

Health Promotion Strategies: Week 7

Individual Change Strategies: Including health education and health communication

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PLEASE NOTE: Some slides have been downloaded (with appreciation) from the Intervention Mapping Online Resource website (at <http://www.sph.uth.tmc.edu/chpr/interventionmapping/>)

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Class agenda

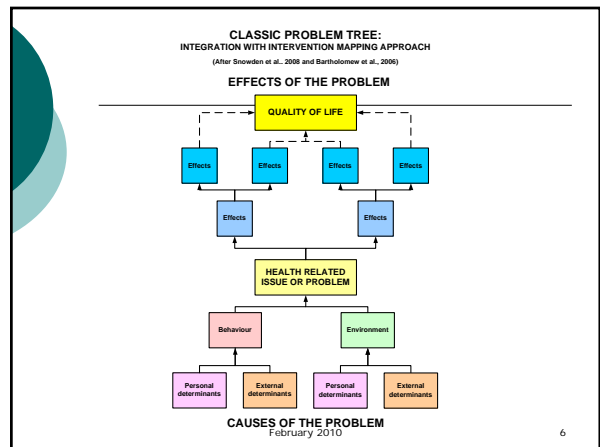
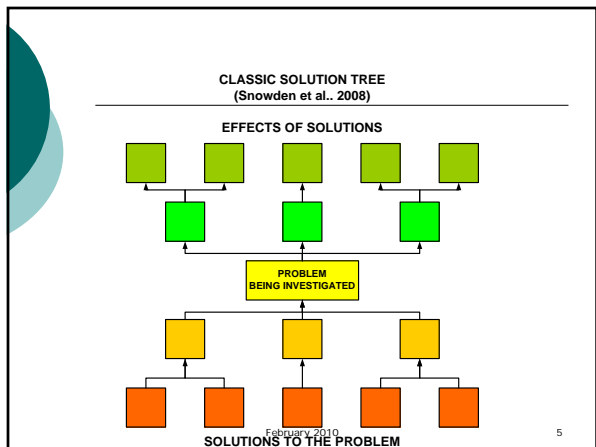
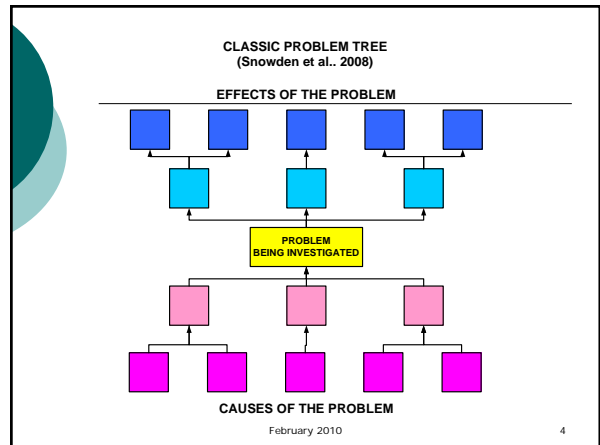
1. Small group presentation re. "Diffusion of Innovations"
2. Checking in on Assignment 1
3. Health communication: narrow, broader, broadest
4. Exploring health education as a corner stone of HP practice
 1. Debate
 2. Meanings of HE: narrow, broader & broadest
 3. Health promoting schools: a special case of HP practice
 4. Historical development of HE
5. Wrap up & preparation for next week's class

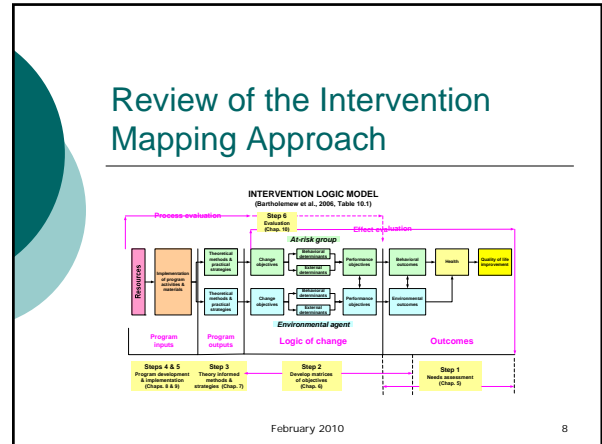
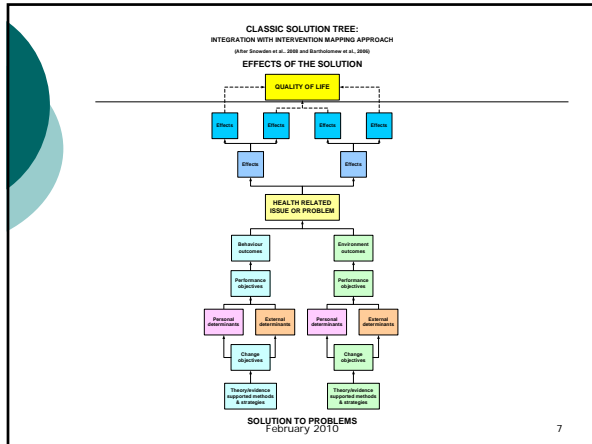
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Checking in on Assignment 1

