

# Setting Health Education Objectives For Local Health Departments

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**H**EALTH EDUCATION is an inescapable component of all public health practice and thus an integral part of all program planning, operation, and evaluation. Every health worker should develop not only an expanding awareness but also must become increasingly capable of using health education concepts, methods, and skills in his daily work. In staff development as much attention should be given to the insights and skills of influencing health behavior as is given to the technical aspects of work.

The task of reaching and influencing people about health matters has dimensions which are too often minimized. In the milieu in which health departments—especially those in the community—exist today, information and public relations efforts cannot be neglected. Every health department has the task of serving as the community focus and disseminator of authoritative health information; of selecting and interpreting to the community information about timely health problems, hazards, and issues; and of sustaining organized communitywide public relations.

Continuing education is another dimension of health education in a local health department. Regardless of whether it is considered a function

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of the health education unit, it is important that there be systematic provisions for professional growth of staff members. Health departments also need to engage in organized training and orientation of volunteers, other professionals, and lay groups. Such activities are educational in that their planning and execution use educational principles and methods—especially where such learning experiences develop conceptual and attitudinal insights as well as improve technical aspects of practice.

The foregoing dimensions of health education have been of increasing interest to local health departments in Illinois for some time. As a result, in 1960 a section on health education was included in "Standards for Local Health Departments in Illinois." This section, although stressing the need for a professionally trained health educator on the staff, listed departmental health education objectives and the activities needed to accomplish them.

The standards were developed by leaders at State and local levels and encompassed the objectives and corresponding activities of a local health department in organizing and administering the full spectrum of program and service areas. The standards were approved by a committee representing the State and local health departments with the full knowledge that modification would be necessary. In late 1965 this same committee decided that after 5 years of use the standards should be revised, and the bureau

of health education was invited to undertake the leadership in revising the health education section.

### **Revising the Health Education Section**

To deal with the revision, an ad hoc committee composed of local health educators and bureau of health education personnel was constituted. The ad hoc committee agreed, insofar as possible, to put aside professional biases and to take a realistic view of health education and health education-related constituents within the purview of a local health department. The committee took account of such issues as what constitutes health education; whether health education is an integral part of daily public health practice or a specific and separate activity; the emphasis or weight which should be accorded the educational process; the importance of communications, health information, and public relations; and the expectations of the local health department for a professionally trained health educator.

The ad hoc committee decided that the revised health education section of the standards should encompass a wide range of constituents which would be considered a focal point for those educational and related functions which should concern the local health department. The section was to be revised without considering the number or presence of health educators on the staff. The section was to be a departmental instrument which, of course, could be more readily utilized if health education personnel were employed. The employment of health education specialists would not relieve other professionals, however, from the responsibility of carrying out these objectives and activities.

Although intending to make the health education objectives and activities as comprehensive as possible, the ad hoc committee recognized that emphasis and determinations of priority would depend upon the enlightenment and capabilities of a particular department's administrator and staff as well as the availability of specialized personnel and resources. To fulfill the criteria described, the health education section in the 1960 standards needed to be modified and extended.

Few guidelines for health education services in local health departments in other parts of

the country were available, although those in use in California (1) were of particular pertinence. The American Public Health Association's 1963 policy statement on services and responsibilities of local health departments was also useful (2).

Before submitting the revised health education section to the committee responsible for the revision of the local health department standards, it was sent to a panel of out-of-State experts for review. This panel was composed of two health officers, one from a city and the other from a county health department; two local health educators; the chief, bureau of health education, of a State health department; a professor of health education of a school of public health; a deputy commissioner of a large State health department; and a member of the health education section, Public Health Service. The ideas of the panel members were incorporated in the final version which was submitted for approval.

### **Objectives of Health Education**

The revised health education section is organized into nine objectives and lists activities specifically directed toward the achievement of each objective. A summary of the section follows.

#### **Include educational components in all programs**

1. From the earliest stages of program planning and in the development of program policy, content, procedure, and priority decisions:

- a. Collect information necessary for planning.
- b. Establish educational objectives of the program.
- c. Assess barriers to the program and how they may be overcome.
- d. Appraise apparent and potential educational resources.
- e. Prepare a plan of operation that includes persons and groups to participate in program development, the specific information participants will need, the action they will take during the program, the methods to be used to secure participation of the public, information aids needed to bring about the desired action, the means to insure participants will work cooperatively, the priorities to be given various aspects of the educational effort, the timing of educational activities according to program services, and the means to evaluate educational components of programs.

2. Implement educational activities at every step of the program.

3. Evaluate the educational components according to their educational objectives as a part of the overall evaluation of the program.

#### **Secure public participation and support for health action**

1. Assist citizen groups, community leaders, and representatives of official and voluntary organizations to define problems, to study resources available for meeting these problems, to set priorities for action, and to plan, carry out, and evaluate programs to solve the problems. Aid in coordinating the activities of these groups.

2. Participate in health and welfare planning bodies, such as community welfare councils, to coordinate activities to eliminate duplication and to solve unmet health problems.

3. Initiate the coordination of health department programs with those of other agencies and organized groups.

4. Work with interagency groups on specific health problems.

#### **Maintain a clearinghouse for public health information**

1. Maintain a reference library of professional materials and other educational resources on health information.

2. Provide health information services to the community, answer mail and phone inquiries, and provide speakers and other resources.

