Page references followed by fig indicate an illustrated figure; followed by t indicate a table and b indicate a box.

**A**
Abuja Declaration, 179
Academy for Educational Development (AED), 282
Accountability: health promotion programs and need for, 136; social determinants of health reduction by increasing, 57–58
Activ-O-Meter program, 149
Active health behaviors, 446
Acute flaccid paralysis (AFP) laboratory network, 222, 224
Adaptation: assessing fidelity and, 435; definition of, 426, 429b; optimal balance between fidelity and, 432–433; public health innovation implementation using core elements for, 430fig
Advanced Research Projects Agency (ARPA), 146
*Aedes aegypti* mosquito, 480–481
Africa. See Middle East and North African countries; Sub-Saharan African countries
African Union, 320
Air pollution: health, wellness, mortality, and SDH data by region on, 473t; PM$_{10}$ measure of particulate matter (PM), 475
Alcohol abuse prevalence region data sets, 473t
“All of society approach to health,” 370, 467, 477, 478, 484
Alma Ata Conference on Primary Health Care (1978) [WHO], 453
Alzheimer’s disease, 14t
America. See North America; United States
American Cancer Society, 352
Americas of WHO (AMRO), 450
Antimalarials, 194
Antiretroviral therapy (ART): effectiveness of, 240; prevention of mother-to-child transmission using, 250; private sector role in, 460; Social Capital Theory applied to study of adherence to, 81; Strategic Timing of AntiRetroviral Treatment (START), 249; study of eHealth SMS support through, 151; President’s Emergency Plan for AIDS Relief (PEPFAR) [U.S.] funds for, 456
Artemisinin combination therapies (ACT), 201
Asian countries: EPPM applied to OTC medicine advertisements in China, 76; Facebook banned in China, 153; HIV epidemiology in, 242–243; social media facilitating participatory communication in China, 289b–290b. See also South Asian countries
Attachment loss of tooth, 386

**B**
Bangladesh: The Alliance for Safe Children (TASC) case study, 459–460
Bednets: insecticide-treated bednets (ITNs), 471; malaria control using, 196b, 200
Behavior change. See Health behavior change models
Bilateral health promotion programs, 455–456
Bill & Melinda Gates Foundation, 32, 135, 200, 203–204, 221, 458
Bill, Hillary, and Chelsea Clinton Foundation, 135
*Bold & Beautiful* (B&B) [TV soap opera], 113, 117
Bottom-up approach to communication, 272
Breast cancer: BRCA 1 and 2 genes and, 345; clinical breast exams (CBE) to screen for, 347; description and risk of, 345–346t; health, wellness, mortality, and SDH data by region, 473t; as leading cause of death for women, 15; mammography to detect, 343b; more knowledge about cervical than, 340; public health interventions, 346–348
Bronchial cancer, 9, 10t, 14t
Bronfenbrenner’s Systems Theory, 83

Case studies. See Global health promotion case studies
Causality/causal thinking: in health promotion research, 34; history in philosophy and science, 34
Cavity (tooth), 385
Cervical cancer: cancer screening for, 344; health, wellness, mortality, and SDH data by region, 473t; HPV (human papillomavirus) cause of, 342, 389; HPV vaccine to protect against, 225–229, 342–343b, 344, 352–353; as most common cancer in women, 225, 339; Papanicolaou (Pap) test to detect, 344; public health interventions for, 342–345; risk factors for, 345t
Cervical Cancer Action, 344
Chagas disease, 482
Chewing sticks, 394
Child Health Days, 214
Child mortality rates: Integrated Management of Childhood Illness (IMCI) strategy to reduce morbidity and, 370; MDG 4 goal to reduce, 173, 174–176fig, 181–185, 469; World Bank regions, high-income countries, and globally (2013) for under five years, 6, 7fig–8
Children: Convention on the Rights of Child (CRC), 137; deferred costs of preventing oral health problems in, 408; early childhood caries (ECC) in, 398; “Every Woman, Every Child” program for, 139; home-based child health records (vaccination cards) for, 232–233; human rights issue of marketing of junk foods to, 314b; immunization as a basic human and child right for, 210b; mother-to-child HIV/AIDS transmission prevention, 250; rights-based global health promotion for, 137–138; school-based programs for, 138; TASC (The Alliance for Safe Children) Injury Research: Bangladesh case study, 459–460; WHO/GAVI study on rates of childhood immunization, 175b–176fig
Children (ages 0 to 5): health of, 17–18; implications for health promotion, 18–19; malnutrition as significant risk factor of neonatal deaths, 469; mother-to-child HIV/AIDS transmission prevention, 250;
A U.S. Toothbrushing Campaign for Low Literacy Mothers of Children Under Six case study on, 402b–403b

China: EPPM applied to OTC medicine advertisements in, 76; Facebook banned in, 153; social media facilitating participatory communication in, 289b–290b

Christian Medical Commission (World Council of Churches), 50, 452

Chronic Disease: An Economic Perspective (Suhckre et al.), 306

Chronic obstructive pulmonary disease (COPD), 9, 10t, 14t

Classic social psychological models: Health Belief Model (HBM), 65–68; Social Cognitive Theory (SCT), 70–72, 112–113; Theory of Planned Behavior (TPB), 69fig; Theory of Reasoned Action (TRA), 68–70; Transtheoretical Model (TTM), 72–73

Climate change. See Environment

Clinical breast exams (CBE), 347

Clinton Foundation, 135

Combination HIV prevention strategies, 250

Commission on Social Determinants of Health (CSDH) [WHO]: framework of the, 54fig; origins of the, 50, 51, 52b; recommendations of the, 53b–54b

Common risk factor approach to oral health, 396–398fig

Communicable diseases: challenge of infectious disease prevention and control, 480–484; Ebola Viral Disease (EVD), 132, 271, 277–279, 284, 480; falling death rates from 1990 to 2010 of, 1; NTD (neglected tropical diseases), 22–23, 481–484; risks-based global health promotion for people with, 139–140; tuberculosis, 20–21. See also HIV/AIDS pandemic; Malaria

Communication: bottom-up approach to, 272; Communication for Behavioral Impact (COMBI), 99–111, 276, 283, 286–287; Communication for Development (C4D), 276, 282, 283–284, 286; community-based risk communication in epidemics/emerging disease settings, 271–292; development, 274; diffusion approach to, 274; entertainment education (EE) approach to, 110–121; improving MDG 4 and MDG 5 with better, 181–183; integrated marketing, 273; participatory approach to, 272–275; top-down approach to, 272, 274


Communication for Development (C4D), 276, 282, 283–284, 286

Communication Initiative, 280

Communication keys (CK), 101

Communities: building new media-based, 287–291; community health workers (CHWs) working in, 132–133, 183, 288–289; empowerment of, 369–370; false consensus effect of, 274; health promotion in, 368–370; healthy families create healthy, 363–364; indigenous, 367–368; overview and impact on health by, 366–367, 370–372, 374–375; public health approach to, 363; vulnerability factors in, 366t

Community action cycle, 273

Community-based primary health care: community-based interventions as part of, 245; faith-based organizations (FBOs) and, 315, 451–453; medical missionaries as early form of, 451–452. See also Community health approach; Primary health care

Community-based risk communication: building new media-based communities to enhance online efforts, 287–291; definitions of public health and critical race theory related to, 274–275t; Ebola Control in Yambio, South Sudan case study on, 277–279; importance of including vulnerable and underserved populations in, 280b; integrating with other communication areas and media, 281; lessons learned from the past on, 275–280; participatory approach to communication used in, 272–275; terminology related to, 271–272; theory-based models used for, 282–287. See also Epidemics; Risk communication
Community capacity, 369–370
Community Guide (U.S.), 37
Community health approach: description of the public health approach, 363; “health in all policies” strategy to support, 370–371fig; implementation of the family and, 370–372, 374–375; Pan American Alliance for Nutrition and Development for the Achievement of the MDGs using the, 375, 376b–377b; six fundamental principles guiding, 371–372. See also
Community-based primary health care
Community health workers (CHWs): human rights approach to health promotion using, 132–133; improving maternal and infant health with, 183; social media used to connect, 288–289
Community IMCI Regional Partnership, 370
Community-level models: Diffusion of Innovation Theory, 80–82; Social Capital Theory, 79–80, 81
Community-Popular Opinion Leader (C-POL) model, 82
Computers: studies on global eHealth promotion outcomes using, 149; supporting global eHealth promotion, 148t. See also Mobile health (mHealth)
Condom use: Focus on Youth and Informed Parents Together (FOY and ImPACT) promoting, 427–428, 430fig; Health Belief Model (HBM) promotion of, 67; prevention of STIs and HIV transmission using female and male, 246
Confidentiality of eHealth issues, 162–163
Contagionist diseases (19th century), 447
Convention on the Rights of the Child (CRC) United Nations (UN), 135, 137, 210b
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), 135, 139
COPD (chronic obstructive pulmonary disease), 9, 10t, 14t
Core elements of implementation: adaptation of an effective intervention into new setting using, 430fig; content category of, 429; in context of public health intervention, 428; definition of, 429b; implementation-pedagogy category of, 429
Corruption Perception Index, 473t, 475–476
Cost evaluation of HIV prevention, 256–257
CRC prevention survey, 67
CRECER (Government of Peru), 372–373
Critical race theory, 275t

