

HEALTH EDUCATORS

PROPOSALS FOR THEIR
EXPANDED ROLE, TRAINING,
REGISTRATION, AND DEPLOYMENT

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WHY ?

A quote from Ghana

Community education is central to any integrated and comprehensive effort toward improving the quality of and access to health services.

Health education is a process best facilitated by those who are knowledgeable about the material being presented, who understand the culture of the community, and who are able to link the two so that people's needs and concerns are met.

Through an interactive process facilitators talk ... about health problems and the actions that can be taken to avoid or manage (them).

Working definitions

Education:

communicating and sharing knowledge

Health Education (HE):

a discipline encompassing the theory and practice of educating people about health and disease

Health Educators (HEs):

persons formally trained in Health Education and working within a regulated and accountable framework

People need information on personal and public health and disease

This presentation looks at the facilitators,
provisionally called health educators.

- what information is needed
- why is this information needed
- how can this information be communicated
- who can communicate this information

Information is needed so that

- responsibility for and informed decisions on health and disease can be promoted
- appropriate self-care measures are applied
- participation with "health" workers is effective
- dependency on doctors and drugs is reduced
- individual and public attitudes and behaviour on the causes of health and disease are improved
- civic lobbying and health advocacy campaigns are motivated by accurate data

By whom can people be informed

- grandmothers, mothers, mothers-in-law, ...
- teachers in kindergartens, schools, colleges, ...
- the lay press, radio, TV and the internet
- industry (food, tobacco, pharmaceuticals, ...)
- doctors, nurses, pharmacists
- other medical and para-medical professionals
- community health workers and care group activists
- a diverse host of unregistered others with diverse names, variously trained and deployed by diverse public organisations, NGOs and other bodies

Problems with these sources

- traditional sources may no longer exist
- school teachers' knowledge may be limited
- many people cannot read
- many people do not have access to the media
- material from adverts may be biased
- medical professionals may not have time, knowledge or appropriate communication skills
- diverse others are neither regulated nor accountable and may be inadequately informed

WHAT ?

What do people need to know?

- the social, economic and personal determinants of health and disease
- the symptoms and signs of diseases common in their community
- what they can do for themselves
 - to promote and protect health
 - to prevent and manage disease
 - to accommodate disability
- when and where to seek help

Information and Advice (embodied in knowledge)

information must be:

- evidence-based and up-to-date
- accurate and unbiased
- immune to consumer pressures
- internally consistent
- intellectually accessible

advice must be:

- culturally appropriate
- economically feasible

What is to be done

- teach Health Education at all levels in all schools
- establish a mechanism to ensure accurate public information on health and disease (control body)
- empower the Advertising Standards Agency to prevent nutritional, health and medical disinformation
- resuscitate the dormant discipline – rationalise and formalise the status and qualifications of people in HE
- train and deploy a single, inclusive, regulated, and registered category of health worker or health professional to function as a Health Educator

Health Education is not the same as Health Promotion

health education

operates primarily within the medical sector

is a discipline or an occupational category

is directed primarily at helping people to:

- prevent disease
- cure and control disease
- alleviate distress and pain

health promotion

operates in all sectors

is an activity practiced in many occupations

is directed at promoting and protecting health and preventing disease

Health education in South Africa 2006

- practiced extensively – usually as single issue
- poorly remunerated – often not at all
- training not formalised nor SAQA recognised
- no formal qualification or certification
- no facility for re-grading or up-grading
- discipline not registered with HPCSA
- not a recognised public service category
- no career path

Advantages of Health Educators

as registered multi-skilled mid-level providers of patient education and supplementary care

- formalising a health science discipline
- facilitating and enhancing COPC*
- complementing specialised personnel
- providing personal supportive care
- communicating and sharing knowledge
- a career path for health sector assistants
- another career option for school leavers

* community oriented primary care

A Health Educator's brief

- to be sufficiently informed about the subject and the local culture to command trust
- to establish a relationship with people that is socially and culturally sensitive
- to share knowledge and skills
- to influence people's behaviour
- to empower people to assert their will even in a consumerist environment where what is good for business is often bad for health

ROLES

Role of Health Educators

to build capacity in the individual and the community so that:

