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Like many public health problems, neonatal mortality is the most obvious consequence of other underlying causes, many of them structural, that reflect poverty and inequity in society. To a greater or lesser degree, the countries of the region have been adopting a series of health sector interventions aimed at improving the health of newborns and reducing neonatal mortality. For example: wider health coverage, skilled care in childbirth, breast feeding, and vaccination, among others. During the last decade, newborn health has become increasingly relevant on the public health agenda. This, added to the growing evidence around the implications of early conditions throughout the life course and the availability of specific interventions aimed at reducing the main causes of death in newborns and promoting adequate care, support the need for special attention on the newborn and the perinatal periods. There are still important challenges to address in the neonatal period, but most importantly: Preventable neonatal mortality Health conditions that affect individuals throughout their life course and social capital Inequalities Strategies and plans of action being implemented on these topics include lines of action and interventions aimed at addressing them. The Regional Plan of Action for Women´s, Children´s and Adolescents´ Health proposes four lines of action, specifying essential actions to be taken at country and regional levels to strengthen a transformative policy environment to reduce health inequities; promote universal, effective and equitable health and well-being in families, schools, and communities throughout the life course; expand equitable access to comprehensive, integrated and quality health services that respond to the differentiated needs of the various groups of women, children and adolescents; and strengthen the generation and use of strategic information. The Plan of Action was approved in 2018. The final recommendations of this framework were aimed at following up on the strategic lines of the Sustainable Development Goals (SDGs), the Global Strategy for Women's, Children's and Adolescents' Health and the Every Newborn Action Plan. The All Newborns Action Plan (ENAP) was developed in response to country demand. The initiative establishes a clear perspective on how to improve the health of newborns and prevent fetal deaths by 2035. By supporting government leadership and offering guidance to strengthen newborn health components in the plans and strategies of the In the health sector, especially those related to reproductive, maternal and child health, this plan promotes the United Nations Secretary-General's Global Strategy for Women's and Children's Health and the All Women, All Children movement. The ENAP encourages all stakeholders to take specific measures to improve the quality and access to care for women and newborns as part of the ongoing care process: 1) Strengthen, through investments, care during the crucial moments of labor, birth, the first day of life and the first week of life; 2) Improve the quality of maternal and newborn care; 3) Reach out to all women and all newborns to reduce inequalities; 4) Harness the influence of fathers, mothers, families, and communities for change; 5) Count all newborns: improve measurement and accountability, including birth and death records. Through its Latin American Center for Perinatology, Women's and Reproductive Health (CLAP), PAHO develops and promotes technical cooperation activities in the perinatal area, both within and between countries, to generate useful evidence in decision-making and to design dissemination strategies for such evidence. Additionally, PAHO works on the development and dissemination of evidence-based guides, training strategies for trainers, specific instruments for evaluating newborns, and approaches to data analysis in decision-making. Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.Mental disorders and psychoactive substance-related disorders are highly prevalent throughout the world and are major contributors to morbidity, disability, and premature mortality. However, the resources allocated by countries to tackle this burden are insufficient, are inequitably distributed, and, at times, inefficiently used. Together, this has led to a treatment gap that, in many countries, is more than 70%. The stigma, social exclusion, and discrimination that occur around people with mental disorders compound the situation. Mental health disorders increase the risk for other diseases and contribute to unintentional and intentional injury.In the Region, depression continues to be the leading mental health disorder, and is twice as frequent in women as in men. 10% to 15% of women in industrialized countries and 20% to 40% of women in developing countries suffer from depression during pregnancy or the postpartum period.Mental and neurological disorders in the elderly, such as Alzheimer’s disease, other dementias, and depression, contribute significantly to the burden of noncommunicable diseases. In the Americas, the prevalence of dementia in the elderly (aged >60 years) ranges from 6.46% to 8.48%. Projections indicate that the number of people with dementia will double every 20 years.Among adults with severe and moderate affective, anxiety, and substance use disorders, the median treatment gap is 73.5% for the Region of the Americas, 47.2% for North America, and 77.9% for Latin America and the Caribbean (LAC). The treatment gap in LAC is 56.9% for schizophrenia, 73.9% for depression, and 85.1% for alcohol.Median public spending on mental health across the Region is a mere 2.0% of the health budget, and over 60% of this is allocated to psychiatric hospitals. Median spending in mental health services stands globally at 2.8% of total government health spending. Low-income countries spend around 0.5% of their health budget in mental health services, and high-income countries, 5.1%. In