Community Health Education Methods – A practical Guide by Robert Bensley and Jodi Brookins-Fisher

An Overview
2/23/11

Community Health Education Methods by Robert Bensley

Concepts and Theories Associated with Selecting and Implementing Community Health Education Methods and Strategies

1. Using Theory and Ethics to Guide Method Selection and Application

2. Promoting Health Education in a Multicultural Society

3. Developing Professionalism as a Health Educator

4. Health Communication

5. Social Marketing Concepts

Implementing Methods and Strategies at the Community or Policy Level

14. Using Media Advocacy to Influence Policy

13. Using Advocacy to Affect Policy

12. Building and Sustaining Coalitions

11. Facilitating Groups

Implementing Methods and Strategies at the Individual Level

10. Working with the Media

9. Developing and Selecting Print Materials

8. Developing Effective Presentations

7. Selecting Presentation Methods

6. Facilitating Support Groups

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

- " Through training, health educators are empowered to change environments and behaviors to improve the quality and quantity of people's lives.
- The existence of this power to make a difference creates the burden of responsibility to practice theoretically sound and ethical health education."

Therefore,…" The practitioner needs to stay abreast of new theories and their application to health education methods."

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

Theories with which it would be useful
to be familiar:

- Health Belief Model
- Theory of Planned Behavior
- Trans-theoretical Model
- Social Cognitive Theory
- Diffusion of Innovation Theory

Turn to your neighbor, and help each other memorize the theories we will use when choosing health education methods and strategies.

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

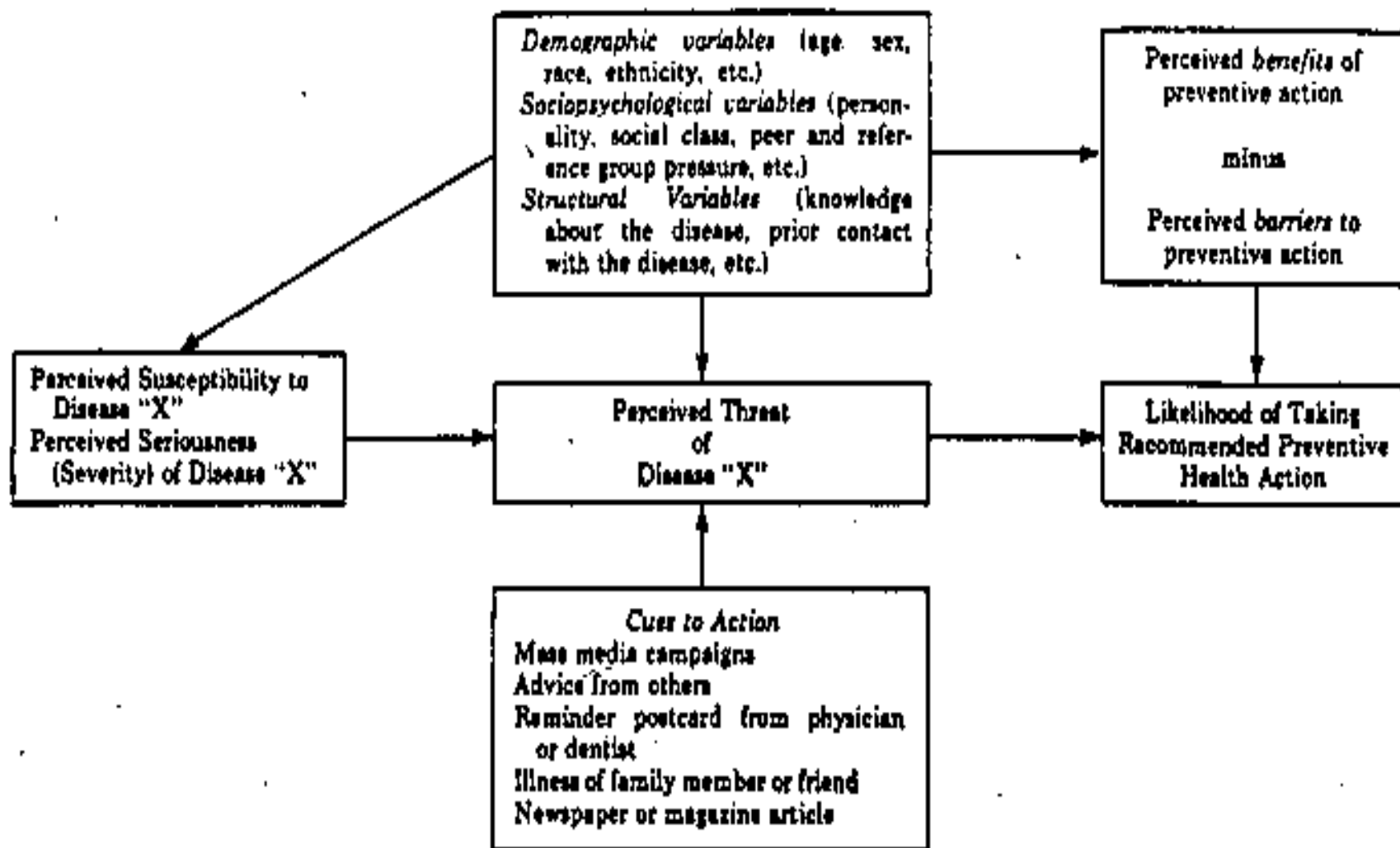Health Belief Model (HBM) Rosenstock, Becker, Kirscht, et al
- Individuals believe in good health
- Emphasizes the role of perception of vulnerability to illness/treatment
- Based on the belief that health-related behaviors answer four questions:
  - Am I susceptible?
  - Is this illness serious?
  - Do the benefits outweigh the costs and effort?
  - Are services or help available?

INDIVIDUAL PERCEPTIONS   MODIFYING FACTORS   LIKELIHOOD OF ACTION

	Demographic variables (age, sex, race, ethnicity, etc.) *Sociopsychological variables* (personality, social class, peer and reference group pressure, etc.) *Structural Variables* (knowledge about the disease, prior contact with the disease, etc.)	Perceived *benefits* of preventive action minus Perceived *barriers* to preventive action
Perceived Susceptibility to Disease "X" Perceived Seriousness (Severity) of Disease "X"	Perceived Threat of Disease "X"	Likelihood of Taking Recommended Preventive Health Action
	Cues to Action Mass media campaigns Advice from others Reminder postcard from physician or dentist Illness of family member or friend Newspaper or magazine article	

