HEALTH EDUCATION AND HEALTH PROMOTION

LEARNER-CENTERED INSTRUCTIONAL STRATEGIES

FIFTH EDITION

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DEDICATION

This book is dedicated to my son Todd. There is no one I admire more, or of whom I am more proud. It is appropriate that a book about health — as defined broadly — should be dedicated to Todd. Todd is a manifestation of good health. He is physically fit, intelligent, conscientious, sociable, trustworthy, and spiritually grounded. Even his career choice evidences his concern for bettering society through representing the interests of the community as a whole. A parent — this parent — could not have molded a son any better than mine. Thanks, Todd, for being who you are. This dedication is but a small way of expressing my love and admiration for you.

PREFACE

Many valuable and effective health education programs are being conducted in schools, worksites, health care settings, and other community facilities. However, too many other programs are dull, ineffective, and more concerned with *what* is being taught than with *whom* is being taught. The result of these programs that miss the mark is too often the development of an adversarial relationship between health educator and health education learner. Nowhere is this situation more evident than in the public schools.

Have you ever thought how much school is like war? Classes like battles? Free periods like truces? Teachers' lounges and student cafeterias like military camps?

Both sides seem committed to battling for 40 or so minutes, resting, and then resuming battle. During the confrontation, teachers utilize weapons such as grading, motivation, hand raising, and parental visitations, while students employ calling out, passing notes, trips to the lavatory, truancy, and daydreaming.

At long last the class period ends, and the teacher retreats to lick his or her wounds. The retreat invariably ends in the teachers' lounge, where new strategies are conceived. First a cup of coffee to stimulate the body; next, conversation with fellow soldiers to benefit from their experiences; and last, the formulation of new or revised strategies to be employed when the battle resumes. With a pat on the back from compatriots indicative of their unwavering support, the teacher leaves the safety afforded by the camp and once again enters the field of battle.

What is the "other side" doing during the truce? The students often retreat to the school cafeteria where they, too, lick their wounds. First a hamburger, cola, and french fries (with plenty of ketchup on all but the cola); next, conversation with fellow soldiers to learn of their reactions to strategies employed by opposing soldiers and the consequences of such reactions; and last, plans for action when the battle resumes are agreed upon. With a "Right on," the students, upon hearing the bell indicating that the opposing soldiers are refreshed and ready to go, leave their camp bent on not losing the war.

Although a tragic situation for all disciplines, such an adversarial relationship in health education — whether conducted in schools, at places of work, in hospitals, or in facilities of community agencies — is particularly disturbing. Health education and health educators should be seen as having program participants' needs and interests at heart, as working with program participants to help them identify and satisfy their health-related goals and objectives, and as a resource for factual, objective information that is the basis of informed decisions. When, instead, the health educator is perceived as working *on* people rather than *with* them, the program itself becomes ineffective, and neither the health educator's nor the program participants' goals are met.

The goal of this book is to remedy this situation. It is designed to help health educators convert their programs into ones that meet participants' goals and objectives by actively involving them in the learning process. The first five chapters describe traditional and nontraditional health education and offer suggestions for making health education programs more responsive to program participants. The following topics are discussed: the definitions of health and wellness; certification of health educators;

the rationale for health education; the ethics of health education practice; service-learning and community service in health education; the settings in which health education occurs and the advantages and disadvantages of each of these settings; and the planning, implementation, and evaluation of health education programs. Chapters 6 and 7 present instructional activities to help program participants develop the requisite skills concerning group process and values clarification. These skills are used throughout other learning activities presented later in the book. Subsequent chapters describe over 200 instructional strategies that can be used by health educators in various settings to implement the form of health education advocated within this book.

If asked to summarize this book's purpose, I would simply say it is to argue for focusing more attention on the *people* who are enrolled in health education programs and to demonstrate how this attention can actually become a part of these programs by incorporating a learner-centered approach to education.

CONTENTS

PART ONE

HEALTH EDUCATION

THEORY AND PRACTICE

This opening section introduces health education. Chapter 1 defines and differentiates the terms *health* and *wellness* and discusses the objectives, type of instruction, means of evaluation, and research goals of traditional forms of health education.

Chapter 2 cites the history of certification for health educators and the competencies Certified Health Education Specialists are expected to possess. The contribution of this book in preparing health educators in developing these competencies is described.

Chapter 3 presents the reasoning behind the recent emphasis on health education. This includes the concern over the rising costs associated with health care and over the spread of Acquired Immunodeficiency Syndrome, and the increasing sense of social responsibility for health education. Additionally, Chapter 3 discusses a proposal for a new form for health education, the concept of Iatrogenic Health Education Disease, and the ethical issues affecting the health educator.

