

Health Promotion Strategies:  
Taking a best practices approach  
Week 6

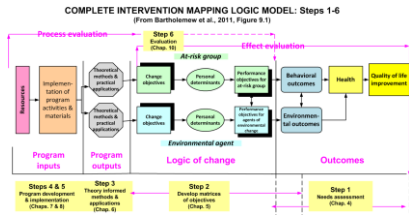
*Individual-focused Change Strategies:*  
Including health education and health communication

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Class agenda

1. Small group presentation
2. Checking in on Assignment 1
3. Health Education: A little history
4. Health education/communication: narrow, broader, broadest; Models re. health education/communication
5. Exploring health education as a corner stone of HP practice
  1. Debate: HE as the cornerstone of HP?
  2. Meanings of HE: narrow, broader & broadest
6. Taking a settings approach to HP
  1. Health promoting schools: a special case of taking a HP settings approach

Review of the Intervention Mapping Approach



Health education

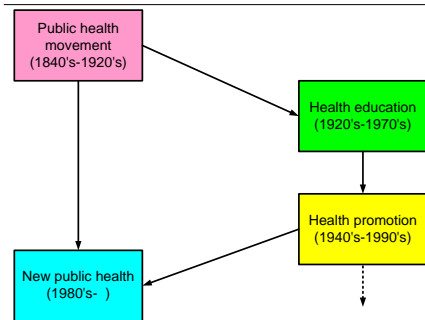
A little history

Historical context

(Glanz, K., & Bishop, D. B. (2010). The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health, 31*(1), 399-418.)

- "Before the 1970s, public health education emphasized a broad view of social determinants of health, and community organization skills were central to training programs.
- "During the next two decades, health educators and clinicians focused more on intra-individual factors such as a person's beliefs, knowledge, and skills.
- "Many behavior-change programs for reducing risk factors continue to have these emphases.
- "Current views reflect a return to earlier public health roots and suggest that thinking beyond the individual to the social milieu and environment can enhance the chance of successful health promotion."

The development of health promotion  
(Bunton & Macdonald, 1992)



## 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.*

2012 7

**FIGURE 1**  
 "Earliest alliance of traditions forming public health at the turn of the 20th century was between the traditions of personal hygiene and environmental reform" (Green, 1999)

Personal hygiene: the practices of individuals & families, codified in cultural & religious traditions, taboos, superstitions, fads & facts

Environmental reforms & their impact on health, especially in the 19th & early 20th centuries in relation to housing & the food & water supply

TIME →

**Knowledge Frontier, 1900**

2012 8

**FIGURE 2**  
 "The rapid development of public health in the 1st half of the 20th century was overshadowed in the 2nd & 3rd quarters by the medical care facilities & resources that were developed in that era, especially after World War II" (Green, 1999)

Personal hygiene

Public health

Environmental health

**Medical, nursing & other clinical health services**

**Knowledge Frontier, 1960**

2012 9

**FIGURE 3**

"The emergence of health promotion as a relatively new sphere of policy, programs, & practice... is a product of several historical movements & applied sciences in health (moving historically from left to right). It has been pulled by the opportunities & needs to work with other sectors in building a population-based, ecological approach to social change that would produce more sustainable health in communities & institutions" (Green, 1999)

2012 10

**FIGURE 3**

Personal health awareness & concern

Self-care Movement

Comprehensive Lifestyle School Health

**HEALTH PROMOTION**

Health education (campaigns, advocacy)

Medical & clinical services

Public health

"Healthy cities" "Healthy schools" "Healthy workplaces"

