

# Philosophical Foundations

## Chapter Objectives

After reading this chapter and answering the questions at the end, you should be able to:

- Define the terms *philosophy*, *philodoxy*, *wellness*, *holistic*, and *symmetry*, and explain the differences between them.
- Discuss the importance of developing a personal philosophy about life.
- Compare and contrast the advantages and disadvantages of having a life philosophy and an occupational philosophy that are similar.
- Formulate a statement that describes your personal philosophy of life and identify the influences that account for your philosophy.
- Identify and explain the differences between the following health education/promotion philosophies:
  - a. behavior change philosophy
  - b. cognitive-based philosophy
  - c. decision-making philosophy
  - d. freeing or functioning philosophy
  - e. social change philosophy
  - f. eclectic philosophy
- Explain how a health education specialist might use each of the five health education/promotion philosophies to address a situation in a scenario.
- Create and defend your own philosophy of health education/promotion.

Kristy has been exploring health-related careers and is interested in pursuing a major in health education/promotion. Her interest has been partially piqued by the fact that her parents' lives improved when they began to lower cholesterol and increase exercise by incorporating information and strategies presented to them by a health education specialist employed by their physician. The health education specialist worked with Kristy's parents on a regular basis for nearly six months, and they gave rave reviews on that specialist's methodologies. As a result, her parents were able to reduce or eliminate several of the medications

they had been taking. Kristy also had to admit that the entire family's health had benefited from her parents' "new" lifestyle.

In thinking about a career as a health education specialist, Kristy formulated several questions in her mind. A few of the questions involved the philosophies, styles, and methods of practice held or used by health education specialists. Others were related to the profession as a whole and how someone decides whether becoming a health education specialist is a good match for her or his philosophy of life.

This chapter addresses some of the same questions that Kristy contemplated in relation to the practice of health education/promotion and possibly becoming a health education specialist. To that end, we will explore questions such as

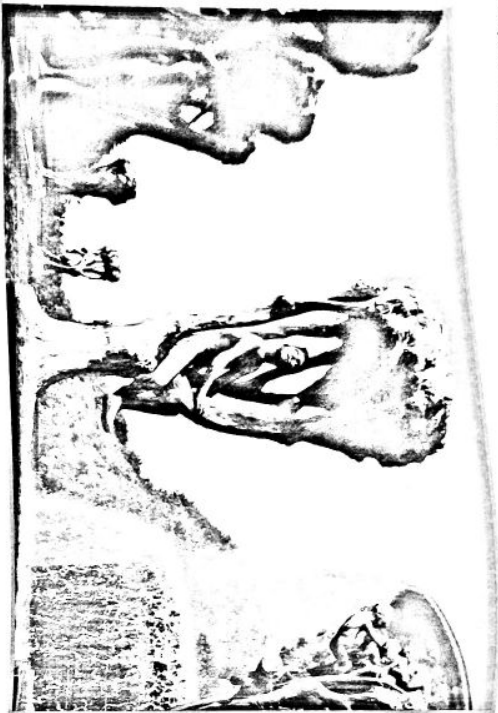
- What is a philosophy?
- Why does a person need a philosophy?
- What are some of the philosophies or philosophical principles associated with the notion of health?
- What philosophical viewpoints related to health education/promotion are held by some of the past and current leading health education specialists?
- How is a philosophy developed?
- What are the predominant philosophies used in the practice of health education/promotion today?
- How will adopting any of the health education/promotion philosophies impact the way health education specialists practice in their chosen settings?

The purpose of discussing the development of a health education/promotion philosophy is not to provide a treatise on "the nature of the world," so to speak, but to emphasize the importance of a guiding philosophy to the practice of any profession. Smith (2010) notes, "When a health educator identifies and organizes concepts deemed as valuable in relation to health outcomes, he or she can begin to form a philosophical framework for functioning comfortably and effectively" (p. 51).

The term *philosophy* may seem to some to describe an almost ethereal, esoteric academic exercise. In actuality, however, a well-considered philosophy provides the underpinnings that support the bridge between theory and practice.

## What Is a Philosophy?

The word *philosophy* comes from Greek and literally means "the love of wisdom" or "the love of learning." The term *philosophy* in this chapter means a statement summarizing the attitudes, principles, beliefs, values, and concepts held by an individual or a group. In an academic setting, a philosopher studies the topics of ethics, logic, politics, metaphysics, theology, or aesthetics. It is certainly not imperative that a person be an academic philosopher to have a philosophy. All of us have convictions, ideas, values, experiences, and attitudes about one or more of the areas listed as they apply to life. These are the building blocks (sometimes known as principles) that make up any philosophy. Dr. Buzz Pruitt, professor of health education at Texas A&M, has emphasized the difference between having a life guided by a grounded philosophy and one shaped by an approach termed *philodoxy*, literally the love of opinion (Pruitt, 2007). The person who has developed a philosophy often asks questions to



▲ Figure 3.1 Young Man Contemplating the Tree of Life: What Will It Hold for Me?

discover what lies under the surface of issues; thus, the individual seeks answers in a quest for true meaning (reality) and lets that reality define opinion and practice (see Figure 3.1). The individual who rejects the possibility of alternative explanations is often practicing philodoxy—letting opinion define reality. Philodoxy presents problems for health education specialists largely because it stifles the incorporation of discovery and new knowledge, facts, or insight into the practice of health education/promotion.