Chapter 4 describes the health needs of select populations and the responsibility of health educators to respond to these needs. In particular, health statistics relative to minorities and underserved populations in the United States are presented. Service-learning is described as one means of involving students in their communities while, at the same time, learning health education content more effectively. The benefits of service-learning and how to conduct service-learning to achieve educational goals are discussed.

Chapter 5 describes the settings in which health education programs are typically conducted and discusses the planning, implementation, and evaluation of these programs. Such concerns as developing objectives, funding and scheduling, and the different types of evaluation are included in this discussion.

CHAPTER ONE

Health Education Clarified

British interviewer David Frost used to ask all of his guests, "What is love?" After years of questioning, the conclusion he drew was that love is defined in different ways by different people; when you are in it, you know it, and when you see it, you can identify it. Not a very exact definition!

The term *health* is similar to the term *love* in that it is defined in many different ways, even by the experts. When you have health, like love, you know it; and when someone else has it, you can usually recognize it.

Before we begin a study of health, health education, and strategies that health educators can employ to facilitate the development and maintenance of health, it seems reasonable to define these terms. In this way we will agree conceptually on the topic being explored.

Definitions

In this section we will define the important variables of health education, beginning with the most important: health.

Health

Shirreffs (1982) defines health as a "quality of life, involving social, mental, and biological fitness on the part of the individual, which results from adaptations to the environment." Though more comprehensive than some others, this definition of health does not include spiritual elements, nor does it address the relationship among the components of health. Others write of health as being more holistic. For example, Horowitz (1985) sees self-awareness as a key component of health but also includes skills development, values awareness, goal setting, positive self-concept, cognition, and willpower development among numerous other variables. Eberst (1985) also conceptualizes health as multidimensional and includes vocational health as well as the more traditional health components. Dever (1980, 10–17) summarizes the varying ways that health can be conceptualized when he describes the ecological, social ecological, World Health Organization, holistic, and high-level wellness models of health. These definitions conceptualize health to be multidimensional, to include many components, and to encompass many different aspects of one's life (for example, vocational, spiritual, and interpersonal).

Components of Health For our purposes, consider health to be a quality of life that is a function of (Dintiman and Greenberg 1992, 8–9) these components:

1. *Social health* — Ability to interact well with people and the environment; having satisfying interpersonal relationships.

2. *Mental health* — Ability to learn; one's intellectual capabilities.
3. *Emotional health* — Ability to control emotions so that one feels comfortable expressing them when appropriate and does express them appropriately; ability to suppress emotions when it is appropriate to do so.
4. *Spiritual health* — Belief in some unifying force. For some people that will be nature, for others it will be scientific laws, and for others it will be a godlike force.
5. *Physical health* — Ability to perform daily tasks without undue fatigue; biological integrity of the individual.*

To illustrate this conceptualization of health, I would like you to meet Jim and know my thoughts about him (Greenberg 1985, 403):

> I could not help wondering if Jim was healthy. Several years had passed — five to be exact — since we last saw each other, and I was looking forward to catching up on old times. When I asked the standard "How've ya been?" Jim replied that he never had felt better. He took up jogging and now was up to 50 miles a week. As a result, he gave up cigarettes, became a vegetarian, and had more confidence than ever.
>
> In spite of Jim's reply, I needed further assurance. Jim looked like "death warmed over." His face was gaunt, his body emaciated. His clothes were baggy, creating a sloppy appearance. He had an aura of tiredness about him.
>
> "How's Betty?" I asked.
>
> "Fine," Jim replied. "But we're no longer together. Betty just couldn't accept the time I devoted to running, and her disregard for her health was getting on my nerves. She's still somewhat overweight, you know, and I started viewing her differently when I became healthier myself."†

At first glance, most people would agree that Jim appears to be healthier than he was prior to taking up jogging. Jim is unarguably healthier cardiovascularly. His circulatory system and his respiratory system are also vastly improved. He has given up cigarette smoking, lost weight, and begun eating more healthful foods. However, Jim looks terrible, and he no longer is happily married. Let's further assume that Jim is so preoccupied by his new lifestyle that he no longer spends time with friends or reads very much. This is not so far-fetched for some runners, who train for many hours a week preparing for marathons with little time remaining for anything other than making a living. If some time does become available, they are too tired to do anything. In this instance, Jim would be suffering a depletion of his social health, his mental health, and maybe even his spiritual health; all this in spite of an improvement in his physical health. Is he healthier than before? The temptation now is to say no. In fact, he's probably unhealthier than he was before. However, let's postpone our evaluation of Jim's health status until we explore health further.

In spite of intellectually agreeing that health is multifaceted, we too often act as though only physical health existed or mattered. If told that Aunt Mary is unhealthy, do you think to yourself, I wonder if she is experiencing spiritual problems? or I wonder if she is not able to manage her emotions? No.

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*From George B. Dintiman and Jerrold S. Greenberg, *Exploring Health*, Copyright © 1992, Englewood Cliffs, NJ: Prentice Hall.

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