Settings for Health Education

“Be kind, for everyone you meet is fighting a great battle”

Philo of Alexandria
Goal of Health Education

Health promotion -- process of enabling people to increase control over, and to improve their health.
Why are *settings* important to the health education field?
Settings are Major Social Structures for...

1. Health education “practice”
   - Programs can be implemented
   - Populations can be reached

2. Health education “research”
   - Programs can be tested
     • Feasibility (practicality)
     • Effectiveness/Efficacy
     • Areas for improvement
The delivery of health education practice, depends on the *setting*.
Health education is offered in a variety of settings
Grouped into 5 Major Settings

- Schools
- Healthcare facilities
- Public health departments
- Community-based organizations
- Businesses/worksites
Health Education in School Settings
School Health Education

• Primarily involves instructing school-age children and youth about health & health-related behaviors

• Strategies, activities, & services designed to promote students’ physical, emotional, and social development
  – All of which affect student learning

• Potential to impact students is tremendous
  – Nearly 54 million students or about 25% of the US population are enrolled in public and private schools
Some History...

- 1837, Horace Mann, Secretary of Massachusetts Board of Education, called for **mandatory programs of hygiene**
  - Hygiene education

- 1850, Lemuel Shattuck’s report called for **teaching of physiology** (bodily processes)

- 1880–1890, all states passed law requiring **teaching** on evils of alcohol, narcotics, & tobacco
  (pressures from temperance mvmt)

- 1964: School Health Education Study – SHES
  - To identify critical health issues and content areas to focus on
School Health Education Study

- Landmark study in transforming health education as practiced in American public schools

- Health is just not “physical”, but shaped also by behavioral, emotional, and social development

- Responsible for establishing the value of comprehensive health education rather than separate disease-specific units
Some more history...

- 1978: Office of Comprehensive School Health established

- What does comprehensive school health mean?
Key Elements of Comprehensive Health Education

1. A documented, planned, and sequential program of health instruction for students in grades kindergarten through twelve.

2. A curriculum that addresses and integrates education about a range of categorical health problems and issues at developmentally appropriate ages.

3. Activities that help young people develop the skills they need to avoid: tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other sexually transmitted infections (STIs), and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries.

4. Instruction provided for a prescribed amount of time at each grade level.

5. Management and coordination by an education professional trained to implement the program.

6. Instruction from teachers who are trained to teach the subject.

7. Involvement of parents, health professionals, and other concerned community members.

8. Periodic evaluation, updating, and improvement.

Currently...

- In the U.S. ~ 40 states require the teaching of health education
- Are there health education standards in this setting?
School Health Education Standards

• Written expectations for what teachers and students should know and be able to do by grades 2, 5, 8, and 12 to promote health

• Why are standards important?

• Standards provide a framework for curriculum development, instruction (practice), and student assessment (evaluation) in health education
Box 2.6 National Health Education Standards

Health Education Standard 1—Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Health Education Standard 2—Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Health Education Standard 3—Students will demonstrate the ability to access valid information and products and services to enhance health.

Health Education Standard 4—Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Health Education Standard 5—Students will demonstrate the ability to use decision-making skills to enhance health.

Health Education Standard 6—Students will demonstrate the ability to use goal-setting skills to enhance health.

Health Education Standard 7—Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Health Education Standard 8—Students will demonstrate the ability to advocate for personal, family, and community health.

Where does health education fit in within existing school curricula (instruction)?
CDC has advocated for:  
Coordinated School Health
Health Behaviors Targeted in School Health

- Alcohol & drug use
- Injury & violence (including seatbelt use and suicide)
- Tobacco use
- Nutrition
- Physical activity
- Sexual behaviors

How do these behaviors compare to “Rules for good health” of the past (19th Century)?
Rules of Good Health* - 1922

- Take a full bath more than once a week
- Brush teeth at least once a day
- Sleep long hours with windows open
- Drink as much milk as possible, no coffee or tea
- Eat some vegetables or fruit everyday
- Drink at least four glasses of water a day
- Play part of every day outdoors (sun)
- Have a bowel movement every morning

*Regney (1922)
Has School Health Education been effective?
• Numerous studies on school health education have been conducted during past two decades (*throughout US schools*)

