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Integrating Health Protection Strategies and Approaches in the Maintenance of Health-Promoting Behaviours in the 21st Century

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Introduction

Health promotion and health protection might seem synonymous, but in actual sense, they are different as the former encourages healthy behaviours, and the latter prevents health and safety dangers. Health promotion and health protection work individually, and collaboratively, to impact health. Health promotion addresses large scale public health concerns, beginning with the well-being of each individual. Health promotion activities are those which seek to modify the behavior of individuals by improving the choices that affect society at large. The primary goal of health promotion is to decrease the risk of illness or disease and improve overall health; whilst health protection is concerned with preventing the spread of communicable diseases by establishing minimum standards, often in the form of regulations e.g. Covid-19 protocols. Health protection is often managed by the public sector.

While health promotion and health protection approach the topic of public health from different directions, the two do have areas of overlapping interest. For example, a common health prevention strategy is to warn the public about outbreaks of contagious diseases that pose a serious health risk like Covid-19. But, since viruses cannot always be eliminated, the recommendations are coupled with health promotion strategies meant to influence better health or hygienic practices, and thereby reduce the risk of spreading outbreaks (Covid-19 Protocols). In the Nigeria, the responsibility of establishing and maintaining health protection standards is entrusted to government agencies like the National Agency for Food, Drug Administration and Control, Federal Ministry of Health, Environmental Protection Agency, and Standard Organisation of Nigeria (Hamilton-Ekeke, 2022).

Sam, Alex, David, Paul, David and Merav (2016) defined health protection as the protection of individuals, groups and populations through the effective collaboration of experts in identifying, preventing and mitigating the impacts of infectious diseases and of environmental, chemical and radiological threats. It is seen as a subset of public health, the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society (Rubin, 2017). With the understanding of health expanding to include a dynamic of well-being, definitions of health vary, and activities associated with health promotion and disease prevention often overlap. An individual's view of health may affect his or her motivation to perform health-promoting behaviors (Redland & Stuifbergen (1993). Growing evidence indicates that comprehensive policies and programs that simultaneously address health promotion and health protection may be more effective in preventing disease and promoting health and safety than either approach taken separately (Hamilton-Ekeke, 2013; Hamilton-Ekeke, Odibo, Cleopas, & Telu, 2021; Hamilton-Ekeke, Adeleke, & Telu, 2021). Although additional evidence of the effectiveness of this approach is needed, there is an increasing acknowledgement of the potential advantages of integration. Integrating health promotion and health protection efforts may contribute to greater improvements in behaviour change (Sorensen, Barbeau, Stoddard, Hunt, Kaphingst & Wallace, 2005)

Integration of health protection and health promotion facilitates, better use of limited resources, can improve the overall health, productivity and resilience of communities. This integrated approach has been adopted as a research to practice (R2P) priority by the National Institute for Occupational Safety and Health (NIOSH) in its Total Worker Health (TWH) Program (Sorensen et al., 2013). The TWH Program reflects a strategy for integrating occupational safety and health protection with health promotion, to prevent worker injury and illness and to advance health and well-being (Centers for Disease Control and Prevention, 2013), In addition, this integrated approach has been endorsed by the American College of Occupational and Environmental Medicine (Hymel, Loeppke, & Baase, 2011), the American Heart Association for cardiovascular health promotion (Carnethon, Whitsel, & Franklin, 2009), International Association for Worksite Health Promotion (WHO, 1997).
The objective of this study is to discuss some health protection strategies and approaches which can be integrated into health promotion to initiate efficient mechanisms to improve the health of the population, sustained in the long term.

Health protection encompasses activities ensuring healthy living and working conditions, and preventing the transmission of communicable diseases and epidemics. Whilst, health promoting behaviours are activities which enable people to improve their health and increase control over health determinants including activities of individuals, public sector and other segments of society to ensure favourable socioeconomic and environmental conditions that enhance health and life-style.

Principles Underpinning the Strategies and Approaches Discussed in this Paper
The strategies and approaches discussed in this paper are underpinned by these three principles:

Health is a major societal and economic resource and asset. Good health benefits all sectors and the whole of society: Good health is essential for economic and social development and a vital concern to the lives of every single person, families and communities. Poor health wastes potential, causes despair and drains resources across public and private sectors. Empowering people to have control over their health and its determinants strengthens communities and improves lives. Without people‘s active involvement, many opportunities to promote and protect their health and to increase their well-being are lost.

