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.
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

<table>
<thead>
<tr>
<th>Approach</th>
<th>Aims</th>
<th>Methods</th>
<th>Worker/client relationship</th>
</tr>
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<tbody>
<tr>
<td>Medical</td>
<td>To identify those at risk from disease.</td>
<td>Primary health care consultation. e.g.</td>
<td>Expert-led. Passive, conforming client.</td>
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<td></td>
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<td>measurement of body mass.</td>
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<td>Behaviour change</td>
<td>To encourage individuals to take responsibility for their own health and choose healthier lifestyles.</td>
<td>Persuasion through one-to-one advice, information, mass campaigns, e.g. ‘Look After Your Heart’ dietary messages.</td>
<td>Expert-led. Dependent client. Victim blaming ideology.</td>
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<td>Educational</td>
<td>To increase knowledge and skills about healthy lifestyles.</td>
<td>Information. Exploration of attitudes through small group work. Development of skills, e.g. women’s health group.</td>
<td>May be expert led. May also involve client negotiation of issues for discussion.</td>
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<td>Empowerment</td>
<td>To work with client or communities to meet their perceived needs.</td>
<td>Advocacy, Negotiation, Networking, Facilitation, e.g. food co-op, fat women’s group.</td>
<td>Health promoter is facilitator, client becomes empowered.</td>
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| 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. |