• Results: comprehensive school health education curricula significantly reduces several types of risk behaviors simultaneously in both:
  – Elementary grades (4\textsuperscript{th}-7\textsuperscript{th}) & Secondary grades
Advantages & Disadvantages

- Captive audience
- Learner in developmental years, means impact of health education may be significant
  - Mold health values
- Standards

- Budget is limited
- HE considered a fringe subject (not as important as English, math, or hx) so it’s served last
- Unqualified instructors
Health Education in Community Settings
Community Health Education Practice

• Health education has a long tradition in communities

• Focus: community change & development in terms of improving health outcomes (reducing health disparities)

• Types of community agencies:
  – Voluntary (ACS, AHA, ALA)
  – Governmental public health agencies (state/county health departments)
Health Education Practice in Communities

- **Educate**: Information dissemination
- **Raise Awareness**: Keeping pops informed
- **Prevention Focus**: Morbidity/unhealthy behavior
- **Health Promotion**: healthy behavior & policies
- **Reduce Disparities**: target special populations
- **Provide Resources**: materials vary (print, PSAs, radio, books, flip charts – trainings, etc.)
- **Ensure Cultural Diversity**: address literacy (readability and language needs)
Health Education Focus in Communities

LA County Health Department
Acute Communicable Disease Control
AIDS Programs & Policy
Alcohol & Drug Program
California Children's Services
Children's Medical Services
Child Health & Disability Prevention
Chronic Disease & Injury Prevention
Communicable Disease Control & Prevention
Contracts and Grants
Data Collection & Analysis Unit
Emergency Preparedness & Response
Environmental Health
Epidemiology Unit
External Relations & Communication
Family Health Programs
Health & Aging Services
Health Assessment Unit
Health Authority Law Enforcement
Health Education Administration
Health Facilities Inspection Division
HIV Epidemiology
Human Resources
Immunization Program
Injury & Violence Prevention
Laboratory - Public Health
Lead Poisoning Prevention Program
Maternal, Child & Adolescent Health
Medical Marijuana ID Program
Nursing
Nutrition Program
Oral Health Program
Organizational Development and Management
Physical Activity Program
Policies, Livable, Active Communities
Public Health Home Page
Public Health Library
Public Health Education for Physical Activity
Public Health Nursing
Public Health Policy
Planning, Evaluation & Development
Quality Improvement
Senior Health
Sexually Transmitted Disease
SPAs - Your Community
SPA1 - Antelope Valley
SPA2 - San Fernando Valley
SPA3 - San Gabriel
SPA4 - Metro
SPA5 - West
SPA6 - South
SPA7 - East Area
SPA8 - South Bay
Tobacco Control Program
Toxics Epidemiology
Tuberculosis Control
Veterinary Public Health
Vital Statistics
Women's Health Office
Two Critical Public Health Issues

Disasters

Infectious Diseases
Emergency Preparedness & Response Unit

The mission is to prevent and mitigate the public health consequences of natural or intentional emergencies for Los Angeles County residents.
Health Education

Promoting Safe Behaviors

Protection Means Planning

The LA County Department of Health Services protects the public's health during natural and intentional emergencies, such as a terrorism attack caused by the release of biological, chemical or radiological agents. But you need to do your part to protect yourself and your family during an emergency.

Emergency preparedness means planning ahead. The checklists below make it easy. Go over them with your family and review and update them once a year so they stay complete and up-to-date. For a complete list of terrorism agents, go to www.labt.org

Protect yourself. Protect your family. Complete this card and keep it nearby.

Create a Disaster Plan

Outline what to do, how to find each other, and how to communicate during different kinds of emergencies. (See other side)

- Name two places to meet: one right outside your home and another outside your neighborhood, such as a library, community center, or place of worship.
- Make sure everyone knows the address and phone number of your second meeting place.
- Know and practice all possible exit routes from your home and neighborhood.
- Choose an out-of-state friend or relative that household members can call if separated during a disaster.
- Make sure everyone's needs are met, especially seniors, people with disabilities, non-English speakers, and pets/livestock.
- Practice your plan with all household members and be sure they have a copy.
- Check on the school emergency plan of any school-age children you may have.
STEPS TO CREATE AN EMERGENCY PLAN

☐ Discuss what types of emergencies are most likely to happen in your area. Discuss what to do in each case.

