

B.m,

DOCUMENT RESUME

ED 168 982

SP 013 922

TITLE Current Awareness in Health Education. 79-0001 -
79-0119.
INSTITUTION Center for Disease Control (DHEW/PHS), Atlanta,
Ga.
PUB DATE Jan 79
NOTE 38p.
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Community Health; Evaluation; *Health Education;
Information Dissemination; Life Style; Nutrition;
Patients (Persons); Research; School Health Services;
Self Care Skills; Sex Education; Smoking

ABSTRACT

This publication on health education contains annotated bibliographic information gathered from current journal articles, monographs, conference proceedings, reports, and nonpublished items. Publishers and/or distribution sources of reports, proceedings, and monographs are included in the citations.
(JD)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED168982

January 1979

79-0001 - 79-0119

CURRENT AWARENESS IN HEALTH EDUCATION

Jan 16 11 11 AM '79

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Center for Disease Control
Bureau of Health Education
Atlanta, Georgia 30333

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

SP013922



CURRENT AWARENESS IN HEALTH EDUCATION

Introduction

"Current Awareness in Health Education" will be published monthly by the Bureau of Health Education as a dissemination vehicle for the growing body of published works in health education. It includes citations and annotations to current journal articles, monographs, conference proceedings, reports, and non-published items selectively acquired. Since timeliness is desired, only citations of documents published from 1977 forward are included. Documents from previous years will be acquired to be published in a special issue.

Bureau staff extract health education items from publications, bibliographies, and other data sources for inclusion into its data base. These items are then categorized, indexed, accessioned, and published with complete bibliographic citations in "Current Awareness in Health Education." The annotation following the citation is a direct excerpt or abstract from the published work and is not an abstract prepared by the Bureau of Health Education. Copies of each item cited will be permanently stored in the Bureau's collection for further staff review and future reference. Users desiring personal copies of items are urged to utilize their own immediate information sources such as public, medical, or university libraries. Publishers and/or distribution sources of reports, proceedings, and monographs are included in the citation.

How to Use This Listing

Each item accessioned will have a unique number indicating the calendar year it was processed, i.e., 78-0001 represents the year 1978 and the first document processed. The format will be alphabetical order by first author's last name within each subject category resulting in numerical order by accession number.

Subject categories reflect several active areas in health education as well as major interests in the Bureau. By necessity, these categories are broad and are subject to change and revision. Because of the broad nature of health education itself, many items cited could be listed under two or more categories. To prevent such duplication, cross-references to citations have been implemented with this issue and appear after the last citation of the section.

All persons receiving "Current Awareness in Health Education" are invited to contribute items for possible inclusion. Comments regarding this service are welcome.

Center for Disease Control
Bureau of Health Education
Attention: Current Awareness in
Health Education
Building 14*
Atlanta, Georgia 30333

404 329-3235
FTS 236-3235

CONTENTS

COMMUNITY HEALTH EDUCATION 1

GENERAL HEALTH EDUCATION 2

INDUSTRIAL HEALTH EDUCATION 6

LIFESTYLE 6

MISCELLANEOUS 10

NUTRITION 14

PATIENT EDUCATION 16

RESEARCH AND EVALUATION 20

SCHOOL HEALTH EDUCATION 23

SELF CARE 29

SEX EDUCATION 31

SMOKING 33

COMMUNITY HEALTH EDUCATION

79-0001

Alcena, V.

Medical students, practitioners hold health fair at high school. Hospitals 52(17): 75-76,78, Sep. 1, 1978.

This health fair provides a model for introducing health care into a poor, urban, underserved community. Medical students, practitioners, health care institutions, school officials, and local businesses cooperated to provide a program that included physical examinations, educational sessions, entertainment, and information on health careers, especially for young people from "minority groups."

79-0002

Cranston, D.; Williams, G.L.

Improving nutrition through community action. Community Health 9(3): 159-165, Feb. 1978.

79-0003

Cruse, D.

Health education in rural Appalachia. Health Education 9(3): 14-15, May/Jun. 1978.

79-0004

Hill, D.

Community education about cancer. Australian Family Physician 6(3): 252,255-256, 259-260, 263, Mar. 1977.

Community education about cancer has a potential to avert needless death. Primary prevention of cancer is possible when external causes of cancer are avoided, and secondary prevention when the localized disease is successfully treated. Although community education aims to mobilize voluntary preventive behavior among the general population, the family physician should be an important facilitating element in the process. Fear of cancer is discussed. Maladaptive psychological strategies for coping with that fear are identified. An analysis is presented of doctor-patient behaviors occurring when a person responds to community education about early diagnosis. This shows that there are points of misunderstanding by both parties. Solutions which will most profit the overall community education program are suggested. Implications of medical pessimism about prognosis are brought out. Evidence of progress in community education is presented. The use of various media of communication about cancer is discussed, the informational content of cancer education programs is summarized, and sources of supply of materials provided.

COMMUNITY HEALTH EDUCATION

79-0005

Rubin, J.M.; Rubin, P.G.

An approach to community health education by a voluntary hospital. Mount Sinai Journal of Medicine 45(1): 37-40, Jan./Feb. 1978.

It was established that there was a need for improved health education within the Beth Israel Medical Center Community. In order to fulfill this need an innovative program was devised and implemented. The dynamics of the format resulted in effective dissemination of current information on the subjects of heart disease, high blood pressure, and stroke. The humanistic approach was successful in attracting a large audience and enhancing their perception of certain personal health needs.

GENERAL HEALTH EDUCATION

79-0006

Brown, E.R.; Margo, G.E.

Health education; can the reformers be reformed? International Journal of Health Services 8(1): 3-26, 1978.

Health educators have created a new professional role that emphasizes the changing of individuals rather than their social conditions. The article shows how historical roots, ideological perspectives, and structural constraints have combined to create an ambiguous, generally conservative role for the health education profession. Epidemiological evidence is presented that contradicts many implicit notions of disease etiology that underlie health education approaches. Finally, the authors suggest an "ecological" model of health education that takes account of the multiple causes of disease and is committed to progressive social change.

79-0007

Falck, V.T.

Involvement for learning in health programs. Journal of School Health 48(3): 168-170, Mar. 1978.

Health educators are often required to transfer information, influence attitudes, and change behavioral patterns. Whether communicating with an individual or a group, it is important to involve the participant in the educational process. Careful analyses of the goals to be accomplished and the techniques used in the educational process will result in significantly improved communications. Strategies are suggested which have been used successfully to break away from the mold which tends to guarantee passive participation on the part of the learner.

GENERAL HEALTH EDUCATION

79-0008

Glover, E.D.

Modeling - a powerful change agent. Journal of School Health 48(3): 175-176, Mar. 1978.

Much of the value of educating students and patients in health matters lies in the example the teacher, nurse, or physician sets and not so much in the information he/she disseminates. Those engaged in the various public health disciplines have long espoused the lead role that education plays in the health status but often have overlooked or neglected--the understudy role of example in accelerating the educational process. Some students will value health in spite of us, but we can be much more effective by setting the proper example. The role of health educators as models is often overlooked, but it may be our most powerful change agent.

79-0009

Laufman, L.; Weinstein, J.

Values and prevention. Health Values: Achieving High Level Wellness 2(5): 270-273, Sep./Oct. 1978.

The purpose of this paper will be to first examine the need for preventive health education, the role of values in the process of prevention and the failure of current strategies oriented to prevention. The second section will deal with the concept of values and the process by which values develop. The final section will explain why health education has not adequately dealt with values, and will suggest a means to do so.

79-0010

LeTouze, D.

Health services administrators as health educators. Canadian Journal of Public Health 69(2): 163-167, Mar./Apr. 1978.

Health promotion and education should not only be the responsibility of the providers of services. As professionals, it is felt that health services administrators have a growing responsibility for being involved in health promotional and educational activities. Their involvement in these areas with the internal but also external "clienteles" with whom they are in contact should lead to a more responsible utilization of the scarce health resources. Finally programs in health services administration have the responsibility to develop in their students those qualities and knowledge that will allow them to be active in the promotion of health.