1. What 1 or 2 things did we learn from Assignment 1?
2. What did we find difficult?
3. Where has it left us in understanding
 1. Health promotion practice
 2. The IMA
4. Where has it left us re. Assignment 2?

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Health Communication

1. Narrow
2. Broader
3. Broadest

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Narrow: Health communication

- o Any communication from.... to

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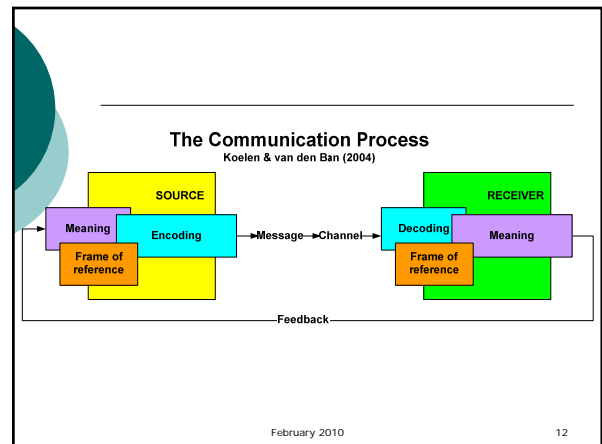
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Broader: Health communication

- o takes into account the complexity of influence through the communication processes

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Communication variables (McGuire et al.)

1. Source (communicator)
2. Message (what & how)
3. Channel (medium)
4. Receiver (intended audience)
5. Destination (desired outcome)

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Communication-behavior change model

| | |
|----------------------|---------------------|
| 1. Exposure | 1. Memorization |
| 2. Attention | 2. Recall |
| 3. Interest | 3. Decision-making |
| 4. Understanding | 4. Behaviour change |
| 5. Skill acquisition | 5. Reinforcement |
| 6. Attitude change | 6. Maintenance |

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Relationships of major communications variables to the communication to learning process (Tones & Green, 2004; adapted from McGuire, 1989)

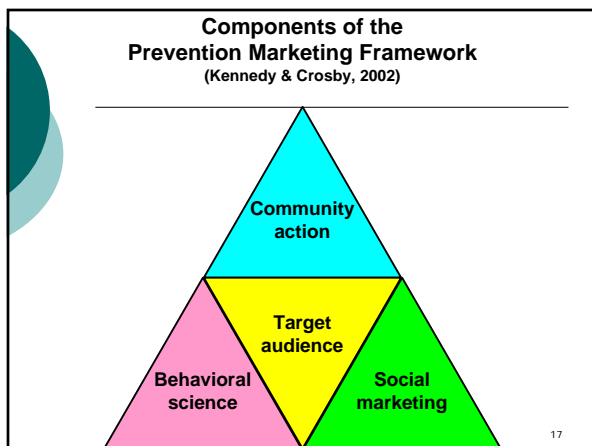
| Level of difficulty in achieving each stage | Communication & learning outcomes | Communication characteristics | | | |
|---|---|-------------------------------|---------|---------|----------|
| | | Source | Message | Channel | Audience |
| LOW | Exposure to message | | | | |
| | Attention: | | | | |
| | • Attract | | | | |
| | • Sustain | | | | |
| | Perception/interpretation | | | | |
| | Recall of essential information | | | | |
| | Understanding of message | | | | |
| | Beliefs: accept truth of message | | | | |
| | Positive attitude to recommended action | | | | |
| | Acquisition of skills | | | | |
| | Adopt approved action | | | | |
| HIGH | Sustain approved action | | | | |

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Broadest: Health communication

- o embedded in health promotion socio-ecological context

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Steps in the Prevention Marketing Planning Process (Kennedy & Crosby, 2002)

| | |
|---------------------------|--|
| 1. Define the problem | 5. Develop & pretest |
| 2. Assess the marketplace | 6. Determine marketing mix (4 P's) |
| 3. Segment audiences | 7. Deliver program (+ process evaluation) |
| 4. Plan behavioral goals | 8. Evaluate & alter (+ outcome evaluation) |

(Includes formative research & evaluation at all steps)

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Health Literacy

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Health literacy: definition

- “Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good *health*” (*WHO Glossary; Nutbeam*)

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Health literacy

- “Health literacy” *versus* “medical literacy”
- Typology (Nutbeam)
 - Functional health literacy
 - Interactive health literacy
 - Critical health literacy
- Importance of both motivation & activation
- Different from HP?

