



MONTCLAIR STATE
UNIVERSITY

Montclair State University
**Montclair State University Digital
Commons**

Department of Public Health Scholarship and
Creative Works

Department of Public Health

Spring 4-2010

Practice Notes: Strategies in Health Education

Lisa D. Lieberman

Montclair State University, liebermanl@montclair.edu

Follow this and additional works at: <https://digitalcommons.montclair.edu/public-health-facpubs>



Part of the [Clinical Epidemiology Commons](#), [Community Health and Preventive Medicine Commons](#), [Emergency Medicine Commons](#), [Environmental Public Health Commons](#), [Epidemiology Commons](#), [Health Services Administration Commons](#), [Health Services Research Commons](#), [International Public Health Commons](#), [Medical Education Commons](#), [Mental and Social Health Commons](#), [Other Medicine and Health Sciences Commons](#), [Other Public Health Commons](#), [Patient Safety Commons](#), and the [Public Health Education and Promotion Commons](#)

MSU Digital Commons Citation

Lieberman, Lisa D., "Practice Notes: Strategies in Health Education" (2010). *Department of Public Health Scholarship and Creative Works*. 160.

<https://digitalcommons.montclair.edu/public-health-facpubs/160>

This Article is brought to you for free and open access by the Department of Public Health at Montclair State University Digital Commons. It has been accepted for inclusion in Department of Public Health Scholarship and Creative Works by an authorized administrator of Montclair State University Digital Commons. For more information, please contact digitalcommons@montclair.edu.



Practice Notes: Strategies in Health Education

The Practice Notes section is intended to keep readers informed about health education practice around the country. It is an attempt to spread the word about exemplary strategies, initiatives, and programs and share successes in overcoming obstacles or challenges. Periodically, articles presenting perspectives on practice-related issues are also included in Practice Notes.

Program: Be Red Cross Ready: Community Preparedness Through Innovative Partnerships

Sponsor: American Red Cross El Paso Area Chapter, University of Texas at El Paso, and Hispanic Health Disparities Research Center

Objective

The purpose of the Be Red Cross Ready Community Outreach Project (BRCR) was to train health education students to provide high-quality, theory-driven community preparedness education in a community on the U.S.–Mexico border. This aim was achieved through an innovative partnership between a community organization, federal research center, and university. The ultimate goal of the project was to increase disaster and emergency preparation to protect, promote, and preserve the health of the public.

Assessment of Needs

The terrorist attacks of September 11, 2001, and the devastation of Hurricane Katrina highlighted the complete lack of emergency and disaster preparedness (also

known as *community preparedness*) planning and education in the United States and dictated the need for such preparedness. A previous study found that most participants were aware of the need to become prepared but were unsure of how to begin the process. In addition, participants agreed that the general public needed additional emergency information and education that should be provided by a trusted and prepared source (Chesser et al., 2006).

The American Red Cross reported that only 1% of El Pasoans would be prepared should a manmade or natural disaster strike, compared with 7% of Americans. El Paso is not impervious to emergency situations. Fires, flooding, and other situations requiring first aid and CPR are common occurrences in El Paso, and the community is strikingly underprepared for such emergent situations. Proper preparation can minimize the effect of such events and save lives.

There is an urgent need to disseminate culturally appropriate information regarding feasible preparedness actions among minority communities (Messias & Lacy, 2007). The ability to disseminate information to diverse priority populations is a critical skill for health educators. Incorporating Hispanic cultural assets such as familism into health education programs may facilitate both community preparedness and student competency and confidence in a region that is predominantly Hispanic (primarily Mexican American).

Program Strategy

The American Red Cross El Paso Area Chapter (ARC) partnered with the University of Texas at El Paso (UTEP) and the Hispanic Health Disparities Research Center to plan, implement, and evaluate the project. Specifically, the goal of the BRCR was to increase access to no-cost, high-quality community preparedness education.

The students completed the ARC community preparedness education and instructor training certification, and they modified the ARC curriculum to incorporate culturally relevant and theory-driven concepts and constructs. The educational intervention was provided to approximately 300 UTEP students, faculty, and staff. The UTEP community was selected as the priority population for this project because it is one of the largest employers in El Paso. Participants acquired information and gained skills to be better prepared in the event of an emergency situation.

Evaluation Approach

The approach to evaluation was twofold. The participants in the BRCR program and the student educators were both evaluated. The participants who received the preparedness education completed a questionnaire before and after intervention that was grounded in the constructs of

the Health Belief Model to determine the effects of the intervention on perceived susceptibility to and seriousness of emergency situations, perceived benefits and barriers to emergency preparedness, and preparedness self-efficacy.

