

HEALTH EDUCATION & PROMOTION

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Health education is the process by which individuals and group of people learn to:

Promote, Maintain, Restore health.

Education for health begins with people as they are, with whatever interests they may have in improving their living conditions.

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Learning Objectives...

After completing this lesson, students will be able to:

- 1. Summarize the elements of a health education curriculum.
- 2. Summarize the purpose of the health education.
- 3. Explain a variety of ways the health education can be used.
- 4. The primary organizing framework for the delivery of health education.
- 5. The focus on what is important to address in health education.

Objectives

- Define "health education" and state its aims
- Explain the role of health education in relation to the stage of disease prevention
- Identify the factors that influence human behavior
- Discuss the factors that contribute to behavior change
- Define learning and identify the domains of learning
- Outline the Health Belief Model of behavior change
- Describe the trans-theoretical model of stages of motivation
- List the direct and indirect methods of *communicating health messages*
- State the strength and limitation of each method of communicating health messages
- State the types and values of *audiovisual aids* in facilitating the transfer of health message

The 10 Essential Public Health Services

- 1. Monitor health status to identify and solve community health problems
- 2. Diagnose and investigate health problems and health hazards in the community
- 3. Inform, educate, and empower people about health issues
- 4. Mobilize community partnerships to identify and solve health problems
- 5. Develop policies and plans that support individual and community health efforts

The 10 Essential Public Health Services

- **Enforce laws and regulations** that protect health and ensure safety
- 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assure a competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems...

www.health.gov/phfunctions/public.htm

Health education can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. However, as there are multiple definitions of health, there are also multiple definitions of health education.

In America, the Joint Committee on Health Education and Promotion
Terminology of 2001 defined Health Education as "any combination of
planned learning experiences based on sound theories that provide
individuals, groups, and communities the opportunity to acquire
information and the skills needed to make quality health decisions."

The World Health Organization

defined Health Education as "compris[ing] [of] consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

In the 1970s, health education was viewed in the U.S. mostly as a means of communicating healthy medical practices to those who should be practicing them.

By this time it was clear that reducing illness, death, and rising health care costs could best be achieved through a focus on health promotion and disease prevention.

At the heart of the new approach was the role of a health educator.

In the 1980s definitions began to incorporate the belief that education is a means of empowerment for the individual, allowing them to make educated health decisions.

Health education in the U.S. became "the process of assisting individuals... to make informed decisions about matters affecting their personal health and the health of others."

This definition emerged in the same year as the first national-scale investigation of health education in schools in the United States, which eventually led to a much more aggressive approach to educating young people on matters of health.

In the late 1990s the <u>World Health Organization</u> launched a **Global Health Initiative** which aimed at developing "health-promoting schools", which would enhance school health programs at all levels including: local, regional, national, and global level.

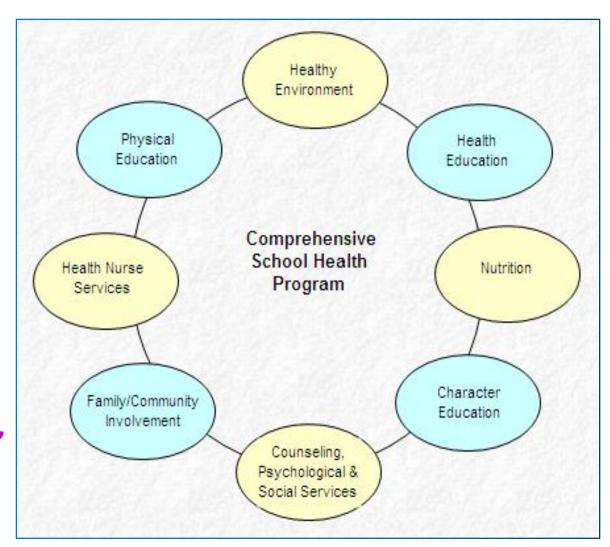
Today *school health education* is seen in the U.S. as a "comprehensive health curricula", combining community, schools, and patient care practice, in which "Health education covers the continuum from disease prevention and promotion of optimal health to the detection of illness to treatment, rehabilitation, and long-term care."

This concept is recently prescribed in current scientific literature as 'health promotion', a phrase that is used interchangeably with health education, although health promotion is broader in focus.

What is a Health Education Curriculum?

Planned teaching strategies and learning experiences to provide students with opportunities to acquire the attitudes, knowledge, and skills necessary for;

- making health-promoting decisions,
- achieving health literacy,
- adopting health-enhancing behaviors,
- promoting the health of others...