Therefore, you most likely have already developed certain philosophical viewpoints or notions about what is real and true in the world as you know it. The manner in which you consistently act toward other people often reflects your philosophy concerning the importance of people in general. That you are studying to become a health education specialist says something about your philosophical leanings in terms of a career. For example, the profession of health education/promotion is considered a helping profession. Gambescia (2007) states that health education “is an enabling good that helps individuals and communities flourish” (p. 722). Those who work in the profession should value helping others.

In today’s society there are many examples of the use of a philosophical position. Corporations, for example, create slogans espousing their purported philosophy. (Of course, they are also trying to sell a product or service at the same time.) Many of us recognize certain companies by phrases such as “Just Do It” (Nike), or “When you care enough to send the very best” (Hallmark Cards). The use of caring slogans and catchy phrases is meant to convey to the public that the company is in business solely because it is interested in the welfare of people everywhere and is responsive to their needs. If the company’s actions match the slogan, the public is more likely to perceive the slogan as a true representation of the corporate philosophy.

Additionally, many not-for-profit and for-profit agencies and companies often have mission statements. A mission statement is meant to convey a philosophy and direction that form a framework for all actions taken by that organization. For example, the mission statement for the Central District Health Department in Boise, Idaho, is: “Healthy People in Healthy Communities.”

After reading this statement there is little doubt that the overriding philosophy in this department is one of promoting prevention for both individuals and communities. For individuals who have a philosophy that emphasizes prevention and early intervention, this is likely to be a place where they might find employment that is personally rewarding and professionally fulfilling.

Just as often, insight into a person’s philosophy can be gained by hearing, reading, or analyzing that person’s quotes or sayings. For example, the following quote from actor Michael J. Fox embodies his philosophy of life in the face of an incurable disease: “Parkinson’s demanded of me that I be a better man, a better husband, father, and citizen. I often refer to it as a gift. With a nod to those who find this hard to believe, especially my fellow patients who are facing great difficulties, I add this qualifier—it’s the gift that keeps on taking... but it’s a gift” (p. 89). As you will see later and as can be noted from Fox’s statement, a philosophy is rarely stagnant, but rather continuous because it is formulated by considering values, beliefs, experiences, and consequences of actions. Composing a philosophy statement allows a person to reflect on what is important to him or her when viewing the world in its many manifestations.

The thoughts stated previously are well summarized by Loren Bensley (1993), one of the most influential health education specialists of the latter half of the 20th century:

Philosophy can be defined as a state of mind based on your values and beliefs. This in turn is based on a variety of factors which include culture, religion, education, morals, environment, experiences, and family. It is also determined by people who have influenced you, how you feel about yourself and others, your spirit, your optimism or pessimism, your independence and your family. It is a synthesis of all learning that makes you who you are and what you believe. In other words, a philosophy reflects your values and beliefs which determine your mission and purpose for being, or basic theory, or viewpoint based on logical reasoning. (p. 2)

Please note that a philosophy does not have to be abstract. Pondering the reason for being gives people a chance to integrate their past, present, and future into a coherent whole that guides them through life.

## ▷ Why Does One Need a Philosophy?

The answer to the question “Why does one need a philosophy?” is both simple and complex. Each of us already has a view of the world and what is true for us. This image helps shape the way we experience our surroundings and act toward others in our environment. In other words, a person’s philosophy helps form the basis of reality for her or him.

Of course, some philosophical change is probably inevitable. New experiences, new insights, and new learnings create the possibility that some of the tenets comprising the philosophy might need retooling. This is a normal part of growth. Most people’s philosophical views are altered somewhat as they study, grow older, and experience the world in different ways.

Usually a person's philosophy (e.g., determining how to treat others, what actions are right or wrong, and what is important in life) needs to be synchronous in all aspects of life. This means that a person's philosophical viewpoint holds at home, at school, in the workplace, and at play. If incongruence develops between a person's philosophy and the philosophy of the leaders in the workplace, problems can occur.

As an example, consider the career of a public health education specialist working in HIV/AIDS prevention education who is employed by a state department of education. Assume that this individual has a philosophical view that all human life is sacred and education is the best source of prevention. Also assume that the person's work both on and off the job reflects consistency and a commitment to those ideals. In other words, the person's actions are synchronous with the aforementioned philosophy. As long as the administration in the state department of education and philosophy, chances are that this person will do well. If, however, the state department leadership changes and the new superintendent is opposed to the idea that individuals infected with HIV are worth saving (because they chose their behaviors) or refuses to allow condoms to be mentioned as a secondary source of prevention, the specialist may have a difficult time remaining in that environment. The reason for this statement is that this educator is now not allowed to act according to his or her beliefs, ideals, and knowledge. There is a disharmony between the philosophical stance and the ability to act in concert with that stance.

