A Review on Barriers, Facilitators and Frameworks Influencing Implementation of Health Promotion

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Abstract - The health promotion is best practices with the hope for knowledge mobilization, improved population health and enhanced practice. This article focuses on internal and external factors that affects health promotion and highlights the factors which are in support of effective health promotion. The study aims to know the barriers and facilitators associated with implementation of effective health promotion. Declining in the levels of physical exercise, increase in the rates of bad eating habits and increase in rates of use of tobacco, these all factors increase the biological risk which in turn leads to increase in non-communicable disease. The problems facing public health today include the negative consequences of climate changes, sedentary lifestyles, an increase in the frequency of natural disasters and financial crises. According to world health organization (WHO), health is more than just the absence of illness or disability; it is the condition of whole physical, social, and mental well-being.

Keywords- Health promotion, barriers, facilitators, disability, declining.

I. INTRODUCTION

Addressing public health issues now requires the use of health promotion. The world is now experiencing a "burden of diseases", which is made up of unresolved issues of communicable and non-communicable diseases, newly developing diseases, and extraordinary rise in chronic diseases. This puts the health landscape at a unique crossroads. The elements which promote the development in modern world such as improved technologies, urbanization, and ease of international travel etc. They operate as a double edge sword since they promote sedentary lifestyles and unhealthy eating habits, which on other hand increase vulnerability to ill health and on the other hand they lead to beneficial health results. Declining in the levels of physical exercise, increase in the rates of bad eating habits and increase in rates of use of tobacco, these all factors increase the biological risk which in turn leads to increase in non-communicable disease. The problems facing public health today include the negative consequences of climate changes, sedentary lifestyles, an increase in the frequency of natural disasters and financial crisis. According to world health organization (WHO), health is more than just the absence of illness or disability; it is the condition of whole physical, social, and mental well-being. Every person fundamental right is the ability to enjoy the best possible standard of health. Social, economic, and political forces which are primarily outside the purview of health sector have significant impact on health. These factors also have significant impact on how people work, live and develop **(WHO *et al.,* 2009)**. The idea of health promotion is not new. It has long been known that factors outside the health sector also have a role in determining the individual's health. The main cause of majority of diseases was thought to be "miasma" during 19th century, when the germ theory of disease had not been established. However, it was acknowledged that factors such as poverty, destitution, unfavorable living conditions, illiteracy, etc., contributed to illness and death. There are situations where the terms "health promotion" and "health education" are used interchangeably **(WHO *et al.,* 2008)**. The goal of health education is to empower people to choose healthy lifestyle on their own volition by arming them with skills and health related information. In contrast to health promotion, which adopts more strategy by involving multiple stakeholders and emphasizing multisectoral approaches, it is a collection of educational opportunities intended to assist people and communities in improving their health by enhancing their knowledge or changing their attitudes. With a far wider scope, health promotion is designed to address events that can impact health directly or indirectly. These events include disparities, alterations in consuming habits, environmental changes, shifts in cultural views, etc **(Dans *et al.,* 2011)**. Factors which are related to health care organization, management, and policy are crucial for the effective integration of evidence-based treatments into standard clinical practice **(Fernandez *et al.,* 2018)**. The hurdles and facilitators of implementing a health promotion intervention into primary care are examined in this research along with the health care organization, and policy. One way to lessen the burden of chronic disease is to address the main risk factors, which include smoking, bad eating habits, alcohol abuse, and sedentary lifestyles **(Palmer *et al.,* 2018)**. As life expectancy rises, so does the burden of chronic disease and multi-morbidity. The World Health Organization (WHO) suggests that at least 3% of national health care budgets can be used for health promotion and disease