☐ Determine the best escape routes from your home. Find two ways out of each room.

☐ Learn about your community’s warning signals: what they sound like and what you should do when you hear them.

☐ Pick two places to meet:

1. Right outside your home in case of a sudden emergency, like a fire.
2. Outside your neighborhood in case you can’t return home.

☐ Everyone must know their emergency contact addresses and phone numbers.

☐ Ask an out-of-state relative or friend to be your “family contact.”

☐ After a major disaster, it’s often easier to call long distance. Family members should call this person and tell them where they are.

☐ Ask about animal care during and after a disaster. Pets are not allowed inside emergency shelters or in some hotels. Contact your local humane society for additional information. Plan how to take care of your pets.

☐ Discuss any special needs family members may have. For example, the elderly and persons with disabilities may need additional assistance evacuating or may have special needs once in a shelter.

☐ Find out about the emergency plans at your workplace, your children’s school or daycare center and other places where your family spends time. Make sure all family members are aware of the different plans.
Family Emergency Supplies Kit

What will you need if disaster strikes?

Emergency Supply Kit Checklist

The essential items of a kit include at least a three-day supply of food and water for each person, first aid supplies, clothing and bedding, tools, and emergency supplies and special items. Review your kit every six months. Replace the food and water and add necessary items as your family's needs change.

Water
- Store one gallon of water per person (or pet) per day.
- Store water in plastic containers, such as soft drink bottles. Avoid using containers that may break, such as glass bottles.

Food
Select foods that require no refrigeration, preparation or cooking and little or no water. Select food items that are compact and lightweight. Most importantly, select foods that you and your family like.
- Ready-to-eat canned meats, fruits, and vegetables
- Canned juices, milk, soup
- High energy foods, such as peanut butter, jelly, crackers, granola bars, trail mix
- Special food for infants, elderly persons, or persons on special diets
- Comfort food, such as cookies, candy, etc.

First Aid Kit
Assemble a first aid kit for your home and one for each car.
- Sterile adhesive bandages in assorted sizes
- 2-inch sterile gauze pads (4-6)
- 4-inch sterile gauze pads (4-6)
- Hypoallergenic adhesive tape
- Triangular bandages (3)
- 2-inch sterile roller bandages (3 rolls)
- 3-inch sterile roller bandages (3 rolls)
- Scissors
- Tweezers
- Needle
- Moistened towelettes
- Antiseptic

Temperature
- Tongue depressor (2)
- Petroleum jelly or other lubricant
- Assorted sizes of safety pins
- Cleansing agent/soap
- Latex gloves (2 pair)
- Sunscreen

Non-prescription drugs
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Syrup of ipecac (use to induce vomiting if advised by the Poison Control Center)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)
- Prescription medications

Tools and Supplies
- Eating utensils, cups, and plates
- Solar, manual or battery operated radio and extra batteries
- Flashlight and extra batteries
- Non-electric can opener
- Whistle
- Plastic sheeting
- Duct tape
- Map
- Gloves
- Wrench (to turn off gas and water)
- Crowbar
- Soap or antibacterial gel
- Toilet paper
- Feminine supplies
- Personal hygiene items, such as a toothbrush and toothpaste
Health Education Material
“Target Special Populations”
Children

A Children’s Primer on Emergency Preparedness

What To Do
Health Education Material
Target Special Populations
People with Disabilities

### Emergency Plan
For People with Disabilities

Emergencies can happen at any time, often with no warning. Some emergencies can force a person to evacuate their home; others may force whole neighborhoods to be evacuated, while still others may require people to stay in their homes for days. Whether small or widespread, emergencies can pose special challenges for individuals with disabilities. If you or a loved one has a disability and were forced to evacuate your home, or if basic services such as water, gas, electricity or telephones were cut off, would you, your family and your neighbors know what to do to ensure your well-being and safety?

People with disabilities are best prepared to cope with emergencies by preparing customized emergency plans in advance, and sharing it with those around them. Having a plan and knowing what to do is your best protection and an important responsibility.