Certainly, there are exceptions to this rule. Health education specialists might hold philosophies on how they personally live, yet they might have to educate those who have made choices that are opposed to their belief system. This situation begins to cross the bounds of a general philosophy and get into ethics (right behavior—see Chapter 5). Although a possible moral-philosophical conflict seems apparent in this situation, health education specialists need to remember that their primary concern is to protect and enhance the health of those they serve. Health is not a moral issue. The health of any one of us affects the health of all of us in some manner (legally, monetarily, physically, or emotionally). At the very least, the health education specialist should refer this situation to another trained individual who can fulfill the obligation to the public.

The late U.S. Surgeon General C. Everett Koop was confronted with the same dilemma when he was in office during the advent of the AIDS epidemic, 1981–1989. Although he was a strong conservative Christian leader and against the use of drugs and premarital sex, he championed the cause of HIV/AIDS education by stressing that the epidemic was a health problem that required a health-based prevention message. Through the power of his office, he insisted that HIV/AIDS prevention education include the merits of abstinence, the dissemination of needles to inner-city addicts, and the increased availability of condoms to individuals who choose to be sexually active or promiscuous.

A further example that illustrates the impact of a philosophy on the practice of a profession comes from an article by Governali, Hodges, and Videto (2005) in which they state, "philosophical thought is central to the delivery of health education. For a profession to stay vital and relevant, it is important to assess its activities, regularly evaluate its goals, and assess its philosophical direction" (p. 211). The emphasis the authors place on the influence of activities and goals related to philosophy is a direct reflection of their personal and professional philosophical foundation formed over the years. A well-reasoned philosophy often plays an important role in the choice of a career path.



▲ Figure 3.2 The current U.S. Surgeon General, Regina Benjamin, is a strong supporter of the value of health education and promotion in creating a more prevention-focused approach to health.

A study identifying factors that influence career choices further validates that statement. Tamayose, Farzin, Schneider-Ramirez, and Rice (2004) surveyed public health students enrolled at a west coast university to determine what major influences led them to pursue careers in public health. Researchers found that the top two items mentioned by the students were "enjoyment of the profession/commitment to health improvement" and "provide a health/community service to others." Both of these statements reflect a common philosophical thread that permeates the thinking of a majority of individuals currently practicing in the field of health education/promotion with whom we have come in contact.

In summary, the formation of a philosophy is one of the key determining factors behind the choice of an occupation, a spouse, a religious conviction, a political persuasion, and friends. A firm philosophical foundation serves as a beacon that lights the way and provides guidance for many of the major decisions in life.

## ▷ Principles and Philosophies Associated with Health

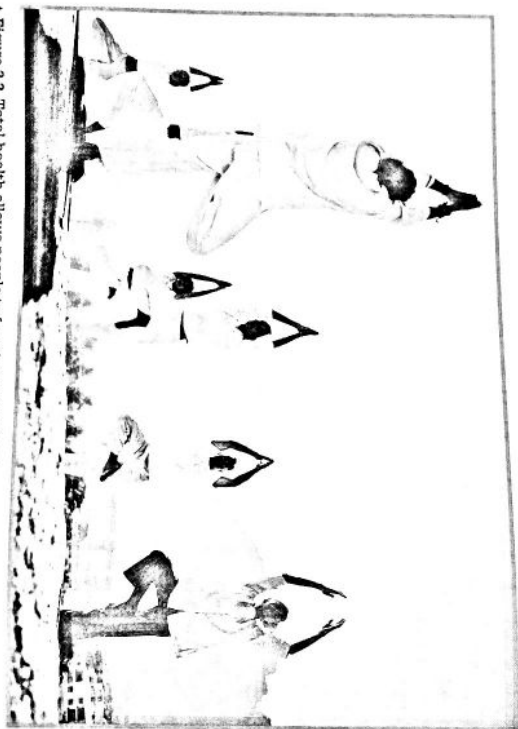
In Chapter 1, the meaning of the term *health* was discussed. Recall that, although the term *health* is elusive to define, nearly all definitions include the idea of a multidimensional construct that most people value, particularly when health deteriorates. Some see health as an end to itself; others see health as being important in large part because its presence enables the freedom to act as one wishes without major physical or mental impediments. Over the past 30 to 50 years, educators have identified several philosophies or philosophical principles that tend to be associated with the establishment and maintenance of health.

These philosophies provide a set of guiding principles that help create a framework to better understand the depth of the term *health*.

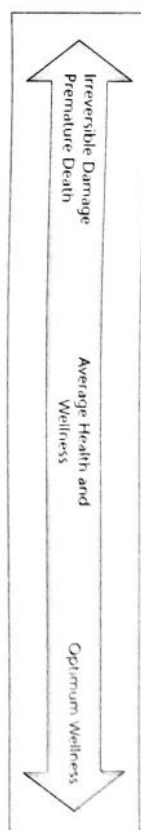
Rash (1985) mentions that, although health is often not an end in itself, good health does bring a richness and enjoyment to life that will make service to others more possible. He feels that those who seek to enhance the health of others through education, spiritual, and social components, and each is just as important as the others. Health education specialists should seek a **philosophy of symmetry**; that is, health has physical, emotional, spiritual, and social components, and each is just as important as the others. Health education specialists should seek to motivate their students or clients toward symmetry (balance) among these components (see Figure 3.3).

