DETERMINATION OF THE MESSAGE CONTENT FOR EDUCATING THE PUBLIC ABOUT THE HEALTH EDUCATION PROFESSION

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH, PHYSICAL EDUCATION

RECREATION AND DANCE

BY

SUSAN WILLIAMS, R.N., M.S.

DENTON, TEXAS

MAY 1989

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

July 11, 1988

To the Dean for Graduate Studies and Research:

I am submitting herewith a dissertation written by Susan Williams entitled "Determination of the Message Content for Educating the Public About the Health Education Profession." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Community Health Education.

Roger Shipley

Dr. Roger Shipley, Major Professor

We have read this dissertation
and recommend its acceptance:

Judith A. Baker

Ruth E. Tandy

Rose Nieswiadomy

Darrell W. Bruce

Judith A. Baker
Department Chairperson

Dean of College

Accepted

Dean for Graduate Studies
and Research

ACKNOWLEDGMENTS

The researcher wishes to express her gratitude and sincere appreciation to the following persons whose assistance, guidance, and support made this study possible:

Roger Shipley, Ph.D., Ruth Tandy, Ph.D., Melba Baldwin, Ph.D., Rose Nieswiadomy, Ph.D., Derrel Bulls, Ph.D., and Judith Baker, Ph.D., members of the researcher's committee, for their interest, time, encouragement, and editorial contributions during the preparation of this dissertation;

Portia Simpson, for her excellent job in typing this dissertation;

and, to my husband and parents who have continued to be a source of inspiration, encouragement and assistance in all that I have undertaken.

COMPLETED RESEARCH IN HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE
TEXAS WOMAN'S UNIVERSITY, DENTON, TEXAS

A. Uhlir, Institutional Representative

WILLIAMS, S. DETERMINATION OF THE MESSAGE CONTENT FOR EDUCATING THE PUBLIC ABOUT THE HEALTH EDUCATION PROFESSION. Ph.D. in Health Education, 1988, pp. 148 (R. Shipley)

The purpose of this study was to identify the contents of a marketing message that health educators need to transmit to the public about their profession. A questionnaire, developed by the researcher, was used to determine the message content. Four decision questions were asked of all participants. Data were collected by the Delphi technique, with chairpersons or their designees of college health education departments across the United States. Seventy-two participants completed all three rounds of the Delphi study. Content analysis was done on all three rounds of the study. The participants identified the main objective of the health educator as promoting healthy lifestyles and characteristics of a successful educator were excellent communication skills and the ability to work with

people. The benefits the health educator offers the public were accurate information, and teaching decision making skills while their uniquenesses were professional training and emphasis on positive health attitudes.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

Today, there is a trend toward increased awareness of health and healthy lifestyles by the public (Knoebel, 1983). This trend has caused a deluge of health education programs to be created for the consumer. The increase of health education programs has also meant a search for people to teach these programs. People teaching health education programs vary from the person who has no background in health education to the doctorally prepared professional. There is a concern in the health education profession that the increase in programs will not necessarily mean that agencies will hire professionals educated in preventive health.

The Role Delineation Project in 1980 (cited in Breckon, 1985) defined health education as "the process of assisting individuals, acting separately or collectively, to make informed decisions on matters affecting individual, family and community health" (pp. 4-5). Assisting individuals to make informed decisions requires sophisticated knowledge and skills on the part of the educator.

Ross and Mico (1980) stated "Although many health care workers who are not professionally trained in the field are

responsible for good health education, many other people mistakenly believe themselves to possess such competence and fail to seek assistance from specialists" (p. 8). When unqualified persons teach health education, clients are being denied the understanding and assistance they need to improve their health.

Consumers of today demand quality, and they are more likely to receive quality in programs taught by professionally trained health educators. Health educators specialize in planning, conducting, and evaluating health education programs. One of the problems, however, is that the majority of the public does not know about this professionally trained health educator. Therefore, the public does not get the quality of health education it deserves.

In pursuing improved health of the public, Miaoulis (cited in Bloch, 1984) has shown that medical professionals have used marketing techniques as a way to increase awareness of preventive health issues and to increase participation in preventive health programs. Marketing techniques could also be applied to increasing the awareness of the public to the profession of health education and increasing their participation in programs taught by these specialists.

Communication is a marketing technique that requires a

message to be sent from a source to a receiver. The health education profession needs to send to the public a message that would specify the uniqueness of the health education profession and the benefits the profession can provide the consumer.

This study attempted to develop the content of the marketing message the health education profession needs to transmit to the public about the uniqueness of the profession and the benefits the consumer would receive from the profession. This message could then be used to develop different media presentations.

Purpose of the Study

The purpose of this study was to identify the contents of the marketing message that health educators need to transmit to the public by arriving at consensus through the Delphi Technique.

Statement of the Problem

The problem of this study was to ascertain if health educators could identify the contents of the marketing message. The message would specify the uniqueness of the health education profession and the benefits the profession can provide the consumer.

These data were collected through voluntary responses to a survey done by the Delphi Technique. Three hundred and eighteen health educators nationwide were surveyed. The

recommended return rate for this study was 40% on Round II and 30% on Round III. A demographic profile of each participant was completed in Round III.

The data were treated using detailed data description, frequencies, mean scores, and ranking. Each item in Round II and Round III was ranked in order of importance before being mailed to the respondents. After Round III, each item was ranked and the top ratings used as the content for the marketing message.

Research Questions

The data were treated in order to produce information relative to the following questions:

1. What is the major role of the health educator in health education?
2. What are the characteristics of a successful health educator?
3. What are the benefits the health educator can offer the public?
4. What uniqueness does the health educator offer in contrast to other professionals providing health education?

Definitions

For the purpose of clarification, the following definitions were established for use in this study:

1. Benefit -- valued outcome or improvement in quality

of life derived from using a product or service (Grikscheit, Cash & Crissy, 1981).

2. Health Educator -- an individual who has graduated from an accredited institution offering a major in health education and has worked actively in the health education field.
3. Health Education -- "the process of assisting individuals, acting separately or collectively to make informed decisions on matters affecting individual, family, and community health" (Breckon, 1985, pp. 4-5).
4. Marketing -- "exchange relationship where something of value is offered, such as a product or service, to someone who voluntarily accepts the offer in exchange for something else of value" (Keith, 1985, pp. 14-15).
5. Marketing Techniques -- different methods used to influence the wants of the client (Kotler, 1988).
6. Message -- information conveyed that will alter perception, stimulate desires, produce conviction, direct action or provide reassurance (Kotler, 1978).
7. Public -- general populace of the United States.

Limitations

This study was subject to the following limitations:

1. The extent to which the subjects were willing to participate in the study.
2. The extent to which participants in this study responded honestly to the questionnaire used.
3. The extent to which the participants were representative of the health education profession.

Delimitations

This study was subject to the following delimitations:

1. The investigation was limited to those individuals who were chairpersons or their designees, of health education departments of each of the schools listed in the American Alliance of Health Education Directory of Institutions offering undergraduate and graduate preparation in community and school health and have worked in the health education field.
2. The investigation was limited to those returning the questionnaires.

CHAPTER 2

REVIEW OF LITERATURE

A review of literature revealed that few studies have been conducted concerning educating the public about the health education profession. Consumers have a growing interest today in playing a more active role in their personal health (Marcotte & Price, 1983). The increase of consumer participation means that consumers will need to have more information on which to base their decisions about their health.

Ross and Mico (1980) state that:

> generally people are left to their own devices to detect symptoms of physical or mental malfunctioning. Worst of all, medical personnel and other health personnel and facilities are often inadequate. Consequently, the consumer must endeavor to learn what to do to stay healthy and what to do if there are signs that health is threatened. People must learn to depend to a great extent upon themselves to maintain their health and to avoid hazardous situations. Therefore, it is the responsibility of social institutions to provide people with the opportunity to learn how to behave in order to preserve their health (p. 5).

The health education profession is fundamental for promoting individual and societal health. Because of the consumer's increased role in personal health, the review of literature will explore how to educate the public more about health educators. To do this, the health education field and the health education specialist, as well as the marketing and communication process will be examined. For purposes of clarification, the review of literature is divided into six sections: health education, health education specialist, role delineation project, marketing process, communication process and message development.

Health Education

Health education can be defined in a variety of ways. Kilander (1968) has defined health education "as the sum of all experiences that favorably influence knowledge, attitudes and priorities relating to individual and community health" (p. 9). On the other hand, Grout (1963) says "health education is the translation of what is known about health into desirable individual and community behavior patterns by means of the educational process" (p. 2). Each of these definitions talk about behavior and how it can be influenced through experiences or the educational process.

This same theme of influencing the behavior of people toward a healthier lifestyle is also reflected in the World

Health Organization's (WHO) definition of health education. WHO states that "the focus of health education is on people and on action. It aims to encourage people to adopt and sustain healthful life patterns, to use judiciously and wisely the health services available to them, and to make their own decisions to improve their health status and the environment" (Ross & Mico, 1980, p. 7). This definition also encourages people to make decisions about their health and to seek health services that match their needs.

Other definitions of health education focus not only on the individual but on society as well. Bedworth & Bedworth (1978) state, "Health education should positively affect the way individuals think, feel, and act regarding personal as well as societal health" (p. 46).

One major element that is common to most definitions of health education is how behavior can be changed to promote a healthy lifestyle. This is the element about which the health education profession is striving to educate people.

Health Education Specialist

Health education is a highly sophisticated art and science with a growing body of professional specialists dedicated to its improvement. The quality of health education will be determined in part by the qualifications of the professional health educator.

As the need for more and better health education

programs has increased, considerable attention has focused on the academic preparation of health education specialists. The health education specialist has the sole responsibility for planning, conducting, and evaluating health education programs. Bruess and Poehler (1987) comment that, "we need to recognize that many people do health education, but also that specific preparation in health education is needed in order to properly plan, conduct and evaluate health education programs" (p. 32).

For consumers to select quality health education programs, they need to know more about the professional health education specialist. Health education is an emerging profession that is committed to the field's development in having well defined guidelines for preparation and practice, in holding continuing education in high regard, and in being guided by moral principles (Ross & Mico, 1980).

To ensure quality academic programs to prepare these people, organizations such as the Society of Public Health Educators, and the Association for the Advancement of Health Education have developed guidelines and standards for the preparation of the health education specialist (Ross & Mico, 1980). These guidelines define areas of practice and preparation and outline minimal levels of preparation for baccalaureate and master's graduates.

To increase professionalism of health educators, setting standards for professional education is a must. "These standards must come from within the profession rather than being imposed by those outside the profession" (Bedworth & Bedworth, 1978, p. 196). Usually the professional health organizations have been the vehicles for establishing standards. One major problem for health educators has been the lack of a single national organization to speak for health educators as a group.

Role Delineation Project

The Role Delineation Project for Health Educators was initiated in 1978 for the purpose of having one single group speak for health educators. Representatives from eight national organizations, with an interest in health education, organized a workshop that brought together professional health educators from different practice settings. The workshop was sponsored by the Department of Health Education, Division of Associated Health Professions, and was entitled "Commonalities and Differences in the Preparation and Practice of Health Educators" (National Task Force on the Preparation and Practice of Health Educators, 1985).

The purpose was "to analyze the commonalities and differences that exist in the preparation of health educators for different practice settings, and to determine

the potential for developing acceptable guidelines for professional preparation that would include all of the settings in which health educators practiced" (National Task Force on the Preparation and Practice of Health Educators, 1985, pp. 6-7). This meeting resulted in the establishment of the National Task Force on the Preparation and Practice of Health Educators. As a result, the Role Delineation Project was set in motion.

The Role Delineation Project was composed of four phases. Phase 1 specified the responsibilities and functions required of the entry-level health educator and the skills and knowledges needed to perform these functions. Phase 2 began in September of 1980 and refined and validated the initial role specification. Validation was done with practitioners in the field and with university curriculums. Phase 3 came out of the National Conference for Institutions Preparing Health Educators in February of 1981. From this conference a curricula resource, "A Guide for the Development of Competency-Based Curricula for Entry Level Health Educators" was prepared to help faculty in colleges and universities to review their existing health education programs and to design curricula consistent with this document. Between October 1984 and Spring 1985, trial applications of the curriculum were conducted (National Task Force on the Preparation and Practice of Health Educators,

1985).

The goal of the Role Delineation Project was to credential health educators. Creating standards about the professional preparation of the health educator was seen as the first step in achieving the credentialing goal. Credentialing could take the form of accreditation of programs, licensure of health education professionals, or certification which recognizes an individual demonstrating a set of standards of practice (National Task Force on the Preparation and Practice of Health Educating, 1985). Credentialing, as a means of quality assurance, has not been implemented yet. The Role Delineation Project has chosen a voluntary route toward this goal. Until the profession elects this method of quality control, there will not be pressure exerted to make it mandatory.

The competency based curriculum is one step on the way to developing a credentialing process. "Because many health educators themselves have difficulty defining and clarifying their profession, the use of this curriculum guide will clarify professional competencies and provide for a stronger professional identity for health educators. It enables them to better explain what their body of knowledge is and what their expertise is" (National Task Force on the Preparation and Practice of Health Education, 1985, p. 12).

One area of responsibility in the curriculum framework states that an entry level health educator "communicate health and health education needs, concerns, and resources" (National Task Force on the Preparation and Practice of Health Education, 1985, p. 118). As the consumer begins to ask for more information in regard to health, this area of responsibility will increase for the health educator. Competencies C and D and their sub-competencies also stress using communication methods and fostering the provider-consumer relationship. These competencies are:

Competency C: Select a variety of communication methods and techniques in providing health education.

Sub-Competencies:

1. Utilize a wide range of techniques for communicating health and health education information and education.
2. Demonstrate proficiency in communicating health information and health education needs.

Competency D: Foster communication between health care providers and consumers.

Sub-Competencies:

1. Interpret the significance and implications of health care providers messages to consumers.
2. Act as a liaison between consumer groups and

individuals and health care provider organizations (National Task Force on the Preparation and Practice of Health Education, 1985, p. 118).