<table>
<thead>
<tr>
<th>Emergency Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Check with your local fire department and/or city hall for more information on emergency preparedness for disabilities in your community.</td>
</tr>
<tr>
<td>✓ Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.</td>
</tr>
<tr>
<td>✓ If you or someone in your household uses a wheelchair or an assistive device, make more than one exit from your home wheelchair accessible in case the primary exit is blocked in a disaster.</td>
</tr>
<tr>
<td>✓ Teach those who may need to assist you in an emergency how to operate necessary equipment.</td>
</tr>
<tr>
<td>✓ Arrange for a relative and/or neighbor to check on you in an emergency.</td>
</tr>
<tr>
<td>✓ Learn to turn off the water, gas and electricity at the main switches.</td>
</tr>
<tr>
<td>✓ Consider getting a medical alert system that will allow you to call for help if you are immobilized in an emergency.</td>
</tr>
<tr>
<td>✓ Keep family records in a watertight, fireproof container.</td>
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</tbody>
</table>

<p>| |</p>
<table>
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<tr>
<td>✓ Discuss what types of emergencies are mostly likely to happen in your area. Discuss what to do in each case.</td>
</tr>
<tr>
<td>✓ Using the floor plan provided, determine the best escape routes from your home. Find two ways out of each room.</td>
</tr>
<tr>
<td>✓ Learn about your community’s warning signals: what they sound like, what you should do when you hear them, and what visual signals are available if you have a hearing loss.</td>
</tr>
<tr>
<td>✓ Pick two places to meet:</td>
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<td>1. Right outside your home in case of a sudden emergency, like a fire.</td>
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Health Education Material

Ensure Cultural Diversity

10 Essentials for an Emergency Kit

- Water
- Food
- Cash & Important Documents
- Clothes
- Flashlight
- First Aid Kit
- Medicine
- Radio
- Toiletries
- Tools

Select Language:
- English
- Spanish
- Korean
- Armenian
- Chinese
- Russian
- Farsi
- Arabic
- Vietnamese
- Thai
- Tagalog
Health Education Resources

Cultural Diversity Bookmark

Vietnamese

Available in: English, Spanish, Arabic, Armenian, Chinese, Farsi, Korean, Khmer, Russian, Tagalog, Thai

Just Be Ready: Prepare Together
<table>
<thead>
<tr>
<th>Amebiasis</th>
<th>Hantavirus Pulmonary Syndrome (HPS)</th>
<th>Meningitis</th>
<th>Streptococcal Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anisakiasis</td>
<td>Head Lice</td>
<td>Pertussis: Whooping Cough</td>
<td>Tetanus</td>
</tr>
<tr>
<td>Antibiotic Resistance</td>
<td>Hepatitis A</td>
<td>Plague</td>
<td>Trichinosis</td>
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<tr>
<td>Anthrax</td>
<td>Hepatitis B</td>
<td>Pneumococcal Disease</td>
<td>Typhoid Fever</td>
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<tr>
<td>Avian Flu</td>
<td>Hepatitis C</td>
<td>Psittacosis</td>
<td>Vibriosis</td>
</tr>
<tr>
<td>Bioterroism</td>
<td>Influenza: Seasonal</td>
<td>Q-Fever</td>
<td><strong>West Nile Virus</strong></td>
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<tr>
<td>Botulism</td>
<td>Influenza: A H1N1*</td>
<td>Rabbit Fever</td>
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<td>Denque Fever</td>
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<td>Rabies</td>
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<td>Brucellosis</td>
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<td>Relapsing Fever</td>
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<td>Campylobacteriosis</td>
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<td>Reye Syndrome</td>
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<tr>
<td>Chicken Pox</td>
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<td>Rocky Mountain Spotted Fever</td>
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<tr>
<td>Cholera</td>
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<td>Leprosy</td>
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<tr>
<td>Clostridium Difficile</td>
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<td>Leptospirosis</td>
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<tr>
<td>Coccidioidomycosis</td>
<td></td>
<td>Listeriosis, Nonperinatal</td>
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<tr>
<td>Cryptosporidiosis</td>
<td></td>
<td>Listeriosis, Perinatal</td>
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<tr>
<td>Diphtheria</td>
<td></td>
<td>Lyme Disease</td>
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<tr>
<td>E. coli O 157:H7</td>
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<td>Malaria</td>
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<tr>
<td>Encephalitis</td>
<td></td>
<td>Measles (Rubeola)</td>
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<tr>
<td>Food Borne Disease</td>
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<td>Mumps</td>
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<tr>
<td>Giardiasis</td>
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<td>Murine (Typhus)</td>
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<tr>
<td>Haemophilus Influenzae type b</td>
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*Current Priorities*
Health Education Material