D
DALYs (disability adjusted life years):
  attributable risk factors of, 11, 12t–15;
  burden of injuries and related, 24; burden of noncommunicable diseases and related, 23; global health of women and, 15, 16, 17; health status measure of, 8, 9; leading causes globally (1990–2010), 14t; leading risk factors for (2010), 13t; oral disease impacting, 387; shift in global risk factors for, 1
DDT, 197
Deaths. See Global deaths; Mortality rates
Decay (dental caries), 384, 385, 390, 391fig, 398
Decayed, Missing, Filled Teeth index (DMFT), 390
Deciduous teeth, 385
Declaration of Alma Ata (WHO and UNICEF), 49, 50
Declaration on the Right to Development (1986), 130, 135
Demographic and Health Surveys (USAID), 233
Demographic transition, 25
Dengue (or “break-bone”) fever, 104–106, 462
Dental caries, 384, 385, 390, 391fig, 398
Dental floss, 394–398
Dentin, 390
Dentures, 393
Department for International Development (DFID) [UK], 456
Department of Economic and Social Affairs (DESA), 174
Depression prevalence region data sets, 473t
Development: Millennium Development Goals (MDGs) on, 132; right to development as defined by Declaration on the Right to Development (1986), 130–131, 135; Sustainable Development Goals (SDGs) for, 132, 137, 139, 251, 252b
Development communication:
  Communication for Development (C4D), 276, 282, 283–284, 286; description of, 274
Diabetes mellitus: health, wellness, mortality, and SDH data by region, 473; initiatives in African countries to reduce, 325; positive impact of health coaching on, 396
Diarrheal diseases, 10, 12, 14
diffusion of innovation, 426
digital divide, 146
disability adjusted life years (DALYs): global health of women and, 15, 16, 17; health status measure of, 8, 9; leading causes globally (1990–2010), 14; leading risk factors for (2010), 13; oral disease impacting, 387; shift in global risk factors for, 1
diseases: Chagas disease, 482; challenge of chronic, 477–480; communicable and infectious, 1, 19–23, 480–484; community-based risk communication in epidemics/emerging disease settings, 271–292; contagionists and noncontagionists categories (19th century) of, 447; diabetes mellitus, 325, 396, 473; diarrheal diseases, 10, 12, 14; economic burden of, 191–192; emerging, 271; epidemiological transition and demographic transition of, 25–26; infectious diseases (IDs), 132, 139–140; insect-vectored diseases (IVDs), 194–195; institutional changes driving improvement in status of, 446; origins of germ theory explanation of, 447–448; WHO’s projections on the burden of disease to 2030, 25–26. See also Noncommunicable diseases (NCDs)
dissemination of effective behavioral interventions (DEBI) program: description of the, 425; implementation of the, 426–435; sustainability of the, 435–436
dissemination of HIV prevention programs, 254
drug-resistant TB, 21
dry mouth, 387

E
E-mail: studies on global eHealth promotion outcomes using, 149; supporting global eHealth promotion, 148
early childhood caries (ECC), 398
Eastern European countries: health, wellness, mortality, and SDH data by region, 471–472, 473, 474–476; HIV epidemiology in, 243; research on health promotion policy in physical fitness in, 42
Eastern Mediterranean region data sets, 471–472, 473, 474–476
Ebola Control in Yambio, South Sudan case study, 277–279
Ebola Viral Disease (EVD): Ebola Control in Yambio, South Sudan case study on risk communication, 277–279; EVD Community Care Centers (CCCs) for combating, 284; outbreak and epidemic (2014–2015), 132, 271, 480
ecological models, 82–86
Economic burden of disease, 191–192
effectiveness of GHP programs, 129
Efficacy: collective, 116; self-efficacy, 66, 70–71
EHealth: consideration of privacy, confidentiality, and data ownership, 162–163; examining the promise of, 145; program evaluation, 163; selecting appropriate technologies for, 161–162; types of technology used for global health promotion and, 147–161. See also Global eHealth promotion
Emerging diseases: definition and examples of, 271; Ebola Viral Disease (EVD) as an, 132, 271, 277–279, 284, 480
Empowerment: of families and communities, 369–370; health promotion approach of, 369
enamel of teeth, 385
entertainment education (EE): challenges to broadcast EE evaluation, 119–121; description of, 110, 111; EE effects mechanisms, 112–114; entertainment industry outreach in the United States, 114–116; how it fits with COMBI, 110–111; long-running shows used to educate public on health issues, 116–117; origins and development of, 111–112; research and evaluation of effects of, 117–119; syndication, cross-fertilization, and diffusion initiatives using, 117
entertainment industry outreach, 114
Environment: climate change and increased insect-vectored diseases (IVDs), 194–195; environmental spraying to control malaria, 195–197; health, wellness, mortality, and
SDH data by region on air pollution and, 473t; healthy public policy on importance of supportive, 306–307; malaria burden and changes in the, 195; oral health and community, 404–405; PM$_{10}$ measure of particulate matter (PM) pollution, 475

Epidemics: definition of, 271; SARS epidemic, 271, 275, 279, 282. See also
Community-based risk communication; HIV/AIDS pandemic

Epidemiological transition, 25

Epidemiology: epidemiological transition, 25; HIV/AIDS pandemic, 240–244; public health communication models and, 282–283

Epigenetic factors of oral health, 386

Epigenetic modifications, 364

Equity: five themes for reducing health inequities and building, 55–60; health promotion commitment to, 50

Eradication: Global Polio Eradication Initiative (GPEI) partnership, 221–222; of malaria, 195; WHO Southeast Asia Region (SEARO) and polio, 220–224

EuropaDonna, 352

Europe. See Eastern European countries; Western European countries

European Centre for Disease Prevention and Control, 275

European Commission IUHPE-EC report, 37

European Union’s PASEO health promotion project, 42

“Every Woman, Every Child” program, 139

Extended Parallel Processing Model (EPPM), 73, 75–77

F

Facebook: banned in China, 153; examples of RSS feed on sexual health using, 153t; origins of, 146

Faith-based organizations (FBOs): health promotion work by, 315, 459; medical missionaries sent out by, 451–452; World Council of Churches (WCC), 50, 452–453

Family health: description of the public health approach, 363; “health in all policies” strategy to support, 370–371fig; implementation of the community and, 370–372, 374–375; Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals using the, 376, 376b–377b; Reduction of Chronic Malnutrition in Children Through Political Mobilization (Peru) case study on, 372–374; six fundamental principles guiding, 371–372

FCTC (Framework Convention on Tobacco Control), 32

FDI World Dental Federation, 407

Federation Dentaire Internationale (FDI), 392

Female literacy rates, 473t

Female sex workers (FSWs), 244

Fidelity of implementation: assessing adaptation and, 435; determining, 433–435; optimal balance between adaptation and, 432–433; overview of, 430–432

Five-in-one pentavalent vaccines, 229–231

Floss (dental), 394–395

Fluoride treatment, 385, 404–405

Fluoride varnish, 385

Focus on Youth and Informed Parents Together (FOY and ImPACT) program, 427–428, 430fig, 435

