A FAMILY HEALTH EDUCATOR TRAINING GUIDE
MODULE: HEALTH EDUCATION

OBJECTIVES

At the end of this module Family Health Educators (FHEs) will ...

1. Define health education
2. Describe the relationship between behavior and health
3. Determine the antecedent factors that influence health related behaviors
4. Select appropriate health education methods and strategies including local/indigenous learning methods.
5. Demonstrate a participatory approach to using health education materials
6. Describe methods to evaluate the outcomes of family health education

OVERVIEW

The Family Health Education (FHE) curriculum is based on providing FHEs with the knowledge, attitudes and skills needed to enable young parents also to acquire the knowledge attitudes and skills needed to practice better self-care as well as better care of their newborns and infants. The process of enabling healthy practices or behavior is the foundation of health education. This module will provide FHEs with an overview of basic health education theory and practice. FHE trainees will examine the key practices and behaviors that are the goals of the Family Spirit program and link these with health outcomes in both parents and infants.

FHE trainees will also be encouraged to think about their local cultural, social and economic environment and identify factors that may influence the behaviors of the young parents who will be their clients. A variety of simple educational and instructional methods will be demonstrated to the FHE trainees, and a rationale for selecting methods will be described. Finally, based on their understanding of behavior, health and health education, FHE trainees will examine ways to evaluate (i.e. observe or measure) the impact of their health education efforts on the behavior of young parents.

It is not possible to teach all the aspects of health education practice in the detail required for the Family Health Education in this one module. Therefore, since health education is a foundation for the program, health education practice issues will be addressed in all modules. Tables in each section summarize the session.

PREPARATION

As with other modules in this program, the trainers need to ensure that the training venue is free from distractions. There needs to be comfortable but moveable seating so that participants can work easily in small or large groups.

I. Depending on availability of equipment, the trainers need either to prepare flipcharts or show the PowerPoint slide set made available with this training guide.

A. Flipcharts can be based on the slides. In addition, trainers will need flipchart paper for brainstorming sessions and group work, although with practice, computers and LCD projectors can serve this purpose.

1. There needs to be adequate wall space and/or a proper stand to display flipcharts.

2. Adequate numbers of working markers should be available. One should never run out of ink part way through a training session.

3. Appropriate tape or other adhesive materials will be needed.

B. When using PowerPoint and an LCD projector, test the projector in prior to the session to ensure that it functions with the computer and is well focused at a distance where all participants will be able to see clearly.

II. Depending on the trainers' own professional background and experience they may chose either to conduct this session themselves to invite the assistance of a health educator from a local health agency.

A. When outside resource people are brought into a training session they need to be thoroughly briefed in advance about the nature and goals of the training program.

B. It is also necessary to work with such resource people in the actual preparation of the session so that they feel comfortable with the curriculum and materials.

C. Resource people need to be properly introduced to the trainees so that they understand why an outside person is needed and accept him/her.

III. Since some of the components of this module call for trainees to identify local cultural factors that influence health behavior and local/indigenous learning methods, it is important for the trainers to familiarize themselves with those local cultural issues relevant to the delivery of this module.

A. A suggested reading list about culture and health is provided as an annex to this module.

B. Trainers should also interview community leaders and elders about local child care practices and beliefs and about local ways of sharing information in small groups.

IV. In all modules, trainees will need to have their Family Health Education Curriculum available. This module actually draws on graphical and textual materials from throughout the curriculum, so it is necessary for trainees to bring their complete set. In other modules is will be more convenient if they being only those modules being covered that day.

Suggested Schedule

Session Topic/Objective	Minutes Needed	Start Time
1. Introduction	30	09.00
2. FHEs will define health education	30	09.30
3. FHEs will describe the relationship between health and behavior.	60	10.00
4. FHEs will determine factors that influence health related behaviors (with special attention to local explanatory models of health and illness).	60	11.00
5. FHEs will select appropriate health education methods and strategies including local/indigenous learning methods.	90	12.00
Lunch/Break	90	13.30
6. FHEs will demonstrate a participatory approach to using visual aids and teaching materials.	60	15.00
7. FHEs will describe how and why one does evaluation to determine effect and success of health education programs	60	16.00
8. Closing/wrap-up	30	17.00

PRESENTATION – The Sessions

Session 1: Introduction

(Time: 30 minutes)

Welcome the participants to this day of training. Review the previous session with a "plusses and wishes" session led by one of the trainees. Address any issues raised in the feedback.

