



## Study of Health Education

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### Abstract

Since the 19th century, health education has been an established profession with a distinct set of 'knowledge, specified qualifications, experience and code of ethics.' It is a dynamic public-service sector which covers ideas and models from many disciplines such as education and training, health and medical studies, media & communication and anthropology. This exquisite academic mix shows its importance in society in the 21st century. As the name implies, health education focuses on and tackles the health problems of people and communities in general. It is founded on the concept of 'foresight prevention' To improve the efficacy of health education, it must be started as a social effort from the grassroots level. Social institutions such as schools, communities, families etc. appear to contribute to this. Health instruction at schools seems to have a multiplying and enduring impact on later-life pupils. In schools, it includes teaching and learning on and about knowledge, beliefs, attitudes, values, skills and skills in health. It focuses primarily on the health of school staff, especially children and generally on cleanliness, food and nutrition; hepatitis, cholera, dengue and polio, etc., endemic and epidemic transmissible illnesses

**Key words:** Education, training, Health, promotion ,community etc.

### Introduction

Health education is a health promotion approach that helps people acquire and apply skills to improve their health. Education in health is frequently very visible and palpable. Often, it may involve educational programmes, activities and training groups or individual sessions. Health education is part of the promotion of health, but promotion of health involves more than education.

Health education focuses mainly on raising the awareness of the prevalent disease and its preventative measures and teaching people about their diseases and helping them care for their health. The education in health primarily includes computerised graphic film, which enables individuals to better grasp their condition and prevention measures

### Health Education Important

Community health education examines a complete community's health, seeks to detect health problems and trends in a population and works with stakeholders to address them.



The significance of health education affects various well-being sectors within a society, including:

- Awareness and prevention of chronic diseases
- Health of mothers and children
- Use of tobacco and drug misuse
- Prevention of injury and violence
- Health of mind and conduct
- Prevention of nutrition, exercise and obesity

Community health educators collaborate with departments of public health, schools, government agencies and even local non-profits to devise educational programmes and other resources for the particular needs of the community.

### **Community Health Education and Government Policy**

The significance of health education also extends to the creation of local, state and national policies and laws to educate and influence important choices impacting on the health of the community.

Public health professionals offer research and advice for informing policy creation via campaigns and laws to enforce the use of seat belts and prevent smoking, as well as initiatives to raise awareness and prevent diabetes.

"You not just educate the individual; you need to inspire and motivate the whole community," said Dr. Denise Bisailon, SNHU's assistant instructor and senior manager of health care professions. "You have to contact the community leaders. The more individuals invest in a change, the more likely it will be to succeed."

### **The Economic Importance of Health Education**

Health education may also improve the economics of a society by decreasing health expenditure and losing output because of avoidable disease.

For example, obesity and cigarette usage cost the US billions of dollars a year in healthcare and loss of productivity.

The National Childhood Obesity Collaborative (NCCOR) expects that yearly loss in productivity from obesity and associated problems would reach \$580 billion by 2030. by 2030. (NCCOR PDF source). The overall economic cost of tobacco use costs the United States about \$300 billion annually, including the loss of productivity of \$156 billion, according to the CDC.



Programs that assist community members tackle these costly health problems not only improve people's health, but also provide community a high return on investment.

According to the CDC, countries that provide effective tobacco control programmes have a return of \$55 on every \$1, mainly through preventing smoking-related disease expenses. The national cost for the national diabetes prevention programme is about \$500 a participant, considerably less than the \$9,600 annually spent on diabetes treatment for those with type 2 diabetes.

### **Health Promotion: An Effective Tool for Global Health**

Promoting health is extremely important nowadays. It has become a global recognition that, outside a health care system, health and social welfare are determined by many factors, including socio-economic conditions, consumption patterns in food and communication, demographic patterns, learning environments, family patterns, the cultural and social texture of societies. In such cases, the issues of health can be effectively addressed by adopting a holistic approach that enables individuals and communities to act for their health, fosters public health leadership, promotes cross-sectoral actions to build healthy public policy in all sectors and creates sustainable health systems. Although not a new idea, the promotion of health has been stimulated since the Alma Ata statement. Recently it has developed with a series of international conferences that produced the renowned Ottawa Charter in Canada's first conference. Specific health problems may be addressed via efforts to promote health including activities at the individual and community level, improving the health system and multi-sector cooperation. It should also incorporate an environmentally oriented approach to health promotion in particular contexts, such as schools, hospitals, businesses, residential neighbourhoods, etc. The promotion of health must be integrated into all policies and will lead to good health outcomes if used effectively. Promoting health is not a new idea. The notion that health is determined not only by variables in the health sector, but also by external influences was long known. The particular cause of most of the illnesses was believed to be "miasma" during the 19th century, when the germ theory was not yet established. It was acceptable, however, that poverty, misery, bad living circumstances, lack of education etc. led to diseases and mortality.

Henry E. Sigerist, the renowned medical scientist, created the phrase 'Health Promotion in 1945,' which outlined the four main medical duties of health promotion, health prevention, the restoration of the sick and rehabilitation. He said that health was supported by a reasonable



standard of living, excellent working circumstances, education, physical culture, relaxation and leisure and that the coordinated efforts of state officials, labour, industry, teachers and doctors were needed. It was discovered in the Ottawa Charter for Health Promotion 40 years later. Sigerist's remark that "considering the general causes of diseases in combination with specific causes, health promotion evidently tends to prevent diseases, yet effective prevention calls for special protection measures" emphasised both the role of health promotion in addressing these general causes.

### **Medical education based on the healthcare system**

Physicians should be equipped to confront and conduct complicated systems to safeguard patients and communities' best interests. This reality requires the way medicine is taught and studied to be changed; it's not just a question of fundamental and clinical education. It is important to incorporate socio-humanism and population health (health care system) into medical education and to give students with chances in order to exercise in collaboration, communication and professionalism in an unpredictable profession such as medicine. An uncertain career is one in which the professional cannot control the results of his job directly. One hundred years after the Flexner Report, the Carnegie Foundation for the Advancement of Teaching has undertaken a medical education research. Based on this research, four objectives were suggested for contemporary medical education and a new curriculum reform generation was presented. In the same way that Flexner introduced medicine to science, the advent of Problem Based Learning (PBL) changed the educational technology; now, on account of global knowledge, the System Based Curriculum "should increase the performance of the healthcare system to adapt core professional skills into specific contexts." During these three reform generations, health education has gone from informational know-how, training for professionals, to transformational learning, "to the development of leadership characteristics; the goal is to create an illuminated agent for change"

### **Conclusion**

If the resources of a community are to be mobilised to continue their efforts to better their own health, prospective participants must know what values they share and have a clear and shared vision of what may be accomplished. On the basis of its review of health determinants, the forces within the community that can influence them, and community experience in monitoring performance, the Committee concluded that a community health improvement process that



includes monitoring performance, as set out in this report, can be an effective tool to develop a shared vision and support an integrated and planned approach. The suggestions of the CHIP operationalization committee are based on a range of theoretical and practical approaches for improving community health, continuous quality improvement, quality assurance, and health, public and other performance monitoring. However, the committee proposal's specifications have never been thoroughly tested in community settings. Thus, the last part of this chapter offers many methods of assessing and developing the process that the committee recommends.

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