Food and Agriculture Organization of the United Nations (FAO), 283

Ford Foundation Health Promotion: Ho Chi Minh City case study, 457–458

Formative research, 110


4 Cs (Consumer, Cost, Convenience, and Communication), 107–108

4 Ps (Product, Price, Placement, and Promotion), 107, 211b–212b

Framework Convention on Tobacco Control (FCTC), 32, 305, 322, 324, 325
G
Gates Foundation, 32, 135, 200, 203–204, 221, 458
Geographic information systems (GIS), 145, 162
Germ theory, 447–448
GetTheMessage text campaign, 313b
Gingiva (gums), 385
Gingival bleeding, 390
Glass and McAtee’s Ecosocial Model, 83
Global Alliance for Immunization and Vaccines (GAVI), 175b, 185, 226, 230–231, 231t
Global Burden of Disease: Generating Evidence, Guiding Policy (IHME), 2
Global Burden of Disease Study, 2010 (GBD), 2–3, 9, 17, 387
Global Commission on HIV and the Law (2012), 252b
Global deaths: risk factors for, 11t–13t; trends in the burden of disease, risk factors, and, 13–15; YLL (years of life lost due to premature death), 8. See also Leading causes of death; Mortality rates
Global eHealth promotion: computers, e-mail, and the Internet used for, 148t, 149; mHealth (mobile health) used for, 150–160; place-based health technologies used for, 147, 160–161; privacy, confidentiality, and data ownership issues of, 162–164; selecting appropriate technologies for, 161–162; the technology supporting, 147–148t, 149–163. See also eHealth; “telemedicine”
Global health: “all of society approach” to, 328, 467, 477, 478, 484; as continuum that encompasses all life stages and life course, 363–364; health in all policies (HiAP) approach to, 36; infant mortality rates for, 6–7fig; institutional changes driving improvement in status of, 446; life expectancy at birth for (2013), 3fig–4; life expectancy for (1960–2013), 4fig–5; maternal mortality rates for (2013), 5fig; neonatal mortality rates (2013), 6fig; primary data courses and definitions of, 2–3; the right to, 129, 140–141; the state of, 1–2; under-five child mortality rates (2013), 6, 7fig. See also International health (global health); Social determinants of health (SDH) Global Health Initiative (U.S.), 456
Global health organizations: bilateral programs, 455–456; multilateral organizations, 454–455; WHO ProLead program to support efforts of, 454–455; World Health Organization Ottawa Conference (1986) of, 34, 43, 44, 50, 454. See also specific global health organization
Global health promotion case studies: African regional research, 41; Eastern European research on physical fitness, 42; Ebola Control in Yambio, South Sudan, 277–279; Ford Foundation Health Promotion: Ho Chi Minh City, 457–458; HPV vaccination initiatives, 226–229; Latin American Example, 39; Mahbouba’s Right to Health, 140–141; PAHO and the Americas for Control of NCDs, 307; ProLead Hue: Vietnam, 455; Reduction of Chronic Malnutrition in Children Through Political Mobilization (Peru), 372–374; TASC Injury Research: Bangladesh case study, 459–460; ThaiHealth Foundation, 40; A U.S. Toothbrushing Campaign for Low Literacy Mothers of Children Under Six, 402b–403b; Vaccination Week in the Americas, 213, 214–216t; what we can learn from the, 38; WHO Southeast Asia Region (SEARO) and polio eradication in Asia, 220–224; WHO strategy on NCDs for Africa, 318
Global health promotion future challenges: chronic disease as, 477–480; infectious disease prevention and control, 480–484; social determinants, multilevel models, and the radical agenda, 484–485fig
Global health promotion (GHP): children (ages 0 to 5), 18–19; description of, 129; development of community-based primary health care, 451–454; early vestiges of, 447–448; the effectiveness of, 129; emergent role of evidence in, 36–37; foundations, NGOs, private sector, and universities involved in, 456–462; global and regional process in addressing health issues, 468–476; global health organizations involved in, 454–456; impact of language on the conduct of research of, 33–34;
injuries, 24; international sanitary conferences, 448–450; key challenges ahead facing, 476–485; noncommunicable diseases, 23–24; NTDs (neglected tropical diseases), 22–23; post-World War II evolution of, 450–451; relevance of a global perspective on health and, 32–33; role of context in, 34–36; sociocultural and political aspects of, 38; tuberculosis, 21; women’s health, 17. See also Health behavior change models; Human rights; specific disease

Global health promotion research: Eastern European research on health promotion policy in physical fitness, 42; emergent role of evidence in, 36–37; health in all policies (HiAP) approach to, 36; impact of language on the conduct of, 33–34; participatory action research (PAR), 39; randomized controlled trial (RCT) used in, 35, 163, 196. See also Research

Global immunization initiatives: addressing reluctance to immunize, 210–212; as a basic human right, 210b; five-in-one pentavalent vaccine, 229–231; Global Alliance for Immunization and Vaccines (GAVI), 175b, 185, 230–231, 231t; Global Polio Eradication Initiative (GPEI) partnership, 221–222; healthy settings initiatives, 212–213; for HPV vaccination, 225–229; as most cost-effective public health intervention, 209–210; PAHO in Haiti, 230; pros and cons of issue-specific campaigns, 213; Semana de Vacunación, 217fig; strategies and issues of concern for partnerships of, 221–225; Vaccination Week in the Americas, 213, 214–216t, 218–220b; WHO Southeast Asia Region (SEARO) and polio eradication in Asia, 220–224; World Immunization Week Logo, 217fig. See also Vaccines

Global Network Neglected Tropical Diseases, 483

Global Oral Health Inequalities Research Agenda, 408

Global Polio Eradication Initiative (GPEI) partnership, 221–222

Global programs on health promotion effectiveness (GPHPPE), 37

Google Flu Trends, 287

Government: engaging in an intersectoral way, 55; increased global collaboration among, 57; participation in policymaking and implementation of strategies to reduce SDHs, 56

Gum disease (periodontitis), 384, 385–386, 390–391

H

H1N1 influenza pandemic (2009), 271, 275, 290b

Haiti’s vaccination initiative, 230

Health and the Developing World (Bryant), 457

Health behavior change models: Diffusion of Innovation Theory, 80–82; ecological models, 82–86; EE application of, 113; Extended Parallel Processing Model (EPPM), 73, 75–77; future directions in research on, 86–87; Health Belief Model (HBM), 65–68; Information-Motivation-Behavioral Skills Model (IMB), 73, 74–75; multilevel models using example of HIV, 484–485; Multiple Domain Model (MDM), 77–79; Social Capital Theory, 79–80, 81; Social Cognitive Theory (SCT), 70–72; social marketing (SM) as community-related approach, 273; structural models, 86; Theory of reasoned Action (TRA), 68–70; Transtheoretical Model (TTM), 72–73. See also Global health promotion (GHP)

Health behavior change strategies: health promotion approach of, 369; to promote condom use, 67, 246, 427–428, 430; tobacco control and smoking cessation, 32, 305, 312–313, 322, 324, 325, 446; women’s cancers and, 351b–353

Health behaviors: active, 446; passive, 446; risk factors and, 1, 2–3, 11t–15, 15–16