the Americas, spending ranges from 0.2% in Bolivia to 8.6% reported by Suriname. There is a significant direct linear correlation between national income and Government spending in mental health as a proportion of the total health budget. WHO recommends that health spending allocation should be in proportion to the health burden and that there should be parity between physical and mental aspects of health care. In practical terms, this means that physical and mental health services should be provided in an integrated manner, and that the percentage of spending allocated to mental health services should be proportionate to the percentage of its attributable burden. In 2013, the World Health Assembly approved the Comprehensive mental health action plan 2013-2020. The development and establishment of policies and programs for mental health promotion and prevention are a necessary part of regional efforts to improve mental health in the overall population. PAHO’s regional Plan of Action on Mental Health includes developing and implementing programs for promotion and prevention in the context of mental health systems and services. Examples of broad strategies for mental health promotion and prevention of mental illness throughout the life course include information campaigns, promotion of rights, programs for early childhood and life course skills, provision of healthy working conditions, and programs to protect against child abuse and other types of domestic and community violence.Mental Health is a program within the Department of Noncommunicable Diseases and Mental Health (NMH), which promotes, coordinates and implements technical cooperation to strengthen national capacities to develop policies, plans, programs, and services, thus contributing to mental well-being, prevent mental disorders, emphasize recovery, and promote persons with mental disorders to exercise their human rights to attain the highest possible level of health and to contribute to the well-being of families and communities.Mandates and strategiesAll documentsHigh-Level Commission on Mental Health and COVID-19 The Pan American Health Organization has established the High-level Commission on Mental Health and COVID-19 to support the Organization and its Member States in improving and strengthening mental health across the Americas, both during the pandemic and for the future.access the platform of the commissionTHE REPORT: "A NEW AGENDA FOR MENTAL HEALTH IN THE AMERICAS" "A New Agenda for Mental Health in the Americas" (NAMHA) is a package of priority mental health policy and strategic actions that are crafted for incorporation into countries’ post-pandemic recovery strategies.NAMHA outlines 10 recommendations with corresponding action points and case examples from the Americas that highlight successful models to guide implementation. NAMHA presents evidence-based approaches to address the crisis generated by the COVID-19 pandemic in the short term while laying robust foundations for the longer term to ensure optimal improvements in mental health care in the Region of the Americas.REPORTExecutive summaries: ENG, FRA, POR, SPA A brief history of Health Promotion The first International Conference on Health Promotion was held in Ottawa in 1986 and was primarily a response to growing expectations for a new public health movement around the world. It launched a series of actions among international organizations, national governments, and local communities to achieve the goal of “Health For All” by the year 2000 and beyond. The basic strategies for health promotion identified in the Ottawa Charter were: advocate (to boost the factors which encourage health), enable (allowing all people to achieve health equity), and mediate (through collaboration across all sectors). Since then, the WHO Global Health Promotion Conferences have established and developed the global principles and action areas for health promotion. Most recently, the 9th global conference (Shanghai 2016), titled ‘Promoting health in the Sustainable Development Goals: Health for all and all for health’, highlighted the critical links between promoting health and the 2030 Agenda for Sustainable Development. Whilst calling for bold political interventions to accelerate country action on the SDGs, the Shanghai Declaration provides a framework through which governments can utilize the transformational potential of health promotion. Health promotion is very relevant today. There is a global acceptance that health and social wellbeing are determined by many factors outside the health system which include socioeconomic conditions, patterns of consumption associated with food and communication, demographic patterns, learning environments, family patterns, the cultural and social fabric of societies; sociopolitical and economic changes, including commercialization, trade and global environmental change. Definition of Health Promotion Health promotion is defined as a behavioral social science that draws from the biological, environmental, psychological, physical, and medical sciences to promote health and prevent disease, disability, and premature death through education-driven voluntary behavior change activities. Health promotion is the development of the individual, group, institutional, community, and systemic strategies to improve health knowledge, attitudes, skills, and behavior. The purpose of health promotion is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health. Why is health promotion important? Health promotion improves the health status of individuals, families, communities, states, and the nation. Health promotion enhances the quality of life for all people. Health promotion reduces premature deaths. By focusing on prevention, health promotion reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state, and the nation would spend on medical treatment. Where are health educators employed? In schools, public health educators teach health as a subject, promote and implement