Community Medicine

33rd lecture:

Health Education & Promotion

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What is Health Education?

Process which affects changes in the health practices of people and in the knowledge and attitude related to such changes.

OR

Teaching process providing basic knowledge and practice of health, so as to be interpreted into proper health behavior.

Aims of Health education

1. Health promotion and disease prevention.
2. Early diagnosis and management such as TB and Breast cancer.
3. Utilization of available health services as regular checkups in primary care clinics.

Specific objectives of health education

1. To make health an assist valued by the community.
2. To increase knowledge of the factors that affect health.
3. To encourage behaviors which promote and maintain health.
4. To enlist support for public health measures, and when necessary, to press for appropriate **governmental action.**
5. To encourage appropriate use of health services especially preventive services.
6. To inform the public about medical advances, their uses and their limitations.

Adoption of new ideas or practice

Five steps

1. Awareness (know) people are becoming more aware about the issue, but you when you raise more awareness; they become interested in that issue.
2. Interests (details)
3. Evaluation (Advantages Vs Disadvantages)
4. Trial (practices) trying once and twice will help make it a habit.
5. Adoption (habit)

Stages for health education

- Stage of Sensitization→ means providing stimuli by sharing knowledge to make people interested in that topic you are raising awareness about.
- Stage of Publicity → the previous step was providing general knowledge, in this stage and the following one, information is going to be provided according to the individual's level
- Stage of Education
- Stage of Attitude change
- Stage of Motivation and Action

- Stage of Community Transformation (social change)

1. Stage of sensitization- people are sensitized of an emerging problem, like, "AIDS causes death". It's easy to sensitize literate population, rather than illiterate one. If people are sensitized then they become more receptive to health education messages and try to seek more information regarding the health problem.
2. Stage of publicity – after sensitizing the media and all possible means of advertising are used to provide information to the public. The people who are receptive will absorb and understand the implications of the disease. The idea here is that people discuss among themselves and become more knowledgeable.

Contents of health education

1. Personal hygiene
2. Proper health habits
3. Nutrition education
4. Personal preventive measures
5. Safety rules
6. Proper use of health services
7. Mental health
8. Sex education
9. Special education (occupation, mothers …..etc)

Principles of Health education

1. Interest.
2. Participation.
3. Proceed from known to unknown.
4. Comprehension.
5. Reinforcement by repetition.
6. Motivation
7. Learning by doing
8. People, facts and media.
9. Good human relations
10. Leaders

Communication

- **Communicator: the person or the team give the message (Educator). USE THIS ANSWER IF YOU WERE ASKED WHO IS AN EDUCATOR.**
- Message: the contents (materials) of health education

- Channel: method of carrying the message
- Audience: the receivers (users or targets) of the message

Good communication technique

- Source credibility.
- Clear message.
- Good channel: individual, group & mass education.
- Receiver: ready, interested, not occupied.
- Feed back.
- Observe non-verbal cues.
- Active listing.
- Establishing good relationship.

Educator

- Personnel of health services.
- Medical students, nursing & social work.
- School personnel.
- Community leaders & influencials.

Requirements:

- Personality: popular, influential and interested in work.
- Efficiency trained and prepared for the job.
- Must show good examples. Because you are dealing with different people and different levels of knowledge.

Message:

- What information to be communicated.
- Simple, at the level of understanding.
- Culturally accepted.
- Interested.
- Meet a felt need.
- Avoid technical jargon.
- Use audiovisual aids.

Practice

1-Individual

- Face to face
- Education through spoken word.

A- Occasions of health appraisal.

B- Home visits

- Nurses
- Health visitors
- Social workers

2-Group

a. Lessons and lectures in schools.

b. lectures in work places e.g. factories.

c. Demonstration and training

3- Mass media.

1. Broadcasting: radio & TV.
2. Written word: newspapers, posters, booklets.
3. Others e,g, theaters.

Communication Barriers:

- Social and cultural gap between the sender and the receiver
- Limited receptiveness of receiver
- Negative attitude of the sender
- Limited understanding and memory
- Insufficient emphasis by the sender (health professional)
- Contradictory messages
- Health education without identifying the “needs "of the community

Major Variables in Behavior Change

Thoughts and ideas inside a person’s mind have significant influence on an individual’s health behaviors. These variables interact with social and environmental factors and it is the synergy among all these influences that operate on behavior.

- **Knowledge:** An intellectual acquaintance with facts, truth, or principles gained by sight, experience, or report.

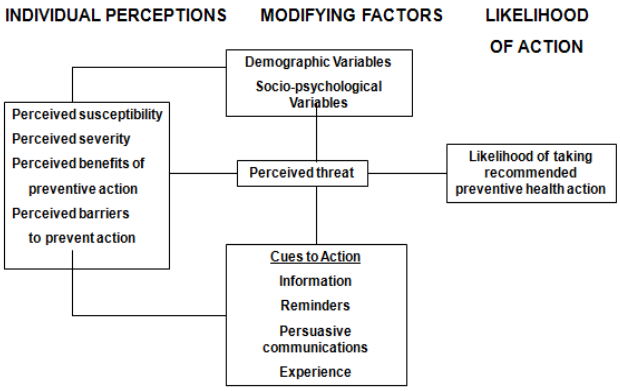
Variables in Behavior Change

Thoughts and ideas inside a person’s mind have significant influence on an individual’s health behaviors. These variables interact with social and environmental factors and it is the synergy among all these influences that operate on behavior.