prevention. Investments in health promotion can lower the demands of health care **(Domagala *et al.*, 2020)**. It is commonly known that in order to support health promotion initiatives inside the health and social care system, changes must be made to health care organization, and policies **(Conill *et al.*, 2018)**. The five categories were used to classify these barriers are described in (**Fig.1)** i.e.-structural barriers, organizational barriers, professional barriers, attitudinal barriers and patient-related barriers. Poor intervention execution and time constraints were the example of structural barriers whereas facilitators include encouragement, sufficient help, and recognition of obstacle. The organizational barriers comprise of lack of communication skills and lack of IT support whereas facilitators include organized application of intervention and assistance with logistics. The professional barriers comprise of lack of expertise, lack of understanding, and lack of experience and knowledge. The facilitators include educated persons and have capacity to inspire the patients to complete the intervention. Barriers related to patients include-low adherence with doctor patient bond serving as a catalyst. The barriers related to attitude include-negative attitude toward prevention of diseases, whereas positive attitude serves as facilitator **(Wandell et al., 2018)**. External environmental elements that impact health promotion practices include collaboration and partnerships, socioeconomics environment (such as unemployment and social problems), demographics (such as interest and population) and community buy in (such as priority or interest), political environment (such as government changes) and associated financial cuts and opportunities **(Champagne *et al.*, 1993)**. Throughout all provinces, collaborations and communication were more frequently mentioned favorably as external facilitators, elements from both outside and inside, like dysfunctional organizational structures (a hierarchical structure or for instance or deficiency in coordination) and geographic elements, such as distance, were Explained more frequently as obstacle to increasing capacity in terms of resulting in inadequate community involvement and external activity coordination, as well as inadequate internal communication and coordination of health promotion initiatives. When implemented poorly, health promotion programs that are founded on sound underlying theory may not have favorable results in practice **(Glasgow *et al.*, 2003)**. For instance, insufficient implementation tactics could lead to low staff participation and poor compliance, which would reduce effectiveness **(Crump *et al.*, 1996)**. In order to successfully implement a workplace health promotion program, a requirements assessment that evaluates both facilitators and barriers to implementation is required **(Proper *et al.*, 2019)**. Employers are important stakeholders in this, thus it's important to take into account their view point on what makes implementation easier or more difficult **(Raaijmakers *et al.*, 2012)**.