Introduce any resource people. Give an overview of the content and purpose of this module. Present the session objectives (flipchart or PowerPoint). Stress the fact that health education is integrated into the job title of the FHE and that today's session will attempt to make it clear why that is the case. Seek feedback on the session objectives to clarify understanding. Identify any additional learning needs that may not be covered in the module.

Ensure that all participants can see the flipcharts/screen. Also make sure that each trainee has his/her Family Health Education curriculum and personal writing materials.

Finally, ask participants if any have had experiences practicing health education in the community, at home or on the job. It will be adequate at this point to have 4-5 people give brief experiences.

Session 2: Definition of Health Education

Summary Table for Module 2, Session 2			
Objective: FHEs will define health education			
Content	Methods	Resources	Evaluation
Health Education is a planned process of learning experiences that enable people to make voluntary adaptations in their behavior in order to improve and maintain their health. Key words include 1) behavior, 2) learning 3) voluntary and 4) health	1. Participants will write their own individual brief definition of health education 2. In small groups, participants will develop combined definition 3. Each small group will present its definition in plenary 4. In plenary participants will examine definitions for common threads	Time - 30 minutes Materials: paper board/flipchart/slides handouts of charts chalk/markers	post-test comparison of initial individual definitions and definition described under content.

Start the session by explaining that health education is a participatory activity, and therefore, each trainee will participate in defining and practicing health education during this session. Ask each individual trainee to take out a piece of writing paper and write his/her own idea of what health education is all about (i.e. write a personal definition). Remind people that definitions 1) do not repeat the words they are defining and 2) are short and to-the-point. Therefore people should take no more than 5 minutes to write their personal definition.

Once the individual definitions are finished, ask the participants to form into small groups of 4-5 members (depending on the size of the overall group). Ask them to join together with people they have not known well before so that there can be greater interchange of new ideas. Ensure that the groups are seated with some gap between them to minimize distraction during discussion. Instruct the groups as follows (display these on a slide or flipchart):

- Take turns sharing the personal definitions of health education
- Identify the common elements in each definition
- Develop a group definition on which all agree
- Write the group definition in large clear letters on a flipchart page
- Present the group definition to the larger group

The group activity should take between 20-30 minutes. Listen in on each group and ensure that they are making progress toward their composite definition. Ask if they need clarification. Ensure that everyone is sharing.

When the groups come back together, explain that each group will take a turn to present in 2-3 minutes. The group should read the definition clearly, explain what they feel are important aspects of the definition and seek questions from the larger group to clarify the definition. Make certain that members of other groups do not, at this point, start to critique the definition just presented, but only ask for clarifications to aid their understanding.

After the group presentations when all definition flipcharts are posted together in a visible place, ask the participants to identify common concepts and words in the different definitions. Use different color markers to circle such words. For example, if the work "knowledge" appears in 2 or 3 presentations, circle it in green; ten if the word "community" appears in 2 or more, circle it in red.

After this is done, on a separate flipchart (or slide if using PowerPoint) make a list of all common words. Note that the words "behavior," "action" and "practice" are synonymous. If in fact none of these words appear in any of the definitions, the trainer should say that, "A central concept in any definition of health education is the word '**behavior**.'"

Be sure to have the group definitions and list of common words types up and handed out later.

Next, on a slide or a prepared flipchart show the participants the following definitions of health education:

Ask the participants to compare their own definitions with the ones on the flipchart. After several minutes of discussion in which some members from each groups have shared their views, post the next chart/slides as seen below, and discuss. Be sure to provide copies of these slides/charts as handouts.