The "Health Belief Model" as predictor of preventive health behavior
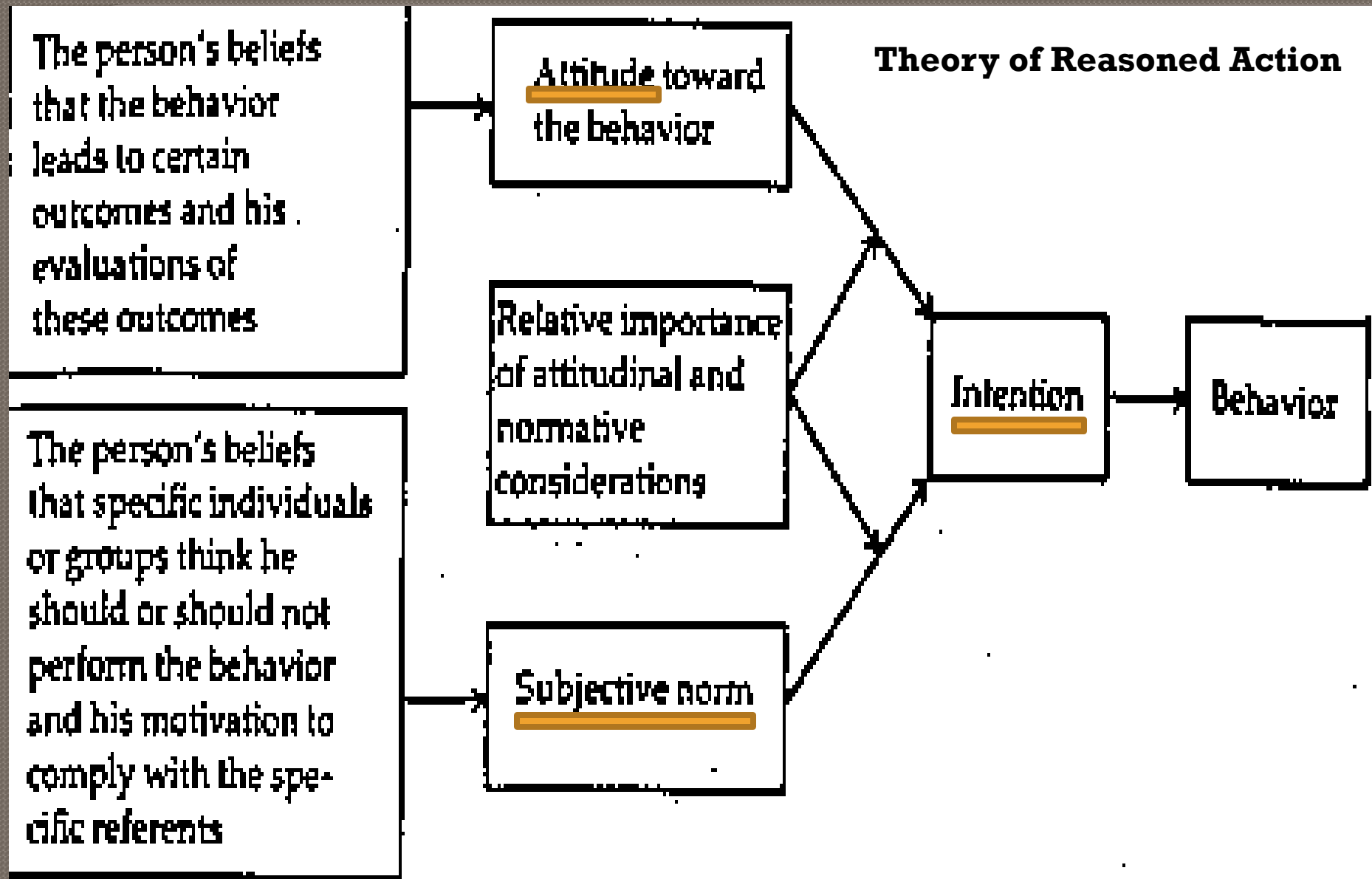
State	Instructional Strategy
Perceived susceptibility The individual believes he/she can be affected by the condition	Engage the individual with information that clearly reveals "what's in it for me?" (WIIFM) • Provide risk information based on the individual's characteristics • Help the individual understand his/her own risk for being affected by the condition
Perceived severity The individual believes the condition has serious consequences	• Be specific about the potential consequences of a condition
Perceived benefits The individual believes taking action can reduce consequences	• Help the individual understand how, when, and where to take action • Provide resources, learning experiences, and feedback to help the individual see how to avoid or mitigate consequences
Perceived barriers The individual is aware of material and psychological costs of taking action	• Address the affective components during instruction, providing reassurances and encouragement • Identify incentives for change (WIIFM) • Identify common misperceptions and address these when providing the learning experience
Cues to action The individual is sensitive to factors that activate his/her readiness to change	• Promote awareness, motivate the individual to want to engage in the desired behavior • Provide how-to information (allow the learner to consider what he needs to know more about) • Employ reminder systems/performance support tools
Self-efficacy The individual is confident he/she will be able to take action	• Provide training with practice and assessment activities accompanied by timely feedback • Use progressive goal setting (allow the individual to control the learning program) • Use scaffolding and metacognition techniques to enhance self-directed learning

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

Theory of Planned Behavior
- Behavior is determined by the person's:
  - attitude (either positive or negative) toward the behavior
  - perception of the norms towards the behavior
  - perceived behavioral control—how difficult it is to perform/maintain behavior
- The key is reason.
  The person needs to think logically about a behavior (Theory of Reasoned Behavior Fishbein and Ajzen)

Theory of Reasoned Action

The person's beliefs that the behavior leads to certain outcomes and his evaluations of these outcomes → Attitude toward the behavior

The person's beliefs that specific individuals or groups think he should or should not perform the behavior and his motivation to comply with the specific referents → Subjective norm

Relative importance of attitudinal and normative considerations

Intention → Behavior

Note: Arrows indicate the direction of Influence.

