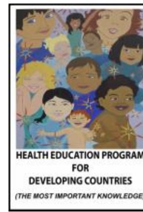
HEALTH EDUCATION PROGRAM FOR DEVELOPING COUNTRIES

(THE MOST IMPORTANT KNOWLEDGE)



ENGLISH / FRENCH
KHMER / MANDARIN
SPANISH
DOWNLOAD FREE
www.hepfdc.info

INTERNATIONAL & NATIONAL STANDARDS & PRACTICE GUIDELINES

WHO=World Health Organization & its divisions & collaborating partners.
HHS=Dept of Health & Human Services & its divisions & collaborating partners.

EVIDENCE-BASED PARTICIPATORY HEALTH EDUCATION GUIDELINES

BACKGROUND: The importance of **evidence-based health education** has been emphasized by numerous international and national guidelines. For example, the World Health Report 2008 emphasizes the following as one of the most important problems in both developed and developing countries world-wide:
"Misdirected care. Resource allocation clusters around curative services at great cost, neglecting the potential of **primary prevention and health promotion to prevent up to 70%** of the disease burden"

See the above report and the following for further documentation and examples: Saving the Most Lives and Preventing the Most Suffering-Why is Evidence-Based Health Education so Critically Important?

The importance of the **participatory approach** for teaching all age groups, at all levels of the health care pyramid, has also been emphasized by numerous international and national guidelines (See, for example, Best Practices in Global health Missions' Health Education links). The participatory approach is therefore utilized by both long-term and short-term missions.

It is used by **Community Health/Primary Care Medical Teams** (Focus on demonstrating to local providers how to Integrate Community Health into Primary Care Practice--See How the Program has Been Used By Community Health/Primary Care Medical Teams).

It is also used by **Health Screening Medical Teams** (Focus on primary prevention and health promotion and the Community's Most Important Healthcare Problems--See How the Program has been used by Health Screening Medical Teams

For example, for Health Screening events, the participatory process usually begins with distribution of the advertising flyers and continues onsite as patients are waiting in line to register. Using "The 3 Things" approach, the Flyers lead people to ask "What are these 3 things that WE can do that would prevent 80% of heart disease, 80% of stroke, etc?" As patients are waiting in line to register, a health educator can use the 11x17 posters to draw out the answers from the people. The lesson (with the WHO answers) is also included in the *Patient Health Screening and Education Record* which is given to the patient for further reinforcement and multiplication of the lesson to the patient's family and friends.

GUIDELINES: The following apply to both "Community Health/Primary Care" and "Health Screening," Long-term and Short-term, Medical Teams.

1. Team & Local Health Educators: Although WHO and HHS guidelines are lifesaving, some are relatively complex and take time to properly demonstrate. And the participatory approach,

although definitely most effective, is also time-consuming; and providers rarely have adequate time. Health Educators are therefore required for both **group** health education, and for provider referrals for **individual** patient counseling.

Referral to Team and Local Health Educators enables team and clinic compliance with international and national standards of care. There is **no position more important** in meeting these requirements for our patients' health and wellbeing. This is true at **all** levels of the healthcare pyramid: Hospital, Clinic/health-center, or Family/Community (Includes Church & School).

For STMs, most Health Educators are nurses with training/experience in patient teaching; or teachers with training/experience/ in teaching health. Most are volunteers from the team and from local in-country sponsoring churches, schools and clinics.

Team & Local Health Educators work together as teams**.** Local Health Educators often have not had training in the program content, or in the participatory approach; so the Team Health Educator's expertise and example are very important. Also, as US healthcare providers are nearly always very highly respected by patients from developing countries, this process strongly supports and reinforces the MOH and local community physicians, nurses, teachers, pastors and other educators in their attempts to implement WHO guidelines after we leave.

However, the Local Health Educator knows the culture, and this is critically important in presenting the information in the most effective manner for beneficial change/transformation. The Local Health Educator is also essential for ensuring the sustainability and multiplication of the team's efforts.

The number of Health Educators required will depend on the size of the team and number of patients to be evaluated--At least two are needed to provide health education to **groups** of patients waiting to be seen. Others are needed to provide **individual** health counseling to patients referred by team/local physicians for conditions requiring time-consuming counseling. Others may be needed to man Health Fair or other booths for additional participatory learning. Usually the Health Educators alternate positions.

2. Evidence-based Health Education Materials from international and national standards and guidelines (See Evidence-based Community Health Screening and Education Guidelines):

a. For Community Health/Primary Care Medical Teams: The ***Health Education Program For Developing Countries*** is available free for downloading, and is distributed to all team providers and health educators.

