

AN ORGANIZED COMMUNITY HEALTH EDUCATION PROGRAM

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INNUMERABLE definitions of health education have been given, but the underlying meaning of each is the same—"the sum of all efforts to modify human conduct and attitudes so as to raise the health levels of individuals and of the community." Similarly, while it would be impossible to outline a general program of health educational activities which would be applicable in all areas without modification, there are certain basic essentials which will be found in the health educational program of almost every community. The following suggestions, many of which have grown out of several years experience in health educational activities in one health district of New York City (Bellevue-Yorkville area), may be found useful in the development of the programs of urban communities generally, especially in view of the fact that these districts have an average population of some 200,000, varying as widely in economic status and educational background as does the population of the average city.

I shall attempt here only to outline the objectives kept in mind, the methods employed, and the machinery and instruments used in carrying on a health education program on a district basis, and under official guidance, as a part of a general program for maintaining community health. Before doing so, I should like to reemphasize, however, that these suggestions are offered with a full realization that health problems vary with the locality and that therefore its health educational program must inevitably differ with the community and the individual districts in that area.

A comprehensive district health educational program

should cover three phases, however: (1) Popular health instruction; (2) health education for the professional groups; and (3) school health education. Parenthetically, it may be noted that in many localities, including New York City, this third phase is properly the function of the school authorities, but, as is shown later, there are various ways in which the official and voluntary health agencies can be of assistance to them.

I. POPULAR HEALTH INSTRUCTION

1. *Objectives.* First, it is vital that the community have a general knowledge and understanding of the work of the official health organization. Few people now realize in full the important role played by a health department in maintaining the welfare of a city, nor the various services, with a direct influence on their own and their family's life, it renders. The public should know how a health department functions; its responsibilities; the services it maintains; when and how they may call upon it for help; what constitutes a violation of health ordinances; and to whom such violations should be reported.

The other objectives might be summarized as follows: Familiarizing the community with facts related to health conservation and disease prevention; securing desirable changes in public opinion, attitudes, and habits on questions of preventive medicine and public health¹; creating a desire for new facilities; and educating the community to utilize the medical services of a private physician or, if financially

¹As Mary P. Connolly has stated (Connolly, Mary P.: *Organization of Adult Groups for Health Education. American Journal of Public Health*, xxiv, No. 6, Part 1, June, 1934, pp. 571-575): "In addition to personal health advice it is important in this day of too close living that men and women shall learn something about disease communication and how they may safeguard themselves; something of the principles of sanitary science, if only for esthetic reasons; something about child care and behavior which will give their children a better chance."

unable to pay for such services, to use those of the community's clinics or hospitals.

While the objective should be a well-rounded program, local conditions of the area will help determine which subjects should receive the most emphasis. The formulation of a program for a specific district will depend on research, local surveys, and a study of the vital statistics of the area. In any case it seems important, both because of the numbers affected and the opportunity for preventive work offered, that the program include, in addition to acquainting the public with the work of the health department, such subjects as venereal diseases, tuberculosis, maternal and infant care, diphtheria prevention, child hygiene in general, prevention of colds and pneumonia, dental hygiene, nutrition, the dangers of self-medication and quackery, periodic health examinations, and safety at home and in the street.

2. *Methods.* If these be the objectives of a health educational program, what are the methods to be utilized? Broadly speaking, it may be said that there are three channels for public health education:

a. *Personal instruction* of individuals through the health department's staff and other professional groups such as physicians,² public health and clinic nurses, and social workers and teachers, who come in direct contact with the public and are in a position to give personal advice on health matters.

b. *Small group contacts* through such community organizations as churches; Sunday and evening schools; parent-teacher associations; settlement classes; men's, women's, boys', and girls' clubs; and Boy and Girl Scouts.

c. *General propaganda* by means of printed matter, public meetings, radio talks, exhibits, et cetera.

²As Dr. W. W. Bauer has recently stated: "In every corner of this country the medical profession has taken up, to a greater or lesser extent, the problem of health education."

While one hesitates to give numerical values, I feel that the most valuable health education can be and is that offered by professional workers and especially private physicians and nurses who know the individuals and their home conditions and are in a position to give personal health advice. Next to this in effectiveness is the health information and knowledge given to small numbers of persons organized in special groups.

But in order to build up an informed public opinion and to secure support and assistance from the community at large, the work of these special agents must necessarily be supplemented by mass educational efforts. For measures of prevention and control of preventable diseases succeed only as rapidly as public opinion is ready to support these measures, and the general health educational activities stimulate and help to prepare public opinion.