Development Sequence

CDC developed a framework for analysis based on

 preliminary characteristics of effective health education programs (2002)

CDC assembled expert advisory group (2003) that emphasized

- focusing on essential health topics
- identifying priority issues that should be analyzed
- utilizing a structure that reflected the National Health Education Standards

Health Education Code of Ethics

The Health Education Code of Ethics has been a work in progress since approximately 1976, begun by the Society for Public Health Education (SOPHE).

"The Code of Ethics that has evolved from this long and arduous process is not seen as a completed project.

Rather, it is envisioned as a living document that will continue to evolve as the practice of Health Education changes to meet the challenges of the new millennium."

What are the principles of health education?

- 1. Motivation. In every person there is a fundamental desire to learn. ...
- 2. <u>Interest</u>. It is well-known psychological principle, that unless people are interested, they will not learn.
- 3. Learning by doing. Learning is an action process. ...
- 4. Known to unknown. ...
- 5. Credibility. ...
- 6. Participation. ...
- 7. Reinforcement....
- 8. Leader.
- 9. Good human relation
- **10. Comprehensive**
- 11. Setting an example
- 12. Feed back



This will help you to understand then important components of health.

- Physical
- Psychological
- Social

Motivation

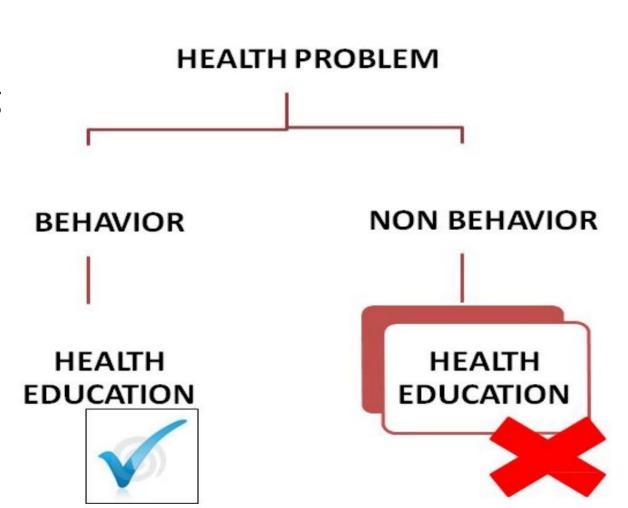
In every person there is a fundamental desire to learn. Stimulation or awakening of this desire is called motivation.

The two types of motives

- primary and secondary motives.

The primary motives are sex, hunger, survival; these are inborn desires.

The secondary motives are praise, love, rewards, punishment and recognition.



Interest

It is well-known psychological principle, that unless people are interested, they will not learn.

Health education should therefore relate to the interests of the people. All health teaching, in order to be effective, must be based on the health needs of the people.

Learning by doing

Learning is an action process. The following Chinese proverbs emphasizes the importance of learning by doing.

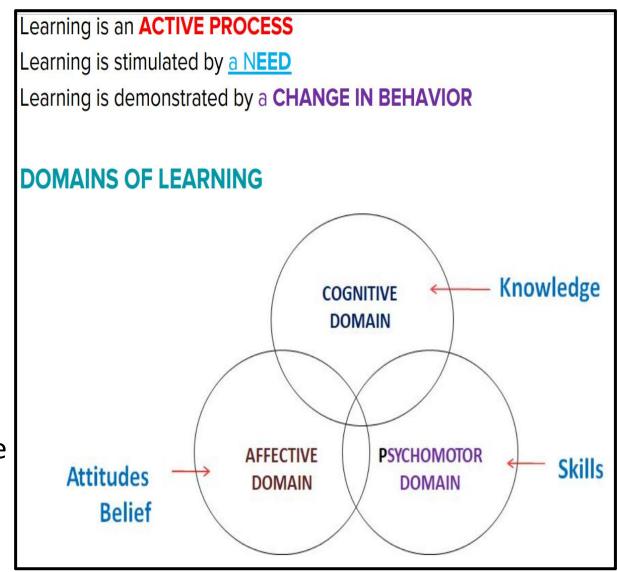
"IF I HEAR, I FORGET IF I SEE, I REMEMBER If I do, I know"

Known to unknown

We must always go from "simple to complex"; from concrete to the abstract, from easy to difficult and from known to unknown. These are the rules of teaching. One should start educating people from what they know already and then expose them to new knowledge.