GENERAL HEALTH EDUCATION

79-0011 Ramakrishna, V.
The real challenge: a self-health system with genuine commitment. International Journal of Health Education 20(1): 19-28, 1977.

79-0012 Shirreffs, J.H.
A survey of the health science discipline--its relationship to other academic disciplines. Journal of School Health 48(6): 330-336, Jun. 1978.

Based upon the findings of this study, it appears there are several significant issues currently facing health science. They are as follows: (1) to definitely outline the boundaries of the discipline and identify a reasonable body of knowledge as its basis; (2) to develop a professional identity based upon common goals, policies, and parameters of the discipline; (3) to develop a "typical degree sequence program" for professional preparation which reflects identified competencies of the health educator; (4) to develop an integrated curriculum which is balanced and reflective of the evolving nature of health, but possesses utility rather than faddism; (5) to implement more rigorous evaluation and measurement efforts to identify the strengths and weaknesses of health education programs. In conclusion, the resources of health educators can be used creatively and energetically to develop strength and integrity for health science. First, agreement must be reached upon what it is we hope to do; then we must be able to show empirical evidence of success. Finally, a sharing of our contributions must be made available to other professionals. However, until we are able as a discipline to establish and agree upon our goals and boundaries and to conduct rigorous research identifying the effects of our program, we will not have faced the issues before us.

79-0013 Sinacore, J.S.
Priorities in health education. Journal of School Health 48(4): 213-217, Apr. 1978.

79-0014 Somers, A.R.
Priorities in educating the public about health. Bulletin of the New York Academy of Medicine 54(1): 37-41, Jan. 1978.

79-0015 U.S. Bureau of Community Health Services
A guide to health education in ambulatory care settings. Rockville, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services Administration, Bureau of Community Health Services, DHEW Publication No. (HSA) 78-5501, May 1978, 136 pp.

GENERAL HEALTH EDUCATION

The purpose of this report is to outline ways in which health education strategies can be developed within an ambulatory care center and how they can be implemented so as to optimize their effectiveness and efficiency. It should be noted that, depending on the nature of the problem and its causes, any one or more of a variety of approaches may be indicated.

79-0016 Wakefield, J. (ed.)

Public education against cancer; recent research and current programmes. UICC Technical Report Series, vol. 26. Geneva, International Union Against Cancer, 1977, 103 pp.

This is the seventh of a series of papers on research and current projects for people involved in health education about cancer. The first three papers deal with the cigarette smoking problem including a study of school teachers in the USA and surveys of smoking habits in Norway and USA. The second group of papers deals with health education about cancer, including a report on an educational program in breast self-examination, a study of knowledge and attitudes to breast cancer and BSE, an attempt to examine the origins of adult attitudes to cancer, and a consideration of the directions of public education about cancer. Last is a study on what having cancer means to patients in Finland.

79-0017 Wakefield, J. (ed.)

Public education against cancer; recent research and current programmes. UICC Technical Report Series, vol. 31. Geneva, International Union Against Cancer, 1977, 96 pp.

This is the eighth of a series of papers on research and current projects for people involved in health education about cancer. This issue includes studies designed to furnish a better base for primary health education varying from studies of attitudes to presymptomatic screening to the public image of cancer itself. Two papers deal with smoking habits; several deal with screening for breast, colorectal, and cervical cancers; one paper deals with the use of television in health education; and one paper discusses the results of a health education project established for workers exposed to vinyl chloride.

79-0018 Wang, V.L.

Social goals, health policy and the dynamics of development as bases for health education. International Journal of Health Education 20(1): 13-18, 1977.

In this paper the author briefly examines the relationship of social goals, health policy, and health education with a focus on community participation, drawing some examples from the international scene. She then discusses the interdependence of development and its relationship to health and other aspects of personal and community life. Finally, she offers a perspective for health education.

INDUSTRIAL HEALTH EDUCATION

- 79-0019 Cancer Information Clearinghouse
Asbestos and health; an annotated bibliography of public and professional education materials. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communications, Cancer Information Clearinghouse, DHEW Publication No. (NIH) 78-1842, Aug. 1978, 60 pp.

See also, 79-0084

LIFESTYLE

- 79-0020 Breslow, L.
Risk factor intervention for health maintenance. *Science* 200 (4344): 908-912, May 26, 1978.

Risk factors for disease consist of (1) personal habits, such as cigarette smoking and excessive alcohol consumption, and (2) bodily characteristics; such as hypertension and high serum cholesterol. Progress in identifying and quantifying risk factors is opening the way to the prevention of disease and maintenance of health. Systematic, controlled trials of intervention against risk factors are beginning to produce evidence on the extent of success in reducing both the factors and the mortality from associated diseases.

- 79-0021 Farquhar, J.W.
The community-based model of life style intervention trials. *American Journal of Epidemiology* 108(2): 103-111, Aug. 1978.

The author examines the virtues and faults of field experiments where communities, rather than individuals, are the allocation units.

- 79-0022 Hsu, D.H.S.; Milsum, J.H.
Implementation of Health Hazard Appraisal and its impediments. *Canadian Journal of Public Health* 69(3): 227-232, May/June 1978.

Health Hazard Appraisal (HHA) helps individuals to place their health status in broad perspective. The individual's risks associated with many common lifestyle factors are assessed, and some significant ways of reducing these risks are offered in a comprehensive computer print-out. Since the objective of HHA is to improve the quality, and to avoid the foreshortening of individual lives through its stimulation of behavioral change, a general

LIFESTYLE

model for studying and evaluating the implementation of HHA would be helpful. The model developed in this paper is based on the two-step sequence of the patient's exposure and decision. Exposure occurs through many possible pathways, notably via health professionals, and via public and private groups. The health professional's own exposure/decision process on whether to utilize HHA in practice depends importantly upon attitudes and values, especially those evolved during professional training. The professional's decision is also affected by his or her perception of costs and benefits. In the non-health-professional private sector, industry, trade unions, and insurance companies can significantly affect HHA acceptance by their policies. Anti-risk and community organizations provide further important influences and resources. In the public sector, schools and public health units are potentially very important. Finally, the patient's decision on whether to participate in HHA involves many factors, especially the attitudinal, psychological, and financial. This model helps clarify issues and strategies for altering society's attitudes toward preventive medicine and for stimulating the assumption of individual responsibility for health and well-being.

79-0023

Lauzon, R.R.J.

An epidemiological approach to health promotion. Canadian Journal of Public Health 68: 311-317, Jul./Aug. 1977.

A health promotion model based upon the epidemiological components of host, agent, and environment is described. The host is perceived in terms of the individual's risk status relative to lifestyle agents commonly accepted as disease precursors. Micro-environmental situations provide the setting in which the interaction between agent and host takes place. A taxonomy of suggested influence activities associated with each epidemiological component form the tactical elements in a systems approach strategy to minimize the ultimate effect of maladaptive lifestyles.

79-0024

Medical World News

Risk analysis: it can help people change their ways. Medical World News 18(23): 91-92, Nov. 14, 1977.

79-0025

Mroczek, W.J.

Antihypertensive therapy and reduced life-insurance premiums. Annals of Internal Medicine 88(5): 706-707, May 1978.

LIFESTYLE

79-0026

Perlberg, M.

There's more to patient care than medicine. *Hospitals* 52(16): 62-65, Aug. 16, 1978.

There is a side to patient care that goes beyond caring for physical complaints. Here the patient's psychological and spiritual needs are dealt with. At holistic health centers, the attitude of caring for the whole patient is an essential ingredient of the care system. Because of the success of these centers, hospitals have become interested in establishing similar hospital-based models.

79-0027

Rodnick, J.E.; Bubb, K.

Patient education and multiphasic screening: it can change behavior. *Journal of Family Practice* 6(3): 599-607, Mar. 1978.

