

## **ENTREPRENEURSHIP IN HEALTH EDUCATION AND HEALTH PROMOTION**

ADEDAYO A. A. <sup>1</sup>

### **Abstract**

*The article is a systematic examination of the nature, benefits and applications of entrepreneurship in the fields of health education and health promotion in contemporary times. The study is expedited by the routes of integrated review of the literature and participant observation the health education and health promotion aspects of the health sector of the modern state's economy. The article highlights the relationships among health education, health promotion and quality of life of the citizenry. Private sector/ public sector synergy through legislation, political good will, taxation, budgetary support and sustenance of entrepreneur-friendly organizational climate through general and specific policy processes at all tiers of government, education and private corporate firms are advocated, among other things. It is concluded that imparting entrepreneurial skills and attributes to youths at all levels of education appears to be a reliable means of addressing the risks posed by massive unemployment among youths the world over.*

**KEY WORDS:** Entrepreneur, Entrepreneurship, Health, Health Education, Health Promotion

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<sup>1</sup> Department of Physical and Health Education, Adeyemi College of Education, Ondo.

## **Introduction**

Aldana, et al. (2012) find that worksite policies and environments supporting a culture of health are important to helping employees adopt and maintain healthy behaviours. According to Shoaf et al. (2004), there has been a long-standing positive relationship between corporate financial success and a healthy organizational environment. Innovation appears to be the principal tool of the entrepreneur. The health education and the health promotion fields are fertile grounds for the entrepreneurially skilled professional to initiate new ideas, tools and techniques as solutions in meeting the challenges of practice in the field.

By entrepreneurship is meant the characteristics and skills that make a person to be a successful entrepreneur. Professional health educators and health promoters use their entrepreneurial skill to devise innovative programmes for effective accomplishment of corporate objectives. In essence, the entrepreneurially minded health educator/promoter is highly likely to be productive in terms of effective programme implementation and generation of job opportunities and capital in the form of profit for the concern or venture.

The English adage, "Health is wealth", is an indication of the fact that appreciation of the direct relationship between population health and productivity is an age-old one.

Another benefit that accrues from good health is minimized expenses on medical costs of curative medical care. Therefore, the synergistic links among health, productivity, entrepreneurship and enhanced quality of life are attested to in the literature (Lopez-Acuna, et al., 2000; Johansen, 2010). The purpose of the study was to systematically explore the nature, benefits and applications of entrepreneurship in health education and health promotion today.

## **Health Education and Health Promotion**

While health education has a long history as a professional and, or academic field, health promotion emerged in the 1980s. Whereas the popular thinking is in the direction of viewing health education and health promotion as synonymous terms, both of them are different processes. However, health promotion is more embracing with the effect that health education is subsumed within its scope.

The Public Health Agency of Canada (2008) considers health education as planned learning designed to improve knowledge, and develop life skills which are conducive to individual and community health. In essence, health education may be defined as the field of study and professional field that is devoted to effectively facilitating the acquisition of health-enhancing knowledge, skills and attitudes.

Conversely, health promotion presupposes efforts that encourage and enable people to make lifestyle and behavioural changes that increase control over the determinants of their own health (Nutbeam, 1998; Yassi, 2005; O' Donnell, 2009; Edwards, 2012 Cottrell, Girvan & Mckenzie, 2014). Raeburn and Corbett (2001) identify treatment, risk and well-being as the three focus domains of health promotion. They observe that community-oriented health promotion is at the core of health promotion.

According to the Ottawa Charter, health promotion is based on a holistic concept of health, stressing not only the physical but also the psychological and social dimensions of well-being. At the core of health promotion is the notion that the individual needs to be good at mastering his life and, public authorities and health professionals need to create the best possible climate or context for innovative change and continuous improvement in the conduct of health education and health promotion programmes (Andersen and Knudsen, 2010).

Six health promotion functions are identified: strategic planning, programme management, monitoring and evaluation, education and training, resources and information, and advice and consultancy (Speller, Evans & Head, 1997). They point out that model standards and criteria of quality

of health promotion programme implementation or practice are derivable on each of the six functions. For instance, a substance misuse or a sexual health promotion programme may be assessed and evaluated against a backdrop of the six health promotion functions.

Eriksson, Axelsson and Axelsson (2012) show the importance of regarding the development of health-promoting leadership as a contribution to the building of health-promoting workplaces. They point out that it requires a comprehensive approach, including individual and structural aspects, as well as an integration of programme ideas into the practice of management.

Health is a dynamic state of being, whose components are acting and interacting, and it is individually and socially valued. Health may be viewed both as a global quality and as a set of specific attributes or qualities (physical, psychological and social well-being and functioning (Noack, 1991). Noack is of the hardly disputable view that health is an experience and a process of equilibrium or balance that people tend to perceive as well-being and adequate functioning. He concludes that health implies command over resources, possession of a constellation of capacities and opportunities, or a potential.