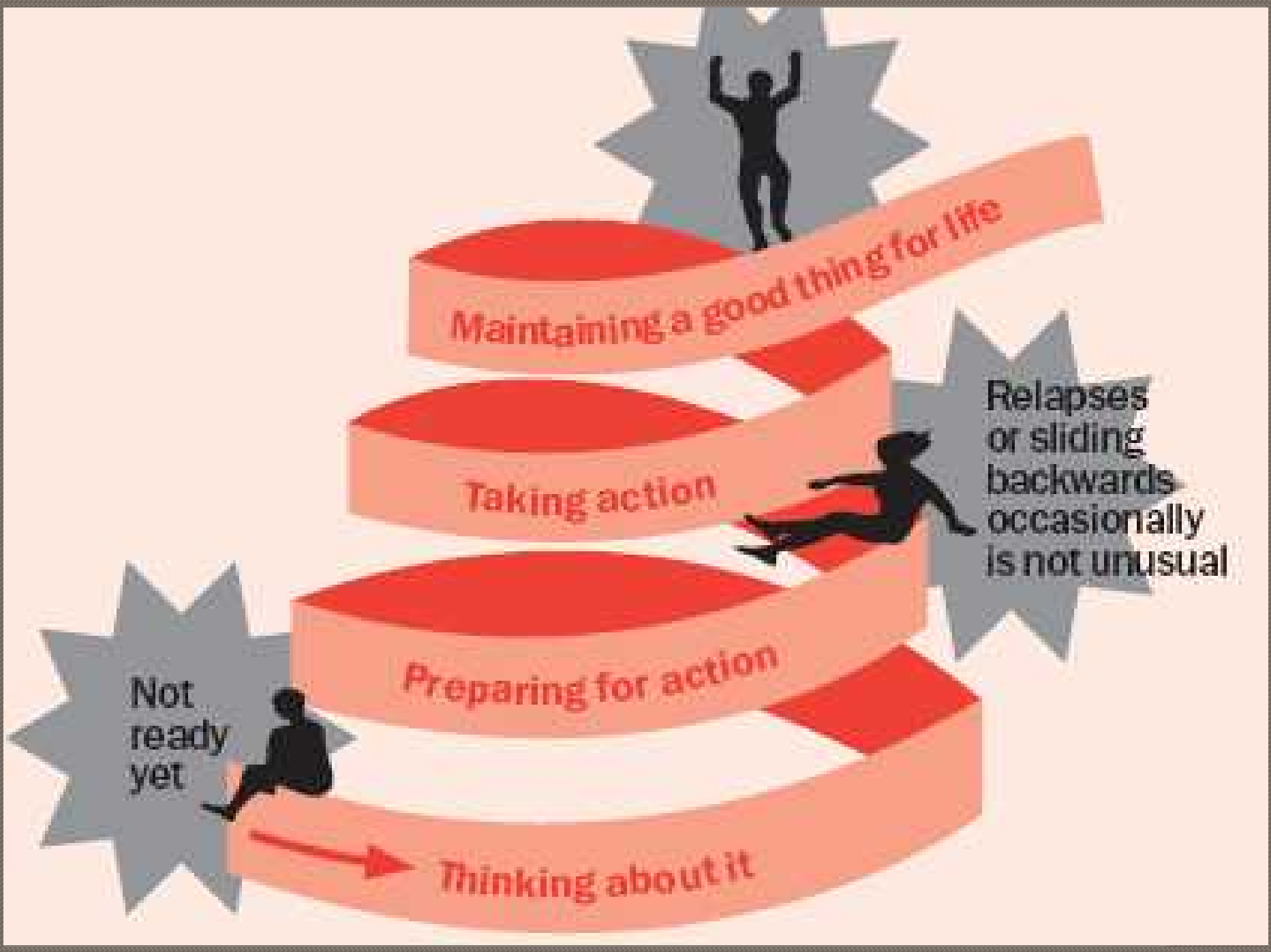Theory of Reasoned Behavior + Perceived behavioral control = Theory of Planned Behavior
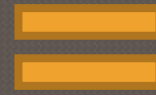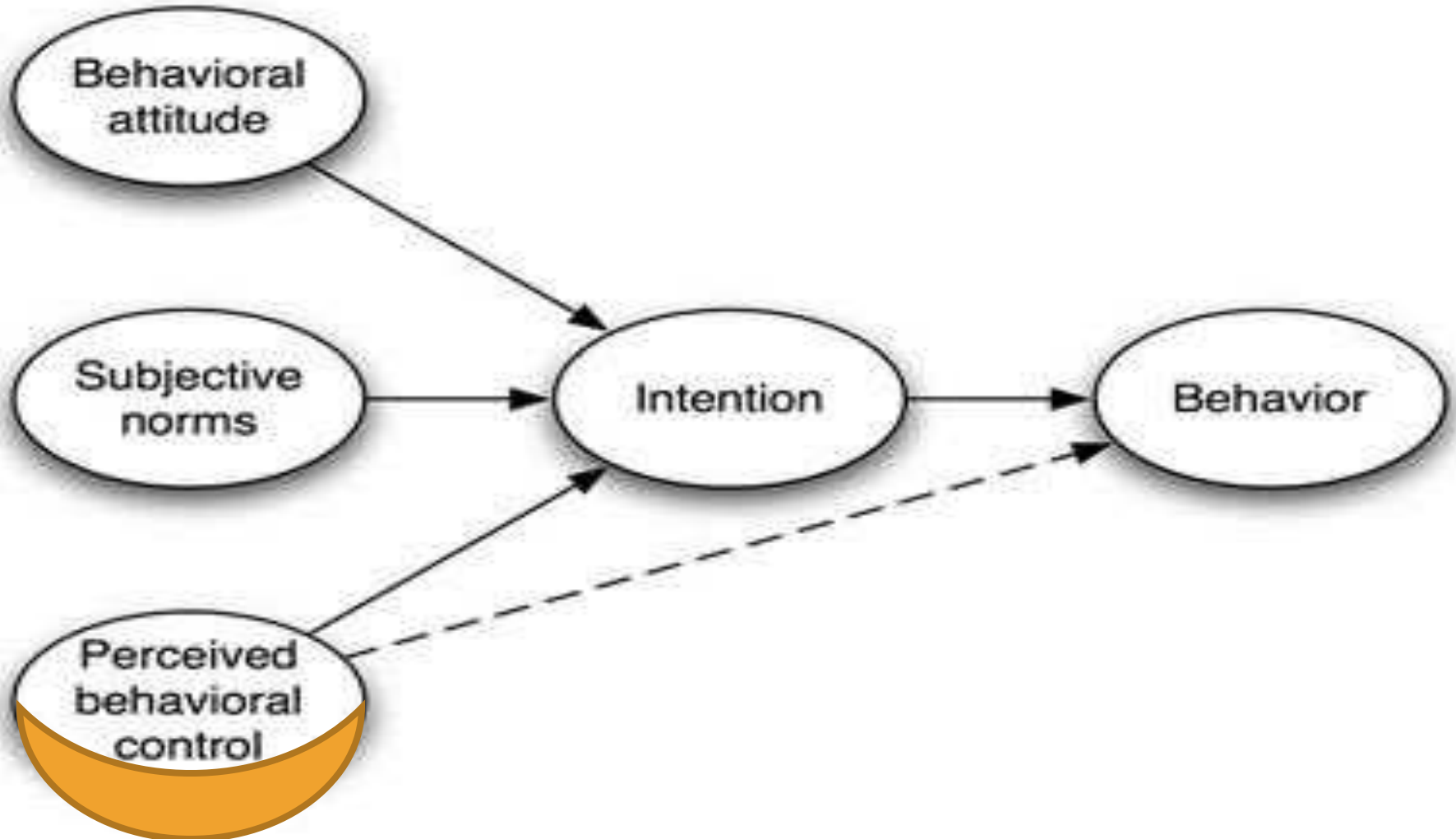
Transtheoretical Model (Prochaska and DiClemente)
Individuals are at various levels of change:

- Pre-contemplation *(I don't have a problem)*
- Contemplation *(I need to change, but not now)*
- Preparation
- Action
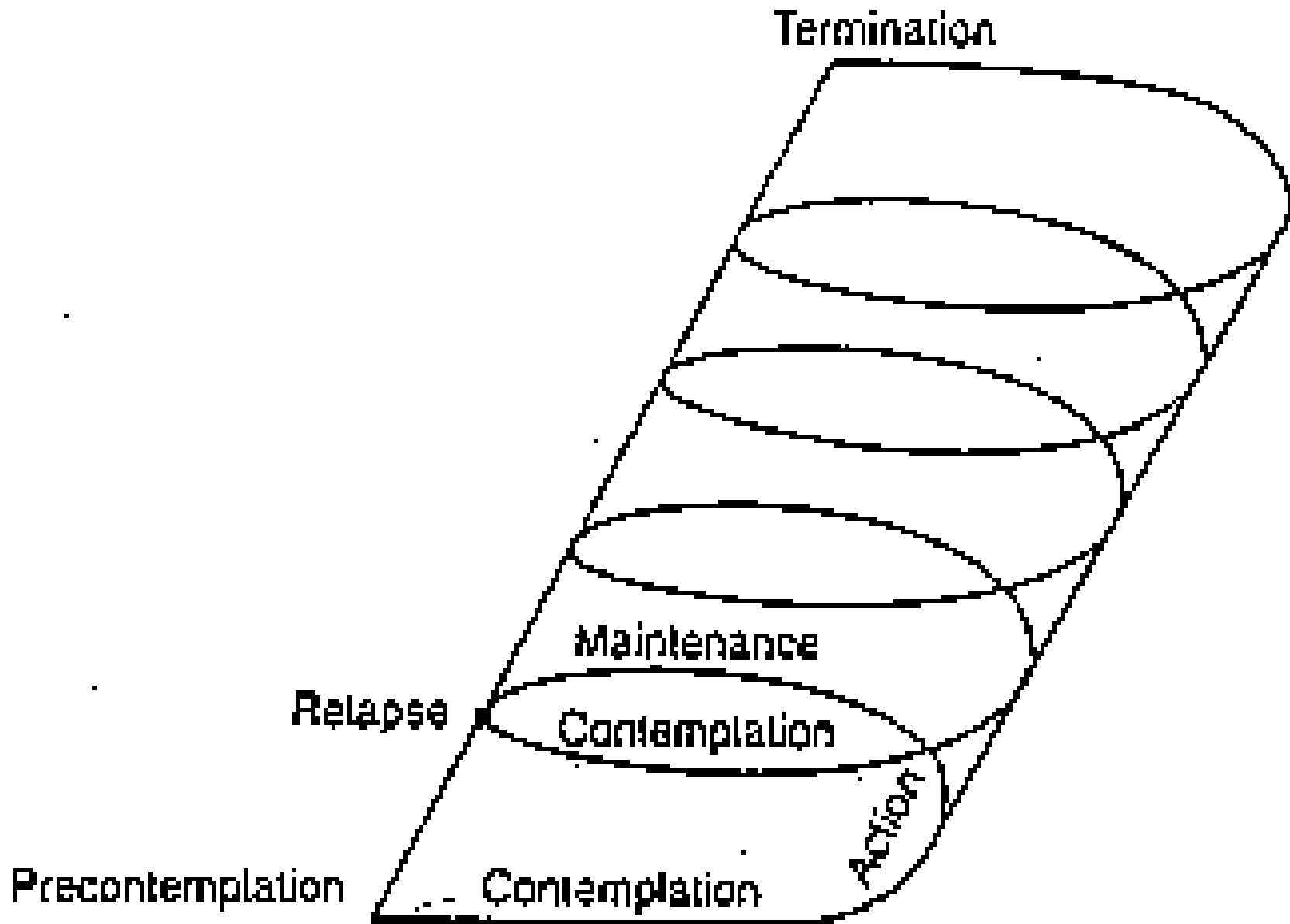- Maintenance *(Maintaining the change without relapse)*