Two hundred ninety-two residents of Sonoma County, California, underwent multiphasic screening and two sessions of group patient education aimed at reducing risk factors for cardiovascular disease, cancer, and automobile accidents. Approximately one year later all the participants were retested. A significant reduction was noted in systolic blood pressure in men and women, ages 50 to 70, cholesterol in men over age 40, and reported alcohol consumption in men. A significant increase was noted in the reported frequency of monthly breast self-examination in women, and in the amount of exercise and percentage of time seat belts were used in both sexes. No change was noted in reported amount of cigarette smoking, weight, fasting blood glucose, and triglycerides. The combined use of health hazard appraisal, multiphasic screening, and patient education can lead to a reduction in cardiac and other risk factors in well-motivated groups.

79-0028

Saward, E.; Sorensen, A.

The current emphasis on preventive medicine. *Science* 200(4344): 889-893, May 26, 1978.

The interest in and the controversy about preventive medicine have markedly increased during the last decade. This is not due to a great increment in knowledge in the field, although our understanding has improved. In part, the heightened interest in preventive medicine stems from the progressive disillusionment with curative medicine. Despite great advances in the scientific and technological base of medical practice, the differences in outcomes as measured by health status, although they have improved, have not been commensurate with these advances.

LIFESTYLE

79-0029

Stamler, J.

Lifestyles, major risk factors, proof and public policy. *Circulation* 58(1): 3-19, Jul. 1978.

In this report major risk factors in coronary heart disease (CHD) are reviewed, with particular emphasis on the role of nutrition. International and national epidemiologic data indicate that reducing or eliminating certain risk factors (e.g., a diet high in cholesterol and saturated fats) may reduce the risk of premature CHD. Most trends indicate that many Americans are more concerned about diet for health reasons. Preventive measures for CHD are also discussed.

79-0030

Taylor, W.J.; Raizner, A.E.

Prevention of cardiovascular disease: a research perspective. *Health Values: Achieving High Level Wellness* 2(5): 239-241, Sep./Oct. 1978.

A number of epidemiologic and clinical studies have indicated that increased age, male sex, diabetes, cigarette smoking, obesity, high blood pressure, and increased blood cholesterol are associated with an increased occurrence of atherosclerotic cardiovascular disease. The role of exercise has been unclear, but recent reports suggest that it may confer protection through effects on high density lipoproteins, weight, and smoking. The presence of diabetes clearly increases the risk of arteriosclerotic disease. The mechanisms responsible for the increase are not clear, and the role of insulin therapy uncertain. Other risk factors have been identified, but do not appear to contribute as much to the increased risk as those mentioned. A definite risk exists for an individual with one of the attributes; the presence of additional attributes compounds that risk. Modification of risk through control of these factors offers the best available means for the prevention of arteriosclerotic cardiovascular disease. In this article, the pathogenesis of arteriosclerotic lesions will be reviewed, and the potential for risk factor modifications discussed.

See also, 79-0031, 79-0050, 79-0100

MISCELLANEOUS

79-0031

Beauchamp, T.L.

The regulation of hazards and hazardous behaviors. Health Education Monographs 6(2): 242-257, Sum. 1978.

Risks to individuals engaged in "high risk" behaviors may be present because of the individual's own actions, as in the case of smoking. Alternatively, the risks may be present either because of factors in the environment such as carcinogens, or because of the causal actions of others, such as pollution by industries. Traditionally, justifications for policies that would control hazards and restrict hazardous behaviors have been based on paternalistic principles or on a theory of social justice. Arguments for both are criticized and rejected in favor of a third alternative rooted in utilitarian moral theory. It is argued that: (1) paternalism leads to unacceptable consequences because it would allow too much limitation of individual liberty by policy makers; (2) justice-based arguments are too abstract for public policy problems and often rest on questionable empirical assumptions; and (3) utilitarian suggestions about the use of cost-benefit analysis for the resolution of these health policy problems are more promising than available alternatives, because they provide a solid moral basis for allocating scarce resources and for controlling hazardous behaviors.

79-0032

Breslow, L.

A policy assessment of preventive health practice. Preventive Medicine 6(2): 242-251, Jun. 1977.

This paper outlines three major ways in which primary prevention may be achieved: through (1) personal health services; (2) environmental control measures; and (3) influencing individual behavior. Among major issues involved in these approaches to primary prevention are the extent to which physicians can be reoriented from a complaint-response to a health maintenance focus in health care, criteria for determining acceptable levels of exposure to environmental agents that may damage health, and how individuals adopt and change their habits that affect health. Finally, the matter of whether or not industrial society fosters a social ethic inimical to health must be faced and, if so, how that ethic may be changed. Shall we continue to use productive capacity primarily for economic interest as the highest priority, or shall we now harness our productive capacity primarily in the interest of promoting health and well-being?

79-0033

Hill, G.B.

Preventive strategy and the problems of intervention. Canadian Journal of Public Health 69(3): 191-196, May/June. 1978.

MISCELLANEOUS

- 79-0034 Loransky, D.N.; Belyaeva, A.T.; Zalessky, G.E.; Fokina, O.A.
USSR: optimizing the teaching of health education in higher medical training institutions. International Journal of Health Education 20(2): 98-103, 1977.

In the USSR, the promotion of medical and health knowledge among the population is an integral aspect of the work of all the physicians, irrespective of their specialities. The need for wide health promotion is a direct outcome of the principle of integrating curative and preventive medicine, an essential feature of the socialist health protection system. How well this principle is applied is significantly related to the preparation of the health education which medical students receive in the training centers. Of particular importance is the coordination of different aspects of teaching on health education within the general training of the future physician.

- 79-0035 McInerney, J.D.; Hickman, F.M.; Kennedy, M.H.
Human genetics: a context for health education. Health Education 9(4): 33-35, Jul./Aug. 1978.

- 79-0036 Owie, I.
Educating the foreign prospective health educator. Health Education 9(3): 24-25, May/June 1978.

The health education needs of developing nations are different from those of developed nations. Specific assignments in our programs should be geared to the interests and needs of each individual foreign student. If we could help prospective health educators from the developing nations understand, appreciate, and address the prevailing health problems in their nations, then they would develop their knowledge in accordance with the developmental stages of their nations.

- 79-0037 Price, J.H.
Dental health education for the mentally and physically handicapped. Journal of School Health 48(3): 171-174, Mar. 1978.

Dental disease is one of the most common health problems of Americans. It is one of the many health problems that handicapped children have in common with their non-handicapped peers. Research indicates that handicapped children have significantly more decayed and missing teeth than non-handicapped students. Methods of improving the dental health of handicapped children were explored. These methods included teacher education, development of special instruments, development of a directory of dentists who would treat the handicapped, and the role that parents should play in the dental health program. The plight of dental health care in the handicapped will continue unabated until health educators become more active in health education for all segments of the school population.

- 79-0038 Richman, L.A.; Urban, D.
Health education through television: some theoretical applications. International Journal of Health Education 21(1), 46-52, 1978.

MISCELLANEOUS

Since its first public use in the late 1930's, television has captivated people everywhere, providing them with entertainment; news, and other programs for up to 24 hours of the day. Presently, television also is being utilized as an educational medium through both public and closed-circuit broadcasts; however, the full potential of this medium has only rarely been realized due to unrealistic expectations about what such broadcasts can accomplish. Some of the issues in the utilization of television for educational purposes are discussed here, as are recommendations for the more effective use of this vehicle in the field of health education.

79-0039

Sebai, Z.A.; Shehata, M.H.

Letters from a random sample of television viewers provide health education planning data in Saudi Arabia. International Journal of Health Education 21(1): 53-55, 1978.

This analysis of a random sample of letters received from the audience of the health education programs indicated that health problems in Saudi Arabia are of an increasingly sophisticated nature. This situation calls for further health education programs and the introduction into school and university curricula of more health education material. The analysis further indicated that Arab medicine is still being practiced and deserves far wider recognition and study.

79-0040

Taylor, C.N.D.

Primary health care, policy makers and health education: some challenging goals. International Journal of Health Education 20(1): 48-50, 1977.

