

The background of the slide is a photograph of a bright blue sky with wispy white clouds above a calm, deep blue body of water. The text is centered and rendered in a white, bold, sans-serif font with a thin black outline.

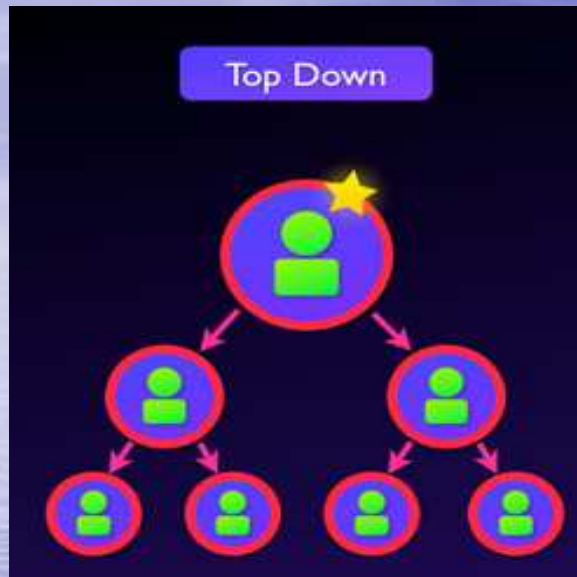
HEALTH PROMOTION: Models and Approaches

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EN – SN Conversion Course

October 2007

TOP-DOWN VS. BOTTOM-UP



- Priorities set by health promoters who have the power and resources to make decisions and impose ideas of what should be done



- Priorities are set by people themselves identifying issues they perceive as relevant

FIVE MAIN APPROACHES

1. The Medical or Preventive Approach
2. The Behaviour Change or Lifestyles Approach
3. The Educational Approach
4. The Empowerment or Client-Centred Approach
5. The Social Change or Radical Approach

THE MEDICAL OR PREVENTIVE APPROACH



THE MEDICAL APPROACH

- Aim:
 - Reduce morbidity and premature mortality
 - Target whole populations or high risk groups
- HP Activity: Promotion of medical intervention to prevent or ameliorate ill-health

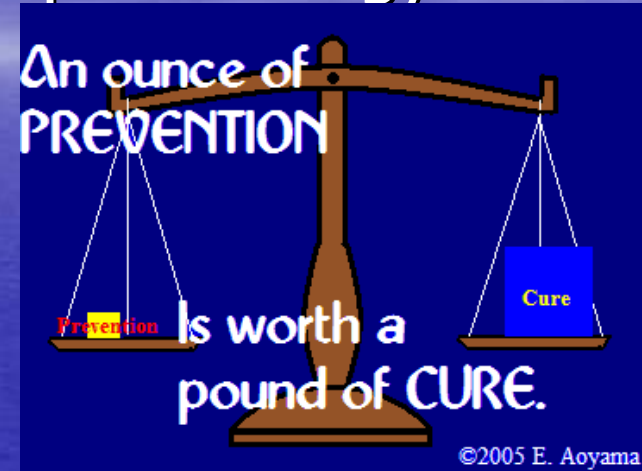


MEDICAL APPROACH

- 1. *Primary prevention*** – prevention of onset of disease, e.g. immunisation; encouraging non smoking
- 2. *Secondary prevention*** – preventing progression of disease, e.g. Screening
- 3. *Tertiary prevention*** – reducing further disability and suffering in those already ill, e.g. Rehabilitation, patient education, palliative care

POPULARITY OF THE MEDICAL APPROACH

- Uses *scientific methods*, e.g. epidemiology
- Prevention and early detection of disease is *cheaper* than treatment
- *Top-down approach*, i.e. led by experts ... reinforces authority of health professionals who are viewed as having necessary knowledge to achieve results
- Highly *successful examples* in the past, e.g. eradication of smallpox



DISADVANTAGES



- Focuses on the absence of disease rather than on promoting positive health
- Based on a medical definition of health
- Ignores the social and environmental dimensions of health
- Encourages dependency on medical knowledge and compliance with treatments
- Removes health decisions from the people concerned (paternalistic approach)

