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Health education:

- Health education is the skelton of P.H.C.
- 1st line of prevention.

Health education can be done in many stages:

- 1- Mother ; for children (Pre School age)
- 2- Schools
- 3- Youth care clinics : " Family life education"
- 4- Councelling clinics
- 5- A.N.C. Clinics
- 6- P.N.C. (Clinics Family Planning)
- 7- W.B.C.
- 8- General clinics etc.

Health Education is there fore essential means for improving maternal child health.

Nutrition protection and promotion .

- 1- Malnutrition in children /infections
- 2- Diet of pregnant and lactating mothers.
- 3- Breast feeding/ Weaning
- 4- Immunization * Food hygiene education.
- 5- Environmental Sanitation
- 6- Clean drinking water
- 7- Prevention of Diarrhea and Dehydration.

(2)

What is Health Education?

Health Education is any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups, or communities) conducive to health. Health education has as its basis health promotion. Health promotion is any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health. Thus, a health educator is an individual prepared to assist individuals, acting separately or collectively, to make informed decisions regarding matters affecting his or her personal health and that of others.

- Health promotion reaches the better off, who have the time, money and education and desire to use the health information and take health action.

Therefore health promotion should include not only traditional health education competencies in communicating and educating, but also in managing, researching, planning, evaluating, marketing, facilitating, networking and influencing policies and practices. And more attention should be paid to the users and receivers of the health promotion, and to the concept of working in partnership with the public.

Health Education

Health promotion encompasses a variety of activities aiming at improving the health status of the individual and the community. And if successful, it will affect the lives of people, so health promoters should be equipped with practical skills, and should understand the values and ethics implicit in their work.

In Jordan, health education (HE) is an important pillar of the work of the Ministry of health. Recently the HE division was promoted to a full directorate, where qualified experts develop their HE plans, based on priorities, community needs and information collected from different

reports, surveys and studies. Their work also includes training of health workers and preparation of different HE media. Each health directorate in the country sets its own HE programme separately according to their needs and available resources in addition to the integrated HE resources in the primary health centers.

Specialists in the field of health promotion identify five approaches that can be used individually or in combination to achieve the desired goal:

1- The medical approach involves medical intervention to prevent ill health using a persuasive method

and expects patients to comply with the recommended intervention.

2- The educational approach provides information and helps people to explore their values and make their own decisions.

3- The change in behaviour approach involves changing people's attitudes so that they adopt healthy life styles as defined by the health promoters.

4- The individual -centered approach considered the individual to have a right to control his own health, so he should be helped to identify his concerns, and gain the knowledge he needs to make changes happen.

5- The change in society approach
aims at changing the society rather than the individual by putting health on the political agenda at all levels, and by shaping the environment so that it becomes conducive to health.

Unfortunately , the traditional health education approach used in Jordan , and many other countries, was aimed solely at changing people to fit the environment, and did little to make the environment a healthier place to live in.

Supporters of this traditional approach argue that medical and health experts have the knowledge , and therefore know what is the best interests of their patients and the public in general.

Also people have entrusted them with their health care and they often seek their advice in health matters.

But many disagree with this and they feel there is more than one point in their favour:

- Experience of lay people tells them that experts are constantly changing their minds over different issues, and often they are proved wrong.
- Sociocultural differences make it unethical to impose one's own values and standards on others, and after all, who is to say which set of values is right? And whose life is it any way?

- A negative and counterproductive outcome of anger and rebelliousness, especially among the young and underprivileged, is often encountered because of a failure to comply or at being told what to do.

- Individual behaviour is not the only cause of ill health. Socioeconomic conditions of conflicts, poverty and unemployment are far more significant and politically sensitive determinants of health.

- Freedom of choice is often limited, and it is multifactorial. Thus blaming people for their ill health is illogical when they are actually the victims of circumstances.