A challenge to politicians and health administrators everywhere, and therefore to health education, is how to achieve a fairer, more equitable distribution of health care to the people. This includes not only a fairer distribution of health care services to and within populations, but also a fairer distribution of available resources within the health care system itself. One approach that may well be the answer is primary health care, which is concerned with measures that will provide simple and effective health care to all people; health care that they can afford through health services that can be sustained. Primary health care lays great emphasis on community participation and the role health education can play here needs no elaboration, but this is an emerging and revolutionary change in the overall approach to health care and health education must be ready to adapt accordingly to play a supportive role.

MISCELLANEOUS

79-0041

U.S. Bureau of Health Education

Public attitudes toward immunization: August 1977 and February 1978, 3 vols. HEW Contract No. 200-77-0723. Atlanta, Ga., U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, Sep. 1978.

This report presents the findings of a study of adults and children conducted in the United States concerning their immunization and vaccination histories, related medical histories, intent to be immunized, and attitudes towards the diseases themselves and immunization generally. The purposes of the study as originally stated by the Center for Disease Control (CDC) were to: (1) determine the relationships between past experience with immunization (particularly Swine Flu vaccine) and desire to receive, or have children receive, other immunizations; (2) establish baseline data in regard to desire to receive specific immunizations, belief that the disease may occur in the area, belief that it is a serious disease, belief in personal or children's vulnerability, belief in the safety and efficacy of the various vaccines, and the effect of local laws and regulations on vaccine acceptance. As the study progressed, an additional objective was introduced to develop a predictive model of intent to be immunized, or have children immunized, against the specific diseases.

79-0042

Wolman, A.

New perspectives in public health. Bulletin of the Pan American Health Organization 11(4): 311-318, 1977.

How has the U.S. health scene changed in the past twenty-five years and how is it likely to change in the years ahead? The author's view, summarized in this article, is that the current era has been one of repetitive crises, participatory democracy, utopian hopes, and over-reliance on money to solve problems--and that perhaps the major question confronting the future of U.S. public health today is whether society can return to or be persuaded to recapture an Age of Reason.

79-0043

Yokan, C.; D'Onofrio, C.

Application of health education methods to achieve higher immunization rates. Public Health Reports 93(3): 211-215, May/Jun. 1978.

NUTRITION

79-0044

American Dietetic Association

Position paper on the scope and thrust of nutrition education. Journal of the American Dietetic Association 72(3): 302-305, Mar. 1978.

The American Dietetic Association recommends legislation to authorize and fund nutrition education programs designed by qualified professionals as an integral part of those educational, health, and food delivery systems where it can provide impact and ultimately prove cost effective. Because nutrition education has implications for the total population, program evaluation must address the size, characteristics, and special needs of the populations served. The effectiveness of the methodology must be measured according to the strategy and setting. Studies should give attention to validity, appropriateness and consistency of content, coordination within or between agencies engaged in nutrition education, and their efficiency of operation. Support of applied research in more effective approaches to nutrition education in its many settings is urgently needed.

79-0045

Barlow, D.H.; Tillotson, J.L.

Behavioral science and nutrition: a new perspective. Journal of the American Dietetic Association 72(4): 368-371, Apr. 1978.

In recent years, a number of behavioral science principles have been discovered and incorporated into programs of interest to nutritionists. The purpose of this paper is to mention briefly some of these programs.

79-0046

Bowering, J.; Lowenberg, R.L.; Morrison, M.A.; Parker, S.L.; Tirado, N.

Influence of a nutrition education program (EFNEP) on infant nutrition in East Harlem. Journal of the American Dietetic Association 72(4): 392-397, Apr. 1978.

The effectiveness of nutrition aides working with physicians, nurses, and nutritionists in a program of service and education has been assessed in a study of infants from low-income families attending a well-baby clinic. The results of the evaluation component of the Expanded Food and Nutrition Education Program (EFNEP) in East Harlem presented here indicate that the nutrition aides reinforced the nutrition education offered by professionals to improve the diets of infants and to reduce their risk of iron deficiency anemia.

NUTRITION

79-0047

Buller, A.C.

Improving dietary education for patients with hyperlipidemia. Journal of the American Dietetic Association 72(3): 277-281, Mar. 1978.

The purpose of this study was to analyze the effectiveness of techniques used in a health communication campaign designed to bring about dietary changes in persons with hyperlipoproteinemia.

79-0048

Evans, R.I.; Hall, Y.

Social-psychologic perspective in motivating changes in eating behavior. Journal of the American Dietetic Association 72(4): 378-383, Apr. 1978.

79-0049

McAfee, D.C.

Exploring the eating habits of college students. Health Education 9(4): 37-38, Jul./Aug. 1978.

While much of value has been written about the nutrition of school children, and many studies and surveys have highlighted the eating habits of the poor, the elderly, and those of various cultures, these seem a bit academic or remote to the health educators who work with college students. The purpose of this paper is to explore a number of studies of significance to those who work with college students, which examine the eating habits and preferences of these young adults.

79-0050

Smiciklas-Wright, H.; D'Augelli, A.R.

Primary prevention for overweight: Preschool Eating Patterns (PEP) Program. Journal of the American Dietetic Association 72(6): 626-629, Jun. 1978.

The Preschool Eating Patterns (PEP) Program is an exploratory attempt to confront the problem of overweight in a primary preventive way. It is a program initiated in February 1977, at Pennsylvania State University for families with preschool children. It is available to anyone (not exclusively the overweight) interested in actively incorporating health-related eating and activity patterns into the family life style. The PEP program is designed to encourage the development of health-promoting eating and activity patterns in children and does so through parents. In working on family-system changes in health related habits, parents help their offspring as well as themselves. At present, the PEP program offers a promising way for encouraging the acquisition of a set of "thin" family eating and activity styles by American families.

NUTRITION

79-0051

U.S. Bureau of Community Health Services

Guide for developing nutrition services in community health programs. Rockville, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services Administration, Bureau of Community Health Services, DHEW Publication No. (HSA) 78-9103, 1978, 45 pp.

The Bureau of Community Health Services, Health Services Administration, prepared "Developing Nutrition Services in Community Health Programs" as a guide to assist health planners, program administrators, health care providers including nutrition personnel, develop and implement nutrition services. Basically it is a significantly revised and expanded version of the earlier Maternal and Child Health publication, "Guidelines for the Nutrition Component of Comprehensive Health Services for Mothers and Children." Since the Bureau's program serves many groups at high nutritional risk - women in the childbearing years, infants and children, the aged, low-income families, individuals with chronic illness and handicapping conditions, as well as many groups with different cultural food habits - it is essential that nutrition services be included as a component of primary health care services and integrated health delivery systems.

79-0052

Wilson, J.F.; Petersen, F.C.; Kirpan, E.

Nutrition check-up in Newark. Journal of the American Dietetic Association 72(6): 632-633, Jun. 1978.

See also, 79-0002, 79-0054, 79-0082, 79-0088, 79-0094

PATIENT EDUCATION

79-0053

Black, L.F.; Mitchell, M.M.

Evaluation of a patient education program for chronic obstructive pulmonary disease. Mayo Clinic Proceedings 52(2): 106-111, Feb. 1977.

An audiovisual instructional program for patients with chronic obstructive pulmonary disease was evaluated in 65 patients with this disease and 20 patients without lung disease. We found that the program was successful in increasing the factual knowledge about chronic obstructive pulmonary disease, with the attainment of mean scores of 88% and 95% on postteaching tests. Patients with varying educational backgrounds achieved similar gains in knowledge.

PATIENT EDUCATION

79-0054 Cancer Information Clearinghouse
Nutrition for the cancer patient; selected annotations. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communications, Cancer Information Clearinghouse, Nov. 1977, 13 pp.

79-0055 Cancer Information Clearinghouse
Oral cancer education; selected annotations. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communication, Cancer Information Clearinghouse, DHEW Publication No. (NIH) 78-1514, Nov. 1977, 17 pp.