Credibility

It is the degree to which the message to be communicated is perceived as trustworthy by the receiver. It must be based on facts. It must be consistent, compatible with scientific knowledge and also with local culture, educational system and social goods.



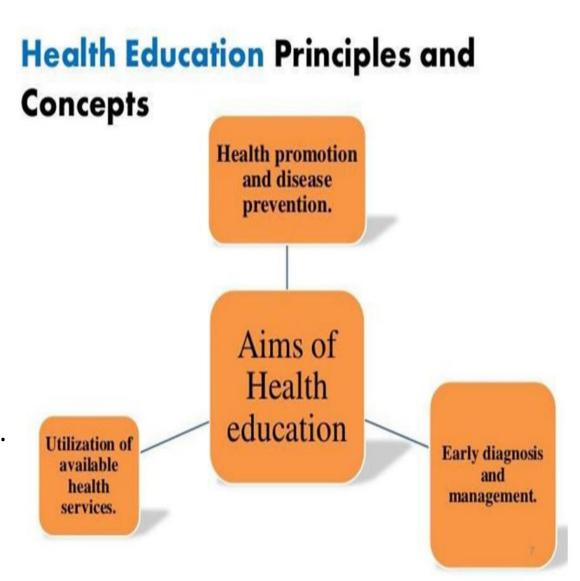
Participation

It means taking part in or involving oneself or contributing towards something.
It is one of the active principles in learning.
It is better than passive learning.
Personal involvement is more likely to lead to personal acceptance.

Reinforcement

Few people can learn all that is new in a single period. Repetition at intervals is necessary.

If there is no reinforcement there is a possibility that the individual will forget what is taught.



Importance of a Health Education Curriculum

Utilize
High
Quality
Health
Education
Curricula

Implement
High
Quality
Health
Education

Reduce
Health
Risk
Factors/
Improve
Protective
Factors

Importance of a Health Education Curriculum

Conduct
a thorough
and
complete
curriculum
selection
process

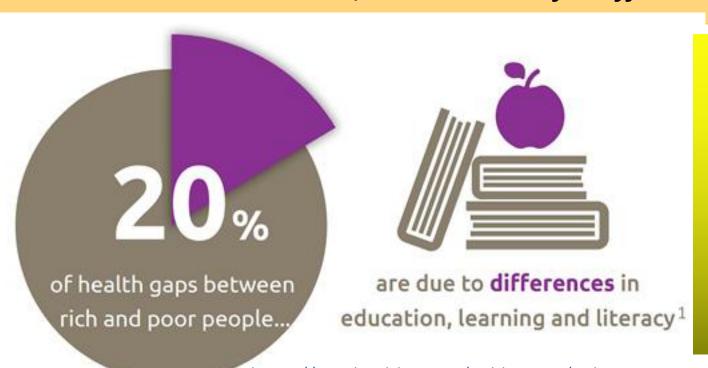
Utilize
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Curriculum Selection Matters !!

The number of years spent in formal education is closely related to health outcomes, both amongst individuals and across populations. Equally, health status in early years and later in life affects our ability to participate in education and society. The main factor that determines both health and educational outcomes is socio-economic status. By investing in good quality, accessible education — especially in early years — we can start to break and prevent the cycle of poverty and social exclusion, and its harmful effects on mental and physical health.



The links between health, education, and inequality are explored in a new Policy Precis from EuroHealthNet.

It provides an overview of related international and European programmes and policies, actions in individual countries, and recommendations for progress.

https://eurohealthnet.eu/publication/policy-precis-making-the-link-health-education-and-inequality/? gclid= Cj0 KCQiA5aWOBhDMARIsAIXLlkf44MfQ0ceRcbH41S3IBJ4324_NENWXiBq426g91uwQ_CEwLrUTankaAgKoEALw_wcB

Investing in children

"Investing in children and childhood through quality education, disease prevention, and health promotion for all is vital. We welcome the EU Child Guarantee and earmarked EU budgets in order to provide the extra support needed, following the principles of proportionate universalism. *The Child Guarantee* should be ambitious and overcome silo thinking and a fragmented approach to services. It should take us towards a more integrated system for the health and wellbeing of all children.

