MODULE 3: EDUCATION TO PROMOTE HEALTH BEHAVIOR CHANGE
OUTLINE FOR THIS MODULE

- Facilitating Community Health Education Trainings
- Understanding Behavior Change
- Review and Assessment
- Service Learning
What did we learn last week?
What did we learn the week before?
EDUCATION TO PROMOTE HEALTH BEHAVIOR CHANGE
LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Identify different types of trainings that CHWs may facilitate.
- Discuss some of the ways that people learn new information and skills.
- Describe and apply approaches to training commonly used by CHWs, including popular education, participatory learning and problem-based learning.
- Identify and respond to common challenges that facilitators may face.
- Develop a training plan, including goals and learning outcomes.
- Develop a simple evaluation of a training.
WORDS TO KNOW

- Auditory learners
- Conscientization
- Kinesthetic learners
- Learning outcomes

- Participatory learning
- Popular education
- Problem-based learning
- Visual learners
Effective Teaching Strategies

Creating Food-safe Schools

- Requires training other members of your team.
- Trainings will vary depending on target population.
- A variety of teaching strategies are needed to be effective.
Selected Strategies for Successful Trainings

• Principles of Adult Learning.
• Active Learning.
• Instructional Strategies.
Principles of Adult Learning

• Need to know how adults learn best.
• Adult learners have special needs.
• Six characteristics of adult learners.
Adult Learners…

- Are autonomous and self-directed.
- Have a foundation of life experiences and knowledge.
- Are goal-oriented.
- Are relevancy-oriented.
- Are practical.
- Need to be shown respect.
For each characteristic, there are implications for you, the trainer.
1. Adult Learners are autonomous and self-directed.

Implications:

- Involve participants.
- Serve as facilitator.
- Determine interests of learners.
2. Adult Learners have a foundation of life experiences and knowledge.

Implications:

- Recognize expertise of participants.
- Encourage participants to share their experiences and knowledge.
3. Adult Learners are goal-oriented.

Implications:

• Be organized.
• Have clear objectives.
4. Adult Learners are relevancy-oriented.

Implications:

• Explain how training objectives relate to training activities.
5. Adult Learners are practical.

Implications:

• Show relevance of training to job.
5. Adult Learners need to be respected.

Implications:

- Acknowledge the wealth of knowledge and experiences the participants bring to the training.
- Treat the participants as equals rather than subordinates.
Adult Learning

- Learning is not a spectator sport.
- The more actively engaged the learner is, the more learning takes place.
- Different instructional methodologies have greater rates of retention.
Learning Pyramid*

* National Training Laboratories for Applied Behavioral Sciences, Alexandria, VA.
Instructional Strategies

- Quiz.
- Games.
- Role-playing.
- Brainstorming.
- Group problem-solving.
- Lecture.
Instructional Strategies to be considered

• Simulation.
• Case Study.
Summary

- Apply principles of adult learning theory.
- Make learning active.
- Use strategies modeled in today’s training.
GROUP ACTIVITY 20.1
LEARNING STYLES
Focus or Main Topic: Illness, disease, violence, health justice.
Purpose or Goal: Share new information and skills.
Duration: 30 minutes to several days.
Number of Facilitators: One to a team.
Audience or Participants: Youth, parents, coworkers, volunteers.
Locations: Schools, clinics, churches, housing sites.
GOALS OF CHW-LED EDUCATION

- Share / learn new health-related information.
- Promote changes in health-related information.
- Promote self-management of chronic conditions.
- Share / learn new skills: risk reduction, health outreach, advocacy skills.
- Build leadership skills, capacity, autonomy.
- Promote teamwork and community building.
- Support community planning and organizing.
HOW PEOPLE LEARN

- **Visual learners:** Need to see the material they are learning — films, photographs or observation.

- **Kinesthetic learners:** Need to interact with the material they are learning — movement, touch or practice.

- **Auditory Learners:** Learn by listening — lecture, film or group discussion.

All people learn in more than one way!
### TEACHING / TRAINING STYLES

- **Popular education:** Learners “speak their own words” rather than repeating back the ideas of trainers.

- **Participatory learning:** Engage learners in all aspects.
  - Presume that a learner is also a teacher.
  - Learners identify problems and solutions.
  - We are all experts working together.

- **Problem-based learning:** Learners talk to and challenge each other to develop their own solutions.
  - There are no “right answers.”
DO YOU NEED A TRAINING?

- What does the group want to accomplish?
- What does the group need to learn to reach their goal?
- Are there other ways to accomplish their goal?
- Is there a better way to get the info to the people?
- Is there an interest in a training?
- Who is the audience?

- Is the training voluntary or required?
- Is a formal or informal setting better?
- How diverse is the group?
- What are possible barriers between you and the audience?
- Are you hoping to teach a concept or skill?
- What is the cost / budget?
- Is there a more cost-effective way?
DEVELOPING A TRAINING PLAN

- Conduct an assessment of what participants know and want to learn.
- Establish goals and learning outcomes.
  - **Goals**: Where we want to go or what we want to accomplish.
  - **Learning outcomes**: what participants will know as a result of the training.
- Create an outline for your training. *See Table 20.1, page 589.*
ESTABLISH GOALS AND LEARNING OUTCOMES

Training goals

- To increase awareness of ____________________.
- To increase the ability to understand ____________________.
- To increase the number of ____________________.

