Understanding and Strengthening Empowerment in Health Promotion: conceptual and practical developments

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Defining Health Promotion

■Ottawa Charter says 'Health promotion is the process of enabling people to increase control over, and to improve, their health'. (WHO, 1986).

■The Bangkok Charter says 'Health promotion is the process of enabling people to increase control over the determinants of health and thereby to improve their health.' (WHO, 2005).
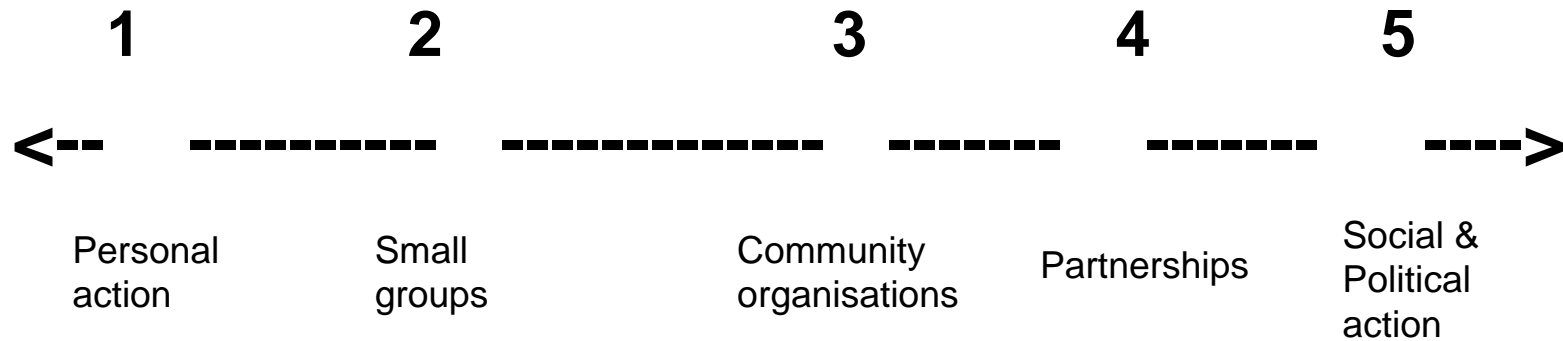
Interpreting Health Promotion

A review of health promotion definitions found as the major discriminating feature 'the extent to which it involves the process of empowering or enabling communities' (Rootman et al, 2001)

Health promotion is a set of principles centred on empowering people to take control of their health and its determinants. Health promotion practice encompasses a range of communication, capacity building and politically orientated approaches set within a programme context. (Laverack 2007, p 6).

Empowerment: The Means to Attaining Power

- Empowerment exists at different levels: individual, organisational, family and community.

- Community empowerment can be described as 'a process by which disadvantaged people (a community of interest) work together to increase control over events that determine their lives' (Werner, 1988).

- Social, environmental, economic, political.

The Continuum of Community Empowerment

1   2   3   4   5

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| Personal action | Small groups | Community organisations | Partnerships | Social & Political action |

(Laverack, 2004, P.48).

Where we are today

Has a bio-medical focus.
Relies on strategies of the behavioural sciences.
Has not come to terms with 'empowerment'.
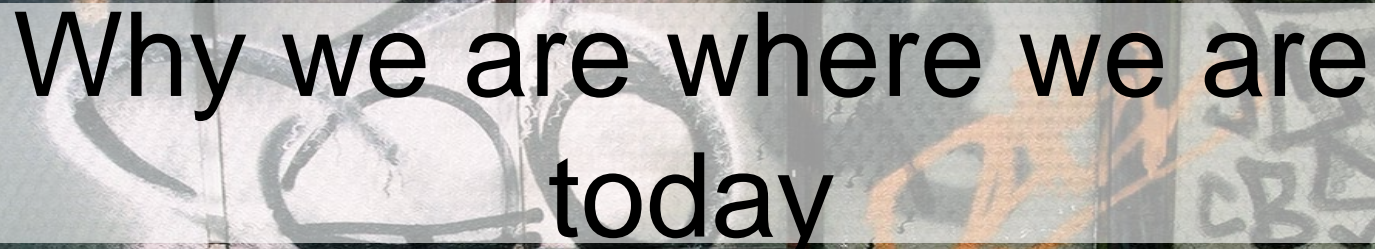(Julika Loss and Marilyn Wise, 2007)

