HEALTH PROMOTION
METHODS & APPROACHES

APPROACHES IN HEALTH PROMOTION -1

- **Medical or Preventive**
- **Behaviour Change**
- **Educational**
- **Empowerment**
- **Social Change**

APPROACHES IN HEALTH PROMOTION -2

THE MEDICAL APPROACH

- Aim is freedom from medically-defined disease and disability such as infectious diseases

- Involves medical intervention to prevent or ameliorate ill-health

- Values preventive medical procedures and the medical profession's responsibility to ensure that patients comply with recommended procedures

APPROACHES IN HEALTH PROMOTION -3

THE BEHAVIOUR CHANGE APPROACH

- Aim is to change people's individual attitudes and behaviour so that they adopt a healthy lifestyle

- Examples include teaching people how to stop smoking, encouraging people to take exercise, eat the right food, look after their teeth etc

- Proponent of this approach will be convinced that a healthy lifestyle is in the interest of their clients and that they are responsible to encourage as many people as possible to adopt a healthy lifestyle

APPROACHES IN HEALTH PROMOTION -4

THE EDUCATIONAL APPROACH

- Aim is to give information and ensure knowledge and understanding of health issues and to enable well-informed decisions to be made

- Information about health is presented and people are helped to explore their values and attitudes and make their own decisions

- Help in carrying out those decisions and adopting new health practices may also be offered

APPROACHES IN HEALTH PROMOTION -5

THE EDUCATIONAL APPROACH (Cont'd)

- Proponent of this approach will value the educational process and respect the right of the individual to choose their own health behaviour

- Resposibility to raise with clients the health issues which they think will be in their client's best interests

APPROACHES IN HEALTH PROMOTION -6

THE CLIENT-CENTRED APPROACH (EMPOWERMENT)

- Aim is to work with clients in order to help them to identify what they want to know about and take action on and make their own decisions and choices according to their own interest and values

- Health promoter's role is to act as a facilitator in helping people to identify their own concerns and gain the knowledge and skills they require to make things happen

APPROACHES IN HEALTH PROMOTION -7

THE CLIENT-CENTRED APPROACH (EMPOWERMENT)   (Cont'd)