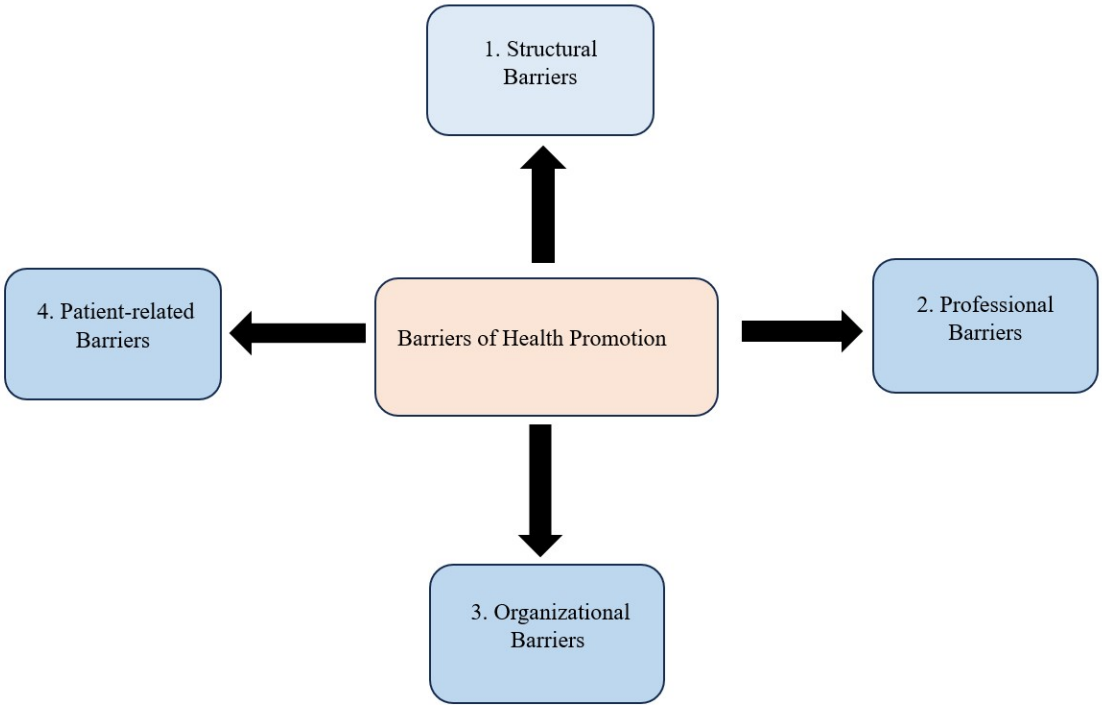

Figure 1 Barriers of health promotion

II. MATERIAL AND METHOD

Barriers and Facilitators Influencing Implementation of Health Promotion

Practice gaps arise from the continued lack of emphasis on PCC in medical education, which hinders its implementation **(Pelzang *et al.,* 2010)**. More specifically, the biological model is not the main focus of current schooling. It is not uniform among health-care providers and sectors. co-developed with medical professionals and patients, (S2) in spite of effective models that take into account both viewpoints while creating and executing training **(Shaller *et al.,* 2007)**. This paradigm highlights how the social, medical, and scientific sciences are intertwined and how that affects people individually and as a community **(Nicholson *et al.,* 2004)**. From an ecological standpoint, health recognizes that people's and communities' well-being depend on the state of the globe **(Dustin *et al.,* 2009)**. There is evidence to suggest that the field of health promotion is addressing pertinent global environmental and social challenges **(Buttler *et al.,* 2006)**. And strategies like participatory governance, risk assessment, and inter-sectorial partnerships, despite criticisms that it has not fully embraced an ecological perspective **(Fidler *et al.,* 2006)**. The importance of our ecosystems is thus acknowledged by a paradigm that seems to be developing **(Rapport *et al.,* 2003)**. This paradigm can be broadly characterized as ecological health promotion, public health ecology, or ecosystem approaches to health **(Bunch *et al.,* 2011)**. The findings show that there is a significant overlap between the main enablers and obstacles to program execution and capacity building. Internal variables such as cash, resources, priority, or interest overshadowed external forces in both rounds of facilitation and lists of obstacles. The availability of resources and committed, capable individuals was seen as crucial for the development and implementation of programs through program material support and knowledge in all five provinces **(Zuithoff *et al.,* 2010)** is shown in (**Fig 2**). A years ago, they tool the brilliant decision to guarantee that the coalitions were established within the framework of the local health and community services. Additionally, that there was some in-kind support available, such as space and 20% of people's to be allocated to health. That has significantly changed the game in terms of sustainability and diffusion **(Benneworth *et al.,* 2007)**.

Facilitators	Total	Barriers	Total
Skilled peoples	29%	Lack of interest	43%
Funds and resources	22%	Lack of resources	32%
Strong partnerships	18%	Lack of skilled peoples	26%
Interest	18%	Poor coordination	9%
Leaderships	12%	Lack of leadership	7%
Communication	11%	Poor communication	5%

Figure 2 Percentage of Facilitators and Barriers to Health Promotion.

Barriers And Facilitators to Capacity Building

The top elements seen as enabling and impeding the development of capacity for health promotion are very consistent shown in (**Fig 3**). All things considered; internal organizational factors were most often highlighted. Concerning the existence or nonexistence of suitably competent and devoted individuals (volunteers and staff), finances, materials, priorities, and interest. Ontario was the only province where cash and resources were the most important component, despite the fact that they were the second most commonly stated facilitators across all initiatives. The province was particularly notable for its financial commitment to the expansion of the provincial resource system in its regional initiatives to increase capacity (development of resources, training and consulting). It's ironic to see that the provinces with the lowest levels of investment for public health have fewer statements citing money as a constraint **(Benneworth *et al.,* 2007)**. A significant issue for each of the five provinces was the existence or absence of leadership and advocates for capacity building. Since it had a centralized structure and leadership was essential, this stood out the most reaching a new policy and higher provincial priority tactics to promote health. Throughout all provinces, external variables like collaboration and communication were more frequently mentioned favorably as facilitators is shown in **(Fig 3)**. Factors both internal and external, like infective organizational structure (For instance, an uncoordinated system or a hierarchical organization) and geographic elements- that is, distance- were discussed as obstacles to enhancing capacity more frequently in terms of contributing, respectively, to inadequate community involvement and external activity coordination and poor internal communication and coordination of health promotion initiatives **(Schwartz *et al.,* 1993)**.