79-0056 Cancer Information Clearinghouse
Patient education materials for ostomates; selected annotations. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communication, Cancer Information Clearinghouse, DHEW Publication No. (NIH) 78-1512, Nov. 1977, 10 pp.

79-0057 Cancer Information Clearinghouse
Public and patient education materials in Spanish; selected annotations. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communication, Cancer Information Clearinghouse, DHEW Publication No. (NIH) 78-1513, Nov. 1977, 18 pp.

79-0058 Dzau, R.E.; Boehme, A.R.
Stroke rehabilitation: a family-team education program. Archives of Physical Medicine and Rehabilitation 59(5): 236-239, May 1978.

A stroke causes considerable anxiety and practical difficulties to the family of the patient. Additional confusion results because the difference between the acute care and the prolonged rehabilitation is poorly understood. For these reasons, a family-team conference was established at the Massachusetts Rehabilitation Hospital. Its purpose was to relieve anxiety and explain the scientific and professional aspects of the team approach to rehabilitation. The family-team program consisted of role descriptions presented by the representatives from the various disciplines involved in the rehabilitation process and a discussion of individual family-patient problems. Results of a three-year study were used to evaluate the success of the conference. Records of family attendance were compared with the number of persons contacted. Questionnaires completed

PATIENT EDUCATION

by family members at the conference showed that the anxiety level of individual families had decreased. A better understanding of the team approach was indicated in more than 75% of those participating. More than 70% of the families felt more comfortable in visits to their relatives and in approaching team members with future questions. The family-team program is a practical instrument for expanding stroke rehabilitation and for including the needs and participation of the family.

79-0059 Halhuber, M.J.
Health education in cardiac rehabilitation. *Advances in Cardiology* 24, 146-152, 1978.

79-0060 Helm, A.; Stafford, J.
The Christchurch Hospital Diabetes Education Programme. *New Zealand Medical Journal* 87(603): 15-16, Jan. 11, 1978.

Early 1976 saw the appointment of a diabetes educator by the North Canterbury Hospital Board. Previously the only formal education available was carried out by the dietitians, while some informal teaching had always been available from doctors and nurses in the wards and outpatient department. New patients and their families requiring teaching are now referred by the doctors and ward staff to the diabetes educator, who makes personal contact to assess the patient's abilities, and learn the family and medical background. The Christchurch Hospital diabetes teaching program is now well established and towards the end of 1977 the results of an evaluation program should be available. Its aim is to give diabetics and their families the best possible education and to stress the importance of patient self-sufficiency. Patient feedback methods are used to encourage continuing education. The assessment of the value of the educational program warrants considerable attention and suitable methods of evaluation are being attempted.

79-0061 Hinthorne, R.A.; Jones, R.
Coordinating patient education in the hospital. *Hospitals* 52(11): 85-86, 88, Jun. 1, 1978.

In a VA hospital personnel discovered that duplication of patient education efforts was occurring because of the absence of coordination. A Patient Education Committee was established to consolidate all the individual efforts that were going on in the hospital. The Patient Education Committee has acted as a fuse in igniting interest in developing and enhancing patient teaching activities.

PATIENT EDUCATION

79-0062 Lovegren, J.P.; Rosenberg, S.G.
Experiences in 9 patient/family education workshops. American Health Care Association Journal 4(1): 18-21, Jan. 1978.

79-0063 Owens, J.F.; McCann, C.S.; Hutelmyer, C.M.
Cardiac rehabilitation: a patient education program. Nursing Research 27(3): 148-150, May/Jun. 1978.

Hospitalized cardiac patients were given an education program that covered, in five 45-minute discussion sessions, anatomy and physiology, dietary management, appropriate activity programs, the adjustment process, risk factors, and signs and symptoms of complications of therapy. A sample of 36 patients was given pre- and posttests and followed at six weeks and three months postdischarge. Significant ($p < .05$) increases in knowledge were found among study subjects which resulted in improved conditions for the subjects.

79-0064 Pozen, M.W.; Stechmiller, J.A.; Harris, W.; Smith, S.; Fried, B.A.; Voight, G.C.
A nurse rehabilitator's impact on patients with myocardial infarction. Medical Care 15(10): 830-837, Oct. 1977.

A nurse rehabilitator, supplementing routine physician/nursing coronary care unit (CCU) care, was found to be effective in increasing the return to work rate ($p < .05$) and decreasing smoking ($p < .05$) in a randomized trial of 102 patients with acute myocardial infarction (MI). These outcomes were thought to be due to the nurse rehabilitator's efforts in increasing patient knowledge of heart disease ($p < .01$) and individual counseling.

79-0065 Udkow, G.
Patient-oriented package insert. Drug Therapy 3(10): 59, 61-62, Oct. 1978.

Legislation is pending before Congress that would require PPIs for all prescription drugs, but there is no consensus about their function. Are they to be "right-to-know," full-disclosure documents or instructional and safety aids? Written prescription information appears to be most effective as part of a larger program to enhance physician-patient communication. The prescribing physician can do much to reinforce verbal as well as written patient directions.

79-0066 Wesenberg, C.
Consumer health education steps in planning and developing a hospital based program. Journal of Continuing Education in Nursing 8(5): 32-34, Sep./Oct. 1977.

PATIENT EDUCATION

Not only must health care facilities meet the health educational needs of its community, but these facilities must also anticipate future needs. A means of introducing the community to consumer health education is to make the patient and family part of the health care team, which will also contribute to cost containment. However, it is not possible to successfully motivate the health care consumer to take constructive self-responsibility in health care without first educating him. There has been much published on educating patients in order to prepare them for taking responsibility for their own health care. The following is an example of how our community needs are being met and anticipated at Saratoga General Hospital in Detroit, Michigan.

See also, 79-0015, 79-0025, 79-0027, 79-0047, 79-0108

RESEARCH AND EVALUATION

79-0067

Aho, W.R.

Relationship of wives' preventive health orientation to their beliefs about heart disease in husbands. Public Health Reports 92(1): 65-71, Jan./Feb. 1977.

Selected by area probability sampling, 199 wives residing in the city and county of Lebanon, Pennsylvania, were interviewed about their attitudes, opinions, beliefs, and behavior in respect to the role that wives can play in helping to prevent heart disease in husbands. With chi-square as a measure of statistical significance and Cramer's V as a measure of the strength of relationships, statistically significant support was found for the relationships between the wives' preventive health orientation and their perceptions of (a) the seriousness of heart disease, (b) their husband's susceptibility to it, (c) the effectiveness of treatment, and (d) the disease's preventability (all variables in the health belief model), as well as between the orientation and place of residence, years of education, and both the respondent's and husband's age. The relationships, however, were not very strong.

79-0068

Kar, S.B.

Community interventions in health and family planning programmes: a conceptual framework. International Journal of Health Education 20 Supp.(1): 2-15, Jan./Mar. 1977.

This paper reviews several issues central to decisions about and implementation of communication intervention strategies for changing human behaviour in health and/or family planning programs. It

RESEARCH AND EVALUATION

seems that there are three distinct yet closely inter-related questions: (1) How valid are the causal assumptions of the behaviour(s) to be changed? (2) What is the relative effectiveness of the various feasible alternative means for interventions? (3) To what extent are the effective intervention alternatives ethically acceptable to the clients and the change agents as well? This paper raises some of the critical issues concerning these questions. In addition, the paper presents a conceptual framework for planning an intervention strategy which is based upon empirical experience of an on-going field trial project (in the area of communication/education interventions for promoting family planning) in Venezuela.

79-0069

Lave, J.R.; Lave, L.B.

Measuring the effectiveness of prevention: I. Milbank Memorial Fund Quarterly; Health and Society 55(2): 273-289, Spr. 1977.

79-0070

National Conference on Health Education in Rural Areas, May 3, 1978. Workshop No. 7: evaluation. McLean, Va., JRB Associates, Inc. 1978, 13 pp.

