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Perceived Parenting Style and the Eating Practices of College Freshmen

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Unhealthy eating contributes to morbidity in adolescents and college students and is an antecedent of premature mortality in adulthood. It has been suggested that the increase in independence (i.e., living away from parents) of adolescents contributes to their poor eating behaviors. Some literature reports that specific parenting styles may reduce the probability of engaging in poor eating practices. Purpose: We investigated the association between college freshmen's eating practices and their perceptions of parenting style. Methods: An Internet-based survey was used to sample 264 college freshmen between the ages of 18 and 20 years from a large southeastern university. Data analysis used univariate and bivariate statistics along with multiple regression analysis. Results: Student eating practices fell short of optimal dietary recommendations. Whereas the literature suggests that parenting style predicts healthy eating during early adolescence, it did not predict healthy eating in this sample of college freshmen, accounting for less than 1% of the variance in eating practices. Nevertheless, responses to an open-ended question suggested that some students believed that parents had influenced their current eating behaviors. Discussion: We found little evidence of any latent effects of parenting style on eating behaviors among college freshmen. Translation to Health Education Practice: Despite positive parental influences, as it relates to health eating, continued reinforcement at the individual (e.g., skill enhancement with regard to meal preparation), interpersonal (e.g., role modeling healthy eating practices among peers), community (e.g., establishing farmers' markets) and organizational (e.g., increased access to healthy food options in cafeterias) levels is needed.

American Indian Women and Screening Mammography: Findings from a Qualitative Study in Oklahoma

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Breast cancer is an important public health issue within the American Indian (AI) community in Oklahoma; however, there is limited information to explain the low screening mammography rates among AI women. Purpose: To identify the motivational factors affecting an AI woman's decision to obtain a mammogram. Methods: Through the use of the Theory of Planned Behavior, 24 elicitation interviews were conducted with eligible for mammography AI women obtaining services at an Oklahoma-based tribal clinic. Results: Most women had mixed attitudes toward screening mammography. Environmental-related factors also were cited as barriers in getting a screening mammogram and women recommended improved accessibility to mammography screening. Participants identified family members, friends and their personal physician as critical social referents. No specific culturally related beliefs or taboos were noted. Discussion: This study provides new theoretically guided insights into the motivation of AI women to obtain screening mammography. Future interventions to promote mammography screening among AI women may yield more effective results if key social referents are included in the decision-making process. Translation to Health Education Practice: Public health practitioners need to

incorporate a socio-ecological approach to the design of a related intervention, and acknowledge the diversity in terms of cultural affiliation and beliefs within the AI population they serve.

Potential Paradoxical Effects of Myth-Busting as a Nutrition Education Strategy for Older Adults

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Medical myth-busting is a common health education strategy during which a health educator highlights common misconceptions about health and then presents evidence to refute those misconceptions. Whereas this strategy can be an effective way to correct faulty health beliefs held by young adults, research from the field of cognitive psychology suggests that normal age-related changes in cognition may diminish the educational efficacy of medical myth-busting for older adults. In the coming years, health educators are going to have increasing numbers of older adult clients. Although health educators are often trained to understand how age-related disease processes affect older adult clients' ability to learn and remember, currently there is little emphasis placed on teaching health educators how normal aging impacts their clients' cognition. We hope that by detailing how normal cognitive aging can reduce the efficacy of a common patient education strategy, we motivate health educators to learn more about how their clients' normal age-related changes in cognition might demand modified educational approaches.

Advantages and Limitations of the e-Delphi Technique: Implications for Health Education Researchers

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In the last 30 years, the application of the Delphi technique has been increasing. With the recent availability and established popularity of Internet-based research tools, the Internet has been identified as a means for mitigating Delphi limitations, maximizing its advantages, and expanding the breadth of its application. The discourse on the application of "e-Delphi" has been speculative in nature, however, with pragmatic analysis of Internet-based Delphi administration being limited in scope. Concomitantly, methodological guidance for conducting the e-Delphi in health education is limited, with best-practice implementation strategies yet to emerge. This paper advances the understanding of the e-Delphi technique, contributes to the evolution of this Internet-based research methodology, and provides guidance for the e-Delphi researcher in health education. Further, it offers a contribution to the discourse about Internet-based inquiry generally, and on using the e-Delphi technique in health education specifically. The authors illustrate that e-Delphi has a range of benefits that are effective and efficient in assuaging traditional Delphi limitations; nevertheless, a set of methodological issues remain unaddressed and make apparent the need for future research investments to better understand and alleviate challenges presented for e-Delphi research in health education.

March of Dimes and Vaccine Advocacy

Dawn Larsen

The polio vaccine became available in 1955, due almost entirely to the efforts of the March of Dimes. In 1921, Franklin Roosevelt gave a public face to polio and mounted a campaign to

prevent it, establishing the National Foundation for Infantile Paralysis in 1938. During the Depression, U.S. citizens were asked to contribute one dime. Entertainer Eddie Cantor suggested the name the March of Dimes, paraphrasing the popular newsreel “The March of Time.” Jonas Salk advocated a killed-virus vaccine while Albert Sabin proposed a live-virus vaccine. Both competed for both recognition and funding from the March of Dimes. In 1955 Salk’s vaccine was adopted, nationwide vaccination programs were implemented, and polio rates dropped by 80 percent. In 1961, Sabin’s vaccine, endorsed by the American Medical Association, became the vaccine of choice. The World Health Assembly advocated polio eradication by the year 2000. By 2004 eradication efforts were threatened by allegations linking vaccines to chronic diseases. Immunization dropped and polio resurfaced in the U.S., Australia, Africa and Russia. Research linking vaccines to chronic disease was discredited, but vaccine opponents remain active. Health educators are well positioned to mitigate damage caused by the anti-vaccine movement and address barriers to immunization efforts.

Innovative Training for Occupational Health and Infection Control Workplace Assessment in Health Care

Lyndsay O’Hara, Elizabeth Ann Bryce, Sydney Scharf, and Annalee Yassi

A user-friendly, high quality workplace assessment field guide and an accompanying worksheet are invaluable tools for recognizing hazards in the hospital environment. These tools ensure that both front line workers as well as health and safety and infection control professionals can systematically evaluate hazards and formulate recommendations. This South African example illustrates how role play and pictorial guided orientation can empower workers to use these tools in response to complex political, cultural and environmental factors.

Keys to Successful Community Health Worker Supervision

Patricia Duthie, Janet S Hahn, Evelyn Philippi, and Celeste Sanchez

For many years community health workers (CHW) have been important to the implementation of many of our health system’s community health interventions. Through this experience, we have recognized some unique challenges in community health worker supervision and have highlighted what we have learned in order to help other organizations effectively employ CHWs. We have identified seven keys to successful community health worker supervision: (1) Advocate for CHWs; (2) Recruit thoughtfully; (3) Develop field sensitivity; (4) Trust and respect the CHW; (5) Clarify boundaries and scope of practice; (6) Develop structure, but be flexible; and (7) Encourage continued learning. Effective supervision can improve and support the abilities of the CHW as he or she helps clients cope with life’s challenges. When the CHW’s cultural and interpersonal strengths are combined with effective supervision and support, they become a vital member of the health care team.