is a community initiated and community based participatory approach. SOJO model was

implemented at Hakusan, a small community of 800 populations in Ogoe town under Fukushima prefecture in Japan. Working through SOJO model, participants at Hakusan Community became capable to develop; power to conceive a goal, ability to plan, accomplishing ideas collectively and achieving empowerment in planning and decision making of their own community issue, especially health issues for them. The positive impacts of SOJO model has been mobilizing community people to improve the quality of life through leading an active life, developing support networks for elderly people, inviting from the professional and administration to share views, and planning and making decisions the community health issue by themselves.

We should definitely have realized their limitation, however SOJO model's capability to develop participation, empowerment, and personal skills among the participants may recognize its potentially for community based health promotion.

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