Coordinated School Health Programs, including health services, student, staff, and parent health education, and promote healthy school environments and school-community partnerships. At the school district level, they develop education methods and materials; coordinate, promote, and evaluate programs; and write funding proposals. Working on a college/university campus, health educators are part of a team working to create an environment in which students feel empowered to make healthy choices and create a caring community. They identify needs; advocate and do community organizing; teach whole courses or individual classes; develop mass media campaigns; and train peer educators, counselors, and/or advocates. They address issues related to disease prevention; consumer, environmental, emotional, sexual health; first aid, safety, and disaster preparedness; substance abuse prevention; human growth and development; nutrition and eating issues. They may manage grants and conduct research. In companies, health educators perform or coordinate employee counseling as well as education services, employee health risk appraisals, and health screenings. They design, promote, lead and/or evaluate programs about weight control, hypertension, nutrition, substance abuse prevention, physical fitness, stress management, and smoking cessation; develop educational materials; and write grants for money to support these projects. They help companies meet occupational health and safety regulations, work with the media, and identify community health resources for employees. In health care settings, health educators educate patients about medical procedures, operations, services, and therapeutic regimens, create activities and incentives to encourage the use of services by high-risk patients; conduct staff training, and consult with other healthcare providers about behavioral, cultural, or social barriers to health; promote self-care; develop activities to improve patient participation on clinical processes; educate individuals to protect, promote or maintain their health and reduce risky behaviors; make appropriate community-based referrals, and write grants. In community organizations and government agencies, health educators help a community identify its needs, draw upon its problem-solving abilities and mobilize its resources to develop, promote, implement and evaluate strategies to improve its own health status. Health educators do community organizing and outreach, grant-writing, coalition building, advocacy development, and produce and evaluate mass media health campaigns. Combine an affordable, world-class education with the spirit of a welcoming, close-knit community – even online. Our 100% online nursing program enables you to participate in courses and study anywhere, any time, so you can continue your career while earning your degree. No campus visits are required. The University of Maine at Fort Kent’s 100% online Registered Nurse to Bachelor of Science in Nursing program is designed to accommodate working nurses. Whether you live in a peaceful country community or a bustling urban environment, this degree provides valuable advanced knowledge, leadership skills, and a strong foundation of evidence-based practice as well as preparation for graduate studies. An RN license is required for admission into this program. Through advanced coursework and evidence-based practice, advance your clinical and leadership skills with a Master of Science in Nursing degree. Our 100% online format is designed for busy professionals like you. Choose between two concentrations: Adult-Gerontology Acute Care Nurse Practitioners (A/GACNP) and Psychiatric/Mental Health Nurse Practitioner (PMHNP). Our Doctorate of Nursing Practice represents the highest level of clinical nursing education. If you are ready to take your career to another level, we will prepare you with the advanced practice and leadership skills you need to get there. Our accommodating online format with multiple start dates and 7-week courses means you have options. New terms begin every eight weeks so you can begin your program sooner with the opportunity to finish faster – in a year or less. Plus, there is no application fee! The UMFK nursing faculty is helping address the nursing shortage in rural Maine and beyond by expanding access to a quality BSN—now available 100% online. Our RN to BSN and MSN have received national accreditation. The nursing program at the University of Maine at Fort Kent is approved by the Maine State Board of Nursing, 161 Capitol Street, 158 Statehouse Station, Augusta, Maine, 04333-0158. The Doctor of Nursing Practice program and post-graduate APRN certificate program at UMFK are pursuing initial accreditation by the Commission on Collegiate Nursing Education ( ). Applying for accreditation does not guarantee that accreditation will be granted. Online classes require self-determination and discipline, but it’s also fun. You can still work during the day to provide for your family. Student Submit the form below, and a representative will contact you to answer any questions. Skip to main content Skip to main content What is health promotion? Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure. There are 3 key elements of health promotion:1. Good governance for healthHealth promotion requires policy makers across all government departments to make health a central line of government policy. This means they must factor health implications into all the decisions they take, and prioritize policies that prevent people from becoming ill and protect them from injuries. These policies must be supported by regulations that match private sector incentives with public health goals. For example, by aligning tax policies on unhealthy or harmful products such as alcohol, tobacco, and food products which are high in salt, sugars and fat with measures to boost trade in other areas. And through legislation that supports healthy urbanization by creating walkable cities, reducing air and water pollution, enforcing the wearing of seat belts and helmets. 