Marketing Process

Health educators need to understand and use the marketing process to carry out the competencies suggested for their profession. Keith (1985) defines marketing as an "exchange process where something of value, such as a product or service, is offered to someone who voluntarily accepts the offer in exchange for something else of value" (pp. 14-15). The marketing exchange applied to health education would assume that the health educator receives respect, money, and continuation of a program and satisfaction. The public in turn, receives expert advice, preparation for changing health behavior, and specialized knowledge of health behavior, motivation, and wellness. When this exchange process takes place, satisfaction is achieved by both parties. The exchange of values would be more effective and efficient if health educators understood the purchasing behavior of their clients and used a communication model to facilitate the exchange.

To understand these models better, each will be explored in detail. The purchasing behavior of clients is important to predict what programs or services the clients will buy and for how long they will participate. Studying

the purchasing behavior of clients also helps to determine by what media consumers will listen to a message and what they want to hear in a message.

Habit and learning lead to loyalty and commitment to a usage of a certain program, or service because satisfaction was obtained as a result of that program or service (Assael, 1984, p. 3). Loyalty is the result of the client's involvement and the decision making that was required at one time to select the program or service (Assael, 1984).

Most purchasing of services is done because of a need. Potential clients of health education services are exposed to various stimuli and take in some and disregard other data. The client responds to the stimuli and takes an action (Assael, 1984).

Everyone is motivated by needs and wants. Needs are the basic forces which motivate an individual to do something. Wants are needs which are learned during an individual's life. When a need has not been satisfied, it may lead to a drive. A drive is a strong stimulus that encourages action to reduce a need. Drives are internal and are the reasons behind certain behavior patterns. In marketing, the program purchase is the result of a drive to satisfy some need (McCarthy & Perreault, 1984). Health education marketers know they cannot create internal drives in clients but they can study what the client's drives and

needs already are. They can then plan how they can satisfy them better. These needs and wants are also the benefits the client seeks from the program or service (McCarthy & Perreault, 1984). The profession has to communicate to the public the benefits of health education, so potential clients will make a decision to become involved in that particular program or service.

In making this decision, the client is influenced by intra-personal and inter-personal variables before a problem solving process can be started. Intra-personal variables are items of motivation, perception learning, attitude, values, life style, and personality (Engel, Blackwell & Miniard, 1986; McCarthy & Perreault, 1984). Interpersonal variables are family, social class, reference group, and culture (Engel et al., 1986; McCarthy & Perreault, 1984). These sets of variables will affect how a person sees and processes incoming stimuli.

A client can use a variety of ways to respond to the stimuli and proceed to a decision. The three most common models used are: problem solving, adoption process, and learning steps.

The problem solving process is used most by clients and consists of five steps:

1. Becoming aware of or interested in the problem.
2. Gathering information about possible solutions.

3. Evaluating alternative solutions - perhaps even trying some out.
4. Deciding on the appropriate solution.
5. Evaluating the decision (Meyers & Reynolds, 1967).

The problem solving process becomes easier to use with time because people learn from experience. Each new problem solving process may contribute to or modify this attitude set.

The second model, which is the adoption process, looks at the steps which individuals go through on their way to accepting or rejecting new ideas. The individual moves through the following six steps:

1. Awareness - client comes to know about the product but lacks detail.
2. Interpret - gathers information and facts about the program.
3. Evaluation - makes a mental trial and applies the program to the individual's personal situation.
4. Trial - may buy the program so he or she can experiment with its usefulness.
5. Decision - decides on either adoption or rejection.
6. Confirmation - continues to rethink the decision and searches for the decision which is reinforcement (McCarthy & Perreault, 1984).

This model stresses reinforcement at Steps 5 and 6 so

the buyers get confirmation that they have made the right decision.

The last model is simply the learning process. Learning is a change in a person's thought processes caused by prior experience. All consumer behavior is learned. The process begins with a drive as a strong stimulus that encourages action. Depending on the cues, products, signs, ads, and other stimuli in the environment, an individual chooses some specific response. A response is an effort to satisfy a drive. The specific response chosen depends on the cues and the person's past experience. The last step is reinforcement of the learning process which occurs when the response is followed by satisfaction. Reinforcement strengthens the relationship between the cue and the response and may lead to a similar response the next time the drive occurs (McCarthy & Perreault, 1984).

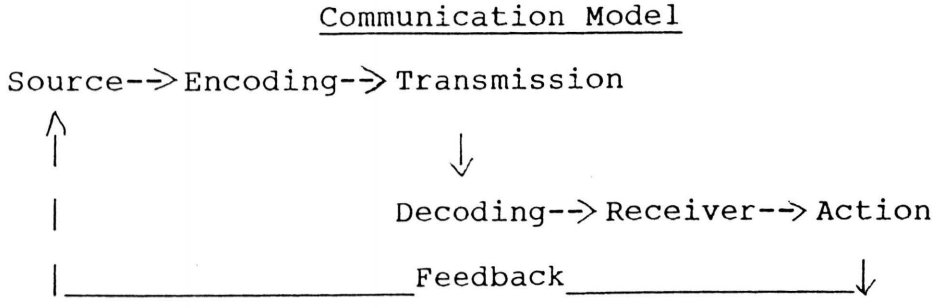
The consumer's buying behavior in each type of decision making model mentioned above depends on information being given to consumers so they can evaluate the product and see if it meets their needs. As consumers examine health education programs, it is important that the health educator is communicating information to the public about why a program developed and implemented by a professionally trained health educator will best meet their needs and produce satisfied clients.

Communication Process

Learning how to communicate effectively is very important for the health educator. Assael (1984) stated that "Any type of communication requires a source, a message, a means of transmitting the message, and a receiver" (p. 203). A communication model adapted from Assael is illustrated in Figure 1.

Figure 1

A communication model



These elements are defined as follows:

Source - whoever wants to send a message

Encoding - developing a message to communicate the benefits of the product or service

Transmission - communication channels through which the message is sent to the target audience

Decoding - receiver translates the message for meaning

Receiver - party that receives the message

Action - reaction of the receivers once they have been exposed to the message

Feedback - the receiver communicates back to the senders by their action (MacStravic, 1986)

Health educators would be described as the source who want to translate (encode) the benefits of the profession to the public. These benefits and characteristics become the message that is distributed through various media. The public takes the message, translates (decodes) the message for their own meaning, and then determines what action they will take. Feedback is provided to the source by whatever action the consumer takes. Messages can be evaluated by the level of recall, by interpretation of the advertising message, and by changes in attitudes toward the program.

Message Development

Barriers to communication can occur at each step in the communication process (Assael, 1984). At the source level, it can be the source's failure to communicate the concept or idea to those who develop the message. This causes a message that is unrelated to consumer needs. At the encoding level, a message is sometimes developed that is too creative or eye catching but is not able to communicate the proper message. Other barriers can occur in transmission where too many competing messages can be given to the

potential client. If the message was not related to the client's needs, it is likely to lead to barriers in the decoding process (Assael, 1984). To prevent miscommunication of the message, time has to be spent in developing the message. Kotler (1982) stated that the marketer's job in this process is "to formulate a bundle of benefits for the target market of sufficient attractiveness to promote a voluntary exchange" (p. 7).

The marketer then utilizes these message benefits and communicates four items to the target market:

1. the main objective of the source for the message,
2. the main features of the service,
3. other features and benefits of the service, and
4. the impression you want to leave with the audience (Epple, 1986).

In designing a message, the aim is to "tailor the communication to a target situation in such a way as to be optimally effective and efficient" (MacStravic, 1986, p. 125). For every media channel used, there is a process of message development that is basic to all forms of communication. The message is developed using a set of questions of who, what, where, when, how, and why (MacStravic, 1986).

The "who" is the target, or the source of the message. The question that has to be examined is who is to be

informed. The second question involves identifying the source of the message. The source can be an agency or a spokesperson.

The "what" of the message involves specifying objectives of the message. The objective addresses a certain behavior, mind set, or attitude or knowledge, that is to be accomplished. Most objectives are informational and serve to increase awareness, knowledge or beliefs. Precisely stating the objective will make the message clearer.

The "where" of the message concerns where the audience will be when exposed to the message. This is important so the agency can determine where the people will be, how they can reach them, and when they would be most receptive.

The timing of messages is the "when." Considerations for timing are items such as time of the year or month, how many times to present a message, how frequently, when the client is most receptive, and the rate of speed the message is communicated.

The choice of media is the "how" of the message. There are many media choices including television, flyers, direct mailings and personal selling.

The last area is the message content, or the "why." The why question addresses how the message should be worded to bring about the intended result.

The "who, what, when, and why" information is used to develop a concise message. The five parts of a message are: "grabber, theme, body, hook, and signature" (MacStravic, 1986). Each of the five parts are briefly described below:

Grabber	Grab the attention of the intended audience
Theme	Piece of information, feeling, or conclusion that the audience is expected to receive
Body	Contains theme; and evidence, arguments, discussions, or descriptions that reinforce the theme
Hook	Behavioral response requested as justified by the theme and body
Signature	Sponsor's identification, logo and/or slogan (MacStravic, 1986)

The grabber is considered to be one of the most important parts of the message. It is the headline that "grabs" the attention of the audience. If that attention is not achieved, the message is lost. A headline is typically short. The grabber tries to arouse curiosity or to single out a specific audience. "Wish to stop smoking?" This causes the person to be curious about what is inside.

The theme builds on the grabber statement and gives pieces of information, feelings, or conclusions that the

audience is intended to draw. The agency has to decide what conclusion it wants the audience to make.

The body contains the theme and gives evidence, discussion, or descriptions that reinforce the theme. This is where an agency describes why its health education program is the best, how the agency can assist the client, and why this service is a practical solution. Testimonials from clients are often used here. The body is also the place where the agency lists services and other details about its services.

The hook is a behavioral response requested from the client after reading the ad. The response requested is usually a request to call, write, or try the services.

The signature is the sponsor's identification, logo and/or slogan. It is the final component of a message. The signature is intended to unite all the messages put out by an agency. It is important to place the slogan, logo, and identifying data on all materials that come from the agency. These items include letterhead, forms, brochures, ads and novelty items. All of this reinforces the client's recognition of the agency's service.

In any message, the starting point for creating content is always the theme. What you wish the audience to conclude as a result of attending to the message is the most effective basis for designing the content (MacStravic,

1986). Themes are made up of features, conclusions, and feelings. Features are the preferred content for attracting clients, while conclusions may be more effective in satisfying them (MacStravic, 1986). Features are usually specific evidence or descriptions about the services the agency provides. Feelings are mentioned as a reinforcement of the promises an agency makes. They are usually suggestions as to peace of mind or whatever feelings the agency wants the client to retain. The features and feelings of the message are directed toward having the consumer receive a certain message and, thus, want to buy the product (MacStravic, 1986).

In using the theme, there are two alternative ways to get a message across: 1) "by citing positive reasons for making the intended solution or 2) by citing negative reasons for making another selection" (MacStravic, 1986, p. 154). An example of the latter is fear appeal. This is commonly used in public health messages for pointing out the dangers of smoking, the risks of venereal disease, or hazards to delaying prenatal care (Booker, 1981). Because fear appeal focuses on feelings, they can be effective in arousing emotional responses. Although emotion is aroused, the effect on people's attitudes and behavior is rarely what was intended (Wheatley & Oshikawa, 1970). Such appeals often arouse fear which generates anxiety. To generate a

specific attitudinal change or new behavior, MacStravic (1986) stated, "a message must cite an identifiable action that people can take and must point out the positive consequence that will result from taking the action" (p. 154).

A fear appeal may be useful in gaining the attention of the audience, but action is likely to result only if the audience believes that something good will result. Preventive care can be sold more effectively by pointing out peace of mind, or showing how much better they will feel, rather than presenting the negative consequences of failing to take appropriate action (Wadrich & Fram, 1983).

MacLachlan (1983/1984) summarizes this discussion of development of messages by listing suggestions that make marketing messages memorable and persuasive:

1. Use high imagery words and pictures.
2. After the grabber, suggest a benefit gained or a problem avoided.
3. Use questions to arouse people's curiosity and to generate involvement.
4. Use familiar terms.
5. Provide an organizing sequence that will hold the message together.
6. Use specific rather than general terms.

7. Repeat key words and ideas that are central to the theme of the message.
8. Put the most important thoughts and words at the beginning.
9. Use concrete words rather than abstract words and pictures.
10. Aim at one member of the family or group.
11. Tell the audience the implications of reaching the conclusion (p. 51).

CHAPTER 3

RESEARCH PROCEDURES

The purpose of this study was to identify the contents of the marketing message that health educators need to transmit to the public by arriving at consensus through the Delphi Technique. The procedures followed in the development of this study are described in this chapter under the following headings: Selection of the Subjects, Development of the Instrument, Collection of Data, and Treatment of the Data.

Selection of the Subjects

The subjects for this investigation were 317 chairpersons or their designees of health education departments of each of the schools listed in the American Alliance of Health Education Directory of Institutions offering Undergraduate and Graduate Preparation in Community and School Health. This population was chosen to represent a nationwide perspective for the study. Each chairperson was mailed a packet containing one explanatory letter regarding participation in the three-round Delphi study and a response sheet with four questions concerning development of a public message for the health education profession (Appendix A). By returning the completed forms, the

chairperson or the chair's designee became part of the study.

Participation in this study was voluntary for the chairpersons or their designees. Voluntary participation can result in self-selection bias where those who choose to voluntarily participate are often different from those who decline to participate. The impact of self-selection bias on this study is discussed further in Chapter 5.

Development of the Instrument

The instrument utilized to identify content of a marketing message from health educators to the public was the Health Education Questionnaire. No published instrument was found for use in the study; therefore, the instrument was developed by the researcher.

The first questionnaire that was developed for Round I consisted of four decision questions about the unique characteristics of the health educator. After a review of marketing and advertising literature, questions were developed that would identify the content needed for developing a message. The four questions were submitted to a panel of five experts. The panel consisted of three doctorally prepared health educators, one doctorally prepared nurse and one doctorally prepared business person (Appendix B). The panel reviewed the questions and made suggestions of how to rephrase several statements that would

facilitate better understanding.

The Delphi method was the technique used to obtain information for message development. This technique was chosen as the means to obtain expert opinion (Dalkey & Helmer, 1963) and as a method for structuring group communication process so that the process is effective in allowing a group of individuals, as a whole, to arrive at consensus about a problem (Linstone & Turnoff, 1975). Helmer (1976) explains that this method was designed to obtain a consensus of opinion among experts and avoids or obviates certain psychological factors present in face to face debate.