Learning outcomes

- For XYZ to be able to identify ____________________.
- For ABC to list three new ____________________.
TIPS: PREPARE FOR THE TRAINING

- Ask about the language needs of your participants.
- Make sure your space is safe and comfortable.
- Assess child care needs.
- Pack materials ahead of time — handouts, pens, paper, TV, DVD, projector.
- Arrive at the training location 30 minutes in advance.
TIPS: FACILITATING THE TRAINING SESSION

- Introduce yourself and welcome participants.
- Establish ground rules.
- Use icebreakers.
- Keep to a schedule.
- Tie your points together.
- Repeat main points.
TIPS: ENGAGING PARTICIPANTS

- Don’t talk too much!
- Ask questions.
- Work in teams.
- Use problem-based learning.
- Keep people moving.

- Use games.
- Role play.
- Have teams teach each other.
- Use real-world examples.
TIPS: ENDING A TRAINING

- End on time!
- Acknowledge that they might have questions.
- Thank everyone for participating.
- Ask for feedback.
- Leave the space as you found it.
RESPONDING TO COMMON CHALLENGES

A participant who is argumentative or dominating:
- Remind them of the ground rules.
- Call on others who have not spoken: “Let’s make sure we hear from everyone today.”
- May have to ask the person to leave.

When participants are not interested:
- Have a Plan B — alternative methods of delivering a message.

Doing or saying something that offends participants:
- Give your full attention, understand their point of view, honor their experiences, apologize.
EVALUATION

- Keep your evaluation simple.
- Ask participants to respond anonymously.
- Could use these four questions:
  - What did you think of the training?
  - What did you learn?
  - What else did you want to learn?
  - What would you change about the training?
- See sample on page 598.
HEALTH INFORMATION AND INTERNET RESEARCH

- Consider the source.
  - Use information from recognized authorities (CDC, NIH, universities, etc.).
  - Avoid .com websites.
  - Read the “about us” section of the website — are they health professionals?
- Be skeptical.
  - Are their claims “too good to be true?”
  - Check multiple sites to verify the information.
HEALTH INFORMATION AND INTERNET RESEARCH

- Look for evidence.
  - Make sure an author is listed, preferably a health professional.
  - Does it use research or simply personal anecdotes?
- Is it current?
  - Medical information updates all the time. Always check the date.
- Check for bias.
  - Is the website run by a for-profit company?
    - Are they selling something?
- *When in doubt, consult with a health professional.*
GROUP ACTIVITY 20.2
TRAINING METHODS
GROUP ACTIVITY 20.3
DESIGNING A SHORT TRAINING
UNDERSTANDING BEHAVIOR CHANGE
LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Identify behaviors that clients may wish to change.
- Apply the ecological model to analyze individual, family, community and societal factors that influence behavior and behavior change.
- Discuss and analyze four common mistakes that CHWs make when supporting clients to change behaviors.
- Discuss the central concepts of client-centered practice.
- Explain the value of a strength-based approach to working with clients.
- Discuss implicit theory and how you will develop your own implicit theories of behavior change.
BEHAVIORS CLIENTS MIGHT WANT TO CHANGE

- Eating and nutrition.
- Physical activity.
- Stress management.
- Building social support / connections.
- Adherence to treatment.
- Sexual behaviors.

- Substance use.
- Anger management.
- Parenting practices.
- Screening for cancer.
- Driving.
INDIVIDUAL FACTORS THAT INFLUENCE BEHAVIOR CHANGE

- Emotions.
- Desire for love, intimacy.
- Dependency on others.
- Pleasure.
- Lack of confidences.
- Self-defeating thoughts.
- Self-esteem.
- Spirituality.
- Knowledge about behavior.
- History.
- Established patterns of behavior.
FACTORS RELATED TO FAMILY AND FRIENDS

- Level of family support and conflict with family.
- Isolation.
- Peer pressure.
- Sense of belonging.
- Healthy romantic and sexual relationships.
- Exposure to violence in relationships with family or others.
NEIGHBORHOOD AND COMMUNITY FACTORS

- Social identity.
- Availability of community-based resources.
- Working conditions.
- Harmful dynamics (bars, drugs, crime, violence, etc.).
- Support from helping professionals.
- Cultural or religious support / rejection.
- Community norms.
- Stigma and prejudice.
SOCIETAL FACTORS

- Prejudice and discrimination.
- Government policies.
- Criminal justice approach to drug use.
- Economic policies governing employment and wages.
- Corporate promotion of harmful products (fast-food, guns, etc.).
- Political events.
- Natural disasters.
MISTAKES CHWS MAKE

- Relying on information alone.
  - Information alone is not enough for behavior change.
- Giving advice.
  - Instead of saying, “You should try…” say: “Have you thought about…?” or “What do you think about…?”
- Blaming the client.
  - Assumes the client’s health and behavior are determined 100% by the client.
- Failing to address issues of accountability.
  - Deprives the client of reflection about behaviors.
The client-centered approach views CHWs as facilitators who support clients to make changes that promote their health.

For these changes to be most effective and long-lasting, they must come from the client and community.

**A CHW’s role is to support clients** and communities by carefully analyzing the factors that both harm and promote their health.
CLIENT-CENTERED PRACTICE

- Ask questions about specific behaviors.
- Assess resources.
- Assess readiness.
- Identify actions to promote health.
ARE YOU DOING CLIENT-CENTERED WORK?

- Are you providing your clients with the space and opportunity to voice their true feelings and opinions?
- Are clients making health decisions that truly reflect their own ideas, values and reality?
- Are you dominating the discussion?
- Do you talk more than the clients?
- Are you bringing your own agenda?
REVIEW – WHAT HAVE WE LEARNED TODAY?
SERVICE LEARNING