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Health Education

Exploring health education as a corner stone of HP practice

- Debate
- Meanings of HE: narrow, broader & broadest
- Health promoting schools: a special case of HP practice
- Historical development of HE

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Debate the proposition

“That health education is a cornerstone of health promotion”

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Conceptualizations of health education

1. NARROW: HE as the ***process of learning***
2. BROADER: HE as ***individual/behaviour oriented methods & strategies***
3. BROADEST: HE as a ***field of practice***

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Narrow concept: HE as a process

“The health education **process** is that continuum of learning which enables people, as individuals and as members of social structures, to voluntarily make decisions, modify behaviors, and change social conditions in ways which are health enhancing”
(Joint Committee on Health Education Terminology, 1991)

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HE as individual/behaviour oriented theory-based methods & strategies

(Bartholomew et al., 2006, Chap. 3)

Behavior of ...

1. population of interest
2. environmental change agents

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Theories focusing on individual (Bartholomew et al., 2006, Table 3.2)

| | |
|---|------------------------------------|
| 1. Health Belief Model | 6. Protection Motivation Theory |
| 2. Theory of Planned Behavior | 7. Information-processing theories |
| 3. Transtheoretical Model (Stages of Change) | 8. Persuasion Communication Model |
| 4. Precaution Adoption Process Model | 9. Elaboration Likelihood Model |
| 5. Social Cognitive Theory | 10. Diffusion of Innovation Theory |

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Theories focusing on individual (cont.) (Bartholomew et al., 2006, Table 3.2)

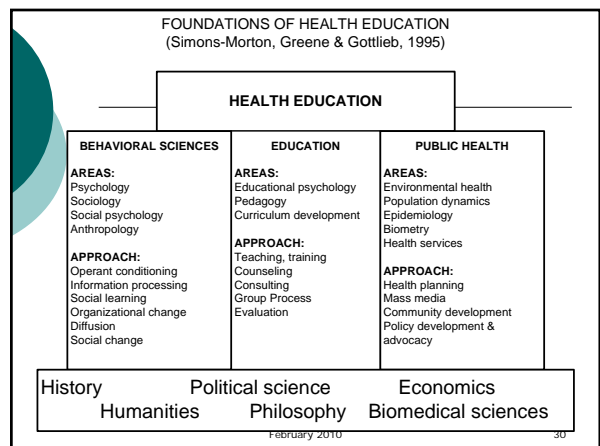
| | |
|---------------------------|---------------------------------|
| 11. Learning theories | 11. Attribution Theory |
| 12. Goal related theories | 12. Relapse Prevention Theory |
| 13. Habitual behavior | 13. Theories of Self-regulation |

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Broadest: HE as a field of practice

“The health education **field** is that multidisciplinary practice which is concerned with designing, implementing, and evaluating education programs that enable individuals, families, groups, organizations, and communities, to play active roles in achieving, protecting and sustaining health”
(Joint Committee on Health Education Terminology, 1991)

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Broadest conceptualization of HE (Young & Simmons, 1967)

"In the final analysis health education is concerned with the process of social change;

And basically it deals with human behavior and its modification for the improvement, protection, and promotion of individual, family, and community health. (cont....)

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Health education ... 1967 (cont.)

"Human behavior has psychological, sociological, and cultural determinants, all of which are interrelated and which interact in complicated patterns.

These psychological and cultural factors influence the etiology, prevalence, treatment, and distribution of many diseases and also affect individual and collective health in diverse ways. (cont....)

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Health education ... 1967 (cont.)

"The importance of behavioral science theory and research to all health workers cannot be overestimated."