2. Health literacyPeople need to acquire the knowledge, skills and information to make healthy choices, for example about the food they eat and healthcare services that they need. They need to have opportunities to make those choices. And they need to be assured of an environment in which people can demand further policy actions to further improve their health. 3. Healthy cities Cities have a key role to play in promoting good health. Strong leadership and commitment at the municipal level is essential to healthy urban planning and to build up preventive measures in communities and primary health care facilities. From healthy cities evolve healthy countries and, ultimately, a healthier world. Process of enabling people to increase control over, and to improve, their health Health promotion is, as stated in the 1986 World Health Organization (WHO) Ottawa Charter for Health Promotion, the "process of enabling people to increase control over, and to improve their health."[1] The WHO's 1986 Ottawa Charter for Health Promotion and then the 2005 Bangkok Charter for Health Promotion in a Globalized World defines health promotion as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health".[2] Health promotion is a multifaceted approach that goes beyond individual behavior change. It encompasses a wide range of social and environmental interventions aimed at addressing health determinants such as income, housing, food security, employment, and quality working conditions.[3][4] It is important to distinguish between health education and health promotion. Health education refers to structured learning activities aimed at improving health literacy, while health promotion encompasses broader social and environmental interventions designed to support healthy behaviors and lifestyles. The World Health Organization distinguishes between these approaches, emphasizing that health promotion involves not only individual behavior change but also efforts to modify social determinants of health.[5] Health promotion involves public policy that addresses health determinants such as income, housing, food security, employment, and quality working conditions.[6] More recent work has used the term Health in All Policies (HiAP) to refer to the actions that incorporate health into all public policies. Health promotion is aligned with health equity and can be a focus of non-governmental organizations (NGOs) dedicated to social justice or human rights. Health literacy can be developed in schools, while aspects of health promotion such as breastfeeding promotion can depend on laws and rules of public spaces. One of the Ottawa Charter Health Promotion Action items is infusing prevention into all sectors of society, to that end, it is seen in preventive healthcare rather than a treatment and curative care focused medical model.[citation needed][7] There is a tendency among some public health officials, governments, and the medical–industrial complex to reduce health promotion to just developing personal skills, also known as health education and social marketing focused on changing behavioral risk factors.[8] However, recent evidence suggests that attitudes about public health policies are less about personal abilities or health messaging than about individuals' philosophical beliefs about morality, politics, and science.[9] This first publication of health promotion is from the 1974 Lalonde report from the Government of Canada,[10] which contained a health promotion strategy "aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health".[11] Another predecessor of the definition was the 1979 Healthy People report of the Surgeon General of the United States,[10] which noted that health promotion "seeks the development of community and individual measures which can help... [people] to develop lifestyles that can maintain and enhance the state of well-being".[12] At least two publications led to a "broad empowerment/environmental" definition of health promotion in the mid-1980s:[10] In the year 1984 the WHO Regional Office for Europe defined health promotion as "the process of enabling people to increase control over, and to improve, their health".[13] In addition to methods to change lifestyles, the WHO Regional Office advocated "legislation, fiscal measures, organizational change, community development and spontaneous local activities against health hazards" as health promotion methods.[13] In 1986, Jake Epp, Canadian Minister of National Health and Welfare, released Achieving health for all: a framework for health promotion which also came to be known as the "Epp report".[10][14] This report defined the three "mechanisms" of health promotion as "self-care"; "mutual aid, or the actions people take to help each other cope"; and "healthy environments".[14] 1st International Conference on Health Promotion, Ottawa, 1986, which resulted in the "Ottawa Charter for Health Promotion".[15] According to the Ottawa Charter, health promotion:[15] "is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being" "aims at making... [political, economic, social, cultural, environmental, behavioural and biological factors] favourable through advocacy for health" "focuses on achieving equity in health" "demands coordinated action by all concerned: by governments, by health and other social organizations." The "American" definition of health promotion, first promulgated by the American Journal of Health Promotion in the late 1980s, focuses more on the delivery of services with a bio-behavioral approach rather than environmental support using a settings approach. Later the power on the environment over behavior was incorporated. The Health Promotion Glossary 2021 reinforces the international 1986 definition.[citation needed] The WHO, in collaboration with other organizations, has subsequently co-sponsored international conferences including the 2015 Okanagan Charter on Health Promotion Universities and Colleges.