REQUIREMENTS FOR MEDICAL APPROACH



- Preventive procedures need to be based on a sound rationale derived from epidemiological evidence
- Relies on having an infrastructure capable of delivering screening or an immunisation programme, e.g. Trained personnel, equipment and laboratory facilities, record keeping facilities, effective and safe vaccine

EVALUATION OF MEDICAL APPROACH

- Short Term Effects
 - Increase in percentage of target population being screened or immunised
- Long Term Effects
 - Reduction in disease rates and associated mortality





**THE
BEHAVIOURAL
CHANGE
(LIFESTYLES)
APPROACH**

AIMS AND ASSUMPTIONS

- Encourages individuals to adopt healthy behaviours which improve health
- Views health as a property of individuals
- People can make real improvements to their health by choosing to change lifestyle
- It is people's responsibility to take action to look after themselves
- Involves a change in attitude followed by a change in behaviour



LIMITATIONS



- Health related decisions are very complex
- Depends on person's readiness to take action
- Complex relationship between individual behaviour and social and environmental factors
- Behaviour may be a response to a persons' living conditions which may be beyond individual control (e.g. Poverty, unemployment)

METHODS

- Campaigns to persuade people e.g.
 - Not to smoke
 - To drink 'sensibly'
 - To adopt a healthy diet
 - To undertake regular exercise, etc.
- Targeted towards individuals
- May use mass-media to reach them



EVALUATION



- Theoretically Simple
 - Ask: “Has the health behaviour changed after the intervention?”

HOWEVER

- Change may become apparent only after a long period
- Difficult to determine whether behaviour change was due to HP intervention

THE EDUCATIONAL APPROACH



AIMS AND VALUES

- To enable people to make an informed choice about their health behaviour by
 - providing knowledge and information AND
 - developing the necessary skills
- Does NOT try to persuade or motivate change in one direction
- OUTCOME is client's voluntary choice which may be different from the one preferred by health promoter

ASSUMPTIONS AND LIMITATIONS

ASSUMES THAT:

- Increase in knowledge → change in attitudes → behaviour change

BUT



- Voluntary behaviour change may be restricted by social and economic factors
- Health related decisions are very complex

ASPECTS OF LEARNING

1. Cognitive Aspect - Provision of *information* about causes and effects of health-related behaviours

- Provision of leaflets/booklets
- Visual displays
- One-to-one advice



2. Affective Aspect - Provision of opportunities for clients to share and explore their *attitudes and feelings*:

- One-to-one counselling
- Group discussions



ASPECTS OF LEARNING

3. Behavioural Aspect - Helping clients develop decision-making *skills* required for healthy living

- Exploring Real life situations
- Role Play
 - Examples: reaction when offered a drink / cigarette / drugs; negotiating contraception use

EVALUATION



- Various methods of health education shown to be effective in improving knowledge