The goals of the Evaluation Workshop were to: cause participants to reexamine the need to evaluate and develop a commitment to on-going education; impart knowledge and skills in evaluation; and as a result become more committed and more focused in what is being undertaken now.

79-0071

Saltzer, E.B.

Locus of control and the intention to lose weight. Health Education Monographs 6(1): 118-128, Spr. 1978.

The relative importance of personal attitudes toward losing weight and the social pressures for weight loss in determining intentions to lose weight was compared for locus of control internals and externals who valued health and/or physical appearance highly. Findings consistent with the hypothesized differential importance of these two predictors of behavior intention for individuals designated internal and external by a behavior-specific locus of control scale are presented. Theoretical and practical applications of the findings are discussed.

79-0072

U.S. Bureau of Health Planning and Resources Development

Educating the public about health: a planning guide. Hyattsville, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration, Bureau of Health Planning and Resources Development, Division of Planning Methods and Technology, DHEW Publication No. (HRA) 78-14004, 1977, 114 pp.

RESEARCH AND EVALUATION

This guide presents a comprehensive overview of major issues involved in educating the public about health with emphasis on methods and approaches designed to foster community participation in health planning. It was developed to assist Health Planning Agencies and others in the planning and development of health education activities designed to influence the behavior of individuals and institutions in ways which lead to improved health of the population.

- 79-0073 Wallston, K.A.; Wallston, B.S.; DeVellis, R.
Development of the multidimensional health locus of control (MHLC) scales. ~~Health Education Monographs~~ 6(1): 160-170, Spr. 1978

The development of the Multidimensional Health Locus of Control scales is described. Scales have been developed to tap beliefs that the source of reinforcements for health-related behaviors is primarily internal, a matter of chance, or under the control of powerful others. These scales are based on earlier work with a general Health Locus of Control scale, which in turn, was developed from Rotter's social learning theory. Equivalent forms of the scales are presented along with initial internal consistency and validity data. Possible means of utilizing these scales are provided.

- 79-0074 Weber, C.
A comparison of values clarification and lecture methods in health education. *Journal of School Health* 48(5): 269-274, May 1978.

- 79-0075 Werlin, S.H.; Schauffler, H.H.
Structuring policy development for consumer health education. *American Journal of Public Health* 68(6): 596-597, Jun. 1978.

- 79-0076 Worden, J.K.; Sweeney, R.R.; Waller, J.A.
Audience interest in mass media messages about lung disease in Vermont. *American Journal of Public Health* 68(4): 378-382, Apr. 1978.

This study pretested audience interest in 25 potential message concepts to be used in a mass media campaign designed to change knowledge, attitudes, and behavior regarding lung disease. A group of 150 respondents reflecting specific target audiences (smokers, older persons, etc.) rated each concept on the basis of a two-sentence description using Haskins' 0-100 scale. Results

RESEARCH AND EVALUATION

indicated that older persons were most interested in message concepts suggesting ways to deal with various lung disease symptoms, and smokers showed highest interest in concepts offering positive and straightforward advice on how to quit smoking, rather than concepts that were negative, cute, or satirical in approach. Recommendations based on audience interest were made for the design of future lung disease media campaigns.

See also, 79-0087, 79-0109, 79-0111

SCHOOL HEALTH EDUCATION

- 79-0077 American Academy of Pediatrics, Committee on School Health
Health education. Pediatrics 62(1): 117, Jul. 1978.
- 79-0078 Atkins, N.P.
Principles of curriculum development applied to health education.
Journal of School Health. 48(4): 209-212, Apr. 1978.
- 79-0079 Baker, L.S.
To help schools combat smoking. American Education 14(8):
18-23, Oct. 1978.
- 79-0080 Barnes, R.C.; Nybo, V.E.
Health classes can change personal health behavior. Health
Education 9(4): 23-25 Jul./Aug. 1978.
- 79-0081 Beaglehole, R.; Brough, D.; Harding, W.; Eyles, E.
A controlled smoking intervention programme in secondary schools.
New Zealand Medical Journal 87(610): 278-280, Apr. 26, 1978.

This paper reports the result of an attempt to modify the cigarette smoking habits and attitudes of third and fourth form secondary school pupils. Baseline data were collected in two schools using an interviewer administered questionnaire. In one school a new intervention program based on curriculum development was introduced. The other school had routine anti-smoking education only. The smoking habits and attitudes of the pupils were remeasured after seven months. In neither school was there a change in either smoking habits or attitudes. The implications of these results for future health education programs are discussed.

SCHOOL HEALTH EDUCATION

79-0082

Blakeway, S.F.; Knickrehm, M.E.

Nutrition education in the Little Rock school lunch program. *Journal of the American Dietetic Association* 72(4): 389-391, Apr. 1978.

As part of a Department of Agriculture-funded pilot project, the Little Rock (Arkansas) School District initiated a nutrition education program administered by the Foodservice Department. The study was designed to determine if a change in eating behavior attributable to a nutrition education program could be demonstrated in Grades 1, 2, and 3 in terms of reduced plate waste in the school lunch. Involvement of the lunch program in the children's learning process was envisioned. To coordinate the study, a Nutrition Education Coordinator was employed as liaison between the school lunch program and the classroom.

79-0083

Breckon, D.; Sweeney, D.

Use of value clarification methods in venereal disease education. *Journal of School Health* 48(3): 181-183, Mar. 1978.

The use of values clarification methods offers a means of dealing with the social-emotional stigmas associated with venereal diseases. It has become apparent that the facts alone are not sufficient in motivating the individual to seek treatment and cooperate in the epidemiologic process. This article suggests techniques of educating students or patients in order to get them in touch with their own feelings, attitudes, and prejudices. It also fosters understanding of the prevalent social myths and misconceptions about venereal diseases.

79-0084

Finn, P.

Occupational safety and health education in the public schools: rationale, goals, and implementation. *Preventive Medicine* 7(2): 245-259, Jun. 1978.

Occupational safety and health education deserve major attention in the elementary and secondary school curriculum. The astonishing severity and widespread prevalence of job-related injuries and diseases warrants the addition of this topic to the school syllabus. In addition, the years before high school graduation are the time when (a) attitudes toward safety and health are formed, (b) youngsters are readily accessible, and (c) youngsters can be motivated to consider the safety and health hazards of various occupations before they pursue a career. Six goals for occupational safety and health education at the elementary and secondary school levels are offered, and several instructional approaches designed to enable instructors and students to achieve these goals are recommended.

SCHOOL HEALTH EDUCATION

79-0085 Gardner, M.D.
Health education presenters - an experiment in health education.
Health Bulletin 36(2): 72-78, Mar. 1978.

79-0086 Hiskins, G.
Community help in health education. Midwife, Health Visitor,
and Community Nurse 14(5): 144-146, May 1978.

79-0087 Kreuter, M.W.; Green, L.W.
Evaluation of school health education: identifying purpose,
keeping perspective. Journal of School Health 48(4): 228-235,
Apr. 1978.

The purpose of this paper is to discuss two problems associated with evaluation of school health education programs. The first has to do with the issue of "need". Simply put, why evaluate at all? The second problem, assuming a need can be determined, is to agree on the criteria most appropriate for assessing program effectiveness.

79-0088 Lehmann, P.E.
Toward junking junk foods. American Education 14(8): 35-37,
Oct. 1978.

In the snack-loving, fad-conscious minds of American youngsters, a choice between eating a school lunch of meat loaf and mashed potatoes or wolfing down soft drinks and potato chips from a machine in the school hallway is no choice at all. Junk foods win hands down over the more mundane school lunch. Educators who believe that good nutrition is a natural subject for the school find it hard to compete with the popularity of vending machine goodies. Too often, nutrition ends up as a token topic in the required health course and then is promptly forgotten.

79-0089 McIntire, M.S.
Health behavior of children - a predictor of the nation's health?
Nebraska Medical Journal 63(4): 108-110, Apr. 1978.

79-0090 Mutter, G.
Smoking in the school environment. Canadian Journal of Public
Health 69(3): 197-198, May/June 1978.

