Health Education & Communication

Module 2 : EYE : Fourth Year MBBS

بسم الله الرحمن الرحيم

Vision & Mission of RMU

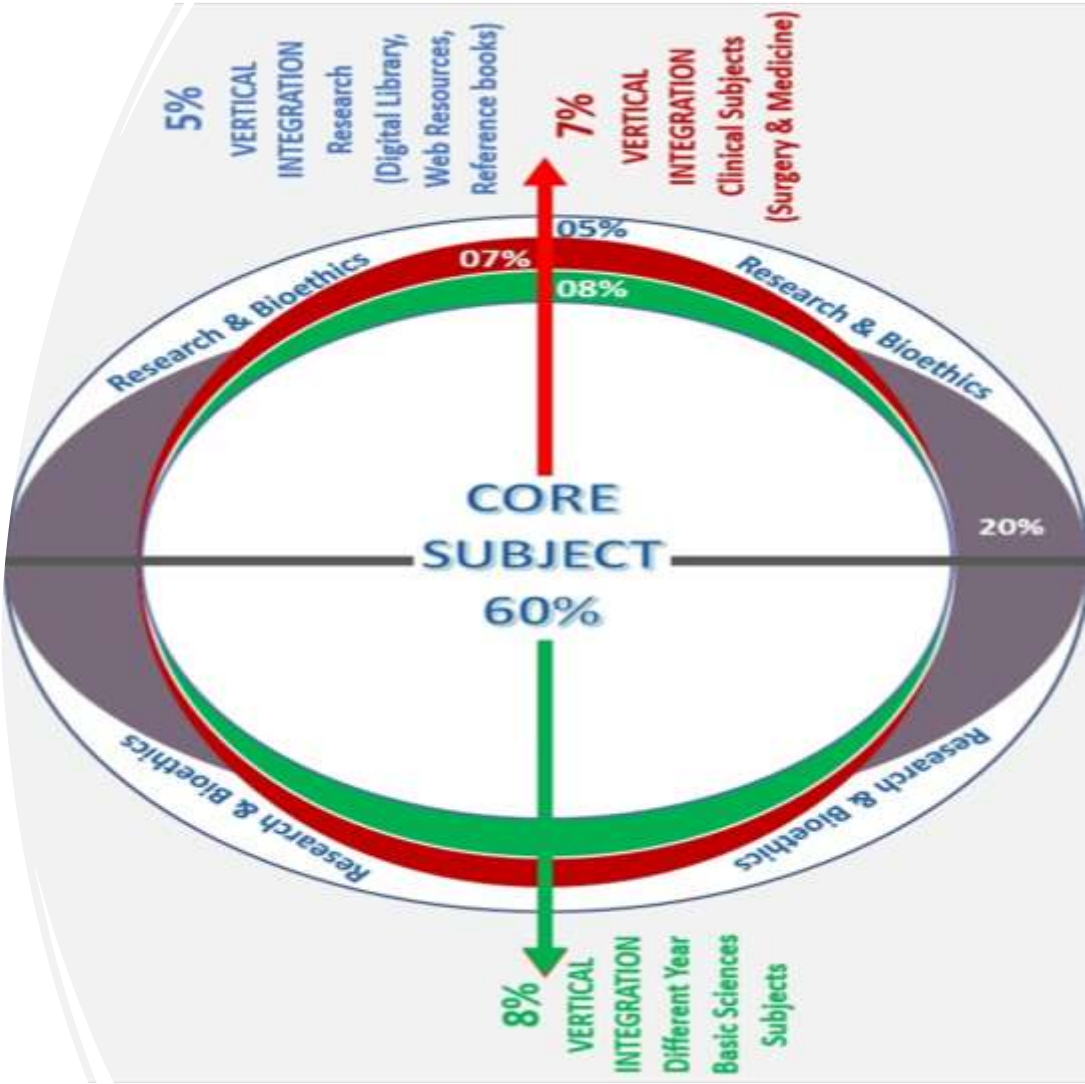
Vision

Highly recognized and accredited center of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

- Prof Umar's Model



Sequence of the Session

- Learning outcomes (1 slide)
- Core Subject (16 slides)
- Vertical integration (1)
- EOLA(End of lecture assessment) (1 slide)
- Further reading/Digital Library References (I slide)
- Research, Bioethics, Artificial Intelligence (3 slides)

Learning objectives

By the end of this lecture students will be able to describe

- Explain principles of health education
- Appraise different ways of practice of health education
- Understand social marketing
- Comprehend CHC message development protocol

Core subject

Health practitioner involvement in health education

- Explaining to patients and attendants
- Explaining prescriptions for treatment
- Advice on changing harmful health habits
- Hopefully-encourage civic action to provide a healthful environment