HOWEVER

- Knowledge is rarely translated into behaviour

THE
EMPOWERMENT
OR CLIENT
CENTRED
APPROACH

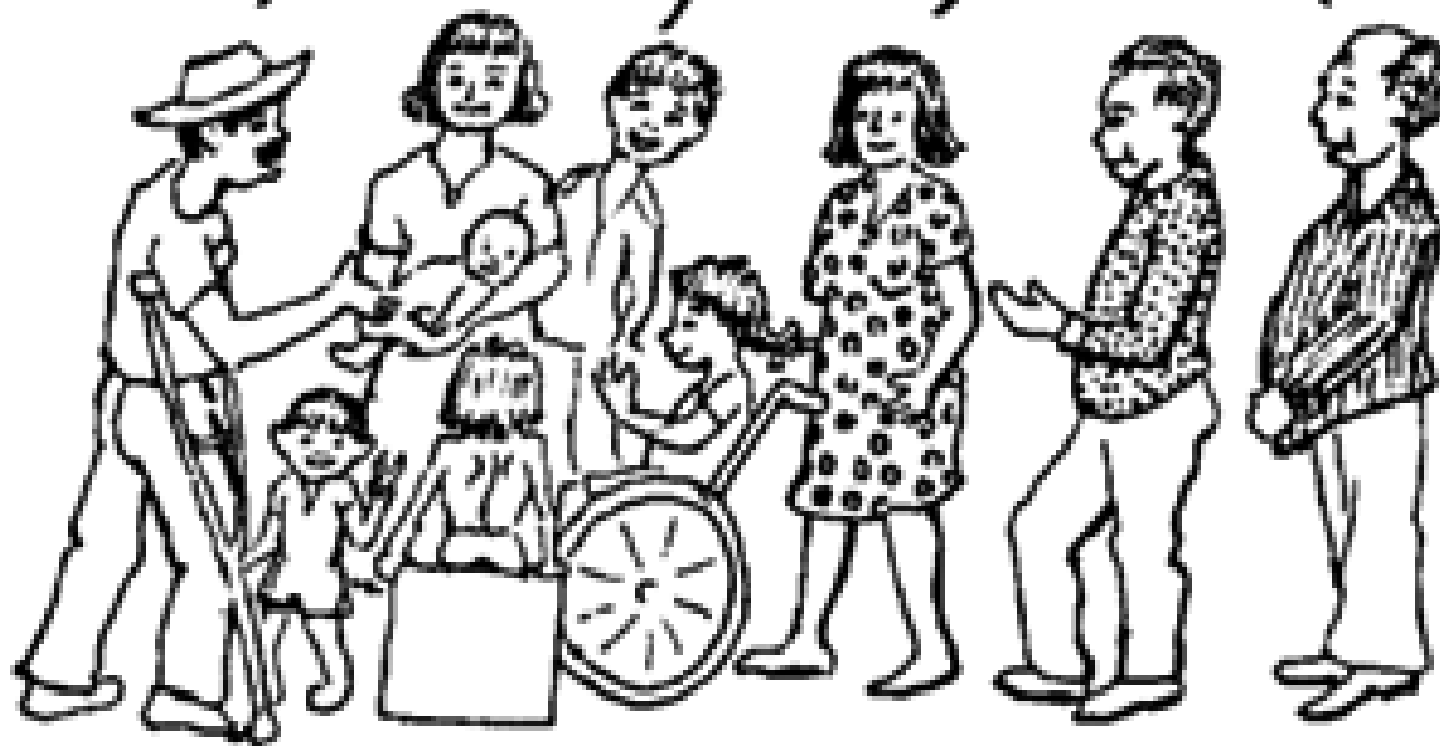


VALUES OF EMPOWERMENT

- Helps people identify their own concerns and gain the skills and confidence necessary to act upon them
- This is the only approach to use a 'bottom-up' (rather than 'top-down') approach
- Health promoter plays the role of a *facilitator* rather than that of an expert
- Initiates the process but then withdraws from the situation

LET'S ORGANIZE AND
DECIDE WHAT TO DO!

TELL US HOW WE MIGHT
HELP YOU, FRIENDS?



- Clients are seen as equal and have the right to set their own agenda



- In line with health promotion as defined in the Ottawa Charter (WHO,1986): “enabling people to gain control over their lives”
- May involve **empowerment** of both individuals and entire communities

CONDITIONS FOR EMPOWERMENT

- For people to be empowered they need to:
 1. Recognise and understand their powerlessness
 2. Feel strongly enough about their situation to want to change it
 3. Feel capable of changing the situation by having information, support and life skills

(Naidoo and Wills, 2000: p.98)

EMPOWERMENT IN PRACTICE

- Examples:

- Nurses working with patients to develop a care plan
- Teachers working with pupils to raise their self-esteem



- Health promoter may feel uncomfortable in relenquishing his expert role

EVALUATION



- Usually empowerment is a long term process
- Difficult to conclude that changes are due to the intervention rather than some other factor
- Results are vague and hard to quantify compared with those of other approaches