- Self-empowerment of the client is seen as central to this aim

- Clients are valued as equal who have knowledge, skills and abilities to contribute, and who have an absolute right to control their own health destinies
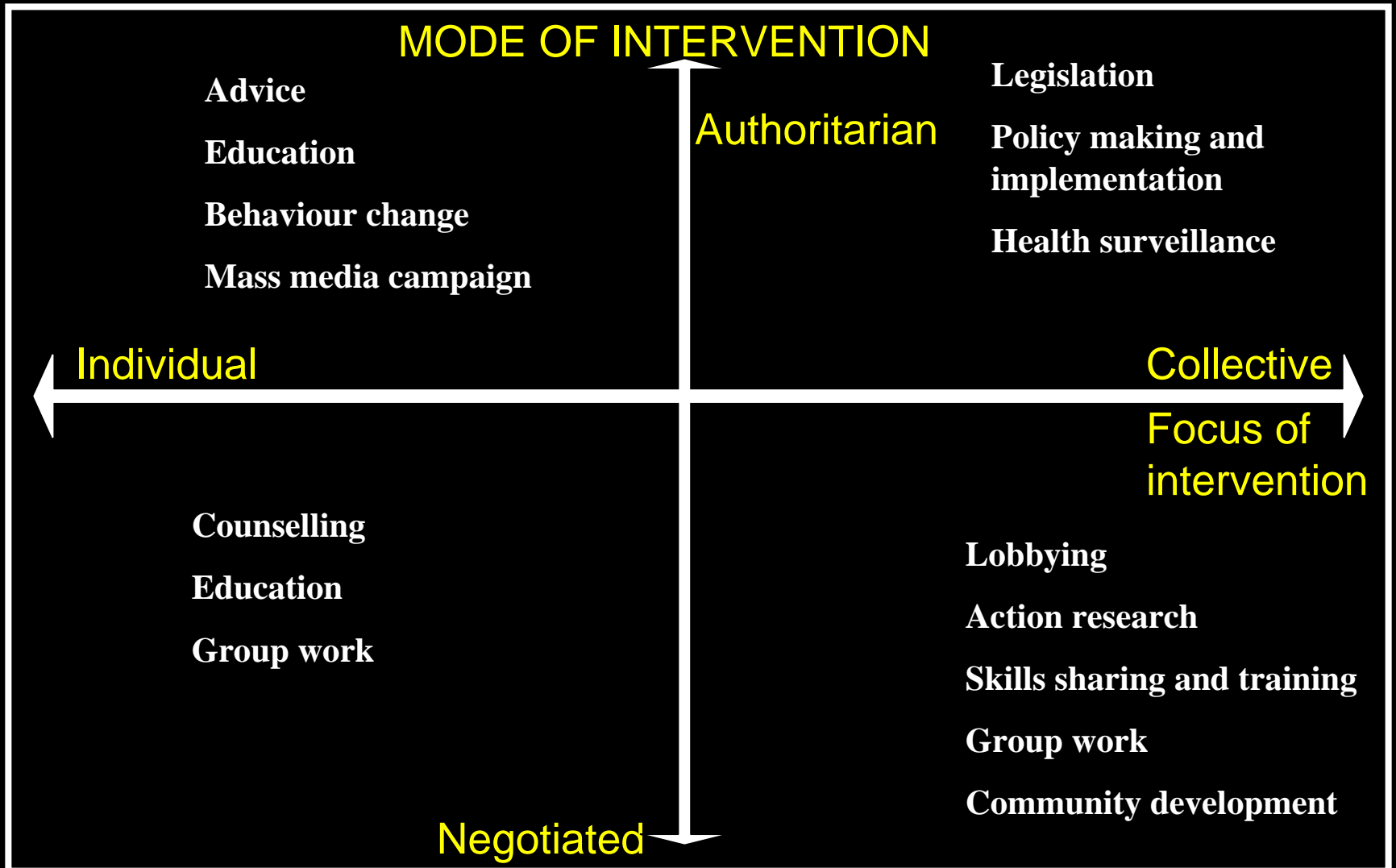
APPROACHES IN HEALTH PROMOTION -8
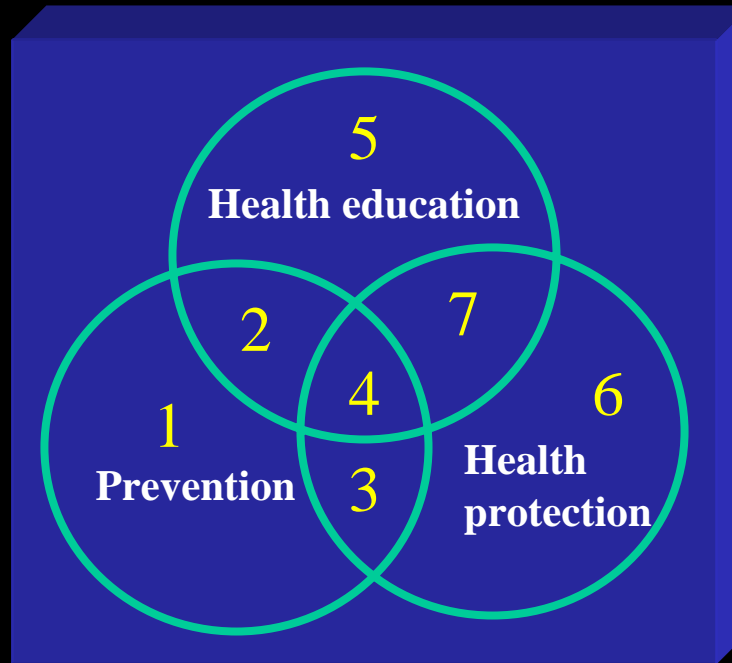
THE SOCIETAL CHANGE APPROACH

- Aim is to effect changes on the physical, social and economic environment, in order to make it more conducive to good health

- Focus is on changing society not on changing the behavior of individuals

- Proponent of this approach will value their democratic right to change society and will be committed to putting health on the political agenda

MODELS OF HEALTH PROMOTION

HEALTH PROMOTION METHODS USING BEATTIE'S TYPOLOGY (BEATTIE – 1991)