A partial list of subjects to be stressed in a general health educational program was given earlier. While many of these subjects, depending of course on the conditions in the particular neighborhood, should receive emphasis throughout the year, *intensive drives in certain fields* will prove an effective method to force attention and create interest in a special subject. It seems desirable to select the month for a campaign well in advance and, if possible, to arrange a time when other organizations are not planning campaigns which may compete for popular interest. These campaigns can be associated with national efforts, or form part of a community-wide drive, or, on a subject needing special emphasis, can be initiated in and limited to a certain district.

A campaign calendar will naturally vary somewhat from year to year, just as the subjects vary, for certain work can be stressed more effectively during certain seasons of the year. Intensive work on diphtheria immunization seems to yield better results after the winter months, when the epidemic of colds has somewhat abated; the early diagnosis of cases of tuberculosis during April, to correspond with similar efforts by other organizations; child hygiene, nutrition, and dental hygiene during May, to fit in with Child

Health Day, or during the summer months; periodic health examinations in June or January; street safety in July and August when schools are closed and the children are more apt to be on the streets; health examinations for children in the latter part of August and in September, before they enter school.

3. *Machinery.* To prepare a community for intensive health educational work and to create an attitude of acceptance and cooperation on the part of organized groups require the setting up of certain machinery. This might include:

a. A *house council* composed of executives and other personnel of the local health department who, through staff meetings, would familiarize themselves with the work under way and discuss subjects of mutual interest, thus enabling them to convey to the public a better picture of the public health activities as a whole.

b. A *community health council* composed of representatives of the medical, dental, and pharmaceutical professions; local hospitals; churches; adult club groups; parent-teacher associations; and local health, welfare, and civic organizations, official and voluntary. This council would keep the organized groups of the community in touch with the public health activities and assist in the dissemination of health knowledge to the public. From this council, a small advisory board might be selected to advise on programs, policies, and work. This advisory board might in turn appoint from its members a sub-committee on health education.

c. A *school health council* composed of representatives of the public and Catholic schools. For example, the personnel of this council might include the assistant director of health education for the public schools of the community, a similar officer from the Catholic schools, district school superintendents, principals from selected schools, a special health teacher, the district supervisory nurse, a representative from the parent-teacher association, and the health officer.

The objective of this school health council would be the

furtherance of cooperation among home, school, and community; to correlate the work of the health department with the work of the schools; to advise on the aspects of health work which need special emphasis and how the schools can assist in health campaigns carried on in the community; to help further the health activities of the parent-teacher organizations; and to develop plans for special follow-up of school children needing medical attention. Another group which can be of great assistance in this activity is the local school board.

In general, health education for children of school age is primarily the responsibility of the schools, but the organization of a school health council is one practical step which the local health department can take in the field of school health education.

d. A *lecture bureau* recruited from the physicians, nurses, teachers, civic, and social workers of the locality.

e. A *special force of volunteers* recruited for the distribution of literature.

4. *Instruments.* The instruments now popularly used for the dissemination of health knowledge include printed matter, lectures and meetings, exhibits, talkies, films, slides, pageants, parades, press and radio publicity, et cetera.

a. *Printed Matter.* Popular pamphlets, leaflets and posters on health subjects, bulletins, circular letters, and announcements for meetings all come in this category.

In addition to leaflets and pamphlets on special subjects, a popular *tabloid newspaper*, printed by the department of health for the community as a whole, with special information on the services of each local district, might be found useful. This has already been tried in various communities and found to be a most effective method of popularizing health information.

Another valuable aid is the educational poster, displayed in neighborhood stores, school classrooms, social agencies, hospitals, clinics, industrial plants, moving picture houses, et cetera. The cardboard poster has been found most prac-

tical for the stores, as the paper one is difficult to display. For the others, the paper poster, which is less expensive, might be used. The poster used for general display may not always be adaptable for classroom use.

There are certain fundamentals which it is wise for the copy writer to bear in mind: (1) All health educational material should be written in clear, simple, and picturesque language, and the statements should be in accordance with the known facts of medicine and public health. (2) No single article, leaflet, or poster should try to make too many points. (3) The form should be attractive and designed to appeal to the eye, and the material should be related to the daily experience of the people to be reached.

A *mimeographed monthly bulletin* presenting important phases of the work and local health news may be useful for agencies of the area in making the work known to their clients.

Preparation of *special mimeographed material* for teachers of special groups or classes of adults is desirable, as for instance, information on disease communication, sanitary science, prenatal care, child care and behavior, safety, et cetera.

b. *Distribution of Literature.* On the effectiveness of the distribution of the literature depends whether the message will reach the people for whom it is intended.