Oberreuter (1953) rejected the notions of a dualistic (human = mind + body) or a triune (human = mind + body + spirit) nature for humanity. Instead, he embraced the ideal of a **holistic philosophy** of health when he stated, "The mind and body disappear as recognizable realities and in their stead comes the acknowledgment of a whole being...man is essentially a unified integrated organism" (p. 105). Thomas (1984) is convinced that the holistic view of health produces health professionals who are more passionate about creating a society in which the promotion of good health is seen as a positive goal.

Greenberg (1992), Donatelle (2011), Edlin and Golanly (2004), and Hales (2004), among others, have elevated the construct of wellness to the level of a philosophy. **Wellness**, always a positive quality (as opposed to illness being always a negative) is visualized as the integration of the spiritual, intellectual, physical, emotional, environmental, and social dimensions of health to form a whole "healthy person." Those who subscribe to this philosophy believe



▲ Figure 3.3 Total health allows people to function at their best.



▲ Figure 3.4 The Wellness Continuum

that all people can achieve some measure of wellness, no matter what limitations they have, and that achieving optimal health is an appropriate journey for everyone. The optimum state of wellness occurs when people have developed all six of the dimensions of health to the maximum of their ability. (See Figure 3.4)

To be sure, there are those who differ in their philosophical view of health. For example, Balog (2005) believes that health must by nature be seen solely as a physical state because "health must reside in the person" (p. 269), and it is not possible for a person to be truly healthy if the systems of the body are not functioning in the way they were intended to operate. He argues that any other view of health is really not objective but introduces subjective views of what others value (the good life). In Balog's view, it is important for health educators to distinguish that which affects health from that which is health. In other words, he cautions against confusing "good life" with "good health."

The philosophies previously mentioned are not meant to be all inclusive. The purpose for discussing them is to help provide a framework to further assist the reader in developing a philosophy about health and, ultimately, health education/promotion.

### ▷ Leading Philosophical Viewpoints

Over the past 20 years, several publications and numerous articles have focused on recounting the philosophical positions of past and present leading health education specialists. To assist you in formulating your own health education/promotion philosophy, we present here a small sample of the philosophies expressed in these publications. As previously mentioned, one way a philosophical approach is developed is through the influence of role models, or mentors. The viewpoints that follow may help stimulate your thoughts and provide guidance as you consider a career in health education/promotion.

**BECKY SMITH** (2008)

Studying the definitions of health from the perspectives of scholars such as Dubos, Fromm, Maslow, Montagu, Tillich, and Tournerier.

...helped me develop a personal understanding of how individuals express health and how the potential for health can manifest despite severe limitations in one or more dimension(s)...when internal and external elements that facilitate the development of human potential are available, individuals are more likely to experience optimal health....I prefer to look for that expression of health as a starting point for professional interaction, education, and enhancement of health rather than focus on existing debilitation. (p. 52)

**JOHN ALLEGRASTE** (2006)

I have always believed that the goal of health education is to promote, maintain, and improve individual and community health through the educational process. I believe that there are



fundamental conceptual hallmarks and a social agenda that differentiate the practice of health education and that of medicine in achieving this goal. These hallmarks include the use of consensus strategies to identify health needs and problems, voluntary participation as an ethical requirement, and an obligation to foster social and political change. I also believe that our perspective and methodologies require that we enter into a social contract with people that engages them as partners, not merely as patients. (p. 306)

#### MARIN HAMBURG (1993)

Eta Sigma Gamma has given me the chance to expound on a few of my beliefs about health education.

1. You can't plan everything. Unexpected opportunities appear and it is important to be ready to take advantage of them. (p. 68)
2. I believe in mentorship. Its power incorporated into health education programming has enormous strength for influencing positive health behaviors. (p. 70)
3. I believe that effective health education programming requires appropriate inter-sectoral cooperation, and that health educators, regardless of the source of their professional preparation, must be its facilitators. School-community can be one world. (p. 71)
4. I believe that we need to put more of our resources into joint efforts and coalition building. Much of health education's future as a profession depends upon the support that health educators, regardless of their specialized training, provide for the maintenance and expansion of certification. (p. 73)
5. It is not surprising to me that the concept of networking has become an important basis for health education practice. We bring together people with common problems to seek solutions through the sharing of feelings and information. (p. 73)

#### JOHN SEFFRIN (1993)

I believe the most fundamental outcome of health education is the enabling of individuals to achieve a level of personal freedom not very likely to be obtained otherwise. Freedom means being able to avoid any unnecessary encumbrance on one's ability to make an enlightened choice (p. 110). . . . We need to be resourceful and open to change. In doing so, however, we need to change in ways that do not violate certain basic principles:

1. appreciation for each individual's uniqueness;
2. respect for ethnic and cultural diversity;
3. protection for individual and group autonomy;
4. promotion and preservation of free choice; and
5. intervention strategies based on good science. (p. 114)

Philosophies are as individual as the people themselves, yet some common themes (development of individual potential, learning experiences that help in decision making, free choice, and enhancement of individual uniqueness) seem to emerge and hold true regardless of the health education specialist. Let us now examine how these philosophies are actually applied in the practice of health education/promotion.