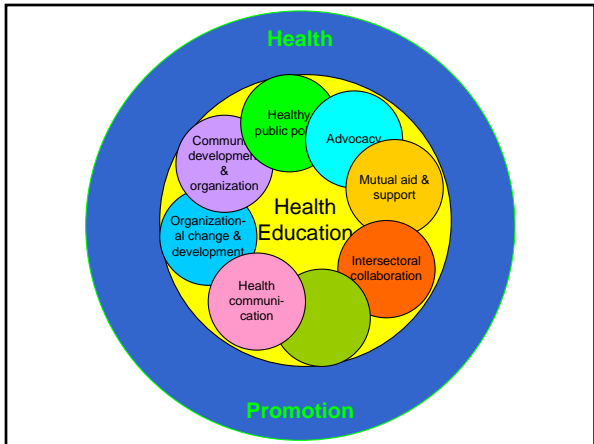
(Young, M. A. C., & Simmons, J. J. (1967). Review of research and studies related to health education practice (1961-1966): Section 2: Psychosocial and cultural factors related to health education practice. *Health Education Monographs*, 24 (Entire Issue))

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Contributions of HE to other HP strategies

1. By providing impetus for other HP strategies (e.g., providing basis for advocacy & policy development)
2. By supporting or promoting other strategies (e.g., increasing awareness, understanding, and/or acceptance of public policies that promote health)
3. By empowering individuals, groups or communities with knowledge & skills to make a difference re. their health

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Settings for health education

- Schools
- Family
- Workplace
- Health care
- Community
- Professional
- etc.

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Health Promoting Schools

- Comprehensive School Health
- Whole School Approach

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Definition (WHO)

A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working

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Health promoting schools focus on (WHO)

- Caring for oneself and others
- Making healthy decisions & taking control over life's circumstances
- Creating conditions conducive to health (through policies, services, physical / social conditions)
- Building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development.
- Preventing leading causes of death, disease and disability: helminths, tobacco use, HIV/AIDS/STDs, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition.
- Influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values, support.

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Definition from CASH and CNA:

"A comprehensive school health approach includes a broad spectrum of activities and services that take place in schools and surrounding communities and enable children and youth to enhance their health, develop to their fullest potential, and establish productive and satisfying relationships in their present and future lives."

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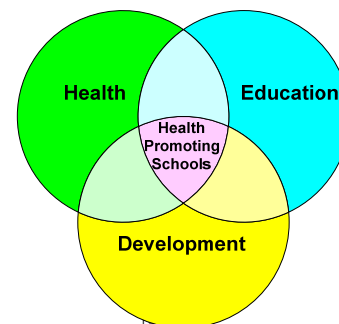
Components of a CSH Program

1. Instruction
2. Social support
3. Health promoting environments
4. Support services

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Schools for health, education & development (WHO, Tang et al., 2008)



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Schools for health, education & development: Challenges (Tang, et al., 2008)

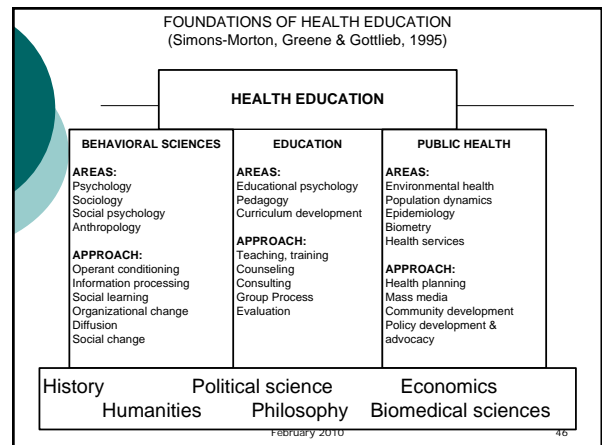
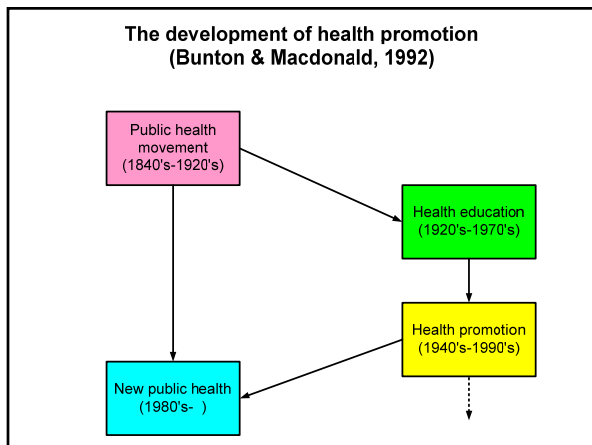
1. Building evidence & experience
2. Strengthen implementation processes
3. Alleviate social & economic disadvantage
4. Harness positive media influence
5. Improving partnerships among sectors & organizations

(WHO, Pan Canadian Joint Consortium for School Health, et al..)

