Course Learning Outcomes for Unit V

Upon completion of this unit, students should be able to:

1. Determine strategies to confront prevalent community health issues facing the United States.
   1.1   Identify how to use the health belief model to confront prevalent community health issues.
   1.2   Explain the appropriate teaching mechanism needed to provide health education.

Reading Assignment

Chapter 8:
Theories in Health Education and Health Promotion

Chapter 9:
Methods in Health Education and Health Promotion

Unit Lesson

In Unit IV, we discussed models used in community planning. During this unit, we will discuss why theory is important in community and public health.

Theory is defined as a set of concepts and definitions that give a review of events in order to predict events or situations. They help explain why individuals or communities engage or do not engage in certain activities or behaviors. They help to predict who will engage or not engage in these behaviors or activities (Sharma, Branscum, & Atri, 2014). The use of theory in community and public health has increased tremendously. Decades ago, there were only one or two textbooks that discussed theory. Presently, there are many textbooks and articles that discuss theory. Our textbook discusses many different theories and models. Unfortunately, we are unable to discuss all of them in this study guide.

The health belief model (HBM) was one of the first theories developed. It was developed to help explain why some community members participated in health services and others did not. This theory attempts to predict and explain health-related behaviors. According to Sharma et al. (2014), the model has six focus points called building blocks:

1. *Perceived susceptibility:* The first building block is the individual's belief that they will develop a condition or disease if they engage or do not engage in certain behaviors.

2. *Perceived severity:* The second building block is the individual's belief that the condition or disease is serious and could result in harm.

3. *Perceived benefits:* The third building block is the individual's belief that there are advantages to attempting to reduce conditions or disease risks.

4. *Perceived barriers:* The fourth building block is the individuals' impediments that are faced when adopting certain behaviors.

5. *Cues to action:* The fifth building block refers to environmental and/or internal triggers. These triggers can increase or decrease the likelihood of the individual engaging in a certain behavior.

6. *Self-efficacy:* The final building block was added to the models in the late 1980s. Self-efficacy is the individual's belief and confidence in their ability to engage or overcome a barrier. (p. 234)

The transtheoretical model (TTM) was conceptualized and created in the late 1970s. This model uses psychotherapies as the core. The TTM looks at what to change, when to help people change, and how to help them change. The when, what, and how are the three building blocks of the TTM.

The theory of reasoned action (TRA), theory of planned behavior (TPB), and integrative model (IM) all build on each other. TRA was the first of these theories and contains three building blocks: behavioral, attitudinal, and subjective norms. TRA did not deal with behaviors where individuals did not have control, thus the TPB was conceptualized and proposed. Perceived behavioral control was added and helped form TPB. Eventually TRA and TPB were combined and formed the IM (Sharma et al., 2014).

Social cognitive theory (SCT) was conceptualized and created in the 1960s. It was initially named the social learning theory, but was later renamed to SCT. SCT is driven off the fact that human functioning is the result of relationships between behaviors, cognitive factors, personal factors, and environmental events. Knowledge, perceived self-efficacy, perceived impediments, outcomes, and goals are the five building blocks of SCT (Sharma et al., 2014).

Social marketing is a program-planning theory that applies marketing concepts to promote voluntary change. Exchange theory, audience segmentation, competition, marketing mix, orientation, and monitoring are the key building blocks for social marketing. The final theory we covered in this unit is the diffusion of innovation theory which has four building blocks. They are innovation, communication channels, time, and systems. This theory looks at the spreading of ideas, practices, or objectives in a system through specific channels (Sharma et al., 2014).

Methods of Teaching and Learning

The VARK model of learning looks at visual, auditory, reading/writing, and kinesthetic modalities to learning. Visual learners learn best by seeing information. The best way to teach them is by using visual mediums such as graphs, flowcharts, and other visual medium. Auditory learners learn by hearing. The information they hear is then used for discussion with others. These learners prefer lectures, videos, and other audio mediums. Reading and writing learners learn best when they read information and then write it out. Sometimes they write verbatim and other times they use their own words and summarize. The last type of learner in the VARK model is the kinesthetic learner. These learners prefer simulation. They learn best by actually performing the task (Sharma et al., 2014).