- **Skills :** The ability to do something well, arising from talent, training, or practice.

- **Belief :** Acceptance of or confidence in an alleged fact or body of facts as true or right
- Without positive knowledge or proof; a perceived truth.
- **Attitude:** Manner, disposition, feeling, or position toward a person or thing.
- **Values:** Ideas, ideals, customs that arouse an emotional response for or against them.

Health Belief Model



Health Belief Model

The Health Belief Model was developed in the 1950's to help understand why more people did not take advantage of an immunization program offered by the federal government. (Rosenstock, 1990) The model has stood the test of time and is often used today in planning health promotion programs and explaining the reasons that individuals may or may not adopt new health habits. The focus of the model is on adapting new behaviors in times when true medical care is not warranted. Notice that the core constructs of the model are based on perceptions; you may want to go back a few slides and review our discussion on beliefs and the role of perceptions. These categories of beliefs have been shown to be strong determinants of whether or not people will adopt preventive behaviors. We will discuss each of these in detail on the next slides.

The following part wasn't explained by the doctor. According to the slides, the lectures ends here. What's below is after the "thank you" slide.

Categories of Belief

- Perceived Seriousness
- Perceived Susceptibility
- Perceived Benefits
- Perceived Barriers

Previous experiences, personality and mood impact our beliefs because they are based partly on emotion.

Mediators such as peer pressure, enabling and reinforcement will influence our behaviors.

Categories of Belief

Seriousness

- **Relative severity of the health problem.**
  - **E.g. Seriousness of hepatitis encourages individuals to get the hepatitis vaccine.**

Susceptibility

- Nature and intensity of perceptions affect willingness to take preventive action.
- Perceived Seriousness
- Perceived seriousness relates to one's view of the severity of the condition if they do not practice the preventive behavior. People are more likely to practice health promotion if they are concerned about a serious disease consequence if they don't. For example, AIDS, if they don't practice safe sex, or hepatitis if they do not get the hepatitis vaccine.
- Perceived Susceptibility
- This is "how vulnerable" do I feel related to a specific health problem? People's perception of their vulnerability may not match their true risk. Smokers may feel protected from lung cancer and not personally feel at risk for the disease, for example. In reality, smokers have a significantly higher risk of developing the disease than non-smokers.
- The Health Belief Model has helped confirm that the more susceptible individuals feel about a health condition, the more likely they are to take protective action,
- Example: Elderly who perceive they will get the flu from frequent exposure will get the shot.

Benefits

- Anticipated value of the recommended course of action.
- Must believe recommended health action will do good if they are to comply.

Barriers

- Perception of negative consequences
- Greatest predictive value of whether behavior will be practiced.

- **Perceived Benefits**

- This is related to "how will I benefit if I take the recommended course of action"? Individuals must feel that the recommended behavior will be successful in protecting them from the health problem of concern. They must have confidence in the behavior, the vaccine, or the screening procedure in order for them to undertake the practice. The perception of a positive benefit is very important for the public to want to adopt a preventive action. For example, confidence in the efficacy of the flu vaccine should increase the likelihood of seeking the vaccine.

- **Perceived Barriers**

- The perception of any negative consequences of taking a preventive action is represented under perceived barriers. These could be in the form of high cost, taking too much time, transportation issues, childcare issues, or being painful. Experts report that practicing safe sex represents a host of barriers, particularly to adolescents, that must be addressed for more successful adherence to recommendations.

- Of all the four belief categories of the model, perceived barriers have the greatest predictive value of whether or not people will practice the behavior. In other words, if people see strong reasons for their not following preventive action, it is very likely that they will not take action. This is important information for health promotion program developers.

Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

- **Stages of Change Model**

- The Stage of Change Model, also known as the Transtheoretical Model, was developed in 1984 by Prochaska and Di Clemente. Their work was based on the fact that people are not all at the same stage of readiness when it comes to changing lifestyle factors. While some are ready to begin the change itself, others may not even be aware why it might be important to do so. This approach begins with individual assessment of "readiness to change" and customizes health promotion strategies based on their stage. The goal in this model is to move a person to the next stage rather than to have a group goal for each person to lose weight, for example. Studies show that only about 20% of people are actually ready to take action and change their behavior, most are not really thinking about it or are beginning to think about it. The Stages of Change Model has been used very successfully for a variety of health behaviors and has been particularly effective with adolescents. We will briefly discuss each of the stages.

- It is important to match the intervention programs to the stage. Most interventions are aimed at the action stage. Older people are more likely to quit smoking and abusing alcohol, while younger people are more likely to lose weight and exercise.