MODE OF INTERVENTION

Authoritarian

Advice

Education

Behaviour change

Mass media campaign

Legislation

Policy making and implementation

Health surveillance

Individual ← → Collective

Focus of intervention

Counselling

Education

Group work

Lobbying

Action research

Skills sharing and training

Group work

Community development

Negotiated

TANNAHILL'S MODEL OF HEALTH PROMOTION
(DOWNIE *et al* – 1990)

1. Preventive services, e.g. immunization, cervical screening, hypertension case finding, developmental surveillance, use of nicotine chewing gum to aid smoking cessation

2. Preventive health education, e.g. smoking cessation advice and information.

6. Positive health protection, e.g. workplace smoking policy.

7. Health education aimed at positive health protection, e.g. lobbying for a ban on tobacco advertising.

5 — Health education

2

7

4

1 — Prevention

6

3

Health protection

3. Preventive health protection, e.g. fluoridation of water.

4. Health education for preventive health protection, e.g. lobbying for seat belt legislation.

5. Positive health education, e.g life skills with young people.

HEALTH PROMOTION INTERVENTIONS

INTERVENTION :-
WHAT DOES IT MEAN?

- Interventions are activities used by programme planners to bring about outcomes identified in the programme objectives

- These activities are sometimes referred to as *treatments*

- An intervention may be made up of a single activity but it is more common for planners to use a variety of activities to make up an intervention for a programme

SELECTING APPROPRIATE INTERVENTION ACTIVITIES -1

- Selection should be based on a sound rationale as opposed to chance and the intervention should be both effective and efficient. The following questions will serve as a guide:

  1. Do the intervention activities fit the goals and objectives of the programme?

  2. At what level(s) of influence will the intervention be focused?

SELECTING APPROPRIATE INTERVENTION ACTIVITIES -2

3. Are the activities based on an appropriate theory?

4. Is the intervention an appropriate fit for the target population?

5. Are the necessary resources available to implement the intervention selected?

SELECTING APPROPRIATE INTERVENTION ACTIVITIES -3

6.   What types of intervention activities are known to be effective in dealing with the programme focus?

7.   Would it be better to use an intervention that consists of a single activity or one that is made up of multiple activities?

TYPES OF INTERVENTION ACTIVITIES -1

1. Communication activities
2. Educational activities
3. Behaviour modification activities
4. Environmental change activities
5. Regulatory activities
6. Community advocacy activities

TYPES OF INTERVENTION ACTIVITIES -1

7.   Organizational culture activities

8.   Incentives and disincentives

9.   Health status evaluation activities

10.   Social activities

11.   Technology-delivered activities

1. COMMUNICATION ACTIVITIES

Useful in helping reach the many goals and objectives of health promotion programmes such as:

- **Increasing awareness and knowledge**
- **Changing and reinforcing attitudes**
- **Maintaining interest**
- **Providing cues for action**
- **Demonstrating simple skills**

2. EDUCATIONAL ACTIVITIES

- those usually associated with formal education in courses, seminars and workshops

- includes educational methods such as lecture, discussion, group work, computerised instruction etc

3. BEHAVIOUR MODIFICATION ACTIVITIES -1

- often used in intra-personal level communication and include techniques intended to help those in the target population experience a change in behaviour

- systematic procedure for changing a behaviour and process based on stimulus response theory

3. BEHAVIOUR MODIFICATION ACTIVITIES -2

- emphasis placed on a specific behaviour that one might want to increase or decrease

- particular attention given to changing the events that are antecedent or subsequent to the behaviour that is to be modified

4. ENVIRONMENTAL CHANGE ACTIVITIES -1

- measures that alter or control the legal, social, economic and physical environment

- changes are characterised by changes in those things "around" individuals that may influence their awareness, knowledge, attitudes, skills or behaviour

4. ENVIRONMENTAL CHANGE ACTIVITIES -2

- activities to provide a "forced choice" situation (e.g. selection of food and drinks in vending machines and canteens changed to include only "healthy food"

- activities to also include providing target population with health messages and environmental cues for certain types of behaviour

  - (e.g. posting no-smoking signs, eliminating ash trays, providing lockers and showers, using role-modelling by others, food labelling

5. REGULATORY ACTIVITIES -1

- Include executive orders, laws, ordinances, policies, position statements, regulations, and formal and informal rules

- Classified as mandated or regulated activities to guide individual or collective behaviour

- Intervention activity may be controversial as it mandates a perticular response from an individual and takes away individual freedom