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Historical development of HE & HP in public health

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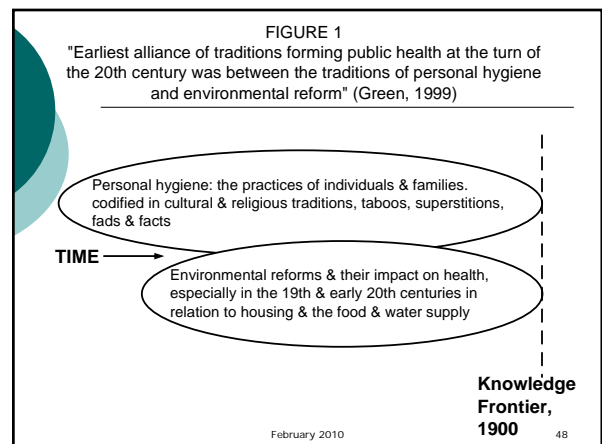


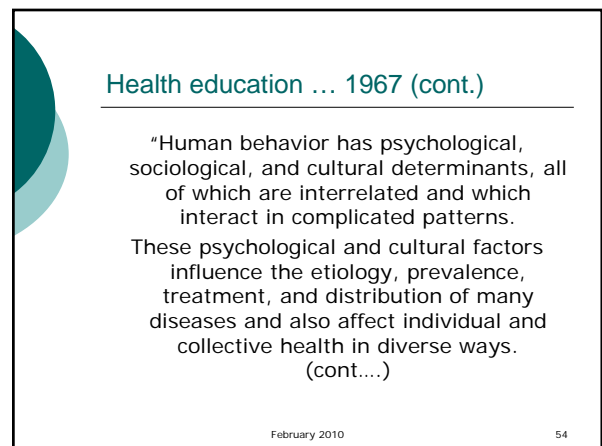
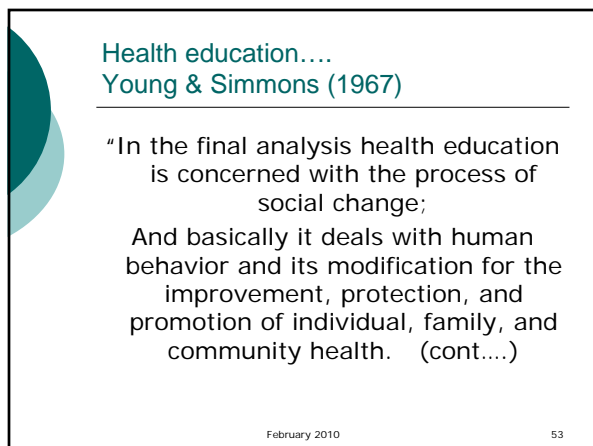
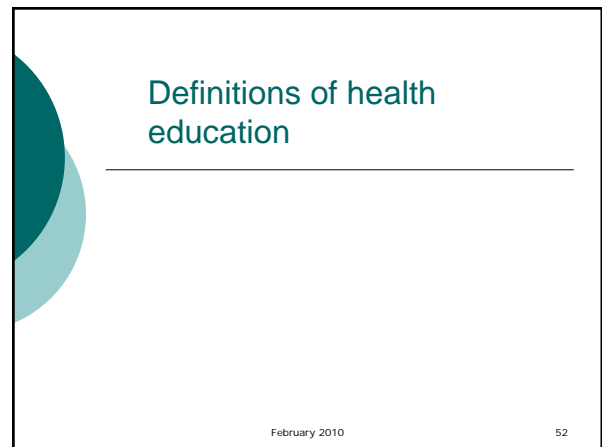
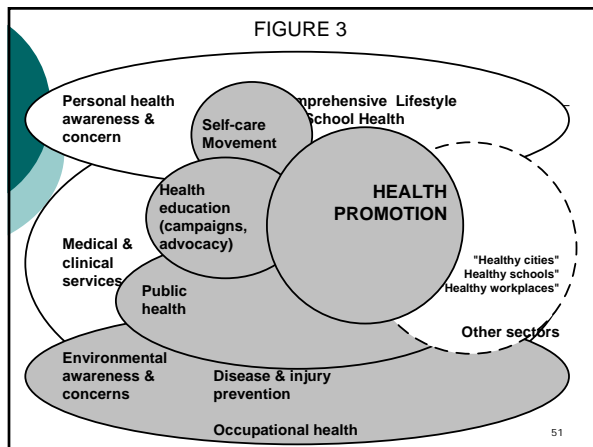
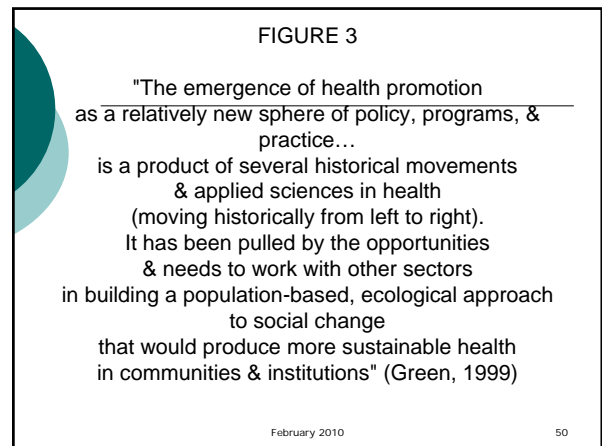
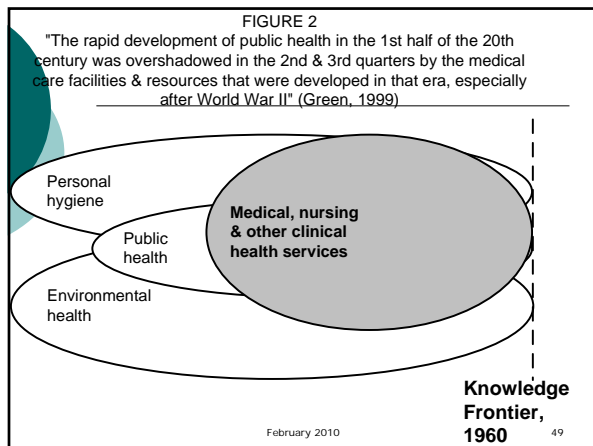
History of HE according to Larry Green ("Dr. Health Education")