Precontemplation

- **Definition**

  - Not considering changing their behavior
  - Lack of awareness

- **Intervention Approach**
    - Novel information
    - Persuasive communications
    - Experiences
- **Precontemplation**

- People in this stage are not even thinking about changing a habit or unhealthy lifestyle. Some 40% of individuals are in the precontemplation stage which helps to explain why health promotion programs may not reach goals set for health outcomes. Because individuals in this stage have probably had multiple attempts to change behavior unsuccessfully, they often blame themselves and may be demoralized. These people see the negatives rather than the positives of behavior change and are not ready for action.
- It is important that people in this stage understand research showing that past failures actually increase a person's chances of success. Success in smoking cessation comes after several attempts because it has prepared them for the strategies that work. Statistics show that on average, people stay in the precontemplation stage for approximately 2 years.

Contemplation

- **Definition**
    - Person is beginning to consider behavior change
    - Important stage of information acquisition
- **Intervention Approach**
    - Motivated by role modeling and persuasive communications
    - Receptive to planned or incidental learning experiences.
- **Contemplation**
    - It is during this stage that individuals begin to think about making a change related to their health. Some 40% of people are also in this stage, just as 40% are precontemplators, but these are dealing with extreme ambivalence. Contemplators are beginning to see more "pro's" in making a change than "con's". Information related to their health may begin to influence them more in this stage than previously. They begin to collect cues and messages that begin to increase their receptivity to change. In other words they may begin to see that eating a better diet could pay off for them because they would look better and feel healthier whereas earlier, they just wanted to enjoy eating high calorie foods. For contemplators, a life event such as turning 39 or an illness may begin a shift in their thinking that encourages them to take steps toward change. These people may go through a lengthy series of changes before moving more toward preparation and action. Unless interventions are tried with contemplators, they may get

stuck at this stage for a couple of years. They are often referred to as chronic contemplators or procrastinators.

- When working with contemplators we must help them to lower their perception of the "cons", or perceived barriers to change, if they are going to be prepared to change.

Preparation:

- **Definition**
  - Deciding to change by preparing and experimenting.
  - Psychological preparation of trying on or visualizing new behaviors and sharing the idea with others. Deciding to change.
- **Intervention Approach**
  - How-to information, skill development, attitude change
- **Preparation**
- It is in this stage that people are really imagining themselves with a different behavior. They may begin to picture themselves with a slimmer body size or a fresher feel without smoking. They may begin to peruse quit smoking aids in the drug store or look on the Internet for information on dieting. Research shows these individuals will usually begin to actualize a change within a month. They begin making a plan, often mentally and privately, on how to change their habits. Preparers clearly see that the positives in making a change far outweigh the negatives but they have great anxiety that they will fail. Professionals target strategies to decrease anxiety as a primary focus with preparers.
- Other strategies for helping people preparing for behavioral change are providing them with basic information to enhance their knowledge and skills related to the new approach. It is important not to underestimate the fact that people may need help with the basics for a new behavior and may be uncomfortable asking for information. Therefore, offering information is always a good place to start.

Action:

- **Definition**
  - Actually trying the new behavior
- **Intervention Approach**
  - Skill
  - Reinforcement
  - Support
  - Self-management
  - Attitude and attribution change

- **Action**

- Only about 20% of people are really at the stage of making a specific change in their habits. This is the busiest and most demanding time for people in the change model because not only are they doing things differently for themselves, they must fight the self-doubts and reach for their internal motivators. Studies show that those in the action stage usually plan to work hard for about 3 months to see change but it usually takes much longer for the new activity to become integrated. It actually takes about 6 months of intense activity for this to happen. However, it requires a long commitment, sometimes as much as several years for an individual not to have temptations and fall back into their old behaviors. It usually takes at least 48 months for temptations to decrease among smokers. Social support and skills in self-management are necessary strategies for people in this stage. It is helpful if friends and family can offer reinforcement. We know from research that being with a peer group that practices similar behaviors can be a strong factor in helping someone adopt a new habit.

Maintenance

- **Definition**

  - Establishment of the new behavior
  - Taking on the new attitudinal and environmental supports

- **Intervention Approach**

  - Relapse prevention skills
  - Self-management
  - Social and environmental support

- **Maintenance**

- The goal during maintenance is to adopt necessary attitudes and establish an environment that will enable a new behavior to become a lifelong practice. There may be strong issues to work against for a given individual to ensure that they will not relapse. As we know, many new health behaviors do not survive long term. Individuals must take on new attitudes, knowledge and beliefs to be successful. Have you tried to change a lifestyle behavior? Discuss among your group what your experiences have been-what strategies worked or did not work for you? We have discussed in this module how deeply held our belief systems are so it may take a very long time for individuals to change their beliefs about smoking or alcohol use, for example. However, success stories are all around us. There are great numbers of people who have quit smoking, some very quickly, because it suddenly became important for them to do so.

- Research aside, individuals are unpredictable. What motivates one person may not affect another in the least. We do have the capacity for enormous change and the key ingredient is attitude and motivation. The beauty of the Stages of Change model is that the goal is to

move a person forward one stage, not to immediately make a sweeping lifestyle change. It is a model that is very practical and has shown to be very successful as a change instrument.