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## Practice Notes: Strategies in Health Education

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## Practice Notes: Strategies in Health Education

*The Practice Notes section is intended to keep readers informed about health education practice around the country. It is an attempt to spread the word about exemplary strategies, initiatives, and programs and share successes in overcoming obstacles or challenges. Periodically, articles presenting perspectives on practice-related issues are also included in Practice Notes.*

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### **Program: Be Red Cross Ready: Community Preparedness Through Innovative Partnerships**

**Sponsor: American Red Cross El Paso Area Chapter, University of Texas at El Paso, and Hispanic Health Disparities Research Center**

#### *Objective*

The purpose of the Be Red Cross Ready Community Outreach Project (BRCR) was to train health education students to provide high-quality, theory-driven community preparedness education in a community on the U.S.–Mexico border. This aim was achieved through an innovative partnership between a community organization, federal research center, and university. The ultimate goal of the project was to increase disaster and emergency preparation to protect, promote, and preserve the health of the public.

#### *Assessment of Needs*

The terrorist attacks of September 11, 2001, and the devastation of Hurricane Katrina highlighted the complete lack of emergency and disaster preparedness (also

known as *community preparedness*) planning and education in the United States and dictated the need for such preparedness. A previous study found that most participants were aware of the need to become prepared but were unsure of how to begin the process. In addition, participants agreed that the general public needed additional emergency information and education that should be provided by a trusted and prepared source (Chesser et al., 2006).

The American Red Cross reported that only 1% of El Pasoans would be prepared should a manmade or natural disaster strike, compared with 7% of Americans. El Paso is not impervious to emergency situations. Fires, flooding, and other situations requiring first aid and CPR are common occurrences in El Paso, and the community is strikingly underprepared for such emergent situations. Proper preparation can minimize the effect of such events and save lives.

There is an urgent need to disseminate culturally appropriate information regarding feasible preparedness actions among minority communities (Messias & Lacy, 2007). The ability to disseminate information to diverse priority populations is a critical skill for health educators. Incorporating Hispanic cultural assets such as familism into health education programs may facilitate both community preparedness and student competency and confidence in a region that is predominantly Hispanic (primarily Mexican American).

### *Program Strategy*

The American Red Cross El Paso Area Chapter (ARC) partnered with the University of Texas at El Paso (UTEP) and the Hispanic Health Disparities Research Center to plan, implement, and evaluate the project. Specifically, the goal of the BRCR was to increase access to no-cost, high-quality community preparedness education.

The students completed the ARC community preparedness education and instructor training certification, and they modified the ARC curriculum to incorporate culturally relevant and theory-driven concepts and constructs. The educational intervention was provided to approximately 300 UTEP students, faculty, and staff. The UTEP community was selected as the priority population for this project because it is one of the largest employers in El Paso. Participants acquired information and gained skills to be better prepared in the event of an emergency situation.

### *Evaluation Approach*

The approach to evaluation was twofold. The participants in the BRCR program and the student educators were both evaluated. The participants who received the preparedness education completed a questionnaire before and after intervention that was grounded in the constructs of

the Health Belief Model to determine the effects of the intervention on perceived susceptibility to and seriousness of emergency situations, perceived benefits and barriers to emergency preparedness, and preparedness self-efficacy.

The students were administered a questionnaire that consists of a demographic profile and the Self Assessment for Health Educators–Perceived Competence from the National Commission on Health Education Credentialing (2007) prior to and after participation in the disaster preparedness community outreach project to determine if perceived competence in the seven areas of responsibility for health educators increased as a result of planning, implementing, and evaluating the BRCR program.

### *Implications for Practitioners*

Through this partnership, the ARC provided community preparedness education to a large group of El Pasoans and advanced their organizational mission. In addition, the ARC trained a new cohort of volunteers. Ideally, the students' sense of service to their community will be enhanced as a result of participation, and this service will continue upon completion of the project to further diffuse the mission of the ARC and improve the health of the community.

A new cohort of health educators received valuable, practical experience. Planning, implementing, and evaluating the BRCR program improved students' knowledge, skills, and perceived competence as public health educators. The students honed their health education skills and provided effective theory-driven education in a culturally appropriate and sensitive manner. They also analyzed data and reported their results to the community partners, building confidence and strengthening relationships. These future practitioners will enter the workforce with more experience to advance the mission of the health education profession.

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#### *Authors' Note*

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the official views of the National Center on Minority Health Disparities or the National Institutes of Health. This was a joint venture of the University of Texas at El Paso and the University of Texas Health Science Center at Houston School of Public Health.