## Developing a Philosophy

Now that it is clear that a philosophy is not some abstraction used only by individuals such as the Dalai Lama or Gandhi, let us explore the ways in which a philosophy is formed. In previous sections, it was noted that most practicing professionals and many organizations

have developed certain philosophical stances that serve as a road map and guide for living and working in the world. What provides the basis for forming a philosophy?

Suppose you are searching through the Web sites of various health education/promotion programs, trying to determine which one might be best for you. In your search, you come across the Web site for the community health education program at the University of Wisconsin at La Crosse (see the Weblinks section at the end of the chapter for URL references). One of the prominent features of the site is a statement of the mission of the programs.

"The mission of the BS-CHE (Bachelor of Science—Community Health Education) program at the University of Wisconsin-La Crosse (UW-La Crosse) is to prepare professionals using entry-level (BS-CHE) health education competencies and public health core areas who will address quality of life enhancement through health education and health promotion, mindful of the holistic, dynamic and interdependent nature of humans and their interactions with and within the environment."

The process of developing this mission statement most likely involved at least several meetings of faculty, staff, students, and community leaders and administrators. During the meetings the core beliefs and principles regarding health education/promotion of those in attendance were probably assessed. After coupling the list of beliefs with the required list of core competencies, the mission statement was formulated. Notice that the statement concludes with "who will address quality of life enhancement . . . mindful of the holistic, dynamic and interdependent nature of humans and their interactions with and within the environment." This portion of the statement rises to the level of a philosophy.

In drafting your own philosophy statement, you should employ a similar process (without the committee, of course). Think about what a health education specialist does and what the result of his or her work should be. Construct lists of your thoughts under headings such as (1) personal values and beliefs (see the Weblinks section for examples of values), (2) what "health" means to you, (3) attributes of people you admire and trust, (4) results of health studies and readings that you find meaningful, and (5) outcomes you would like to see from the process of health education/promotion (e.g., better decision making, more community involvement, promotion of positive behaviors). From your lists, some common themes will emerge and the identification of these themes is a key to drafting your own health education/promotion philosophy statement. Exploring why you value the topics represented within these themes should enable you to compose your philosophy statement that will reflect a way of thinking, acting, and viewing the world that works for you.

Please note, however, that using this approach to formulate a philosophy is not a guarantee that the philosophy will remain stable. As a matter of fact, there is a strong likelihood that some changes will occur because of new learnings, activities, and experiences (e.g., working in a different culture, experiencing the premature death of a child or spouse, losing a job as a result of downsizing). A philosophy results from the sum of knowledge, experience, and principles from which it was formed.

As a further aid to formulating a philosophy statement about health and health education/promotion, we would like to reference a series of questions that Dr. Julie Dietz of Eastern Illinois University gives her students when they are assigned to write their personal philosophy of health education. These questions do a great job of capturing the interface

between a personal philosophy of health and a professional philosophy of the profession of health education/promotion. They are:

#### Statement of Personal Health Philosophy

- What does it mean to be *healthy*?
- What are your health-related responsibilities and obligations to yourself?
- What are your health-related responsibilities and obligations to your community or society?
- What do you expect your community and society to do to keep you healthy?

#### Statement of Professional Health Education and Promotion Philosophy

- What is Health Education/Health Promotion, and what does it mean to be a professional in this field?
- What are your goals for yourself and your profession?
- What are your professional responsibilities to yourself, your community, and to your profession?
- How does community health education fit within these goals?

We conclude this section with a short vignette that illustrates several concepts or principles that need to be considered when formulating a philosophy statement about life, health, and health education/promotion practice.

The story, adapted from the book *Kankwamba and Mealer* (2009), is about the amazing accomplishments of William Kankwamba of the African nation of Malawi. William was curious about how things worked (particularly electricity) and had read a book titled *Using Energy*, which he accessed in a makeshift library in his town; so he was able to construct a functioning windmill from parts of engines and wrecked automobiles he found in a local junkyard. Most people around him said his dream of supplying his family and his community with reliable electricity for lighting homes and pumping water was "crazy." And like many youths in Africa, William's formal education was cut short by the inability of his family to pay the \$80 annual tuition. Yet he maintained the initiative to keep on trying and learning despite his family's suffering through famine, disease, and government graft.

Although rudimentary, the windmill he constructed worked well enough to supply power to light four small light bulbs in his home. Eventually, educators and scientists throughout Africa and beyond learned of the accomplishments of this self-taught scholar. As a result, William has been a featured lecturer at several international conferences; he has completed high school at an international school in South Africa (as a result of a grant); and he began his freshman year at Yale in the fall of 2010. His refusal to abandon his dreams, fueled by his desire to make things better for his village and family, provided a stark contrast to many in his country (and around the world) who take for granted the educational opportunities they have or just give up and settle for the status quo.