Methods of maintaining behavioral change

- Support groups e.g weight management group
- Positive reinforcement
- Negative reinforcement e.g taking fine for smoking in smoking cessation programmes

Foundations of health education

- Behavioral sciences
  - psychology
  - sociological approach
  - anthropology
- Formal & informal education
- Public health

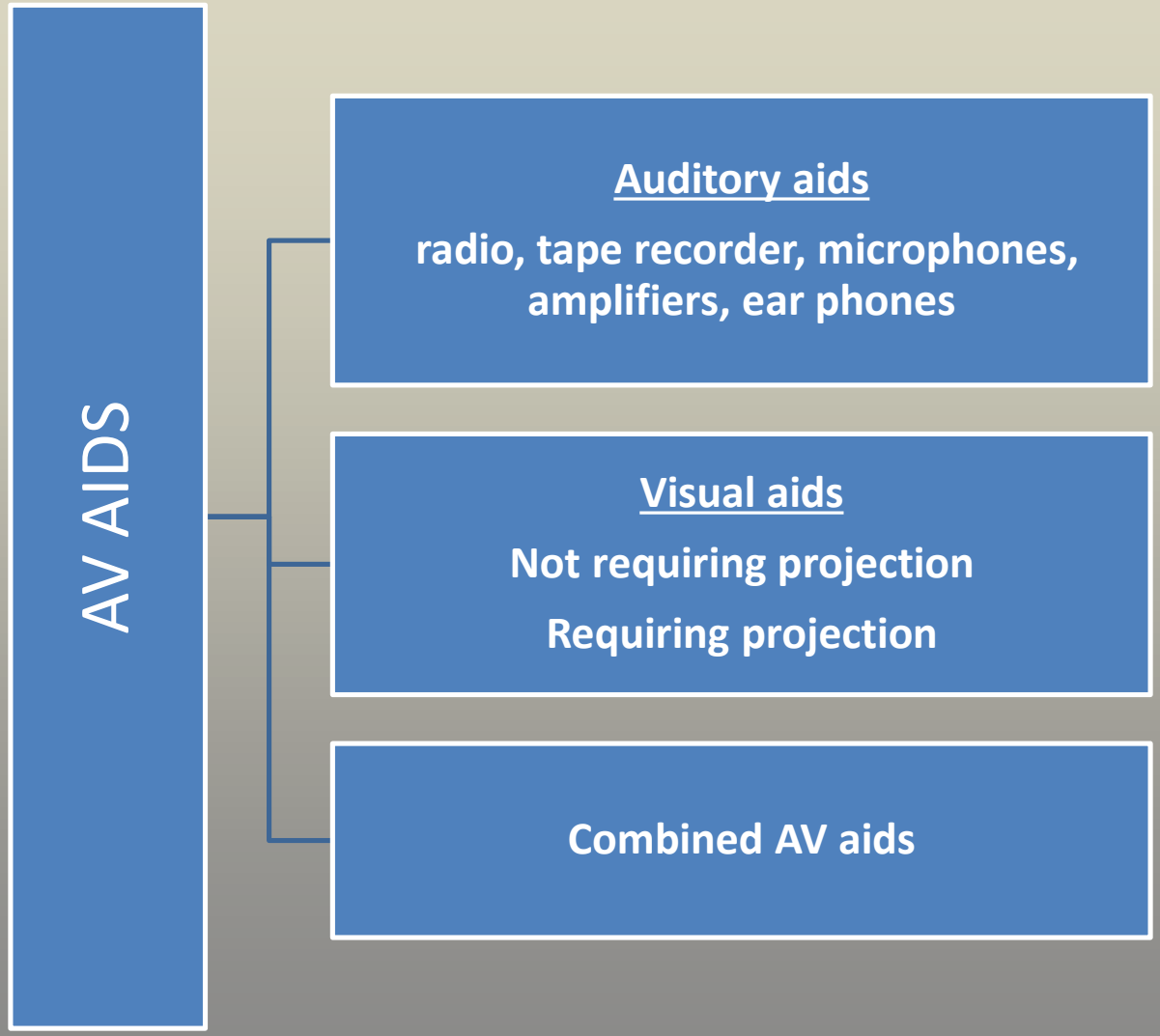
  tools for public health(epidemiology, biostats, health education methods) help educator in developing, implementing & evaluating health education programs

