INTRODUCTION

Of all the factors that can affect the health of the population, lifestyle is the one that has the greatest influence. The promotion of healthy lifestyles is one of the priority areas of programmes designed to improve the health of our population both in general and among those individuals and groups with the lowest health levels.

AIMS

This survey aims to propose the conceptual and methodological bases for the design, planning and assessment of health promotion interventions, with special regard to lifestyles, and to summarise some of the main theories regarding this subject.

MATERIALS AND METHODS

An Internet search was made of the web sites of the World Health Organisation and the European Commission, as well as in the databases of organisations such as the International Union for Health Promotion and Education, the US Task Force on Community Preventive Services and the CDC Prevention Guidelines Database, Medline and Cochran Library. The search process ended on February 16 2005.

RESULTS

A number of theories or health promotion models are summarised as follows: model to indicate those factors that determine health and health policies; health beliefs model; the reasoned action theory and the planned conduct theory; the transtheoretical model of change; the precaution-adoption process model; the theory of social learning; the innovation diffusion theory; social marketing; community and group health promotion models; an empowering based health promotion model; the gender and power theory; community development; the health promotion marketing model. This study includes a
summary of some of the tools used for planning and assessing health promotion, such as the PRECEDE-PROCEDE planning model and the RE-AIM model, and proposes a list of the different aspects required to summarise and analyse health promotion interventions.

CONCLUSIONS AND RECOMMENDATIONS

1. Health promotion programmes that propose to improve health problems associated with lifestyle require the combination of a number of different multifactor interventions: focused on specific individuals, specific groups, society as a whole; changes in laws and regulations; health education;... No single theory, model or tool is appropriate for all the different situations that can arise; likewise, different theories may be useful and complimentary for understanding and tackling a subject from an overall point of view.

2. Economic and social inequality is a major factor that has a determining effect on health. In order to achieve an improvement in the health of the population, specific strategies must be proposed to increase the health levels of social groups with the lowest health indicators, which in general are linked to low incomes and poor living conditions.

3. The circumstances of individual groups or subgroups may vary, requiring a separate analysis of how different health determining factors operate in each one of these. For this reason, it is necessary to analyse specific characteristics, beliefs, attitudes, motivations, social barriers, etc., in which each collective is found. The messages, methods, means, stimuli and incentives do not necessarily have to be the same for all of these and must be adapted for each one of the different groups.

4. Education for health interventions, which must continue to play an important role, should focus on providing true information and promoting both individual and collective health empowering, paying special attention to avoid creating a sense of guilt among those who have less healthy lifestyles.

5. Health promotion programmes or interventions must indicate clearly those health determining factors in which it is intended to intervene, as well as what other health determining factors fall beyond their objectives or scope. In this way, no false expectations will be created as to their foreseeable impact and a subsequent sense of failure when evaluating the changes brought about by health promotion activities will be avoided.