3. Maintain an up-to-date resource file on health and health education materials and facilities available in the community or elsewhere.

4. Maintain library services and materials on health education techniques and resources for interested persons and group leaders in the community.

#### **Disseminate and interpret to the community selected and timely information on health problems, hazards, issues, and conditions**

1. Select, design, produce, evaluate, or distribute films, posters, exhibits, and other audiovisual materials.

2. Develop, write, edit, evaluate, or distribute health information for use by the mass media.

3. Initiate, through the mass media and with various community groups, programs and activities to explain and interpret prevailing and emerging health problems, hazards, issues, and conditions in the community.

4. Select, prepare, edit, evaluate, or distribute pamphlets, bulletins, or reports.

5. Test periodically, with specific audiences, the materials, visual aids, and methods used to disseminate health information in the community.

#### **Sustain an organized communitywide public relations effort**

1. All staff individually and collectively to assess their personal relations with the public and the image of the department in the community.

2. Provide opportunities for the staff to improve their interpersonal relationships through consultation, institutes, and special courses.

3. Make a systematic and continued effort to improve the department's public image by interpreting the health department's functions and services at meetings with persons and groups in the community and by planning and using all means of communication to interpret the programs, achievements, and needs of the health department.

#### **Maintain a cumulative experience pool file**

An experience pool file contains information about the characteristics of specific community and neighborhood health situations and needs; proved and potential leaders, volunteers, and resource people; hard-to-reach groups and persons; community opinion about the health department; and supportive and critical views of the department's resources.

#### **Sustain a continuing education and training program for all staff**

1. For all new staff, conduct planned orientation alternating it with job experience to acquaint them with the department's objectives, policies, procedures, and programs, and the department's relationships with other governmental, health, and related agencies, organizations, and groups in the jurisdiction.

2. Organize learning experiences to supplement and strengthen technical knowledge and skills. These learning experiences to be gained through staff meetings, study groups, special readings of professional literature, attendance at professional meetings at local and State level, field visits, discussions, courses, workshops, institutes, and conferences.

3. Organize learning experiences to improve understanding and skills in health motivation and change, instruction and group work, communications, consultation, interpersonal relationships, assessment of beliefs about health and disease, structure of the community and its leadership, appraising and utilizing community resources, and securing public participation and support for health action.

#### **Foster continuing education and training programs for volunteers and professional and lay groups**

1. Initiate and support programs and activities to recruit people into public health and the allied health professions.

2. Arrange and participate in continuing education programs to acquaint the medical and allied health professions with new knowledge and techniques in the health sciences.

3. Initiate school health programs and cooperate with school officials, voluntary health agencies, and medical and allied health professions in conducting the programs.

4. Provide training experience to prepare volunteers and community leaders to assist in department programs.

5. Provide training programs and activities to improve knowledge and performance of ancillary and allied health workers such as community health aides, homemakers, hearing and vision screening technicians, and nursing home personnel.

### **Provide health education consultation**

Provide consultation in health education, using the services of full-time staff health educators and information and other communication specialists or consultants obtained from the State health department.

1. Assist staff and others to understand the nature, value, and use of educational concepts, principles, and methods.

2. Provide technical assistance in the development and guidance of health education programs in groups and organizations, such as schools, public and voluntary agencies, professional societies, and civic groups.

3. Assist with the selection of appropriate teaching or group work procedures for health activities.

### **Supplementary Guide Needed**

The revised health education objectives and activities have been used by individual staff members as guidelines and collectively by departments in program evaluation, as a means of establishing health education priorities, and to distinguish expectations for health education, information, communication, and other such specialties.

At the same time, many local health department staff members have expressed a need for a utilization guide which would explain the health education objectives and suggest methods and procedures for carrying out the activities. Plans to develop a supplementary guide are underway.

### **Summary**

In late 1965, following 5 years' use, the health education section of "Standards for Local Health Departments in Illinois" was revised under the leadership of the State bureau of health education. An ad hoc committee of local and State health educators was formed, and its members prepared the revision. The revised sec-

tion was designed to serve the entire staff of a local health department rather than solely the health educator or health education unit.

Although it was recognized that health education objectives of the revised section could more readily be attained by employing a health education specialist, all staff members of a department were expected to fulfill the health education objectives whether or not there were health educators on the staff.

The revised health education section encompassed the following actions: the integration of the educational components in all public health practice—planning, operation, and evaluation; the responsibility of the health department to interpret to the community information about timely health problems, hazards, and issues; the need for continued assessment and development of staff in their interpersonal relationships with the public; the fostering of in-service and continuing educational programs for health department personnel, volunteers, allied health personnel, and lay groups.

Before it was approved, the revised health education section was reviewed by a panel of out-of-State experts consisting of public health administrators, school of public health faculty, and Federal, State, and local health educators.

### **REFERENCES**

- (1) California Conference of Local Directors of Health Education: A guide for health education services in local health departments. California State Department of Public Health, Bureau of Health Education, Berkeley, 1965.
- (2) American Public Health Association: The local health department—services and responsibilities. *Amer J Public Health* 54: 131, January 1964.