The guarantee would give a much-needed extra boost to ongoing actions at national and sub-national levels" said, Caroline Costongs, EuroHealthNet Director

https://eurohealthnet.eu/publication/policy-precis-making-the-link-health-education-andinequality/?gclid=Cj0KCQiA5aWOB hDMARIsAIXLlkf44MfQ0ceRcbH41S3IBJ4324 NENWXiBq426g91uwQ CEwLrUTankaAgKoEALw wcB 28.12.21

Curriculum Analysis Modules

1. AOD: Alcohol and other Drug-Free Lifestyle

2. HE: Healthy Eating

3. MEH: Mental and Emotional Health

4. PA: Physical Activity

5. PHW: Personal Health and Wellness

6.S: Safety

7. SH: Sexual Health

8. T: Tobacco-Free Lifestyle

9. V: Violence Prevention

10.CHE: Comprehensive Health Education

Primary: hand hygiene, vaccination Secondary: screening of high risk group, treatment Tertiary: avoid complication **Tertiary Prevention** Secondary Prevention Screening of at risk individual, control of risk factors and early intervention **Primary Prevention** Health promotion and addressing risk factors

4 Basic Feature for Health Education

- 1. Accuracy
- 2. Acceptability
- 3. Feasibility
- 4. Affordability

This framework helps determine the extent to which a curriculum is likely to enable students' mastery of knowledge and skills that *promote healthy behavior*.



The Health Belief Model For Behavior Change

- 1. Health behavior of all kind is related to a general health belief that one is susceptible to a health problem (Perceived susceptibility).
- 2. Health problems have undesirable consequences (Perceived seriousness or severity).
- 3. Health problems and their consequences are preventable.
- 4. If health problems are to be overcome, barriers have to be overcome

Health promotion is, as stated in the 1986 World Health Organization (WHO)

Ottawa Charter for Health Promotion,
the "process of enabling people to increase control over, and to improve their health.

The WHO's 1986 Ottawa Charter for Health Promotion and then the 2005 Bangkok Charter for Health Promotion in a Globalized World defines health promotion as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health"



Health promotion involves <u>public policy</u> that addresses health determinants such as income, housing, food security, employment, and quality working conditions.

More recent work has used the term Health in All Policies to refer to the actions that incorporate health into all public policies.

Health promotion is aligned with health equity and can be a focus of non-governmental organizations (NGOs) dedicated to social justice or human rights.

Health literacy can be developed in schools, while aspects of health promotion such as breastfeeding promotion can depend on laws and rules of public spaces.

One of the *Ottawa Charter Health Promotion Action* items is infusing prevention into all sectors of society, to that end, it is seen in preventive healthcare rather than a treatment and curative care focused medical model.

There is a tendency among some public health officials, governments, and the medical industrial complex to reduce health promotion to just developing personal skills, also known as health education and social marketing focused on changing

behavioral risk factors.

However, recent evidence suggests that attitudes about public health policies are less about personal abilities or health messaging than about individuals' philosophical beliefs about morality, politics, and science.

Health promotion - Settings-Based Approach

The WHO's settings approach to health promotion, **Healthy Settings**, looks at the settings as individual systems that link community participation, equity, empowerment, and partnership to actions that promote health.

According to the WHO, a setting is "the place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing."

There are 11 recognized settings in this approach: cities, villages, municipalities and communities, schools, workplaces, markets, homes, islands, hospitals, prisons, and universities.

Health promotion - Settings-Based Approach

- Worksite / workplace health promotion programs "worksite wellness programs", or "workplace wellness programs") include exercise, nutrition, smoking cessation and stress management.
- According to the CDC,
- "Regular physical activity is one of the most effective disease prevention behaviors."
- Physical activity programs reduce feelings of anxiety and depression, reduce obesity (especially when combined with an improved diet), reduce risk of chronic diseases including cardiovascular disease, high blood pressure, and type 2 diabetes; and finally improve stamina, strength, and energy.

Summary....

- This lesson will help you to understand then important components of health:
 Physical / Psychological / Social...
- When broadly defined, <u>health</u> is a state of complete physical, mental, and social well being not merely the absence of disease or infirmity.
- It contains several different aspects which can include *physical and mental health* issues often interrelated. According to this definition, *physical, social, and psychological factors* all contribute to health. Wellness is then expressed hrough the integration of the
 - physical, intellectual, emotional, spiritual, social, and environmental components called the 6 Dimensions of Health.
- So, knowledge and skills of Health Education & Improvment will empower you for protecting and upgrading health levels of both individuals and the societies...



Main source, please review on the moodle : <u>Health Education and Promotion (Concepts)</u>