Not ready yet

Thinking about it

Preparing for action

Taking action

Maintaining a good thing for life

Relapses or sliding backwards occasionally is not unusual

Termination

Maintenance

Relapse

Contemplation

Precontemplation   Contemplation   Action

State	Instructional strategies
Precontemplation No intention of taking action in the next 6 months	• Engage the individual with information about need for change • Provide personalized information about risks if no change and benefits of change
Contemplation Intends to take action in the next 6 months	• Motivate and encourage the individual to set goals and make specific plans
Preparation Intends to take action in the next month and has taken some steps to change behavior	• Help the individual create and implement specific action plans and set realistic goals
Action Has changed behavior for <6 months	• Provide problem-based (action-oriented) learning experiences • Provide social support, feedback
Maintenance Has changed behavior for >6 months	• Continue to provide social support, assist with problem-solving, positively address slips and relapses if necessary • Employ reminder systems/performance support tools

http://www.youtube.com/watch?v=pAjfq90qc7I&feature=related

- Social Learning Theory (Rostter) / Social Cognitive Theory (Bandura)

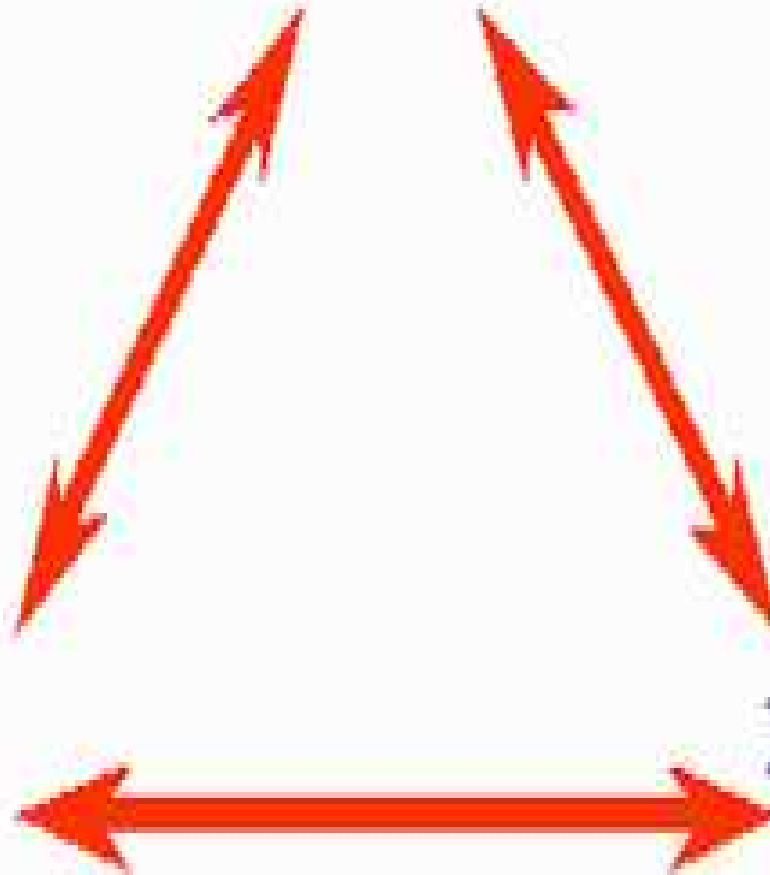 Behavior is explained in terms of three factors:
  - Personal factors (one's cognitive processes)
  - Environmental influences
  - Behavioral

  The personal, environmental, and behavioral factors all continuously interact (Reciprocal Determinism)

http://www.youtube.com/watch?v=5NbTU1EivJs

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

- Social Cognitive Theory - Essential concepts:
  - Reciprocal determinism

    Behavior is determined by the interaction of the person with her/his environment.
  - Behavioral capability

    The behavior depends on the person having the knowledge and skill to make the change.
  - Outcomes Expectations

    The behavior will occur if the person expects the change is worth making.
  - Self-efficacy

    The person believes she/he has what it takes to make the behavioral change. (Bandura considered this one the most important aspect to determine the effort one would exert to make a behavioral change).
  - Reinforcement

    The reinforcement can be direct or vicarious.

    Self-management (when the person behaves correctly he/she rewards him/herself) Social modeling or observational learning (the person observes someone else being reinforced for behaving in an appropriate or inappropriate manner).
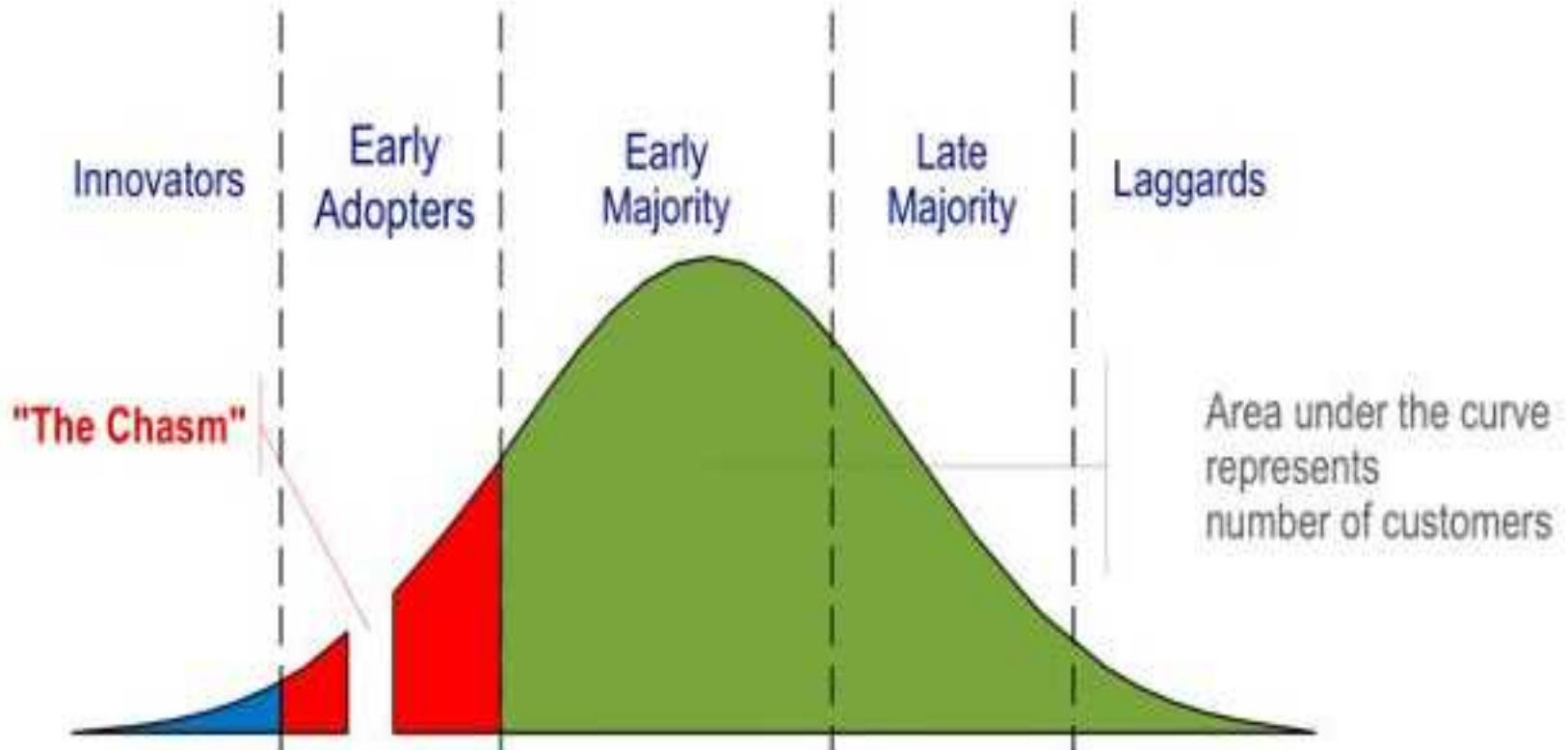
http://www.youtube.com/watch?v=rPiGmj9p8bU

