

# Community Health Education Past and Present

Health educators and prevention specialists, in general, come from widely diverse backgrounds, drifting into the profession from nursing, teaching, social work, community psychology, or other disciplines. They develop the skills to do the specific tasks that are required in a job description, but without formal training they may lack an overview of the profession they have joined.

Similarly, students preparing for careers as health education and health promotion professionals need to learn about the foundations of the profession. To help shape its future, entry-level health educators need to know where the profession has been and where it is now.

The parable of the blind men describing an elephant based on their contact with the beast provides a much-needed lesson. Although each man's description represented an accurate account of his perception, the totality of the animal was much greater than the perception of any one person.

Part I provides an introduction to the profession of community health education. It contains a historical overview, a description of changes that have occurred, a definition of terms currently being used, and a discussion of some of the issues facing the profession, including those dealing with quality assurance, ethics, and related legal matters. The section also includes an introduction to the various professional organizations serving health educators. Thinking about these matters is an appropriate place to begin for all who seek an introduction to, or a review of, the practice of community health education.

## WEB SITE RESOURCES

Several Internet addresses, Web sites, and home pages will be of interest to the readers. Generally speaking, they augment and expand the material presented in the chapters. Other good ones undoubtedly exist or will emerge.

Internet addresses change periodically, so an accurate directory is difficult to provide. Certainly, every effort will be made to have the references accurate. Moreover, some Internet providers have access to some Web sites but not others. It is helpful to do searches, but to do searches on more than one provider such as Internet Explorer, Google, Yahoo, etc. All Internet providers have search capabilities using keywords, phrases, or titles, by which it is often easier to search than an address. Searching is an essential skill to develop. Likewise, checking out several pages that come up on a search usually yields useful information, as does following links provided in a Web site. Generally speaking, taking time to search for a variety of related phrases or key words is a worthwhile endeavor.

However, just as in a library, some Web sites are more reliable than others, and many are used for commercial purposes. Care must be taken to evaluate the sites and materials posted. Several groups have developed guidelines for doing so. Health Scout.Com has suggested that among the factors to examine are:

1. **Authority:** Any advice provided will be from medically trained and qualified professionals unless clearly identified as being from a non-qualified source.
2. **Complementarities:** Information provided is intended to complement the physician–patient relationship, not replace it.
3. **Confidentiality:** Legal standards will be honored or exceeded.

4. **Attribution:** Sources of data will be displayed, as will the date the page was last updated.
5. **Justifiability:** Claims related to purported benefits of services or products will be supported by appropriately balanced evidence.
6. **Transparency of authorship:** The author’s name and e-mail address will be clearly displayed.
7. **Transparency of sponsorship:** Organizations providing funding, materials, or services for the Web site will be clearly displayed.
8. **Honesty in advertising and editorial policy:** These policies will be displayed on the Web site.

Generally speaking, government and university Web sites are reliable, but check to ascertain how recently the material was updated. Well established, easily recognized voluntary health agencies, such as the American Heart Association or the American Cancer Society, are also dependable sources.

Using the Internet to locate and evaluate data is a skill of major importance. The Internet represents the largest library in the world, and it is readily available. As Dr. Michael DeBakey once said, “Good information is the best medicine.” Moreover, for students in this course, locating good information and presenting it well is the best way to a good grade.

# Chapter 1

## Prevention: The Place to Be

*“Intellectuals solve problems; geniuses prevent them.”*

Albert Einstein  
(1879–1955)

### THE POLITICS OF PREVENTION

A good place to begin the fifth edition of *Community Health Education and Health Promotion: Settings, Roles, and Skills* is with a discussion of the concept of politics. In a very real sense, health education is intensely concerned with politics, as are most other important aspects of life.

Politics involves the processes, principles, and structures of governments, as inferred by widespread use of the term “politicians,” a word that in common parlance refers to those elected by citizens to represent them in government. Of course, many prevention specialists are employed by or work with governmental units at the local, state, or national level. Many others are employed by agencies that are regulated by governmental units. But politics is far more pervasive than that. It also refers to the process by which laws are made and the maneuvering to affect the outcome of the decision-making process.

Politics also involves the processes, principles, and structures of nongovernmental institutions. It includes interpersonal and interagency relationships. Politics is involved in all aspects of leadership and most aspects of management. It involves decision making. If one or

two people make a decision, it is about power. If several people are involved in a decision, it is about power and group decision making, about policies, and often about the ability to apply policies and enforce laws. Enforcement power may or may not be involved in political processes, but persuasive power usually is. (Note the similarity between the root words of police, policy, and politics.)