Facilitators	Total	Barriers	Total
Skilled peoples	46%	Lack of interest	49%
Resources	38%	Lack of skilled people	49%
Interest	30%	Lack of resources	33%
Leadership	29%	Lack of leadership	19%
Strong partnerships	19%	Lack of strong partnerships	9%
Communication	18%	Poor communication	7%
Geography	5%	Geography	11%

Figure 3 Percentage of Facilitators and Barriers to Health Promotion Capacity Building.

Barriers And Facilitators to Research and Evaluation

The factors that were found to influence research and evaluation revealed that they were the combination of both external and internal factors. Individuals who were skilled in research and evaluation, interest and funds for evaluation and research is shown in **(Fig 4).** Burden of response was an additional barrier that was specific for any research. The knowledge, abilities, and dedication of the team made it easier to collect data, analyze findings, and translate the findings for use in practice. Additionally, provided feedback in results to organizations helped to create an inherent interest in results, which in turn facilitate project participation and use of evaluation results (e, g., training needs, technical support area) in public health system **(Cheadle et al., 2000)**.

Facilitators	Total	Barriers	Total
Skilled team	35%	Lack of interest and support	32%
Interest or support	33%	Lack of skilled team	21%
Project processes	14%	Poor project processes	14%
Funds and resources	11%	Lack of funds and resources	9%

Figure 4 Percentage of Facilitators and Barriers to Health Promotion Research and Evaluation.

III. METHOD

The method for barriers and facilitators influencing implementation of health promotion include-

1. **Determining the research question-** The present review aim is- to provide an overview of the body of literature on factors that influence the adoption of workplace health promoting intervention, identify evidence gaps in order to suggest future direction for workplace health promotion implementation research. Our goal is to provide an answer to the following research question. “What barriers and facilitators have affected the adoption of workplace intervention that promote health”.

2. **Locating pertinent research-** It is based on research kinds, concepts, participants, major outcome, intervention and we will find relevant studies, research types that will be covered. All quantitative and qualitative research method assessing obstacles and enablers of health promoting intervention implementation will be included in review. The primary goal of the study is to examine any subjective and objective(self-reported) effects of implementing health promoting intervention that focus on food, physical activity, weight control, and workplace alcohol and tobacco use. Acceptability, adoption, appropriateness,

costs, feasibility, faithfulness, penetration, and sustainability are the eight categories that will be used to classify implementation results **(Proctor et al., 2011)**.

3. **Selecting the study-** Through electronic search of databases Scopus, web of science, and PubMed. The review included all research studies (qualitative and quantitative) that addressed the following study components: 1. workplace, and site 2. Health promotion interventions, health programs, physical activity, diet, weight management, alcohol and tobacco use; 3. Acceptability, relevance, adoption, costs, fidelity, and sustainability 4. Barriers and facilitators **(Levac et al., 2010)**.

4. **Consultation-** Throughout whole review process, we will speak with public health nurses who are implementing workplace supports to enhance the implementation of health promotion, as well as health managers who are actually implementing workplace interventions to gain valuable results.