DEFINITIONS OF HEALTH EDUCATION
Health education has been defined by Green *et al.* (1981) as any combination of planned learning activities that enable (empower) people to voluntarily behave in ways that promote health, prevent disease and recover from illness.
Health Education helps people to take the right decision on health matters by providing them with experience which will enable them to develop the kind of understanding and insight that will facilitate individuals and community action (WHO, 1973). It is based on the belief that, people have a right to make their own choice about health matters.
WHO and the International Union for Health Education (1991) defined it similarly as the combination of planned social action and learning experiences designed to enable people gain control over the determinants of health and health behaviors.
Brieger (1996) also defined health education as any combination of learning activities that promote voluntary adaptation in health and health related behaviors.

	Four key words in these definitions require further attention:
Planned	"Planned" implies that health education is a systematic goal-oriented and strategic activity. One does not simply do health education in a spur of the moment.
Learning	"Learning," not teaching, is the emphasis of health education. Learning strategies in health education include social support and modeling, skills and resource development, and the acquisition of knowledge and clarification of values.
Voluntary	"Voluntarily" means that health education is achieved through choice not by force. Erben (1983) described health education as a vehicle to progress, but it cannot force progress. Full and active involvement of individuals, communities, and organizations is required in defining needs, setting priorities, planning, implementing and evaluating programs.
Behave	"Behave" denotes that health education is action oriented; the result of learning through health education can be seen in the behavior of the individuals, families, communities and organization, and needs to take account of the fact that delayed effect may be involved as an outcome of health education learning (Head, 1987; Brieger, 1996).

In closing ask participants to review what they have learned in this session. In particular ask them to comment on how the definitions arrived at by the end of the session compare with what they have known and practiced before.

Session 3: <u>The Relationship between Behavior and Health</u>

Summary Table for Module 2, Session 3			
Objective: FHEs will describe the relationship between health and behavior.			
Content	Methods	Resources	Evaluation
Every health or disease state has a behavioral correlate and every human behavior has health or related consequences. Family Health Education program review - key problems to be prevented through which behaviors.	1. Brainstorm a list of common diseases for children, adolescents and adults. 2. In three small groups identify the behaviors that lead to and could prevent each of the diseases for children, adolescents and adults. 3. Brief presentation on how we link behavior and disease (epidemiology) 4. Brief presentation of Family Health Education target health problems and behaviors	Time: 60 minutes Materials: Board/flipchart and chalk/marker Power point	Initial review of health problem-behavior lists from groups. Post-test of common health problems and linked behaviors.

Start the session by reminding participants that health education focuses on health related behaviors. Explain that during this session we will try to identify how behavior influences people's health. State clearly that, "Every health or disease state has a behavioral correlate and every human behavior has health or related consequences." Now divide a chalk board into three (3) sections or post three flipcharts side-by-by. Make a heading for each chart/section as follows:

Small Children	Adolescents	Adults

Brainstorming: Ask group members to list common diseases and health problems experienced by each of these three groups. Make sure that all participants give ideas. After listing 5-10 problems under each group, stop.

Group Task: Divide the participants into three groups by asking them systematically to count off 1, 2, 3. All '1s' will form a group that looks at the problems listed for small children; the '2s' will look at adolescents and the '3s' will consider adults. Give each group flipchart paper. Ask each group to select a recorder and a moderator. Instruct the groups to take each disease/problem on their list and identify any actions, practices, behaviors that they know lead a person to contract the disease. Groups should take no more than 10 minutes. When the groups are finished, ask each group to present the flipcharts containing their deliberations. Invite other participants to ask questions or comment. Save the completed flipcharts for the next session.

Brief Talk: Thank the groups for their work. Ask participants to share how they knew that certain behaviors were linked to the identified problems and diseases. They may have given answers like, "That's what happened to my grandfather (or child)." "People in the community believe this is so." "After living in the community and watching people, I have come to know this." "I read about it in a magazine."

Highlight those responses that indicate the person had **observed** people in the community over a period of time. Explain that in public health we use systematic observation to make links between behavior and health in a scientific way. Share the example of the study in the box to the right. This compares different dietary behaviors among the Pima Tribe.

