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Important Competencies for Future Health and Wellness Professionals: An Investigation of Employer Desired Skills

Craig Becker, Marty Loy

This study was designed to investigate the validity of the professional competencies developed by the Association of Worksite Health Promotion (AWHP) Professional Standards Task Force. The Task Force identified a competency framework that included business skills, program coordination skills, and human resource skills with corresponding sub-skills. The AWHP Task Force also recommended education degrees/certifications and desirable wellness/health promotion on-the-job-experience for program providers. In response to requests by professional organizations, 418 working health professionals voluntarily completed an online survey about the usefulness of the AWHP competency framework. Data were collected from members of the former AWHP (now part of American College of Sports Medicine (ACSM)), the National Wellness Institute (NWI), the Health Education Directory (HEDIR), and HPCareer.net. Findings indicate expected skill competencies of health professionals have expanded and corresponding curriculum adjustments are needed. The results further indicated that continual development of a set of professional standards for the health promotion field is timely and needed.

Spirituality Among A College Student Cohort: A Quantitative Assessment

Dixie Dennis, Susan M. Muller, Kim Miller, Priya Banerjee This study was designed to quantify indices of spirituality, the directing health dimension, which affects health and life satisfaction. Because college marks a time when life patterns are established, a college population was chosen. A cohort of 524 northeastern U.S. college students completed the 48-item Life Attitude Profile-Revised (LAP-R) in the fall semester, 2002. Overall, results revealed that these students demonstrated a moderate degree of spirituality, with females indicating a higher measure of spirituality than males. Also, females in this study were found to have clearer goals and a keener sense about why they are "here." Males, on the other hand, were less satisfied with life, suggesting that they were searching for their identity. These findings imply that health educators may need to help students, particularly males, search for and enhance their degree of spirituality in order to be healthier and to establish positive life patterns for adulthood. A "spiritual norming" campaign may be helpful for these students.

Conducting Small-Scale Community Assessments

Cam Escoffery, Kathleen R. Miner, Jane Trowbridge

A community assessment is a systematic process of understanding a health problem for the purpose of priority setting or developing an action plan. Small-scale community assessments allow agencies to identify and meet the needs of their defined communities. This article will describe the four phases of community assessment: 1) assessment planning, 2) data collection, 3) needs analysis, and 4) program action planning.

The Proliferation of Legalized Gambling: Implications for Health Education

Thomas Golaszewski

Legalized gambling is growing substantially and provides both a dilemma and an opportunity for those in the health promoting professions. Gambling represents a form of economic development and, for certain segments of society, improved health and quality of life. On the other hand, gambling is a known addiction, with a host of sociological problems associated with its practice. Consequently, a number of opportunities and responsibilities emerge for health educators. This paper provides both background information and suggestions for professional development, and begins a dialogue in the health education literature on this largely neglected and misunderstood topic.

Relationship violence prevention education in schools: What's working, what's getting in the way, and what are some future directions

Heather Meyer, Nan Stein

This article summarizes five K-12 school-based dating violence prevention curricula/programs that have gone through some form of evaluation and peer review. These programs were selected as a result of a broad and comprehensive review of the relationship violence literature that has been published in the past decade. Program objectives, components, outcomes, and evaluation procedures are compared and discussed. The programs that were reviewed were generally found to be not very effective at preventing relationship violence in the short term, and less effective in the long term, suggesting the need for more program depth, length, and a systematic, longitudinal process for collecting and analyzing data. Reasons for a lack of overall effectiveness in addition to suggestions for future programs and evaluations are discussed.

Bridging the Gap Between Public Health and Medicine: An Analysis of the Community Health Project

Christine Moranetz, Bart Hammig, Dima Turkmani, Jennifer Miller Service-learning internships combine community service with educational preparation and personal reflection. Service learning is a process whereby students apply what they have learned by participating in community-based service activities (Greenberg, 2004). We created the Community Health Project (CHP) internship to serve as a cornerstone for service learning in both our Medical School and Masters of Public Health (MPH) programs of study. This is a collaborative effort between preventive medicine faculty, students, and a variety of community health-based agencies. This article describes the structure, development, and purpose of the CHP as it relates to graduate school curricula.

Misconceptions of Focus Groups: Implications for Health Education Practice

Rosemary Thackeray, Brad L. Neiger

Health educators use several different data collection techniques involving qualitative and quantitative methods. One common qualitative data collection technique is the focus group. Although a focus group, when utilized appropriately, can yield useful information, too often in health education practice it is misunderstood and thus misused. The purpose of this article is to describe four general misconceptions about the focus group: (1) the focus group is quick, easy and inexpensive; (2) the focus group can be used as a source of

quantitative data; (3) only one or two focus groups are necessary; (4) the focus group opinion accurately reflects or represents individual opinion. A clearer understanding of these concepts will assist health educators to effectively use the focus group to advance health education research and practice. Based on the four misconceptions, suggestions are provided to assist health educators in using focus groups appropriately.