All too often, in determining abilities, people set their sights and dreams too low. A personal philosophy needs to incorporate the realization that life sometimes dishes out bumps and bruises. Acknowledging this fact may well prevent any of us from excessively limiting our assessment of our place in the world. In addition, personal philosophy is often a reflection of an individual's perspective of the world and how and why it seems to work that way.

Remember, the formation of a philosophy, whether personal or occupational, requires several steps. First, individuals need to answer the following questions in reference to themselves: What is important? What is most valued? What beliefs are held? Second, they need to identify ways the answers to the first questions influence the way they believe and act. Third, after carefully considering and writing down the answers to these questions, a philosophy statement can be formulated. The statement (usually a paragraph or two in length—350 to 500 words) reflects and identifies the factors, principles, ideals, and influences that help shape reality for those individuals.

As previously mentioned, these steps can be used to formulate any type of philosophy statement. However, for those who are studying health education/promotion, there is one more important question to answer: Is this philosophy statement consistent with being a health education specialist? If the answer is "yes," then for that person health education/promotion is a profession worthy of further consideration.

## ▷ Predominant Health Education/Promotion Philosophies

Butler (1997) accurately points out that, even though there are several definitions of the phrase *health education/promotion*, recurring themes in many of the definitions allow for a general agreement as to its meaning. He notes, however, that the methods used to accomplish health education/promotion are less clear. The manner in which a person chooses to conduct health education/promotion can be demonstrated to be a direct reflection of that person's philosophy of health education/promotion. With that in mind, have any predominant philosophies of health education/promotion emerged? If so, what are they?

Welle, Russell, and Kirtleson (1995) conducted a study to determine the philosophies favored by health education specialists. As part of the background for their study, they conducted a literature review and identified five dominant philosophies of health education/promotion that have emerged during the last 50 to 60 years. The philosophies identified were behavior change, cognitive-based, decision-making, freeing or functioning, and social change.

1. The **behavior change philosophy** involves a health education specialist using behavioral contracts, goal setting, and self-monitoring to try to foster a modification in an unhealthy habit in an individual with whom he or she is working. The nature of this approach allows for the establishment of easily measurable objectives, thus enhancing the ability to evaluate outcomes. (Example: setting up a contract to increase the number of hours of study each week)
2. A health education specialist who uses a **cognitive-based philosophy** focuses on the acquisition of content and factual information. The goal is to increase the knowledge of the individuals or groups so that they are better armed to make decisions about their health. (Example: simply posting statistics about the number of people killed or injured in automobile accidents who were not wearing seat belts)
3. In using the **decision-making philosophy**, a health education specialist presents simulated problems, case studies, or scenarios to students or clients. Each problem, case, or scenario requires decisions to be made in seeking a "best approach or answer." By creating and analyzing potential solutions, the students develop skills needed to address many health-related decisions they might face. An advantage of this approach is the

emphasis on critical thinking and lifelong learning. (Example: using a variety of case study examples of the Atkins Diet to see competing perspectives of effectiveness)

4. The **freeing or functioning philosophy** was proposed by Greenberg (1978) as a reaction to traditional approaches of health education/promotion that he felt ran the risk of blaming victims for practicing health behaviors that were often either out of their control or not seen as in their best interests. The health education specialist who uses this philosophical approach has the ultimate goal of freeing people to make the best health decisions possible based on their needs and interests—not necessarily the interests of society. Some health education specialists classify this as a subset of the decision-making philosophy discussed previously. (Example: lessons on the responsible use of alcohol)
5. The **social change philosophy** emphasizes the role of health education specialists in creating social, economic, and political change that benefits the health of individuals and groups. Health education specialists espousing this philosophy are often at the forefront of the adoption of policies or laws that will enhance the health of all. (Example: no smoking allowed in restaurants, or new housing developments with pedestrian-friendly areas such as sidewalks and parks)

The previously listed philosophies of health education/promotion are the products of more than 50 years of study, experimentation, and dialogue within the profession. The research conducted by Welle, Russell, and Kirtleson (1995) found that the philosophy most preferred by both health education/promotion practitioners and academicians was decision making. Both groups listed behavior change as a second choice, and both agreed that their least favorite was cognitive based. The fact that health education specialists who are employed in the academic setting and those who are employed as practitioners in the field agreed on these choices as predominant philosophies speaks well for the interface between preparation programs and practice.

Another interesting finding from the study occurred when, as a part of the survey, the health education specialists were given health education/promotion vignettes to address or solve. In many cases, the respondents changed the philosophical approach they used depending on the setting (school, community, work site, medical). The responding health education specialists had earlier identified a specific health education/promotion philosophy they favored. These results indicate that health education specialists are adaptable and resourceful, and they will use any health education/promotion approach that seems appropriate to the situation or an **eclectic health education/promotion philosophy**.