Other sectors

Environmental awareness & concerns

Disease & injury prevention

Occupational health

2012 11

**FOUNDATIONS OF HEALTH EDUCATION**  
 (Simons-Morton, Greene & Gottlieb, 1995)

HEALTH EDUCATION		
BEHAVIORAL SCIENCES	EDUCATION	PUBLIC HEALTH
<b>AREAS:</b> Psychology Sociology Social psychology Anthropology	<b>AREAS:</b> Educational psychology Pedagogy Curriculum development	<b>AREAS:</b> Environmental health Population dynamics Epidemiology Biometry Health services
<b>APPROACH:</b> Operant conditioning Information processing Social learning Organizational change Diffusion Social change	<b>APPROACH:</b> Teaching, training Counseling Consulting Group Process Evaluation	<b>APPROACH:</b> Health planning Mass media Community development Policy development & advocacy
History	Political science	Economics
Humanities	Philosophy	Biomedical sciences

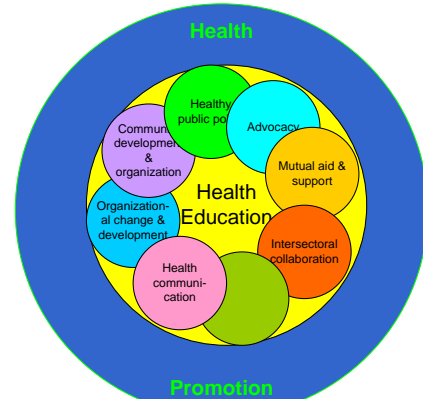
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## Proposition

“That health education is a cornerstone of health promotion”

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13



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14

## 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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15

## Conceptualizations of *health communication*

1. NARROW: Any communication from.... to .....
2. BROADER: takes into account the complexity of influence through the communication processes
3. BROADEST: embedded in health promotion socio-ecological context

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16

## Health Education/ Communication “Models”

1. Diffusion of Innovations (Rogers et al)
2. Source-message-channel-receiver (McGuire et al; Koelen & van den Ban)
3. Communication-behaviour change (McGuire et al)
4. Prevention-marketing Framework (Kennedy & Crosby)

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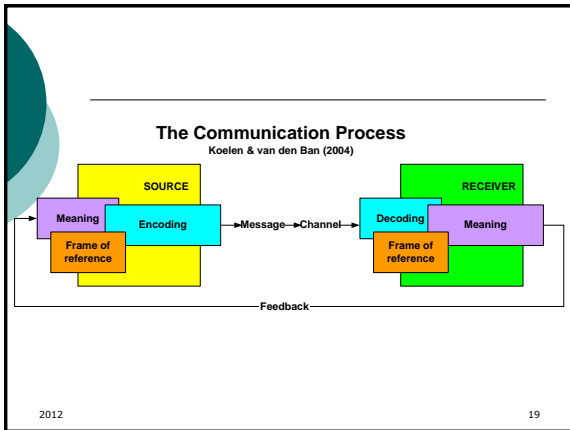
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## Communication variables (McGuire et al.)

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

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18



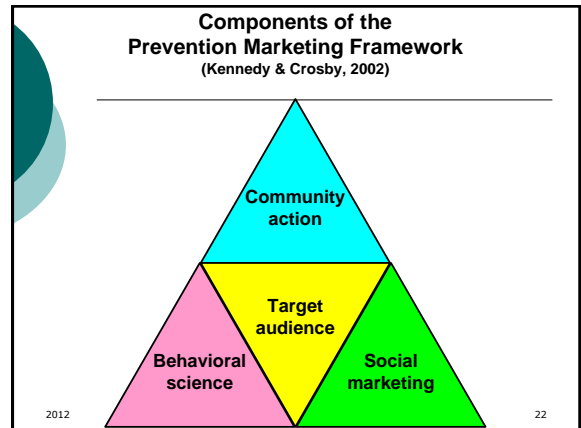
- ### Communication-behavior change model
1. Exposure
  2. Attention
  3. Interest
  4. Understanding
  5. Skill acquisition
  6. Attitude change
  1. Memorization
  2. Recall
  3. Decision-making
  4. Behaviour change
  5. Reinforcement
  6. Maintenance
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###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