THE SOCIETAL CHANGE OR RADICAL APPROACH



SOCIETAL CHANGE APPROACH

- Radical approach which aims to change society not individual behaviour
- Aims at producing a physical and social environment
- Healthy choice to become the easier choice in terms of cost, availability and accessibility
- Targeted towards groups and populations

SOCIETAL CHANGE APPROACH

- Requires political support from the highest level, e.g. through legislation
- Needs support of the public
- Public needs to be informed of its importance
- Health promoter involved in lobbying, policy planning, negotiating and implementation



EVALUATION



- Outcomes may include
 - changes in laws or regulations
 - e.g. Smoking bans, food labelling, applying taxes / subsidies on certain types of foods
 - Improvement in the profile of health issues on common agendas
- May be difficult to prove link with HP interventions as change is usually a lengthy process

THE FIVE APPROACHES: EXAMPLES RELATED TO SMOKING

Based on

Ewles and Simnet (1992: 36)

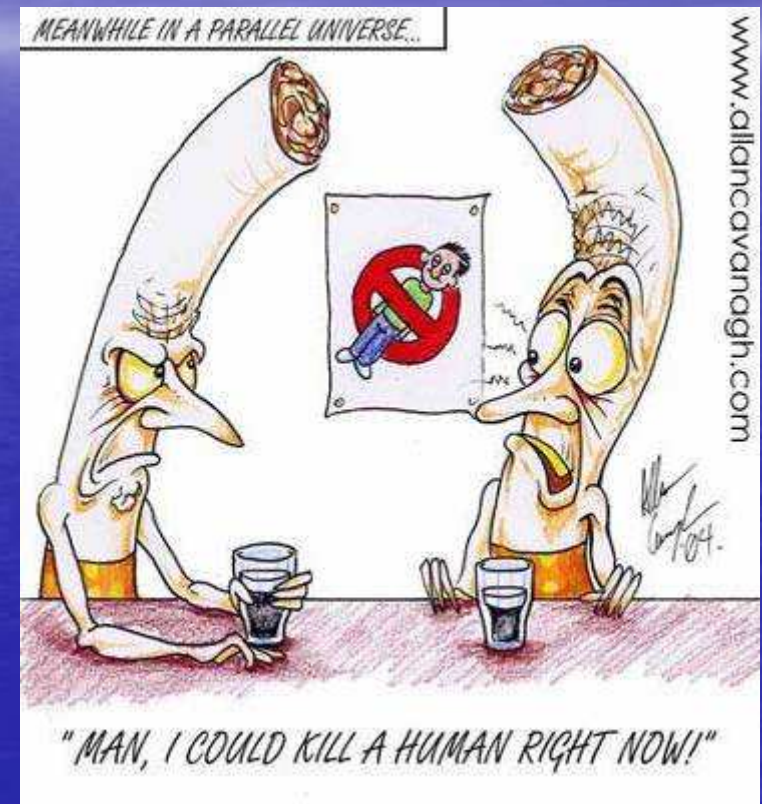
THE MEDICAL APPROACH

- AIM: Free from lung disease, heart disease and other smoking related disorders
- ACTIVITY: Encourage people to seek early detection and treatment of smoking related disorders



BEHAVIOUR CHANGE

- AIM: Behaviour changes from smoking to not smoking
- ACTIVITY: Persuasive education to
 - prevent non-smokers from starting AND
 - persuade smokers to stop



EDUCATIONAL APPROACH

- AIM: Clients understand effects of smoking on health and will make a decision whether to smoke or not and act on their decision
- ACTIVITY:
 - Giving information to clients about effects of smoking
 - Helping them explore their values and attitudes and come to a decision
 - Helping them learn how to stop smoking if they want to



THE CLIENT CENTRED APPROACH

- Anti-smoking issue is considered only if clients identify it as a concern
- Clients identify what, if anything, they want to know and do about it