The questionnaire for Round II (Appendix C) was developed from categorizing, by question, the data obtained in the first Health Education Questionnaire. For each category, frequency scores were calculated. For question one, the four most frequent responses were included for Round II. For questions two through four, the 10 most frequent responses were included. All other responses were dropped. The cut off point for each question was made at the previously mentioned points to keep the questionnaire within a two page format and less than 50 questions. The 34 responses selected filled two pages. Data were arranged in column format and each respondent was asked to mark on a 5-point scale the degree of agreement or disagreement

of each item's importance for inclusion in the message.

Questionnaire III (Appendix D) showed the responses to questionnaire II ranked by decreasing frequency. Low scores had been dropped after Round II. Data were arranged in column format and each respondent was again asked to mark on a 5-point scale the degree of agreement or disagreement of each item's importance for inclusion in the message.

A biographic data sheet was designed to obtain demographic information about the subjects. Personal and professional data were obtained for demographic profiling.

Collection of the Data

The data for the study were collected by means of the three questionnaires administered by the Delphi method. Data were collected from March 1, 1987 to May 19, 1987.

The first questionnaire was sent by mail to the sample on March 1, 1987 with a return date of March 16, 1987. The second questionnaire was sent on April 15, 1987 to those who had responded to the first questionnaire and returned by April 30, 1987. The third and final questionnaire was mailed on May 5, 1987 and returned by May 19, 1987. A biographic information sheet was also mailed with the third questionnaire.

All directions were given in a letter that was attached to the questionnaire. Specific due dates for when the questionnaire was to be returned were clearly stated in the

letter and on the questionnaire.

Treatment of the Data

Content analysis was done on all items in questionnaire one and then the data were summarized, ranked, and arranged in a column format. Low ranking scores were dropped.

Round II and III means for each item were calculated and ranked from highest to lowest mean. In Round II, scores below the standard deviation of the mean were dropped. In Round III, scores below the mean were dropped. Any response below the mean indicated that the participants did not think the response was important to include in the marketing message. Demographic data were used to describe the sample more fully.

Summary

Chapter III has presented the methodology utilized in this study. The results of the analysis appear in Chapter IV and are augmented by tables and descriptive explanation.

CHAPTER 4

ANALYSIS OF DATA

This study was concerned with identifying the contents of the marketing message that health educators need to transmit to the public by arriving at consensus through the Delphi technique. Seventy-two health educators were involved as participants in this investigation. The results of the data collection and analysis of the information gathered in the study are reported in this chapter.

Description of the Sample

Three hundred and seventeen chairpersons of health education departments or their designees were administered a three round Delphi questionnaire. Ninety-nine (31%) participants completed Round I. Eleven questionnaires were rejected due to incomplete answers or returning the questionnaire late. Round II was sent to 88 participants with 75 (88%) being returned. Three questionnaires were rejected due to incomplete answers or returning the questionnaire late. Round III was mailed to 72 participants with a 100% usable return rate. The demographic data presented in this chapter represent those 72 participants who completed all three rounds of this Delphi study.

The sample consisted of 72 individuals employed as

health educators in collegiate institutions across the nation. Table 1 shows the age distribution of the study group. The number and percent of participants by age is presented below in Table 1.

Table 1

Number of Participants by Age

Age	N	Percent of Total
20-29	3	4.2%
30-39	17	23.6%
40-49	32	44.4%
50-59	19	26.4%
60-69	1	1.4%
70+	0	0%
	72	100.0%

The age of the participants ranged from 20 to 69 years of age, with three in the 20-29 age group and one in the 60-69 age group. A total of 17 people were in the 30-39 age group, 32 in the 40-49 age group and 19 in the 50-59 age group. There were no participants in the 70+ age group. Of the 72 participants who completed Round III, 49 (69%) were male and 23 (31%) were female.

Table 2 illustrates the total years of experience in health education for the participants. The number and percent of participants by experience are presented in Table 2.

Table 2

Number of Participants by Years of Experience

Length	N	Percent of Total
1-5 years	3	4.2%
6-10 years	13	18.0%
11-15 years	12	16.7%
16-20 years	17	23.6%
21-25 years	13	18.0%
26-30 years	9	12.5%
31+ years	3	4.2%
No response	2	2.8%
		100.0%

The years of experience ranged from 5 years to 31+ years. Seventeen participants (23.6%) had 16-20 years of experience, 13 (18.0%) had 6-10 years and 21-25 years of experience, and 12 (16.7%) had 11-15 years of experience. Nine participants (12.5%) had 26-30 years of experience, three participants (4.2%) had 1-5 years, three (4.2%) had 31+ years and two participants (2.8%) did not respond to the question. The average years of experience in health education for the participants was 17 years.

The participants were examined as to their length of time in their present positions. Table 3 illustrates the number and percent of participants by length of time in their current position.

Table 3

Number of Participants by Length of Time in their Current Position

Length	N	Percent of Total
1-5 years	24	33.3%
6-10 years	19	26.4%
11-15 years	12	16.7%
16-20 years	10	13.9%
21-25 years	4	5.6%
26-30 years	1	1.4%
No response	2	2.8%
Total	72	100.0%

The length of time in the present position ranged from 1 year to 30 years. Twenty-four participants (33.3%) had been employed in their present position for 1-5 years, 19 participants (26.4%) for 6-20 years, and 12 (16.7%) for 11-15 years. Ten participants (13.9%) had spent 16-20 years in their present position, four (5.6%) 21-25 years, and one (1.4%) 26-30 years. Two participants (2.8%) did not complete this question. The average length of years in their present positions was 9.5 years.

Participants were asked what their area of specialization was in health education. Six areas of specialization were listed and Table 4 discusses the number and percent of participants by specialty area.

Table 4

Number of Participants by Area of Specialization

Area of Specialization	N	Percent of Total
School Health	30	42.3%
Community Health	14	19.7%
Corporate Health	3	4.2%
General Health Education	13	18.3%
Physical Education	6	8.5%
Other	5	7.0%
Total	72	100.0%

Of all the participants, 30 (42.3%) specialized in the area of school health. Fourteen (19.7%) specialized in the area of community health and 13 participants (18.3%) in general health education. Physical education was listed by six participants (8.5%) and corporate health was reported by three (4.2%) respondents. There were five participants (7.0%) who listed a combination of specialty areas.

The last area of demographic data collected was highest degree held. Table 5 illustrates the number and percent of participants by highest degree held.

Thirty-three participants (45.8%) had a Ph.D., with 24 (33.3%) having an Ed.D. Fourteen participants (19.4%) had an M.S. or M.Ed. while one participant (1.4%) reported a Dr. P.H. See Appendix E for the participants' individual responses to the demographic data information.

Table 5

Number of Participants by Highest Degree

Highest Degree	N	Percent of Total
M.S.	7	9.7%
M.Ed	7	9.7%
Ed.D	24	33.3%
Dr. P.H.	1	1.4%
Ph.D.	33	45.9%
	72	100.0%

Presentation and Analysis of Data

Content analysis and tabulation provided a basis for interpreting the data. Content analysis is "a method for the objective, systematic, and quantitative description of communications and documentary evidence" (Polit & Hungler, 1978, p. 8). Content analysis enables the researcher to quantify abstract impressions and concepts and to provide for long-term analysis for the materials under study (Treece & Treece, 1977). The most common application of content analysis has been directed toward the "what" question, that is, describing the characteristics of the message's content (Polit & Hungler, 1978). Tabulation is simply the recording of the number of types of responses in the appropriate categories, after which statistical analysis follows (Kerlinger, 1973).

In Round I, participants were required to answer four

questions about the profession of health education. The responses to each question were categorized by similar responses, and frequency tabulation was done on the responses. Table 6 presents the most frequently occurring categories for Question 1 and the frequency of response. Participant's individual responses by category are found in Appendix F. Question 1 asked "What is the major role of the health educator in health education?"

Frequency of participant scores ranged from 18 to 2 responses per category. Twenty-five of the responses did not fit into any of the defined categories. The four highest ranking categories selected for inclusion in Round

Table 6

Frequency of Categories

Question 1

What is the major role of the health educator in health education?

Categories	N
Behavior Changes	18
Health Knowledge	13
Informed Decisions	13
Disseminate Information	8
Value Health	6
Primary Prevention	6
Planning Programs	5
Assume Responsibility	4
Research	2
Self Direction	2
Single Responses	3

II questionnaire were behavior changes, health knowledge, informed decisions, and disseminate information. For each selected category, a participant's exact worded response was used that best reflected the consensus of that category.

Table 7 shows the frequency scores by category for Question 2. Participant's individual responses by category are found in Appendix G. Question 2 asked, "What are the characteristics of a successful health educator?" Frequency of participants scores ranged from 52 to 2 responses. Twenty-five responses did not fit into any of the defined categories. The 10 highest ranking categories were selected for inclusion in the Round II questionnaire. The 10 highest ranking categories were: knowledge, communication skills, role model, people skills, planning and evaluation, enthusiastic, educator, current, behavior change, and professional. For each selected category, a participant's response was used that best reflected the consensus of that category.

Table 8 shows the frequency scores by category for Question 3. Participant's individual responses by categories are found in Appendix H. Question 3 asked, "What are the benefits the health educator can offer the public?" Frequency of participant's scores ranged from 34 to 3 responses. Eight responses did not fit into any of the

Table 7

Frequency of Categories

Question 2

What are the characteristics of a successful health educator?

Categories	N
Knowledge	52
Communication skills	34
Role-model	28
People skills	22
Planning and evaluation	19
Enthusiastic	19
Educator	17
Current	16
Behavior change	14
Professional	13
Accepting	11
Motivator	10
Open minded	9
Perceptive	8
Confident	8
Caring	8
Empathy	8
Professionally trained	7
Creative	7
Organized	6
Researcher	6
Articulate	5
Intelligence	5
Listening skills	5
Nurturing	4
Advocate	3
Facilitator	3
Nonjudgmental	3
Sensitive	3
Respectful	2
Resource person	2
Flexible	2
Decision maker	2
Provider	2
Leadership	2
Healthy	2
Ethical	2
Supportive	2
Honest	2
Single responses	25

defined categories. The 10 highest ranking categories were selected for inclusion for the Round II questionnaire. The 10 highest categories were: provide information, referral and resource, lifestyle change, health promotion, planning process, quality of life, role model, decision making skills, educate people, and cost containment. For each selected category a participant's exact worded response was used that best reflected the consensus of that category.

Table 9 is composed of the frequency scores by category for the last question, Question 4. Participant's individual responses, by categories, are found in Appendix I. Question 4 asked, "What uniquenesses does the health educator offer in contrast to other professionals providing health education?" Frequency of participants' scores ranged from 37 to 3 responses. Five responses did not fit into any of the defined categories. The 10 highest ranking categories were selected for inclusion for the Round II questionnaire. The 10 highest categories were: training, prevention focus, understand education, comprehensive and diversity behavior change, health knowledge, program ideas, communication, total person, and change. For each selected category a participant's exact worded response was used that best reflected the consensus of that category.

The number of response statements included in Round II was limited on each question so the total questionnaire

Table 8

Frequency of Categories

Question 3

What are the benefits the health educator can offer the public?

Categories	N
Provide Information	34
Referral and Resource	24
Lifestyle Change	18
Health Promotion	18
Planning Process	17
Quality of Life	16
Role Model	14
Decision Making Skills	14
Educate People	13
Cost Containment	11
Self-Esteem	10
Motivation	9
Minimize Health Problems	9
Reduce Risk Factors	8
Health Issues	8
Personal Health	8
Knowledge of Health	8
Social Change	8
Leadership	8
Community Approach	7
Trained Health Educator	7
Public Needs	7
Policy	6
General Skills	6
Consumer Involvement	6
Content Expertise	5
Counselor Role	5
Research	4
Awareness	4
Consulting	3
Organizational Skills	3
Single Responses	8

would be less than 50 questions and only two pages in length. There was a limit of four responses in Question 1 and ten in Questions 2, 3, and 4 to keep within a two page format. This was done so the questionnaire would not take too much time to complete and therefore encourage a higher return rate.

Table 9

Frequency of Categories

Question 4

What uniquenesses does the health educator offer in contrast to other professionals providing health education.

Categories	N
Training	37
Prevention Focus	29
Understand Education	27
Comprehensive and Diversity	26
Behavior Change	24
Health Knowledge	22
Program Ideas	21
Communication	16
Total Person	15
Change	14
Individual Focus	13
Working with People	7
Community Focus	7
Realistic	5
Practical Application	4
Research	3
Single Responses	5

The Round II questionnaire was developed with the answer to each question written out and the participant was asked to indicate the degree of agreement or disagreement

with the statement on a Likert scale of 1 to 5 with 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree and 5 = strongly agree. For all questions, the mean was calculated in addition to the standard deviation. The standard deviation was added to the mean to calculate the lowest acceptable score. Any response mean below this score was dropped because it did not reflect consensus of the participants that the response was an acceptable answer to the question. Highest ranking responses were used to construct the Round III questionnaire.

Mean scores for responses as well as the standard deviation and mean score for Question 1 are described in Table 10.

Table 10

Response Mean Scores - Round II

Question 1 Response	Mean
1a. To facilitate behavior change in individuals, groups, and communities which is conducive to improved health status.	4.60
1b. To promote health knowledge, healthy attitudes, and positive lifestyle choices.	4.76
1c. To assist the consumer in making informed decisions about their health behavior.	4.47
1d. To disseminate pertinent information on health issues, so that positive behavioral change can take place.	4.46
Question 1 - Mean Score	4.57
Standard Deviation	0.12

The mean for Question 1 was 4.57. The standard deviation was 0.12, making the low score 4.45. Any response with a mean below 4.45 was dropped. None of the response means were below 4.45 so all responses were included in Round III.

Responses to Question 1 were then rank ordered by highest mean to lowest for use in Round III. The response ranking by mean is listed in Table 11.

Table 11

Response Ranking By Mean - Round II

Question 1 Response	Mean
To promote health knowledge, healthy attitudes, and positive lifestyle choices.	4.76
To facilitate behavior change in individuals, groups, and communities which is conducive to improved health status.	4.60
To assist the consumer in making informed decisions about their health behavior.	4.47
To disseminate pertinent information on health issues, so that positive behavioral change can take place.	4.46

Table 12 illustrates the mean score for each response as well as the mean score and standard deviation for Question 2. The mean for Question 2 was 4.57. The standard deviation was 0.17, making the low score 4.40. Any response with a mean score below 4.40 was dropped for Round III. Three responses were dropped from Question 2: effective planning and evaluation skills, positive role model, and committed to the profession.