Optimal health is full realization of the individual's health potential. O' Donnell

(2009) points out that optimal health has physical, intellectual, social, emotional and spiritual dimensions. Edwards (2012) observes that the extensive scope of health promotion programmes includes: alcohol and drug assistance (drug detoxification and rehabilitation), cancer prevention, cardiovascular screening, cholesterol screening and reduction, counseling assistance, exercise prescription, eye care, fitness testing and maintenance, headache/migraine prevention techniques, health risk appraisals and needs assessments, hypertension screening and reduction control, lifestyle consultations, nutrition education, tobacco use cessation, stress management and reduction, weight control and maintenance.

Health problems that are prevalent in countries such as Nigeria include poverty, unemployment, diabetes, poliomyelitis, cancer, cerebrospinal meningitis, malaria, tobacco use, alcohol use, herb use, hypertension, malnutrition, osteoarthritis, child abuse, vesicovaginal fistula, female genital mutilation, HIV/AIDS, tuberculosis, intestinal worm infection, skin-bleaching cream/soap use, low-level physical activity, Lack of rest/recreation, environmental pollution and lack of potable water. These problems are opportunities for the entrepreneur to come up with solutions that are applicable within and/or outside the corporate setting.

### **Entrepreneurship**

There are health education and health promotion in entrepreneurship and there is entrepreneurship in health education and health promotion. In essence, the concepts are interconnected in theory and they are mutually reinforcing in practice. Marques et al. (2013) attest to the fact that entrepreneurial orientation is critical for national state and local development of the economy, observing that entrepreneurship has brought about changes, reforms and economic progress all over the world.

The traditional or classical perspective on the meaning of entrepreneurship refers to the practice of taking risks in the process of managing to transform an innovative idea into a profit-making business (Frank, 2007). Richard Cantillon, an Irish banker working in Paris, first used the term “entrepreneur” between 1680 and 1734 in referring to professionals such as medical doctors, lawyers and others who are bearers of uninsurable risk (Raingruber, 2014). The classical notion of the meaning of the term entrepreneur is predicated on the person’s hope for financial profit. However, profit transcends monetary forms of value. This has led to the extension of the scope of entrepreneurship to include social entrepreneurship: the art and science of adding value to life and the environment through creativity and innovation.

Raingruber (2014) cites eight

definitions of entrepreneur from the literature that include the following: (1) one who conceptualizes, implements and operates services to influence social change; (2) someone who perceives an opportunity and creates an organization to pursue it (Orga, 1996); (3) a person with the skill of turning ideas into action; (4) a person who sets up a business, taking financial risks in the hope of profit (Boore and Porter, 2011); and (5) an individual who takes total responsibility and risk for discovering or creating unique opportunities to use personal talents, skill and energy, and who employs a strategic planning process to transform that opportunity into a marketable service or product (Hewison and Badger, 2006).

One major challenge with which entrepreneurship and entrepreneurs are faced in health education and health promotion is the reality that ideas of the entrepreneurially skilled practitioner often runs against the grain of "conventional wisdom". Wehrich and Koontz (2005) rightly observe that entrepreneurs are usually not liked by their colleagues and their contributions are seldom adequately valued. They point out that the entrepreneur often react to their frustrations with the entrepreneurship-stifling climate of the large firm of his employment to start up his own small concern or venture where he will have the freedom and the flexible context to develop new products, new services and

new markets in the health education and health promotion fields of the health sector of the economy.

Distinguishing between the intrapreneur and the entrepreneur, Wehrich and Koontz (2005) are of the view that an intrapreneur is a person who focuses on innovation and creativity, transforming a dream or an idea into a profitable venture by operating within the organizational setting. In contrast, they consider an entrepreneur as a person who does similar things but outside the organizational context. This appears to be an effort at hair-splitting semantics that point in the direction of there being entrepreneurship within and outside organizations.

Bacq and Janssen (2011) put forth the position that entrepreneurship is a sub-field of social entrepreneurship. This is a debatable issue. They cite the suggestion by Verstraete and Fayolle (2004) that entrepreneurship can be delimited, using four paradigms: the paradigm of business opportunity, the paradigm of venture creation, the paradigm of innovation and the paradigm of value creation. These are the main distinguishing elements of entrepreneurship.

Wehrich and Koontz (2005) identify three components of the successful entrepreneur's skills mix: ability to identify an opportunity, ability to obtain the necessary funds, personnel and other inputs, and ability to interface the inputs, harmoniously

harnessing them together in an operation. The art and science of applying entrepreneurial skills constitute what is usually termed entrepreneurship. This implies that entrepreneurial skills are acquired through learning or training, rather than they being inborn behaviours.

Marques, et al. (2013) report that their study on the entrepreneur's psychological and cognitive profile supports the hypothesis that health care professionals who have previously created a firm have particular attributes that are conducive to entrepreneurial activity. Eddy and Stellefson (2009) describe entrepreneurs as individuals who are decisive, energetic, networked, persistent and self-motivated. Raingruber (2014) lists the following characteristics that are common to successful entrepreneurs: risk-taking, emotional endurance, creativity, innovation, goal oriented mindset, sensitivity to trends, prompt response to opportunities that arise, ability to deal with failure, ambiguity and uncertainty, integrity, reliability, patience, accountability, perseverance, determination, flexibility, courage, resourcefulness, initiative, independence, optimism, confidence, self-discipline, perceptiveness, motivation, ability to be proactive, assertiveness, expertise in negotiation, time management skills, a strong customer service focus, skill in networking and a visionary mindset.

