Ottawa Charter Health Literacy for Diabetes and Obesity Management

Posted on September 18, 2019

Health literacy is the level of an individual's capacity to obtain, process, and understand basic information and services concerning health in order to make suitable health decisions. On the other hand, health education is a learning opportunity that has been consciously constructed. It also involves communication intended to improve knowledge and the development of life skills, which are important to the health of individuals and the community as a whole.

Therefore, health education results in the improvement of skills and knowledge, which is the foundation of health literacy. Consequently, health literacy facilitates a change in attitude, which leads to eventual behaviour change in favour of health. These health-promoting attitudes and behaviours are the major factors for the management and reduction of obesity in adults aged 25-60. The Ottawa Charter provides the health literacy and education framework for ensuring the management of diabetes. Therefore, this study's objective is to establish the role of health literacy and education in relation to the change in behaviour in the Management of diabetes in adults with obesity based on the Ottawa Charter framework.

Background

The issue of health literacy is of significance to all people who are involved in the protection and promotion of health, early screening and prevention of diseases, the maintenance of health care, and the policy-making process. According to Flynn (2015), health literacy and education are significant in the health sector as they come in handy in discussion and dialogue, reading health information, interpreting health charts, making decisions concerning research, voting on health policies and many more personal and community decisions in relation to health.

In this regard, most people have low health literacy. For instance, in Australia, 60 per cent of the adult population has been found to possess low literacy concerning health. This means that these people are not in a position to effectively decide on matters of healthcare (Commonwealth of Australia, 2014). It is evident that health literacy is a determinant of health in society (Sørensen, eta l., 2012). Therefore, health promotion should be encouraged in the healthcare system to enable individuals to increase their control over health determinants, which will eventually help improve their health.

The Ottawa Charter

In 1986, the initial international conference concerning health promotion introduced the Ottawa Charter, which was an action meant to achieve the health of all people globally(WHO, 1986). This charter was introduced in the same period the obesity epidemic was starting to spread. Thus, the charter provided a framework for the promotion of action in each and every public health area (Fynn, 2015). The Ottawa Charter provided an outline of key action areas necessary for the improvement of the health of a population. These were the development of personal skills, re-orientation of health services, strengthening of community action, the creation of a supportive environment, and the building of a public policy that is healthy. Only the development of personal skills is done on an individual level, but the rest are at the interventional level.

The Relationship Between Health, Literacy, Health Promotion And Outcome In Diabetes

“Diabetes is a metabolic disorder which is either diagnosed with chronic hyperglycemia or with disturbance of carbohydrate, protein and lipids metabolism caused by the failure in secretion or function of insulin or both” (Fynn, 2015). Type II diabetes is common among the public, as it covers almost 90 per cent of the diabetes population (International Diabetes Federation, 2017). According to the International Diabetes Federation’s 2025 Diabetes Atlas, approximately 589 million adults aged 20–79 were living with diabetes in 2024, and the figure is projected to reach 853 million by 2050. Hence, diabetes is now considered a serious problem for the healthcare system globally (Tucker et al., 2014). There is no cure for diabetes, but it can be managed through the change in lifestyle as well as following the health promotional behaviours. This would result in minimized costs of health care, stress, and other side effects that are normally caused by diabetes (Nerat et al., 2016).

Health literacy is one of the factors related to the lifestyle behaviours of individuals. People with diabetes condition require some kind of ability to obtain, process and understand information concerning healthcare so as to make appropriate decisions on matters of health (Chahardar-cherik et al., 2018). In these patients with diabetes condition, health literacy is directly related to their understanding of self-efficiency and self-care in the acceptance of the disease, following treatment plans, management of the disease, self-management, and better health outcomes.

Low literacy can be associated with weaker diabetes self-management, deteriorated control of the blood sugar, more side effects which are self-reported, side effects which are more severe, longer hospitalization periods and many more adverse effects. Thus, health literacy and health promotion have positive relations and are the basic factors capable of promoting health behaviours in diabetes patients and improving the patient’s outcomes (Flynn, 2015). Hence, healthcare providers should strive to increase the literacy of patients, which will make possible the development of patients’ health-promoting behaviours.

The Ottawa Framework

Prevention approaches to adult diabetes at the individual level as well as at the population level differ from that of children. The objective of adult prevention strategies is to assist adults in establishing and maintaining a stable weight by having a healthy lifestyle. Addressing the obesity condition of people between 25-60 years of age has rippling effects on the broader population and the generations to come. Therefore, both individual and collective actions are necessary for the management and treatment of obesity. The Ottawa Charter sets up five strategic areas for the promotion of health through the creation of a comprehensive approach to addressing the issues of weight, obesity, and health.