Health bulletins and circular letters to agencies, industrial plants, churches, et cetera, will probably have to be sent by mail, but literature to special groups of the community can be distributed by several methods. The physicians can be asked to keep the literature in their waiting rooms, and at times may be willing to include certain messages when writing to their patients. The nurses can, on their daily visits, carry it into the homes. The clinics and hospitals can distribute it to their patients. The schools will undoubtedly be glad to cooperate, especially in the distribution of literature on child health. (There are, of course, other types of printed matter which cannot be sent home by the school child.) The church associations and groups can also help.

Commercial organizations and chain stores or department stores may be willing, during certain campaigns, to include with each package a leaflet sent out from the health department. Church bulletins and house organs of local agencies can give wide circulation to health messages. At lectures and meetings copies of appropriate literature can be distributed after the talk. Industrial plants will sometimes include a health leaflet in the pay envelopes, post it on bulletin boards, reprint it in the house organ, or arrange for its distribution during the lunch hour. The libraries of the community can be asked, from time to time, to display books on special subjects emphasized by the department.

For general distribution to the families of a selected area, we have found the house-to-house canvass a most effective way of reaching the entire district. But, if done by a commercial agency, this would be too costly. A group of volunteers, such as the older Boy Scouts, might agree to do this on special occasions.

All these methods are presented as practical suggestions. The one to be used will depend on the conditions in a particular community. Somewhat more intensive distribution of literature may have to be done within certain districts of the areas where conditions demand it. But the fact should never be overlooked that effective distribution necessitates careful planning as well as periodic check-up through the health department nurses and other workers.

c. *Lectures.* Mention has been made of the desirability of organizing a lecture bureau. It should be possible to select physicians from the staff of the local health department and others with the assistance of the medical societies. It seems important to select as lecturers physicians who are specialists in the field on which they are to talk, and who can get their message across to the particular audience which they address. It is also very important to see that practicing physicians of the area are brought into this picture, for it is they who can wield the greatest influence with the people of the community. In this connection, it may also prove desirable and practical to organize a course for training lecturers.

Lectures or meetings might be held at the offices of the health department; at the headquarters of social, civic, and welfare agencies of the area; at schools and churches; in connection with parents' and teachers' meetings; or, in some instances, at industrial plants during noon hours. Sometimes arrangements can be made to give short talks at movie houses.

To secure a good attendance at either a general meeting or special lecture requires careful preparation. The technique of approach will vary with the type of audience for which the meeting is arranged. The cooperating agencies of the area and the clinics can assist by posting notices on their bulletin boards and also by distributing such notices to their clientele. Publicity can be secured through the local papers, church bulletins, house organs, and other local news sources.

d. *Exhibits, Pageants, Et Cetera.* Certain health messages can be dramatized through parades and pageants, and by exhibits displayed in empty store windows. Motion pictures, as well as visual instruction in general, are important educational instruments. Health films can be shown in connection with meetings and lectures. These films can be secured in some localities either from the state or city health departments or borrowed from national health organizations, insurance companies, and occasionally through the schools, which are increasingly making use of visual instruction. It would be useful for each local health department to own a 16 millimetre moving picture projector and to acquire a number of educational films which can be routed to the various districts.

e. *Information Service.* If the educational work is carried on effectively, a great many inquiries will come by mail, telephone, and personal call. A great amount of the mail will probably have to be handled by the health officer, or by the assistant in charge of health education. If the health department has no reception clerk, it is desirable that a member of the staff be assigned to answer telephone and personal inquiries about the health facilities of the area. Such a person can open new resources to people by making

contacts for them with various workers in the building and in the community as a whole.

f. *Press and Radio.* A health department with an active program will inevitably have frequent items of news interest to report. Local and city-wide publicity should be frequently arranged by the department. The release will best serve its purpose if prepared along certain definite lines of newspaper procedure. A human interest story will help put across the message to the public. In making public vital statistics, it is necessary to put meaning into them for the ordinary citizen. The *city-wide papers* are more likely to carry the message if it contains something of general interest. The *local, foreign language, and trade newspapers* also constitute a fruitful field for imparting health information. Personal contact should be made with the staff of the various papers of the area. Often it is valuable to arrange a conference to explain to the newspaper men the object of a particular campaign and ask cooperation in publicizing the message.

The *radio* is another avenue of publicity which should be employed whenever possible. Naturally, the topics should have a community-wide appeal. Radio broadcasts can be best arranged through the main office of the department. It is important that the speaker have a good radio voice and be able to present his subject in an interesting and convincing way. Instead of having the radio address delivered by one person we have found it best to present the subject in dialogue form, and with music or singing forming part of the broadcast. Volunteers can often be utilized for this. In some communities it may be possible to organize regular radio classes.