What makes societies prosper and flourish also makes people healthy - policies that recognize this have more impact: Fair access to education, decent work, housing and income all support health. Health contributes to increased productivity, a more efficient workforce, healthier ageing, and less expenditure on sickness. The health and well-being of the population are best achieved if the whole of society and the whole of government work together to address the social and individual determinants of health.

Health performance and economic performance are interlinked - improving the health sector‘s use of its resources is essential: The health sector is important for both its direct and indirect effects on the economy: it matters not only because of how it affects people‘s health and their productivity but because it is now one of the largest economic sectors. Its importance will continue to grow and so will the significance of its contribution to wider societal goals.

Strategies and Approaches Discussed in this Paper
The strategies and approaches discussed are:
Knowledge-Based Strategies for Action;

Systematic Approach to Health Promotion: Evidence-Based Practice;
Partnership and Alliances Collaboration to Promote Health
Quality Health Promotion;
Participatory Approaches for Identifying Health Needs;
Healthy Public Policy.
Occupational Health and Safety

Knowledge-Based Strategies for Action

Health-promoting behaviours should be knowledge-based through the inculcation of health education as a health protection strategy. Health education in this context is a process by which health information is successfully communicated in such a way that the recipient is motivated to use the information to promote, protect, maintain or restore his or her health, family and community health. Health education is expressed mathematically by Achalu (2019) as: Health education = Health information + Motivation + Action. Developing and maintaining health-promoting behaviours depends on knowledge, motivation and action.

One of the most important recent developments in ideas about health care and illness is the widespread recognition that illness and in fact all health problems have multi-factorial aetiology. It is now being recognized that the germ theory of disease is just one of the various theories/models of disease causation which should be understood before there can be a breakthrough in man's effort to prevent, control or eradicate the major causes of morbidity and mortality in both developed and developing countries. In addition to the germ theory, which was so successful in reducing infectious diseases, an important contribution was made by the epidemiological theory/model which was essential for development of preventive medicine and public health, as well as the cellular concept which was useful in the search for the causes of chronic and degenerative diseases, and by the mechanistic theory/model, which contributed to the development of surgery. In addition to these four theories/models, in recent times, a lot of effort is being concentrated in the study of the social influences which affect the occurrence and outcome of illness. This sociological theory/model has shown that diseases have both behavioural and non-behavioural aetiological components.

The pattern of disease in developing countries like Nigeria shows that there is a close relationship between ignorance, poverty and disease. The major causes of disease and death in these countries are infectious, parasitic diseases and malnutrition. All these diseases are highly preventable and can be controlled. Even hypertension which in recent times has claimed thousands of lives of young, promising Nigerians as a result of the economic hardship is highly preventable and controllable.

The question then is: how can we successfully prevent or control these diseases? Is it by building more hospitals and health centres, supplying enough drugs and vaccines or by training more doctors, nurses, and other health workers? Of course, even if all these are available, we cannot guarantee that people will make use of the facilities or consult the professional experts without motivating them to develop positive behaviour towards disease prevention and utilization of health services. In other words health education is the yard stick for the achievement of health promotion, health literacy as well as primary health care, without the tool of health education as a mother of all three (HP, HL, and PHC), all our efforts to reduce maternal mortality and morbidity; and high mortality and morbidity among children; and improve health status of community people will not yield fruits.

Systematic Approach to Health Promotion: Evidence-Based Practice

Health-promoting behaviours should be backed up by evidence-based practice. The latter part of the twentieth century witnessed a move towards evidence-based practice in health generally, but also in health promotion. Indeed, the 51st World Health Assembly (WHO, 1998a) urged all member States to 'adopt an evidence-based approach to health promotion policy and practice'. Positive health-promoting behaviour is an evidence of a well planned and executed health protection mechanism. Health protection is concerned with preventing the spread of communicable diseases by establishing minimum standards, often in the form of regulations**.** Health protection is often managed by the public sector. In the Nigeria, the responsibility of establishing and maintaining health protection standards is entrusted to government agencies like NAFDAC, NACA, NHIS, NCDC, NESREA and NPHCDA.