Focus on Prevention

Preventing the Flu
Tips to Prevent the Spread of Disease in Your Home

Checklist

Practice good hygiene habits
- Avoid touching your eyes, nose and mouth.
- Cover coughs and sneezes with a tissue.
- Wash hands often, using soap and warm water for 20 seconds. (When soap and water are not available, use hand sanitizer).

Practice good housekeeping habits
- Open windows to let fresh air into shared areas.
- Keep surfaces clean by wiping them down with a household disinfectant.
- Use a dishwasher or hot water and detergent to clean eating utensils.
- Avoid "hugging" dirty laundry when handling it to prevent getting sick.

Separate people who are sick
- Avoid close contact with people who are sick. (Stand 3 feet away from them if you can).
- People who are sick should sleep and eat meals in a separate room, if possible.
- Create physical barriers between beds using sheets or curtains.
- Arrange beds so that people lay head-to-toe relative to each other.

Manage symptoms at home
- People who are sick should stay home until 24 hours after their fever ends.
- Drink clear fluids like water, broth, sports drinks to keep from being dehydrated.
- Do not give aspirin or products that contain aspirin to children or teenagers 18 years old or younger.
- Children younger than 4 years old should not be given over the counter cold medications without speaking to a health care provider.

People who are sick should seek emergency medical care if they have:
- Fast breathing or trouble breathing
- Chest pain
- Trouble keeping liquids down
- Confusion
- Sudden dizziness
- Bluish or gray skin color

Los Angeles County Department of Public Health
http://publichealth.lacounty.gov
Frequently Asked Questions

Pandemic H1N1 Flu (Swine Flu)

What is Pandemic H1N1 flu (formerly known as swine flu)?

Pandemic H1N1 flu is a respiratory infection caused by a new flu virus responsible for large outbreaks in many parts of the world. It has led to many hospitalizations and some deaths in certain parts of the U.S. population.

Is Pandemic H1N1 flu the same as the seasonal flu?

No. The virus that causes Pandemic H1N1 flu is a new type of flu virus that is different from the virus that causes the seasonal flu. Both types of the flu can be serious. The good news is that getting a vaccine and practicing simple prevention steps such as washing your hands often can prevent them both.

How is Pandemic H1N1 flu spread?

The main way that influenza viruses spread is through droplets from a sick person when they cough or sneeze. Flu viruses can also live on surfaces such as tables, faucets or doorknobs for up to eight hours. You can become infected with Pandemic H1N1 flu by touching an infected surface, then touching your eyes, nose, or mouth.

How serious is Pandemic H1N1 flu?

Most people will recover from the Pandemic H1N1 flu without treatment. However, just like the seasonal flu, Pandemic H1N1 flu can lead to serious health problems. Pregnant women, adults younger than 18 years of age, young children, and people with underlying health conditions such as asthma, diabetes, heart disease, and kidney disease, are more likely to have complications from the flu.

What are the symptoms of Pandemic H1N1 flu?

Many of the symptoms of Pandemic H1N1 flu are the same as the symptoms of the seasonal flu. These include fever, dry cough, sore throat, stuffy nose, body aches, headache, and tiredness. The Pandemic H1N1 flu may also cause diarrhea and vomiting and can lead to serious complications for some people.

How is Pandemic H1N1 flu treated?

Pandemic H1N1 flu is treated the same way that seasonal flu is – with lots of fluids and plenty of rest away from work or school. You may take acetaminophen (Tylenol®), ibuprofen (Motrin®, Advil®), or naproxen (Aleve®) – NOT aspirin (acetylsalicylic acid) for fever and body aches. For more serious cases, a healthcare provider may prescribe an antiviral medication. Antiviral medication can make your illness milder, make symptoms last a shorter period of time, and prevent more serious flu complications.

If you get sick, should you get tested for Pandemic H1N1 flu?

