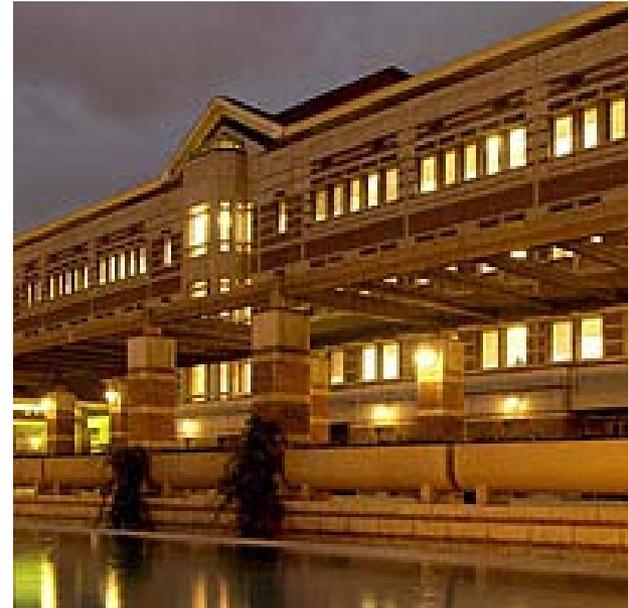


# Academia's Role in Preparing Health Educators: Traps and Best Practices

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## Academia's Role in Public Health

- Educate and train workforce
- Research on prevention, community needs, and translation of science into practice
- Service partnerships to improve community health



School of Pharmacy Global  
Health Service, Jamaica

# Partnership Trap: Distrust and Late Beginnings

- Trap:
  - “I” versus “We”
  - Complex problems require complex solutions for assessment, funding, worksite and community health promotion
- Solution:
  - Coalitions form with clear roles, mission, time & shared excitement
  - Student service learning, research and policy kernels, cultural humility



Vicki Banks One Life to Live

# Best Practices in Needs Assessment

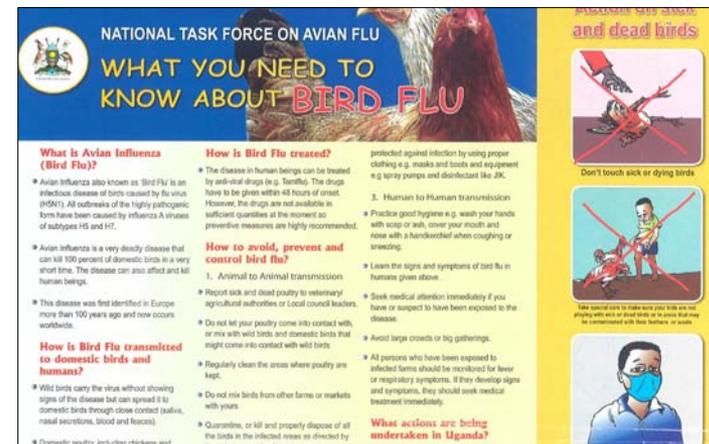


CDC Audience Insights  
[www.cdc.gov/communications](http://www.cdc.gov/communications)

- Evidence-based
- Audience age, gender, culture, literacy levels, readiness to change
- Community asset mapping
- Grounded in health promotion theory
- Important characteristics identified by stakeholders, advisory group, audience members, at all stages

# Trap: Serve the Entire Community

- Trap:
  - Design a program and materials intended for “everyone”
  - Design for entire demographic groups
- Solution:
  - Select meaningful audience segments with similar needs
  - Tailor and distribute your materials with and for those specific segments



Uganda National Task Force on Avian Flu

# Paradigm Shift: Cultural Targeting to Cultural Tailoring

- Use important group concepts about culture to tailor design
- Consider domains of cultural variation
- Design strategies and materials specific to segments who share different values
- Example: religiosity



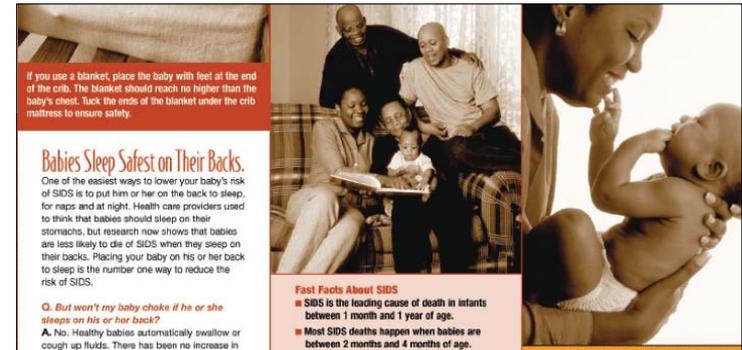
Dr. Glovioell Rowland and  
Congregants,  
Body and Soul Program,  
Pasadena