The students were administered a questionnaire that consists of a demographic profile and the Self Assessment for Health Educators–Perceived Competence from the National Commission on Health Education Credentialing (2007) prior to and after participation in the disaster preparedness community outreach project to determine if perceived competence in the seven areas of responsibility for health educators increased as a result of planning, implementing, and evaluating the BRCR program.

Implications for Practitioners

Through this partnership, the ARC provided community preparedness education to a large group of El Pasoans and advanced their organizational mission. In addition, the ARC trained a new cohort of volunteers. Ideally, the students' sense of service to their community will be enhanced as a result of participation, and this service will continue upon completion of the project to further diffuse the mission of the ARC and improve the health of the community.

A new cohort of health educators received valuable, practical experience. Planning, implementing, and evaluating the BRCR program improved students' knowledge, skills, and perceived competence as public health educators. The students honed their health education skills and provided effective theory-driven education in a culturally appropriate and sensitive manner. They also analyzed data and reported their results to the community partners, building confidence and strengthening relationships. These future practitioners will enter the workforce with more experience to advance the mission of the health education profession.

For more information, contact Sharon Thompson, MPH, PhD, Associate Professor, University of Texas at El Paso, Department of Health Promotion, 1101 North Campbell Street, El Paso, TX 79902; phone: (915) 747-7221 or (915) 747-7207; e-mail: sthompson@utep.edu; or Holly Mata, MS, LSC, Graduate Research Associate, University of Texas at El Paso, College of Health Sciences, Interdisciplinary Health Sciences PhD Program, 1101 N. Campbell, Box 714B, El Paso, TX 79902-0581; phone: (575) 551-1458; e-mail: hjdempsey@miners.utep.edu.

Authors' Note

This was funded by the National Institutes of Health, National Center on Minority Health and Health Disparities (Grants P20 MD 000548 and P20 000548). The content is solely the responsibility of the authors and does not necessarily represent

the official views of the National Center on Minority Health Disparities or the National Institutes of Health. This was a joint venture of the University of Texas at El Paso and the University of Texas Health Science Center at Houston School of Public Health.

References

- Chesser, A., Ablah, E., Hawley, S. R., Wolfe, D., St. Romain, T., Grube, C. D., & Molgaard, C. A. (2006). Preparedness needs assessment in a rural state: Themes derived from public focus groups. *Biosecurity and Bioterrorism: Biodefense, Strategy, Practice, and Science*, 4, 374-383.
- Messias, D. K. H., & Lacy, E. (2007). Katrina-related health concerns of Latino survivors and evacuees. *Journal of Health Care for the Poor and Underserved*, 18, 443-464.
- National Commission on Health Education Credentialing. (2007). *The health education specialist: A study guide for professional competence* (5th ed.). Whitehall, PA: Author.

Program: JointUse.org, a Website to Promote the Shared Use of School and Community Spaces to Keep People Active and Healthy

Sponsors: Prevention Institute, Berkeley Media Studies Group

Objective

We developed the website www.jointuse.org to create visibility for a public health strategy called *joint use*, which allows schools and communities to share spaces like gymnasiums, athletic fields, and swimming pools to facilitate physical activity. The site brings together the work of California's foremost joint use experts and houses it all in one place, making it easier for public health advocates to find the resources they need to build momentum for joint use projects. Whereas the site focuses primarily on California, many of the resources apply nationwide.

Assessment of Needs

The research is clear: Physical activity is a strong determinant of health, but most Americans don't get enough to be healthy. About 60% of U.S. adults do not get the recommended amount of physical activity. Twenty-five percent are physically inactive (Centers for Disease Control and Prevention, 1996), and inactivity-related health problems such as Type 2 diabetes and heart disease are on the rise in the United States, often with fatal consequences. Approximately 250,000 deaths a year in the United States can be attributed to physical inactivity (Booth, Gordon, Carlson, & Hamilton, 2000).

Many Americans don't get enough exercise simply because they don't have places to be active. This is particularly true for low-income communities and communities of color, which typically have less park space and are less likely to have houses with private backyards (Sister, Wilson, & Wolch, 2007).

Research shows that people who have parks nearby exercise 38% more than do those who do not have easy access (Kerr, 2008). Using joint use partnerships to open schoolyards after hours is one way to decrease disparities in open space and create environments where kids and adults can be active. For years, members of California's joint use task force, representing more than a dozen organizations across the state, have been working to encourage the creation of more joint use partnerships. The problem was that until recently they had no efficient way to communicate, pool their resources, or work together as a group.