Your healthcare provider will decide whether flu testing is needed. Most individuals with healthy immune systems do not need to be tested for Pandemic H1N1 because they will likely recover on their own. However, patients who are hospitalized, or people that have special medical conditions that weaken their immune system such as pregnant women, people with diabetes, infants, and people over 60 years of age should get tested to be certain they’ll get the treatment that is best for them.
## Quick Facts
### Seasonal Flu & Pandemic H1N1 Flu (Swine Flu)

<table>
<thead>
<tr>
<th><strong>SEASONAL FLU</strong></th>
<th><strong>PANDEMIC H1N1 FLU</strong></th>
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</table>
| **What Is It?**  | A respiratory infection caused by flu viruses. Because seasonal flu viruses change every year, the seasonal flu vaccine is updated so that it protects against the current seasonal flu viruses. 
A respiratory infection caused by a new flu virus. It’s responsible for large outbreaks in many parts of the world. Most people don’t have immunity to it because it’s a new strain of flu. |
| **How Is It Spread?** | - From person to person through droplets from a sick person’s cough or sneeze  
- By touching something with the virus living on it, such as a doorknob, and then touching your eyes, nose, or mouth |
| **What Are the Symptoms?** | - Fever 
- Headache 
- Tiredness 
- Dry cough 
- Sore throat 
- Stuffy nose 
- Body aches |
| **For Children** | - Same as seasonal flu  
- May also have diarrhea and vomiting |
| **When Should You Seek Urgent Medical Treatment?** | - Fast breathing or trouble breathing 
- Bluish skin color 
- Not able to drink enough liquids 
- Fever, with a skin rash 
- Flu symptoms that improve, then return with fever and worse cough 
- Not waking up, not interactive 
- Confusion 
- Being too irritable that she/he does not want to be held |
| **For Adults** | - Difficulty breathing or shortness of breath 
- Pain or pressure in the chest or abdomen 
- Sudden dizziness 
- Confusion 
- Severe or continuing vomiting |
| **If You Have Any of These Symptoms, Seek Emergency Medical Care Immediately.** | |
## Health Education Material

### Promoting Health Behaviors

### Immunization

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#### PANDEMIC H1N1 FLU

**Vaccines**

**Seasonal Flu & Pandemic H1N1 Flu (Swine Flu)**

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</tr>
<tr>
<td></td>
<td>Anyone who wants to avoid the flu should get a seasonal flu vaccine, especially:</td>
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<tr>
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<td>- Pregnant women</td>
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<td>- Children ages 6 months through 18 years</td>
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<td></td>
<td>- Those who live with or care for people at risk for flu complications, including children younger than 5 years and adults ages 50 and over</td>
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<tr>
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<td>- People ages 50 and older</td>
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<td>- People with chronic medical conditions like asthma or diabetes, weakened immune systems, or some disorders that cause swallowing problems</td>
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<td>- Health care workers</td>
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<td></td>
<td>- Those who live in a nursing home or other long-term care home</td>
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<td></td>
<td>The H1N1 vaccine will be first available to:</td>
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<tr>
<td></td>
<td>- Pregnant women</td>
</tr>
<tr>
<td></td>
<td>- People living with or caring for infants under 6 months of age</td>
</tr>
<tr>
<td></td>
<td>- Health care workers</td>
</tr>
<tr>
<td></td>
<td>- Emergency medical personnel</td>
</tr>
<tr>
<td></td>
<td>- Children and young adults from 6 months through 24 years</td>
</tr>
<tr>
<td></td>
<td>- People ages 25 through 64 years with chronic medical conditions like asthma, diabetes, or weakened immune systems</td>
</tr>
</tbody>
</table>

You are not required to get either vaccine, but vaccines are the best way to prevent both types of the flu. The groups recommended to receive the vaccine are picked because they are more likely to:

- Get the flu
- Spread the flu
- Suffer from more serious health problems if they are infected.

| When should I get vaccinated? | You should get a seasonal flu vaccine every year during flu season (usually September—May). |
|-------------------------------| You can likely get a pandemic H1N1 flu vaccine as early as October 2009. |
No matter the type of virus, preventing the flu requires little effort. Follow these tips to keep healthy:

- **Cover** your nose and mouth with a tissue when you cough or sneeze.
- **Wash** your hands often with soap and water. Gel sanitizers (such as Purell®) are also effective.
- **Avoid touching** your eyes, nose, or mouth since germs spread that way.
- **Avoid close contact** with sick people.
- **If you’re sick**, stay home and rest for at least 24 hours after fever ends.
Priority Groups for H1N1 Vaccine

You should get the H1N1 Vaccine if you...