Largely employs health education modelling.
Funded through 'top-down' programming.
Is pre-packaged & professionally driven.
Is top-down, power-over and Zero-sum.
(Laverack 2004; 2007)

Why we are where we are today

❖ Evolved from a bio-medical/ health protection model for communicable diseases.

❖ Strategies that were led by psychologists and the behavioural sciences.

❖ Developed into a lifestyle model to 'promote health' for Non Communicable Diseases.

❖ Found it difficult to marry empowerment and the predominant top-down style of programming.

❖ The challenges of Globalisation, the 'health revolution' and the determinants of health.

(Kickbusch, 2002).

The Contradiction in Health Promotion

- Many health promoters continue to exert control-over their clients through programming whilst at the same time use an emancipatory discourse (participation, empowerment etc) (Laverack, 1999).

The Reason

- To meet objectives, to complete within the timeframe, for quality assurance, control reporting and measurement.

What Challenges Lie Ahead?

1. Local Health profiles.

❖ Address local concerns and needs.

2. Government Health profiles.

❖ Address national health agendas.

3. Global Health profiles.

❖ Address global considerations.

Local Health Profiles

- Community safety.

- Anti-social behaviours.

- Shabby environment.

- Unemployment/low income.

(Liew, 2007).

- Public transport.

- Housing stds & Heating.

- Social exclusion.

- Preparedness for extreme local weather events.

Government Health Profiles

- Obesity (Exercise & Diet)
- Cancers (Skin)
- Violence & Injury (Domestic violence and abuse)
- Dangerous Consumptions (Gambling, Alcohol, Drugs, smoking)
- National Security