2012 21



- ### Steps in the Prevention Marketing Planning Process
- (Kennedy & Crosby, 2002)
1. Define the problem
  2. Assess the marketplace
  3. Segment audiences
  4. Plan behavioral goals
  5. Develop & pretest
  6. Determine marketing mix (4 P's)
  7. Deliver program (+ process evaluation)
  8. Evaluate & alter (+ outcome evaluation)
- (Includes formative research & evaluation at all steps)
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### Health literacy

"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)

2012 24

## 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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25

## 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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26

## 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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27

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

*(Bartholomew et al., 2011, Chap. 2)*

Behavior of ...

1. population of interest
2. environmental change agents

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28

## Theories focusing on individual

*(Bartholomew et al., 2011)*

1. Learning theories
2. Information-processing theories
3. **Health Belief Model**
4. Protection Motivation Theory
5. **Theory of Reasoned Action, Planned Behavior, & Integrated Behavioural Model**
6. Goal setting theory
7. Theories of goal-directed behaviour
8. Theories of Automatic Behaviour, Impulsive Behaviour, and Habits
9. **Transtheoretical Model (Stages of Change)**
10. **Precaution Adoption Process Model**

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29

## Theories focusing on individual (cont.)

10. Attribution Theory & Relapse Prevention
11. **Communication-Persuasion Model**
12. **Elaboration Likelihood Model**
13. Theories of Self-regulation
14. **Social Cognitive Theory**
15. **Diffusion of Innovation Theory**

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30

## Broadest: HE as a field of practice

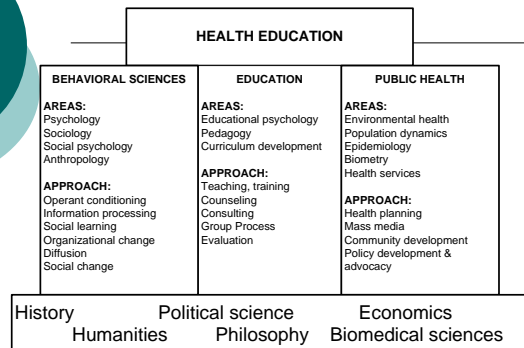
"The health education **field** is that multidisciplinary practice which is concerned with designing, implementing, and evaluating education programs that enable individuals, families, groups, organizations, and communities, to play active roles in achieving, protecting and sustaining health"

*(Joint Committee on Health Education Terminology, 1991)*

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31

## FOUNDATIONS OF HEALTH EDUCATION (Simons-Morton, Greene & Gottlieb, 1995)



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32

## 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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33

## 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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34

## 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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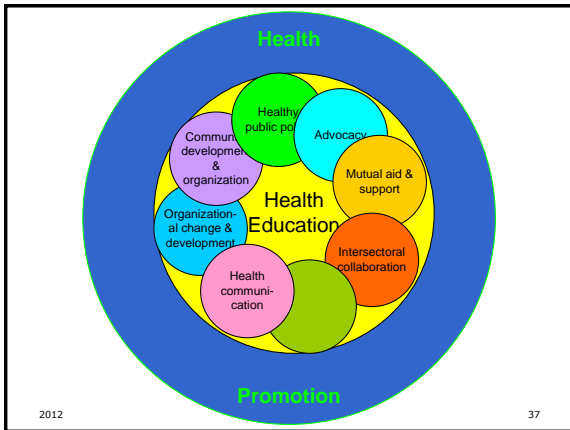
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## Contributions of HE to other HP strategies

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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36



## Taking a Settings Approach in HP Practice

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World Health Organization  
[\(http://www.who.int/healthy\\_settings/en/\)](http://www.who.int/healthy_settings/en/)

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### Settings approach (WHO)

[\(http://www.who.int/healthy\\_settings/en/\)](http://www.who.int/healthy_settings/en/)

- “The settings-based approaches to health promotion, involve a holistic and multi-disciplinary method which integrates action across risk factors. The goal is to maximize disease prevention via a “whole system” approach.”