- Are pregnant
- Live with or care for children younger than 6 months old
- Work in health care or emergency medical services
- Are between the ages of 6 months and 24 years
- Have chronic health problems or a compromised immune system and are between the ages of 25 to 64.

If you meet these qualifications, you will be provided with H1N1 vaccine first, because you are most at risk of infection.

If you do not meet the qualifications listed above, H1N1 vaccine may be available to you later in the fall. But you should get the Seasonal flu Vaccine now. Call your doctor for more information.
Seasonal Flu Vaccine vs. H1N1 Vaccine

1 What are Priority Groups?
Anyone can get the flu, but the flu can be more dangerous for some people. That's why certain people should be first in line (a priority) to get vaccinated against either seasonal flu or H1N1. Check to see whether you fall into one of these groups:

Seasonal Flu
- Pregnant Women
- Children from 6 months to 18 years
- People of any age with chronic medical conditions, like asthma or diabetes
- People living in nursing homes or other long-term care facilities
- People age 50 and older

H1N1 Flu
- Pregnant Women
- Children and young adults from 6 months to 24 years
- People aged 25-64 years with a chronic medical condition
- People caring for infants under 6 months old
- People who work in health care or emergency medical services

2 What if I'm in a priority group for one vaccine, but not the other?
Everyone over 6 months old can get the seasonal flu vaccine. Priority groups for seasonal flu vaccine are assigned to remind those individuals that they should get the seasonal flu vaccine every year to avoid complications. If you are not in a priority group for H1N1 vaccine, it may be available to you later in the fall.
Health Education Material

Ensure Cultural Diversity

Available in: English, Spanish, Arabic, Armenian, Chinese, Farsi, Korean, Khmer, Russian, Vietnamese, Tagalog, Thai
Health Education Material

Resources

Bookmark

Settings: Community/Faith Based organizations; Medical Community; Individuals and Families; Businesses
Health Education in Worksite Settings
Worksite Health Education

• A combination of educational, organizational and environmental activities designed to improve the health & safety of employees & their families

• **Goals:** reduce health care costs & improve productivity

• Currently, there is no mandate for such programs as there is with occupational safety

• What about standards of practice?

• There are professional guidelines, such as those of the Association for Worksite Health Promotion, BUT, they are not widely disseminated
Worksite Health Education Practice

- Programs vary greatly from site to site
- Majority have a “wellness focus”
- Examples:
  - Conducting educational (prevention) classes
  - Conducting screenings & personal training sessions
Growth of Worksite Wellness

• 1992 National Survey of Worksite Health Promotion (representative sample of private-sector US organizations employing 50+ employees) indicated:
  – 81% of worksites offered health promotion in comparison to 66% in 1985
  – 52% offered at least 1 preventive screening service in comparison to 30% in 1985
  – Majority of health education activities in:
    • job hazards/injury prevention (64%)
    • exercise/physical fitness (41%)
    • smoking control (40%)
    • stress management (37%)
    • alcohol and other drugs (36%)
Effectiveness?

- The extent to which employers adopt programs and implement them with fidelity is not known.

- Issue: worksites vary greatly in their budgets for health promotion and professional preparation of staff.
Health Education in Health Care Settings

• Large population reach: ~85% of US population see a health provider in a given year

• Variety of settings: hospitals, clinics, home health agencies, insurance companies, dental offices
Health Education Practice in Health Care Settings

- Patient education: 1-on-1 with patients
- Explain diagnosis and any tests
- Teach patients about lifestyle changes necessary to manage disease
- Provide “continuing care” (long-term) services, such as in-home healthcare or support groups, that will assist patient in managing an illness
Why are health care settings critical venues for delivering health education?
Unique Characteristics