The local version will be in the local community’s language (Spanish/ Mandarin/ French/ Khmer) and is also available free for downloading. This is important for sustainability, as well as multiplication of teaching efforts to surrounding communities after we leave.

Local educators soon have much of the information memorized and use the Handbook and Illustrations to teach others, utilizing the cultural and participatory approach that is most effective for their particular community.

b. For Community Health Screening & Education(CHS&E) Medical Teams: As CHS&E teams focus on specific areas pre-selected by the community to address their most important healthcare problems, there is usually no need to utilize the entire the *Health Education Program For Developing Countries* program.

A copy of the relevant written Handbook and Illustration sections of the program are therefore incorporated into a ***Patient Education/Counseling Folder*** (See **Section IV** on the HEPFDC Health Screening page.)

This *Patient Education/Counseling Folder* is available free for downloading, and is distributed to all team providers and health educators. (It is also incorporated into the ***Provider Guidelines & Patient Counseling Folder***)

To enable sustainability, as well as multiplication of teaching efforts to surrounding communities after we leave, additional copies in all languages may be downloaded free from **Section IV** on the HEPFDC Health Screening page.

3. Poster-size illustrations and large screen projections. Health Educators use these to discuss the most critical community-specific health problems with groups of patients. This often occurs as patients are waiting to be evaluated by healthcare providers.--This is wonderful teaching opportunity that is often missed. It is especially helpful when waiting times are long. (Also, when all arrivals cannot be evaluated, they may be referred for follow up health education services provided by the local clinic, school or church educators after we leave.)

Note concerning formats: All *Health Education Program For Developing Countries* illustrations are in the PDF format which can be downloaded free and shown directly on **computer monitors**, or on **large screen projectors**, or **printed in the 8.5x11 inch Letter-size**. The 8.5x11 illustrations are used in Notebook, Binder and Folder format for **individual and family counseling.**

11x17 inch Tabloid-size for posters for teaching groups: The 8.5x11 Letter-size PDF files may be easily enlarged (129%) to the 11x17 Tabloid-size either on your computer, or by providing the PDF file to your local copy or office supply shop. 11x17 inch Tabloid-size posters (two illustrations placed back to back, 5 mil laminated) are usually available for $5-$6. See: Producing Your Own Notebooks and Posters

4. Group participatory presentation topics. Medical Directors assign sections of the *Health Education Program For Developing Countries* for group presentation based upon the community's most critical health care needs.

All of the following lessons can be obtained from the HEPFDC DOWNLOAD FREE page at www.hepfdc.info. The material covered by each health educator at each station for "groups of patients" should be part of a coordinated approach to prevent duplication, and to ensure "the most important knowledge" is made available to as many patients as possible.

For Community Health Screening & Education "The 3 Things" approach, Sections 38 and 41 are emphasized. Usually this is all that time permits.

Other missions may focus on the following as determined by the local community and MOH:

a. Topics most often requested for presentation to **groups of patients** include:
Sections 1-11(Includes the common causes of death in the developing world. Also introduces holistic health care) Additional frequently requested topics include:

-Respiratory Infections (Sections 29, 30A&B)
-HIV/AIDS (Sections 4 & 5)
-Accident Prevention (Sections 44, 45, 46, 47 & 48)
-Safe Food Preparation (Section 17A&B)
-Recovering from Disasters & Other Traumatic Events (Section 49)

as well as those listed under the following:

b. Topics most often requested from physician referrals for additional **individual counseling** vary depending on the location, however, because of limited physician time, conditions such as the following will nearly always require referral to the Health Educator:

-CDC/WHO Lifesaving Guidelines for Treatment of Diarrhea (Sections 22-27)

-Problems with Breastfeeding (often a death sentence in developing counties) (Section 20)
-Heart disease, Stroke, Type 2 Diabetes (Sections 38 & 41)

5. Additional participatory approaches and materials The "Just One Soda" and others most commonly used in health screening and health fair settings are also available free on the HEPFDC Participatory Approaches page at www.hepfdc.info

6. Lesson Plan and **Picture Book versions** of the ***Health Education Program For Developing Countries*** were specifically developed to assist Community Health Educators(CHEs) in implementing the participatory approach. These are also used for children and illiterate populations. These versions of the program can also be downloaded free at: CHE Lesson Plans and Picture Books (We are deeply indebted to Jody Collinge, MD, FAAP, and the Global CHE Network for these excellent resources.)

7. Health Educator Consultant. A qualified physician will be appointed to serve as consultant for those questions the Health Educator is unable to answer. In practice, most potential questions are addressed in the Handbook, and additional consultation is seldom needed.
(Please also refer any important questions that are not addressed in the program to edit@hepfdc.info for incorporation into future updates.)