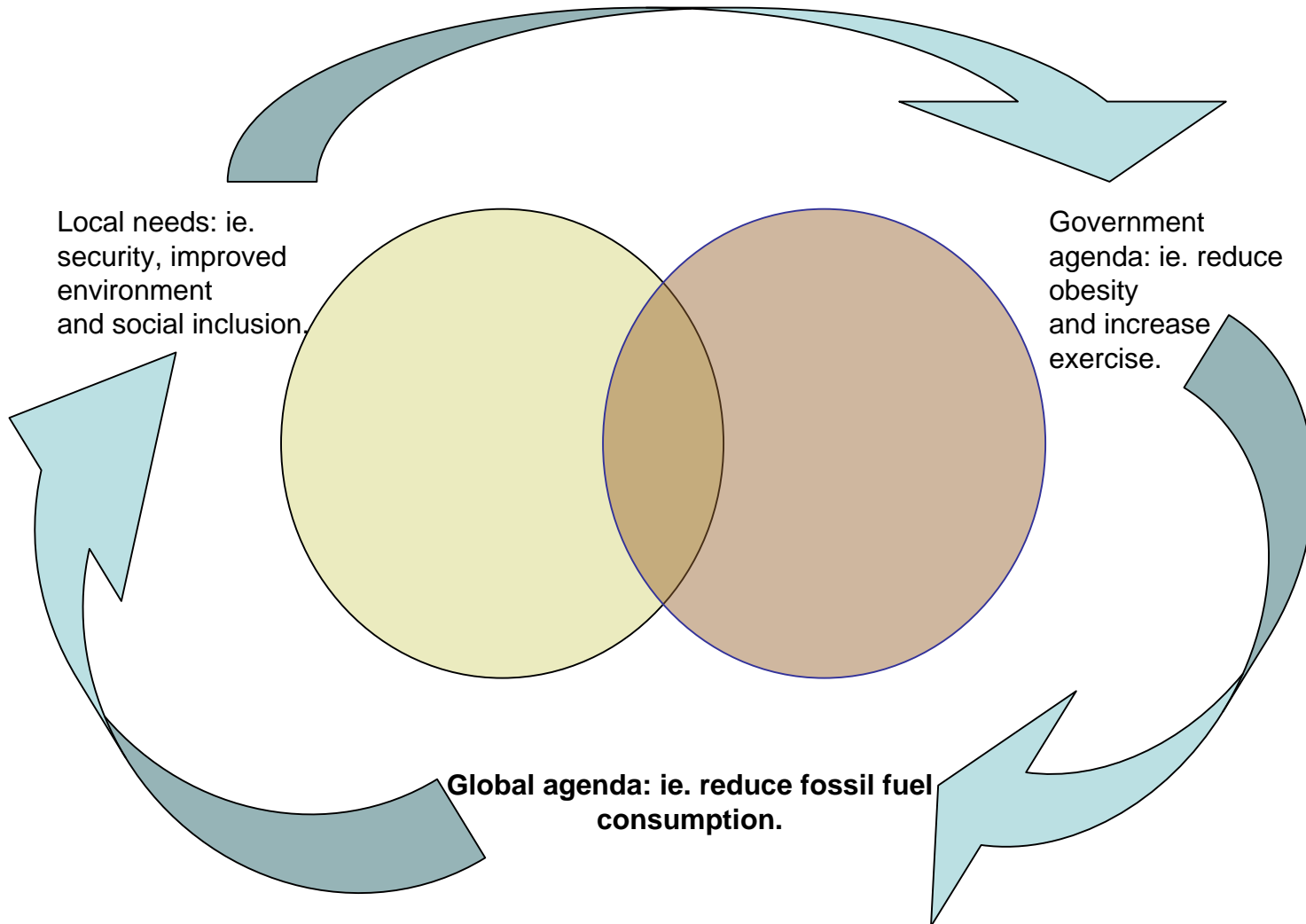(Wanless, 2003)

Global Health Profiles

- Climate Change.
- Extreme weather.
- Fossil Fuel consumption.
- Security (biological, radiological).
- Pandemics (bird Flu).
- Trade and employment.

(Wanless, 2003)

Combining Health Profiles

Local needs: ie. security, improved environment and social inclusion.

Government agenda: ie. reduce obesity and increase exercise.

Global agenda: ie. reduce fossil fuel consumption.

Strengthening Empowerment in Health Promotion

Health Promotion will need…

❖ a socio-political & environmental perspective.

❖ Innovative ways to engage all people.

❖ a focus on building community capacity towards action and empowerment.

❖ strategies that politicise communities, build networks and partnerships.

❖ appropriate professional competencies.

Health Promotion Programmes will need to…

1. Engage communities to share their priorities.

2. Have flexible funding and selection criteria.

3. Accommodate empowerment into top-down programmes.

4. Measure the process as well as outcomes.

5. Be creative to expand on successful local initiatives.

Engage communities

❑ Mapping to identify community concerns.

❑ Prioritise to set a local profile.

❑ Share priorities in health promotion programming.

❑ Building community capacity.

Successful local initiatives

❑ Walking (school) Buses (UK/Australia).

❑ School and community gardens (Canada).

❑ Safer parks scheme (NZ).

❑ Community policing / street lighting (UK).
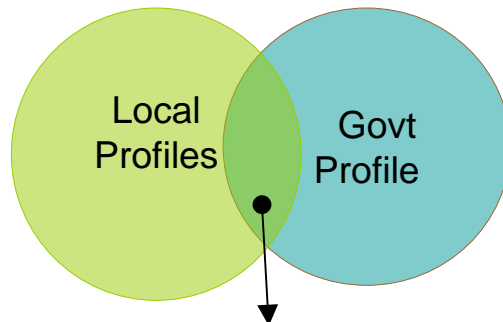
(Wharf-Higgins et al, 2007; CDC, 2006)

Flexible Funding and Criteria

- Thinking outside the 'health box'.