Also make two charts (or use PowerPoint) to show the results of the study more clearly. Using this type of study that observed people over time shows the effects of eating behavior. You may wish to copy this abstract as a handout for the participants along with the charts that follow.

For example, Chart 1 on the next page shows that the rate of getting diabetes over the six and a half years of study was greater

ABSTRACT - HANDOUT

Williams DE, Knowler WC, Smith CJ, Hanson RL, Roumain J, Saremi A, Kriska AM, Bennett PH, Nelson RG.

The effect of Indian or Anglo dietary preference on the incidence of diabetes in Pima Indians. *Diabetes Care* 2001 May; 24(5): 811-6.

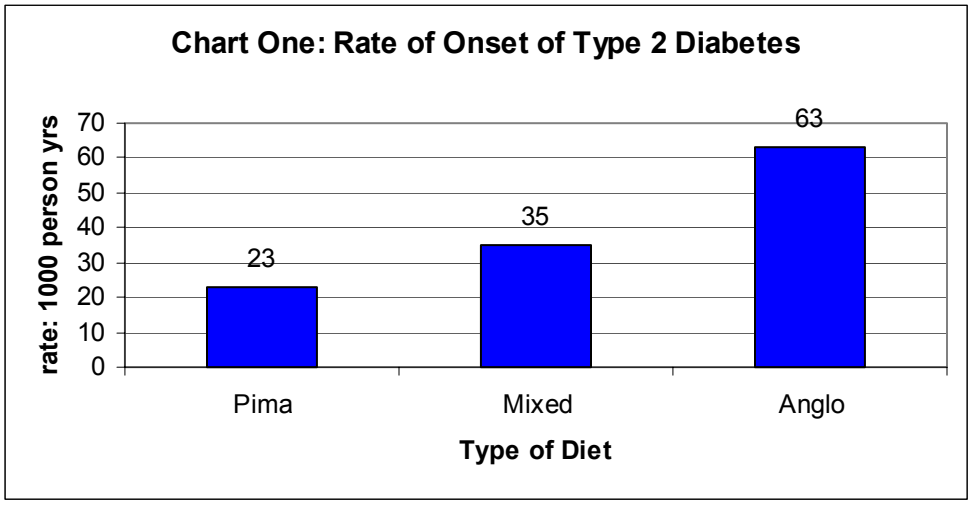
OBJECTIVE: In short-term studies, adoption of a traditional diet is associated with reduction in metabolic abnormalities often found in populations experiencing rapid lifestyle changes. We examined the long-term effects of a self-assessed traditional or nontraditional dietary pattern on the development of type 2 diabetes in 165 nondiabetic Pima Indians.

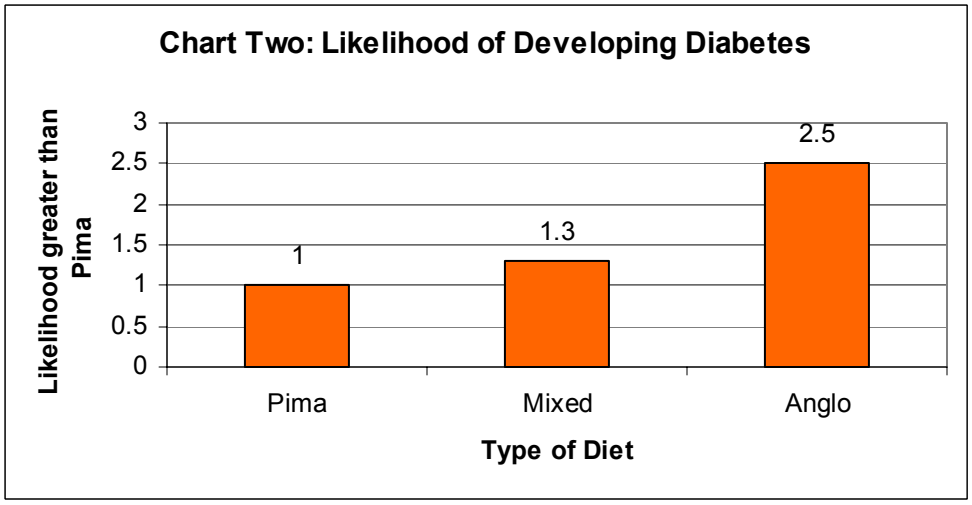
RESEARCH DESIGN AND METHODS: Dietary intake was assessed in 1988 by a quantitative food frequency method, and subjects were asked to classify their diet as "Indian," "Anglo," or "mixed." The Indian diet reflects a preference for Sonoran-style and traditional desert foods. The Anglo diet reflects a preference for non-Sonoran-style foods typical of the remaining regions of the U.S.

