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Using Focus Group Research to Assess Health Education Needs of Pre-service and In-service Teachers

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Background: Few studies have been conducted in Canada to investigate the roles, actions and beliefs of health teachers in school health programs. Purpose: The purpose of this study was to explore health education teaching and assess related needs among pre-service and in-service teachers in a British Columbia K-12 school system, and to elicit conclusions regarding how to improve health through schools. Methods: K-12 teachers from the participating school district (N = 16) and pre-service teachers from the participating university (N = 14) participated in four focus groups. Results: Guided by the ecological model, seven themes were identified and categorized: (1) Intrapersonal Level (teaching strategies; knowledge/skills; comfort); (2) Interpersonal Level (teaching barriers); and (3) Community Level (health curricula; health programs; role of school). Discussion: Seven themes highlight the issues of school health programs from practitioners' perspectives, which also correspond with five sources of problems of school health programs classified by the WHO Expert Committee. This study reinforced the need for initial development of health educator roles and competencies to guide actions in school health improvement. Translation to Health Education Practice: The identified sources of problems illustrate the potential role that a health-promoting school approach plays to build school-community connectedness.

Vamos S, Zhou M. Using focus group research to assess health education needs of pre-service and in-service teachers. *Am J Health Educ.* 2009;40(4):196-206. This paper was submitted to the Journal on December 8, 2008, revised and accepted for publication on January 31, 2009.

Assessment of the Knowledge and Beliefs Regarding Probiotic Use

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Background: Although there is mounting evidence of the benefits of probiotics, many consumers are unaware of the definition of probiotics and are unable to state which foods contain these live microorganisms. Purpose: This study attempted to determine if participants were able to state the definition of probiotics, whether they utilize these products regularly and if they would consider consuming probiotics if it were recommended by a health professional. Methods: The subjects were evaluated via an 18-item questionnaire. A total of 335 surveys were returned completed. Results: This study demonstrates that 38.5% of respondents had heard of probiotics, but only 27.2% stated that they knew what probiotics are. Those participants who stated they knew what probiotics are were more likely to try them when recommended. Participants who were able to state the benefit of probiotics, consumed them in greater frequency. Discussion: The results of this study support the hypothesis that many consumers are unaware of the definition of probiotics and are unable to state which foods contain these live microorganisms. Translation to Health Education Practice: These results indicate a need for further

education of the general public in regards to the definition, benefits, and sources of probiotics.

Stanczak M, Heuberger R. Assessment of the knowledge and beliefs regarding probiotic use. *Am J Health Educ.* 2009;40(4):207-211. This paper was submitted to the Journal on December 17, 2008, revised and accepted for publication on March 23, 2009.

Use of University/School Partnerships for the Institutionalization of the Coordinated School Health Program

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Background: Health educators have discussed the importance of the eight component Coordinated School Health Program (CSHP) approach to facilitate the success of school health education.¹ Conducting a School Health Index (SHI) assessment of the CSHP is an important early step for improving the health, environment and academic success of youth. Purpose: To: (1) provide process evaluation data to improve a University-school partnership designed to assist in assessing the current state of the CSHP in 25 area schools and (2) to assess the level of institutionalization of the resulting SHI generated action plans. Methods: A 27-item questionnaire was used to conduct follow-up interviews with the project schools following the completion of the SHI assessment. Results: Data supported the continuation of the university-school partnership model for facilitating the SHI assessment. Only moderate institutionalization of SHI action plans for advancing the CSHP was shown, mostly related to policy and school environment changes. Discussion: Findings indicated the need for health coordinators taking a strong role in the assessment, for developing administrative support, for expanding parent and community involvement and for a formal process evaluation monitoring system to increase accountability. Translation to Health Education Practice: Additional recommendations for improving the partnership and the CSHP institutionalization following an SHI assessment are presented.

Videto DM, Hodges BC. Use of University/School Partnerships for the Institutionalization of the Coordinated School Health Program. *Am J Health Educ.* 2009;40(4):212-219. This paper was submitted to the Journal on June 24, 2008, revised and accepted for publication on March 24, 2009.