5. REGULATORY ACTIVITIES -2

- regulatory activities do not allow for the "voluntary actions" conducive to health

- this type of activity can get people to change their behaviour when other strategies have failed

- since these activities are mandatory, it is particularly important to use good judgement and show respect for others when implementing them

6. COMMUNITY ADVOCACY ACTIVITIES -1

- are used to influence social change

- is a process in which the people of the community become involved in the institutions and decisions that will have an impact on their lives

- has the potential for creating more support, keeping people informed, influencing decisions, activating non-participants, improving services, and making people, plans, and programmes more responsive

6. COMMUNITY ADVOCACY ACTIVITIES -2

- activities are not without cost - requires time and effort as well as persistence

- techniques often used in advocacy activities include:

  - **personal visits to educate or lobby the key people**
  - **a community rally**
  - **telephone call campaign to the office of decision makers**
  - **TV or radio appearance to express your views**

6. COMMUNITY ADVOCACY ACTIVITIES   -3

- letter-writing campaigns to:
  - the key-people who educate/influence decision makers,
  - newspaper editors, expressing concern about the result of a vote by decision makers on a particular issue,
  - decision-makers, thanking them for their support on a key issue

7. ORGANIZATIONAL CULTURE ACTIVITIES -1

- Closely aligned with environmental change activities and that which affect organizational culture

- Culture is usually associated with norms and traditions that are generated by and linked to a "community" of people

7. ORGANIZATIONAL CULTURE ACTIVITIES -1

- The culture expresses what is and what is not considered important to the organization

- It takes a long time to establish norms and traditions and still change can occur very quickly if the decision-makers in the organization support it

7. ORGANIZATIONAL CULTURE ACTIVITIES -3

- Some organizational culture activities may include:
    - Providing employees with extra 20 minutes at lunch-time for exercise
    - Use of common exercise facility by Senior Managers
    - Changing the type of food found in vending machines
    - Offering discount on health food

8. INCENTIVES AND DISINCENTIVES -1

- use of incentives and disincentives to influence health outcomes is a common type of activity

- activity is based on many health behaviour theories - suggest that anticipation of rewards increases the probability of an individual engaging in desired health behaviour

8. INCENTIVES AND DISINCENTIVES -2

- an incentive can increase the perceived value of an activity, motivate people to get involved, and remind programme participants of their commitment to and goals for behaviour change

- for the activity to work, the planner needs to match the incentives with the needs, wants, or desires of the target population

8. INCENTIVES AND DISINCENTIVES -3

- two major categories of incentives – the first group includes incentives called "social reinforcers" and the second group called "material reinforcers"

- just as incentives can be used to get people involved in behaviour change, disincentives can be used to discourage a certain behaviour (e.g. tax on cigarettes, surcharge on health insurance for smokers, fines for not wearing safety-belts)

9. HEALTH STATUS EVALUATION ACTIVITIES

- aimed at making those in the target population more aware of their current health status

- part of multi-activity intervention

- activities involved the completion of a health risk appraisal form, self-screening, clinical screening

- settings for such activities - health fairs, work-sites and health care facilities

10. SOCIAL ACTIVITIES

- social support important for behaviour change
- people find it much easier to change a behaviour if those around them provide support or are willing to be partners in the behaviour change process
- social support could work as in incentive
- other social interventions could include support groups or buddy support, social activities and social networks

11. TECHNOLOGY-DELIVERED ACTIVITIES

- traditional delivery of many health education and health promotion programmes - face-to-face contact between provider and target population

- with technology programmes are now delivered through a variety of ways – internet and computer-assisted instruction

- telephone-delivered intervention activities – individual-initiated or outreach

AIMS AND METHODS IN HEALTH PROMOTION

AIMS AND METHODS IN HEALTH PROMOTION

AIM	APPROPRIATE METHOD
Health awareness goal Raising awareness, or consciousness, of health issues.	Talks, group work, mass media, displays and exhibitions, campaign.
Improving knowledge Providing information.	One-to-one teaching, displays and exhibitions, written materials, mass media, campaigns, group teaching.
Self-empowering Improving self-awareness, elf-esteem, decision making.	Group work, practising decision-making, values clarification, social skills training, simulation, gaming and role play, assertiveness training, counselling.
Changing attitudes and behaviour Changing the lifestyles of individuals.	Group work, skills training, self-help groups, one-to-one instruction, group or individual therapy, written material, advice.
Societal/environmental change Changing the physical or social environment.	Positive action for under-served groups, lobbying, pressure groups, community-based work, advocacy schemes, environmental measures, planning and policy making, organisational change, enforcement of laws and regulations.