RESULTS: In women, the intake of complex carbohydrates, dietary fiber, insoluble fiber, vegetable proteins, and the proportion of total calories from complex carbohydrate and vegetable proteins were significantly higher ($P < 0.05$) in the Indian than in the Anglo diet. The mixed diet was intermediate in of all these constituents. In men, the intake for these nutrients was also higher in the Indian than in the Anglo group, but not significantly. Diabetes developed in 36 subjects (8 men and 28 women) during 6.2 years of follow-up (range 0.9-10.9). The crude incidence rates of diabetes were 23, 35, and 63 cases per 1,000 person-years in the Indian. mixed, and Anglo groups, respectively. After adjustment for age, sex, BMI, and total energy intake in a proportional hazards model, the risk of developing diabetes in the Anglo-diet group was 2.5 times as high (95%) CI 0.9-7.2) and the rate in the mixed-diet group was 1.3 times as high (0.6-3.3) as in the Indian-diet group.

CONCLUSIONS: This study suggests that the adoption of an Anglo diet may increase the risk of developing diabetes in Pima Indians, but it does not provide unequivocal evidence for or against this hypothesis.

for those who ate Anglo diet. Chart 2 shows that the chance of getting diabetes was 1.3 time higher for those eating mixed diet compared to traditional Pima diet, and 2.5 times greater for those who ate an Anglo diet.





Brief Talk

Explain that the Family Health Education (FHE) program recognizes that the behavior of parents affects not only of themselves but also of their child. Display the chart below and discuss the health issues and behaviors involved in the FHE program. Draw attention to items that the group mentioned during brainstorming and analyzed in their small groups as an example of how group members are already thinking about their roles as family health educators.

Family Health Education Concern	Related Behaviors
Good Nutrition (prevention of child malnutrition)	breastfeeding
Accident Prevention	not drinking alcohol when driving
(use group ideas to complete the chart)	

Briefly review this session by asking a few participants to summarize, with examples, the link between behavior and health. Finally, have the secretariat or a volunteer group member type up the chart and give trainees copies later.

Session 4: Antecedent Factors that Influence Health Behavior

Summary Table for Module 2, Session 4			
Objective: FHEs will determine the antecedent factors that influence health related behaviors			
Content	Methods	Resources	Evaluation
The PRECEDE Framework shows how Antecedent factors including 1) predisposing (e.g. knowledge, attitudes, beliefs 2) reinforcing (e.g. support of friends) 3) enabling (e.g. finance, skills, time), are linked with behavior. Examples of each type of antecedent will be given. Culturally relevant examples will be elicited. A brief review of qualitative and quantitative methods to determine these factors will be made.	1. Small group work to determine antecedents behaviors identified in previous session with emphasis on culturally relevant factors 2. Group presentations and feedback 3. Brief presentation - overview of PRECEDE 4. Brainstorming to identify a list of antecedents for one key FHE behavior 5. Discussion to sort the list by type of factor 6. Brief overview of methods to collect data for planning and evaluation	Time: 60 minutes Materials: Power point PRECEDE handout flipchart/board markers/chalk	review of group presentations; post-test

Introduce this session by reminding participants that we have just examined how people's behavior and actions influences their health and the health of their children. Explain that now the challenge is to understand why people behave the way they do. Note that without such an understanding of the reasons behind people's behavior, we as family health educators will not be able effectively to change unhealthy behaviors and encourage continued practice of healthy actions.