It is thus apparent that most things are political, that decisions affecting more than one person involve give and take between them. In one sense, politics is the art of compromise because individual preferences involve beliefs, and values are often in conflict with the values and beliefs of others. When there is a clashing of values, compromise often occurs, involving a search for a middle position. But if compromise is not possible, then some form of persuasive power or enforcement power is often used to reach a decision or action plan.

When the legislature and president/governor are unwilling to compromise, little of value is usually the result. Avoidance of issues can occur, as can a straightforward confrontation approach that has a win–lose result. The ideal, of course, is consensus building, wherein over time a commonly accepted strategy emerges and is implemented.

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Politics is involved in prevention because the behavioral causes of many diseases and disorders are well-established habits, and persuasive or police power is sometimes attempted to prevent progression of the behavior, disease, or disorder. In the context of laws such as that requiring seat belt use, both persuasive and police power are used. In encouraging the use of cervical cancer vaccines or cancer screening, group persuasion is used, as is the case in trying to reduce the incidence of smoking among teenagers. Yet those who believe strongly in abstinence education may well be opposed to funding such measures, fearing they will increase promiscuity.

Politics involves power, and power often involves money. Health care is a very expensive social problem, and many firms have vested interests that involve big dollar amounts. For example, those who grow and process tobacco products are one group, as are those who use the taxes generated by tobacco use. Vending machine companies profit, as do those who manufacture ashtrays, air cleaners, etc. Hospitals profit from tobacco-induced diseases, as do doctors, attorneys, insurance companies, ambulance companies, and numerous outpatient service groups. Pharmacies benefit from the sale of tobacco, as do gas stations and grocery stores that sell tobacco products. Millions of jobs are involved in producing and distributing tobacco products and in treating the problems that result. Prevention of tobacco-induced diseases is obviously intensely political, at both the personal and group levels. The previously-referenced groups who benefit from tobacco use are all part of the political milieu in which antitobacco forces have struggled. Both persuasive and enforcement power have been and will be used on both sides of the issue. It can be politics at its best, or at its worst, but prevention is political.

Money spent on the Iraqi war and on homeland security will likely be measured in trillions of dollars, when direct and indirect costs are measured. During this time frame, “tax cuts,” or at least “no new taxes,” has also been the prevalent mentality. These two factors have increased the national debt to record setting levels, resulting in millions of additional dollars being required to pay interest on these loans. The war, homeland security, and rising interest payments on the national debt require a larger share of the available tax dollars. When combined with tax cuts or no new taxes, it means there is significantly less money to support community health programs.

Medicaid payments made to hospitals for health care of those below the poverty level have shrunk, and eligibility for these services is tightening. Medicare payments to hospitals for care of the elderly is often below actual cost. Charity care and bad debt budget line items are increasing rapidly because of the growing number of uninsured people and the fact that hospitals must treat those who seek care. About a third of the hospitals in the United States have expenses in excess of revenue each year, and some enter bankruptcy each year. Some form of nationalized healthcare system seems inevitable.

Yet these issues are among the many that make it difficult to fund community health education programs. Some of the action for health prevention specialists must be in the financial arena, helping legislatures see the value in preventing expensive chronic diseases. Fortunately, the Society for Public Health Education (SOPHE) focuses on advocacy at the national level and includes chapters to do so at the state level.

Similar analysis can be made of virtually any health issue. Following the money—identifying who benefits—can provide insight in planning and conducting prevention campaigns. Similarly, analysis of who has power, either in inducing or blocking action, is enlightening. Power may be expressed in votes, in money, in influence, in expertise, or in social standing.

Prevention is political! Therefore, prevention is both exciting and ever changing. No precise recipe or simple formula can be provided. Much strategizing must occur. Shrewdness, prudence, and cunning are involved. Winning and losing are involved. The politics of prevention is fascinating and all important. Effective prevention specialists focus on and understand the politics involved and use political processes effectively.

### A NATIONAL HEALTHCARE/MEDICAL CARE DILEMMA

Because most of the money spent in the United States is spent on illness care and medical care, it is somewhat unfortunate to have called it “health care” all of these years. But, this being the case, we will refer to both prevention and treatment of illness as health care.