[citation needed] In November 2019, researchers reported, based on an international study of 27 countries, that caring for families is the main motivator for people worldwide.[16][17] Health promotion is underpinned by several theoretical frameworks that guide its implementation: The Health Belief Model: This model focuses on individual perceptions of health threats and the effectiveness of health promoting behaviors.[citation needed] The Transtheoretical Model: Also known as the Stages of Change model, it describes how individuals move through different stages when modifying health behaviors.[citation needed] Social Cognitive Theory: This theory emphasizes the interaction between personal factors, environmental influences, and behavior in health promotion.[citation needed] These frameworks provide a foundation for developing effective health promotion strategies and interventions. Current models of health promotion include the PRECEDE-PROCEED model, which involves planning health promotion interventions based on social and epidemiological assessments, and the Social Cognitive Theory (Bandura, 1986), which emphasizes self-efficacy and the interaction between individuals and their environments. These frameworks enable health professionals to design interventions targeting behavior change at multiple levels—individual, community, and policy.[18] Health promotion employs various strategies to achieve its goals: 1.Community-based interventions: These involve engaging local communities in identifying health issues and developing solutions.[19] 2.Policy-level approaches: This includes advocating for and implementing policies that support health, such as tobacco control measures or food labeling regulations.[20] 3.Settings-based approach: This strategy focuses on creating health-promoting environments in specific settings like schools, workplaces, and hospitals.[20] 4.Health literacy initiatives: These aim to improve people's ability to access, understand, and use health information to make informed decisions.[20] 5.Social mobilization: This involves bringing together societal and personal influences to raise awareness, deliver resources, and cultivate sustainable community involvement in health promotion.[20] Global health promotion efforts, such as WHO's "Health for All" initiative, highlight the increasing role of digital health interventions. For example, mHealth programs in sub-Saharan Africa have demonstrated success in improving vaccination rates.[21] These technologies allow for real-time health education and preventive care to underserved populations. Evaluating the effectiveness of health promotion initiatives is crucial for ensuring that resources are used efficiently and that interventions achieve their intended outcomes. However, measuring the impact of health promotion can be challenging due to the complex nature of health determinants and the long-term effects of many interventions. Health promotion evaluations typically employ a mix of quantitative and qualitative methods: Quantitative measures: These include health indicators (e.g., disease rates, mortality rates), behavioral changes (e.g., smoking cessation rates), and economic analyses (e.g., cost-effectiveness studies).[1] Qualitative assessments: These involve gathering insights through interviews, focus groups, and observational studies to understand the context and process of health promotion interventions.[1] Mixed-methods approaches: Combining quantitative and qualitative data can provide a more comprehensive understanding of an intervention's impact and implementation process.[1] Several factors complicate the evaluation of health promotion initiatives: Long-term outcomes: Many health benefits may not be apparent for years or even decades after an intervention. Attribution: It can be difficult to attribute health improvements solely to specific health promotion activities, given the many factors that influence health. Complexity: Health promotion often involves multiple strategies and targets various determinants of health simultaneously. Ethical considerations: Randomized controlled trials, often considered the gold standard in medical research, may not always be feasible or ethical in community-based health promotion.[22] Despite these challenges, numerous studies have demonstrated the effectiveness of health promotion interventions: Tobacco control: Comprehensive tobacco control programs, including public education, smoking bans, and taxation, have been shown to reduce smoking rates and related health problems.[23] Physical activity: Community-wide campaigns to promote physical activity have been associated with increased physical activity levels and improved health outcomes.[24] Nutrition: School-based programs promoting healthy eating have demonstrated positive effects on children's dietary habits and body mass index.[25] Workplace health promotion: A systematic review found that workplace health promotion programs can lead to improvements in employee health behaviors and reduced healthcare costs.[26] While these examples highlight successful interventions, it's important to note that the effectiveness of health promotion initiatives can vary depending on the context, target population, and implementation quality. Ongoing evaluation and adaptation of health promotion strategies remain essential for maximizing their impact on population health. The WHO's settings approach to health promotion, Healthy Settings, looks at the settings as individual systems that link community participation, equity, empowerment, and partnership to actions that promote health. According to the WHO, a setting is "the place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing."[27] There are 11 recognized settings in this approach: cities, villages, municipalities and communities, schools, workplaces, markets, homes, islands, hospitals, prisons, and universities.