

Introduction to Health Education and Promotion

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Key concepts, goals, and foundational models

1. What Is Health Education?

Aspect	Description
Definition	A process that enables individuals and communities to gain knowledge, attitudes, and skills needed to improve their health.
Primary Aim	Empower people to make informed choices that prevent disease, manage health conditions, and enhance well-being.
Target Audiences	- Individuals (children, adolescents, adults, seniors) - Families - Schools, workplaces, community groups - Policy makers
Delivery Channels	Face-to-face teaching, printed materials, digital media, mass campaigns, community outreach, peer education.

2. What Is Health Promotion?

Aspect	Description
Definition	The combination of strategies and actions that enable people to increase control over, and improve, their health.
Scope	Goes beyond education: includes policy, environmental changes, and social support.
Core Pillars (Ottawa Charter, 1986)	1. Build Healthy Public Policy 2. Create Supportive Environments 3. Strengthen Community Action 4. Develop Personal Skills 5. Reorient Health Services
Key Outcomes	Reduced risk factor prevalence, improved health literacy, healthier behaviors, equitable health opportunities.

Introduction to Health Education and

3. Relationship Between Health Education & Health Promotion

Health Education	Health Promotion
Focuses on knowledge & skills acquisition.	Uses education plus policy, environment, and social change.
Often a component of a larger promotion program.	Encompasses multiple sectors (education, housing, transport, etc.).
Measured by learning outcomes (e.g., awareness, attitudes).	Measured by population health outcomes (e.g., morbidity, mortality, quality of life).

4. Theoretical Foundations

Theory / Model	Core Idea	Typical Use in Practice
Health Belief Model (HBM)	Perceived susceptibility, severity, benefits, barriers, cues to action, self-efficacy.	Designing messages that address perceived risks and benefits.
Social Cognitive Theory (SCT)	Interaction of personal, behavioral, and environmental factors; observational learning; self-efficacy.	Peer-modeling programs, skill-building workshops.
Transtheoretical Model (Stages of Change)	Precontemplation ? Contemplation ? Preparation ? Action ? Maintenance ? Termination.	Tailoring interventions to individuals' readiness to change.
Ecological Model	Multiple levels: individual, interpersonal, organizational, community, policy.	Planning multi-level interventions (e.g., school nutrition + local food policies).
PRECEDE-PROCEED	Planning framework: diagnostic phases (PRECEDE) ? implementation/evaluation (PROCEED).	Comprehensive program development and evaluation.

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5. Core Steps in Developing a Health Education/Promotion Program

1. Needs Assessment

- Collect data (surveys, focus groups, epidemiology).
- Identify priority health issues and target populations.

2. Goal Setting

- **Broad goal** (e.g., “Reduce teen smoking”).
- **Specific objectives** (SMART: Specific, Measurable, Achievable, Relevant, Time? bound).

3. Selection of Theory & Strategies