Key Principles of Health Education

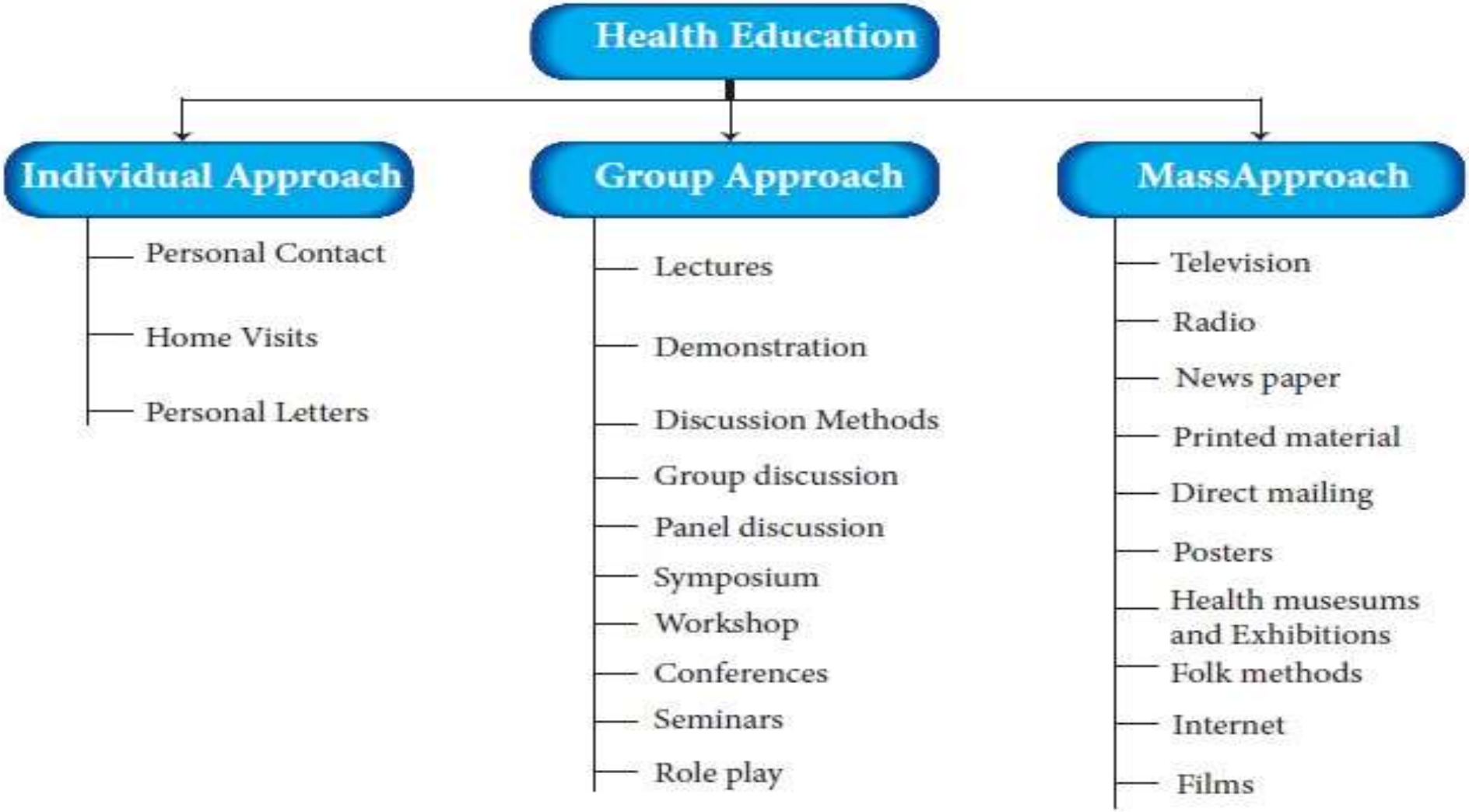
- Credibility
- Interest
- Participation
- motivation
- Comprehension
- Reinforcement repetition
- Learning by doing
- Known to un known
- Setting an example
- Good Human Relations
- feedback
- Leadership

Practice of Health Education

- Audiovisual aids
  - Auditory aids
  - Visual aids
  - Combined AV aids
- Methods in health communication
  - Individual approach
  - Group approach
  - Mass approach


AV AIDS
Auditory aids
radio, tape recorder, microphones, amplifiers, ear phones
Visual aids
Not requiring projection
Requiring projection
Combined AV aids

METHODS IN HEALTH COMMUNICATION



Mass media

- Reaches widest population
- Gets public attention
- More effective for those with above average educational level
- Gives support to concentrated programs such as those for a week or month

Personal communication

- Capitalizes on warmth and understanding and knowledge of communication
- Provides the opportunities for involvement, for asking questions, expressing fears and learning more.
- More for average and below average educational level
- Changes in behavior more readily, when reasonable explanations are presented

Past Achievements of Health Educators

- Health Edu. Campaigns for EPI, ORT, Anti-Smoking, less use of sugar and Ghee e.t.c
- Film shows in slums
- Video cassettes for mass education
- Question Answer talks on Radio& T.V.
- Health Education program for Schools.
- Transport Advertisement planned.
- Articles for publication.
- Cinema slides for theatre.