Building Public Policy Which Is Healthy

A healthy public policy is a set of coordinated actions that result in social, health, and income policies that advocate for equality in society. The approaches involved include legislation, taxation, fiscal measures and organizational change (The Ottawa Charter, 1986). Thus, local, provisional, regional, and federal entities have a role in the creation of healthy public policies that promote a healthy weight and obesity approach (North Health, 2012). Some of these approaches include regulation of practices and marketing in the weight loss sector, expansion/continuation of support with funding and financial incentives to promote healthy living. In addition, setting transferable standards for physical activities and food in all settings and providing support through education, evaluation, toolkits, and enforcement. Also, support for community planning and policies for the promotion of healthy eating as well as active living is needed.

Creating Supportive Environments

Changes in the patterns of work, leisure and life have an impact on the health of individuals. Work and leisure should be organized so that they are a source of health to people but not a source of problems. Thus, the promotion of a healthy lifestyle develops safe, satisfying and conducive living as well as working conditions (The Ottawa Charter, 1986). Adults have daily interactions in different settings, such as work and home. The settings need to be carefully considered while seeking to create a supportive environment for obese and overweight people. The home framework is set up to support and develop eating competence in people diagnosed with diabetes (North Health, 2012). This is achieved through support, development, advocacy, and education on matters of active living. Moreover, the framework advocates for the support and development of workplace wellness policies, strategies, and programs which focus on the improvement of wellness and the health of patients rather than on weight loss and dieting.

Strengthening The Community Action

Setting up substantial and effective communal action for decision-making, strategic planning, and implementation is a way of promoting health. The main focus of the promotion of community action is to empower communities' control and ownership of their actions and destinies (The Ottawa Charter, 1986). Partnership and collaboration between private, public, and non-governmental organizations are effective tools for the implementation of successful actions to promote an approach that is health-focused (North Health, 2012). Thus, collaboration at the local, regional, provincial, and federal levels is essential to fostering the capacity of the community and improving approaches to obesity and weight loss. Moreover, resources are developed to facilitate the community's engagement in healthy eating, sedentary behaviour, and bodily inactivity. Moreover, Support can be offered to the communities' initiatives on healthy living, and the knowledge-to-action technique can be used to translate evidence-based learning into useful information for the community.

Development Of Personal Skills

Personal skills are essential as they help individuals to continuously learn, prepare and cope with injuries and chronic illnesses. These skills are facilitated at work, home, and community setting in adults between the ages of 25-60 years. Thus, commercial, professional and voluntary actions are needed within these institutions where people with diabetes interact (The Ottawa Charter, 1986). Resources and programs should be set up to support individuals and their families in improving their health outcomes through the creation of awareness, education, engagement, and capacity building (North Health, 2012). Such initiatives include support for literacy programs focused on weight management, eating competencies, and the reduction of sedentary programs. In addition, evidence-based health promotions should be supported.

Reorientation Of Health Services

The individuals, community, health professionals, institutions dealing with health services and the government share the responsibility of ensuring the promotion of health. Hence, these institutions should work in unison to achieve a health-focused healthcare system (The Ottawa Charter, 1986). Reorientation of the healthcare services can be performed by health professionals, community planners, local governments, professionals concerned with sports and recreation, and allied and general practitioners and volunteers (North Health, 2012). As a result, a health-focused approach in relation to obesity and weight can be successfully achieved. These strategies include the sharing of materials capable of supporting decision-making and a health-focused approach to obesity and weight loss. Also, the development of comprehensive guidelines for health measurements and providing training and leadership for clear messaging concerning weight bias are among the strategies available for the reorientation of health services. What's more, the strategies involve the

development of support, which is community-based and the integration of the management of weight management resources into primary care.

Conclusion

Health literacy and education facilitate change in attitude, which leads to eventual behaviour change in regard to health. These health-promoting attitudes and behaviours are the major factors for the management and reduction of obesity in adults aged 25-60. The Ottawa Charter provides the health literacy and education framework to ensure the management of diabetes. The framework includes building a healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. Thus, by sharing responsibility in health promotion, the stakeholders in the health sector will be able to achieve and manage diabetes in adults 25-60 years of age.

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