Table 12

Response Mean Scores - Round II

	Question 2 Response	Mean
2a.	Knowledge of the subject area.	4.65
2b.	Effective communication skills.	4.89
2c.	Positive role model.	4.38
2d.	Ability to work with people.	4.75
2e.	Effective planning and evaluation skills.	4.38
2f.	Enthusiasm.	4.58
2g.	Effective educator.	4.62
2h.	Keep up to date on current issues.	4.68
2i.	Helping people change behavior.	4.40
2j.	Committed to the profession	4.39
	Question 2 - Mean Score	4.57
	Standard Deviation	0.17

Responses to Question 2 were then ordered by highest ranking mean to lowest for use in Round III. The response ranking by mean is listed in Table 13.

Table 13

Response Ranking By Mean - Round II

Question 2 Response	Mean
Effective communication skills.	4.89
Ability to work with people.	4.75
Keep up-to-date on current issues.	4.68
Knowledge of the subject area.	4.65
Effective educator.	4.62
Enthusiasm.	4.58
Helping people change behavior.	4.40

Table 14 describes the mean score for each response as well as the mean score and standard deviation for Question 3. The mean for Question 3 was 4.32. The standard deviation was .21, making 4.11 the lowest score. Any response below 4.11 was dropped. One response was dropped:

Table 14

Response Mean Score - Round II

Question 3 Response		Mean
3a.	Provide accurate and up-to-date information.	4.56
3b.	Act as a referral agent for health related issues.	4.28
3c.	Skills in needs assessment, planning, program implementation, and evaluation.	4.33
3d.	Improve quality of life.	4.26
3e.	Training for teaching, behavioral change.	4.11
3f.	Focus on health promotion not treatment.	4.50
3g.	A wellness lifestyle.	4.31
3h.	Programs to facilitate health behavior change.	4.42
3i.	Teach decision making skills regarding health	4.60
3j.	Economic saving as a result of better health status.	3.85
	Question 3 - Mean Score	4.32
	Standard Deviation	0.21

economic saving as a result of better health status. All other responses were included in Round III.

Responses to Question 3 were then ordered from highest ranking mean to lowest for use in Round III. The response ranking by mean is listed in Table 15.

Table 15

Response Ranking By Mean - Round II

Question 3 Response	Mean
Teach decision making skills regarding health.	4.60
Provide accurate and up-to-date information.	4.56
Focus on health promotion not treatment.	4.50
Programs to facilitate health behavior change.	4.42
Skills in needs assessment, planning, program implementation, and evaluation.	4.33
A wellness lifestyle.	4.31
Act as a referral agent for health related issues.	4.28
Improve quality of life.	4.26
Training for teaching behavioral change.	4.11

Table 16 describes the mean score for each response as well as the mean score and standard deviation for Question 4. The average score for Question 4 was 4.41. The standard deviation was 0.18 making 4.23 the lowest score. Any

Table 16

Response Mean Score - Round II

Question 4		
	Response	Mean
4a.	Professional training in health education.	4.65
4b.	Major focus on prevention.	4.55
4c.	Health education skills.	4.49
4d.	Health education draws on a variety of disciplines versus one or two.	4.47
4e.	Emphasis on positive health attitudes and behavioral changes.	4.58
4f.	Knowledgeable in program planning, implementation, and evaluation.	4.21
4g.	Indepth knowledge base.	4.04
4h.	Concerned about the total person.	4.51
4i.	Clear understanding of effective behavior change strategies.	4.22
4j.	Ability to teach on client's level of understanding.	4.35
	Question 4 - Mean Score	4.41
	Standard Deviation	0.18

response below 4.23 was dropped. Four responses were dropped: knowledgeable in program planning, implementation and evaluation; clear understanding of effective behavior change strategies; and indepth knowledge base.

Responses to question four were then ordered by highest ranking mean to lowest for use in Round III. The response ranking by mean is listed in Table 17.

Table 17

Response Ranking By Mean - Round II

Question 4 Response	Mean
Professional training in health education.	4.65
Emphasis on positive health attitudes and behavioral change.	4.58
Major focus on prevention.	4.55
Concerned about the total person.	4.51
Health education skills.	4.49
Health education draws on a variety of disciplines versus one or two.	4.47
Ability to teach on client's level of understanding.	4.35

The Round III questionnaire was composed of the selected responses from Round II which were rank ordered.

Participants again were asked to indicate the degree of agreement or disagreement with the statement. The highest ranking responses selected from this round would be used for determining the message content for educating the public about the health education profession. Only scores above the mean were accepted for inclusion in the message content since this reflected the consensus of the participants.

Question 1 response mean scores are described in Table 18. The mean for Question 1 was 4.49. All responses below

Table 18

Response Mean Scores - Round III

Question 1 Response	Mean
1a. To promote health knowledge, healthy attitudes, and positive lifestyle choices.	4.85
1b. To facilitate behavior change in individuals, groups, and communities which is conducive to improved health status.	4.46
1c. To assist the consumer in making informed decisions about their health.	4.36
1d. To disseminate pertinent information on health issues, so that positive behavioral change can take place.	4.31
Question 1 Mean	4.49

this score were dropped, leaving one response. Only scores above the mean were accepted since this reflected the consensus of the participants. The responses that answer the question of what is the major role of the health educator in health education are as follows: to promote health knowledge, healthy attitudes, and positive lifestyle choices.

Means of the response to Question 2 are listed in Table 19. The mean for Question 2 was 4.56. All scores below this were dropped leaving four responses. The responses that answer the question of what are the characteristics of

Table 19

Response Mean Scores - Round III

Question 2 Response	Mean
a. Effective communication skills.	4.75
b. Ability to work with people.	4.79.
c. Keep up-to-date on current issues.	4.56
d. Knowledge of the subject area.	4.63
e. Effective educator.	4.54
f. Enthusiasm.	4.44
g. Helping people change behavior.	4.19
Question 2 Mean	4.56

a successful health educator are as follows: ability to work with people; effective communication skills; knowledge of the subject area; and keeping up-to-date on current issues.

Question 3 response mean scores are listed in Table 20.

Table 20

Response Mean Scores - Round III

Question 3 Response	Mean
a. Teach decision making skills regarding health.	4.51
b. Provide accurate and up-to-date information.	4.56
c. Focus on health promotion not treatment.	4.47
d. Programs to facilitate health behavior change.	4.40
e. Skills in needs assessment, planning, program implementation, and evaluation.	4.26
f. A wellness lifestyle.	4.15
g. Act as a referral agent for health related issues.	4.10
h. Improve quality of life.	4.32
i. Training for each behavioral change.	3.92
Question 3 Mean	4.30

The mean score for Question 3 was 4.30. All scores below

this were dropped, leaving five responses. The responses that answer the question, "What are the benefits the health educator can offer the public" are as follows: provide accurate and up-to-date information; teach decision making skills regarding health; focus on health promotion not treatment; programs to facilitate health behavior change; and improve quality of life.

The response mean scores for Question 4 are listed in Table 21. The mean score for Question 4 was 4.35. All

Table 21

Response Mean Scores - Round III

Question 4 Response	Mean
a. Professional training in health education.	4.63
b. Emphasis on positive health attitudes and behavioral change.	4.39
c. Major focus on prevention.	4.39
d. Concerned about the total person.	4.25
e. Health education skills.	4.36
f. Health education draws on a variety of disciplines versus one or two.	4.38
g. Ability to teach on client's level of understanding.	4.04
Question 4 Mean	4.35

responses below this score were dropped, leaving five responses. The responses that answer the question what uniqueness does the health educator offer in contrast to other professionals providing health education are as follows: professional training in health education; emphasis on positive health attitudes and behavior change; major focus on prevention; health education draws on a variety of disciplines versus one or two; and health education skills.

Analysis of the data indicates that participants do have differences of opinion in content messages for the public but they can come to consensus. Nonconsensus responses were eliminated at each round and a concise message was developed after Round III.

Summary

From the results of analysis of data obtained from the questionnaire, participants place an emphasis on promoting health knowledge and positive lifestyle choices. The characteristic of a successful health educator is someone who has effective communication skills, the ability to work with people, knowledge of the subject area, and keeps up to date on current issues.

The benefits the health educator can offer the public are accurate information, teaching decision making skills, focusing on health promotion and developing programs to

facilitate behavior change, and to improve the quality of life for individuals. The uniqueness that the health education profession has to offer the public is professional training, drawing upon multidisciplines, emphasizing positive health attitudes and behavior change, focus on prevention, and health education skills.

The demographic data revealed that over 70% of the health educators in this study were over age 40, had an average of 17.6 years of experience in health education and 9.5 years in their current position. Eighty percent (80%) had doctorates and specialize in the field of school health (42%), community health (20%), or general health education (18%).

Summarized below are the questions and the selected responses for the content message after Round III. (1) What is the major role of the health educator in health education? To promote health knowledge, healthy attitudes, and positive lifestyle choices. (2) What are the characteristics of a successful health educator? Ability to work with people, effective communication skills, knowledge of the subject area, and keeping up-to-date on current issues. (3) What are the benefits the health educator can offer the public? Provide accurate and up-to-date information, teach decision making skills regarding health, focus on health promotion not treatment, programs to

facilitate health behavior change, and improve quality of life. (4) What uniqueness does the health educator offer in contrast to other professionals providing health education? Professional training in health education, emphasis on positive health attitudes and behavior change, major focus on prevention, draws on a variety of disciplines versus one or two, and health education skills.

CHAPTER 5

SUMMARY

This study was conducted to identify the contents of the marketing message that health educators need to transmit to the public by arriving at consensus through the Delphi Technique. The problem of this study was to ascertain if health educators could identify the contents of the marketing message that would specify the uniqueness of the health education profession and the benefits the profession can provide the consumer.

Subjects involved in this study were 317 chairpersons or their designees of health education departments of each of the schools listed in the American Alliance of Health Education Directory of Institutions offering Undergraduate and Graduate Preparation in Community and School Health. Seventy-two participants of this group completed all three rounds of The Delphi Study. Three questionnaires, constructed by the researcher, were utilized to collect data from each of the participants in this study.

Analysis of data was conducted by content analysis and frequencies on the first Round I. Mean scores and ranking were used for Rounds II and III.

Findings of the Study

The statistical treatment of the data revealed the following findings with respect to the research questions.

1. What is the major role of the health educator in health education?

   The major role of the health educator is to promote health knowledge, healthy attitudes, and positive lifestyle choices.

2. What are the characteristics of a successful health educator?

   Participants came to consensus that the following are characteristics of a successful health educator: ability to work with people; effective communication skills; knowledge of the subject area; and keeping up-to-date on current issues.

3. What are the benefits the health educator can offer the public?

   The benefits defined by the participants are as follows: provide accurate and up-to-date information; teach decision making skills regarding health; focus on health promotion not treatment; programs to facilitate health behavior change; and to improve quality of life.

4. What uniqueness does the health educator offer in contrast to other professionals providing health

education?

The uniqueness of health educators was defined as follows: professional training in health education; emphasis on positive health attitudes and behavior change; major focus on prevention; draws on a variety of disciplines versus one or two; and health education skills.

Discussion of the Study

In this study, the Delphi Technique was shown to be an effective method in reaching a national perspective on a particular issue. Using the Delphi method forced the participants into consensus about the contents of a marketing message to transmit to the public.

This study sample was based on the voluntary participation of chairpersons or their designees. This type of sampling can cause self-selection bias because those who participate may differ from those who decline. Seventy-two percent (72%) of the participants who responded were 49 years of age or below. Only 27% of the older, more experienced health educators responded to the study. The people who chose not to participate may have been more experienced health educators because the number of participants over age 49 was a small group. The study had a mean of 17 years of experience for health educators but the range was from 5 years to 37 years. The majority of

participants fell below 20 years of experience. Health educators, who were older and more experienced, may have given different insight to some of the content questions. The experienced health educator has seen and responded to changes in the health education profession. It would be interesting to look at the current study and analyze the data by years of experience. There might be some different answers to the questions based on experience.

It is also interesting to note the specialties of the participants. School health was the most frequently marked specialty area which is in keeping with the history of the health education profession. School health or general health was the focus of earlier health education programs. Now specialty areas also include community health and corporate health (Bedworth & Bedworth, 1978). If more community health and corporate health specialists had responded, answers to the content questions might have had a different focus.

The questionnaire the participants answered was developed from drawing together principles of advertising and marketing. The questions on the questionnaire were appropriate to obtain the information for the content of the marketing message. One of the first struggles in communicating a message is to define the objective of the source. The purposes of health education had been

previously discussed in the Review of Literature but this study also confirmed the main element of all those definitions - that of promoting a healthy lifestyle. The participants agreed that the objective of health education was to promote health knowledge, healthy attitudes, and positive lifestyle choices.

The health education profession and the health educator were examined in message development. In the Review of Literature, the health education specialist was examined in relation to the Role Delineation Project. This project helped to define competencies and standards for the health education specialist. Question 2 of this study had the participants examine what they thought were characteristics the health educator should possess. The top ones chosen were effective communication skills and the ability to work with people. These findings match the competencies C and D set out in the Role Delineation Project concerning what the health educator should be able to do. These competencies require being able to select a variety of communication methods and techniques and also to be able to foster communication between health care providers and consumers. The competencies and the study agree on the skills the health educator should possess in regard to communication.

Questions 3 and 4 of the questionnaire were directed toward answering marketing and communication questions.

Marketing and communication are based on the needs and wants of people and how they can be fulfilled. Different models were presented in the Review of Literature that describe how a client responds to a need or want and creates an action. The clients' behavior depends on the information that has been given to them so they can evaluate the product and see if it meets their needs.

Questions 3 and 4 looked at client needs by asking what benefits and uniquenesses the product or service has to offer the client. The benefits that the health educator can bring to the client were accurate and up-to-date information, teaching decision making skills, focusing on prevention not treatment and programs that would facilitate health behavior change. To take this one step further, Question 4 asked why is the health educator unique in bringing these benefits to the client. Participants thought they could best meet the needs of clients because they were professionally trained in health education. Health educators also focused on positive health attitudes and behavior change and that they could draw on a variety of disciplines to facilitate attitude and behavioral change. These benefits and uniquenesses are what clients evaluate when presented with a marketing message and determines if the products or services will meet their needs.