"Health education's contributions to public health in the twentieth century: A glimpse through health promotion's rear-view mirror."

Annual Review of Public Health, 20, 67-88.

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Health education ...1967 (cont.)

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Green & Kreuter

- "Any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991)
- "Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities" (Green & Kreuter, 2005)

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Health Education

WHO Health Promotion Glossary (1998)

Health education is not only concerned with the communication of information but also with fostering the motivation, skills and confidence (self efficacy) necessary to take action to improve health.

Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours and use of the health system.

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Definitions of health education

- "Health education attempts to close the gap between what is known about optimum health practice and that which is actually practised" (Griffiths, 1972)
- "[Health education is aimed at] bringing about behavioral changes in individuals, groups, and larger populations from behaviors that are presumed to be detrimental to health, to behaviors that are conducive to present and future health" (Simonds, 1976)

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Definitions of health education

- "The process of assisting individuals, acting separately or collectively, to make informed decisions about matters affecting their personal health and that of others"

(National Task Force on the Preparation and Practice of Health Educators, 1983)

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Effectiveness of health education

1. Evaluation questions
2. Evidence re. effectiveness

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Evaluation questions

1. With respect to what criteria is health education effective?
2. Under what circumstances is health education effective?
3. For whom, and with respect to what issues, is health education effective?
4. Over what period of time is health education effective? Which health education strategies are most effective?
5. What is the effectiveness of health education in comparison to other interventions/strategies?
6. What does health education contribute, as a strategy, to health promotion?

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Evidence re. effectiveness

1. Most health education initiatives have not been evaluated
2. Most evaluations of health education have been methodologically poor--reducing or eliminating confidence in the evaluation findings
3. Most evaluations are theoretically weak

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Evidence re. effectiveness

4. Few attempts have been made to replicate evaluations of health education initiatives--reducing confidence in findings
5. Findings from evaluations of health education initiatives, **with respect to similar issues**, have been discouraging and inconsistent
6. Evaluations of very large, very expensive, initiatives have fared no better than those of smaller interventions--evaluations of larger initiatives seem to produce more reports

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Preparation for next class (re. Organizational Development)

1. **Prepare to answer the following questions:**
 1. How have organizational factors helped or hindered you in responding to a health-related issue?
 2. What kind of organizational structure and operations would be "ideal" from the perspective of effective health promotion practice?
2. **Re. diversity: EXPLORE "Inclusive Community Organizations: A tool kit"**
<http://www.ohcc-ccso.ca/en/inclusive-community-organizations-a-tool-kit>

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