A large and growing sector of the economy of the United States and most industrialized nations is spent

## Prevention Political Issues of the 21st Century

on health care. From a global perspective, the total dollars spent on health care will continue to increase rapidly due to efforts of third-world countries to improve health care for their large, medically underserved populations. (Of course, healthcare expenditures already increase faster than inflation because of the rapid emergence of technology, therapeutic techniques, medications, screening techniques, etc.) This inflationary trend has continued for many years despite considerable effort to stop it.

Most health-related expenditure is related to treatment rather than prevention, and much of the treatment dollar is spent on the terminally ill. The question "Is this good national policy?" has been debated for several decades and will remain an issue of debate well into this century. Prevention advocates have pushed for more dollars for prevention, and state and federal politicians have responded modestly.

A counterargument in the political arena was that there was little proof that prevention programs work and that cost-effectiveness data were slight. The argument was valid, but substantial investment in research documented that prevention programs do work. Furthermore, although it is not possible to count something that has been prevented from occurring, there are ways to validate, through both formative and summative studies, that the anecdotal data were correct. Investment in prevention is a good strategy.

### PREVENTION WORKS

Much of the prevention research has occurred in federally funded health promotion and disease prevention research centers. A variety of research has focused on reducing risk among underserved populations, with emphasis on both African American and Caucasian rural poor women. Major emphasis has been on breast cancer, cervical cancer, sexually transmitted diseases, and heart attacks.

Others developed programs that are documented to be effective in preventing childhood injuries, cigarette sales to minors, emergency room visits for asthma patients, and teen pregnancy. Some research centers developed prevention programs that work in prenatal

care, breast cancer, cervical cancer, smoking, and drug use. Still others focused on both urban and rural adolescents, with programs that work in preventing smoking, drinking, and sexual activity among preteens and early teens.

Researchers elsewhere developed effective workplace prevention strategies with respect to heart disease, AIDS, and low-birth-weight babies.<sup>1</sup>

When these studies are reviewed, it becomes apparent that politics aside, prevention works. Moreover, it is now validated that prevention saves expenditure of healthcare dollars. Moreover, prevention programs reduce human burdens. While it is true that everyone will die eventually, governments pay a staggering cost for not preventing more chronic diseases, as do individuals.

### PREVENTION POLITICAL ISSUES OF THE 21st CENTURY

Those involved in prevention research in the last decade know that the next will see yet other significant political problems emerge. Economic disparity seems to be worsening, and the middle class is disappearing. The rich are getting richer and the poor are getting poorer, and are becoming a larger part of society. The ethnic composition of the United States is changing rapidly, and Caucasians will soon not be a majority. The population is aging, and euthanasia is still, at this writing, illegal. Healthcare costs are soaring, and genetic research promises to make that increase.

Numerous subissues will spring from these issues. The next decade, too, will be an exciting decade for those in the prevention field.

1. Centers for Disease Control and Prevention. *Prevention Works: A Profile of the Health Promotion and Disease Prevention Research Centers Programs*. Atlanta, GA: United States Department of Health and Human Services; 1997.

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### TIP

#### Tips from Practicing Health Professionals

Leah Markel

Prevention Planner

Saginaw Chippewa Indian Tribe

1. When planning prevention programming, get to know your target population. Take the time to run focus groups and/or one-on-one interviews with those you will serve. This may take time but will strengthen your programming by understanding their needs, desires, and potential barriers.
2. Take time to network. Getting to know your clients, coworkers, and professional peers will provide you with opportunities to call on others and utilize their strengths and life experiences. Spend time with people and call them by name and don't forget to smile!
3. Never be afraid to say, "I don't know that answer but I will find that out and get back with you." It is better to take the time to research the correct answer than to give an answer that may be incorrect and allow others to question your knowledge and ability. Be sure to follow up in a timely manner.
4. Know your target audience and try to plug into their interests. If possible keep it entertaining and interactive; the more you engage the audience the better!

### EXAMPLE

#### Diabetes Prevention Play—"The Mystery of Mr. Dog's Missing Spunk"

I was invited to speak about physical activity at Spring Day Camp, which is an all-day camp during the week of spring break where children grades K–6 learn about their culture and healthy choices. I decided that I wanted to provide something more entertaining than a 45-minute speech about being active.

