

Chapter 6

Applying Instructional Design Guidelines for Community Health Programs in Health Education

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ABSTRACT

Community health programs promote healthy lifestyles and wellbeing. Numerous models and theories have been developed that support these programs; however, health educators are faced with how to implement these models and specific teaching approaches. Instructional design (ID) provides guidance on making these decisions, guidelines which can be customized for the field. This chapter provides four design guidelines to assist health educators to incorporate program models and theories and appropriate teaching models. Guideline 1 prioritizes the selection of learning outcomes before the choice of supporting models or theories in order to keep the needs of individuals, groups, and communities at the forefront. Guideline 2 customizes instructional design guidelines across the ID process. Guideline 3 raises an awareness of the full scope of teaching using Gagné's events of instruction. Guideline 4 suggests teaching models appropriate to the individual, interpersonal, and community levels of health education programs.

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INTRODUCTION

Community Health Promotion and Education includes private and public efforts of individuals, groups, and organizations to promote and preserve the health of citizens (McKenzie & Pinger, 1997). Community health is a multi-disciplinary practice concerned with enabling individuals, families, groups, workers, and citizens to play active roles in achieving, protecting, and sustaining health (Brekon, Harvey, & Lancaster, 1994). Community health education presents educational challenges that are not common to other disciplines, as the field emphasizes how health is related to and affected by complicated contexts, including cultural and social patterns of thinking, attitudes, lifestyle, and behavior change.

Five million allied health care providers in the United States work in more than 80 different professions (Explore Health Careers, 2018), including community health. Educators in schools of medicine and colleges of education have seen the need to create academic programs in which health professionals move into a new career as health care educators. Medical education bodies worldwide have added requirements for “faculty expertise and excellence in curriculum design, instruction, assessment, and program evaluation” (Tekian & Harris, 2012, p. 53). Gaining educational knowledge and skills enhances the career plans of allied health professions moving into community health education.

The range and depth of a person’s education and training entering the community health education and promotion profession are important issues. Anderson et al. (2013) believes that a certain level of proficiency in a set of competencies must be attained in order for practitioners to be successful in meeting their education program responsibilities. Community health education practitioners possess backgrounds in nursing, medicine, biology, psychology, exercise physiology and school health education. Additional competencies include knowledge of health content and allied health fields, and the skills of applying learning theories to health behavior, health program assessment, planning, implementation, and evaluation.

For program development, community health educators draw on numerous behavior change theories for guidance. The health educator must determine how to translate the theory into practice and identify appropriate instructional strategies. What complicates this process is that multiple theories are usually needed to accomplish the instructional tasks for the health program, and it is not altogether clear which theory to use and when (Kinzie, 2005).

This chapter first surveys models and theories used in health education and then uses instructional design (ID) as a systematic process to incorporate these theories within a set of educational decisions. The ID process provides guidelines on how to determine health education priorities and how to design educational features to

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