- health is protected and disease prevented
- self-limiting diseases are safely self-managed
- non-drug measures and medicines are used effectively to prevent and manage disease
- pain and distress are reduced
- healing and recovery are facilitated (nursing)
- convalescence and rehabilitation are promoted
- on-site first aid measures are applied
- medical assistance is appropriately accessed

Scope of practice of HEs

- advise and assist individual patients in out-patient and in-patient settings and in patients' homes
- provide appropriate general non-drug medical care
- initiate and conduct group discussions in medical institutions, work-sites, places of learning, churches – wherever people gather
- organise health and screening campaigns
- prepare and submit media material
- plan, monitor, and evaluate health education programmes and practice

Expanded scope of practice of Health Educators

with additional training they could work in:

- nursing (personal) in hospital wards and homes
- emergency departments (ombudsman, liaison)
- supporting doctors in ambulatory care
- extending the role of therapists
- monitoring convalescence and rehabilitation
- monitoring the health of adolescents, the elderly, mentally ill, disabled, distressed and the dying, ...
- case management (with in-patients and out-patients)
- diagnosis and management of disease (IMCI & IMAI*)

* IMCI = integrated management of childhood illness; IMAI = integrated management of adolescent and adult illness

Health Educators in primary care

- child growth monitoring and immunisation
- ante-natal and post-natal monitoring
- chronic disease care and exercise monitoring
- supervising prescribed drug treatment
- psycho-social, substance abuse and disease counselling
- family diagnosis, home nursing
- personal care of the elderly and disabled
- case management *
- dressing wounds, performing selected tests
- first-aid and epi-demography
- diagnosis and treatment of common endemic infections
- integrated management of childhood illnesses (IMCI)
- integrated management of adult & adolescent illnesses (IMAI)

* planning, co-ordinating, managing and reviewing the care of an individual

COMPETENCIES
and
CURRICULA

Non-medical competencies

- understanding people and society *
- communication and patient counselling
- nutrition and dietetics
- accessing social & economic support & technical aids
- home budgeting and vegetable-gardening
- traffic regulations and domestic toxicology
- programme development and administration
- collecting and evaluating data
- achieving and maintaining own health

* social and family dynamics, the psychology and sociology of sexuality, violence and substance abuse, the social and economic determinants of health and disease, demography

Medical competencies

- epidemiology and etiology of common diseases
- child growth and development, adolescence and aging
- reproductive health and disease
- dental hygiene and preventive physiotherapy
- recognition of common diseases and mental disorders
- performing selected procedures and tests
- non-drug management of common diseases
- understanding OTC drugs & commonly abused substances
- encouraging and maintaining adherence to treatment
- the use of aerosols, crutches and other devices
- illness severity assessment – knowing when to refer
- first aid and emergency care
- diagnosis and management of selected diseases (IMCI & IMAI)

Non-medical curriculum

- philosophy and methodology of pedagogy
- communication and counselling skills
- social work, management and administration
- food security, nutrition, dietetics and food preparation
- home economics, water security and vegetable gardening
- waste and refuse management and pollution control
- epidemiology, biostatistics and health informatics
- social anthropology, sociology, local history and ecology
- political economy, demography and local government
- psychology and sociology of violence and substance abuse
- family dynamics and parenting
- medical ethics and law - including traffic regulations
- physical fitness and relaxation techniques

Medical curriculum

- first aid and emergency care
- personal, domestic, occupational and environmental hygiene
- measures to promote and protect health
- measures to prevent injuries and diseases
- infant, child and adolescent growth and development
- reproductive health and geriatrics
- environmental and occupational health
- psychotherapy, physiotherapy and dental hygiene
- measures to support and enhance adherence to treatment
- pharmacology of OTC drugs and commonly abused substances
- etiology and diagnosis of common diseases and mental disorders
- selected medical procedures and tests
- management of selected common diseases (IMCI & IMAI)

TRAINING

Entry criteria for training

personal criteria - applicable to all:

- tolerance, empathy and honesty
- entrepreneurial potential (have initiative)
- social concern
- commitment to local community

academic criteria - for separate streams:

- grade 12 school certificate (degree)
- grade 8 – 10 school certificate (diploma)
- lower grade school certificate or none (certificate)
- prior formal qualification in a caring discipline