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### **Program: JointUse.org, a Website to Promote the Shared Use of School and Community Spaces to Keep People Active and Healthy**

#### **Sponsors: Prevention Institute, Berkeley Media Studies Group**

##### *Objective*

We developed the website [www.jointuse.org](http://www.jointuse.org) to create visibility for a public health strategy called *joint use*, which allows schools and communities to share spaces like gymnasiums, athletic fields, and swimming pools to facilitate physical activity. The site brings together the work of California's foremost joint use experts and houses it all in one place, making it easier for public health advocates to find the resources they need to build momentum for joint use projects. Whereas the site focuses primarily on California, many of the resources apply nationwide.

##### *Assessment of Needs*

The research is clear: Physical activity is a strong determinant of health, but most Americans don't get enough to be healthy. About 60% of U.S. adults do not get the recommended amount of physical activity. Twenty-five percent are physically inactive (Centers for Disease Control and Prevention, 1996), and inactivity-related health problems such as Type 2 diabetes and heart disease are on the rise in the United States, often with fatal consequences. Approximately 250,000 deaths a year in the United States can be attributed to physical inactivity (Booth, Gordon, Carlson, & Hamilton, 2000).

Many Americans don't get enough exercise simply because they don't have places to be active. This is particularly true for low-income communities and communities of color, which typically have less park space and are less likely to have houses with private backyards (Sister, Wilson, & Wolch, 2007).

Research shows that people who have parks nearby exercise 38% more than do those who do not have easy access (Kerr, 2008). Using joint use partnerships to open schoolyards after hours is one way to decrease disparities in open space and create environments where kids and adults can be active. For years, members of California's joint use task force, representing more than a dozen organizations across the state, have been working to encourage the creation of more joint use partnerships. The problem was that until recently they had no efficient way to communicate, pool their resources, or work together as a group.

#### *Program Strategy*

The June 2009 launch of jointuse.org was designed to address the need to link available physical activity spaces to potential users. The site has solidified the efforts of the California Joint Use Task Force and become a communications hub for advocates, school and public officials, and others who are interested in joint use.

The task force's combined resources allow site visitors to view Photovoice (Wang & Burris, 1997) projects done by young people showing what systemic conditions are making it hard for them to be active, watch videos of successful joint use projects in action, find the locations of joint use partnerships in California, download sample joint use agreements, join a discussion forum to interact with task force members, and get tips on jumpstarting a joint use partnership in their own community.

The site proactively frames joint use as a health issue. Videos focus on solutions while illustrating the community benefits of joint use and physical activity, such as improved academic performance and community cohesion. Jointuse.org puts what can be intimidating policy language in the context of fun, possibility, and a can-do spirit.

#### *Evaluation Approach*

The site administrator tracks various web metrics including number of visitors and average time on the site to see who is using the site, how often, and in what ways. The administrator also monitors the number of users registered to use the discussion board and how many people have subscribed to the jointuse.org newsletter. A feedback inbox allows visitors to submit questions, comments, and suggestions for improvements. Visitors can also submit details about their community's joint use partnership for inclusion on an interactive map.

#### *Implications for Practitioners*

Joint use partnerships improve people's chances of being healthy by making it easier for them to be physically active. Jointuse.org creates awareness about these partnerships and, unlike many websites, places the issue itself—rather than individual organizations—front and center. Informal assessments from users indicate they appreciate that approach. The website's structure and main features would be easy to replicate for nearly any public health issue.

For more information, contact Manal Aboelata, Prevention Institute, PO Box 8480, LA, CA 90008; phone: (323) 296-5750; e-mail: manal@preventioninstitute.org; or Heather Gelert, Online Communications Specialist, Berkeley Media Studies

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## PRACTICE NOTES EDITORIAL COMMITTEE

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## SUBMISSION INFORMATION

Abstracts for Practice Notes and all correspondence concerning abstract review should be sent to Lisa D. Lieberman, Department of Health and Nutrition Sciences, Montclair State University, [liebermanl@mail.montclair.edu](mailto:liebermanl@mail.montclair.edu). Submissions, formatted in Word, can be sent by e-mail attachment to [liebermanl@mail.montclair.edu](mailto:liebermanl@mail.montclair.edu). Published manuscript length is approximately 300 words (excluding headings and contact information). Submitted manuscripts may be up to 700 words and will be edited for length and clarity. Include the following: name of initiative or program, contact person, sponsoring agency or agencies, address, and phone number. The program description should include the following headings: Objective, Assessment of Needs, Program Strategy (e.g., risk reduction, community organizing, media advocacy, disease management, policy advocacy, coalition building, social support, etc.), Evaluation Approach, and Implications for Practitioners (including descriptions of any special challenges or unique circumstances that the project has overcome). Authors should not include evaluation results because Practice Notes is intended to describe processes and programs, not to assess outcomes. Submissions will be judged on applicability and utility to the health education practitioner, clarity of objectives, innovativeness and creativity, existence of evaluation plan, and potential replicability. Additional artwork, graphs, or tables may be submitted in camera-ready form.