- Using a broader base for health selection criteria.

- Using funding in creative ways to engage people and build community capacities.

- Thinking of creative funding partnerships.

Parallel-Tracking

Local Profiles

Govt Profile

Programme design phase: Identification of issues, appraisal and approval stage.

Chronic Disease Prevention track

Obesity (Exercise - Diet)

Empowerment track
Engaging and Enabling people to take control of their lives and health

2. Programme Objectives.
Improvements in the morbidity and mortality of the population.

Empowerment objectives.
What is the level of control and choice over health and life decisions?
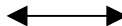
3. Strategic approach.
 Top-down approaches employing social marketing, health education and behavioural interventions.

Strategic approach.
Does the programme address local issues and build capacity?
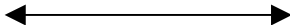
4. Management.
Pre-packaged and controlled by an outside agent.

Management
How is the community involved in the delivery of the programme? What is the strategy for comm control?

5. Evaluation
Epidemiological data to demonstrate objectives.

Evaluation
Does the programme use participatory evaluation techniques-empowering?
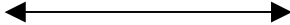
Measure the Process

❑Made during the timeframe of the programme.

❑A participatory (self) assessment.

❑Flexible and culturally appropriate.

❑Builds capacity and is empowering.

❑Ranks and quantifies the measurement.

❑Visually represents the measurement.

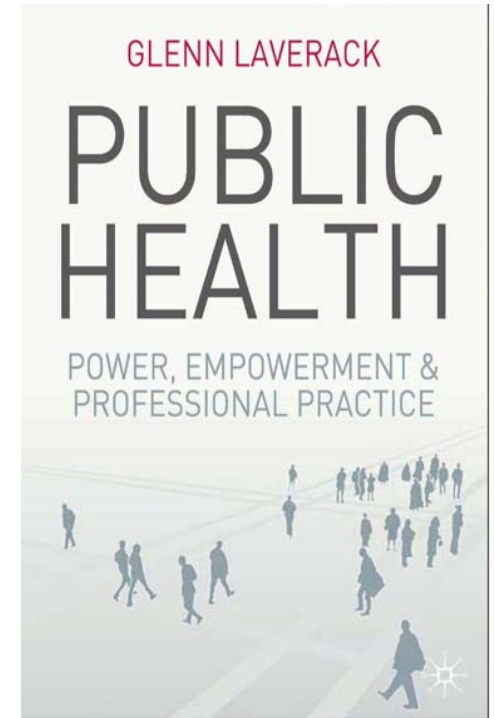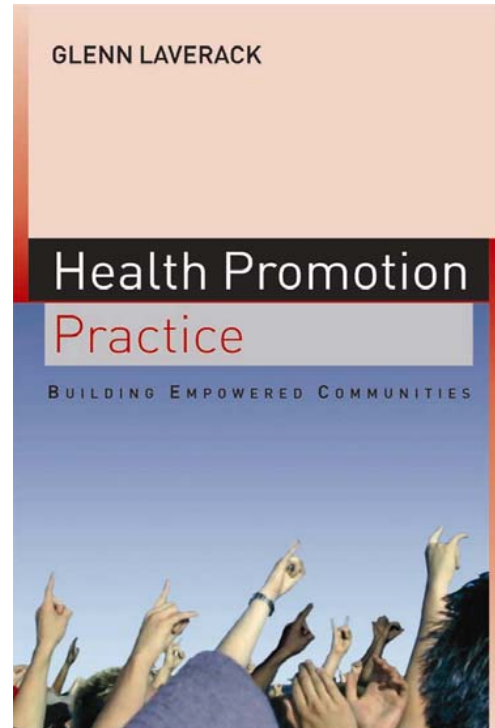# Visually Represent