Health Behaviour Research and Health Promotion (Anderson et al.), 43

Health Belief Model (HBM), 65–68

Health coaching, 396

Health communication: bottom-up approach to, 272; Communication for Behavioral Impact (COMBI), 99–111, 276, 283, 286–287; Communication for Development (C4D), 276, 282, 283–284, 286; community-based risk communication in
epidemics/emerging disease settings, 271–292; development, 274; diffusion approach to, 274; entertainment education (EE) approach to, 110–121; improving MDG 4 and MDG 5 with better, 181–183; integrated marketing, 273; participatory approach to, 272–275; top-down approach to, 272, 274
Health Communication Partnerships, 272
Health in all policies (HiAP), 36, 56
Health inequities: better governance for health and development to reduce, 55–56; global governance and collaboration to reduce, 57; participation in policymaking and implementation to reduce, 56; progress and accountability to reduce, 57–58; reorientation of the health sector to reduce health inequities to reduce, 57
Health MDGs Scorecard for WHO Regions, 470t, 471
Health outcomes: outcome expectations for behavior change, 71; rights-based GHP approach to ensure better, 136–137; social determinants of health and status of other, 471–476
Health Promotion Evaluation Practices in the Americas: Values and Research (Potvin et al.), 39
Health Promotion Forum (New Zealand), 43
Health promotion. See Global health promotion (GHP)
Health Promotion Statements (WHO), 50
Health services: PAHO promotion of evidence-based and patient-centered care by, 316; promotion prevention of NCDs and reorientation of, 315–316; reducing service barriers’ to treating women’s cancers, 354–355
Healthy Caribbean Coalition (HCC), 311, 313
Healthy Cities and Health Promoting Schools, social determinants of health addressed by, 50–51
Healthy public policy: description of, 303; on supportive environments, 306–307; UNHLM leading to the creation of a NCD, 305–306
Healthy settings initiatives, 212–213
Heart disease: as global leading cause of death, 9, 10t, 12t, 14t; as leading cause of death for women, 15
HIC-DARM tool, 102–103fig
High-income countries: infant mortality rates for, 6–7fig; leading risk factors for DALYs low for (2010), 13t; leading risk factors for death for (2010), 11t; life expectancy at birth for (2013), 3fig–4; life expectancy for (1960–2013), 4fig–5; maternal mortality rates for (2013), 5fig; neonatal mortality rates for (2013), 6fig; ten leading causes of death for (2010), 10t; ten leading causes of burden of disease for (2010), 12t; under-five child mortality rate for (2013), 6, 7fig
HIV testing and counseling (HTC) services, 245
HIV/AIDS pandemic: background and epidemiology of, 240; as global leading cause of death, 10t, 12t, 14t; human rights–based approach to ending the, 252b; implications for health promotion, 20; as leading cause of death for women, 15; multilevel models on SDH variables and interactions of, 484–485fig; prevalence, incidence, and deaths due to, 19–20; reasons for the current trends in HIV epidemiology, 240–244; reducing health inequities by addressing, 57; understanding the evolving, 239–240. See also Communicable diseases; Epidemics; Pandemics
HIV/AIDS prevention interventions: behavioral interventions for, 245; biomedical interventions for, 245–249; combination prevention strategies, 250; community-level, 245; cost evaluation of, 256–257; description of, 245; developing comprehensive approaches to, 252–257; dissemination of prevention program, 254; EE effects of Bold & Beautiful (B&B) [TV soap opera] on teaching, 113, 117; Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), 204; Health Belief Model applications for, 67; HIT testing and counseling and linkage to care, 245–246; IBM’s “Picture Your Health” strategy applied to, 74–75; informational-behavioral (IMB) principals, 247; male and female condom use, 246–247; Mango Tree Program (Uganda) focus
on, 285; mother-to-child transmission, 250; need for broader social ecological paradigm, 254–255; need for implementation science, 253–254; Popular Opinion Leader (POL) intervention for, 80–81; pre-exposure prophylaxis (PrEP), 248–249; role of technology in, 255b–256b; structural interventions, 251–252; theories/models of behavior change and HIV prevention and, 247b–248b; Theory of Planned Behavior applied to South Africa for, 70; Transteoretical Model (TTM) applied to, 72, 73; treatment as prevention (TasP), 249–251, 253; President’s Emergency Plan for AIDS Relief (PEPFAR) [U.S.] for, 456

HIV/AIDS treatment: antiretroviral therapy (ART) for, 81, 240, 249, 250, 251, 456, 460; SCT study of HIV vulnerability in women and ART adherence in Zimbabwe, 81; study of eHealth SMS support of ART for, 151; treatment as prevention (TasP), 249–251, 253

Home-based child health records (vaccination cards), 232–233

Hovell’s Behavioral Ecological Model, 83

HPV (human papillomavirus), 342, 389

HPV vaccine: case studies on global initiatives on, 226–229; as cervical cancer prevention, 342–343b, 344; description of the, 225–226; health education to increase, 352–353

Human rights: access to treatment for malaria as, 192b; the case for GHP in the context of, 130–131; definition of, 129; ending HIV/AIDS pandemic using approach based on, 252b; GHP from the perspective of, 131–133; health systems, GHP programs, and, 135–136; Human Rights Risk Index by region, 473t, 475–476; issue of marketing junk foods to children, 314b; Mahbouba’s Right to Health case study on, 140–141; to oral and reproductive health, 408; a rights-based approach to GHP in the context of, 136–140; understanding what they are, 133–135; Universal Declaration of Human Rights (1948) on, 129, 134b. See also Global health promotion

Human Rights Risk Index, 473t, 475–476

I

IMAGE Program (South Africa), 251

Immunization. See Global immunization initiatives; Vaccines

Imperial College London—Schistosomiasis Control Initiative, 22

Implementation: fidelity of, 430–432; of innovation, 426; public health innovation, 426–436

Implementation science, 253–254

India: HPV vaccination initiative in, 228–229; “Kosi River Operational Plan” in, 223

Indigenous communities, social determinants of health (SDH) consequences for, 367–368

Infant morbidity, 178

Infant mortality rates: health, wellness, mortality, and SDH data by region, 473t; MDG 4 goal to reduce, 173, 174–176fig, 178; World Bank regions, high-income countries, and globally (2013), 6–7fig

Infectious diseases (IDs). See Communicable diseases

Information-Motivation-Behavioral Skills Model (IBM), 73, 74–75, 247

Injection drug use (IDU), 242, 243, 244

Injuries: global impact of DALYs and related, 24; implications for health promotion, 24; road traffic injuries (RTIs), 10t, 14t, 15, 445

Innovation: diffusion of, 426; implementation of, 426. See also Public health innovation implementation

Insecticide disease control: bednets for, 200; insecticide-treated bednets (ITNs) for, 471; overview of, 194, 195–199

Insecticide-treated bednets (ITNs), 471

Institute of Child and Mother Health (ICMH), 459, 460

Institute of Health Metrics and Evaluation (IHME): Global Burden of Disease: Generating Evidence, Guiding Policy of the, 2; on global communicable diseases, 20–21; health data provided by, 1; health status measures used by, 8–9

Institute of Medicine (IOM), 32, 346, 389, 396, 406, 408, 432

Integrated Management of Childhood Illness (IMCI) strategy, 370

Integrated marketing communication, 273
Inter-American Development Bank, 483
International Agency for Research on Cancer, 388
International Association for Dental Research (IADR), 406
International Caries Classification and Management System (ICCMS), 390, 391fig
International Caries Disease Assessment System (ICDAS), 390
International Conference on Primary Health Care (1978), 50
International Covenant on Economic, Social and Cultural Rights (ICESCR), 135
International health (global health), 447. See also Global health
International Labor Organization (ILO), 57
International Research on Cancer (IARC), 345
International sanitary conferences: the American, 448; Europe, 448; League of Nations, 449–450; Office International d’Hygiène Publique (OHIP) [1907], 449; Pan American Sanitary Bureau, 448–449
International Union for Health Promotion and Education (IUHPE), 37
Internet: dental education tools on the, 399b; origins of the, 146; place-based health using, 147; studies on Global eHealth Promotion outcomes using, 149; supporting Global eHealth Promotion, 148t. See also Social media
Interprofessional education (IPE) on dental care, 396
INTERSALT study (WHO), 310
Intersectoral government coordination, 55

L
Lancet Commission, 252b
Lancet series, 2, 177
Larval source management (LSM), 196
Latin American countries: case study on the special character of health promotion in, 39; health, wellness, mortality, and SDH data by region, 471–472, 473t, 474–476; HIV epidemiology in, 243–244; HPV vaccination case study in Argentina, 226–227; infant rates for (2013), 7fig; infectious disease prevention and control in, 480–484; initiatives for reducing NCDs in, 307–308fig, 326–329; life expectancy at birth (2013), 3fig; maternal mortality rates for (2013), 5fig; neonatal mortality rates for (2013), 6fig; Pan American Health Organization (PAHO) work in, 55–56; percentage gain in life expectancy (1960–2013), 4fig; Reduction of Chronic Malnutrition in Children Through Political Mobilization (Peru) case study, 372–374; social medicine developed in Europe and, 49–50; status of NCD prevention and control in, 327t; ten leading causes of burden of disease for (2010), 12t; ten leading causes of death for (2010), 4fig. See also Caribbean countries
Leading causes of death: globally (1990 and 2010), 14t; low-income, middle-income, and high-income countries, for (2010), 12t; risk factors and, 9–11; for women ages 15 to 49 (2010), 15. See also Global deaths; Mortality rates
League of Nations, 449–450
“Let Us Protect Our Future” intervention (South Africa), 71–72
Life course, 363–364
Life expectancy at birth (LEB): many countries continue to have low, 445; percentage gain for World Bank regions, high-income countries, and globally (1960–2013), 4fig–5; for World Bank regions, high-income countries, and globally (2013), 3fig–4
Life stages, 363
Linkage to care and treatment services, 249
Livestrong Foundation, 350
Local area networks (LAN), 146
Long-lasting insecticidal nets (LLINs), 196b, 200