SCHOOL HEALTH EDUCATION

79-0091

Nader, P.R.

Options for school health; meeting community needs. Germantown, Maryland, Aspen Systems Corporation, 1978, 196 pp.

This book is for school personnel and health care providers and is intended to be a source book for them. The book recognizes that "education" of children is too important a task for educators alone and that "promoting the health" of children is too important to be left to health care providers alone. The content of this book can be applied to any individual community developing a model or framework for school health. Actual examples of model building are presented, drawn from community case studies presented at a National Conference on School Health held at The University of Texas Medical Branch at Galveston in June 1976.

79-0092

National Assessment of Educational Progress. Education Commission of the States

Checkup: a national assessment of health awareness among 17-year-olds and young adults. Report No. 08-H-01, Contract No. OEC-0-74-05-6 of U.S. Department of Health, Education, and Welfare, Office of the Assistant Secretary for Education, National Center for Education Statistics, Denver, Colorado, National Assessment of Educational Progress, Sep. 1978, 52 pp.

79-0093

Redican, K.J.; Olsen, L.K.; Stone, D.B.

Effects of a prototype health education curriculum on health knowledge of lower socioeconomic sixth grade students. Health Values: Achieving High Level Wellness 2(2): 84-91, Mar./Apr. 1978.

The purpose of this study was to assess the effects of a prototype health education curriculum as implemented by a specially trained health education specialist vs the effects of the same program as implemented by specially trained elementary teachers with respect to the health knowledge of lower socioeconomic black sixth grade students. Students exposed to the SHCP Heart Unit achieved significantly higher ($p < .01$) health knowledge posttest mean scores than those students receiving their regular health instruction. This finding was observed for both the Midwest and East Coast experimental groups. Therefore, it appeared that the SHCP Heart Unit had a positive impact on the health knowledge mean score gains of lower SES sixth grade students. In addition, it was observed that the knowledge mean score gains, pre- to posttest for the experimental groups, were significant beyond the 0.01 level and the control mean score gains were not significant at the 0.05 level. No significant difference was noted at the 0.01 level, pretest to posttest, between those experimental students that received the SHCP Heart Unit from the health education specialist and those experimental students that received the SHCP Heart Unit from their

SCHOOL HEALTH EDUCATION

specially trained classroom teachers. Therefore, it appears that through comprehensive inservice teacher training, those elementary school teachers without a comprehensive health background can, in fact, successfully implement a well-planned comprehensive health education program.

79-0094

Rich, L.

How much changed to lunch at Oakham. American Education 14(8): 24-29, Oct. 1978.

With its lunch program characterized by waste and lack of student participation, a Massachusetts school turned things around by teaching good nutrition and offering family-style meals.

79-0095

Schwich, L.C.; Clark, T.

A pilot project in Bermuda. Health Education 9(4): 29-30, Jul./Aug. 1978.

The 1976-77 school term provided an uncommon opportunity to form a triangular consortium to develop a health education curriculum. The Department of Defense Dependent Schools (DODDS), Roger Chaffée School (DODDS - Atlantic Area) in Bermuda, and the Faculty of Health, Leisure and Sports of the University of West Florida, combined to plan and implement the "DODDS Pilot Project in Health Education" in Bermuda.

79-0096

Seffrin, J.R.; Baer, C.J.; Keaffaber, B.G.

Implementation of a school based health education project. Health Education 9(4): 26-28, Jul./Aug. 1978.

Innovative health education programs are too often restricted in benefits because of limited funds and inadequate publicity. One successful program which has yielded local benefits is described here in hopes that professionals across the country can use the information about its format and development in their own communities.

79-0097

Siegel, D.

Breaking with traditional phys ed. American Education 14(8): 30-34, Oct. 1978.

Whether lifting weights or watching weight, youngsters come out the better for it in a personalized physical education program that is spreading nationally from its origins in New Jersey. In Project ACTIVE (All Children Totally Involved Exercising) each participant follows an exercise program tailored to meet an individual or specific health or body-conditioning need.

SCHOOL HEALTH EDUCATION

79-0098 Spillane, J.
The Alcohol and Drug Abuse Education Program. American Education 14(8): 50-51, Oct. 1978.

79-0099 White, R.C.; Weinberg, A.D.; Spiker, C.A.; Roush, R.E.
Cardiovascular disease education in Texas health education classes -- a needs assessment. Journal of School Health 48(6): 341-349, Jun. 1978.

This study ascertained to what extent cardiovascular diseases and associated risk factors are taught in public secondary health education classes in Texas, the disparity between what is taught and what is desired in terms of time allotment and educational materials, to what extent health education teachers are academically prepared to teach cardiovascular diseases and associated risk factors, and to what extent teachers utilize self-instructional materials. A questionnaire was mailed to a random sample of health education teachers in Texas. There was a return of 45.4%. The findings indicated that more time is devoted to teaching the cardiovascular system than disease and risk factors; there is a disparity between what is taught and what is desired; the teachers rated their preparation as average; and the use of self-instructional materials by high school students as average to excellent.

79-0100 Williams, C.L.; Wynder, E.L.
Motivating adolescents to reduce risk for chronic disease. Post-graduate Medical Journal 54(629): 212-214, Mar. 1978.

Motivating children to reduce risk for future disease can only be effective within a framework of personal involvement and peer interaction. The "Know Your Body" program of disease prevention is attempting to achieve this goal by means of medical screening for risk factors, giving students their own results in a "Health Passport", and following up with educational activities integrated into existing school curricula. Didactic teaching alone has been unsuccessful because children cannot relate information about diseases in adult life to themselves. Screening for risk factors provides the "reality factor" which makes health education pertinent and personal, since approximately half of all students screened will already have one or more risk factors for heart disease, cancer or stroke. This high prevalence of risk factors among our children suggests that chronic-disease prevention must assume a critically important position within the health and science curricula of every school. It is as important to teach our children healthy ways of living as it is to teach reading, writing, and arithmetic.

See also, 79-0001, 79-0008

SELF CARE

79-0101

Claflin, B.; Thaler, P.K.

An overview of the Rockland County network of self-help groups: a case study presentation. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, 1978; 8 pp.

This is one of a series of papers from a conference on self care held June 15-16, 1977, in New York City and sponsored by the Rockland County Community Mental Health Center; New York State Department of Mental Health; National Clearinghouse for Self-Help Groups; American Psychiatric Association; the Mental Health Materials Center; and the Ittleson Foundation.

79-0102

Gartner, A.

The self-help group as a vehicle for helping individuals cope with physical health problems. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, 1978, 9 pp.

This is one of a series of papers from a conference on self care held June 15-16, 1977, in New York City and sponsored by the Rockland County Community Mental Health Center; New York State Department of Mental Health; National Clearinghouse for Self-Help Groups; American Psychiatric Association; the Mental Health Materials Center; and the Ittleson Foundation.

79-0103

Gartner, A.

Self-help groups as a vehicle for helping individuals cope with emotional problems. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, 1978, 18 pp.

This is one of a series of papers from a conference on self care held June 15-16, 1977, in New York City and sponsored by the Rockland County Community Mental Health Center; New York State Department of Mental Health; National Clearinghouse for Self-Help Groups; American Psychiatric Association; the Mental Health Materials Center; and the Ittleson Foundation.

79-0104

Gartner, A.; Pepper, B.; Stander, R.J.

Commentary on legal, clinical, economic, and ethical issues related to the self-help and mutual aid system. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, 1978, 11 pp.

SELF CARE

This is one of a series of papers from a conference on self care held June 15-16, 1977, in New York City and sponsored by the Rockland County Community Mental Health Center; New York State Department of Mental Health; National Clearinghouse for Self-Help Groups; American Psychiatric Association; the Mental Health Materials Center; and the Ittleson Foundation.

79-0105

Kohler, M.C.

Self-help among youth. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, 1978, 3 pp.