# Strategies to Make Programs and Materials More Culturally Appropriate

- Peripheral Strategies - match surface characteristics
- Evidential strategies - show how group is impacted
- Linguistic strategies - use dominant language
- Constituent-involving strategies - consult, hire and train indigenous members
- Sociocultural strategies - match values, beliefs, behaviors

# Trap: Form Before Function

- Trap:
  - Great ideas lead to deciding the type of material and program
  - Then deciding what to put in it
  - Then figuring out what the consumer can accomplish
- Solution:
  - Work backwards



If you use a blanket, place the baby with feet of the end of the crib. The blanket should reach no higher than the baby's chest. Tuck the ends of the blanket under the crib mattress to ensure safety.

**Babies Sleep Safest on Their Backs.**  
One of the easiest ways to lower your baby's risk of SIDS is to put him or her on the back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the number one way to reduce the risk of SIDS.

**Q. But won't my baby choke if he or she sleeps on his or her back?**  
**A. No.** Healthy babies automatically swallow or cough up fluids. There has been no increase in

**Fast Facts About SIDS**  
■ SIDS is the leading cause of death in infants between 1 month and 1 year of age.  
■ Most SIDS deaths happen when babies are between 2 months and 4 months of age.

The infographic includes three photographs: a close-up of a baby's feet in a crib, a family sitting together, and a woman holding a baby.

[www.cdc.gov](http://www.cdc.gov)

# What Needs to Change?

## A Few Useful Risk Reduction Theories

- Social Ecological Framework
- Health Belief Model
- Transtheoretical Model - Stages of Change

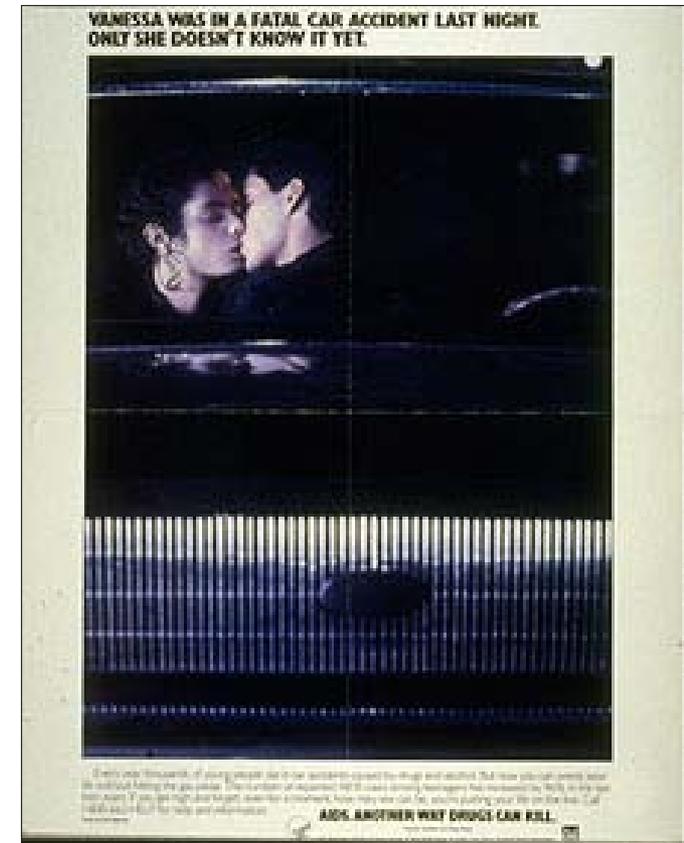
Sources: Glanz, Rimer & Vishwanath, Health Behavior & Health Education, 2008;  
NCI, Theory at a Glance: Guide for Health Promotion Practice.

# Social Ecological Framework - Multiple Causes, Multiple Solutions and Synergy

- Individual Level – alters behavior by altering people and their knowledge, beliefs, behaviors
- Interpersonal Level – change processes and groups including family, peer networks, etc., that provide modeling and support
- Community Level – change norms or standards among groups or organizations
- Institutional Level – rules, policies and structures which may enhance or reduce behaviors
- Policy and Environmental Level - Local, state, federal policies and laws that regulate or support healthy practices and control risk behaviors. Changes in the physical/built environment.

# Health Belief Model - Focus on Changing Perceptions to Achieve a Specific Outcome

- Perceived susceptibility
- Perceived severity
- Perceived benefits
- Perceived barriers
- Perceived self-efficacy
- Cues to action



Vanessa was in a fatal car accident last night only she doesn't know it yet.