2012 39

### “Setting” definition (WHO)

[\(http://www.who.int/healthy\\_settings/about/en/index.html \)](http://www.who.int/healthy_settings/about/en/index.html)

- “A setting is where people actively use and shape the environment; thus it is also where people create or solve problems relating to health.
- Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure.
- Examples of settings include schools, work sites, hospitals, villages and cities”

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### HP Settings: Actions (WHO)

[\(http://www.who.int/healthy\\_settings/about/en/index.html \)](http://www.who.int/healthy_settings/about/en/index.html)

- “Action to promote health through different settings can take many forms.
- Actions often involve some level of organizational development, including changes to the physical environment or to the organizational structure, administration and management.
- Settings can also be used to promote health as they are vehicles to reach individuals, to gain access to services, and to synergistically bring together the interactions throughout the wider community.”

2012 41

### Settings for HP: An analytic framework to guide intervention design & implementation (Poland et al., 2009)

1. Understanding settings
  1. Diversity across & within settings
  2. Received knowledge
  3. Localized determinants of health
  4. Stakeholders & interests
  5. Power, influence & social change
2. Changing settings
  1. Context
  2. Capacity
  3. Focus
  4. Engagement
  5. Strategy
  6. Evaluation
3. Knowledge development & knowledge translation

2012 42

## Schools as a Health Promoting Setting

- Comprehensive School Health
- Whole School Approach

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43

## 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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44

## 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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45

## 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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46

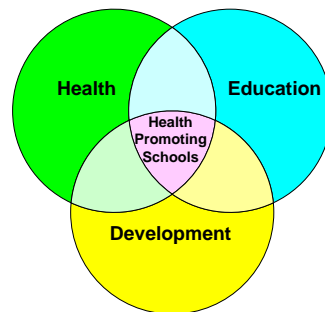
## Components of a CSH Program

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

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47

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



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48

## 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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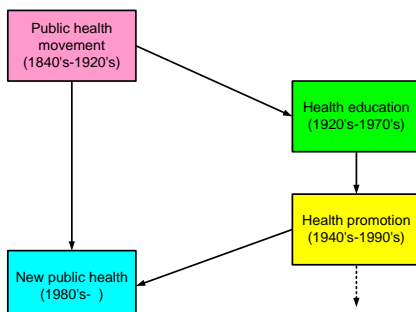
49

## Historical development of HE & HP in public health

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50

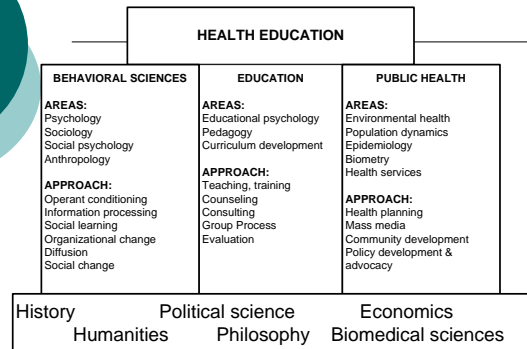
### The development of health promotion (Bunton & Macdonald, 1992)



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51

### FOUNDATIONS OF HEALTH EDUCATION (Simons-Morton, Greene & Gottlieb, 1995)



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52

## Definitions of health education

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53

## Health education... Young & Simmons (1967)

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54

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55

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56

## Green & Kreuter

- o "Any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991)
- o "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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57

## 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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58

## Definitions of health education

- o "Health education attempts to close the gap between what is known about optimum health practice and that which is actually practised" (Griffiths, 1972)
- o "[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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59

## Definitions of health education

- o "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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60

## Effectiveness of health education

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1. Evaluation questions
2. Evidence re. effectiveness

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61

## Evaluation questions

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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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62

## Evidence re. effectiveness

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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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63

## Evidence re. effectiveness

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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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64