Development of an Educational Video to Improve Patient Knowledge and Communication with Their Healthcare Providers about Colorectal Cancer Screening

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Background: Low rates of colorectal cancer (CRC) screening persist due to individual, provider, and system level barriers. Purpose: To develop and obtain initial feedback about a CRC screening educational video from community members and medical professionals. Methods: Focus groups of patients were conducted prior to the development of the CRC

screening video, patient focus groups provided initial feedback about the video and medical personnel made recommendations prior to final video editing. Results: Patients identified CRC screening barriers and made suggestions about information to include in the video. Patients suggested using a doctor to state the importance of CRC screening, demonstrate how to complete the fecal occult blood test and that men and women from diverse ethnic groups and races could appear in the same video. Participants reviewed the video and thought it included their suggestions, was culturally appropriate and the information was easy to understand. Medical personnel suggested ways to improve the content and delivery of the information prior to final video editing. Discussion: Participants provided valuable information in the production of a video to improve patient knowledge and patient-provider communication about CRC screening. The video developed was based on the Protection Motivation Theory and addressed CRC screening barriers identified in this mostly minority and low-income patient population. Future research will determine if CRC screening increases among patients who watch the educational video. Translation to Health Education Practice: Educational videos can provide important information about CRC and CRC screening to average-risk adults.

Katz ML, Heaner S, Reiter P, van Putten J, Murray L, McDougle L, et al. Development of an Educational Video to Improve Patient Knowledge and Communication with Their Healthcare Providers about Colorectal Cancer Screening. *Am J Health Educ.* 2009;40(4):220-228. This paper was submitted to the Journal on December 28, 2008, revised and accepted for publication on March 14, 2009.

Considerations for Marketing the Health Education Specialist to Employers

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The Coalition of National Health Education Organizations (CNHEO) established a task force in 2003 to design a marketing plan to promote the health education profession. Task force members decided that before developing a full-scale marketing plan to reach employers, they should learn more about employers' current knowledge and attitudes regarding health educators and their current and anticipated hiring practices. Few previous studies had examined these questions and no known formal market research of employers' knowledge, attitudes or beliefs about health educators existed. Hezel Associates produced a market research report in July 2007 on behalf of four sponsoring health education profession member organizations of the CNHEO, and the National Commission for Health Education Credentialing, Inc. This survey enabled collection of current and potential employers' knowledge and attitudes about health educators, the profession and hiring practices. This paper presents the task force's background work, major findings from the employer survey, implications for the profession and future challenges to marketing the profession.

Gambescia S, Cottrell RR, Capwell E, Auld ME, Conley KM, Lysoby L, et al. Considerations for marketing the health education specialist to employers. *Am J Health*

Educ. 2009;40(4):231-235. This paper was submitted to the Journal on September 10, 2008, revised and accepted for publication on February 25, 2009.

Compensation of Certified Health Education Specialists

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Health education moved toward professionalization with the establishment, in 1988, of the National Commission for Health Education Credentialing, Inc. Today, there are approximately 8,000 active holders of the CHES credential. This article examines the compensation levels of CHES recipients in relation to their current position, employment setting and academic preparation. All current CHES-credentialed individuals listed in the directory were asked to complete an Internet-based survey about their compensation. A total of 1,377 usable surveys were completed for a response rate of 20%. The mean salary of all respondents was \$49,895. Full time supervisors had the highest mean salary of \$56,663. Annual salary was influenced by level of employment (full time, part-time), supervisory role, sex and highest degree earned. A baseline now exists for monitoring compensation of CHES professionals over time. In the future, both CHES and non-CHES individuals should be sought to determine whether certification status influences compensation.

Bonaguro J, White J, Duncan DF, Nicholson T, Smith BJ. Compensation of certified health education specialists. *Am J Health Educ.* 2009;40(4):236-244. This article was submitted to the Journal on July 21, 2008, revised and accepted for publication on March 31, 2009.

Articulation of the National Health Education Standards to Support Learning and Healthy Behaviors Among Students

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The original and revised National Health Education Standards (NHES) and performance indicators provide the foundation for curriculum, instruction and assessment in health education. The article clarifies the revised NHES and performance indicators for classroom teachers, health education teachers, curriculum directors, state department of education health educators working on the development of state-level standards, and health education teacher education faculty working in institutions of higher education. This articulation of the standards and the performance indicators will facilitate their appropriate utilization in planning, implementing and evaluating health education curriculum, instruction and assessment for students in grades pre-kindergarten through 12 as well as professional preparation and development experiences for pre-service and in-service classroom and health education teachers. Therefore, a deeper understanding of the revised NHES and the performance indicators is important for classroom teachers, health education teachers, curriculum directors and other local school personnel as well as individuals working in institutions of higher education and state education and health agencies. This article provides an overview of the NHES, an in-depth description and clarification of the NHES

and the sub-concepts and sub-skills embedded in the performance indicators, and strategies for integrating the NHES and performance indicators with health education curricula, instruction and assessment.

Tappe MK, Wilbur KM, Telljohann SK, Jensen MJ. Articulation of the national health education standards to support learning and healthy behaviors among students. *Am J Health Educ.* 2009;40(4):245-253. This article was submitted to the Journal on October 19, 2008, revised and accepted for publication on March 1, 2009.