The National Agency for Food and Drug Administration and Control (NAFDAC) was established to regulate and control the manufacture, importation, exportation, distribution, advertisement. sale and use of load, Drugs, Cosmetics, Medical Devices, Packaged Water, Chemicals and Detergents in Nigeria. The primary aim of this organization is to destroy Adulterated and counterfeit drugs and prosecute those criminals/individuals who are responsible for the production of importation of these items in Nigeria. NAFDAC replaced an earlier body of the Federal Ministry of Health which is the Directorate of Food and Drug Administration and Control as it wasn't as efficient as it ought to be.

National Agency for Control of AIDS (NACA) is a federal government agency which is responsible for the control of AIDS in Nigeria. They also formulate policies and guidelines on HIV/AIDS in Nigeria. This agency takes care of individuals and families with HIV and/or AIDS, support HIV/AIDS research, monitor and evaluate the activities of HIV/AIDS in the country.

The National Health Insurance Scheme (NHIS) is one of the major insurance schemes targeted at Nigerians. This is a health agency established under Act 35 of 1999 Constitution by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost through different prepayment systems. NHIS provides social health insurance in Nigeria where health care services of contributors are paid from funds which are contributed by various participants of the Scheme. This agency is an essential health agency that guarantees the provision of needed health services to people with some little payments at regular intervals. NHIS regulates all private health Insurance schemes operated all Health Maintenance Organisations (HMOs) in Nigeria.

The National Primary Health Care Development Agency (NPHCDA) is a Nigerian health agency which was established in 1992 and merged with the National Programme on Immunization (NPI) in 2007 with the sole purpose of improving the health and quality of life of Nigerians through enhanced primary health care. NPHCDA is one of the health agencies in Nigeria which has made remarkable and innovative progress was in the development of Primary Health in the country.

NESREA is an environmental agency established in 2007 by the federal government to ensure a cleaner and healthier environment as it is said that 'cleanliness is next to Godliness'. Its role is in environmental compliance, monitoring, and enforcing several regulations about environmental protection. NESREA and the consumer protection commission work together to guarantee environmental safety and safe eradication of held onto merchandise and improve the environment to the world standard.

The Nigerian Centre for Disease Control (NCDC) is a Nigerian Federal Government agency under the Federal Ministry of Health which is responsible for the control, prevention, and management of communicable diseases in Nigeria. It was founded in 2011 and in 2018; the bill to establish it was signed into law by President. The agency just like other Disease Control agencies of the world is responsible for coordinating surveillance systems to collect, analyze and interpret data gathered on diseases for the wellbeing of Nigerians. Other functions of the Nigeria Centre for Disease Control (NCDC) are listed below:
Prevent, detect, and control diseases of public health importance.
Coordinate surveillance systems to collect, analyse and interpret data on large disease outbreaks.
Develop and maintain a network of reference and specialized laboratories.
Conduct, collate, synthesize and disseminate public health research to inform policy.
Lead Nigeria's engagement with the international community on diseases of public health relevance

The roles of all these agencies in health protection is protecting the populations from infectious disease, and non-infectious environmental hazards such as chemicals and radiation by warning the public about outbreaks of contagious diseases that pose a serious health risk, and formulation of rules and guidelines to keep safe. But, since some disease causing pathogen like viruses cannot always be eliminated, the recommendations are coupled with health promotion strategies meant to influence better health or hygienic practices, and thereby reducing the risk of spreading outbreaks. As these hygiene practices continue, it leads to the exhibition of health-promoting behaviours which are evident in everyday life.

Partnership and Alliances Collaboration to Promote Health

Recognition that health is determined by a wide range of factors automatically leads to the view that; efforts to promote-health demand the coordinated action of a number of different sectors and agencies. Haggard (2000: 2) contends that a successful strategy requires:
Concerted action by a number of different players, including government at all levels, many sectors of society, such as social services, education, environmental protection and healthcare, the media and nongovernmental organizations, and all public and private bodies that variously contribute to economic activity, social cohesion, justice and human rights.