Ask the group to suggest general reasons why people behave the way they do. They will likely mention knowledge and beliefs. If not mentioned, ask the group if there are situations in the family, or at the workplace, or in a school classroom that might influence people's behavior. Again, if not mentioned, ask whether they are aware of any resources that people need or lack that could influence their behavior choices.

Group Work Ask participants to get back into the groups from the previous session. Ask the groups to do the following: 1) pick one health problem/disease from their list, 2) review the behavior(s) listed against that problem to ensure they still agree that the particular behaviors are relevant, and 3) think of all the reasons why people in their communities do or do not perform those behaviors. Ask the group to address issues such as beliefs and social relationships that are culturally relevant t explaining human behavior in their communities.

Groups should write their answers on a flipchart. Each group should be given a turn to present. They should post their original and new flipcharts side-by-side so that participants can see the link between health and behavior and reasons for the behavior(s). After each presentation ask the audience to raise questions, give comments and add to the factors that influence behavior. Post all finished flipcharts on the walls where they can be seen by all.

Brief Talk on PRECEDE Framework

Explain to participants that in health education there are ways of organizing our knowledge about why people behave the way they do in order to help us design better educational methods. This way of organizing factors that influence behavior is called the PRECEDE Framework. Define the three sets of factors in the PRECEDE Framework as follows (display these on a flipchart or PowerPoint slide for all to see):

PREDISPOSING FACTORS: Predisposing factors are those things that are already inside people's heads, for example their knowledge, beliefs, values, confidence and attitudes.
REINFORCING FACTORS: Reinforcing factors include those things that encourage us to repeat the behavior again and again and include the advice or pressure we receive from other people or the positive or negative experiences we have after trying the behavior.
ENABLING FACTORS: Enabling factors consist resources needed to carry out the behavior and include time, money, skills, materials, transport, etc.

Provide a handout as seen on next page and review how these factors affect whether people each a high fat and carbohydrate diet or not. Encourage group members to ask why factors are categorized the way they are. Ask group members if they have other factors to add to the chart.

Ask the participants to look again at the flipcharts from group work posted on the walls. Go through the lists of reasons for each behavior one-by-one. Ask the participants to say whether they think the reason is a predisposing, reinforcing or enabling factor, and then place a different color P, R, or E next to the factor accordingly.

Finally, examine the items on the flipcharts and handouts closely. Ask how the local cultural and social setting contributes to these factors that influence behavior. Ask whether there are belieFHE about foods and how traditional family structure reinforces certain behaviors.

Handout on Factors that Influence Behavior (PRECEDE FRAMEWORK)

Behavioral Antecedents	Behavior	Health Status
Predisposing Factors: • Believe original diet with beans, corn, etc., is 'old fashioned' • Lack knowledge of recipes for vegetables • Lack knowledge of health implications of diet • Believe diabetes is something other people get, 'not me' • (add other ideas from trainees) •		
Reinforcing Factors: • Grandmother prepares and encouraged eating • Friends eat these foods together • These Foods are highly advertised • These foods make one feel full, satisfied • See relatives cope with diabetes so feel it is normal • (add) •	Eating "Anglo" diet high in fat and carbohydrates	Developing Type II Diabetes
Enabling Factors: • These foods are readily available • They are less expensive than meat and vegetables • Many are 'ready to eat' needing little preparation • (add) •		

Brief Overview of Ways of Collecting Information

Next lead the group in discussing ways to gather information of what influences people's health-related behaviors in their communities. Say that, "Remember that we talked about "observing" behavior, what other things could we observe?" If responses are slow in coming, draw attention to the list of enabling factors above. Ask such questions as, "How do we find out what people know, believe or feel?" "How do we learn about the important people that reinforce the behavior of others in the family, in the community?" Use participants' ideas to briefly talk about the importance of interviewing people individually or in groups.