Caring disciplines

- nursing (all grades), midwifery and medicine
- dentistry and pharmacy
- occupational health and hygiene
- public and environment health
- physiotherapy and occupational therapy
- nutrition and dietetics
- speech therapy, optometry and chiropody
- homeopathy and other complementary medicine
- psychology and sociology
- teaching and social work

Training for a certificate in HE

- academic entry criteria: none
- selection criteria: social and personal
- course duration: at least 200 hours of which
160 hours = practical modules
- curriculum: experiential, community-oriented
- training sites:
 - theoretical accredited training institutions including medical schools, technical colleges, ...
 - practical accredited rural and urban service sites and supervised current place of work
- qualification: certificate
- internship: 6 months

Training for a diploma in HE

- academic entry criteria: English language proficiency and a grade 8-10 certificate
- selection criteria: social and personal
- course duration: 2 years full-time or at least 400 hours modular – 240 hours = practical
- curriculum: scientific, experiential, outcomes-based and community-oriented
- training sites:
 - theoretical accredited training institutions including medical schools, technical colleges
 - practical accredited rural and urban service sites
- qualification: diploma
- internship: 1 year

Training for a degree in HE

- academic entry criteria: English language proficiency and a grade 12 certificate
- selection criteria: academic, social and personal
- course duration: 3 years full-time
- curriculum: scientific, experiential, outcomes-based and community-oriented
- training sites:
 - theoretical medical schools, technical colleges
 - practical accredited rural and urban service sites
- qualification: bachelor degree
- internship: 1 year

Post-basic training in HE

- entry criteria: English language proficiency + graduate certificate, diploma or degree
- selection criteria: academic, social and personal
- course duration: 1 year full-time or at least 300 hours of which 120 hours = practical
- curriculum: scientific, experiential and community-based
- training sites:
 - theoretical medical schools
 - practical accredited rural and urban service sites
supervised current place of work
- qualification: certificate or diploma depending on basic qualification
- internship: 6 months - 1 year

CAREERS

and

JOBS

Career development

within health education:

- upgrading from certificate to diploma to degree
- certification in supplementary assistant roles such as:
 - child growth monitoring and immunisation
 - wound dressing, test performing, treatment supervision
 - nursing care, counselling, comforting, ...
 - case management
- specialisation with certificates or diplomas in:
 - chronic disease care, HIV/AIDS, TB and mental health
 - reproductive health, geriatrics, disability and rehabilitation
 - diagnosis and management of common acute illness (IMCI and IMAI)
 - pharmacy, administration and management, ...

beyond health education:

- specialisation with a degree in inter alia:
 - MPH – Master in Public Health
 - MBA – Master in Business and Administration

Re-grading to HE status

who should re-grade:

care group members, community health workers, community-based geriatric and rehabilitation workers, traditional birth attendants, HIV/AIDS counsellors,

why re-grade:

- to establish professional status and accountability
- to improve and assure good quality service delivery
- to rationalise and regulate a chaotic field

consideration should be given to:

- professional qualifications and prior learning
- duration, content and relevance of experience
- the successful completion of bridging courses and challenge examinations

Job opportunities

- health centres, clinics and medical practices
- casualty and trauma units, hospital in-patient wards
- HIV/AIDS support groups, institutions and bodies
- SANTA and other TB control and support institutions
- social welfare institutions
- schools and other educational institutions
- environment protection agencies
- other NGOs, local authorities and state institutions
- industrial and commercial enterprises
- private practice

REGISTRATION

Registration of HEs

- Health educators should be registered with a professional Board within the Health Professional Council of South Africa (HPCSA).
- Registration presupposes regulation, the setting and maintenance of standards and CPD*.
- Health educators should be eligible for membership of a professional association.

* CPD – Continuing Professional Development

Advantages of establishing a registered HE category

Because their qualifications will be accredited and they will be registered with the HPCSA they will be obliged to:

- comply with formal training regulations
- maintain high standards
- follow a code of professional practice ethics
- account formally for their acts and omissions
- comply with CPD requirements as a condition of continued registration within the HPCSA

Because their status and scope of practice will be defined and recognised, there could be:

- defined remuneration packages within the public sector
- opportunities for career development

HEALTH EDUCATORS

THE END