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**Young Women's Knowledge and Beliefs about Osteoporosis: Results from a Cross-Sectional Survey of College Females**

Mark J. Kasper, Michele Garber, and Kristie Walsdorf

Background: About 40% of White American women over age 50 experience osteoporosis-related fracture of the hip, spine, or wrist during their lives. Purpose: The purpose of this study was to determine the level of osteoporosis knowledge and beliefs among young women. Methods: University women (n=302) completed a self-administered osteoporosis risk factor questionnaire. Statistical analysis included descriptive statistics, chi-square analysis, analysis of variance, and the paired samples t-test. Results: Just 6 out of the 16 osteoporosis risk factors listed were correctly identified by at least 50% of the respondents; the mean risk factor knowledge score was 9.41 out of 20. Respondents strongly believed that osteoporosis is a serious disease, but less serious than heart disease and breast cancer. They also believed that they were somewhat responsible for getting osteoporosis, but less so than heart disease. In addition, they believed they were more likely to develop, and were more concerned about, breast cancer. African American women had lower knowledge scores than White women, were less likely to identify five of the risk factors correctly, and were less likely to believe they would develop osteoporosis. Discussion: The findings suggest that there are gaps in young women's ability to identify osteoporosis risk factors, and that they are somewhat complacent about the disease. Translation to Health Education Practice: This data suggests that educational programs concerning the prevention of osteoporosis in young women are warranted.

**Promotores de Salud: Educating Hispanic Communities on Heart-Healthy Living  
Amanda Medina, Héctor Balcázar, Mary Luna Hollen, Ella Nkhoma, and Francisco Soto Mas**

Background: Age-adjusted cardiovascular disease (CVD) mortality rates for Hispanics are lower than for non-Hispanics. However, CVD is the leading cause of death among Hispanics, and there is an increasing heart health problem among this population. One strategy for preventing CVD is the use of community health workers (CHWs). A CHW is a member of the community who disseminates information, attempts to foster healthy behavior, and provides education, advice, social support, and assistance to the community. Although the efficacy of CHWs has been tested, few studies have examined their effectiveness in educating communities and facilitating behavior change. Purpose: This study explored whether trained CHWs can effectively deliver education on heart-healthy behaviors among Hispanics. Methods: Two groups of participants received education programs delivered by CHWs, popularly known in the Hispanic community as promotores de salud. A pretest/post-test design was implemented to assess intervention effect. Analyses included sample t-test, chi-square ( $\chi^2$ ), and Mann-Whitney U Test. Results: The two groups differed in demographics and pre-existing risk factors ( $p < .05$ ).

Participants in both groups significantly improved their healthy behaviors ( $p < .01$ ). Discussion: Observed improvement in healthy behaviors in both participant groups strengthens the argument that the community health outreach promotores model may be effective and can be adapted to a variety of settings. Translation to Health Education Practice: The results of this study support the utilization of CHWs.

### **Staff Recommendations Concerning the Delivery of Hepatitis-Related Services in County Health Departments**

Jacque Rainey

Background: This paper describes a portion of a larger evaluation project of a state hepatitis prevention program. Purpose: The study explored the suggestions of key informants related to the delivery of hepatitis services in the state. Methods: Researchers conducted key informant interviews lasting 30 to 45 minutes. Results: Important findings included: (1) administrative support of the hepatitis program was critical to staff perception of its importance; (2) outreach and public education as well as marketing were seen as important components of the program; (3) continued resources and investments in staff training and development were important to creating a supportive environment for staff and clients and providing for program institutionalization. Discussion: Staff education concerning the program's mandate, expectations, and outcome measures would aid in the institutionalization process. The addition of interorganizational support from partner agencies that can provide access to high-risk populations and treatment will facilitate further institutionalization of the state hepatitis program within the individual counties. Translation to Health Education Practice: Specific findings that fit with health education practice are (1) outreach and public education should be expanded, and (2) senior administrative support for the hepatitis program is critical to its success.