• Health care settings enhance the efficacy of health education practice...b/c:
  – (1) improved health is the primary objective of all activities in this setting, and
  – (2) health care providers are generally considered to be credible sources of health information

• This combination of factors: (a) persons who are more than usually receptive and attentive to health information (patients) and (b) interacting with professionals who are trusted and respected (health care providers)

  – creates an environment conducive to effective health education
Research on Health Care Settings

• Studies consistently show that:
  – For patients with chronic or acute conditions, health education is effective in terms of reducing morbidity and mortality
  – Saves $: each dollar spent on HE saves 4 dollars in other health-related costs
  – Interventions vary, but typically include: reductions in dietary fat, mammography, family planning, immunizations, cholesterol screening, & changing inaccurate perceptions of health risk

• What’s lacking?
Screening for the Identification of Substance Use
Major Public Health Challenge

- **Striking disconnect** between the proportions of individuals reporting misuse of substances or diagnosed with substance abuse/dependence and those receiving treatment

<table>
<thead>
<tr>
<th>In Treatment</th>
<th>~1.8 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse/Dependence</td>
<td>~22.3 million</td>
</tr>
<tr>
<td>Misuse of Illicit Drugs</td>
<td>~19.9 million</td>
</tr>
<tr>
<td>Misuse of alcohol</td>
<td>~126.8 million</td>
</tr>
</tbody>
</table>

- **Little attention** has been paid to the latter “risk groups” which often come into contact with health care settings (esp. emergency rooms)
Research of AOD Identification in Health Care Settings

- CASA Health care study: included 650 primary care physicians with over 500 patients in tx for chronic diseases:

  - Findings:
    - LESS than 1/3rd of PCP’s Screen for Substance Use
    - ~50% of patients said “PCP asked nothing of AOD use”
    - 10% said “PCP asked, but did nothing”

Missed Opportunity: National Survey of Primary Care Physicians and Patients, the National Center on Addiction and Substance Abuse (CASA) @ Columbia University, NY 2000
Health Education in Higher Education

• Health educator in university health service or wellness center
  – Plan, implement & evaluate programs for students
  – Resource library, peer education programs
    • CSUN: Health Center (Student Live)
Assessment & Diagnosis
ACHA - National College Health Assessment

- Developed in 1998 by college health education professionals

- Helps with problem analysis of health issues faced by students for program development

- Why? Results linked to academic success
NCHA: Health Education Areas

- General health status
- Alcohol and other drugs
- Violence
- Weight, nutrition, exercise
- Sexual behaviors, perceptions, contraception
- Mental and physical health
- Other factors affecting health
  - Vary: insurance, sleep, credit card debt
Results Inform Health Education
Planning for Campus

• Prioritize objectives and identify healthy campus initiatives
International Opportunities

• Much need, especially in developing countries

• Issues → Cultural differences; may need a 2nd language; topics for programs may be very different than you have learned about in the US

• Peace Corps an excellent opportunity
Non-Traditional Health Education

Consumer marketplace

- Sales related to health & fitness
  - Pharmaceuticals
  - Fitness, health, & medical equipment
  - Health-related books and materials

- Health in the larger surround: Media, TV, Newspapers

- Tourism/Recreation
## Comparison of Major Settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary Mission</th>
<th>Who is Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Education</td>
<td>Children/adolescents</td>
</tr>
<tr>
<td>Worksite</td>
<td>Productivity; Profits</td>
<td>Consumers of products and services</td>
</tr>
<tr>
<td>Hospitals/Clinics</td>
<td>Treat/Prevent illness and disease</td>
<td>Patients</td>
</tr>
<tr>
<td>Community</td>
<td>Prevent, detect, and treat illness</td>
<td>Public</td>
</tr>
<tr>
<td>International</td>
<td>Control of chronic and infectious disease</td>
<td>Targeted Regions</td>
</tr>
<tr>
<td>Other Settings</td>
<td>Consumerism</td>
<td>Public</td>
</tr>
</tbody>
</table>
What populations fall out of bound from the major settings?
High Risk Populations

• Individuals alienated from neighborhoods and communities
• Homeless
• Unemployed
• Out-of-school youth
• Those without health insurance or alternative health care affiliations
• Those in other social institutions
  – Criminal justice, mental health…