Recommendations for Patient Education

- 1-Develop a therapeutic alliance.*
- 2-Counsel all patients.*
- 3-Ensure that patients understand the relationship between behavior and health.*
- 4-Work with patients to assess barriers to behavior change.*
- 5-Gain commitment from patients to change.*
- 6-Involve patients in selecting risk factors to change.*
- 7-Use a combination of strategies . Educational efforts that integrate individual counseling, group classes, audiovisual aids, written materials, and community resources are far more effective than those employing only one single technique.*
- 8-Design a behavior modification plan.*

Recommendations for Patient Education:

Empirical research and clinical experience yield certain principles that clinicians can use to induce **behavior change** among patients. Attention to these key concepts should enhance the effectiveness of physician counseling concerning all behavioral changes recommended :

1. **Develop a therapeutic alliance.** Help motivate patients who smoke, abuse alcohol and other drugs, or do not exercise to change these behaviors. Assist them in acquiring the necessary attitudes and skills to succeed in their attempts.
2. **Counsel all patients.** Most patients are eager for health information and guidance and generally want more than physicians provide. Physicians tend to talk more with patients who pose more questions, but those who are quieter are often in greater need of education. Make a concerted effort to respond to the educational needs of all your patients in ways appropriate to their **age, race, sex, socioeconomic status, and interpersonal skills.**
3. **Ensure that patients understand the relationship between behavior and health.** Inquire about what your patients already know or believe about the relationship between **risk factors and health status.** Do not assume that patients understand the health effects of smoking, lack of exercise, poor nutrition, and other lifestyle factors. Explain in simple terms the idea that certain factors can increase the risk of disease and that combinations of factors can sometimes work together to increase risk beyond the sum of their individual contributions.

Respond to patients' questions, reinforce key points, and encourage patients to write down questions about risk factors for discussion at the next visit. **Bear in mind that knowledge is a necessary, but not a sufficient, stimulus for behavior change.**

4. Work with patients to assess barriers to behavior change. Anticipating obstacles to behavior change is fundamental to effective patient education since patients often do not follow physicians' advice concerning medication use or lifestyle changes. According to one well-studied model, three areas of beliefs influence the adoption and maintenance of behavior change:

(1) susceptibility to continuing problems if the advice is not followed; (2) severity of problems associated with not following the advice; and (3) the benefits of adopting the advice weighed against the potential risks, costs, side effects, and barriers. Assess those areas and address those beliefs that are not conducive to healthful behaviors. In addition, try to determine other obstacles to change, including lack of skills, motivation, resources, and social support, and help patients determine ways to overcome them.

5. Gain commitment from patients to change. This is a critical step in patient education and counseling because patients typically come into the physician's office expecting to be treated for a condition. If patients do not agree that their behaviors are significantly related to health outcomes, attempts at patient education may be irrelevant.

6. Involve patients in selecting risk factors to change.

Do not overwhelm patients by asking them to try to change all their unhealthful behaviors at the same time. Let patient need, patient preference, and your own assessment of relative importance to health dictate your recommendation of which risk factor to tackle first. Patients who achieve success in one effort may attempt other changes, since many behavior patterns tend to be linked.(12) For example, quitting smoking may lead to renewed energy to begin exercising, which in turn may lead to better eating habits. There are situations, however, where it is advisable to address risk factors simultaneously, such as chemical dependence involving several substances.

7. Use a combination of strategies. Educational efforts that integrate individual counseling, group classes, audiovisual aids, written materials, and community resources are far more effective than those employing only one single technique. Ensure that printed materials are accurate, consistent with your views, and at a reading level appropriate to the patient population. Use written materials to strengthen the message, personalizing them by jotting pertinent comments in the margins; this will help to remind patients later of your suggestions. Be wary of excessive use of print materials as a substitute for verbal communication with patients. Multiple studies have demonstrated that clinicians' individual attention and feedback are more useful than media or other communication channels in changing patient knowledge and behavior.(14)

8. Design a behavior modification plan. Patient education should be oriented toward what patients should do, not merely what patients should know.(15) Ask patients if they have ever tried to change the specific behavior before and discuss the methods used, the barriers encountered, and the degree of success. If patients have tried and failed, ask them to identify what they have learned from the attempt. Agree on a specific, time-limited goal to be achieved and record the goal in the medical record.(16) Discuss the behaviors that need to be modified to achieve the goal, paying special attention to patient cultural beliefs and attitudes that might facilitate or impede success. Assist patients in writing action plans, review relevant instructional materials, and stress your willingness to be of continued assistance.(11) Remember, at best patients often recall only about 50% of what they are told by their physicians, and lifestyle recommendations are remembered less than are medication regimens.(17) Close your visit by summarizing your mutual expectations and expressing your confidence that the patient will make a good effort to modify his or her risk factors.

9. Monitor progress through follow-up contact. Once a strategy for behavior change has been developed, schedule a follow-up appointment or telephone call within the next few weeks to evaluate progress in achieving the goal. Reinforce successes through positive verbal feedback. If patients have not followed the plan, work with them to identify and overcome obstacles. Modify the