Program Strategy

The June 2009 launch of jointuse.org was designed to address the need to link available physical activity spaces to potential users. The site has solidified the efforts of the California Joint Use Task Force and become a communications hub for advocates, school and public officials, and others who are interested in joint use.

The task force's combined resources allow site visitors to view Photovoice (Wang & Burris, 1997) projects done by young people showing what systemic conditions are making it hard for them to be active, watch videos of successful joint use projects in action, find the locations of joint use partnerships in California, download sample joint use agreements, join a discussion forum to interact with task force members, and get tips on jumpstarting a joint use partnership in their own community.

The site proactively frames joint use as a health issue. Videos focus on solutions while illustrating the community benefits of joint use and physical activity, such as improved academic performance and community cohesion. Jointuse.org puts what can be intimidating policy language in the context of fun, possibility, and a can-do spirit.

Evaluation Approach

The site administrator tracks various web metrics including number of visitors and average time on the site to see who is using the site, how often, and in what ways. The administrator also monitors the number of users registered to use the discussion board and how many people have subscribed to the jointuse.org newsletter. A feedback inbox allows visitors to submit questions, comments, and suggestions for improvements. Visitors can also submit details about their community's joint use partnership for inclusion on an interactive map.

Implications for Practitioners

Joint use partnerships improve people's chances of being healthy by making it easier for them to be physically active. Jointuse.org creates awareness about these partnerships and, unlike many websites, places the issue itself—rather than individual organizations—front and center. Informal assessments from users indicate they appreciate that approach. The website's structure and main features would be easy to replicate for nearly any public health issue.

For more information, contact Manal Aboelata, Prevention Institute, PO Box 8480, LA, CA 90008; phone: (323) 296-5750; e-mail: manal@preventioninstitute.org; or Heather Gelert, Online Communications Specialist, Berkeley Media Studies

Groups, 2140 Shattuck Ave, suite 804, Berkeley, CA 94704; phone 510-204-9700; e-mail: Gehlert@bmsg.org.

References

- Booth, F. W., Gordon, S. E., Carlson, C. J., & Hamilton, M. T. (2000). Waging war on modern chronic diseases: primary prevention through exercise biology. *Journal of Applied Physiology*, 88, 774-787.
- Kerr, J. (2008). *Designing for active living among adults*. San Diego, CA: Active Living Research, Robert Wood Johnson Foundation. Retrieved May 21, 2009, from http://www.activelivingresearch.org/files/Active_Adults.pdf
- Centers for Disease Control and Prevention. (1996). *A report of the Surgeon General: Physical activity and health*. Washington, DC: U.S. Department of Health and Human Services. Retrieved May 21, 2009, <http://www.cdc.gov/NCCDPHP/sgr/pdf/sgraag.pdf>
- Sister, C., Wilson, J., & Wolch, J. (2007). *The Green Visions plan for 21st century southern California: Park congestion and strategies to increase park equity*. Los Angeles: University of Southern California GIS Research Laboratory and Center for Sustainable Cities. Retrieved May 21, 2009, http://www.greenvisionsplan.net/html/documents/15_green_visions_park_congestion_and_strategies_to_increase_park_equity.pdf
- Wang, C., & Burris, M. (1997). PhotoVoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior*, 24, 369-387.

PRACTICE NOTES EDITORIAL COMMITTEE

Lisa D. Lieberman, PhD, CHES, Department of Health and Nutrition Sciences, Montclair State University, New Jersey.

SUBMISSION INFORMATION

Abstracts for Practice Notes and all correspondence concerning abstract review should be sent to Lisa D. Lieberman, Department of Health and Nutrition Sciences, Montclair State University, liebermanl@mail.montclair.edu. Submissions, formatted in Word, can be sent by e-mail attachment to liebermanl@mail.montclair.edu. Published manuscript length is approximately 300 words (excluding headings and contact information). Submitted manuscripts may be up to 700 words and will be edited for length and clarity. Include the following: name of initiative or program, contact person, sponsoring agency or agencies, address, and phone number. The program description should include the following headings: Objective, Assessment of Needs, Program Strategy (e.g., risk reduction, community organizing, media advocacy, disease management, policy advocacy, coalition building, social support, etc.), Evaluation Approach, and Implications for Practitioners (including descriptions of any special challenges or unique circumstances that the project has overcome). Authors should not include evaluation results because Practice Notes is intended to describe processes and programs, not to assess outcomes. Submissions will be judged on applicability and utility to the health education practitioner, clarity of objectives, innovativeness and creativity, existence of evaluation plan, and potential replicability. Additional artwork, graphs, or tables may be submitted in camera-ready form.