IV. DISCUSSION

This article reviews the barriers and facilitators of healthy lifestyles experienced by people. Lack of will power in personal was found to be a major obstacle, while motivation and determination to work out or abstain from sugary or high- calorie foods were found to be facilitators. Numerous studies have shown that willpower- which is the ability to exercise self -control- is a hindrance for engaging in physical activity and eating balanced diet. The present review aim is- to provide an overview of the body of literature on factors that influence the adoption of workplace health promoting intervention, identify evidence gaps in order to suggest future direction for workplace health promotion implementation research. There is evidence to suggest that the field of health promotion is addressing pertinent global environmental and social challenges. The availability of resources and committed, capable individuals was seen as crucial for the development and implementation of programs through program material support and knowledge in all five provinces. A significant issue for each of the five provinces was the existence or absence of leadership and advocates for capacity building. Since it had a centralized structure and leadership was essential, this stood out the most reaching a new policy and higher provincial priority tactics to promote health. Throughout all provinces, external variables like collaboration and communication were more frequently mentioned favorably as facilitators. The factors that were found to influence research and evaluation revealed that they were the combination of both external and internal factors. Individuals who were skilled in research and evaluation, interest and funds for evaluation and research. Emerging technology play significant role in environmental facilitators. This includes obesity prevention and management, chronic diseases management. The company should provide necessary support with tools to ensure health promoting workplace. Technology advancement has resulted in better identification of previous non identified physical activity. Education was found by participants as facilitators for adoption of healthy lifestyles. Our study aims to built a healthy environment in city. Physical education in schools is also important so that students become skilled and knowledgeable to remain physically active throughout the life. Factors both internal and external, like infective organizational structure (For instance, an uncoordinated system or a hierarchical organization) and geographic elements- that is, distance- were discussed as obstacles to enhancing capacity more frequently in terms of contributing, respectively, to inadequate community involvement and external activity coordination and poor internal communication and coordination of health promotion initiatives. The knowledge, abilities, and dedication of the team made it easier to collect data, analyze findings, and translate the findings for use in practice. Additionally, provided feedback in results to organizations helped to create an inherent interest in results, which in turn facilitate project participation and use of evaluation results (e, g., training needs, technical support area) in public health system.

V. RESULT

The five main factors are personal, environmental, interpersonal, social culture, policy related factors were classified as barriers and facilitators of healthy lifestyles. Personal factors include- 1. Lack of willpower and self-discipline was the most important barrier in terms of maintain the healthy diet and exercise. 2. Lack of knowledge- participants observed that it was difficult for some people with worse health condition to exercise and older people should avoid exercise as they believe that they could easily harm themselves. 3. Interpersonal factors include negative attitude peoples towards the health is also important barriers to healthy lifestyles. 4. Environmental factors such as during COVID-19 pandemic where the outdoor activities are restricted so in this people observed that this pandemic is obstacle and barrier to physical activity and outdoor exercise to maintain healthy lifestyles. People have fear of infection, safe distancing and other restriction are barriers for performing outdoor activities. In language barrier sometime people fails to understands instructions given to them. 5. Policy- related barrier- the inability of government to put tax on harmful substance that affect health of population also important barrier to health promotion.

The main factors that are described as facilitator by people- 1. People discussed that willpower, motivation and knowledge toward eating healthy food maintaining healthy lifestyle is facilitator to health promotion. 2. Positive attitude of people toward healthy lifestyle is also facilitators for health promotion. 3. Increasing technology such as source of information (television, radio, internet, social media sites) also important facilitator to health promotion. 4. Availability of parks and gym by government which provide convenient space for physical exercise.

VI. CONCLUSION

By taking organizational and environmental aspects into account, the current study identifies potential to improve supports and remove barriers at different stages of health promotion health promotion activity. The consistent emphasis on need for personnel who are qualified or dedicated and have specific hiring standards and continual professional growth are essential path to practice improvement. It is necessary for an organization to develop health promotion champions who can advance their cause and offer staff direction may be the crucial factors in fostering such an environment. Managers of healthcare system and legislators can take action on the contextual elements that the study's barriers and facilitators indicate. Participant from every center indicated compatibility with values as the most significant factor and facilitators, whereas almost all participants in every center named external policies and incentives as most significant obstacles and enablers in health promotion. The data mentioned above was compiled from various research articles on PubMed, google scholar and review of various people on barriers and facilitator of health promotion in the country.

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