Session 5: Appropriate Methods and Strategies

Summary Table for Module 2, Session 5			
Objective: FHEs will select appropriate health education methods and strategies.			
Content	Methods	Resources	Evaluation
A "diagnosis" of antecedent factors is used to select appropriate health education strategies. These strategies are grouped broadly as communication strategies to address predisposing factors; social support strategies to address reinforcing factors; and resource development strategies to address enabling factors. Examples of methods for each strategy will be presented, especially those that are culturally relevant.	1, Brainstorming a list of health education methods 2. Discussion to sort the methods by type of strategy 3. Identify specifically local learning methods that are culturally relevant 4. Small group work to assign strategies to the antecedents developed and categorized in the previous session 5. Presentation of group work	Time: 90 minutes Materials: handout of methods power point flipchart markers	review of group presentation; post-test

Brief Talk:

Introduce this session be explaining that the reason we try to find out the factors that influence a behavior is so that we can select health education methods and strategies that appropriately address those factors that really are important. Explain that some health and community workers use educational methods because these methods are familiar or appealing to them. Maybe they always give a talk and show a poster. Maybe they like to hold discussion groups or show health videos. As we have seen, many factors influence behavior. If, for example, the main reason people in a certain community don't eat a healthy diet is that they cannot afford more nutritious food, talks and posters will not change that so easily. Instead, community members may need to work together for form a food cooperative. They may also approach local grocery stores to get them to stock seasonal and less expensive fruits and vegetables. Another approach may be to work with families to help them learn budgeting skills. As health educators, we need to learn how to use a variety of methods that will help people overcome their problems in the most appropriate way.

Another aspect of choosing health education methods is the need to find ways to reach and communicate with people in a socially and culturally appropriate way.

The health educator might think, “Discussion group is a good way to bring people together. It saves time and money. People can encourage each other by sharing their own experiences.”

Community members may think, “I don’t want to share my feelings and problems in a group. I don’t know if I can trust other people with my life and personal details. I would rather talk with the health educator one-on-one.”

Session 6: Participatory Approaches to Using Materials

Summary Table for Module 2, Session 6			
Objective: FHEs will demonstrate a participatory approach to using health education materials.			
Content	Methods	Resources	Evaluation
First the various forms of teaching/learning aids will be presented. Mention will be made of the sources of such materials and how they are developed. Issues such as comprehension, perception and cultural appropriateness will be raised.	1. Brainstorming of various visual aids 2. Discussion of strengths and weaknesses of each type of aid and of visual support materials in general 3. Brief presentation on the development process of teaching and learning aids with emphasis on the process of 'pre-testing' 4. Demonstration of the participatory process of using visual aids 5. Return demonstration by participants	Time: 60 minutes Materials: Sample posters made from Family Health Education curriculum pages Power point	observation of return demonstrations; post-test

Session 7: Evaluating Health Education

Summary Table for Module 2, Session 7			
Objective: FHEs will describe how and why one does evaluation to determine effect and success of health education programs.			
Content	Methods	Resources	Evaluation
Just as health educators gather information about behaviors and their antecedents before a program, they also want to gather the same information later to see if the intervention has produced any changes.	1. Brainstorming about what one would look for as FHE outcomes. 2. Brief presentation on different evaluation methods/tools. 3. Small group work on matching FHE outcomes and evaluation tools. 4. Presentation of group work. 5. Brief presentation and overview of evaluation instruments for the Family Health Education Curriculum with discussion	Time: 60 minutes Materials: power point flipchart markers sample forms	post-test

Session 8: Wrap-up (Time: 30 Minutes)

Thank the trainees for their ideas and participation during the day. Remind them that health education underlies all of the activities they will carry our and services they will provide as a family health educator.

Ask the group is there are any points that remain unclear. When a point is raised, ask if another group member wants to help explain or clarify. Add additional explanation only if the person who asked the question is still not certain she/he understands.

Ask the group to give a few brief examples of how these ideas about health behavior and health education can be applied to real issues they face in their jobs or own lives. Probe about using information on factors that influence behavior and about selecting health education strategies.

Close by reminding the group of the next training session.