Kowanyama, Australia May 2008
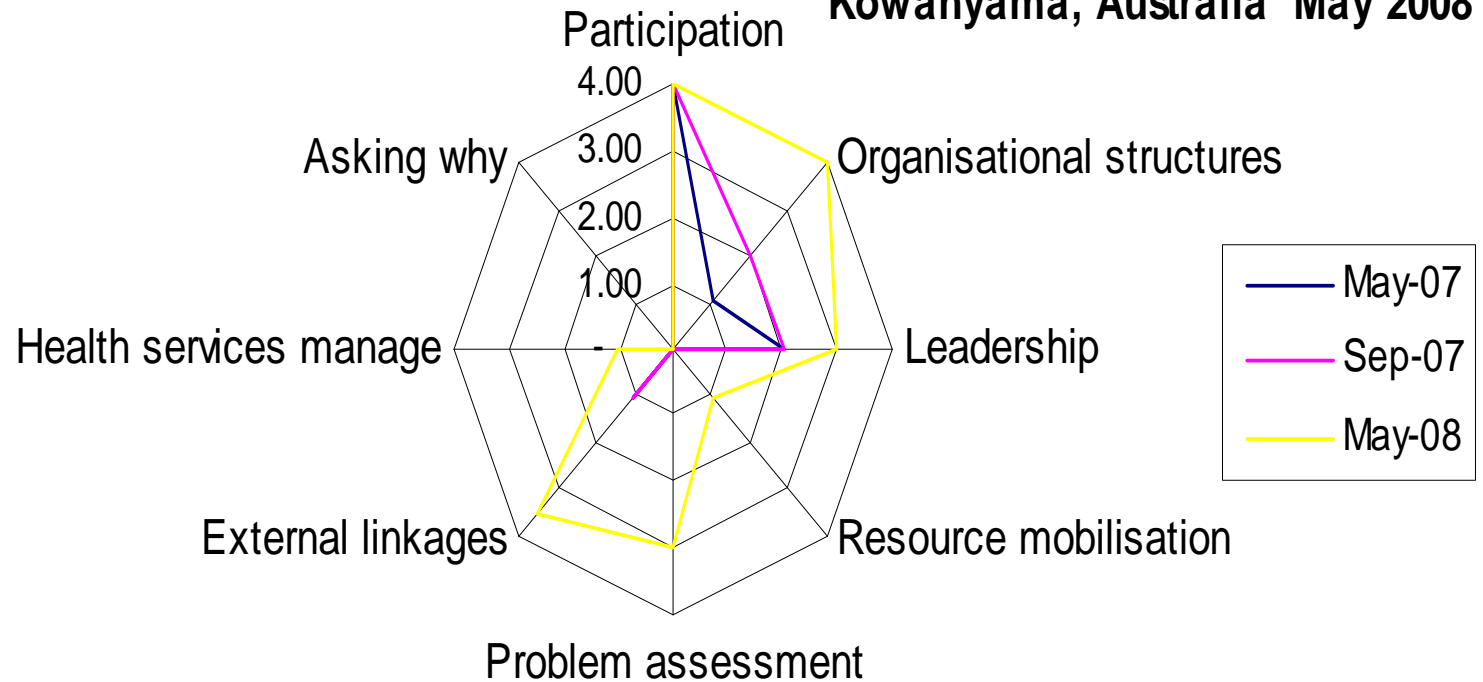
Expanding on Successful Local Initiatives

A facilitated process of empowerment can lead to:
- Discussing the 'determinants' of health;
- Taking action on local issues;
- Taking action to bring about broader change.

Scaling-up successful local empowerment initiatives:
- Seed funding must include capacity building;
- Clear roles and responsibilities;
- In-line with broader policy;
- Multi-sectoral approach;
- Going to scale with mature initiatives.

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