APPROACHES TO HEALTHY 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 index.	Expert led. Passive, conforming client.
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.

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 in negotiation of issues for discussion.
Empowerment	To work with clients 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.
Social change	To address inequities in health based on class, race, gender, geography.	Development of organisational policy, e.g. hospital catering policy. Public health legislation, e.g. food labelling. Lobbying. Fiscal controls, e.g. subsidy to farmers to produce lean meat.	Entails social regulation and is top-down.

METHODS AND APPROACHES:

INDIVIDUAL

INDIVIDUAL APPROACH -1

- Individual focus – the cradle of health promotion.
- One-to-one basis – individual advice, counselling
- Interactive nature of face-to-face communication allows better possibilities for success than perhaps any other communication medium
- Individual methods of health promotion are usually but not exclusively associated with secondary prevention or tertiary prevention

INDIVIDUAL APPROACH -2

LIMITATIONS

- For a large population to labour intensive to reach everyone in this manner

- One-to-one individual methods not as appropriate in the area of primary prevention – cost-ineffectiveness among large target audiences, many of whom may not develop the specific disease

- Difficult to gain access to people and also health information competing with a myriad of other messages (often anti-health forces)

INDIVIDUAL APPROACH -3

- As most information concerning health is so technical and complex, a translational process is necessary to transform scientific and medical jargon into information which can be understood and acted on by the general public

METHODS AND APPROACHES:

GROUPS

GROUP APPROACHES -1

- Group techniques offer an intermediary between one-to-one approaches and wider community appeals through media and whole community approaches

- Groups can range in size from 2-3 people to several hundreds and can be either homogenous or heterogenous in nature

- Health education methods in such groups can be classified as didactic (i.e. lectures, seminars) or experential (i.e. skills training, simulation/games etc)

GROUP APPROACHES -2

- Group methods have been used by health educators to empower individuals, organisations and communities in key ways.

- These include assisting individuals:
  - to modify or maintain health-related behaviour
  - to provide a supportive setting for individuals sharing a common goal or problem
  - to organise community to improve their capability to identify and solve their own problems (i.e. community organisation)
  - to organise individuals and groups to undertake macro-level social change (e.g. training community leaders)

GROUP APPROACHES -3

- Group methods can also be used in a range of different settings, including those at which the level of prevention is mainly:

  – primary (schools, workplace, organisations)

  – secondary (medical practice, health centres, out-patient clinics, drug refgerral centres), or

  – tertiary (hospitals, rehabilitation centres, nursing homes)

SUMMARY OF GROUP METHODS IN HEALTH PROMOTION

DIDACTIC GROUP METHODS

LECTURE-DISCUSSION	Best for knowledge transmission, motivation in large groups. Requires dynamic, effective speaker with more knowledge than the audience.
SEMINAR	Smaller numbers (2-20). Leader-group feedback. Leader most knowledgeable in the group. Best for trainer learning.
CONFERENCE	Can combine lecture/seminar techniques. Best for professional development. Several authorities needed.

EXPERIENTIAL GROUP METHODS

SKILLS TRAINING	Requires motivated individuals. Includes explanation, demonstration and practice, e.g. relaxation, childbirth, exercise.
BEHAVIOUR MODIFICATION	Learning and unlearning of specific habits. Stimulus-response learning. Generally behaviour specific, e.g. quit smoking phobia desensitisation.
SENSITIVITIY/ ENCOUNTER	Consciousness raising. Suitable for professional training and some middle-class health goals.
INQUIRY LEARNING	Used mainly in school settings. Requires formulating and problem solving through group co-operation.
PEER GROUP DISCUSSION	Useful where shared experiences, support, awareness are important. Participants homogeneous in at least one factor, e.g. old people, prisoners, teenagers.