All of the questions on the questionnaire were asked to

develop the content of a total marketing message. The content from this study is what the health professional would take to an advertising agency to help develop a message targeted toward a general public. Further study would have to be done as to what content would meet the needs of specific target markets. The information from this study is the core from which to develop more specific promotional messages for the public about the health education profession.

A different methodology may have provided some additional insight. For example, looking at the demographic profile, it may had been helpful to have participants complete this form in Round I because, if the person dropped out, there would still be some data available to better describe the nonparticipant. Also, looking at responses by region of the country might have produced some interesting data on differences in responses to the questions.

Question 1 involved content analysis of the responses. One of the risks of content analysis is the quantification of material into the categories. It was difficult at times to know clearly into what category the response should be placed. It would have been interesting to have someone else also categorize the data to see if there is consistency among the placement of the responses into categories.

In the analysis of all the questions, the number of responses were limited to comply with a two page format. Once all the results were typed it was clear that there was a natural break in the frequency of categories after content analysis. However, data could be kept for Round II based on the natural break in the frequency of categories as seen in Chapter 4.

Ranking the responses in Rounds II and III instead of responding to a 5 point scale may have provided a more accurate account of the importance of the answers. Ranking instead of rating would force the participants to choose one answer over the other and give a clearer response as to their preference.

The preceding paragraphs have highlighted alternatives that could be done in a replication study. These changes could add a different perspective as to what knowledge health educators should communicate to the public about their profession.

Conclusions

As a result of this study, it was concluded that contents can be identified for a marketing message that health educators need to transmit to the public. The Delphi Technique is an appropriate method to use in achieving consensus from participants in a nationwide study about the health education profession.

Recommendations for Further Study

The researcher recommends the following for further research.

1. A replication of the present study using health education practitioners nationwide to obtain a different perspective to the issue.
2. Further study to identify similarities and differences of this study if an educational setting group was compared to a practitioner setting group.
3. Replication of Round II and III of present study using a ranking score rather than a disagreement - agreement score for responses to the questions.
4. Further study to identify similarities and differences of this study if the data were analyzed by different years of experience in relation to the content of the decision questions.
5. Further study into which media is best to communicate the marketing message to the public taking into account issues such as age, race, sex, income, and lifestyle.
6. Further research on marketing the health education profession by determining what different clients want from the profession.

References

Assael, H. (1984). Consumer behavior and marketing action (2nd ed.). Boston: Kent Publishing Company.

Bedworth, D. & Bedworth, A. (1978). Health education, a process for human effectiveness. New York: Harper & Row.

Bloch, P. (1984, Winter). The wellness movement: Imperatives for health care marketers. Journal of Health Care Marketing, 4(1), 9-16.

Booker, G. (1981). A comparison of the persuasive effects of mild humor and mild fear appeals. Journal of Advertising, 10(3), 29.

Breckon, D., Harvey, J. & Lancaster, R. (1985). Community health education, settings, roles, and skills. Rockville, MD: Aspen.

Bruess, C. & Poehler, D. (1986 December/1987 January). What we need and don't need in health education - 1986. Health Education. 17(6), 32-36.

Dalkey, N. & Helmer, O. (1963). An experimental application of the delphi method to the use of experts. Management Sciences, 9(3), 458-467.

Engel, J., Blackwell, R. & Miniard, P. (1986). Consumer Behavior (5th ed.). Chicago: Dryden Press.

Epple, E. (1986, April). Writing to market yourself and your agency. Paper presented at Focus on Nursing Journalism Workshop, Columbia, MO.

Grikscheit, G., Cash, H. & Crissy, N. (1981). Handbook of Selling. New York: John Wiley & Sons.

Grout, R. (1963). Health teaching in schools (4th ed.). Philadelphia: W. B. Saunders Company.

Helmer, O. (1976). Gathering expert opinion. Los Angeles: University of Southern California Center for Futures Research.

Keith, J. (1985). Marketing health care: what the recent literature is telling us. In P. D. Cooper (ed.) Health Care Marketing Issues and Trends (pp. 13-25). Rockville, MD: Aspen.

Kerlinger, F. (1973). Foundations of behavioral research. New York: Holt Rinehart and Winston.

Kilander, H. (1968). School health education. (2nd ed.) New York: Macmillan Publishing Company.

Knobel, R. (1983, February). Health promotion and disease prevention: improving health while conserving resources. Health Promotion, 5(4), 16-27.

Kotler, P. (1978). Marketing management, analysis, planning, and control (3rd ed.). Englewood Cliffs, NJ: Prentice Hall, Inc.

Kotler, P. (1982). Marketing for nonprofit organizations (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall, Inc.

Kotler, P. (1988). Marketing management, analysis, planning, implementation and control (16th ed.). Englewood Cliffs, NJ: Prentice Hall, Inc.

Linstone, H. & Turnoff, M. (1975). The delphi method: techniques and applications. Reading, MA: Addison-Wesley.

MacLachlan, J. (1983 December/1984 January). Making a message memorable and persuasive. Journal of Advertising Research, 23, 51.

MacStravic, R. (1986). Managing health care marketing communications. Rockville, MD: Aspen.

Marcote, B. & Price, J. (1983 July, August). The status of health promotion programs at the worksite. Health Education, 13(4), 4-8.

McCarthy, E. J. & Perreault, W. (1984). Basic marketing. (9th ed.). Homewood, IL: Richard Irwin, Inc.

Meyers, J. & Reynolds, W. (1967). Consumer behavior and marketing management. Boston: Houghton Mifflin Company.

National Task Force on the Preparation and Practice of Health Education. (1985). A framework for the development of competing - based curricula for entry level health educators. New York, NY: National Task Force on the Preparation and Practice of Health Educators.

Polit, D. & Hungler, B. (1978). Nursing research principles and methods. New York: J. B. Lippincott.

Ross, H. & Mico, P. (1980). Theory and practice in health education. Palo Alto, CA: Mayfield.

Treece E. & Treece, J. (1977). Elements of research in nursing. St. Louis: C. V. Mosby.

Wadrich, S. & Fram, E. (1983). Identifying negative products. Journal of Consumer Marketing. 1, 51.

Wheatley, J. & Oshikawa, S. (1970, February). The relationship between anxiety and positive and negative advertising appeals. Journal of Marketing Research. 7, 85.

APPENDICES

APPENDIX A

Health Education Questionnaire

TWU Texas Woman's University

P.O. Box 23717, Denton Texas 76204 (817) 383-3569

DEPARTMENT OF HEALTH EDUCATION

COLLEGE OF HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE

Dear

As part of the requirement for the doctoral degree, I have developed an instrument to have health educators answer decision questions about the unique characteristics of their profession and the benefits they can provide the consumer. Studies show that the public knows very little about the profession of health education. Your participation in this study will help determine what the public should know about our profession of health education.

Using the Delphi Technique, I have asked you, as an expert in health education, to answer four decision questions about our profession of health education. To participate, I must have your response to Round I by March 16. Please return the completed questionnaire in the pre-addressed, stamped envelope included in this mailing. If you complete this form, I will assume your willingness to participate in Round II and Round III. Round II will be mailed to you in March and Round III in April. Each questionnaire will take approximately fifteen minutes to complete.

You will need to sign the questionnaire to facilitate tracking who has returned the questionnaire. Your identity will not be revealed in this study. An abstract of the final report will be available for you after July, 1987.

Thank you for agreeing to participate in this study.

Sincerely,

Susan Williams

Susan Williams
Ph.D. Student, Health Education

Dr. Roger Shipley

Dr. Roger Shipley
Chair, Health Education

Health Education Questionnaire

Round I Questionnaire

Please answer the following questions and sign your name below.

1. What is the major role of the health educator in health education?

2. What are the characteristics of a successful health educator?

   1.

   2.

   3.

   4.

   5.

3. What are the benefits the health educator can offer the public?

   1.

   2.

   3.

   4.

   5.

4. What uniqueness does the health educator offer in contrast to other professionals providing health education?

   1.

   2.

   3.

   4.

   5.

Name: _____ Institution: _____

Please return this questionnaire in the pre-addressed, stamped envelope by March 16,1987. Thank you.

APPENDIX B

Panel of Experts

Appendix B

Panel of Experts

Dr. Roger Shipley
Acting Chair
Department of Health Education
Texas Woman's University
Denton, Texas

Dr. Ruth Tandy
Department of Health Education
Texas Woman's University
Denton, Texas

Dr. Melba Baldwin
Department of Health Education
Texas Woman's University
Denton, Texas

Dr. Rose Nieswiadomy
College of Nursing
Texas Woman's University
Dallas, Texas

Dr. Derrell Bulls
Chair
Department of Business and Economics
Texas Woman's University
Denton, Texas

APPENDIX C

Round II Questionnaire

TWU Texas Woman's University

P.O. Box 23717, Denton, Texas 76204 (817) 383-3569

DEPARTMENT OF HEALTH EDUCATION

COLLEGE OF HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE

April 14, 1987

Dear

Thank you for recently completing the questionnaire I sent you regarding roles, characteristics, benefits and uniqueness of the health educator. Enclosed you will find Round II of this three part Delphi study.

The results from Round I have been categorized and tabulated for frequency of items. This questionnaire reflects the most frequently mentioned responses per question. In Round II, for each question, you are asked to indicate your degree of agreement or disagreement as to how well the response answers the question.

After you have completed the questionnaire, please put it in the enclosed pre-addressed, stamped envelope and return it by April 30, 1987. Your meeting this deadline would be appreciated and will allow the third mailing of this study to be made by early May.

Sincerely,

Susan Williams
Ph.D. Student, Health Education

Round II

HEALTH EDUCATOR QUESTIONNAIRE

DIRECTIONS: For each question circle the answer that best represents your degree of agreement or disagreement as to how well the response answers the question.

RATING SCALE:
SD= Strongly Disagree
D= Disagree
U= Undecided
A= Agree
SA= Strongly Agree

ITEM	SD	D	U	A	SA
1. WHAT IS THE MAJOR ROLE OF THE HEALTH EDUCATOR IN HEALTH EDUCATION?					
a. To facilitate behavior change in individuals, groups, and communities which is conducive to improved health status	1	2	3	4	5
b. To promote health knowledge, healthy attitudes and positive lifestyle choices	1	2	3	4	5
c. To assist the consumer in making informed decisions about their health behavior	1	2	3	4	5
d. To disseminate pertinent information on health issues, so that postive behavioral change can take place	1	2	3	4	5
2. WHAT ARE THE CHARACTERISTICS OF A SUCCESSFUL HEALTH EDUCATOR?					
a. Knowledge of the subject area	1	2	3	4	5
b. Effective communication skills	1	2	3	4	5
c. Positive role model	1	2	3	4	5
d. Ability to work with people	1	2	3	4	5
e. Effective planning and evaluation skills	1	2	3	4	5
f. Enthusiasm	1	2	3	4	5
g. Effective educator	1	2	3	4	5
h. Keep up to date on current issues	1	2	3	4	5
I. Helping people change behavior	1	2	3	4	5
J. Committed to the profession	1	2	3	4	5

		SD	D	U	A	SA
3.	WHAT ARE THE BENEFITS THE HEALTH EDUCATOR CAN OFFER THE PUBLIC?					
	a. Provide accurate and up to date information	1	2	3	4	5
	b. Act as a referral agent for health related issues	1	2	3	4	5
	c. Skills in needs assessment, planning, program implementation and evaluation	1	2	3	4	5
	d. Improve quality of life	1	2	3	4	5
	e. Training for teaching behavioral change	1	2	3	4	5
	f. Focus on health promotion not treatment	1	2	3	4	5
	g. A wellness lifestyle	1	2	3	4	5
	h. Programs to facilitate health behavior change	1	2	3	4	5
	i. Teach decision making skills regarding health	1	2	3	4	5
	j. Economic saving as a result of better health status	1	2	3	4	5
4.	WHAT UNIQUENESS DOES THE HEALTH EDUCATOR OFFER IN CONTRAST TO OTHER PROFESSIONALS PROVIDING HEALTH EDUCATION?					
	a. Professional training in health education	1	2	3	4	5
	b. Major focus on prevention	1	2	3	4	5
	c. Health education skills	1	2	3	4	5
	d. Health education draws on a variety of disciplines versus one or two	1	2	3	4	5
	e. Emphasis on positive health attitudes and behavioral changes	1	2	3	4	5
	f. Knowledgeable in program planning, implementation and evaluation	1	2	3	4	5
	g. Indepth knowledge base	1	2	3	4	5
	h. Concerned about the total person	1	2	3	4	5
	i. Clear understanding of effective behavior change strategies	1	2	3	4	5
	j. Ability to teach on clients level of understanding	1	2	3	4	5

Please return this questionnaire in the return envelope by April 30,1987. Thank you

APPENDIX D

Round III Questionnaire

Appendix D

TWU Texas Woman's University
P.O. Box 23717, Denton, Texas 76204 (817) 383-3569

DEPARTMENT OF HEALTH EDUCATION
COLLEGE OF HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE

May 4, 1987

Dear

Thank you for completing Round II of my Health Educator Questionnaire. Enclosed you will find Round III, which is the final round of this Delphi study.

The results from Round II have been analyzed. Round III Questionnaire shows the Round II responses ordered by decreasing means. Low ranking responses have been dropped. You are asked to indicate on the Round III Questionnaire your degree of agreement or disagreement as to how well the response answers the question. Also, please complete the demographic data sheet.

After you have completed the Questionnaire and demographic data sheet, please put them in the enclosed pre-addressed, stamped envelope and return it by May 19, 1987. I certainly appreciate your participation with this study and will have the results available after July 31, 1987.

Sincerely,

Susan Williams
Ph. D Student, Health Education

Round III

HEALTH EDUCATOR QUESTIONNAIRE

DIRECTIONS: For each question circle the answer that best represents your degree of agreement or disagreement as to how well the response answers the question.