### **Filling the Void: A Multi-Component, Culturally Adapted Smoking Cessation Program Integrating Western and Non-Western Therapies**

Sheila Beckham, Anuenu Washburn, Darlene Ka'aha'aina, and Stephen Bradley  
Background: Smoking is especially prevalent among Native Hawaiians. The 2002 Behavioral Risk Factor Surveillance System revealed that 33.8% of Hawaiians were current smokers. Native Hawaiians have the highest age-adjusted lung cancer incidence and mortality rates and the highest prevalence of asthma among all ethnicities. Purpose: This study describes the outcomes of a culturally appropriate, integrated smoking cessation program. Methods: Each participant ( $n=209$ ) was exposed to multiple treatment options—Hawaiian therapies, Western pharmacotherapy, acupuncture, and fitness training—and was permitted to opt for the program of personal preference. Pre-post program evaluation, with three-, six-, and twelve-month follow-up, was performed. Results: Of the 177 participants who attended two or more sessions, 59% ( $n=105$ ) quit or reduced smoking by one half, and 23% ( $n=41$ ) quit. The three-, six-, and twelve-month quit rates were 23% ( $n=40$ ), 15% ( $n=27$ ), and 15% ( $n=27$ ), respectively. Discussion: There is limited data available on quit rates for culturally specific, multi-component smoking cessation programs. A variety of methods and treatments, including pharmacological, lifestyle, alternative, and behavioral therapies, have enhanced smoking cessation program outcomes. Translation to Health Education Practice: Through the development of a multi-component program that integrated Western methodologies with

traditional healing practices, a void was filled. Similar culturally informed methods may enhance future efforts in designing ethnic-specific smoking cessation programs.

### **Health Education Efforts in Uncertain Times: □ Helping to Ensure Healthy Pregnancies in a Time of Crisis**

Alina L. Flores, Mary Kate Weber, Katie P. Kilker, Elizabeth P. Dang, and Lisa L. Massi Lindsey

Hurricane Katrina caused immense upheaval and disrupted many lives. Among those affected were pregnant women. A public service announcement, website content, and a fact sheet were developed to inform pregnant women about the issues that could potentially affect their health and that of their babies. The aim of these products was to provide health messages that captured the attention of the intended audience amid the challenging environment of an emergency situation. Message dissemination methods—television, radio, and websites—were carefully selected, because using a combination of outlets is often helpful in reaching the widest audience possible.

### **Using Family Health History for Chronic Disease □ Prevention in the Age of Genomics: Translation to Health Education Practice**

Carl Hanson, Lelinneth Novilla, Michael Barnes, Natalie De La Cruz, and Aaron Meacham

Advances in the field of human genomics have important implications for the prevention of chronic disease. In response to these advancements, public health professionals—including health educators—must become competent in the principles underlying the interface between genomics and the use of family health history. Family health history captures the familial nature and incidence of chronic diseases and provides valuable insights on the risk for chronic diseases within the context of shared genes, environments, and behavior. The purpose of this article is to review family health history research as an important tool for assessing chronic disease risk; to provide information regarding its use in health education practice as a potential preventive tool; and to discuss the ethical, legal, and social implications of such use.

### **Developing Learning Communities in Health and Human Performance Karen L. Butler and Phyllis W. Dawkins**

Learning communities in health and human performance are creative approaches to traditional academic outcomes. Learning communities are becoming increasingly widespread in a variety of contexts, and there is extensive evidence suggesting that effective learning communities have important benefits for students as well as faculty. In this article, three successful learning communities in health and human performance are described, each of which linked two courses around a common theme. Following a general description of learning communities, the “Community Wellness,” “Lifelong Wellness,” and “Healthy Youth” communities are described in detail, and evaluative data are presented. Results of student perception surveys indicated that students were generally satisfied with the program; it promoted interaction among them; it encouraged meaningful communication between them and the instructor; it deepened their learning; and it helped them feel a sense of community. We conclude with recommendations to facilitate success and plans for future research.

**Alcohol Stories: An Affective Teaching Technique for College Students**  
**Shannon Whalen and Suanne Maurer-Starks**

Objectives: This teaching idea has students write stories about alcohol, read their stories aloud to their classmates, and discuss the consequences of binge drinking. Target

Audience: College students

**A Case Study in Community Grant Funding: Lessons Learned**

Neale Smith and Lori Baugh Littlejohns

In principle, when government agencies provide grants to community groups, the community's control over health decisions and its capacity to address local health issues are both increased. Many problems can arise in the implementation of such an approach to health promotion. The authors describe a healthy community planning process with a granting component that they implemented in one regional health authority in Alberta, Canada. Participants were expected to find value in the planning process itself, but this was compromised to some degree when the prospect of project funding was introduced. The specific funding model adopted amplified these difficulties, which included the lack of well-defined criteria or guidelines early in the planning process. Failure to define the granting process from the onset represents a failure to articulate values underlying funder decisions. Suggestions for an improved approach to community granting are offered.