This notion was recognized by the Ottawa Charter. It has been at the heart of the health promotion and ‘Health for All’ movements and is integral to settings approaches such as ‘Healthy Cities’ and the ‘Health Promoting School; all in Europe. Indeed, Kickbusch has identified partnerships as the ‘key to successfully promoting health’ (WHO, 1998c). The Jakarta Declaration (WHO, 1997) identifies the current challenges as that of releasing the potential for health promotion in different sectors and all levels of society. Breaking down barriers between sectors and creating partnerships for health were seen as essential. In addition to reaffirming the importance of involving communities and families, the Jakarta Declaration also introduced the issue of investment and public/private partnerships. Overall, the priorities for the twenty-first century were listed as to:
Promote social responsibility for health
Increase investment in health development
Consolidate and expand partnerships for health
Increase community capacity and empower the individual
Secure an infrastructure for health promotion.
In line with this thinking, the World Health Assembly Resolution on Health Promotion urged all member states to ‘consolidate and expand partnerships for health’ (WHO, 1998a: 1(3)).

Delaney's (1994b) qualitative study of the factors perceived to influence intersectoral collaboration identified the following barriers to success:
Lack of vision and shared commitment
Lack of time
Competition: (1). Between individuals and organization, (2). Within and between professional networks and dominant or influential professional groups
Conflicting mechanisms and timescales
Different channels of accountability and communication.

Brandstetter et al (2006: 11) identified the followings as features of ineffective or 'unsuccessful' partnership:
Partners do not share the same values and interests. This can make arrangements on partnership goals difficult
There is no sharing risk, responsibility, accountability or benefits
The inequalities in partners' resources and expertise determine their relative influence in the partnership's decision-making
One person or partner has all the power and / or drive the process
There is a hidden motivation which is not declared to all partners
The partnership members do not have the training to identify issues or resolve internal conflicts
Partners are not chosen carefully, particularly if it is difficult to 'de-partner'

Notwithstanding the challenges, partnerships offer great potential for developing a coordinated response to the multiple factors that influence health status and achieving health gains. There are also potential gains for partner agencies that might be motivated to enter into such partnerships for reasons not necessarily related to health. According to Hamilton-Ekeke, Adeleke and Telu (2021), general benefits of partnership working include but not limited to:
Achievement of organizational objectives and enhanced efficiency and effectiveness
Improved coordination of policy, programmes and service delivery
Broadening the scope of influence to include other services and activities
Greater economy
Less bureaucracy and regulation
Business and commercial opportunities
Access to data and information
Access to a range of skills and competencies
Opportunity for innovation and learning
More involvement of local communities

Open communication and trust are essential ingredients of partnership working and are dependence on good networks for sharing information and establishing common values and goals. However, partners may be drawn from diverse professional, cultural, and social backgrounds. The management of partnership diversity will also be integral to success. On the one hand, any conflict that would be a barrier to joint decision-making needs to be avoided; especially when it is associated with an imbalance of power.

Quality Health Promotion

Generally, the drive for greater efficiency within the health service has placed greater emphasis on value for money and cost improvements, yet the primary concern of the public – and, indeed, an overriding ethical imperative – is with the effectiveness and quality of the care one receives. The target-driven culture of the early twenty-first century has continued to focus on achievement of ends rather than the means of achieving them (Catford, 1993). Yet

to be consistent with its fundamental values, health promotion should also be concerned with quality and conforming to principles of good practice that will maintain and sustain health-promoting behaviours. The principles of the Ottawa Charter have been a guiding force and template within the health promotion movement. As Jordan et al (2011) cited in Green, Tones, Cross & Woodall (2015) argued that 'monitoring and quality assurance are gaining importance in the identification of needs and the effectiveness of prevention and health promotion activities'. Evans et al (1994) suggested that the following core principles should be considered in relation to quality assurance:
Equity
Effectiveness
Efficiency
Accessibility
Appropriateness
Acceptability
Responsiveness

Catford (1993) also proposed some themes as criteria in assess performance and quality which include:
Understanding and responding to people's needs fairly
Building on sound theoretical principles and understanding
Demonstrating a sense of direction and coherence
Collecting, analyzing and using information
Re-orientating key decision-makers upstream
Connecting with all sectors and settings
Using complementary approaches at both individual and environmental levels
Encouraging participation and ownership
Providing technical and managerial training and support
Undertaking specific actions and programmes.