RATING SCALE:
SD = Strongly Disagree
D = Disagree
U = Undecided
A = Agree
SA = Strongly Agree

ITEM	SD	D	U	A	SA
1. WHAT IS THE MAJOR ROLE OF THE HEALTH EDUCATOR IN HEALTH EDUCATION?					
a. To promote health knowledge, healthy attitudes and positive lifestyle choices	1	2	3	4	5
b. To facilitate behavior change in individuals, groups, and communities which is conducive to improved health status	1	2	3	4	5
c. To assist the consumer in making informed decisions about their health	1	2	3	4	5
d. To disseminate pertinent information on health issues, so that positive behavioral change can take place	1	2	3	4	5
2. WHAT ARE THE CHARACTERISTICS OF A SUCCESSFUL HEALTH EDUCATOR?					
a. Effective communication skills	1	2	3	4	5
b. Ability to work with people	1	2	3	4	5
c. Keep up to date on current issues	1	2	3	4	5
d. Knowledge of the subject area	1	2	3	4	5
e. Effective educator	1	2	3	4	5
f. Enthusiasm	1	2	3	4	5
g. Helping people change behavior	1	2	3	4	5

	SD	D	U	A	SA
3. WHAT ARE THE BENEFITS THE HEALTH EDUCATOR CAN OFFER THE PUBLIC?					
a. Teach decision making skills regarding health	1	2	3	4	5
b. Provide accurate and up to date information	1	2	3	4	5
c. Focus on health promotion not treatment	1	2	3	4	5
d. Programs to facilitate health behavior change	1	2	3	4	5
e. Skills in needs assessment, planning, program implementation and evaluation	1	2	3	4	5
f. A wellness lifestyle	1	2	3	4	5
g. Act as a referral agent for health related issues	1	2	3	4	5
h. Improve quality of life	1	2	3	4	5
i. Training for teaching behavioral change	1	2	3	4	5
4. WHAT UNIQUENESS DOES THE HEALTH EDUCATOR OFFER IN CONTRAST TO OTHER PROFESSIONALS PROVIDING HEALTH EDUCATION?					
a. Professional training in health education	1	2	3	4	5
b. Emphasis on positive health attitudes and behavioral change	1	2	3	4	5
c. Major focus on prevention	1	2	3	4	5
d. Concerned about the total person	1	2	3	4	5
e. Health education skills	1	2	3	4	5
f. Health education draws on a variety of disciplines versus one or two	1	2	3	4	5
g. Ability to teach on clients' level of understanding	1	2	3	4	5

Please return this questionnaire in the return envelope by May 19, 1987. Thank you.

Please send a copy of the results of this study? _____yes _____no. Results will be available after July 31,1987.

DEMOGRAPHIC DATA SHEET

DEMOGRAPHIC DATA: Please complete the following questions.

Age:
( ) 20-29
( ) 30-39
( ) 40-49
( ) 50-59
( ) 60-69
( ) 70 +

Sex: _____male _____female

Present position: _____

How long in present position: _____

Total length of health education experience (include present position)

_____years _____months

Highest degree completed: _____

Area of specialization (select one):

_____school health

_____community health

_____corporate health

_____general health education

_____physical education

_____other (please specify)_____

Thank you.

APPENDIX E

Participants Individual Responses to Demographic Data

Appendix E

Demographic Data of Individual Participants

N	Age Group	M/F	Highest Degree	Present Position	Years in Present Position	Years in Health Education	Areas of Specialization
1	30-39	M	Ph.D.	Associate Professor	6	15	Community Health
2	40-49	M	Ph.D.	Health Education Prof.	20	24	School Health
3	20-29	M	M.S.	Chair Department HPE	1	5	Physical Education
4	50-59	M	Ph.D.	Department Head	19	30	School Health
5	40-49	F	Ph.D.	College Professor	13	20	Community Health
6	30-39	M	M.Ed.	Assistant Professor HPER	7	9	Physical Education
7	40-49	F	Ed.D.	Associate Professor	7	20	Community Health
8	50-59	M	Ph.D.	Chairman	12	20	School Health
9	40-49	F	Ed.D.	Professor	13	23	School Health
10	40-49	M	Ed.D.	Director Health	22	26	Community Health
11	40-49	M	H.S.D.	Associate Professor	12	21	School Health
12	50-59	M	Ed.D.	Department Head	9	25	School Health
13	40-49	M	Ph.D.	Professor	20	26	Community Health
14	50-59	M	Ed.D.	Chairman	23	37	School Health
15	30-39	M	M.S.	Instructor	3	12	General Health Education
16	40-49	M	Ed.D.	Assistant Professor	3	13	Community Health
17	40-49	M	Ed.D.	Associate Professor	8	22	School Health
18	50-59	M	Ed.D.	Chairman	18	30	School Health
19	40-49	M	Ed.D.	Professor	21	21	School Health
20	30-39	M	Ph.D.	Associate Professor	6	6	Community Health
21	50-59	F	M.Ed.	Coordinator	30	33	General Health Education
22	40-49	M	DeD	Chairman	12	20	Corporate Health
23	40-49	M	Ph.D.	Associate Professor	10	9	Community Health
24	50-59	F	Ph.D.	Associate Professor	7	7	General Health Education
25	30-39	M	Ph.D.	Associate Professor	3	5	General Health Education
26	50-59	M	Ph.D.	Assistant Professor	10	19	School Health
27	50-59	M	M.S.	Associate Professor	20	30	General Health Education
28	30-39	M	Ed.D.	Professor	13	17	School Health
29	40-49	M	Ph.D.	Professor	4	17	General Health Education
30	40-49	M	Ph.D.	Chairman	2	16	General Health Education
31	40-49	M	Ph.D.	Chairman	9	23	General Health Education
32	50-59	M	Ph.D.	Professor	10	28	General Health Education

N	Age Group	M/F	Highest Degree	Present Position	Years in Present Position	Years in Health Education	Areas of Specialization
33	40-49	M	Ed.D.	Chairman	2	21	Physical Education
34	30-39	M	Ph.D.	Associate Professor	5	15	School Health
35	40-49	F	Ph.D.	Associate Professor	3	29	School Health
36	30-39	M	Ph.D.	Instructor	7	8	Higher Education
37	30-39	M	Ph.D.	Associate Professor	7	12	Sexuality
38	30-39	M	Dr. PH	Associate Professor	4	9	General Health Education
39	40-49	F	M.S.	Instructor	5	14	General Health Education
40	40-49	M	Ed.D.	Chairman	1	15	Health and Fitness
41	40-49	M	Ph.D.	Professor	13	15	School Health
42	40-49	F	M.Ed.	Lecturer	7	8	General Health Education
43	40-49	M	M.S.	Assistant Professor	5	17	General Health Education
44	40-49	F	Ph.D.	Coordinator	3	15	Community Health Education
45	40-49	M	Ed.D.	Director	7	17	School Health
46	50-59	M	Ed.D.	Chairman	10	22	Physical Education
47	30-39	F	M.S.	Assistant Professor	10	10	School Health
48	50-59	M	Ph.D.	Chairman	5	22	School Health
49	50-59	F	Ph.D.	Professor	22	30	School Health
50	50-59	M	Ph.D.	Professor	16	18	Physical Education
51	40-49	M	Ph.D.	Chairperson	2	12	School Health
52	60-69	F	Ed.D.	Associate Professor	11	31	School Health
53	30-39	F	Ph.D.	Chairperson	2	11	Corporate Health
54	40-49	F	Ph.D.	Associate	17	24	School Health
55	30-39	F	Ph.D.	Assistant Professor	9	14	School Health
56	30-39	F	Ph.D.	Assistant Professor	3	10	Community Health
57	50-59	F	MPH	Associate Professor	18	25	General Health Education
58	30-39	F	Ph.D.	Director	3	8	School Health
59	50-59	M	Ed.D.	Associate Professor	18	24	School Health
60	30-39	M	Ph.D.	Assistant Professor	2	10	Community Health
61	40-49	M	N/A	Coordinator	N/A	16	Community Health
62	40-49	M	Ed.D.	Professor	11	21	General Health Education
63	40-49	M	Ed.D.	Associate Professor	4	14	Community Health
64	50-59	F	Ed.D.	Professor	12	20	School Health
65	30-39	F	M.A.	Instructor	1	4	School Health
66	50-59	F	Ph.D.	Associate Professor	11	23	Community Health
67	50-59	M	Ed.D.	Chairman	21	26	General Health Education
68	20-29	F	Ph.D.	Assistant Professor	1	8	General Health Education

N	Age Group	M/F	Highest Degree	Present Position	Years in Present Position	Years in Health Education	Areas of Specialization
69	40-49	M	Ph.D.	Professor	3	17	General Health Education
70	40-49	M	M.A.	Associate Professor	12	20	School Health
71	20-29	M	M.Ed.	Lecturer	6 months	5	Corporate Health
72	40-49	M	Ph.D.	Associate Professor	7	9	School Health

APPENDIX F

Participants Individual Responses to Questions 1-4

Appendix F

Participants Individual Response by Category

Question 1. Category: Behavior Change

Identify health needs and problems, stimulate behavior change in students and believe individual can learn and assume responsibility for their own health.

Helping people to maintain maximum quality of life.

Enabling prevention of certain health problems.

Facilitator of behavior change.

Change agent to those who voluntarily want to change.

Change agent.

To aid persons in their pursuit of wellness.

To influence the capacity of people to direct their personal lives in a positive healthful way.

Stimulate toward positive action.

Motivate/persuade for change conducive to health.

Make students aware of physical and psychological well being.

Assist individuals in the adoption of healthy lifestyles and the voluntary modifications of behaviors which impact adversity on health.

To provide positive opportunities to facilitate changes in health behaviors.

Facilitate behavior change resulting in a increased level of positive health.

To be a facilitator of behavior change.

To develop or maintain desired health behaviors in the target population he or she is involved with.

Facilitate learning.

Individual should be able to motivate people to learn and utilize the subject matter.

Category: Health Knowledge

To improve the quality of life among members of society by transmitting knowledge about health and affecting behavior in both formal and informal settings through interactions with others as well as serving as a liaison among various health agencies all conducting meaningful research in the field of health.

Facilitate the teaching/learning of health education concepts and stimulate interest in developing good attitudes in regard to healthful living.

To promote health awareness and facilitate the formulation of positive health attitudes.

Provide information that will motivate behavioral change.

Facilitate learning and behavior change regarding health.

Assist the public to develop healthy, happy wellness oriented lifestyles.

Facilitator to enable persons to have knowledge to attain or maintain their highest wellness potential.

Roles is that of personalizing the content to better cause identification of the student with behavior change strategies and motivate them to a wellness lifestyle.

To promote positive healthy lifestyles and to inform persons as to how this can be achieved.

Facilitator between truth and fiction.

Helping people to live healthy lifestyles through educational process.

To educate and promote health.

Category: Informed Decisions

To provide individuals the materials they need in order to make decisions concerning their health.

To provide information so that people can make informed decisions to improve their behavior.

Empowering the client to make appropriate decisions concerning personal and societal wellness.

Promote positive behavioral change by giving people the skills to make sound decisions about health.

To facilitate healthy decisions for the consumer.

Assist others to make informed, voluntary decisions about health.

To prepare student to make intelligent decisions about their health.

Provide students with up-to-date information in all areas in order for them to be able to make sound decisions.

Assist others in health related decision making via interpretation of material, motivating change and evaluating.

Facilitate or help enable people in making an informed decision regarding their health attitudes and behavior.

To prepare citizens to intelligently direct their own behavior through informed decision making and structuring of environmental/cultures that are supportive of healthful behavior.

How to be an intelligent consumer of health services.

Category: Disseminate Information

To facilitate in the dissemination of the information which will favorably affect knowledge, attitude, and behavior in the pursuit of a healthy lifestyle.

Disseminate accurate information about health matters affecting the individual and society to the public via all channels of communication.

To serve as the expert to lay and health related persons in the techniques methods and practices required to positively change or modify health behavior.

Disseminating accurate, current information on health topics and techniques for students to teach/share with others.

The communication through various forms of health information, processor, services to improve maintenance of personnel and community health.

To disseminate information in a manner which motivates individuals to employ practices that contribute to healthy lifestyles.

Purveyor of correct and current information to those preparing to deliver this information.

Category: Values Health

Encourage the student to think and to exercise creativity within an ethical context that meets the highest standards of society.

To assist students in focusing their values regarding health issues.

Teach persons to appreciate the value of making decisions based upon scientific knowledge that will lead to good health habits not telling other persons what to do.

Assist medical science by teaching individuals, families, and communities how to value and conserve health.

To teach and raise the students awareness of the components of health so they can implement them into their lifestyles.

Targeted at improving one's overall quality of life.

Category: Primary Prevention

To educate the total community in contemporary health issues and skills in preventive medicine.

To advance the cause of health education as the mainstay of preventive measures at all age levels of society.

Prevention; care and education.

Prevention, wellness and as a role model.

Promote health via primary prevention techniques.

Health promotion/disease prevention through education.

Category: Planning Programs

Is responsible for planning and coordinating health education programs as well as providing health education services and evaluates the success of those programs implemented.

Develop, implement and evaluate programs which aid individuals/groups to make informed decisions about matters affecting their personal and community health.

Design effective program that motivate consumer to voluntarily adopt healthy lifestyles.

Planning for health education experiences that promote the acquisition of health knowledge that will influence the adoption of positive health behavior.

Coordinating of health education programming and services.

Category: Assume Responsibility

Finding new ways to help people become aware of their potential and to take responsibility for their health.

Health promotion through self care.

To assist people in assuming the responsibility for their health.

To promote an individual and community's ability to be responsible for his/her own health.

Category: Research

Researching and translating scientific information pertaining to health into relevant forms that can be used by an individual.

To bridge gap between theory and application of scientific truth.

Category: Self-Direction

Intelligent self-direction of human behavior by narrowing the gap between health knowledge and health behavior.

To create an environment that fosters intelligent self-direction in matters relating to health.

Category: Single Responses

Provide learning experience to favorably influence health knowledge, attitudes, and behavior of the population.

Instruction.

Teaching.

Question 2. Category: Knowledge

Knowledge regarding content and methods.

Knowledgeable of current health content.

Knowledge of material methods.

Knowledgeable on content.

Knowledge of the field.

Knowledge of the field.

Informed.

Well informed.

Mastery of variety health content area.

Knowledgeable in health application.

Competent in health content areas.

Working knowledge health field.

Knowledge what constitutes human well being.

Knowledgeable.

Knowledge.