State	Instructional strategies
Reciprocal determinism How the individual, social environment, physical environment, and behavioral requirements influence each other	• Use multiple approaches to address individual needs, physical environment, social supports, and the actions the behavior/performance requires • Don't forget the affective components of learning
Behavioral capability Knowledge and skills needed to perform	• Identify the actions required for the performance • Identify the knowledge and skills required for these actions • Create problem-based learning experiences that help the learner acquire necessary knowledge and skills • Provide timely feedback
Expectations The individual's perceptions of the outcomes of change	• Tell stories that demonstrate success
Self-efficacy The individual's confidence in his/her ability to act and overcome challenges	• Use progressive goal setting (allow the individual to control the learning program) • Use scaffolding and metacognition techniques to enhance self-directed learning • Provide timely feedback
Observational learning The individual watches the actions of others and sees how outcomes play out	• Model correct behaviors and demonstrate positive outcomes; show how problems can be overcome
Reinforcements Conditions that encourage or discourage change/performance	• Promote rewards that matter to the individual learner • Provide reminders/performance supports • Provide social supports

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

Diffusion of Innovation Theory
- Addresses the process for disseminating and implementing innovations (new behaviors)
- Explains people's readiness to accept innovation once they buy into it
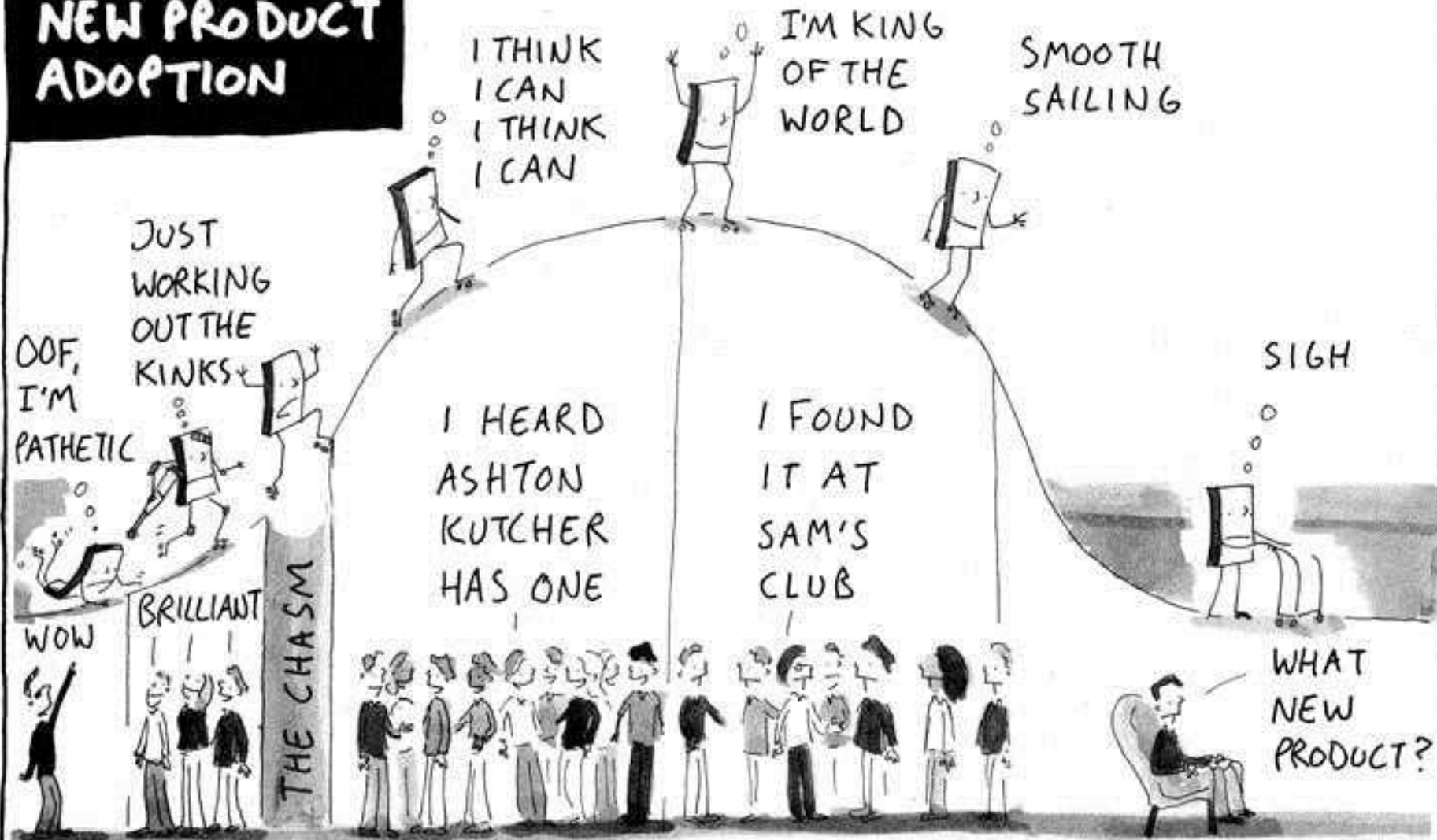- Only theory considered a ***community*** theory

http://www.youtube.com/watch?v=ORccz
cDNETU

Innovators — Early Adopters — Early Majority — Late Majority — Laggards

"The Chasm"

Area under the curve represents number of customers

Technology Adoption Lifecycle

Enthusiasts — Visionaries — Pragmatists — Conservatives — Skeptics

Accept innovations once others have.

Turn to your neighbor and help each other describe each of the theories.