Cognitive and affective methods of teaching are the two main types of methods in lifestyle interventions. *Cognitive methods* rely on new information. It involves logically gathering new information. The main cognitive methods used in community health and health educations are described below (Sharma et al., 2014):

1. *Lecture:* This is the most well known. Knowledge-based and skills-based are the two types of lectures. Knowledge-based involves a teacher or professor giving a presentation to a group. Skill-based lectures involve presenting a lecture combined with learning a skill.

2. *Case Study:* This method involves the presentation of information based on a real or imagined situation. There is discussion and analysis after the situation is presented. A closed case study has a beginning, middle, and end. An open-ended case study presents the beginning of the scenario; however, the open case study presents an issue and asked the students to analyze the situation.

3. *Documentary:* This type of learning method involves a film that gives an account of a specific situation in an unbiased manner. Documentaries help break the monotony of typical lectures.

4. *Guest speaker:* This type of teaching method involves a guest speaking to the group. It is ideal if the guest speaker is an expert in his or her area of study. Other times the guest speaker is not an expert, but they have experienced or endured the condition or lesson that the instructor wants to convey to the group.

5. *Panel–debate:* The panel–debate involves groups divided into subgroups and takin a different side of an issue. One group is for the issue and the other group is against the issue.

6. *Field trip:* The last type of teaching method is the field trip. This involves taking activities outside of the class so that the group can experience real-world scenarios and settings.

The *affective methods* are gathered by stimulating emotions. The main affective methods used in community health and health education are described below (Sharma et al., 2014):

1. *Role-play:* Role-playing involves an individual being given a scenario and a role in the scenario. The individual is asked to play out the role. An example of role-playing is if you were asked to discuss how you would give nutrition and diet information to a community member who has low health literacy. How would you relay the information to them?

2. *Simulation:* Simulation is very similar to the role-play. The major difference is that the simulation tends to involve an unfamiliar scenario.

3. *Psychodrama:* This type of teaching method involves a professional actor or actress that performs a skit or scene pertaining to the topic or issue.

4. *Stress reduction:* There are many types of stress techniques. There are many definitions of stress, so consequently, there are numerous strategies and therapies that are used to reduce stress. Stress reduction can include relaxation training, yoga, hypnotism, prayer, and exercise. Many times stress reduction depends on the person. For instance, you might have a friend who says that sleeping is a stress reducer, or a friend who watches movies as a stress reducer.

5. *Small group discussion:* Small group discussions entail the instructor placing individuals into groups. The group in turn discusses their knowledge, attitudes, beliefs, and values of the topic or issue.

6. *Film:* Using film to illustrate health conditions or issues is an example of affective teaching method. For instance, a film may get shown that discusses obesity and the dangers associated with it. The group will discuss their thoughts on the film via a paper or as an open discussion. YouTube is also a good way to show community and public health issues. The group can view the video and openly discuss the content.

7. *Interactive field trip:* Finally, the interactive field trip allows the observation or participation in events. One fun example of this in the health field is "Outbreak at Watersedge," a game about public health, created by the School of Public Health at the University of Minnesota. You can play this game at http://www.mclph.umn.edu/watersedge/.

The environmental methods in community health and health promotion are designed to create and implement laws or policies. Policies are sets of rules that are made to achieve a specific purpose (Sharma et al., 2014). Public policy is the guiding courses of action pursued by governmental agencies. They are created to solve problems that affect society. One example of public policy includes the setting of the alcohol concentration to define illegal driving (McKenzie, Pinger, & Kotecki, 2013). Law is a set of rules that the government makes to achieve a purpose. Laws are enforced by governmental agencies (Sharma et al., 2014).

References

McKenzie, J. F., Pinger, R. R., & Kotecki, J. E. (2012). *An introduction to community health* (7th ed.). Sudbury, MA: Jones & Barlett.

Sharma, M., Branscum, P.W., & Atri, A. (2014). *Introduction to community and public health.* San Francisco, CA: Jossey-Bass.