Knowledge.

Knowledgeable.

Knowledgeable.

Knowledgeable.

Knowledgeable.

Knowledgeable.

Knowledgeable.

Knowledgeable.

Knowledgeable.

Strong content foundation.

Knowledge of the subject.

Knowledgeable about the topic.

Knowledgeable about subject.

Knowledgeable in health field.

Knowledgeable about health.

Knowledgeable in behavioral science, public health.

In depth knowledge of the field.

Knowledge competency.

Knowledge of subject matter.

Knowledge of subject matter.

Knowledgeable.

Current information.

Knowledge of different populations.

Knowledge of subject.

Knowledgeable.

Accurate knowledge.

Knowledgeable.

Knowledgeable.

Broad scope of knowledge.

Knowledgeable.

Self knowledge.

Knows his content.

Good knowledge base.

Knowledge about content.

Knowledgeable.

Command of subject matter.

Category: Communication Skills

Good communication skills.

Ability to communicate.

Superior ability to communicate.

Communication expert.

Ability to communicate.

Communication skills.

Communication skills.

Good communication skills.

Communicator.

Good communicator.

Communication skills.

Effective communication.

Communicate.

Good communicator.

Communication skills.

Good communicator.

Communication skills.

Communicable.

Excellent communicator.

Good communication skills.

Communication skills.

Good communication skills.

Communicator.

Able to communicate effectively.

Good communication skills.

Communication skills.

Communicate.

Successful communicator.

Ability to communicate.

Ability to communicate.

Effective communicator.

Communicator skills.

Effective communication skills.

Communication skills.

Good communicator.

Communication skills.

Category: Role Model

Good role model.

Lives life to the fullest extent possible.

Lifestyle - role model.

Practice - life style.

Model person.

Practices what they preach.

Role model.

Examples of personal health behavior.

Appropriate role model.

Good role model.

Role model.

Positive role model.

Role model.

Excellent image.

Serve as positive role model.

Positive personal character.

Role model.

Model for healthy behaviors.

Role model.

Role model.

Example.

Sets example.

Modeling.

Role model.

Evaluates own effort and makes changes as appropriate.

Health appearance.

Guides his behavior by what he espouses.

Category: People Skills

People to people person

Enjoys contact with others.

Good problem solving skills.

Excellent human relations skills.

Human relation skills.

Person oriented.

Able to work with other professionals.

Works well with other health professionals.

Ability to work with groups.

People skills.

Helper personality and skills.

Stable, pleasant personality.

Like people.

Liking people.

Acceptance of others.

Ability to relate to people.

Relate to people and their needs.

Friendly towards people.

Sincere liking of other people.

Personable and sense of humor.

Likeable personality.

Personality.

Personality.

Category: Planning and Evaluation

Skills to plan, organize and implement and evaluate education programs and experiences.

Design programs to meet specific needs of learner.

Mastery of health education content.

Ability to plan, promote and deliver programs.

Skill in evaluation.

Evaluate health programs.

Ability to evaluate/develop activities.

Evaluates programs.

Address and solve problems.

Plan health programs.

Ability to organize communities and organizations.

Planning/organizational skills.

Ability to plan, implement and evaluate health education programs.

Planner.

Planner.

Organize community resources for promotion of health.

Perform educational diagnosis.

Assess needs of health education.

Category: Enthusiastic

Helpful.

Optimistic.

Cheerful.

High level enthusiasm.

Enthusiasm for health education.

Enthusiasm.

Enthusiasm.

Enthusiastic.

Enthusiastic.

Enthusiastic.

Enthusiastic.

Enthusiasm.

Enthusiasm.

Enthusiastic.

Motivation and enthusiasm.

Enthusiasm.

Enthusiastic.

Category: Education

Understands various learning styles.

Skilled in various teaching techniques.

Teaching competence.

Ability to teach.

Up to date strategies.

Superior teaching skills.

Love for teaching.

A teacher.

Good teacher.

Excellent teacher.

Capability to merge scientific knowledge into a credible understanding.

Skill in instruction - delivery system.

Knowledgeable in various educational strategies.

Transmit relevant information regarding health.

Knowledge of instructional methods.

Skill in application of learning methodologies.

Understand teaching/learning process.

Category: Current

Updates personal knowledge.

Keeps up on new health issues.

Seek out new and broadening frontiers - self education.

Interest in new information.

Continually involves new skills.

Updates preparation and credentials.

Ability to disseminate information.

Well-read.

Willingness to update myself.

Remain current.

Well rounded.

Stay abreast of current research in health education.

Awareness of health related issues.

Keeps informed on current problems.

Up to date information of health issues.

Category: Behavior Change

Document success in behavior change.

Knowledge of Behavior Modification.

Ability to adapt.

Apply behavior change theory to behavior.

Commitment.

Adapt to the system's procedures to promote change.

Affect behavior of individuals.

Willingness to change.

Willingness to help change health system that promotes ill health.

Promotes organizational and social development - healthier lifestyles.

Understand determinants of health behavior.

High degree of interest in health, health behavior and in education.

Dedicated to health behavior change.

Category: Professionalism

Professional visibility.

Commitment.

Dedicated.

Dedicated.

Genuine interest in field of health.

Active in professional organization.

Active participant in the profession.

Enjoys the work.

Interested in the subject.

Return something to the profession.

Committed to the health field.

A professional.

Category: Accepting/concern

Accepting/tolerant.

Concerned.

Concerned.

Concern for students.

Warm, accepting classroom environment.

Insight and awareness.

Genuine and sincere interest in student welfare.

Warmth and rapport.

Sense of humor.

Accept many points of view.

Variety of interests.

Category: Motivator

Motivator.

Motivating.

Motivator of people.

Motivator.

Ability to change another's attitude and actions.

Ability to motivate others.

Ability to motivate.

Motivator.

Self motivated.

Motivated.

Category: Open-minded

Avoids personal bias.

Open-minded.

Personality honest with sincerity.

Open-minded and approachable.

Respect - objectivity.

Objective, open-minded.

Open-minded.

Open-minded.

Support my values but respect others.

Category: Perceptive

Perceptive to clients need.

Flexibility in working with individual differences.

Understanding of individual needs.

Consider needs of learner.

Impact information in a behavioral way to impact on an appropriate population.

Understand interrelationship of environments.

Understanding of human needs.

Knows target population.

Category: Confident

Ego strength to play role of change agent.

Confident.

Ability to introspect.

Take responsibility for their health.

Possess strong sense of identity.

Positive self concept.

Acceptance of self.

Good self esteem.

Category: Professionally Trained

Professionally trained.

Good scientific background.

Strong commitment to one's work.

Well trained.

Broad knowledge base.

Health science foundation.

Product of formal education.

Category: Caring

Concern for the students.

Caring.

Sense of humor.

Caring of others.

Caring.

Caring.

Cares about students.

Caring.

Category: Empathy

Patience.

Generous and sharing.

Sympathetic and empathetic to human problems.

Empathy.

Compassionate person.

Empathy.

Empathy.

Empathic counselor.

Category: Creative

Initiator.

Creative.

Creativity.

Creative Program.

Creativity.

Innovator.

Creative.

Creativity.

Category: Organized

Organized.

Organizational skills.

Organized.

Well organized.

Organization skills. (MBO) (PRECEDE)

Organized.

Category: Researcher

Research sensitivity.

Interpretation of data.

Interest in research.

Ability to comprehend new research.

Clear understanding of research design and evaluation strategies.

Involved in current research.

Category: Articulate

Articulate.

Unbiased presentations.

Articulate.

Good speaker.

Good delivery skills.

Category: Intelligence

Intelligence.

Common sense and intelligence.

Intelligent.

Intelligence.

Intelligence.

Category: Listening

Listening skills.

Listening skills.

Good listening skills.

Listen well.

Category: Nurturing

Understanding.

Nurturing caring person.

Concerned.

Nurturing.

Category: Advocate

Willingness to take a stand.

Advocate for the profession.

Advocate.

Category: Facilitator

Facilitator.

Facilitator.

Excellent counselor.

Facilitator.

Category: Non judgmental

Non judgmental.

Non judgmental.

Non judgmental.

Category: Sensitive

Sensitive to the needs of individual groups.

Sensitive.

Sensitive.

Category: Respect

Respectful of people.

Respect for the student.

Category: Health System

Socio/pol/med dimensions of healthcare.

Understand the health system.

Category: Resource Person

Serve as resource person regarding health issues.

Useful as a contact person.

Category: Flexible

Flexibility.

Flexibility.

Category: Decision Maker

Decision maker.

Understands how decisions are made.

Category: Provider

Provides direct service.

Provide direct health education services.

Category: Leader

Ability to lead.

Leader.

Category: Healthy

Good personal health.

Physically fit.

Like health.

Category: Ethical

Ethical practice.

Ethical.

Category: Supportive

Supportive for change process by student.

Supportive.

Category: Honest

Honest.

Integrity.

Wisdom.

Category: Single Responses

Approaches health education comprehensively.

Uses an interdisciplinary approach "not preachy."

Sees relationship of health matters and personal health.

Thick skin.

Challenge existing medical and non-medical health practices.

Acknowledge health as an investment.

Work cooperatively on health education endeavor.

Appropriate use of media.

Belief in youth with positive patience.

Sincere belief in values.

Political awareness.

Aggressive.

Assertive.

Convincing.

Ability to compromise.

Promote organizational and social development.

The humility to accept that others may choose lifestyles at variance with their own.

Be able to walk on water.

Lobbyist.

Critical.

Believable.

Resourcefulness.

Marketing skills.

Goal oriented.

Make health practical.

Coordinate planned health education programs.

Question 3. Category: Provide Information.

Inform public of health concern.

Communicate with public needing information.

Opportunity to make informed choices.

Increase one's ability to make informed decisions.

Accurate information on health topics.

Separating facts from fiction.

Informed choices.

Increase enjoyment of passing health knowledge.

Excellent instruction.

Assistance in identifying quackery.

Resource person providing accurate and current information.

Development of student knowledge.

Provides information on health issues.

Translator of important health information.

Interpretation and presentation of scientific terms.

Instructor serves when requested.

Affordable knowledge and behavior change.

Knowledge basis for lifestyle choices.

Improved knowledge base on which to make decision about health.

Knowledge in health awareness.

Reliability of health information.

Update health information.

Resource person for health information.

Resource for accurate health information to make informed decision.

Helps general public understand relationship between factors that influence health.

Correct needed knowledge and drill in positive health change.

Speaker at community functions.

To give correct information.

Clarification of misconceptions and myths.

Information.

Sound information.

Accurate information.

Current information regarding wellness.

Unbiased health information.

Sound information about health.

Purveyor of information.

Myth destroyer.

Provide factual information.

Accurate information.

Increase awareness of health education.

Current information source.

Provide up-to-date information.

Understanding of facts versus myths.

Accurate health related information.

Up-to-date knowledge.

Information.

Information.

Current, nonjudgmental information.

Clarification of basic concepts.

Access to latest pertinent health data.

Information on specific health topics and concerns.

Identify health information.

Source of good information.

Development of important information.

Information.

Providing health information.

Information.

Current knowledge concerning health behavior.

Broad education approach to the public.

Resource for information inquiries.

Factual information dispel myths.

Up-to-date information.

Category: Referral and resource.

Development of awareness of resources available.

Identify community resources.

Linkage to behavioral change resources.

Coordinate community resources.

Guidance and referral in health system

An accessible resource person.

A resource network and referral service.

Coordinate community resources for effective use of resources.

Initial contact and make sound referral to health personnel.

Ability to act as coordinator among various settings concerning health.

Resource person for community groups.

Community resource for various health related efforts.

Liaison between public and medical community.

Information as a resource person.

Serve as community resource.

Community resource person.

Linking people to resources.

Resource person.

Liaison between school and community agencies.

Coordination with agencies.

Coordinate community resource activities.

Resource to aid in health problems.

Resource person for schools, etc.

Category: Lifestyle Change.

Involvement in wellness change.

Understanding of all sides of ethical controversies.

Facilitate voluntary health behavior change.

Extend quantity of life.

Increased quantity of life.

Improve quantity of life.

Increased life span.

Encouragement to follow specific health action.

Salesperson for health program.

Holistic perspective.

Lifestyle change.

Methodology of alternative life styles.

Assist with behavior change.

Ways of changing behavior.

Teach behavior modification as a process.

Improved health behavior.

Opportunity to improve or maintain one health status.

Identify behavior and non-behavioral causes of health problems.

Encouragement and understanding different health behavior change.

Category: Health Promotion

Alternatives to medicine.

Health vs illness model.

Preventative health behavior.

Insights to prevention.

Promote positive attitudes about health.

Influence legislation that includes preventive health.

Improve peoples health.

Health promotion.

Prevention approach to illness.

Prevention.

Help people maintain health.

A broader scope regarding health.

Provide preventive and promotion programs.

Better health.

Insight into living a life of breath and depth.

Prevention.

Ability to provide preventative health education.

Support and establish health promoting norms.

Category: Planning Process

Implementation of programs.

Planning

Analyze the community's needs.

Analysis of problem.

Conduct needs assessments of consumers perception.

Evaluation.

Recognition of problems or potential problems.

Interpretation of community needs.

Training in intervention.

Implement health education programs.

Program design and implementation.

Assistance in identifying needs.

Evaluate effectiveness of health education activities.

Qualifications for developing good health education programs.

Assist in setting goals and objectives for health programs.

Assist in the planning of health programs in response to needs.

Helps to identify and solve health problems of community public and personal.

Category: Quality of Life

Emphasis on quality of life.

Better quality of life.

Quality of life.

Increased quality of life.

Improved health.

Celebration of life.

Increased quality of life.

Improved quality of life.

Higher standard of living.

Affect quality of life.

Enhance quality of life.

Extended quality of life.

Enriched fullness of life.

Improvement in quality of life.

Improve quality of life.

Category: Role Model

Role model.

Model lifestyle.

Guidance toward healthful living.

Provide positive health role model.

Enhance lifestyle.

Example of product of good health practices.

Health lifestyle.

Active lifestyle.

High level wellness.

Improved health for mankind and families.

Means to become healthier.

Greater personal health.

Opportunity to increase wellness potential.

Lifestyle approach.

Category: Decision Making Skills

Set priorities for education for health.

Assist better decision making.

Decision making skills.

