

Computer Task and Application Use by Professional Health Educators: Implications for Professional Preparation

Walter A. Hanks, Michael D. Barnes, Ray M. Merrill, and Brad L. Neiger

Abstract

Much has been written about how technology could affect the delivery of health education in the future. However, no data-based research has been published regarding how working health educators in any setting are actually using computer technology now, or how they expect to use computers in the near future. The purpose of this study was to determine how professional health educators are currently using computers and how they expect to use computers in the next 5 years. We report the results of a mail survey of a national random sample of working health educators (n = 400). Data pertain to tasks performed with computers now and in the near future (3_5 years) and the types of computer programs currently used. Internet, word processing, and electronic presentation skills were found to be of greatest importance. The results of this study provide guidelines for the development of curriculum components in professional preparation programs to address needed competencies.

A Social Marketing Approach to Increasing Breast Cancer Screening Rate

Carol A. Bryant, Melinda S. Forthofer, Kelli McCormack Brown, Moya Lynn Alfonso, and Gwen Quinn

Abstract

This study used a social marketing approach to identify factors that influence women's breast cancer screening behaviors and to guide the development of strategies to increase breast cancer screening utilization rates among under served women in Florida. Qualitative and quantitative methods were used to gather data regarding women's perceptions of breast cancer screening, frequency of mammography use, screening motivations and barriers, and recommendations for screening promotion. Thirteen percent of women surveyed had never had a mammogram, whereas 26% were irregular users and 51% were regular users of mammography. Factors significantly associated with mammography use included frequency of clinical breast examinations, insurance coverage, physician referral, knowledge of American Cancer Society recommendations for annual screening, and misperceptions of the potential for mammography usage to cause cancer. Results were used to develop a comprehensive social marketing plan that would motivate irregular users of breast cancer screening services, specifically underserved women 40 years of age and older, to be screened annually. The plan included recommendations for increasing physician referrals, modifying service delivery, developing client education materials, creating a public information campaign, and initiating public policy efforts to address financial barriers to mammography use.

**Establishing a Relationship between Behavior Change Theory and Social Marketing:
Implications for Health Education**

Rosemary Thackeray and Brad L. Neiger

Abstract

Social marketing has been applied in a variety of health education settings and has produced encouraging results. As the awareness and application of social marketing increases among practicing health educators, the link between social marketing and traditional behavior change theory becomes more critical. Because behavior change theory and social marketing are complementary, the challenge facing health education is how to make behavior change theory a useful and essential component of social marketing. This article describes the relationship between behavior change theory and social marketing practice. It is proposed that social marketing is the framework to which theory can be applied, resulting in programs that are theory-driven, consumer-focused, and potentially more effective. This integration of behavior change theory and social marketing can be achieved in four areas: planning, understanding consumer behavior, guiding formative research, and evaluating success. The added value of theory to an already promising framework like social marketing that replaces paternalistic, top-down approaches with consumer-based interventions should be compelling to all health educators.

The CHES Examination: The Science Underlying Its Development, Evaluation, and Revision

Gail Taylor Rice and John Sciacca

Abstract

The certified health education specialist examination measures not only possession of knowledge essential to the professional practice of health education, but also the application and interpretation of that knowledge. The examination is one phase in the process of certifying health educator specialists. The National Commission for Health Education Credentialing, Inc.'s Division Board for Certification of Health Education Specialists is responsible for the development and analysis of the health certification examination. In this article several procedures used in the process of developing an examination that provides valid input into the credentialing decision are described: (1) the role delineation and test specification, (2) item development, (3) examination finalization, (4) establishment of a passing point, and (5) item analysis and key finalization.

**The Status of Health Education Advisory Councils in Texas Public Schools: A 2-Year
Retrospective Study**

David C. Wiley and Gay James

AMERICAN JOURNAL OF HEALTH EDUCATION

Abstract

In 1995 the Texas State Legislature passed Senate Bill 1, containing specific guidelines for the requirement of school health education advisory councils (HEAC). This study examined the establishment and function of school health advisory councils in Texas. A stratified random sample was identified based on school district size and regions of the state (N=440). The response rate of 49.3% (n=217) indicated that 67.3% of the respondents had formed school health advisory councils. The council size, membership, training, and number of council meetings per year varied. However, the method of functioning varied by council, and training of these school health advisory councils is minimal. For example, almost two-thirds (65.7%) of the councils had not sought technical assistance and less than one-half (48.9%) had developed mission statements. This is of concern due to the councils' charge for overseeing health education in their respective school districts. Although the intent of forming HEAC was for them to focus on the total coordinated school health program, the main focus of council meetings and recommendations was sexuality education issues. This finding has implications for those councils that wish to expand their influence to include the entire school health program and delivery systems.

Integrating Complementary and Alternative Medicine into the Health Education Curriculum

Sheila M. Patterson and Helen M. Graf

Abstract

The study and use of complementary and alternative medicine (CAM) approaches continue to grow among the general public and health professionals. This article provides a brief overview of the popularity in CAM approaches and suggests a proposed CAM course for health education professional preparation programs. To begin the debate on what components should be standard in a CAM course for health educators and other health professionals, the authors provide a suggested course outline. This outline can be used as a separate and distinct course or the components can be integrated into existing courses. The course outline provides a proposed course description and goals, suggested topics of study and textbooks, and methods of assessment to be incorporated in a course on complementary and alternative medicine for health education students.

Administrative Observations for Department Chairs

Clint E. Breuss

Abstract

Whether they are called department chairs, department heads, or program coordinators, those charged with the coordination of the activities of a health education/health promotion unit have many administrative responsibilities. Although administrative tasks and functions overlap, they can be viewed as relationships with four entities: (1) other administrators in your unit; (2) faculty in your unit; (3) your supervisors; and (4) yourself. Examples and anecdotes, based on 30 years

**AMERICAN JOURNAL
OF HEALTH EDUCATION**

of administrative experience, are shared with the hope that they will be helpful to new and experienced department chairs/coordinators.