The Transtheoretical Stages of Change Model identifies stages or levels of readiness that can be applied to any type of behavior change. These stages include:

A. Pre-contemplation and contemplation
B. Preparation and action
C. Maintenance
D. A and B
E. A, B, and A

The Transtheoretical Model of Behavior Change is based on the assumption that:

A. Health educators can identify a person's intention
B. Behavior change is a concept of reasoned action
C. Behavior change is a process and individuals are at varying levels of motivation or readiness to change
D. The emphasis of perceptions is vulnerability to illness and treatment

Health Belief Model suggests that:

A. Individuals believe in health
B. Emphasizes the "role of perceptions of vulnerability to an illness"
C. Actions on the part of the individuals could prevent threat or eliminate illness
D. All of the above

Reciprocal determinism is:

A. A theory that behavior changes are determined by interactions between a person and his/her environment
B. Degree to which innovation is seen as better than program it replaces
C. Believing that one has the ability to take action
D. Extent to which innovation can be experimented with

<u>True/False</u>

The Health Beliefs Model is based on the fact that individuals believe in good health, and the model emphasizes the role of perceptions of vulnerability to illness/treatment.

Innovators are the last individuals to adopt an innovation.

Theory and ethics are two essential ingredients for determining methods and how to maintain integrity in practicing health education.

Diffusion of Innovation Theory is considered solely a community-level theory.

Chapter 1: Using Theory and Ethics to Guide Method Selection and Application

The Ethical Principles which must be addressed when choosing health education methods are:

- *Personal freedom or autonomy*
- *Avoiding harm or non maleficence*
- *Doing good or beneficence*
- *Justice*

http://www.youtube.com/watch?v=ZYe85sxog8k&feature=related

Society for Public Health Education Ethics

Code of Ethics for the Health Education Profession

Regardless of job title, professional affiliation, work setting, or population served, Health Educators abide by these guidelines when making professional decisions.

Article I: Responsibility to the Public
Article II: Responsibility to the Profession
Article III: Responsibility to Employers
Article IV: Responsibility in the Delivery of Health Education
Article V: Responsibility in Research and Evaluation
Article VI: Responsibility in Professional Preparation

Turn to your Neighbor and Help each other Memorize The ethics principles.

Ethics centers on four principles. Which of the following is NOT a principle?

A. Personal freedom or autonomy
B. Avoiding harm or non-maleficence
C. Doing a good or beneficence
D. Justice
E. Research and evaluation

Ethics are based on _____ and values that often clash with each other.

A. Principles
B. Education
C. Morals
D. Conflict

Beneficence is:

A. Actions designed to help others
B. Stages of readiness
C. Not inflicting harm on others
D. Believing that one has the ability to take action

Chapter 2: Promoting Health Education in a Multicultural Society

" The health education profession must continue to examine its professional preparation programs, research, literature, programming and curricula, methods, and evaluation strategies to ensure the inclusion of cultural diversity."

Chapter 2: Promoting Health Education in a Multicultural Society

- " Each individual [health educator must first examine] his or her own biases*, beliefs, and values and determine how these transfer into the professional setting."
- " …he or she [must] devise more inclusive ideas and activities"
- …once every health educator is responsive to the diverse needs of his or her focus populations, workplaces can then be transformed into respectful and inclusive settings."

*https://implicit.harvard.edu/implicit/demo/

Chapter 2: Promoting Health Education in a Multicultural Society

Characteristics of a Multicultural Competent Health Educator:

- Identifies and works on any biases he/she has
- Acquires knowledge about individuals/groups different than oneself
- Provides a safe environment for exploring the meaning of culture
- Facilitates discussion about importance of culture among varying individuals/groups
- Speaks in gender-neutral language
- Strives to reduce health disparities
- Empowers diverse populations
- Models the importance of diversity in personal and professional settings
- Includes cultural considerations in all programming and activities
- Participates in cultural events

Turn to your neighbor and help each other memorize the characteristics of a multicultural competent health educator.

Chapter 3: Developing Professionalism as a Health Educator

- Qualities that bring professionalism to Health Education:
  - Passion for what you do
  - Genuine care for the well-being of your colleagues, students, program participants.
  - Respectful treatment of others
  - Lifelong learning
  - Honesty & transparency
  - Dependability

Chapter 3: Developing Professionalism as a Health Educator

- Health Education Professional Organizations
  - American Association for Health Education (AAHE)
  - American Public Health Association (APHA)
  - Society for Public Health Education (SOPHE)

Chapter 3: Developing Professionalism as a Health Educator

- Keep up with research in Health Communication by reading from the professional journals:
  - Journal of Health Communication,
  - Health Communication
  - Journal of Media and Health Communication

Chapter 3: Developing Professionalism as a Health Educator

- Develop basic technology competencies
  - Create, maintain, and edit a Web page
  - Produce and use Power Point
  - Access databases (CDC WONDER, Census, PubMed)
  - Analyze data
  - Convert files into PDF format
  - Link and input audio, video, and graphics
  - Stay current on theories for using technology in education

Chapter 3: Developing Professionalism as a Health Educator

Consider the CHES Competencies:

1. Assess individual and community needs for health education
2. Plan health education strategies, interventions, and programs
3. Implement health education strategies, interventions, and programs
4. Conduct evaluation and research related to health education
5. Administer health education strategies, interventions, and programs
6. Serve as a health education resource person
7. Communicate and advocate for health and health education

Turn to your neighbor and describe professionalism in a health educator.

Chapter 4: Health Communication

- Effective health communication interventions can influence health:
  - Knowledge
  - Attitudes
  - Awareness
  - Norms
  - Values
- Effective health communication is central to health promotion because it influences behavior

- Health communication draws from:
  - Social psychology
  - Health education
  - Mass communication
  - Marketing

Chapter 4: Health Communication

- Healthy People 2010:

    Health communication is "the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues."

- National Cancer Institute (NCI) and the Office of Communication at the Centers for Disease Control (CDCynergy):

    Health communication is "the study and use of communication strategies to inform and influence individual and community decisions that enhance health."

" Health communication campaign interventions **must** be guided by evidence-based strategies if they are going to be effective."

"Health behaviors and health status are influenced by a variety of factors; therefore, the use of strategic communication intervention to address these health problems must also be multifaceted."
They must use many different techniques….interpersonal counseling, support groups, lectures, workshops, newspaper and magazine articles, pamphlets, self-help approaches, computer-based information systems, school- and primary care-based educational programs, billboards, posters, radio/television programs, and public service announcements.

" Campaign messages needed to reach and influence target audiences must be strategically developed from the **audience perspective**."

Chapter 4: Health Communication

- One of the campaign models that is considered the best is the:

Strategic Health Communication Campaign Model

Chapter 4: Health Communication

Stages of the Strategic Health Communication Campaign Model

1st • Planning (Campaign objectives, Consumer orientation)

2nd • Use of Theory (Behavioral theory)

3rd • Communications Analysis (Audience analysis, Formative research)

4th • Implementation (Marketing, Evaluation, Institutionalization)

5th • Evaluation and Reorientation (Formative evaluation, Summative Evaluation)

Turn to your neighbor and explain 'health communication'.

Multiple Choice

Health communication influences:

A. Health knowledge

B. Awareness

C. Norms

D. Values

E. Attitudes

F. All of the above

Success in health communication interventions begins with _____.

A. Consumers

B. Changing behaviors

C. Effective planning

D. Theories

Health communication is effective at influencing behavior because it draws from

A. Social psychology

B. Health education and communication

C. Marketing

D. Medicine

E. A, B, and C

Features of health communication interventions include:

A. Analysis of problem and consumer characteristics

B. Strategic design based on consumers

C. Evaluation

D. All of the above

Strategies for overcoming challenges to effective health communication include which of the following?

A. Securing audience input

B. Audience feedback and pretesting

C. Both A and B

D. None of the above

True/False

Channels are routes through which communication or message delivery occurs.

Pretesting evaluates the impact of communication strategies on focus audiences before implementing these strategies within health promotion campaigns.

Market analysis examines the fit between the focus of interest and important market variables within the focus population.

Chapter 5: Social Marketing Concepts

" Both Health education and social marketing are about planning, implementing, and evaluating offerings to voluntarily change behavior."