Low-income countries: burden of women's cancers in, 340–341; effects of Sabido-style EE in, 115; leading risk factors for DALYs low in, 13t; leading risk factors for death in, 11t; noncommunicable diseases (NCDs) problem in, 304–305; reducing health system and service barriers to women's cancer prevention in, 354–355; ten leading causes of burden of disease in, 12t; ten leading causes of death in, 10t

Lower respiratory infections, 9, 10t, 12t, 14t

Lung cancer, 9, 10t, 14t, 473t

Lymphatic Filariasis (LF), 67–68

M

Malaria: “bad night air” correlation (19th century) with, 447; control measures for, 194, 195–201b; economic burden of disease from, 191–192; eradication of, 195; as global leading cause of death, 10r, 12r, 14t; human rights approach to combating, 192b; impact of, 193–195; incidence and deaths, 21–22; interventions for, 202–204; Millennium Development Goals (MDGs) on combating, 191–192; WHO on deaths (2012) and trends of, 191, 193. See also Communicable diseases

Malaria control measures: antimalarials, 194; environmental changes on malaria burden, 195; environmental spraying, 195–197; insecticides, 194, 195–199; long-lasting insecticidal nets (LLINs), 196b, 200; to lower the transmission rate, 200–201

Malaria intervention organizations: Gates Foundation work with, 203–204; Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFAMT), 204; Malaria No More, 204; Roll Back Malaria Partnership, 21, 22, 191, 193, 199–200, 204; U.S. President’s Malaria Initiative (PMI) [2005], 203t

Malaria No More, 204

Malaria surveillance systems, 192–193

Malaysia: COBMI application to dengue fever in, 104–106; dengue fever prevalence in, 104

Male sex workers (MSWs), 242

Malnutrition, neonatal deaths due to, 469; Reduction of Chronic Malnutrition in Children Through Political Mobilization (Peru) case study on, 372–374

Mammography, 343b

Mango Tree Program (Uganda), 285

Mass media: human rights issue of marketing of junk foods to children, 314b; promotion of oral health through, 400–403b. See also Social media

Maternal Mortality Estimation Inter-Agency Group (MMEIG), 179

Maternal mortality rates: causes of maternal morbidity and maternal mortality, 178t; ICD 10 definition of maternal mortality, 177b, 194; Millennium Development Goals (MDGs) to reduce, 177b–185, 469; UNFPA and World Bank study on, 179; World Bank regions, high-income countries, and globally (2013), 5fig–6. See also Reproductive health as a human right

Maternal mortality ratio (MMR), 177

McLeroy's Ecological Model of Health Behavior, 93

MD Oral Health Learning Alliance (MOHLA), 402b

Men: condom use to prevent STIs and HIV transmission, 246, 427–428, 430fig; Health Belief Model (HBM) promotion of condom use by, 67; men who have sex with men (MSM), 242, 243, 244, 251; voluntary medical male circumcision (VMMC) to prevent HIV, 250–251. See also Women

Men who have sex with men (MSM), 242, 243, 244, 251

mHealth. See Mobile health (mHealth)

Middle East and North African countries: HIV epidemiology in, 244; infant rates (2013) for, 7fig; life expectancy at birth (2013) for, 3fig; maternal mortality rates for (2013), 5fig; neonatal mortality rates for (2013), 6fig; percentage gain in life expectancy (1960–2013), 4fig; ten leading causes of burden of disease in (2010), 12t; ten leading causes of death in (2010), 10t. See also Sub-Saharan African countries

Middle-income countries: burden of women’s cancers in, 340–341; effects of Sabido-style EE in, 115; leading risk factors for DALYs low in (2010), 13t; leading risk factors for
death in (2010), 11t; noncommunicable diseases (NCDs) problem in, 304–305; reducing health system and service barriers to women’s cancer prevention in, 354–355; ten leading causes of burden of disease in (2010), 12t; ten leading causes of death in (2010), 10t; under-five child mortality rates in (2013), 7fig


Millennium Development Goals (MDGs) strategies: additional strategies used, 185; communication and antenatal care, 181–183; role of mobile health (mHealth), 184–185; systems and partnering to improve maternal and infant health, 183–184

Mobile health (mHealth): description of, 150; health promotion to prevent and treat women’s cancers using, 353; improving MDG 4 and MDG 5 using, 184–185; privacy, confidentiality, and data ownership issues of, 162–163; program evaluation of, 163; selecting appropriate technologies for, 161–162; short message service (SMS) used for, 150–152; smartphone applications for, 154, 155t, 157–159; social media and social networking support of, 159–160. See also Computers

Mobile phones: mobile health or mHealth using smartphones or, 150–152, 154, 155t, 157–159; supporting Global eHealth Promotion, 148t

Moos’s Social Ecology, 83

Mortality rates: comparing communicable and noncommunicable diseases, 1; health, wellness, mortality, and SDH data by region, 473t; Integrated Management of Childhood Illness (IMCI) strategy to reduce child, 370; malaria related, 193; malnutrition as significant risk factor of neonatal, 469; maternal, neonatal, infant, and child, 5fig–6; proportion due to NCDs in Africa (2012), 318fig; shift in global risk factors, 1; variety of factors in, 2; World Bank regions, high-income countries, and globally (1960–2013), 4fig–5. See also Global deaths; Leading causes of death

Mother-to-child HIV transmission prevention, 250

Motivational interviewing, 395–396

Motor vehicle injuries, 10t, 14t, 15, 445

Mouth rinse, 387b

Multilevel models: description and use of, 484; on factors influencing behavior change at each level for HIV example, 485fig