This is one of a series of papers from a conference on self care held June 15-16, 1977, in New York City and sponsored by the Rockland County Community Mental Health Center; New York State Department of Mental Health; National Clearinghouse for Self-Help Groups; American Psychiatric Association; the Mental Health Materials Center; and the Ittleson Foundation.

79-0106

Riessman, F.

The present state of self-help. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, 1978, 11 pp.

This is one of a series of papers from a conference on self care held June 15-16, 1977, in New York City and sponsored by the Rockland County Community Mental Health Center; New York State Department of Mental Health; National Clearinghouse for Self-Help Groups; American Psychiatric Association; the Mental Health Materials Center; and the Ittleson Foundation.

79-0107

Robinson, D.

Self-help in relation to health care. Midwife, Health Visitor, and Community Nurse 14(8): 265-267, Aug. 1978.

79-0108

Sehnert, K.; Nachtrieb, J.; Sebrechts, C.

A course on--and evaluation of--the activated patient concept. Final report, Contract No. HEW-100-75-0016 of U.S. Department of Health, Education, and Welfare, Office of the Secretary, Assistant Secretary for Planning and Evaluation/Health. Springfield, Virginia, National Technical Information Service, PB-280 276, 1977, 170 pp.

The activities described in this report occurred from the date on which the contract was awarded, June 30, 1975, to the completion of the final follow-up data gathering activities, December 31, 1976. This study was attempted to assess the impact of a health

SELF CARE

education program on a Medicare and a Medicaid study group. The contractor, the Georgetown University Center for Continuing Health Education, undertook three major tasks in conducting this study: (1) refinement of a pre-existing health education course emphasizing self care and self help; (2) presentation of the course to each of two study groups, one Medicare and one Medicaid study group; and (3) evaluation of program impact on health behaviors and, possibly, health care costs. This report provides both a narrative of program activities and a "how-to" for the guidance of others planning and presenting similar studies.

SEX EDUCATION

79-0109

Eberst, R.M.

The reduction in the intensity of meaning attached to sex words. *Journal of School Health* 48(6): 355-361, Jun. 1978.

This investigation utilized 192 college students to determine if the intensity of meaning attached to sex words could be reduced, if change in this meaning intensity was affected by the passage of time, if the intensity of meaning was related to the students' anxiety level, and if students felt more comfortable in using sex words after treatment than they did before treatment. Pretest instruments determined the intensity of meaning and anxiety level. A verbal satiation method was used with the experimental groups. Three posttest time delay measurements were taken in both experimental and control groups. It was concluded that technical health words and common health words produce communication blockages.

79-0110

Hawken, C.

Preventing unplanned pregnancies. *Medical Journal of Australia* 1(6): 344-351, Mar. 25, 1978.

A two-year study was undertaken in 1975-1976 to plan, implement, and evaluate innovative family planning educational and service delivery pilot projects, among those at-risk in Sydney. The study was done in three stages, described in the three parts of this paper. Part 1 describes the process of analyzing the major factors and outcomes in unplanned pregnancy and determining some characteristics of women experiencing unplanned pregnancies, from abortion and adoption records. The characteristics analyzed are: age, marital status, occupation, socio-economic status, and ethnic group. Part 2 describes the process of determining acceptable communication channels and services they would use. Twenty-five women were interviewed in each of eight at-risk categories. Recommendations are made about suitable educational methods, and family planning services. Part 3 describes the implementation and evaluation of

SEX EDUCATION

pilot projects. Four major projects are described: (1) in a two lower socio-economic housing area(s); (2) among Greek men; (3) among South Americans, and (4) in two factories. Recommendations are made about future educational programs and services.

79-0111 Heit, P.; Adesso, N.A.

A comparison of perceived and actual sexual behaviors of college students. *Journal of School Health* 48(6): 350-354, Jun. 1978.

This study investigated the relationships between reported sexual behaviors of college students and their perceptions of sexual behaviors of peers. Seventy-four subjects completed the survey instrument. Chi-square comparisons determined the relationship between reported sexual behaviors and perceived sexual activities. Males were more accurate than females in perceiving sexual activities of males but not of females. Females were unable to perceive accurately male or female behaviors.

79-0112 Jerrick, S.J.

Federal efforts to control sexually transmitted diseases. *Journal of School Health* 48(7): 428-432, Sep. 1978.

79-0113 Moore, M.J.; O'Connell, M.

Perspectives on American fertility. *Current Population Reports, Special Studies Series P-23, No. 70*. U.S. Department of Commerce, Bureau of the Census, Jul. 1978, 67 pp.

The purpose of this report is to collect and analyze statistical information relating to the childbearing experience and prospects of American women. The main emphasis is on the most recent data available at the time of writing; however, the discussion of current levels and trends in fertility are illuminated, where possible, with similar measures from varying periods in the past. The report may serve as a reference document for experts in demography and population studies. Its principal audience, however, is thought of as persons interested in the course and present status of childbearing in the United States but who are not already familiar with the principal data sources and the substance of the information they contain. With very few exceptions, all of the information in this report has been published previously by the Bureau of the Census, the National Center for Health Statistics, the Center for Disease Control, or in various professional journals and books.

See also, 79-0083

SMOKING

79-0114

Best, J.A.; Bass, F.; Owen, L.E.

Mode of service delivery in a smoking cessation program for public health. *Canadian Journal of Public Health* 68(6): 469-473, Nov./Dec. 1977.

Smoking is recognized as a health behavior with varied and serious health consequences. The recent development of effective procedures for smokers to achieve and maintain abstinence from cigarettes suggests a need for public health services to incorporate smoking cessation programs in their array of preventive services. The present study describes a program developed to provide a self-management approach to cessation suitable for use in a public health setting. The design evaluates the effects of alternative modes of service delivery. Findings suggest that higher levels of long-term cessation may be achieved by seeing smokers in smaller groups. Smokers were found to be less likely to relapse if they themselves achieved their initial success, without telephone support from clinic staff; this was compatible with the emphasis on self-management. A critique of current research priorities finds a need for work which systematically assesses alternative strategies for behavior change, for service delivery, and for staff training.

79-0115

Cancer Information Clearinghouse

Smoking and health; an annotated bibliography of public and professional education materials. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service National Institutes of Health, National Cancer Institute, Office of Cancer Communications, Cancer Information Clearinghouse, DHEW Publication No. (NIH) 78-1841, Aug. 1978, 82 pp.

79-0116

Danaher, B.G.; Shisslak, C.M.; Thompson, C.B.; Ford, J.D.

A smoking cessation program for pregnant women: an exploratory study. *American Journal of Public Health* 68(9): 896-898, Sep. 1978.

The present results provide tentative support for the hypothesis that an intensive program of risk education and behavioral skills-training can assist pregnant women to stop smoking. The absolute level of abstinence achieved--both during the remaining period of pregnancy and postpartum--ranks well above other results reported in the literature. The data further suggest that risk had been substantially reduced for some participants.

79-0117

Evans, R.I.

New focus in smoking control: thoughts from a social psychologist. *Health Values: Achieving High Level Wellness* 2(5): 274-275, Sep. Oct. 1978.

SMOKING

79-0118 Royal College of Physicians of London
Smoking or health. The Third Report from the Royal College
of Physicians of London. London, Pitman Medical, 1977, 128 pp.

79-0119 Wexler, H.
Student-designed smoking education. American Education 14(8):
49, Oct. 1978.

If schoolchildren were personally involved in their own smoking education programs, would those programs be more successful? To answer this question, the National Interagency Council on Smoking and Health (NIC) asked for proposals that would involve young people directly in designing and carrying out smoking education projects. From 75 proposals received, NIC selected eight for funding and testing. (Among those funded was the New Hampshire Lung Association's biofeedback on smoking program described in the March 1978 Research Developments.) Out of the successful pilot projects were to come sets of instructions and materials for replication by other student groups. In this article are highlights from some selected projects, each followed by a source from which to obtain details and results to date.

See also, 79-0055, 79-0076, 79-0079, 79-0081, 79-0090

