Are Your Assumptions Healthy?[1]

Ted Ward

We live in a time of change. But many Christians seem determined to avoid conflict by pretending the calendar still reads 1955. In matters of health and the development of community health programs, the old ways are tired and, more often than not, in need of updating.

A pretest of our assumptions is a good place to begin. Look at the following eight statements and identify:

Those assumptions which you believe.

Those which you do not necessarily believe, but readily make (mostly because you haven't thought about it.)

Those which you know are not safe assumptions.

1. Health is largely a matter of people following sound medical advice.
2. Improvement of medical services is the first step toward community health.
3. If people want good health badly enough, they will get the resources somewhere.
4. People act on what they know.
5. Lack of information is the major reason for poor health.
6. Health education should begin with efforts to replace superstitions with modern views of health.
7. People in hospitals and outpatient clinics are the most promising targets for health education.
8. People hear and evaluate health-related information as individuals; therefore, health education is a matter of considering individuals.

Now, for the scoring of your responses:

If you identified two or more statements as assumptions, you believe—you are honest.

If three or more are things you assume, but do not necessarily believe—you are humble.

If you think all eight are not safe assumptions—you are correct.

Consider why each is a fallacy:

1. Health is largely a matter of people following sound medical advice.
   If this were true, we might as well give up before we wear ourselves out. There isn't enough of that kind of resource to go around. Furthermore, in many places in the world, good health exists apart from sound medical advice.
2. Improvement of medical services is the first step toward community health.
   Improving medical services tends to focus on the remedial. Medical service is not the best first step toward community health; community health is better based on preventative measures.
3. If people want good health badly enough, they will get the resources somewhere.
   This happy thought is fine if you have a Western frame of mind, Western philosophy, and a Western notion of abundance of good things. Such access to needed resources is not feasible in much of the world, however.

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[1] Ted Ward. Are Your Assumptions Healthy? *TEAMHorizons*, September-October 1982: 4. Used with permission. An expanded version of this article is available in the Archive as Community Health Education (1978).

4. People act on what they know.
   This claim is one of the most fraudulent arguments for education. People act on the basis of habit and tradition far more than reason.
5. Lack of information is the major reason for poor health.
   Lack of information can be a reason, but rarely is it the major reason. There are more complex factors involved when considering reasons for poor health, particularly in terms of resources, habits, and motivations of people.
6. Health education should begin with efforts to replace superstitions with modern views of health.
   This thinking encourages medical missionaries to move in and drop bombs rather than build bridges.
7. People in hospitals and outpatient clinics are the most promising targets for health education.
   This common assumption is inadequate on two grounds: the audience is too limited, and the focus is inclined to be on the narrow particulars that brought the person to the clinic or hospital (which, again, has more to do with remediation than prevention.)
8. People hear and evaluate health-related information as individuals; therefore, health education is a matter of considering individuals.
   For most people of the world, life is communal. Decisions that affect lifestyle are more a matter of community or family experience than of personal decision.

No matter how much "health assistance" may be given, what counts in the long run is the way people think about health. To promote more healthy lifestyles and community participation in health programs, we have to start with an understanding of how people learn and change.