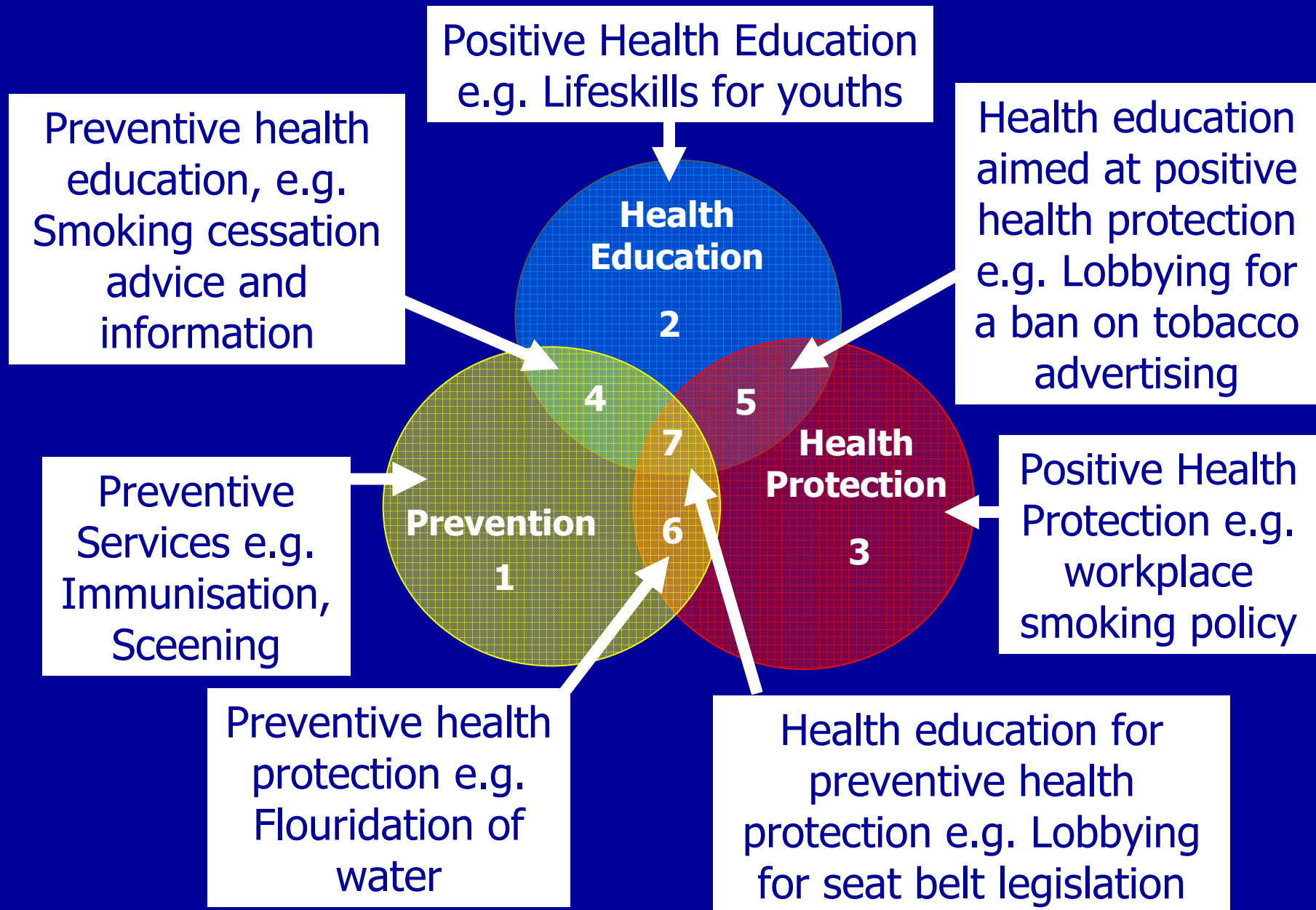


SOCIETAL CHANGE

- AIM
 - Make smoking socially unacceptable so it is easier not to smoke than to smoke
- ACTIVITY
 - No smoking policy in all public places
 - Cigarette sales less accessible
 - Promotion of non-smoking as a social norm
 - Limiting and challenging tobacco advertisements and sports sponsorships



TANNAHILL'S MODEL (Downie *et al.*, 1996)



REFERENCES AND FURTHER READING

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