**Lecture 6/7**

1. **Definitions**
2. **Levels**
3. **Approaches**
4. **Methods**
5. **Sites**
6. **Domains**

To **maintain** means to:

 Cause or enable (a condition or state of affairs) to continue: "maintain close links between industry and schools".

 Keep (something) at the same level or rate: "prices will have to be maintained”.

To **promote** means to:

* Further the progress of (something, esp. a cause, venture, or aim); support or actively encourage
* contribute to the progress or growth of
* raise, advance or boost

To **prevent** means to:

* Keep (something) from happening or arising: "action must be taken to prevent further accident”.

Maintenance aimed at helping you sustain and preserve your present level of satisfactory health. Promotion goes a step further and aims at improvement of your current condition to a higher level. But the phenomena overlap (exercise and hear health). Prevention also overlaps with maintenance and promotion. This is the pre-disease triangle of the pro-health mission.

Maintenance and promotion are rather general. Prevention can be specific or general. (Example:

Prevention is also possible after one becomes ill

**Level I: Primary prevention:** Actions taken to avoid disease or injury. In avoiding automobile injuries might include behavior of using seatbelts, reminding a friend to use them and public health reminders on TV t buckle up (Specific prevention). Primary prevention can be aimed at improving people’s diets, exercise, tooth brushing and flossing and acquiring immunity against a contagious disease.

**Secondary:** Actions are taken to treat and identify an illness or injury early with the aim of stopping or reversing the problem. In the case of someone who has developed an ulcer for example, secondary prevention activities include the person’s symptom-based behavior of seeking medical care for abdominal pain, the physician’s prescribing medication and dietary changes and the patient’s behavior of following the doctor’s prescription. (Specific secondary prevention). Other examples include regular assessment of children’s vision and hearing at schools, getting your bone-density checked etc. A complete annual physical examination can be considered general secondary prevention because here you are not targeting anything specific, you want to know how your body’s doing overall and our goal of early detection of physical problems if any.

**Tertiary:** When a serious injury or disease has occurred and has progressed beyond the early stages, the condition may lead to lasting damage. Tertiary prevention is aimed at preventing this kind of damage from happening. It involves actions to contain the damage, to prevent disability, recurrence and relapse. For people who have severe arthritis, tertiary prevention includes doing exercises for physical therapy and taking medication to control inflammation and pain so that the person does not become diabled or not invalidated by the condition, so that he remains mobile and able to function independently.

**Three broad approaches to illness prevention**

One approach involves *behavioral influence*, such as encouraging and demonstrating good brushing techniques for maintenance or oral health and prevention of tooth decay. Another approach involves *environmental measures* which involves making sure the water supplies are not detrimental to your oral health. *Medical efforts* can be used such as repairing cavities (you are preventing further tooth decay by filling up the cavity).

**APPROACHES TO HEALTH PROMOTION**

Medical

Behavior change

Educational

Empowerment

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.

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

**Behavior Change Approach**

* Aim
	+ To encourage individuals to adopt healthy behaviors.
	+ Views health as the responsibility of individuals.
* Methods: Communication

 Education

 Persuasion, motivation

* Expert-led, top down. “Victim-blaming”
* Behavior is very complex & Multi-factorial.
* Evaluation: Behavior change after the intervention.
	+ The behavior change is only apparent after a long time.
	+ Difficult to isolate any behavior 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

**Empowerment Or Client-centered 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.

**Two types of empowerment:**

1. *Self-empowerment*

 - based on counseling 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.

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