Chapter 5: Social Marketing Concepts

"Social marketing…is the process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit."

"Social marketing is the application of commercial marketing principles to social issues."

Chapter 5: Social Marketing Concepts

Successful Social Marketing campaigns:

- National High Blood Pressure Education Program
  http://www.nhlbi.nih.gov/about/nhbpep/

- Stanford Five-City Project Smokers' Challenge
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1647120/pdf/amjph00261-0074.pdf

- Washington Heights (NY) low-fat milk campaign

  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403632/pdf/pubhealthrep00074-0076.pdf

Multiple Choice

The definition of social marketing includes:

A. Process of influencing behavior on a large scale
B. Using marketing principles for purpose of societal benefit
C. Both A and B
D. None of the above

Which of the following tasks are done in the planning phase of the social marketing process?

A. Analyze problem and situation
B. Assess environment in which program is to be implemented
C. Identify resources
D. All of the above

True/False

Customer satisfaction is the extent to which consumer's expectations of a product, service, or idea are met.

The social marketing process is a program planning process with some major similarities and differences when compared with traditional health education program planning models.

Consumer orientation is the basic concept that an organization's mission is to bring about behavior change by meeting target market needs and wants.

QW: Which concepts and *theories* can help us *select* the most effective methods and strategies to use in developing a health education program?

Have a small group discussion on your respective Quick Writes for the question:

   *"*Which concepts and theories can help us select the most effective methods and strategies to use in developing a health education program*?"*

Chapter 6: Facilitating Support Groups

Support groups enhance self-exploration and introspection, as well as increase self-confidence.

Chapter 6: Facilitating Support Groups

" In all group experiences, the members set up formal and informal norms, they norm and then re-norm, and there are personal and group goals."

Chapter 6: Facilitating Support Groups

" Group work helps members gain objective insight into personal behavior, and realize that one is not alone in trying to cope with life's problems."

" Individuals join groups to know that they are not alone; groups give people a sense of community."

Chapter 6: Facilitating Support Groups

- Group members are:
  - Able to share common problems
  - Receive feedback
  - Receive support
- Group members:
  - Broaden their views of themselves
  - Observe and imitate new coping behaviors.
- Groups:
  - Are economically advantageous to the sponsoring agency

Chapter 6: Facilitating Support Groups
Ethical Issues

- Informed consent:
  - provide clear information to make decision to take part; if underage or mental handicap, parental consent is required
- Freedom to withdraw from the group:
  - may leave at any time without fear of repercussions; inform leader of decision to leave
- Psychological risks for members:
  - informed of potential life changes as a result of participation; negative and beneficial risks should be identified
- Confidentiality:
  - Whatever is said in the group is not repeated; facilitator should establish ground rules during the first session and stress the confidentiality of personal information
- Multicultural awareness:
  - Group leaders must realize that they influence the values of the group; they need to be aware of the cultural backgrounds of their members and ensure that the group respects those backgrounds

Chapter 6: Facilitating Support Groups

Qualities of a Good Leader:

- Believes in the group process
- Creates an open, caring atmosphere
- Facilitates communication among members
- Values creativity
- Clarifies individual ideas
- Facilitates the group process
- Helps the group set standards and goals
- Summarizes group ideas or suggestions after a discussion.

Discuss with your neighbor what makes a support group successful.

A support group is defined as:

A. Two or more individuals who meet face-to-face to achieve agreed–upon goals
B. Two or more individuals who benefit by sharing experiences
C. Two or more individuals with the same medical diagnosis
D. Two or more individuals with an interest in research

The purpose a the support group is:

A. Increase knowledge
B. Clarify changes an individual may want to make in order to reduce a variety of symptoms
C. Assist in the development of skills necessary for behavior change
D. All of the above
E. None of the above

Which is NOT a step for conducting an effective focus group?

A. Define the audience
B. Select a facilitator
C. Select a site
D. Arrange for asynchronous group
E. Define the goals, objectives, and activities
F. Prepare content and process materials

Groups need to address what type of content will be deemed acceptable and how to deal with members expressing hostility or negativity. This is especially important for:
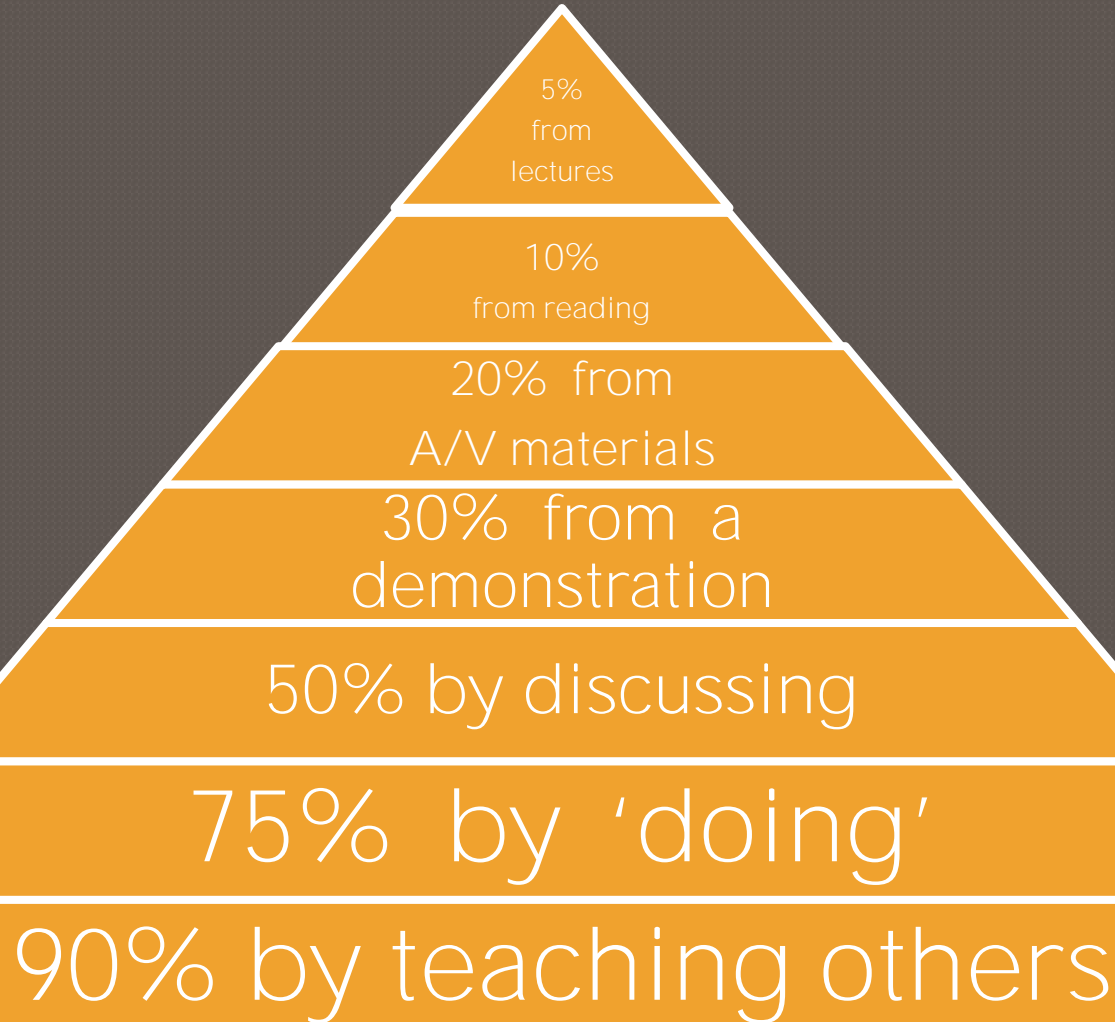
A. Web-based support groups
B. Peer-led support groups
C. Support groups for substance abuse issues
D. Support groups for adults and older adults
E. Support groups for children
F. All the above