Wright and Whittington cited in Evans et al (1994:20) defined quality assurance as a systematic process through which achievable and desirable levels of quality are described, the extent to which these levels are achieved is assessed, and action is taken following assessment to enable them to be reached. The principal concern of quality assurance, therefore, is with what is done and whether or not this conforms with agreed standards of practice rather than what is achieved. Neatly encapsulated as 'doing things right is not enough if the right things are not done correctly'. The focus is therefore on inputs rather than outcomes. Howbeit, there is inevitably a reciprocal relationship between the two, quality health-promoting behaviours should draw on evidence of effectiveness and be more effective (the healthy choice being the easy and available choice). The argument that runs through this write up is that health protection should be integrated into health promotion plan and the planning should draw on sound evidence at all stages and be informed by principles of good practice.

Participatory Approaches for Identifying Health Needs

The importance of community participation was recognized in the Ottawa Charter (WHO, 1986) and reaffirmed in the Jakarta Declaration (WHO, 1997); 'people have to be at the centre of health promotion action and decision-making processes for them to be effective'. The overall aim of involving lay, or community members, in the needs assessment process is to understand issues from the community, rather than professional, perspective. Perspectives can be ascertained using a myriad of approaches, including: informal discussion, focus groups, household surveys and interviews. Arguments supporting public-participation in

needs assessment can be based on the rights of individuals to have a voice and also, more pragmatically, on the premise that participation fosters higher levels of motivation and enhances the effectiveness of health protection interventions (Watson, 2002).

Participation can be a means to bridging the gap between planners and the community. When community recognizes the existence of a problem and identifies its own solution, then adoption of an innovation is likely to be much more rapid than when an external agency prescribes a solution for a problem that the community was not aware of or does not consider to be a priority. Communities can also become a powerful voice for policy change when they are aware of unmet health needs. Knowledge held in the community must therefore become an integral part of any needs assessment. It offers a complementary insight that should be considered alongside epidemiological and economic approaches.

Knowledge resident in the community is often referred to as 'people knowledge' or 'lay knowledge' but Stacey (1994) prefers the term 'people knowledge' to 'lay knowledge'. Stacey states that the term 'lay' often connotes having less competence or worth. 'People knowledge' on the other hand is often informal, experiential and mostly unwritten. It offers insights into the constellation of factors particular to specific situations from the perspective of those who are most familiar with them. The professional perspective, in contrast, draws on codified and systematized knowledge, often operating at a more general level. Liss' (1990) characterization of different views about healthcare needs provides a useful summary, one that could be applied more generally to health needs:
The ill-health notion that equates a need for healthcare with a deficiency in health that requires healthcare
The supply notion that requires that acceptable treatment should also be available to respond to a deficiency
The normative notion that acknowledges that opinions about needs may vary and is based on an assessor believing that healthcare should be provided
The instrumental notion is based on the identification of care required to achieve certain states of health.

Bradshaw (1972) defined four types of social need, enshrined in his well-known taxonomy:
Normative need is defined by experts or professionals often on the basis of a 'desirable standard' against which individuals or groups can be compared. However, normative needs may be defined differently by different professional groups and change over time. They cannot therefore be seen as absolute needs.
Felt need is defined by lay people and equated with wants. It is limited as a measure of real need by people's perceptions, which may fail to recognize actual needs or else misrepresent wants as needs.
Expected need consists of felt need turned into actions by seeking treatment or care.
Comparative need is concerned with ensuring that people with similar characteristics receive equivalent levels of individuals are in needs are and, if there is a shortfall, then individuals are in need.