At this point I decided to recruit the talents of my gifted coworkers and put on a play utilizing cartoon characters and engage the audience by having them be suspects. This play was about how Mr. Dog was displaying

signs and symptoms of diabetes, and Dora the Explorer and Map guided the other characters through the stops on the map to solve the mystery of Mr. Dog's missing spunk! Mr. Dog wasn't feeling good and was complaining of being tired and having to pee all the time and feeling thirsty often, which are signs and symptoms of diabetes/prediabetes. We had Dora and Map (Dora the Explorer) guide Velma and Mrs. Cat through the clues that solved that eating healthy helps us feel better. Then we were met by Steve and Junior Mouse, who found paw prints that clued us in that being physically active keeps us feeling better. Ultimately we solved the mystery that by eating nutritious foods and staying active you can prevent diabetes. We also had the kids dance to songs they recognized.

This play promoted physical activity and healthy eating habits it also communicated that diabetes Type II can be prevented and/or delayed by healthy lifestyle choices. This activity provided me with an opportunity to work with other agencies and tap into coworkers' talents (I certainly could not have accomplished this on my own—network and utilize your resources) while meeting my grant requirements. The children enjoyed the presentation and received a Frisbee promoting the 5-A-Day campaign, an autograph book to have the characters sign, and a picture of their groups with the cast from the play to take home with them. Even the chaperones got the message and enjoyed the play!

### FIELD SITE EXPERIENCES

Power and politics can be tricky, even at the local levels of providing health promotion services. In doing alcohol abuse education awareness at a university, the author was called by one of the area beverage dealers. He stated he had seen some of our alcohol prevention messages and didn't approve. After some discussion he stated that his company contributes money to the university every year. The dealer was told these messages were purchased from a national media campaign firm. The conversation ended and the author's supervisor was informed of the discussion in case some repercussions came back to the university.

## IN CONCLUSION

Prevention is the place to be in the foreseeable future. Genetic screening and genetic therapy might minimize the behavioral components of illness somewhat. Promising research will soon show who among us are at risk for heart disease, cancer, and diabetes. While it is possible that these diseases will soon be curable, not just treatable, there will remain the inactivity, obesity, and nutritional components that will need to be addressed. A need for health promotion will always exist.

A solid research base is in place, as is significant and growing political support. Good health is a commonly held value, and prevention of disease and disorders has worth in the minds of most people. But the politics discussed in this chapter demand cost-effective programs.

These, in turn, require well-trained, competent health education and health promotion specialists.

That is where this book is intended to have impact. By introducing both current college students and practitioners trained decades ago to the theory and practice of the profession, competence will be enhanced.

It will be an exciting decade as the yet unsolved health problems of the past are addressed by better-trained professionals with better screening and treatment techniques and as yet undreamed-of technology. Better prevention programs will grow in importance. Prevention is the place to be today and in the future. Health education and health promotion face some magnificent opportunities.

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## IN-BASKET ASSIGNMENT

**TO:** Agency Health Education and Health Promotion Personnel

**FROM:** The Director

**RE:** Prevention Research

I am intrigued by reports of prevention effectiveness research. How can you count something you have prevented from occurring? Please give me a current example or two from the Internet. Check out Healthy People 2010, and write a paragraph or two on how this program has encouraged prevention research.

Thank you.

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## BUZZWORDS

**CDC:** The United States federal government's Centers for Disease Control and Prevention.

**Life Span:** The maximum length of life that is thought possible, currently 120 years.

**Minority Group:** An ethnic group regarded as different from the larger group of which it is part. In the United States, the term usually refers to African Americans, Hispanic Americans, Asian Americans, or Native Americans. Caucasians are currently the majority group. During the 21st century, African Americans are projected to become the majority group, soon thereafter to be replaced by Hispanic Americans. By mid-21st century, the United States is expected to have no single, dominant majority group.

**Morbidity:** The statistical incidence of disease or health-related disorders.

**Mortality:** The statistical incidence of death from disease or health-related disorders.

**Politics:** The processes, principles, and structures of governments and nongovernmental institutions. It includes interpersonal and interagency relationships. Politics involves persuasive power, compromise, and even police power.

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**Power:** The ability to get others to perform or refrain from certain actions. For health educators, it may be risk-taking behaviors, but it may also involve influence over group decisions, human resources, and fiscal resources. Power can be possessed but not expressed. It can be the ability to make decisions, influence decisions, or block decisions.

**21st Century:** The 100-year time span commonly thought to begin when the year 2000 begins. Technically, the year 2000 is the last year of the 20th century, with the 21st century beginning January 1, 2001. That distinction is unimportant in this book and in most other places where this term is used.