Multiple Domain Model (MDM), 77–79

MySmileBuddy, 399b

MySpace, 146

N

National Cancer Institute (NCI), 388

National Centre for Methods and Tools, 37

National Institute for Health and Care Excellence (NICE), 37

National Institutes of Health (NIH), 249, 425

National Institutes of Health (NIH) Roadmap Initiative, 425

National Science Foundation network (NSF-net), 146

Neglected tropical diseases (NTDs), 22–23, 481–484

Neonatal mortality/death rates: malnutrition as significant risk factor of, 469; WHO on leading causes of, 18; World Bank regions, high-income countries, and globally (2013), 6fig
Noncommunicable diseases (NCDs):
accounting for two-thirds of all mortality in
the Americas, 307–308; building
partnerships and alliances to combat,
316–317; data sets on status of health
outcomes, SDH, and, 472–476; global
impact of, 23; governmental coordinated and
intersectoral approach to, 55; healthy public
policy regarding, 305–306; implications for
health promotion, 23–24; RCT (randomized
controlled trial) research on, 35;
reorientation of health services to combat,
315–316; rights-based global health
promotion for people with, 139–140; rising
death rates of, 1; supportive environments to
combat, 306–307. See also Diseases
Noncommunicable diseases (NCDs) initiatives:
additional initiatives in Africa, 325–326; for
African countries, 317–326; broad
applications of, 321–322; community action,
313–315; diabetes mellitus, 325; more work
and trends on, 326–329; oral health, 322;
overview of the health promotion work done
by, 459; reduced trans fats, 308–309; salt
reduction, 309–312, 323–324; smoking
reduction/tobacco control, 312–313,
324–325; status of NCD prevention and
control in third world countries, 327t; UN
high-level meeting (UNHLM) called on
health problem of, 303–306, 317, 335
Noncontagionist diseases (19th century), 447
Nongovernmental organizations (NGOs):
Bill & Melinda Gates Foundation, 32, 135, 200,
203–204, 221; creating their own mobile
applications for health communication, 289;
Global Alliance for Immunization and
Vaccines (GAVI), 175b, 185, 226, 230–231,
231t; science of health promotion advanced
by, 41, 303–305; TASC Injury Research:
Bangladesh case study, 459–460; Thaihealth
Foundation, 40; VicHealth (Australia), 40
North America: health, wellness, mortality,
and social determinants data in, 471–472, 473t,
474–476; HIV epidemiology in Europe and,
244; Pan American Alliance for Nutrition
and Development for the Achievement of
the Millennium Development Goals, 375,
376b–377b; Pan American Health
Organization Revolving Fund for the
Americas, 344; Pan American Sanitary
Bureau, 448–449, 450, 462. See also Pan
American Health Organization (PAHO);
United States
NTDs (neglected tropical diseases), 22–23,
481–484
O
Observational learning, 71
Oceana countries: Health Promotion Forum
(New Zealand), 43; health promotion
institutions working in, 33; health, wellness,
mortality, and SDH data by region, 471–472,
473t, 474–476; HIV epidemiology in Asian
and, 242–243. See also Western Pacific
Region of WHO (WPRO)
Office International d’Hygiène Publique
(OIHP), 449
One World Asia, 185
Oral diseases: building the knowledge base on,
407–408; decay (dental caries), 384, 385,
390, 391fig, 398; gum disease (periodontitis),
384, 385–386, 387, 390–391; health,
wellness, mortality, and SDH data by region,
473t; measuring, 389–393; nearly universal
prevalence of, 387–389; oral cancer, 384,
388–389; preventing in children and saving
defered costs, 408; surveillance of, 391–392
Oral health: building the knowledge base on,
407–408; community environment and,
404–405; description of, 384; health,
wellness, mortality, and SDH data by region,
473t; human microbiome and gingiva, 385;
human rights to reproductive and, 408; the
impact of common, 384b; initiatives to
prevent NCD of, 322; lack of standard
measures for assessing, 383; major risk
factors of, 386–387b; measuring,
389–391fig; psychosocial impact of, 392,
393; shared risk factors with other health
conditions, 406–407
Oral Health Impact Profile (OHIP), 392
Oral health promotion strategies: to families
and caregivers, 398–400; global oral health
promotion policies, 495t–496; to
individuals, 393fig–398; mass media
campaigns, 400–403b; tobacco control
strategies for educators and policymakers, 407; A U.S. Toothbrushing Campaign for Low Literacy Mothers of Children Under Six case study on, 402b–403b; in the workplace, 400
Oral health/disease measures: caries, 390, 391; importance of accurate, 389–390; periodontal disease and gingival bleeding, 390–391
Oral hygiene, 386, 387b
O'Reilly media, 146
Organisation for Economic Co-operation and Development (OECD), 192, 194
Ottawa Charter for Health Promotion (1986), 34, 43, 44, 50, 454
Outcomes: outcome expectations for behavior change, 71; rights-based GHP approach to ensure better health, 136–137; social determinants of health and status of other health, 471–476

P
P-PROCESS Model, 283, 284–285
Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals, 375, 376b–377b
Pan American Forum for Action on NCD, 317
Pan American Forum on Chronic Disease Prevention in the Americas (PAHO), 479–480, 481, 482–483
Pan American Health Organization on NCDs case study, 307, 308–309, 313–316
Pan American Health Organization Revolving Fund for the Americas, 344
Pan American Sanitary Bureau, 448–449, 450, 462
Pandemics: definition of, 271; H1N1 influenza pandemic (2009), 271, 275, 290b. See also HIV/AIDS pandemic
Papanicolaou (Pap) test, 344
Paris Office (1907), 449
Participatory action research (PAR), 39
Participatory approach to communication: for community-based risk communication in epidemic settings, 271–292; description of, 272; social media facilitation of, 289b–290b
Partners’ Forum for Action on Chronic Diseases, 317
PASEO project (EU), 42
Passive health behaviors, 446
Pellagra disease, 446
Periodontitis (gum disease), 384, 385–386, 387, 390–391
Pew Research Center’s Internet & the American Life Project, 291
Place-based health, 147, 160–161
Plaque (on teeth), 385
PM10 (Particulate matter, PM) measure, 475
Polio: Global Polio Eradication Initiative (GPEI) partnership, 221–222; WHO Southeast Asia Region (SEARO) and polio eradication in Asia, 220–224
Popular Opinion Leader (POL) intervention, 80–81
Population Communication Services (PCS), 284
Pre-exposure prophylaxis (PrEP), 248–249
PRECEDE-PROCEED Model (PPM), 283, 285–286
President’s Emergency Plan for AIDS Relief (PEPFAR) [U.S.], 456
Preterm birth complications, 10t, 12t, 14t
Prevention of mother-to-child HIV transmission (PMTCT), 250
Primary health care, 453. See also Community-based primary health care
Privacy of eHealth issues, 162–163
Private sector health promotion, 460–461
Program for Appropriate Technology in Health (PATH), 227–228
PROGRESS (social determinant of health), 367
ProLead Hue: Vietnam case study, 455
ProLeader program: Health Promotion LEADership and Management Development (WHO), 455
Protection Motivation Theory, 75
Public health: approach to family and community by, 363–378; definition of critical race theory and, 274–275t; epidemiology and public health
communication models, 282–283; “health in all policies” strategy of, 370–371
Socio-Ecological Model/Perspective (SME/SSE) model of, 281
Public Health Communication (PHC) programs, 282
Public health innovation implementation: assessing fidelity and adaptation, 435; critical issues of implementing, 427; critical issues related to, 427; definitions of terms related to, 429b; determining fidelity, 433–435; diffusion of new, 426; elements of an effective, 427–430; examples of adaptation using core elements, 430fig; fidelity of implementation, 430–432; implementation of, 426–427; optimal balance between fidelity and adaptation, 432–433; sustainability of, 435–436. See also Innovation
Pulp (tooth), 390

Q
Quinine, 200

R
Randomized controlled trial (RCT): on LSM method to target malaria, 196; as research standard, 35, 163
Rapid SMS project (UNICEF and WHO), 185
Recommended salt intake, 310
Reduction of Chronic Malnutrition in Children Through Political Mobilization (Peru) case study, 372–374
Reproductive health as a human right, 408. See also Maternal mortality rates
Research: consensus-based applied EE research agendas, 118–119t; formative, 110; participatory action research (PAR), 39; randomized controlled trial (RCT) standard of, 35, 163, 196. See also Global health promotion research
Right to development, 130–131
Right to health: description of the, 129; Mahbouba’s Right to Health case study on, 140–141
Rights-based global health promotion: approaches for people with infectious diseases and NCDs, 139–140; for children, 137–138; ensuring better health outcomes with, 136–137; for women, 139. See also Human rights
Rio Political Declaration on Social Determinants of Health (2011): origins and purpose of the, 50, 51; social determinants and health inequities themes of the, 55–60
Risk communication: definition of, 271–272; importance of including vulnerable and underserved populations in health, 280b. See also Community-based risk communication
Risk factors: DALYs and their attributable, 11, 12t–15; Global Burden of Disease Study, 2010 (GBD) data on, 2–3; global deaths, 11t–13t; health of women and, 15–16; shifting for death and disability, 1
Road traffic injuries (RTIs): difficulty of preventing death from, 445; as global leading cause of death, 10t, 14t; as leading cause of death for women, 15
Rockefeller Foundation, 456–457
Roll Back Malaria (RBM) Partnership, 21, 22, 191, 193, 199–200, 204
Roma population: COMBI used to get more children enrolled in school, 019; POL intervention for, 81
Royal Tropical Institute, 184

S
Sabin Vaccine Institute, 483, 484
Salt reduction initiatives, 309–312, 323–324
SARS epidemic, 271, 275, 279, 282
School-based programs: dental education through, 398–400; health promotion through, 138
Secondhand smoke (SHS), 312
Self-efficacy: Health Belief Model on, 66; Social Cognitive Theory (SCT) on, 70–71
Self-harm, as leading cause of death for women, 15

*Semana de Vacunación*, 217f

*Sesame Street* EE model, 116–117

Sex workers: FSWs (female sex workers), 244; MSWs (male sex workers), 242

Sexually transmitted infections (STIs): condom use to prevent HIV transmission and, 246; Focus on Youth and Informed Parents Together (FOY and ImPACT) promoting condom use to prevent, 427–428, 430f; health education to prevent, 353; reducing health inequities by addressing, 57; TTM applied to practice safer sex in Vietnam, 73

Short message service (SMS): examining the health promotion benefits of using, 145–146; GetTheMessage text campaign using, 313b; origins and development of, 147; Rapid SMS project (UNICEF and WHO), 185; study of eHealth SMS support of ART by, 151; supporting Global eHealth Promotion, 148t

SIDS (sudden infant death syndrome), 18

*Simplemente Maria* (telenovela), 111–112

Situational market analysis, 100–101, 102–103

SMACKing tools, 102

SMART behavioral objectives, 102

Smartphones: examining the health promotion benefits of using, 146; mobile health (mHealth) applications using, 154, 155t, 157–159; place-based health using, 147, 160–161