II. HEALTH EDUCATION FOR THE PROFESSIONAL GROUPS

1. *Objectives and Methods.* The teaching of preventive medicine is the function of the medical school, and the teaching of public health work as a profession, of the special schools in that field. But the health department can and should put at the disposal of the professional groups its facilities, with

their continuous opportunities for illustrating preventive medicine and public health methods in practice; furnish to physicians, dentists, nurses, social workers, and teachers information relating to preventable diseases and other aspects of public health; collect and disseminate neighborhood health data and information on the work of the department; and stimulate the professional groups to participate actively in public health work in general and in the activities carried on by the department.

Facilities might be made available for field work by medical and nursing students assigned for that purpose. Educational activities might also include conferences and discussions with physicians, fourth-year medical students, nurses, et cetera, on problems of importance to them.

Naturally, it is essential to establish close working relationships between the professional groups and the department. One of the best means by which the physician can become acquainted with the official public health activities of the community is through such services as the consultation chest service for private physicians and culture stations for diagnostic purposes.

A moderately well-equipped library, with professional journals and other current printed matter, is another method which can be used to attract the professional group to the department's work. There should, of course, be a special room for this purpose. Setting aside one day for visits by professional workers may also serve to acquaint them with the various services carried on by the department.

2. *Machinery and Instruments.* The house council, composed of the personnel of the department; the community health council, composed of representatives of the health, welfare, and civic agencies of the community; the district school health council; the county medical society; the local

medical and dental societies; and other professional groups of the community, listed earlier, are the logical bodies to assist in mapping out this program. As in the case of popular health education, the chief instruments available for use are the printed word, lectures, and exhibits.

a. *Printed Matter.* The health department can frequently communicate with the professional members of its area by means of a mimeographed bulletin. This bulletin should keep them informed of the work of the department, especially the services offered to physicians and the research projects under way, as well as the health situation in the locality. For example, the Department of Health of New York City is now sending a bulletin to the physicians of Greater New York containing information about the various activities of the Department and about the City's vital statistics. The mailing of annual reports and interesting reprints of scientific articles will also be welcomed by the professional groups. Medical bulletins of the local societies are frequently open for the publishing of health messages by the department.

b. *Lectures and Post-Graduate Medical Conferences.* These might include special courses for the various groups, such as: A post-graduate course on tuberculosis, venereal diseases, or child hygiene for physicians; a general course, which might be of interest to all the professional groups, on such subjects as the history and scope of the public health movement, general principles of control of communicable diseases, general introduction to the subject of vital statistics, diseases of adult life, personal hygiene, sanitary laws, epidemiology, et cetera; and courses on social and mental hygiene, nutrition, and dental hygiene for teachers. A course might also be given for classroom teachers on a subject such as the principles and practices of health teaching, to include: (1) A discussion of the principles of teaching and learning as they apply to healthful living; (2) discussion of situations, activities, and materials, and their use in the program; (3) guidance of the group in

reorganizing and solving problems; and (4) helping the teachers in planning programs. These courses for teachers might be given either by a member of the Department of Education or by an authority in the field.

A course for training speakers can perhaps be established, students to be recruited from the local physicians or other interested groups, and the subject matter to include voice, diction, relation of speaker and audience, posture, poise, personality, et cetera.

c. *Exhibits*. It may prove possible to arrange exhibits for physicians and other groups. These can deal with matters of scientific interest such as X-ray films.

III. SCHOOL HEALTH EDUCATION

As mentioned earlier, health education in the schools in various parts of the country, including New York City, is the responsibility of the schools. This phase of health education is therefore not discussed here except in a general way. As a practical step of cooperation between the schools and the health department, the district school health council outlined at that point will prove useful.

Health education in the schools implies a practical program of health education with a place in the school curriculum, not as a separate subject, but as an all-day influence, with healthful living stressed in relation to all activities. Aside from the principles, as well as the application, of personal hygiene, the goal should be to give the children such information as the importance of nutrition and the value of various foods; the necessity for sunlight, fresh air, and proper ventilation; the need for ample sleep, recreation, rest, and exercise; the importance of observing laws regarding sanitation; and the desirability of periodic health examinations and dental visits. Furthermore, cooperation between home and school should be stressed and the pupils encouraged to carry the health programs into their home.

SUMMARY

While I have attempted in this paper to point out the principal methods, machinery, and instruments which may be used effectively in carrying out the three broad phases of a community-wide health educational program, I should like to emphasize again that the success of the undertaking will depend largely upon careful, long-range planning as well as upon the intensive consideration of the individual details. As Professor Winslow recently wrote, an organized program of popular health instruction should keep certain conditions always in view:

"It must bring to the people only what is established on a sound scientific basis. It must present its facts with the most effective technique, as to selection of content and form, so as to make the essential facts clear and to arouse an effective desire to apply them. And, finally, the program must be so planned as to emphasize those things which are vitally important and to do so at the times and under the conditions where application of the principles in question can most easily and effectively be made."