In a thought-provoking essay, Buchanan (2006) introduces a different philosophical paradigm calling for health education specialists to “return to their roots” and reconsider the meaning of the word *education* in the practice of health education/promotion. He feels that the practice of health education/promotion buys into the medical model so often that health education specialists have lost their bearings and are now more often purveyors who almost demand that persons or the public adopt behaviors that “we know” will lead to a healthier life. Instead he suggests that health education specialists should be “disseminators of factual information and facilitators of rational choice” (p. 301). Using this philosophy,

The quality of a health educator's work would be evaluated not by its effectiveness in changing people's behavior but by whether their audiences find the dialogue valuable in helping them think about how they want to live their lives, the impact of their behaviors on the pursuit of their life goals, and the kinds of environmental conditions that community members find most conducive to living healthy and fulfilling lives. (p. 301)

### Practitioner's Perspective

#### BOX

#### PHILOSOPHY OF HEALTH EDUCATION/PROMOTION Travis C. Leyva

**CURRENT POSITION/TITLE:** Disease Prevention Program Manager  
**EMPLOYER:** New Mexico Department of Health  
**DEGREE/INSTITUTION/YEAR:** Bachelor in Community Health, New Mexico State University, 2004  
**MAJOR:** Community Health  
**MINOR:** Environment Health

**Describe your past and current professional positions and how you came to hold the job you now hold (How did you obtain the position?):** A week prior to graduating with my Bachelor's in

Community Health, I had come across a job posting online for a Disease Prevention Specialist (DPS)—Health Educator position that caught my interest. It was a position that would conduct surveillance and field investigations for all reportable Sexually Transmitted Diseases (STDs) in the region. I applied, interviewed and 3 months later I started my journey as a health educator.

After a year as a DPS, I was promoted to the Regional Emergency Preparedness Specialist where I coordinated responses to Public Health emergencies and bioterrorism threats. After 1 year in that position, I was promoted as the Border Infectious Disease Surveillance (BIDS) Officer Epidemiologist, where I coordinated with Mexican Health officials on Border Health Infectious Disease issues. Following 2 years in that position, I was promoted to Program Manager of Disease Prevention, where I now supervise all the positions I was in and more! I must say that all of my promotions started with a supervisor that encouraged

In actuality, Buchanan's views seem to incorporate the use of the cognitive-based, the decision-making, and the freeing or functioning health education/promotion philosophies outlined previously. This is not surprising, because in any list of philosophies there is always the possibility of one philosophy overlapping with another, so in practice not all is as clean as it might seem. In making a similar argument as Buchanan, Gerverali, Hodges, and Videto (2005) call for an integrated behavioral ecological philosophy so that health education specialists use the multidimensional nature of the interaction of the individual and the environment. This approach also resembles the eclectic philosophical model.

and motivated me to work hard and promote myself to where I am today.

**Describe the duties of your current position:** I oversee 6 different program areas in my current position. They include: STD & TB Surveillance and Field Investigation, Hepatitis Surveillance and Field Investigation, HIV Prevention, HIV Medical Case Management, Harm Reduction Program, and Emergency Preparedness Program.

My job is to ensure that all deliverables are obtained by setting goals and objectives for our staff to follow. In separate intervals, I strategize, implement, and evaluate certain activities conducted by our staff to optimize the output of our services. An activity that I am most proud of is the creation of a small group, video based intervention titled, “IHEAL—Integrated Health Education for Addictive Lifestyles” This intervention educates and creates risk reduction plans for those who may be infected and/or affected by HIV, Hepatitis C, STDs, or Injection Drug Use. IHEAL is currently being presented at detention centers, state prisons, drug rehabilitation centers, probation and parole workshops, teen drug court programs, and some high schools. The intervention has now been requested to be presented throughout the state, and a DVD of the presentation is currently being made to distribute to health educators in the Disease Prevention field.

**Describe what you like most about this position:** The best thing about my position





BOX  
OVERVIEW

**31** is the staff and clients I work with on a daily basis. All of the staff that I work with have a unique, non-judgmental attitude that focuses on helping people who may be infected or affected by a disease. Usually clients who we serve are unaware of how they became infected with a disease, or how they could transmit a disease to others, and after we as health educators work with them, it is quite rewarding that we have made a difference in one person's life, sometimes even saving it.

**Describe what you like least about this position:** There is always change in public health. Although it can be a good thing at times, sometimes change can be difficult and uncertain. Working with grant funded programs, there are always new deliverables that need to be met and at times it means to stop the processes that are in place and create new ones, usually without any new resources. Also, there is always a change in administration which means there may be new directives and new priorities.

**How do you use your philosophy of health education/promotion in your position?** My philosophy among my staff is to educate and promote healthy lifestyle choices to every individual as you would like for it to



be done to you. Being non-judgmental and courteous is key to being a successful health educator. A major component to my philosophy is that we as health educators cannot direct an individual to make healthier lifestyle choices, but rather we can provide them with options for them to choose how to make healthier lifestyle choices for themselves. Those who choose to make a change or difference usually succeed and maintain those choices.

**What recommendations/advice do you have for current health education students?** My advice to current health education students is to first find a niche in public health. Whether it be STDs, Children Medical Services, Family Planning, or Harm Reduction, once you find a niche, my best recommendation is to integrate all public health programs into your health education deliverables. Some of the best health educators I have seen and worked with are those who can educate on a topic, and also refer to other areas which can only benefit and support the topic area they are presenting on. People recognize when a health educator is an integrated subject matter expert.