Assistance in decision making.

Decision making skills.

Better decision making skills.

Cause people to make better decision.

Enhance decision making skills.

Coping skills.

Promote sound decision making.

Development of problem solving skills.

Practice with decision making on critical issues.

Opportunities to develop decision making and self management skills.

Category: Educate people

Work in the community for programs.

Education program.

Shape programs that make efficient use of resources.

Help inform and educate co-workers.

Program that are realistic.

A total health education program.

Programs.

Programs.

Education.

Develop sound health curriculums.

Possible contact with patients.

Ongoing program that is comprehensive in nature.

Provide programs to improve health behavior.

Category: Cost Containment

Influence corporate and business productivity.

Economic benefits.

Better health resulting in more productivity.

Save people money.

Reduction of time loss.

Decreased health care dollar.

Investment in the future.

Cost effectiveness.

Reduce health costs.

Contribute to health care cost containment.

Save money through reduced medical costs.

Category: Self-esteem

Ability to feel comfortable about themselves.

Increased self-confidence and self-esteem.

Better self-image.

Better self-image.

Increased sense of self-esteem.

Values clarification.

Awareness of the potential of self.

Increased positive mental health.

Respect of other individuals.

Category: Motivation

Motivation.

Motivational material.

Motivate them to evaluate lifestyle and make changes.

Encouragement to modify habits.

Interpersonal relationships.

Motivation for healthful living.

Motivation for change.

Interpret motives behind health behaviors.

Organization for support of long term health behavior change.

Category: Minimize Health Problems

Wholesome participation in living.

Reduce pain and suffering of preventable disease.

Minimize health problems.

Control spread of communicable disease.

Sense of control increased.

More control on one's life self.

Ability to meet the demands of life.

Can be in control.

Health with resolution of problem.

Category: Risk Factors

Linkage between risk factors and lifestyle.

Better understanding of themselves.

Reduction in disease rates.

Opportunity to decrease risk factors.

Identify health risks.

Lifestyle improved through education and change in attitude and belief.

Provide methods to reduce health risk factors and promote health.

Offer educational programs consumer can participate in to reduce risk.

Category: Health Issues.

Anticipate health trends.

Raise concern about national health issues.

Provides understanding of issues.

Anticipator of contemporary issues in health education.

Increased awareness of various health issues.

Definition of issues.

Ability to see issues and problems from multi directions.

Increase awareness of health issues and health risk confronting the public.

Category: Personal Health

Development of personal responsibility for wellness.

Support system.

Evaluation assessment of present status.

Allow public to become responsible for own health.

Individual has rights and responsibility for health.

Making public aware of their responsibility for health.

Skills in personal health analysis.

Insight into one lifestyle and its relationship to health.

Category: Knowledge of Health

Knowledge/skill.

Increased knowledge.

Learning objectives for information.

Help people to apply knowledge.

Helps translate knowledge into sound practice.

Interactive model for knowledge.

Better understanding of health matters, individual and society.

Ability to reduce tech scientific knowledge to level of understanding.

Category: Social Change

Strategies to change or modify behavior.

Access to health care.

Strategies for change.

Influence community and society lifestyle through marketing effort.

Knowledge and skill needed bring about change within system.

Work to create healthy environment.

Access.

Be an advocate for social change.

Strategies for change.

Access to health care.

Category: Leadership

Health leader.

Innovation.

Leadership

Critical thinking skills.

Leadership in health promotion.

Leadership in identifying and upgrading health curriculum.

Provide leadership in health system as it addresses life style.

Leadership to support development of needed program or services.

Category: Community Approach

Greater community health.

Community health services.

Get things going in a particular community.

Community development.

Service to civic groups schools agencies.

Improve health through organized community approach.

To initiate health awareness in the community.

Category: Train Health Educators

Continuing education for practitioners.

Positive reinforcement.

Knowledge of profession.

Profession.

Health career information.

Availability of health educator.

Train people for health related tasks.

Prepare health services professional.

Category: Public Needs

Work with public in meeting needs.

Sound approaches to health care and selecting health care.

Gear presentation to be appropriate for differs segment of population.

Health services in cooperation with schools and clinics.

Work with public in meeting needs.

Conference that the public welfare is priority item.

Can facilitate public forms for discussion.

Category: Policy

Liaison to government.

Promote legislation by building public support.

Advocacy.

Lobby for health dollars for wellness promotion.

Advocacy for social and environmental change, facilitate health behavior.

Contribute to effective policy making regarding health initiatives.

Category: General Skills

A skilled communication.

How to's.

Business skills.

Life management skills.

Teach behavioral skills.

Human relations skills in management.

Category: Consumer Involvement

Consumer advocate.

Consumer perspective.

Promote sound health consumerism.

Consumer health regarding product purchase.

Improved functioning as family and community member.

Educate the consumer to become a wise consumer of products.

Category: Content Expertise

Expertise.

Provide expertise for psa and design video.

Expertise in content areas.

Offer expertise.

Expected level of competence based on education experience.

Category: Counselor Role

Work with individuals having problems.

Provide individual or group counseling.

Counselor.

Counselor about health.

Development of student positive attitude.

Category: Research

Health related research.

Interpretation of new research findings.

Ability to conduct research without medical bias.

Research services.

Category: Awareness

Enthusiasm for health.

Awareness.

Raise awareness.

Awareness.

Category: Consulting

Consulting.

Consultant on health matters.

Consulting to schools.

Consultant services to the various health agencies and organizations.

Category: Organizational skills

Leader in organizational functions.

Systematic organization of health skills.

Organizational skills.

Category: Single Responses

Practical experience via groups.

Greater appreciation for miracle of God's world.

Linkage with other groups.

Health education.

All.

Fun.

Insight onto health and fitness.

Attention to children and education.

Question 4. Category: Training

Professionally trained.

Theory.

Training.

Specifically trained to provide health education.

Professional training in methodology.

Trained in health education methods.

Professional training in various content area.

Educational background.

Professional preparation in health education.

Specific professional training in content area.

Has more background in community organizational skills.

Specific training.

Educational background.

Professionally trained as health educator.

Training in education theory and health science.

Backed up by health education professional organization.

Should be trained educator.

Marketing skills particular to health education.

Professional training in process of health education.

Grounding in education and public health.

Usually better trained.

Professional preparation in the field.

Skills that are a person job.

Specialization.

Better preparation.

Possibly a greater personal interest in the field.

Greater caring attitude.

Sound education approach based on char of individual.

More practical approach.

Willing to work for less $.

Profession education combining hard science and social science.

Broad based generalist who specializes in health services administration.

Professional preparation in health education, principles and philosophy.

Professional training in providing health education in variety of settings.

Experience a profession devoted entirely to health education issues and programs.

Category: Preventive Focus

Positive aspects of wellness.

Orientation towards prevention.

Prevention as priority.

Orientation to health not illness.

Emphasis on common health not medial model.

Focus on health behavior and disease prevention.

Accent on preparation.

Sees role as preventive.

Promotion and suggestions for prevention.

Prevention.

Commitment to prevention.

Deal with prevention not treatment.

Primary prevention.

Orientation in favor of prevention rather than cure.

Grounding in education and

Basic focus in prevention.

Health education is priority in their agenda.

Expert in one area of health education.

Health population opposed to sick.

Preventive positive approach.

Prevention oriented instead of tx.

Prevention oriented.

Has a prevention focus.

Preventive focus rather than treatment.

Specific interest in health education for the onset.

Blends health with education.

Predominant focus on primary health care.

View of prevention promotion as a reasonable prescription for improvement.

Category: Understand Education

More closely related to other health oriented professional.

Understand the education is internal process.

Methodology in reaching wellness.

Establish education approach.

Body of knowledge.

Up-to-date information.

Interpret health content immediately.

Teaching the process of healthful living.

Master of teach learning process.

Methodology.

Ability to teach effectively.

Educational skills.

Helps prevent health problems through education.

Teaching learning techniques.

Use experimental learning process.

Development of innovative creative approaches.

Wellness/health promotion approach.

Education based.

Can skillfully use educational information methods.

Understanding of how people learn.

Educational skills.

Better understanding of the process of health education.

Understanding of methodology designed to help clarify values.

Skilled at applying learning theory to health behavior modification.

Use teaching skills and methodologies to enhance dispersing of information.

Professional understanding of the techniques of teaching and understand of how people learn.

Category: Comprehensive and Diversity

Interdisciplinary.

Uniqueness is not important - who gets the job done.

Bringing together material from a number of disciplines.

Interest in all aspects of health.

Variance of the possible health topics.

Covers all subjects.

Multi disciplinary approach.

Pulls from a wide variety of disciplines.

Breath of interventions.

Diversity as a generalist.

Clear understanding of many dimension of health.

Ability to see big picture.

Broad based background.

Comprehensive approach to health behavior.

Provide panoramic view of health.

Can monitor education activities.

More multi dimensional.

Training is not specific but general.

Perform all of the functions of the profession.

Applies integrated approach.

Ability to work in different settings with an educ. focus.

More exposure to other professional in health field willing to pass information acquired.

Health education has more opportunity to involve different and diverse disciplines in imparting content.

Knowledge of social science and application to health behavior.

Comprehensive perspective of how diverse factors have on health.

Category: Behavior Change

Motivated to assist consumer.

Stresses behavior not just information.

Ability to transcend behaviors.

Comprehensive background.

Living his/her field of endeavor.

Health effects and affects everything.

Facilitates health related attitudes and values.

Sensitivity to potential problems.

Facilitates behavior change conducive to high level wellness.

Focus on adoption of positive health behaviors rather than remediation.

Concentrate on changing improving modifying maintaining positive health behaviors.

Realize that knowledge alone doesn't have great impact on behavior change.

Ability to translate health behaviors into learning tasks.

Sound foundation in health behavior.

Molding behavior prior to unhealthy habits.

Serves as role model for good health practices.

Expertise in lifestyle and behavioral intervention.

Voluntary change vs compliance.

Identify health consequences of behaviors.

Ability to deal with knowledge that affects well being.

An opportunity to help people live a better life.

More influence cna shape action and behaviors.

Works in the direction of making good -- better.

Category: Health Knowledge

Knowledge of learning process and strategies.

Better working knowledge of the area.

Knowledge of the field.

Breath of knowledge.

Broad knowledge base.

Act as a resource person.

Large numbers of contacts.

Emphasis not on knowledge alone.

Knowledge on variety of areas.

Broader base.

Competency and knowledge.

Comprehensive orientation regarding health behavior.

Broad based preparation.

Clear understanding of health concerns.

Positively affect health behavior decisions of individuals.

Knowledge of learning and behavior theory that establish basis for health education experiences.

Broad based spectrum of knowledge rather than just specialized information.

Broader base of resources.

Tend to have more general knowledge.

Indepth knowledge of the health field.

Category: Program Ideas

Ability to design programs to meet expressed need.

Design evaluation of health education programs.

Design plan to assess education methods and achievement.

Professional training in program development and evaluation.

Staying tuned and alert to the health developments.

Equal skill in development.

Standards of having evaluation.

Organizational skills.

Can respond to needs of people in the field.

Planning.

Evaluate useful health education programs.

Program planning skills.

Has more insight into educational diagnosis.

Ability to perceive the situation where education is needed.

Skills and opportunities to plan organize and implement health education strategies.

Interest in developing better methods of educating people about health.

Belief that health education can be effective if planned well.

Conduct life skill or health assessment interpret info to change behavior.

Variety of skills needed for needs assessment planning implementations and eval.

Ability to perform educational diagnosis on health behavior.

Ability to plan, implement, and evaluate and see if programs address need.

Category: Communication

Better communication skills.

We listen.

Understanding.

Generally like people.

Better understanding of audience dynamics.

Communication/teaching skills.

People skills.

One to one communication skills.

Communication skills.

Communication at layman level.

Effective communication teaching skills.

Take complex information and state it in lay terms.

Better training in group as well as one to one communication.

Communicate about health matters in terms that can be easily understood.

Communication skills and type of personal traits that lend themselves to subject matter.

Category: Total Person

Ability to interpret information.

Clear understanding of whole health picture of person.

Wholistic view of individuals.

Wholistic perspective.

Health educator deals with whole person.

Concerned with total person.

Comprehensive in nature.

View person holistically rather than segmented.

Stresses the whole person.

Present more holistic learning experience.

Ability to deal with the total health of individuals.

Philosophy which is holistic.

One who understands the nature of lifestyles as a whole.

Cares about the emotional and spiritual parts of other people.

Category: Change

Change agent status.

Skilled in activities of change.

Supportive of individual in behavior change.

Understanding of change.

Effective processing.

Development of decision making skills.

Ability to influence large groups.

Knowledge of successful change strategies.

Motivation to change behavior.

1st hand change agent.

Understand the ethical issues in change process.

Promote facilitate social change to help individual behavioral change.

Direct charge to influence people and enhance health status is through education.

Category: Individual

Can focus on individual.

Helps individual in identifying health competencies.

Regular direct contact with people.

Teach individuals at an earlier age.

Focus on helping/working with health people.

Deals with a very personal aspect of the person.

One who respects dignity of other people.

Nothing more personal than health.

Has individual as focus, not disease or profession.

Opportunity to interact on one to one basis.

Sensitivity to individual needs.

Setting of personal and community health goals.

Recognition of individuals responsibility for health.

Category: Working With People

Ability to work with groups or individuals.

High level of competency in working with groups.

Ability to address and work with all age groups.

How to organize for better learning.

Ability to interact with individuals in different settings.

Able to interact with individuals in different settings.

Psychosocial integration with physical aspects.

Category: Community Focus

Breath of understanding of health care system.

Not into the field for quick buck help society.

Coordinates need to meet needs of community.

Use of community resources.

Understanding of community.

Resource for public problems and concerns.

Community linkage outreach community organization.

Category: Relocation

Tend to be more realistic about health education.

Field is living a day-to-day existence.

Realization that not everyone wants to be healthy.

Helps others to see value of each day.

Real life issues.

Category: Practical Application

Ability to explain complex topics.

School based approach.

Emphasis application rather than knowledge.

Practice settings.

Category: Research

Less biased research concerning health.

Factually based information based on research not marketability.

As an educator should keep abreast of research.

Category: Single Responses

Wellness as fun.

Own personality.

Establish time element for health care delivery programs.

Models androgynous living and relationships.

Time.