

Community-Based Approaches to Health Promotion

- From Health Services to Health Promotion: Lalonde Report(1971) 7.1% GNP being spent on health with declining outcomes, hence shift to lifestyle, environment, human biology, Hlth Care Org.
- From lifestyle (victim blaming etc) to social model:social determinants of health: to enabling people to increase control over and improve their health. (self-empowerment)
- Prerequisites for health:peace,shelter education, food, income, justice equity, ecosystem.

Ottawa Charter

- Build public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Re-orient health services

Social model(society, structures, policy, population) vs lifestyle to PCHP. People vs. Policy debate continues.

Health Promotion

- Positive health and well being
- Whole of Life : holistic, ecological, systems, interdisciplinary, intersectoral
- Complex amalgam of bodily, mental , social, and spiritual states which on the whole change fairly slowly , so best to view HP as development.
- Everyday life and and community(livelihoods etc.)
- Balance of power in human and health domains

HP: Concept(Raeburn, Rootman)

- Health promotion is an enterprise involving the development over time in individuals and communities of basic and positive states of and conditions for physical, mental, social and spiritual health. The control of and resources for this enterprise need to be primarily in the hands of people themselves, but with back up and support of professionals, policy makers and the political system. At its heart are 2 key concepts : *development* and *empowerment*.

PCHP

- Strength , Resources, or Asset building approach.
- Community perspective
- Facilitatory Role for Professionals
- Empowerment
- Participation

Some Myths of Community

- Organised group
- In one physical location
- Gender blind
- Behaves as a distinct simple unit
- Community would take control if given the chance
- Remains the same over time
- What is true of one is true for another (best practices)

Some Realities of Community

- Heterogeneity(gender, age, ethnicity, class, power etc.)
- Weak organisational capacity
- Might not be in one place
- Interacts with the overall society
- Empowerment is high risk
- Best practices might not be always best

Limits of Local Level Action

- Does not scale up nor replicated easily
- Very limited impact relative to scale of problem in developing countries
- Easily reversed by changes in politics, macro-policy, natural disasters etc;
- BUT : Visible results, easier to report, and therefore attractive with tendency to focus on local and neglect system effects,

Case Study: HIV-AIDS as a complex systems problem.

- Complex adaptive systems characteristics
- HIV-AIDS as a societal systems problem:
- Complex Adaptive Systems and Development co-operation.