[citation needed][28] Health promotion in the hospital setting aims to increase health gain by supporting the health of patients, staff, and the community. This is achieved by integrating health promotion concepts, strategies, and values into the culture and organizational structure of the hospital. Specifically, this means setting up a management structure, involving medical and non-medical staff in health promotion communication, devising action plans for health promotion policies and projects, and measuring and measuring health outcomes and impact for staff, patients, and the community.[citation needed] The International Network of Health Promoting Hospitals and Health Services is the official, international network for the promotion and dissemination of principles, standards, and recommendations for health promotion in the hospital and health services settings.[29] Main article: Workplace health promotion The process of health promotion works in all settings and sectors where people live, work, play and love. A common setting is the workplace. The focus of health on the work site is that of prevention and the intervention that reduces the health risks of the employee. In 1996, the U.S. Public Health Service issued a report titled "Physical Activity and Health: A Report of the Surgeon General" that provided a comprehensive review of the available scientific evidence about the relationship between physical activity and an individual's health status at that time. The report showed that over 60% of Americans were not regularly active and that 25% are not active at all. There is very strong evidence linking physical activity to numerous health improvements. Health promotion can be performed in various locations. Among the settings that have received special attention are the community, health care facilities, schools, and worksites.[30] Worksite health promotion, also known by terms such as "workplace health promotion", has been defined as "the combined efforts of employers, employees and society to improve the health and well-being of people at work".[31][32] WHO states that the workplace "has been established as one of the priority settings for health promotion into the 21st century" because it influences "physical, mental, economic and social well-being" and "offers an ideal setting and infrastructure to support the promotion of health of a large audience".[33] Worksite health promotion programs (also called "workplace health promotion programs", "worksite wellness programs", or "workplace wellness programs") include adequate sleep,[34] cooking classes,[35] exercise,[34][36] nutrition,[35] physical activity,[37][38][39] smoking cessation,[34][35][40] stress management,[citation needed][35][41] and, weight loss.[42] According to the Centers for Disease Control and Prevention (CDC), "Regular physical activity is one of the most effective disease prevention behaviors."[43] Physical activity programs reduce feelings of anxiety and depression, reduce obesity (especially when combined with an improved diet), reduce risk of chronic diseases including cardiovascular disease, high blood pressure, and type 2 diabetes; and finally improve stamina, strength, and energy.[citation needed] Reviews and meta-analyses published between 2005 and 2008 that examined the scientific literature on worksite health promotion programs include the following: A review of 13 studies published through January 2004 showed "strong evidence... for an effect on dietary intake, inconclusive evidence for an effect on physical activity, and no evidence for an effect on health risk indicators".[44] In the most recent of a series of updates to a review of "comprehensive health promotion and disease management programs at the worksite," Pelletier (2005) noted "positive clinical and cost outcomes" but also found declines in the number of relevant studies and their quality.[45] A "meta-evaluation" of 56 studies published 1982–2005 found that worksite health promotion produced on average a decrease of 26.8% in sick leave absenteeism, a decrease of 26.1% in health costs, a decrease of 32% in workers' compensation costs and disability management claims costs, and a cost-benefit ratio of 5.81.[46] A meta-analysis of 46 studies published in 1970–2005 found moderate, statistically significant effects of work health promotion, especially exercise, on "work ability" and "overall well-being"; furthermore, "sickness absences seem to be reduced by activities promoting a healthy lifestyle".[47] A meta-analysis of 22 studies published 1997–2007 determined that workplace health promotion interventions led to "small" reductions in depression and anxiety.[48] A review of 119 studies suggested that successful work site health-promotion programs have attributes such as: assessing employees' health needs and tailoring programs to meet those needs; attaining high participation rates; promoting self care; targeting several health issues simultaneously; and offering different types of activities (e.g., group sessions as well as printed materials).[49] A study conducted by the World Health Organization and the International Labour Organization found that exposure to long working hours is the occupational risk factor with the largest attributable burden of disease, i.e. an estimated 745,000 fatalities from ischemic heart disease and stroke events in 2016.[50] This landmark study established a new global policy argument and agenda for health promotion on psychosocial risk factors (including psychosocial stress) in the workplace setting. Breastfeeding promotion Cycling advocacy Declaration of Alma-Ata Harm reduction Drug checking Needle and syringe programmes Supervised injection site Health 21 Health for all Health policy Health promoting hospitals Health promotion in higher education Occupational safety and health Ottawa Charter for Health Promotion Preventive healthcare Reagent testing Right to a healthy environment Right to health Sexual and reproductive health Universal health care

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