

# APPROACHES TO HEALTH PROMOTION

## Approaches to Health Promotion

1. Medical
2. Behaviour change
3. Educational
4. Empowerment
5. Social change

# Medical Approach

- Aim
  - To reduce morbidity and premature mortality.
  - To ensure freedom from disease and disability.
- Activity
  - Uses medical intervention to prevent ill-health or premature death.
    - Eg. - Immunization, screening, fluoridation.

Based on scientific methods.

## Medical Approach

- Expert-led, top down. Emphasizes compliance.
- Does not focus on positive health.
- Ignores social and environmental dimensions.
- Evaluation: Reduction in disease rates & associated mortality.

# Behaviour Change Approach

- Aim
  - To encourage individuals to adopt healthy behaviours.
  - Views health as the responsibility of individuals.
- Methods: Communication
  - Education
  - Persuasion, motivation
- Expert-led, top down. “Victim-blaming”
- Behaviour is very complex & Multi-factorial.

## Behaviour Change Approach

- Evaluation: Behaviour change after the intervention.
  - The behaviour change is only apparent after a long time.
  - Difficult to isolate any behaviour change as attributable to a health promotion intervention.

# Educational Approach

- Aim
  - To provide knowledge and information.
  - To develop the necessary skills for informed choice.
  - The outcome is client's voluntary choice.
- Methods
  - Information-giving through interpersonal channels, small groups and mass media, so that the clients can make an informed choice.
  - Group discussion for sharing and exploring health attitudes
  - Role play for decision-making and negotiating skills

## Educational Approach

- Weakness
  - Assumes that by increasing knowledge, there will be an attitudinal change, which leads to behavioural change. Ignores the constraints that social, economic and environmental factors place on voluntary change.
- Evaluation
  - Knowledge, attitude and practice.



## Empowerment Or Client-centred Approach

- Aim
  - Helps people to identify their own needs and concerns, and gain the necessary skills and confidence to act upon them.

Role of health promoter: facilitator and catalyst.

## Empowerment Or Client-centred Approach

- Two types of empowerment:
  1. Self-empowerment
    - based on counselling and aimed at increasing people's control over their own lives.
  2. Community empowerment
    - related to community development to create active, participating communities which are able to change the world about them through a programme of action.

## Empowerment Or Client-centred Approach

- **Methods**
  - Client-centred, including counselling, community development and advocacy.
  - Health advocacy refers to the action of health professionals to influence and shape the decisions and actions of decision- and policy-makers who have some control over the resources which affect or influence health
  - Promoting public involvement and participation in decision-making on health-related issues.
- **Evaluation**
  - Difficult because empowerment is long term.
  - Results are hard to specify and quantify.

## Empowerment Or Client-centred Approach

- Evaluation includes:-
  - Outcome evaluation - the extent to which specific aims have been met.
  - Process evaluation - the degree to which the individual and community have been empowered as a result of the intervention.

## Societal/Social Change Approach

- Aim
  - To bring about changes in physical, social, and economic environment which enables people to enjoy better health.
  - Radical health promotion - makes the environment supportive of health.
  - To make the healthy choice the easier choice.
  - The focus is on changing society, not on changing the behaviour of individuals.

## Societal/Social Change Approach

- Methods
  - Focus on shaping the health environment
    - lobbying/advocacy
    - development of healthy public policies and legislation
    - fiscal measures
    - creating supportive social and physical environments

## Approaches in Health Promotion: the example of healthy eating

Approach	Aims	Methods	Worker/client relationship
Medical	To identify those at risk from disease.	Primary health care consultation.  e.g. measurement of body mass.	Expert-led.  Passive, conforming client.

## Approaches in Health Promotion: the example of healthy eating

Approach	Aims	Methods	Worker/client relationship
Behaviour change	To encourage individuals to take responsibility for their own health and choose healthier lifestyles.	Persuasion through one-to-one advice, information, mass campaigns, e.g. 'Look After Your Heart' dietary messages.	Expert-led. Dependent client. Victim blaming ideology.





## Approaches in Health Promotion: the example of healthy eating

Approach	Aims	Methods	Worker/client relationship
Educational	To increase knowledge and skills about healthy lifestyles.	Information. Exploration of attitudes through small group work.  Development of skills, e.g. women's health group.	May be expert led.  May also involve client negotiation of issues for discussion.



## Approaches in Health Promotion: the example of healthy eating

Approach	Aims	Methods	Worker/client relationship
Empowerment	To work with client or communities to meet their perceived needs.	Advocacy Negotiation Networking Facilitation e.g. food co-op, fat women's group.	Health promoter is facilitator, client becomes empowered.



## Approaches in Health Promotion: the example of healthy eating

Approach	Aims	Methods	Worker/client relationship
Social change	To address inequalities in health based on class, race, gender, geography.	Development of organizational policy, e.g. hospital catering policy  Public health legislation, e.g. food labelling.  Fiscal controls, e.g. subsidy to farmers to produce lean meat.	Entails social regulation and is top-down.