# How Does it Work?

Perceived susceptibility	Discuss risk for individual & change perceived level of risk
Perceived severity	Help individual understand seriousness
Perceived benefits	Define action to take, how, where, when, and positive effects
Perceived barriers	Help with reassurance, incentives, problem solving, aid
Cues to action	Symptoms, reminders, teachable moments
Self-efficacy	Provide training, practice, reinforcement

# Transtheoretical Model

- How ready is a person to make a specific change?
- Basic premise: change is a process involving precontemplation, contemplation, preparation, action, and maintenance
- People at different points benefit from interventions or messages tailored to their stage of change
- Vice Versa: If its not relevant to their stage, it won't help



Yachana Women,  
Freire Institute

# Right Approach at the Right Stage of Change

Precontemplation To Contemplation	Contem- plation To Prepara- tion	Prep To Action	Action To Maintenance
<ul style="list-style-type: none"> <li>•Consciousness Raising</li> <li>•Dramatic Relief</li> <li>•Environmental Re-evaluation</li> </ul>	<ul style="list-style-type: none"> <li>•Self Re-evaluation</li> </ul>	<ul style="list-style-type: none"> <li>•Self-Liberation</li> </ul>	<ul style="list-style-type: none"> <li>•Reinforcement Management</li> <li>•Helping Relationships</li> <li>•Counter-conditioning</li> <li>•Stimulus Control</li> </ul>

# Teaching Trap: Expertise

- Trap:
  - Teach everything you know
  - Teach everything there is to know
- Solution:
  - Teach only what someone needs to know
  - Stick to your SOCHO
  - Cut your material in half



MRSA Fact Sheet,  
[www.cdc.gov](http://www.cdc.gov)

# Pre-testing Methods

- Test concepts and drafts at various stages
- Revise, retest, revise, retest
- Methods with typical audience members:
  - Focus groups,
  - Individual interviews
  - Central location intercept interviews
  - Theatre or clinic or classroom testing
- Tests on materials:
  - Readability Level
  - Suitability Assessment of Materials

# Pre-test to diagnose strengths and weaknesses before final draft

Does it fit your audience? Check for:

- Personal Relevance
- Attention
- Attractiveness
- Readability
- Comprehension
- Cultural values & beliefs
- Sensitive or controversial elements
- Actions prompted by material

# Trap: The Insider Pretest

- Trap:
  - Testing materials with your own experts, staff or cultural advisors
- Solution:
  - Step outside your comfort zone
  - Cross the sidewalk
  - Go to the actual audience for your pretest



Day Laborers  
[globalenvision.org](http://globalenvision.org)

# Readability Level

- An important predictor of comprehension and use.
- Assess a grade-level rating or equivalent score on print materials.
- Compare the score to the reading skills of your population.
- Complete by hand, or use an online calculator
- Microsoft Word tools: grammar check option tells you the Flesch-Kinkaid reading grade level.
- Online-utility.org readability tests: [http://www.online-utility.org/english/readability\\_test\\_and\\_improve.jsp](http://www.online-utility.org/english/readability_test_and_improve.jsp)
- Over 40 formulas available; most are based upon word difficulty and sentence length.

# How simple should it be?

- Lower reading level requires plain language, short words, short sentences, few or no statistics.
- Example: Change *legislation* to *law*, *usage* to *use*
- Some words are long but common, like *alcohol* so they may be okay
- Some words are short but hard like *tumor* so they need to be defined, or changed
- For most materials make it as low as practical w/out sacrificing content or writing style
- 5th grade is superior; 6th to 8th grade is adequate
  - 6<sup>th</sup> grade (75% can read it)
  - 3<sup>rd</sup> grade (90% can read it)

# Planning Strategies: What Works?

- Easy to get swept up in a good idea
- Hard to show evidence of effectiveness
- Task Force on Community Preventive Services, [www.thecommunityguide.org](http://www.thecommunityguide.org)

Intervention: Child Safety Seats	Finding
Laws mandating use	Recommended
Community-wide information & enhanced enforcement campaigns	Recommended
Distribution & education programs	Recommended
Incentive & education programs	Recommended
Education programs when used alone	Insufficient Evidence

# Communicating and Advocating for Health Education

## Emerging Areas in Health Education

- Global health leadership and practice
- Web-based mastery and *strategic* thinking
- Public policy understanding, guidance and communication
- Practices grounded in theory, evidence and community
- Working for parity in public health

# Where do we all begin?

- Approaching our work with cultural humility
- Conducting in-depth formative and outcome evaluations
- Tailoring for unique population segments
- Being pro-active about growing our cultural sensitivity and using it for social justice



# Questions?

# Thank You!

For more information,  
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