Bradshaw (1994) acknowledges that there may be alternative views about normative needs and that comparative needs may themselves derive from normative judgments. Felt and expressed needs may differ widely, as illustrated in Figure 1:

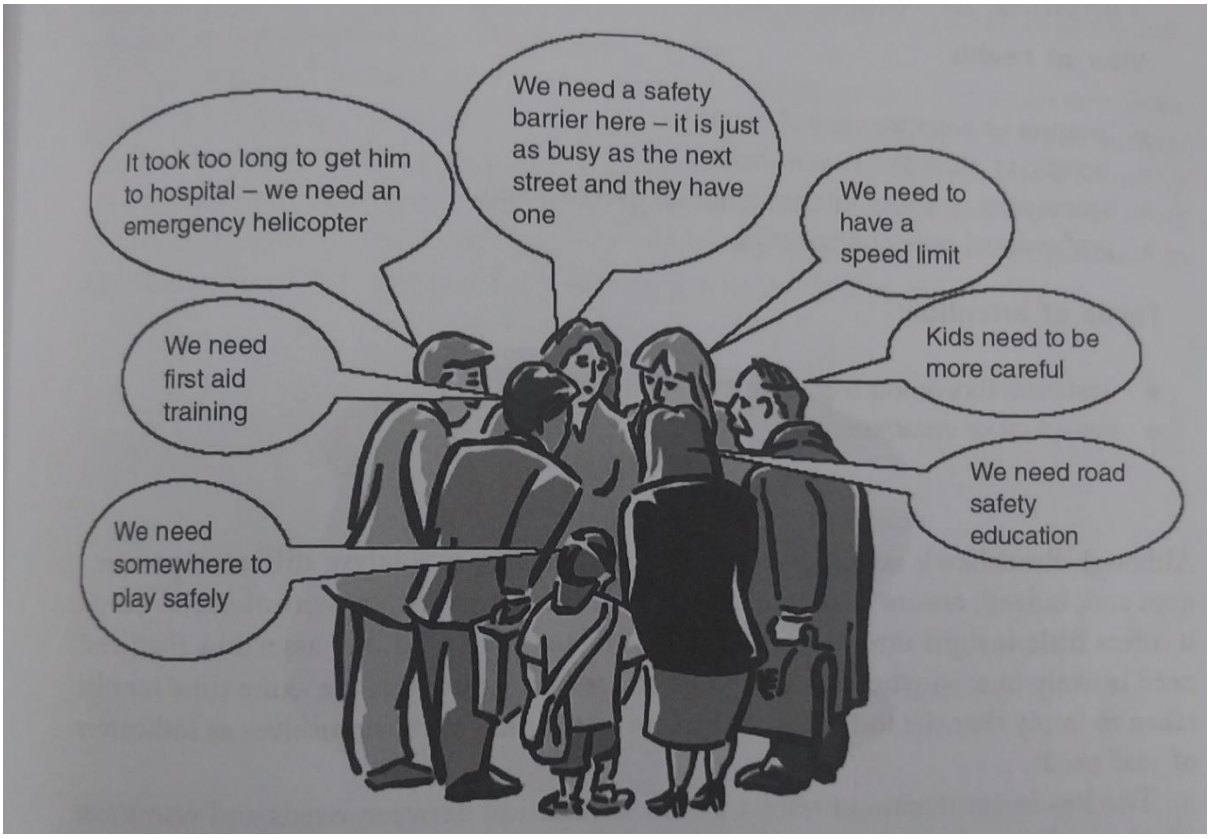

Figure 1: Alternative interpretations of need at the scene of an accident
Source: Green et al (2015: 215)

It emphasizes the importance of balancing different needs when establishing priorities. A number of tensions exist in identifying health needs; and **derive both** from the ways in which **health and its determinants are conceptualized** [(1) Positive or negative view of health, (2) Holistic or atomistic view of health, (3) Biomedical or social interpretation of determinants, (4) Professional or lay perspective] and **where the focus of attention lies** [(1) upstream – prevention or downstream – treatment, (2) Individual or community].

Healthy Public Policy

One of the keys to the successful implementation of health promotion has been identified as strengthening the capacity for policy-making (Green et al. 2015). Governments are expected to take a lead in developing policy based on sound research and evidence and have an obligation 'to ensure that health is explicitly considered in the development of public policy' (WHO, 1998b: 42). Policy analysis is also required to ensure that the policies and activities across different sectors are aligned in relation to achieving health goals. Healthy public policy was the specific focus of the 2nd International Conference on Health Promotion held in Adelaide, which defined health public policy s 'characterized by an explicit concern for health and equity in all areas of policy and accountability for health impact' (WHO, 1988: 1).