SIMULATION	Useful for influencing attitudes in individuals with varying abilities. Generally in school setting, but of relevance to other groups.
ROLEPLAY	Acting of roles by group participants. Can be useful where communication difficulties exist between individuals in a setting, e.g. families, professional practice, etc.
SELF-HELP	Requires motivation and independent attitude. Valuable for ongoing peer support, values clarification, etc. Can be therapy or a forum for social action.

METHODS AND APPROACHES:

GENERAL POPULATION

MASS MEDIA

MASS MEDIA IN HEALTH PROMOTION DEFINITION OF SOME TERMS -1

MASS MEDIA:

Any printed or audio-visual material designed to reach a mass audience. This includes newspapers, magazines, radio, television, billboards, exhibition, display, posters and leaflets

MESSAGE

A cultural communication encoded insigns and symbols

MASS MEDIA IN HEALTH PROMOTION DEFINITION OF SOME TERMS -2

MARKETING:

The sum total of all activities (the marketing mix) designed to persuade people to adopt certain behaviours

ADVERTISING

One component of marketing mix

MASS MEDIA IN HEALTH PROMOTION DEFINITION OF SOME TERMS -3

AUDIENCE SEGMENTATION:

The division of a mixed population into more homogenous groups or market segments. Market segments are defined by certain shared characteristics which affect attitudes, beliefs and knowledge. Targeting specific market segments allows for more specific messages which will have a greater effect.

MASS MEDIA, ADVERTISING, MARKETING AND HEALTH PROMOTION -1

- Unrealistic expectations of media effectiveness due in part to a basic misunderstanding

- Health promoters assumed that advertising alone was responsible for the behaviour change achieved by commercial companies. They failed to appreciate that advertising is just one part of what is called "the marketing mix"

MASS MEDIA, ADVERTISING, MARKETING AND HEALTH PROMOTION -2

- Advertising a commercial product is very different from trying to sell health. Advertising typically mobilizes predispositions whereas health promotion typically tries to counter them

- Advertising is selling things in the here and now, to be immediately consumed and enjoyed. By contrast, health education messages are often about foregoing present enjoyment for future benefits

MASS MEDIA, ADVERTISING, MARKETING AND HEALTH PROMOTION -3

- Advertising spends large sums of money for relatively small shifts in behaviour. Health education spends a fraction of commercial budgets attempting to generate large shifts in behaviour.

WHAT THE MASS MEDIA CAN AND CANNOT DO -1

The mass media can:

- Raise consciousness about health issues

- Help place health on the public agenda

- Convey simple information

- Change behaviour if other enabling factors are present

WHAT THE MASS MEDIA CAN AND CANNOT DO -2

Using the mass media is effective if:

- It is part of an integrated campaign including other elements such as one-to-one advice

- The information is new and presented in an emotional context

- The information is seen as being relevant for "people like me"

WHAT THE MASS MEDIA CAN AND CANNOT DO -3

The mass media cannot:

- Convey complex information

- Teach skills

- Shift people's attitudes or beliefs. If messages are presented which challenge basic beliefs, it is more likely that the message will be ignored, dismissed or interpreted to mean something else

- Change behaviour in the absence of other enabling factors

FACTORS IMPORTANT TO MEDIA EFFECTIVENESS -1

CREDIBILITY: The source must be trusted and reliable

CONTEXT: The message should be relevant to the receiver

CONTENT: The message must be meaningful

FACTORS IMPORTANT TO MEDIA EFFECTIVENESS -2

CLARITY: The receiver must be able to understand the message

CONTINUITY: The message should be consistent without being boring

CHANNELS: The message must used the established channel of the receiver

use the media

FACTORS IMPORTANT TO MEDIA EFFECTIVENESS -3

CAPABILITY: The receiver must be capable of acting on the message meaningful

COLLABORATION: Media professionals should be involved to determine how best to use the media

WHEN TO USE THE MEDIA IN HEALTH PROMOTION -1

- when a wide exposure is desired
- when public discussion is likely to facilitate the educational process
- when awareness is the main goal
- when media is on-side
- when accompanying on the ground back-up can be provided