## ▶ Impacting the Delivery of Health Education/Promotion

This section uses scenarios to help focus on the methods health education specialists might use, depending on their philosophical stance. The decision to use any philosophy involves understanding and accepting the foundation that helped create the philosophy in the first place. To this end, Welle, Russell, and Kittleston (1995) state,

Health educators must remember that every single educational choice carries with it a philosophical principle or belief. Educational choices carry important philosophical assumptions about the purpose of health education, the teacher, and also the learner. Thus, health educators should take the time necessary for individual, philosophical inquiry, in order to be able to clearly articulate what principles guide them professionally.... Different settings may produce the need for different philosophies. Every health educator should be aware of which elements of their individual philosophies they are willing to compromise. (p. 331)

At the outset, it is important to remember that one of the overriding goals of any health education/promotion intervention is the betterment of health for the person or the group

involved. All of the philosophies have that goal. They differ, however, in how to approach that objective.

Consider the case of Julieta, a 30-year-old mother of two, who smokes, does not exercise regularly, eats many of her meals at fast-food restaurants, and has a family history of heart disease. Julieta is enrolled in a required health education course at a local university. She is going back to school to become a bilingual elementary school teacher. Because a health appraisal is a required part of the class, she has come in to visit the health education office. Three health education specialists (Javier, Nokomis, and Li Ming) are employed in the center. Each one has a different philosophy of health education/promotion. How will their approaches differ? Here is a possible intervention scenario.

Javier has adopted the philosophy of behavior change. As a proponent of this approach, he believes that all people are capable of adapting their health behavior if they can be shown the steps to success. He would use a behavior change contract method to get Julieta to try to eliminate one or two of her negative health behaviors. As a part of this process, some preliminary analysis would be done in an attempt to identify the triggers that cause her to practice the negative health behaviors. He would help her identify short-term and long-term goals. Together they would establish objectives to reach those goals, and strategies to reach the objectives. He would also try to ensure that she receives some appropriate reward for every objective and goal she accomplishes.

Nokomis, on the other hand, is an advocate of the health education/promotion philosophy known as decision making. This means that she believes in equipping her clients with problem-solving and coping skills, so that they make the best possible health choices. Initially, she might sit down with Julieta and hypothesize some situations that would necessitate Julieta thinking through the rationale behind the negative health behaviors she practices. Nokomis also would most likely try to encourage Julieta to see that some of her behaviors affect more people than just herself. The main goal is to move Julieta to a point where she admits that some of her health behaviors need to be changed and to help her identify the reasons that changing them would make her life better.

Finally, Li Ming advocates a freeing or functioning philosophy of health education/promotion. She feels that, too often, health education specialists fail to find out the needs and desires of the client. They simply "barge in" and either overtly or covertly blame the client for any negative health behaviors. Li Ming would advocate change only if the behavior were infringing on the rights of others. In the beginning, Li Ming would confer with Julieta and find out "how her life was going." She would ask Julieta to identify any behaviors she wanted to change, making certain that Julieta had all of the information necessary to make an informed decision. Although Li Ming might believe that Julieta should stop smoking and start exercising, she would help Julieta change only those behaviors Julieta wanted to change.

One sidelight needs to be mentioned at this time: The fact that Julieta was required to take a health education course in her teacher preparation program and that the instructor required a health assessment illustrates the social change philosophy at work at a microlevel. If health were not a state requirement (legislation) in the first place, she might not have considered changing any of her negative health behaviors.

Julieta's situation demonstrates a point made previously—in practice, there often is a natural mixing of some of the philosophies. For example, all of the approaches mentioned, used portions of the cognitive-based health education/promotion philosophy. To reiterate, this philosophy is based on the premise that persons need to be provided with the most



current information that impacts their health behaviors, and the acquisition of that information should create a dissonance and cause change.

The fifth philosophy, social change, is probably not as well suited to addressing the health behaviors of individuals one on one. Proponents stress changes in social, economic, and political arenas to impact the health of populations. Of course, populations are made up of individuals, so changing the environment of a lower income neighborhood to be healthier (e.g., creating jobs, assuring adequate and safe housing and safe schools, providing healthcare coverage for all) ultimately impacts the health of people at the individual level as well.



## Summary

The term *philosophy* means a statement summarizing the attitudes, principles, beliefs, and concepts held by an individual or a group. Forming both a personal and an occupational philosophy requires reflection and the ability to identify the factors, principles, ideals, and influences that help shape your reality. The decision to use any philosophy involves understanding and accepting the foundation that helped create the philosophy in the first place. A sound philosophical foundation serves as a guidepost for many of the major decisions in life.

The five predominant philosophies of health education/promotion that were identified in the chapter are (1) behavior change, (2) cognitive based, (3) decision making, (4) freeing or functioning, and (5) social change. Health education specialists might disagree on which philosophy works best. They might even use an eclectic or multidimensional philosophical approach, depending on the setting or situation. However, it is important to remember that one of the overriding goals of any health education/promotion intervention is the betterment of health for the person or group involved. All of the philosophies have that goal. They simply differ in how to attain it.