

**AAHE Scholar Paper: Paths for Successful Health Education Scholars**

Mohammad R. Torabi

The health education profession has advanced in the past century as a respected discipline. This progress, to a great extent, is due to the hard work of researchers and scholars in creating a body of knowledge for the field of health education. The purpose of this study was to identify factors that contributed to the success of leading scholars, their views on the relationship between research and teaching, and to provide advice for students and faculty who wish to follow their path. A survey questionnaire was developed, modified, and mailed to all previous scholars recognized by major national health education organizations and an honorary society. Additionally, a sample of highly accomplished scholars was interviewed face to face. The collected data were analyzed using statistical tests and qualitative techniques. It was revealed that these scholars were highly hard-working professionals who love what they do. Their educational training, desire to succeed, knowledge gained, and having mentors were the top factors that contributed to their success as scholars in the field. The respondents provided very insightful and practical advice for students and faculty in the field.

**Using Interactive Technology to Aid Smokeless Tobacco Cessation: A Pilot Study**

K. John Fisher, Herbert H. Severson, Steven Christiansen, and Chris Williams Although cigarette smoking in the United States has declined steadily for several years, the use of smokeless tobacco (ST) products is increasing, especially among youth. There is a need for innovative, validated, and widely applicable low-cost interventions to facilitate ST awareness and cessation. The Chewer's Choice<sup>a</sup> program, an interactive computer-mediated intervention (ICMI), was designed to help ST users quit by providing a user-friendly and personalized approach. To appeal to a predominantly male client base, the graphic user interface utilized a baseball field design to engage the client in the quitting process. Subjects (N=50) were recruited via print and radio media and given brief instructions on use of the program. After their sessions, subjects received printed quit plans tailored to their tobacco use profiles and were asked to complete process evaluation surveys. At 6-week follow-up, 85% had made a quit attempt, and 58% of subjects reported they were able to quit for at least 24 hours. Evaluation of short-term ST cessation outcomes, consumer satisfaction measures, and reviews by expert consultants were positive. The potential for ICMI in ST awareness and health interventions in education, worksite, or clinical settings is discussed.

**Contraceptive Behaviors Unaffected by Welfare Reform: A Pilot Study**

Tara L. Adams, Randall R. Cottrell, and Keith King

This study examined Ohio female welfare recipients' awareness of Ohio Works First or welfare reform law, and their contraceptive attitudes and behaviors. A convenience sample of 123 welfare recipients participated in the study. As a group, participants had low awareness levels of Ohio's welfare reform law. Those participants who had higher welfare reform knowledge levels had more positive contraceptive attitudes than those with lower welfare reform knowledge levels. Welfare reform knowledge level, however, had no impact on contraceptive behavior among this group of recipients.

**Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy:  
Summary**

Douglas Kirby

In 1997, I wrote *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy* for the National Campaign to Prevent Teen Pregnancy. At that time, with only a few exceptions, most studies assessing the impact of programs to reduce teen sexual risk-taking failed either to measure or to find sustained

long-term impact on behavior. Now, 4 years later, the research findings are definitely more positive, and there are at least five important reasons to be more optimistic that we can craft programs that help to reduce teen pregnancy. First, teen pregnancy, abortion, and birth rates began to decrease about 1991 and have continued to decline every year since then. Second, larger, more rigorous studies of some sex and HIV education programs have found sustained positive effects on behavior for as long as 3 years. Third, there is now good evidence that one program that combines both sexuality education and youth development (i.e., the Children's Aid Society Carrera Program) can reduce pregnancies for as long as 3 years. Fourth, both service learning programs (i.e., voluntary community service with group discussions and reflection) and sex and HIV education programs (i.e., Reducing the Risk) have been found to reduce sexual risk-taking or pregnancy in several settings by independent research teams. Fifth, there is emerging evidence that some shorter, more modest clinic interventions involving educational materials coupled with one-on-one counseling may increase contraceptive use. Given the stronger and more consistent research findings demonstrating program effectiveness, this report has been titled Emerging Answers.

**The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior**

David Satcher

I am introducing the Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior because we, as a nation, must address the significant public health challenges regarding the sexual health of our citizens. In recognition of these challenges, promoting responsible sexual behavior is included among the Surgeon General's public health priorities and is also one of the Healthy People 2010 Ten Leading Health Indicators for the Nation. Although it is important to acknowledge the many positive aspects of sexuality, we also need to understand that there are undesirable consequences as well as alarmingly high levels of sexually transmitted disease and HIV/AIDS infection, unintended pregnancy, abortion, sexual dysfunction, and sexual violence. These challenges can be met, but first we must find common ground and reach consensus on some important problems and their possible solutions. It is necessary to appreciate what sexual health is, that it is connected with both physical and mental health, and that it is important throughout the entire life span, not just the reproductive years. It is also important to recognize the responsibilities that individuals and communities have in protecting sexual health. The responsibility of well-informed adults as educators and role models for their children cannot be overstated. Issues around sexuality can be difficult to discuss because they are personal and because there is great diversity in how they are perceived and approached. Yet, they greatly impact public health and, thus, it is time to begin that discussion and, to that end, this Surgeon General's Call to Action is offered as a framework. During its development we received a wide range of input and have identified several areas of common ground. A major responsibility of the Surgeon General is to provide the best available science based information to the American people to assist in protecting and advancing the health and safety of our nation. This report represents another effort to meet that responsibility.