Constraints of Health Education Programs

- Human resource constraints
- Financial resource constraints
- Lack of Organizational framework to integrate with other sectors.
- Un-coverage of Illiterate population.
- Absence of training in H.E. and communication
- Lack of research in the relevant field.
- Irresponsible Evaluation of Health Education programs.

Planning and management

- Collection of information
- Identification of the problem
- Deciding on priorities
- Setting goals and measurable objectives
- Assessment of resources
- Consideration of possible solution
- Preparation of a plan of action
- Implementing the plan
- Monitoring and evaluation
- Reassessment of the process of planning

Evaluation of program

- Evaluation is the process of inquiry into the performance of a program me
- Two major components
  1. formative evaluation
  2. summative evaluation

Hospital based health education

- General awareness of the importance of early diagnosis & t/m.
- Better communication b/w health care professional & members of the community.
- Increased community support
- Continued education after hospitalization to follow up.
- Accompanied relatives should be contacted.

Developing a health education message

- Simple
- Concise
- Focused

Social Marketing

"Social marketing is the practice of utilizing the philosophy, tools, and practice of commercial marketing for health and /or social programs."

Factors in Social marketing

- Knowledge
- Attitude
- Behaviour
- Social norms and values
- Religion and cultures
- Ability
- Life style
- Influences

VERTICAL INTEGRATION

Research Article

Qualitative Health Research
2020, Vol. 30(1) 88–104
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SAGE

Patients' Experiences of Cardiovascular Health Education and Risk Communication: A Qualitative Synthesis

Stefanie Mentrup[1], Emma Harris[2], Tim Gomersall[2], Sascha Köpke[1], and Felicity Astin[2,3]

Abstract

Coronary heart disease (CHD) has no cure, and patients with myocardial infarction are at high risk for further cardiac events. Health education is a key driver for patients' understanding and motivation for lifestyle change, but little is known about patients' experience of such education. In this review, we aimed to explore how patients with CHD experience health education and in particular risk communication. A total of 2,221 articles were identified through a systematic search in five databases. 40 articles were included and synthesized using thematic analysis. Findings show that both "what" was communicated, and "the way" it was communicated, had the potential to influence patients' engagement with lifestyle changes. Communication about the potential of lifestyle change to reduce future risk was largely missing causing uncertainty, anxiety, and, for some, disengagement with lifestyle change. Recommendations for ways to improve health education and risk communication are discussed to inform international practice.

Keywords

acute myocardial infarction; coronary heart disease; patient education; patient experience; qualitative synthesis; secondary prevention; risk communication; patient-centered care; lifestyle change; qualitative research; thematic synthesis; Europe

- **Research,Bioethics, Artificial Intelligence**

Ethics & health education

- https://www.nchec.org/code-of-ethics#:~:text=Health%20Education%20Specialists%20are%20ethically,values%2C%20attitudes%2C%20and%20opinions.

- **Article I: Core Ethical Expectations**

Health Education Specialists display personal behaviors that represent the ethical conduct principles of honesty, autonomy, beneficence, respect, and justice. The Health Education Specialist should, under no circumstances, engage in derogatory language, violence, bigotry, racism, harassment, inappropriate sexual activities or communications in person or through the use of technology and other means

Research in health education

- https://journals.lww.com/academicmedicine/Fulltext/2021/03000/Decolonizing_Global_Health_Education__Rethinking.16.aspx
- Abstract

Global health often entails partnerships between institutions in low- and middle-income countries (LMICs) that were previously colonized and high-income countries (HICs) that were colonizers. Little attention has been paid to the legacy of former colonial relationships and the influence they have on global health initiatives. There have been recent calls for the decolonization of global health education and the reexamination of assumptions and practices under pinning global health partnerships.

Use of AI in generating Patient Education Materials

- https://journals.lww.com/op-rs/abstract/2024/03000/optimizing_ophthalmology_patient_education_via.16.aspx
- This study suggests that AI tools, when guided by appropriate prompts, can generate accessible and comprehensible PEMs in the field of ophthalmic plastic and reconstructive surgeries, balancing readability with the complexity of the necessary information.

End of Lecture Assessment

- Health Department assigns a team of Health workers to visit a flood hit area in Sindh to address the displaced population regarding causes, prevention, and treatment of diarrhea. The least effective method of communication in this case would be:
- a) role playing
- b) demonstrations
- c) announcement through loud speakers
- d) group discussion
- e) lectures

Reading sources:

Primary (recommended textbooks)

- J Parks textbook of Preventive & social Medicine. Ch.20 , 26th edition)
- Textbook of Community Medicine & Public Health. By Muhammad Illyas , Dr Irfanullah Siddiqui

THANKS