The recommendations of Adelaide Conference formally recognized that the activities of a number of different government sectors influence health status and that there should be accountability for health impacts. This would include effects on the social and physical environments, which may influence the possibility and ease of making healthy choices or, alternatively, effects that are directly health-enhancing or damaging. A central concern was equity and narrowing the health gap in society by means of policies that attach high priority

to disadvantaged and vulnerable groups. Healthy public policy was seen to be important at all levels of government, from national to local, and 'public accountability for health - an essential nutrient for the growth of healthy public policy' (WHO, 1988: 2). Community action can therefore provide the motivational force for policy development. The other side of the coin is that governments should assess and report the impact of policies in a way that can be understood by all groups in society.

Healthy public policy as a health protection strategy lies on holding government as well as individuals to account for the development of health-promoting behaviours. For instance, during the height of Covid-19 pandemic, government provided facilities for hand hygiene in public facilities and the citizens took responsibility for hand washing. Personal hygiene of hand washing should not only be enforced or complied to during heights of pandemics; but should be a way of life of living. The hand washing facilities in the public space should always be functional. Health protection strategies should make the healthy choice accessible at all times and the easy choice. Healthy public policy should make things easier and appealing taken into consideration health equity.

Occupational Safety and Health

Increased attention is being placed on the worksite as an important venue for influencing worker health. Since the Occupational Safety and Health Act of 1970 mandated development and enforcement of worksite standards and assigned employers the responsibility to maintain safe and healthy work environments, health protection efforts have been important in the prevention of work-related injuries and illnesses (Silverstein, 2008). In addition, health behaviors are critical contributors to a range of chronic disease outcomes (Schulte, 2005)and workplace health promotion efforts may have a substantial influence on these health-related choices and behaviors. Occupational safety and health is one of the health protection strategy and approach to health-promoting behaviours. The Federal Government of Nigeria (FGN) through the office of the Head of Service (HOS) came out with a circular date 22nd July 2022 on the establishment of a unit of Occupational Safety and Health in every Ministry and Parastatal in the country (see Appendix A). This shows commitment on the part of employer to ensure the health protection of their workforce at the workplace.

An integration of health protection and health promotion is the modern way to go in enhancing workers' health. Sorensen, McLellan, Dennerlein, Pronk, Allen, Boden, Okechukwu, Hashimoto, Stoddard, and Wagner (2013) define an integrated approach to workers health as a strategic and operational coordination of policies, programs and practices designed to simultaneously prevent work-related injuries and illnesses and enhance overall workforce health and well-being. The functions of health promotion and health protection may exist in separate silos in different parts of an organization. With increasing integration, workplace policies and practices reflect employers' dual commitment to and goals for health promotion and health protection efforts. Beyond the simple summation of health protection and health promotion, the integrated approach reflects an organizational transformation and a culture of health and safety that supports workers' health both within and outside the workplace

Conclusion

Integrating health protection strategies and approaches into health promotion ensures improved health outcomes, substantially reduce healthcare costs and yield other economic benefits. Health should be promoted in families, schools, workplaces - at settings where people live, work, rest, and age. The conditions of everyday life affecting, either positively or negatively, people's health lie at the core of the care of people's health. Every individual

should take care of his/her own health; nevertheless, action of others mandated to improve health is still required. Health promotion and health protection both play an important role in the overall goal of maintaining a healthy population. These two strategies will continue to impact daily life and the policies by which a country is governed, keeping people safe and healthy.

All segments of society share responsibility for health as seen in this discuss even though it is coordinated by the Ministry of Health. The government, parliament, public as well as private sector, organizations and institutions should all recognize the value of health and get involved in health protection and health promotion - motivate people to fully embrace health values and advocate for health by taking steps to advance and foster health-promoting behaviours.

Recommendations

Removal of barriers, creation of supportive environments, and a strong sense of self-efficacy are important aspects of adoption and maintenance of health-promoting behaviors. Development of self-efficacy should be an integral part of health-promotion programs as increases in self-efficacy have been shown to precede the adoption and maintenance of health-promoting behaviors. Goal setting, contracting, and other behavioral techniques can help an individual develop competence in self-regulation of behavior. Outcomes of research must be congruent with the long-range view that promotion of health implies. Future attention must be directed toward promoting healthy lifestyles and development of "wellness" thinking.

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