Smoking cessation. See Tobacco control

Social budgeting, 57

Social capital, 369–370

Social Cognitive Theory (SCT), 70–72, 112–113

Social determinants of health reduction strategies: better governance for health and development to reduce, 55–56; global governance and collaboration to reduce, 57; participation in policymaking and implementation to reduce, 56; progress and accountability to reduce, 57–58; reorientation of the health sector to reduce health inequities to reduce, 57

Social determinants of health (SDH): description of, 32, 38, 49; five key themes of the Rio Political Declaration on the, 55–58; indigenous communities and, 367–368; life course approach and addressing the, 364; multilevel models on variables and interactions of HIV, 484–485f; overview and work done to address the, 52b–53b; PROGRESS acronym to describe important, 367; reducing health inequities and addressing, 55–66; relationship of health promotion to the, 49–54f; status of other health outcomes and, 471–476; WHO Commission on Social Determinants of Health and the Rio Political Declaration on Social Determinants of Health on, 50. See also Global health

Social ecological models: for HIV prevention, 254–255; for risk communication, 273

Social marketing (SM): as community-related approach to behavior change, 273; description of, 107; 4 Ps (Product, Price, Placement, and Promotion) in, 107, 211b–212b; for marketing immunizations, 148t

Social media: building new media-based communities to enhance online risk communication, 287–291; dental education tools on, 399b; examining the health promotion benefits of using, 146; Facebook, 146, 153f; origins and development of the, 146; participatory communication facilitated by, 289b–290b; supporting Global eHealth Promotion, 148t, 152–153f; Vaccination Week in the Americas and role of, 219b–220b. See also Internet; Mass media; Technology

Social medicine, 49–50

Social Protection Floor Initiative (SPF-I) [UN], 57

Social psychological models: Extended Parallel Processing Model (EPPM), 73, 75–77; five “classic,” 65–73; Health Belief Model (HBM), 65–68, 113; Information-Motivation-Behavioral Skills Model (IBM), 73, 74–75; Multiple Domain Model (MDM), 77–79; Social Cognitive Theory (SCT), 70–72; Theory of Planned Behavior (TPB), 69f; Theory of Reasoned Action (TRA), 68–70; Transtheoretical Model (TTM), 72–73, 114
Socio-Ecological Model/Perspective (SME/SSE) model, 281

South Africa: IBM’s “Picture Your Health” strategy applied to HIV/AIDS in, 75; IMAGE Program in, 251; “Let Us Protect Our Future” intervention in, 71–72; Theory of Planned Behavior applied to HIV/AIDS in, 70; WHO Regional Office for Africa work for NCD prevention in, 321–322. See also Sub-Saharan African countries

South Asian countries: Ford Foundation Health Promotion: Ho Chi Minh City case study, 457–458; health, wellness, mortality, and SDH data by region, 471–472, 473t, 474–476; HIV epidemiology in, 242–243; infant rates in (2013), 7fig; life expectancy at birth for (2013), 3fig; maternal mortality rates in (2013), 5fig; neonatal mortality rates in (2013), 6fig; noncommunicable diseases initiatives in, 325–326; pentavalent vaccination initiative in, 230–231, 231t; pentavalent vaccinations in, 230–231, 231t; percentage gain in life expectancy in (1960–2013), 4fig; proportion of mortality due to NCDs (2012) in, 318fig; reducing maternal and infant morbidity and mortality in, 178–181; SCT study of HIV vulnerability in woman and ART adherence in Zimbabwe, 81; strategies to reduce NCDs in, 317–320; ten leading causes of burden of disease in (2010), 12t; ten leading causes of death in (2010), 10t; under-five child mortality rates for (2013), 7fig; WHO strategy on NCDs for, 318. See also Middle East and North African countries; South Africa

Supportive environments, 306–307
Susan G. Komen Foundation, 352
Sustainable Development Goals (SDGs), 132, 137, 139, 251, 252b

T
TASC (The Alliance for Safe Children) Injury Research: Bangladesh case study, 459–460; ten leading causes of death in (2010), 10t; Thaihealth Foundation health promotion work, 40; TTM applied to practice safer sex in Vietnam, 73; under-five child mortality rates in (2013), 7fig; WHO Southeast Asia Region (SEARO) and polio eradication in, 220–224. See also Asian countries

Stages of Change Model, 72, 114
Statistical Indices of Family Health (1976) [WHO], 364
Strategic Timing of AntiRetroviral Treatment (START), 249
Stroke: as global leading cause of death, 9, 10t, 14t; as leading cause of death for women, 15
Structural interventions for HIV, 251–252
Structural models, 86
Sub-Saharan African countries: Ebola Viral Disease (EVD) outbreak in western, 132; Health Belief Model applications in, 66–68; health promotion case study on regional research being done in, 41; health, wellness, mortality, and SDH data by region, 471–472, 473t, 474–476; HIV epidemiology in, 240–242fig; HPV vaccination case study in Uganda, 227–228; infant rates in (2013), 7fig; life expectancy at birth for (2013), 3fig; maternal mortality rates for (2013), 5fig; neonatal mortality rates in (2013), 6fig; noncommunicable diseases initiatives in, 325–326; pentavalent vaccination initiative in, 230–231, 231t; pentavalent vaccinations in, 230–231, 231t; percentage gain in life expectancy in (1960–2013), 4fig; proportion of mortality due to NCDs (2012) in, 318fig; reducing maternal and infant morbidity and mortality in, 178–181; SCT study of HIV vulnerability in woman and ART adherence in Zimbabwe, 81; strategies to reduce NCDs in, 317–320; ten leading causes of burden of disease in (2010), 12t; ten leading causes of death in (2010), 10t; under-five child mortality rates for (2013), 7fig; WHO strategy on NCDs for, 318. See also Middle East and North African countries; South Africa

Supportive environments, 306–307
Susan G. Komen Foundation, 352
Sustainable Development Goals (SDGs), 132, 137, 139, 251, 252b

Technology: dental education tools using, 399b; Internet, 146, 147, 148t, 149, 399b; supporting Global eHealth Promotion, 147–148t; Web 1.0, 146; Web 2.0, 146. See also Social media

“Telemedicine,” 148. See also Global eHealth promotion

TELL-ME Model, 283
Thaihealth Foundation case study, 40
Thailand: health in all policies (HiAP) promoted in, 56; Thaihealth Foundation case study in, 40
Theory of Planned Behavior (TPB), 69fig
Theory of Reasoned Action (TRA), 68–70
Tobacco control: NCDs and initiatives for, 312–313; to reduce secondhand smoke (SHS), 312; strategies for educators and policymakers for promoting oral health, 407t; WHO Framework Convention on Tobacco Control (FCTC), 32, 305, 322, 324, 325
Tobacco use: health promotion efforts toward smoking cessation and, 446; health, wellness,
mortality, and SDH data by region, 473t; NCDs and initiatives to reduce, 312–313
Toothbrushing, 394, 402b–403b
Top-down approach to communication, 272, 274
Tracheal cancer, 9, 10t, 14t
Trans Fat Free Americas (TFFA) initiative, 308
Trans fatty acids (TFA), 308–309
Transgender (TG) persons, 243
Transmission rate of malaria, 200–201
Transportation Imagery Model (TIM), 113, 114
Transtheoretical Model (TTM), 72–73, 114
Tuberculosis (TB): drug-resistant, 21; Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund), 204; implications for health promotion, 21; as leading cause of death for women, 14t, 15; prevalence and deaths due to, 20–21

U
Uganda: HPV vaccination case study in, 227–228; Ureport developed in, 58
UK Department for International Development (DFID), 456
UN Women, 173, 179–180
UNICEF (United Nations Children’s Fund): Communication for Behavioral Impact (COMBI) applications by, 106–107; Communication for Development (C4D) intervention used by, 276, 282, 283–284, 286; Declaration of Alma Ata (WHO and UNICEF), 49, 50; development agenda (post-2015) of, 173; health promotion work by, 1, 17; on immunization as a basic human and child right, 210b; Integrated Management of Childhood Illness (IMCI) strategy to reduce child mortality and morbidity, 370; Multiple Indicator Cluster Surveys supported by, 232; Population Communication Services (PCS) used by, 284; Rapid SMS project (UNICEF and WHO) by, 185; rights-based global health promotion approach of, 137–138; risk communication guidelines used by, 272; Ureport developed in Uganda by, 58
United Nations Development Programme (UNDP), 198
United Nations Population Fund (UNFPA), 173, 179, 184, 286