One of the qualities of a good leader includes all of the following EXCEPT:

A. Believing in the group process
B. Creating an open and caring atmosphere
C. Providing refreshments
D. Summarizing group ideas and suggestions
E. Clarifying individual ideas or suggestions

Chapter 7: Selecting Presentation Methods

Learners retain:

5% from lectures

10% from reading

20% from A/V materials

30% from a demonstration

50% by discussing

75% by 'doing'

90% by teaching others

Chapter 7: Selecting Presentation Methods

- Develop Goals and Objectives that address the needs of the target population to Guide your selection of methods

- Use methods that address the Multiple Intelligences:
  - Visual
  - Musical
  - Kinesthetic
  - Intrapersonal
  - Interpersonal
  - Verbal
  - Logical-Mathematical
- Use methods that address the Learning Styles:
  - Auditory
  - Visual
  - Kinesthetic

Chapter 7: Selecting Presentation Methods

Use methods that respond to culturally diverse populations:

- Create an environment which is consistent with the culture(s) of the population.
- Create an environment which is free of bias, prejudice, and stereotypes.

Chapter 8: Developing Effective Presentations

It is essential for the health educator to possess effective presentation skills.

Chapter 8: Developing Effective Presentations

Characteristics of an effective Speaker

- Considerate
- Genuine
- Trustworthy
- Enthusiastic
- Humorous
- Proficient in the subject

Chapter 8: Developing Effective Presentations

Prepare for the Presentation
- Know the audience, topic, and expectations
- Find out the location and time frame
- Find out the setting: formal, semiformal, informal

Discuss with your neighbor
what makes a presentation successful.

Chapter 9: Developing and Selecting Print Materials

" Health educators can provide an important service by creating easy-to-read, audience-centered print materials that allow everyone, regardless of reading ability, language status, or other barriers, to get the health information they need to take care of themselves and improve their lives."

Chapter 9: Developing and Selecting Print Materials

- " The cardinal rule (to making print materials relevant and useful) is to write health education materials simply and clearly."
- "Another important rule is to pretest materials with the intended audience."

Chapter 9: Developing and Selecting Print Materials

- Plan Layout
  - Cover that grabs the reader's attention
  - Ample white space
  - Use headings to separate text
  - Use bullets/numbering for key points
  - Use generous line spacing
  - Use horizontal print rather than vertical
- Choose Print/Font Carefully
  - Use at least a 12-point font size
  - Use only one or two different fonts per piece
  - Stick to simple fonts
  - Use dark colored print
  - Use capitals, bold, or italics only to emphasize a word or main point. Avoid underlining
  - Use visual cues such as arrows, circles, or boxes

Chapter 9: Developing and Selecting Print Materials

Types of Print Materials:

- Pamphlets (the most common method of disseminating health information.)
- Flyers (a one-page document that uses lots of graphics)
- Posters
- Newsletters
- Non-traditional materials (i.e. comic books, calendar, grocery bags, bookmarks, bumper stickers)

- Use Graphics
  - Use graphics to portray the message
  - Use simple line drawings
  - Use captions to explain graphics
  - Leave ample white space around graphics
  - Use varying sizes of graphical elements
  - Anchor graphics to the edge of papers
  - Use shading with caution

Chapter 9: Developing and Selecting Print Materials

- Make Sure the Document is Readable*
  - Most materials are developed for an average person with a sixth grade reading level
  - Use common words and concrete language
  - Use conversational tone
  - Explain technical terms
  - Use active voice. Power words guide readers into action.

  *Readability formulas include: SMOG, FOG, FRY
  http://www.online-utility.org/english/readability_test_and_improve.jsp

Turn to your neighbor, and discuss how to develop effective print materials.

Chapter 10: Working with the Media

"Working with the media provides individuals and organizations with opportunities to provide information to others on a broader scale than would otherwise be possible."

Chapter 10: Working with the Media

Media (newspapers, radio, or television) can be used to:

- Educate the public about an important health issue
- Publicize an activity
- Encourage people to take an action concerning a health issue

Chapter 10: Working with the Media

Media includes:
- News releases
- Letters to the editor
- Guest editorials
- Public Service Announcements (PSAs)
- Conducting interviews
- Press conferences

Example of a Public Service Announcement (PSA):

http://www.youtube.com/watch?v=whE7VVPC8gI&feature=player_detailpage

QW: What ***methods*** can we ***implement*** to promote a behavioral change at an ***individual*** level?

*Have a small group discussion on your respective Quick Writes for the question: "*What **methods** can we **implement** to promote a behavioral change at an **_individual_** level?"

Chapter 11: Facilitating Groups

Sensitive, culturally responsive group facilitation is transformational.

" It is both a skill and an art." …it is one of the health educator's most important skills.

" …to an effective facilitator, *how* the group works together is often more important than the content of *what* they do or decide."

Chapter 11: Facilitating Groups

Steps for Effective Group Facilitation*:
- Plan the Meeting
- Develop an Agenda
- Arrange for minutes
- Attend to the Details

*a health educator may be asked to facilitate a variety of groups: subcommittees, advisory groups, ad hoc committees, task forces, planning groups, steering committees, commissions, boards, and coalitions.

Chapter 11: Facilitating Groups

Issues that enhance the facilitation success:
- Have a genuine belief in the power of groups
- Have a genuine interest in others
- Have an attitude of inquiry
- Develop a sense of humor
- Exhibit an open and respectful interaction style
- Establish a climate of inclusion
- Support individual self-reliance and group efficacy
- Keep discussions on task
- Evaluate the meeting

Chapter 11: Facilitating Groups

Characteristics of Effective Group Meetings:

- Careful time management
- Facilitator and members are sensitive to each other
- Goals and objectives are clearly defined
- Interruptions at meetings are not allowed or are held to a minimum
- Facilitator is well prepared
- Atmosphere is engaging
- Members are qualified and validated
- Accurate minutes/recordings
- Group decisions are used

Chapter 12: Building and Sustaining Coalitions

" Coalitions develop when different sectors of the community, state, or nation join together to create opportunities that will benefit the entire organization?"
" A community coalition is defined as a group of individuals representing diverse organizations, factions, or constituencies within the community who agree to work together to achieve a common goal."

Chapter 12: Building and Sustaining Coalitions

" A coalition is different from other types of groups in that a structured arrangement for collaboration between organizations exists in which all members work together toward a common purpose."

It is " a very effective means of instituting social change."

Chapter 13: Using Advocacy to Affect Policy

" Advocacy is an essential component of the Code of Ethics for the Health Education Profession and a required competency for health educators of health education programs."

Advocacy includes: Legislative advocacy, lobbying, grassroots lobbying.

Chapter 14: Using Media Advocacy to Influence Policy

The primary tool available for influencing social conditions and environments is policy

Chapter 14: Using Media Advocacy to Influence Policy

" This means switching from thinking about using mass media solely as a tool for getting information to health consumers to thinking about the news media as a mechanism for informing citizens and pressuring decision makers."

" Media advocacy harnesses the power of the news to mobilize advocates and apply pressure for policy change."

QW: What methods allow us to make behavioral changes at a <u>community</u> level?

Have a small group discussion on your respective Quick Writes for the question:

"What methods allow us to make behavioral changes at a community level?"

QW: Which concepts and **_theories_** can help us **_select_**
the most effective methods and strategies to use in
developing a health education program?

_QW:_ What **_methods_** can we **_implement_**
to promote a behavioral change at an
individual level?

QW: What **_methods_** allow us to **_implement_**
behavioral changes at a **_community_** level?