WHEN TO USE THE MEDIA IN HEALTH PROMOTION -2

- when long-term follow-up is possible

- when a generous budget exists

- when counter-argument is likely to be productive

- when the behaviour goal is simple

- when a hidden agenda is public relations

SUMMARY OF MEDIA METHODS

TYPE	CHARACTERISTICS
Limited reach media	
PAMPHLETS	Information transmission. Best where cognition rather than emotion is desired outcome.
INFORMATION SHEET	Quick convenient information. Use as series with storage folder. Not for complex behaviour change.
NEWSLETTERS	Continuity. Personalised. Labour intensive and requires detailed commitment and needs assessment before commencing.
POSTERS	Agenda setting function. Visual message. Creative input required. Possibility of graffiti might be considered.
T-SHIRTS	Emotive. Personal. Useful for cementing attitudes and commitment to program/idea.
STICKERS	Short messages to identify/motivate the user and cement commitment. Cheap, persuasive.
VIDEOS	Instructional. Motivational. Useful for personal viewing with adults as back-up to other programmes.

Cont…

TYPE	CHARACTERISTICS
Mass reach media	
TELEVISION	Awareness, arousal, modelling and image creation role. May be increasingly useful in information and skills training as awareness and interest in health services.
RADIO	Informative, interactive (talkback). Cost effective and useful in creating awareness, providing information.
NEWSPAPERS	Long and short copy information. Material dependent on type of paper and day of week.
MAGAZINES	Wide readership and influence. Useful as in supportive role and to inform and provide social proof.

SOCIAL MARKETING

SOCIAL MARKETING
DEFINITION

SOCIAL MARKETING is the application of marketing concepts and techniques to the marketing of various socially beneficial ideas and causes instead or products and services in the commercial sense.

(FOX & KOTLER, 1980)

THE MARKETING MIX: THE FOUR P'S

PRODUCT: the physical product and its symbolic meaning

PRICE: the value of the product

PLACE: where the product is available

PROMOTION: advertising, sales promotion, personal selling and publicity

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S -1

1. PRODUCT

- does not necessarily mean a physical product

- socially desirable goals e.g. behavioural, attitudinal, idea change to new habits, norms and values through learning

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S   -2

2. PRICE

- represents the price the "buyer" must accept in order to obtain the "product"

- includes costs in terms of money, opportunity, energy and pychological e.g.

  - **buying seat belts and installing it**

  - **giving up the pleasures of smoking**

  - **giving up favourite food**

  - **going to GP vs long waiting time at government hospital**

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S   -3

3. PLACE

- important for providing adequate and compatible distribution and response channels

- arranging for accessible outlets which permit translation of motivation to act

- requires effective & efficient marketing strategy e.g. prime time announcements, strategic places for display, direct telephone linkages, information centres etc

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S -4

4. PROMOTION

- key element in all marketing as consumer demand responds to promotion and product advertising

- uses PERSUASIVE STRATEGY to make the product familiar, acceptable and desirable

- not "TELLING" but "SELLING" by stressing the benefits

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S -5

4. PROMOTION (Cont'd)

- include:
  - advertising
  - personal selling
  - publicity and
  - sales promotion

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S   -6

4. PROMOTION (Cont'd)

- advertising through:
  - choice of appeal
  - selection of effective and efficient media
  - development of presentation strategies
  - use of various media, methods, etc

8 IMPORTANT STEPS IN SOCIAL MARKETING PROGRAMMES

1. Establishing management and operating procedures
2. Selecting the products to be marketed
3. Identifying the consumer population
4. Deciding on brand names and packaging
5. Setting an appropriate price
6. Recruiting sales outlets
7. Arranging and maintaining a distribution system
8. Carrying out promotion

SOCIAL MARKETING: STRENGTHS -1

1. A valuable change tool

2. Useful in persuasion

3. Useful in creating awareness and interest

4. Helpful by reinforcing through repetition of message

SOCIAL MARKETING: STRENGTHS -2

5. Usually offer long term benefits of the behaviours promoted

6. Useful in increasing programme effectiveness if used in combination with other strategies

7. Has mass media appeal

8. Cost-efficient

SOCIAL MARKETING:
WEAKNESSES & LIMITATION -1

1. Heavy reliance on mass media (effects of selective processes)

2. Makes the audience passive

3. Tends to be manipulative

4. May create negative public sentiments for real consumer products

5. Creates resistance if opposed to strongly reinforced and deeply entrenched ideas/habits

SOCIAL MARKETING:
WEAKNESSES & LIMITATION -2

6. Focus on the "individual" rather than the "community" at large for the proposed change

7. Only appropriate in certain circumstances

8. Ideas from "outside" - not the audience's own

COMMUNITY DEVELOPMENT APPROACH

COMMUNITY DEVELOPMENT -1

- Means working to stimulate and encourage communities to express their needs and to support them in their collective action