United Nations (UN): Conference on Women (1995), 339; Millennium Development Goals (MDGs) of the, 132, 139, 173–185, 355, 376b–377b, 468fig–471; origins and formation of the, 450; Social Protection Floor Initiative (SPF-I), 57; Sustainable Development Goals (SDGs) of the, 132, 137, 139, 252b; UN high-level meeting (UNHLM) called on NCDs health problem by the, 303–306, 317, 355; Universal Declaration of Human Rights (UDHR), 129, 133, 134b; United States: effects of Sabido-style EE in the, 115; entertainment industry outreach in the, 114–116; Global Health Initiative of the, 456; HIV epidemiology in Europe and the, 244; international sanitary conferences held in, 448; President’s Emergency Plan for AIDS Relief (PEPFAR) of the, 456; Women and Children Program of the, 138. See also North America
University-based health promotion: physician education as, 461; relevance vs. rigorous scholarship approach by, 462
Urban Malaria Control Program–UMCP, 197
Ureport (UNICEF Uganda), 58
U.S. Agency for International Development (USAID), 221, 232–233, 456, 457
U.S. Centers for Disease Control and Prevention (CDC): CARMEN membership by, 317; on consensus-based applied EE research agendas, 118–119; Haiti’s vaccination initiative supported by, 230; health promotion work by, 32; HIV screening recommendation by, 246; on HIV transmission in the Caribbean, 243; malaria intervention programs of, 194; Prevention Synthesis Program of the, 425; public health intervention implementation approach by, 428; risk communication approach used by, 272; social media used during the H1N1 pandemic by, 290b
U.S. Department of Health and Human Services (DHHS), 271, 272, 282, 384, 388, 397
U.S. Environmental Protection Agency, 197
U.S. President’s Malaria Initiative (PMI) [2005], 203t
U.S. Public Health Service, 249
A U.S. Toothbrushing Campaign for Low Literacy Mothers of Children Under Six case study, 402b–403b

V

Vaccination card data, 232–233
Vaccination Week in the Americas: case study on the, 213, 214–216t; examples of special initiatives connected to, 218–219; social mobilization and role of social media in, 219b–220b
Vaccines: cold chain required for potent, 209; five-in-one pentavalent, 229–231; HPV vaccine, 225–229, 342–343b, 344, 352–353; keeping family vaccination cards to record, 232–233; malaria, 196b, 201–202b; pentavalent, 230–231, 231t; Vaccination Week in the Americas case study, 213, 214–216t, 218–220b; WHO on immunization rates (1990 and 2013), 210–211fig; WHO/GAVI study on rates of childhood immunization, 175b–176fig. See also Global immunization initiatives
VACUNATION strategy, 218–219
Vicarious learning, 112–113
VicHealth (Australia), 40
Vietnam: Ford Foundation Health Promotion: Ho Chi Minh City case study, 457–458; ProLead Hue: Vietnam case study, 455; TTM applied to practice safer sex in, 73
Voluntary counseling and testing (VCT) services, 70
Voluntary medical male circumcision (VMMC), 250–251

W
Web 1.0, 146
Web 2.0, 146
West Nile virus, 482
Western European countries: health, wellness, mortality, and SDH data by region, 471–472, 473t, 474–476; HIV epidemiology in, 244; infant rates for (2013), 7fig; international sanitary conferences in, 448; life expectancy at birth for (2013), 3fig; maternal mortality rates for (2013), 5fig; neonatal mortality rates for (2013), 6fig; percentage gain in life expectancy for (1960–2013), 4fig; social medicine developed in Latin America and, 49–50; ten leading causes of burden of disease in (2010), 12t; ten leading causes of death in (2010), 10fig
Western Pacific Region of WHO (WPRO), 40. See also Oceana countries
WHO ProLead program, 454–455
WHO Regional Office for Africa, 318–320, 321–322, 325–326
Women: barriers to safe motherhood of, 180b–181; Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), 135, 139; “Every Woman, Every Child” program for, 139; female condom use to prevent HIV transmission and STIs, 246; five leading causes of death, 15; global initiatives for HPV vaccination, 225–229; health, wellness, mortality, and SDH data by region on female literacy rates, 473t; implications for health promotion for, 17; overview of the health of, 15–16; perceptions of cancer by, 348–350; rights-based global health promotion approaches for, 139; SCT study of HIV vulnerability and ART adherence in Zimbabwe among, 81; United Nations Conference on Women (1995), 339. See also Men
Women and Health Alliance International (WAHA), 184
Women’s cancers: breast cancer, 15, 340; cervical cancer, 225–229, 339; future concerns and challenges related to, 356; global burden of, 340–341; health promotion strategies for, 350–354; preventing and controlling, 341–348; reducing health system and service barriers, 354–355; social, economic, and human rights implications of, 340b; technologies to prevent, detect, and treat, 343b; women’s perceptions of cancer, 348–350. See also Cancers
Women’s cancers health promotion: information technology for, 353; raising awareness and providing information to the public, 351–353; strategies to change behaviors, 351b
World Bank: “Chronic Emergency: Why NCDs Matter” by, 306; global work done by, 1; on malaria fatalities, 193; maternal mortality
rates study by UNFPA and, 179; Roll Back Malaria (RBM) Partnership launched by, 21, 22, 191, 193, 199–200, 204
World Bank regions: infant mortality rates for, 6–7fig; life expectancy at birth for (2013), 3fig–4; life expectancy for (1960–2013), 4fig–5; maternal mortality rates for (2013), 5fig; neonatal mortality rates for (2013), 6fig; under-five child mortality rate for (2013), 6, 7fig
World Cancer Research Fund, 346
World Conference on Social Determinants of Health, 51
World Congress on Preventive Dentistry (WCPD), 406
World Council of Churches (WCC), 50, 452–453
World Health Assembly (WHA), 303, 312, 405
World Health Day, 213
World Health Organization Ottawa Conference (1986), 34, 43, 44, 50, 454
World Health Organization (WHO): Alma Ata Conference on Primary Health Care (1978) proclamation by, 453; on barriers to safe motherhood, 180–181; COMBI applications by, 100–106; Commission on Social Determinants of Health (CSDH), 50, 51, 52b–54b; Communication for Behavioral Impact (COMBI) used by, 99–111, 276, 281, 283, 286–287; Declaration of Alma Ata (WHO and UNICEF), 49, 50; development agenda (post-2015) of, 173; FCTC (Framework Convention on Tobacco Control) used by, 32; global health data from, 2; Haiti’s vaccination initiative supported by, 230; health as defined by, 384; Health Promotion Statements, 50; healthy settings approach used by, 212–213; on immunization rates (1990 and 2013), 210–211fig; on infectious disease prevention and control, 480–484; Integrated Management of Childhood Illness (IMCI) strategy to reduce child mortality and morbidity, 370; INTERSALT study and recommended salt intake by, 310; on leading causes of neonatal mortality, 18; on malaria deaths (2012) and trends, 191, 193, 194; multi-causal world approach to health promotion by, 34; origins and early work of the, 450–451; Ottawa Charter for Health Promotion (1986) of, 34, 43, 44, 50, 454; pre-exposure prophylaxis (PrEP) guidelines released by, 249; projections on the burden of disease to 2030 by, 25–26; Rapid SMS project (UNICEF and WHO) by, 185; right to development support by, 131; rights-based approach to global health promotion by, 137; risk communication guidelines used by, 272; SDH (social determinates of health) used by, 32, 38, 49–61; Statistical Indices of Family Health (1976) by, 364; strategy on NCDs for Africa by, 318; study on rates of childhood immunization of GAVI and, 175b; tuberculosis prevalence and death statistics by, 20–21; Western Pacific Region of WHO (WPRO) of, 40; WHO Framework Convention on Tobacco Control (FCTC), 32, 305, 322, 324, 325; WHO IRS List, 194, 198; WHO ProLead program of, 454–455; WHO Regional Office for Africa, 318–320, 321–322, 325–326; WHO Southeast Asia Region (SEARO) and polio eradication in Asia, 220–224
World Immunization Week Logo, 217fig
World Wide Web (or Internet), 146

Y
Yellow fever, 480
YLD (years of life lived with disability), 8–9
YLL (years of life lost due to premature death), 8