

# Designing Effective Health Education Programs

*Bobbi Clarke*



## Introduction

Effectively designed health education and health promotion programs can improve health, reduce disease risks, manage chronic illnesses, and improve the well-being and self-sufficiency of individuals, families, organizations and communities. To be effective, these programs must have a clear understanding of the targeted health behaviors, the target audience, and the environmental system. Programs are designed using planning models and evaluated to assure program success. The purpose of this section is to discuss the theory and its application in planning, implementing and evaluating Extension health education programs.

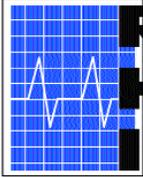
## The Scope of Health Education

Health education is defined in many ways. A useful definition for Extension health education programs is the following: Health education is any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health [2]. It is intentionally directed toward knowledge levels, attitudes and/or specific behaviors. The overall long-term goal of health education is to enable people to increase control over their health and quality of life.

Health promotion refers to a broader concept than health education and addresses the general process of advocating health. It may include education of the individual and community, environmental change to support improved health, advocacy, policy changes, legislation, economic, or shifts in societal norms [1].

The term health education will be used in this section and will encompass both health education and health promotion definitions. Health education is a process affecting health decisions and practices. Thus, another long-term goal of Extension health education is to develop and nurture empowered learners. In order to make health decisions, individuals need to be more assertive about improving their health and the health care system in which they participate. Health education can motivate, educate, refer and follow-up. These interventions empower the learner. Empowerment means having the opportunity to learn, discuss, decide and act on decisions. The empowered learner feels competent and confident about making health decisions that are right for him or her. The empowered learner actively seeks information from health professionals and from other sources, collaborates rather than complies, takes advantage of community's resources, and advocates for a health care system that is responsive to the learner's needs.

Health education can address disease prevention, disease management, health maintenance, rehabilitation, community capacity building, and health advocacy activities. Health education is based on the premise that individual action is a factor in the above areas. Individual action takes place in a system where the individual is the final, but only one element, of the process including both the social and biological factors.



# Rural Health Institute

## References

- [1] Dwork, R., and M. Kreuter. (1980). "Reinforcing the Case for Health Promotion." *Family and Community Health*, 2:106.
- [2] Green, L.W., M.W. Kreuter, S.G. Deeds, and K.B. Partridge. (1980). *Health Education Planning: A Diagnostic Approach*. Mayfield Publishing Co.