- It is not about dealing with people's problems on a one-to-one basis

- It aims to develop the potential of a community

COMMUNITY DEVELOPMENT -2

- A community development approach to health involves working with groups of people to identify their own health concerns and to take appropriate action

- Community development health workers are essentially facilitators locally based whose role is to help people in the community to acquire the skills, knowledge and confidence to act on health issues

ADVANTAGES AND DISADVANTAGES OF THE COMMUNITY DEVELOPMENT APPROACH

ADVANTAGES	*DISADVANTAGES*
Starts with people's concerns, so it is more likely to gain support.	Time consuming.
Focuses on root causes of ill health, not symptoms.	Results are often not tangible or quantifiable.
Creates awareness of the social causes of ill health.	Evaluation is difficult.
The process of involvement is enabling and leads to greater confidence.	Without evaluation, gaining funding is difficult.
The process includes acquiring skills which are transferable, for example, communication skills, lobbying skills.	The health promoter may find his or her role contradictory. O whom are they ultimately accountable – employer or community?
If health promoter and people meet as equal, it extends principle of democratic accountability.	Work is usually with small groups of people.

COMMUNITY PARTICIPATION IN PLANNING HEALTH WORK

NO PARTICIPATION	The community is told nothing, and is not involved in any way.
VERY LOW PARTICIPATION	The community is informed. The legacy makes a plan and announces it. The community is convened or notified in other ways in order to be informed; compliance is expected.
LOW PARTICIPATION	The community is offered 'token' consultation. The agency tries to promote a plan and seeks support or at least sufficient sanction so that the plan can go ahead. It is unwilling to modify the plan unless absolutely necessary.
MODERATE PARTICIPATION	The community advises through a consultation process. The agency presents a plan and invites questions, comments and recommendations. It is prepared to modify the plan.

HIGH PARTICIPATION	The community plan jointly. Representatives of the agency and the community sit down together from the beginning to devise a plan.
VERY HIGH PARTICIPATION	The community has delegated authority. The agency identifies and presents an issue to the community, defines the limits and asks the community to make a series of decisions which can be embodied in a plan which it will accept.
HIGHEST PARTICIPATION	The community has control. The agency asks the community to identify the issue and make all the key decisions about goals and plans. It is willing to help the community at each step to accomplish its goals even to the extent of delegating administrative control of the work.

WAYS OF DEVELOPING COMMUNITY PARTICIPATION

- Be open about policies and plans
- Plan for the community's expressed needs
- Decentralise planning
- Develop joint forums and networks
- Provide support, advice and training for community groups
- Provide information
- Provide help with funding and resources

IN A NUTSHELL:

SELECTING
THE RIGHT METHODS
FOR
EFFECTIVE HEALTHPROMOTION

FACTORS FOR CONSIDERATION IN CHOOSING METHODS

- Which methods are the most appropriate and effective for your aims and objectives?

- Which methods will be acceptable to the consumer?

- Which methods will be easiest?

- Which methods will be cheapest?

- Which methods are the most acceptable to the people involved?

- Which methods do you find comfortable to use?

CHOOSING METHODS FOR HEALTH PROMOTION -1

- The choice will be decided in part by external considerations, such as the amount of funding or the particular expertise of the health promoter

- The type of methods chosen should also reflect the objectives set. Certain methods go for certain objectives but would be inappropriate for other objectives

- Participative small group work is effective at changing attitudes but a more formal teaching session would be more effective if specific knowledge is to be imparted

CHOOSING METHODS FOR HEALTH PROMOTION -2

- Community development is effective at increasing community involvement and participation bit would not be appropriate if local government policy change is the objective

- The mass media is effective in raising people's awareness of health issues but ineffective in persuading people to change their behaviour

CHOOSING METHODS FOR HEALTH PROMOTION -3

- Deciding which methods would be the logical choice given the objectives is critical.

- A compromise may need to be considered owing to constraints of time, resources or skills

- This compromise should not concern the amount of input, or the use of complementary methods

- It should not mean that we end up using inappropriate methods which are unlikely to achieve the objectives