### **Applications of Entrepreneurship in Health Education and Health Promotion**

Entrepreneurial skills stand the chances of triggering growth and progress in the health education, health promotion organization and the society at large. For instance, an innovation such as "health promoting schools" may be effectively employed in schools in order to have a great impact on the health and emotional well-being of learners (Deschesnes, Drouin & Couturier, 2013). They propose a multidimensional framework that stresses components such as modulators, antecedents, integration mechanisms and strategic levers as determinants of absorptive capacity for new knowledge – acquisition, assimilation, transformation and exploitation. This understanding may enable precise relative appreciation of the school's potential and realized absorptive capacity for innovation in health education and health promotion on the one hand, and it also enables interscholastic comparison on the components of absorptive capacity for innovation in this field on the other hand.

Eddy and Stellefson (2009) categorise the risks with which entrepreneurs in health education and health promotion have to contend into financial risk, career risk, family and social risk, and psychic risk. They propose the following five major rules of entrepreneurship to which health education and health promotion practitioners have to

adhere in order to enhance the chances of creating businesses that have sustainable edge over the competition and are profitable:

- (a) assess your strong points and weak points in terms of capabilities;
- (b) position your firm on what you do best – your strong points;
- (c) utilise current business marketing applications in identifying a business opportunity or need, formulating a business plan based on reliable feasibility studies;
- (d) set up a good support team that is lean and compact, in order to prevent a situation whereby the firm's high wage bill may adversely affect its profitability. The team or personnel should comprise health professionals, such as health educators, dieticians, exercise physiologists and sport managers, and a business support personnel that is made up of accountants and lawyers whose services are hired when necessary; and
- (e) strategically manage the entrepreneurial activity, effectively and efficiently integrating elements such as funds, personnel, facilities, equipment, supplies and the business plan in order to provide a competitive product or service.

Andersen and Knudsen (2010); and Shegog (2010) note that computer games represent an emerging approach to development of health education and health promotion programmes in the service of national health objectives. Information and Communication Technology (ICT) devices and applications are a veritable means of cultivating and facilitating entrepreneurship in the fields of health education and health promotion. The Internet, electronic mail, social media, video conferencing and Short Message Service are examples of ICT-driven means of innovatively accomplishing health education and health promotion objectives. An instance of this is afforded by the development of mobile electronic drug authentication system through which the genuineness of a medicine may be ascertained by scratching a card attached to the pharmaceutical product and sending the Product Identity Number as a text message via Short Message Service to a number dedicated to the purpose. In less than two minutes comes an "OK Original" or a "Not OK" reply on the prospective user's mobile phone.

## **CONCLUSION**

The mutually beneficial, dynamic relationships among health, health education, health promotion and quality of life stand the chances of being sustained and realized

potentials with the infusion of entrepreneurship and entrepreneurial activity into the mix. Concerted efforts aimed at spreading entrepreneurial skills among health education and health promotion practitioners are critical in effectively contributing to resolving the problem of massive unemployment among youths all over the world.

### **RECOMMENDATIONS**

Based on the foregoing, the following suggestions are proffered that:

- (a) A private sector/public sector synergy be set and sustained in motion through the law-making process, the political process, taxation, budgetary support and an entrepreneur-friendly organizational climate at all tiers of government, education and private corporate firms in the country;
- (b) Intellectual property rights of innovative individuals and organizations be effectively protected through extant laws that heavily sanction violations of such rights;
- (c) Entrepreneurship be included as a topic in the various courses being offered to students, and as an aspect of the general studies courses being taught to students at the tertiary level of education;
- (d) Students be taught how to use information and communication technology devices and applications simulate products, processes and business models and platforms, with a view to iterating them and minimizing waste in the production process;
- (e) Banks plan and implement their financial operations in order to sustain a context in which the creative and innovative spirit of the entrepreneur flourishes by advancing long-term, low-interest loans for venture start-ups; and
- (f) Health education and promotion professionals may serve as programme designers/planners, online health information providers, online health advocates, online environmental health advocates, health spa managers, radio health talks hosts and directors of health education and promotion non-governmental organizations. Each of these areas may be undertaken on general (broad, multi-issue) or specialty (single-issue) bases. For example, an online health information provider may adopt a business model whereby he either focuses on all health issues, a combination of health issues or a single issue such as one of HIV/AIDS, malaria, haemorrhagic fever (ebola), family planning, environmental

sanitation, immunisation, drug education, nutrition, physical activity, recreation workplace safety/health and medical check-up. Also, the online business model is structured such that subscribers pre-pay their subscription fees through their phone credit recharge cards, credit cards or online money transfer.

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