

Health Education Advocacy in the Classroom

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Justification for Advocacy-Related Instruction

- Professional Responsibility
- Ethical Responsibility

A Competency-Based Framework for Health Educators – 2006

The National Commission for Health Education Credentialing, Inc.
Society for Public Health Education
American Association for Health Education



Purpose

- **To contrast alternative approaches to teaching health education advocacy in the undergraduate classroom.**
- **Study conducted under the approval, and in accordance with the procedures, of the IRB of Towson University.**

Method: Participants

- **Undergraduate students enrolled in HLTH 207: Health Care in the U.S.**
- **Required Course**
 - **Community Health Education**
 - **Community/School Health Education**
 - **Occupational Therapy**
- **General Education Course (American Experience)**

Method: Design

- **Tier 1: Control, Pre- and Post-Test**
- **Tier 2: Advocacy I, Pre- and Post-Test**
- **Tier 3: Advocacy II, Pre- and Post-Test**
- **Tier 4: Advocacy III, Pre- and Post-Test**

Method: Sampling

- **Nonrandom Assignment of Participants: Self-Selection of Section**
- **Tier 1 and Tier 2: Random Assignment by Section**
- **Tiers 3 and 4: Nonrandom Assignment**

Method: Intervention

- Tier 1: No Intervention
- Tier 2: Advocacy Lecture
- Tier 3: Advocacy Lecture, Advocacy Assignments
- Tier 4: Advocacy Lecture, Advocacy Assignments, DC Field Trip

- One faculty member delivered all of the advocacy lectures

Method: Instrumentation

- **34 Item Questionnaire**
- **Demographic Items**
 - Gender, Age, Year, Major, Membership in Professional Organizations
- **Advocacy-Related Experience**
 - Advocacy Coursework
 - Participation in Local, State, and National Advocacy Activities

Method: Instrumentation (continued)

■ Perceptions: 5 Point Likert-Type Scales

– Health Educator's Role

■ 1 = Very Unimportant / 5 = Very Important

– Advocacy Competence

■ 1 = Strongly Disagree / 5 = Strongly Agree

– Intentions to Engage in Advocacy

■ 1 = Very Unlikely / 5 = Very Likely

Method: Data Analysis

- **Descriptive Statistics**
- **Factor Analysis**
- **Cronbach's Alpha Reliability Analysis**
- **Analysis of Variance**
- **Analysis of Covariance**

Results: Participants (n = 235)

■ Gender

- Female 172, 73.2%, 99.4%
- Male 1, .4%, .6%
- Missing 62, 26.4%

■ Age mean = 22.1, SD = 5.44

Results: Participants (continued)

■ Year

– Freshman	30, 15.4%
– Sophomore	38, 19.8%
– Junior	66, 33.8%
– Senior	31, 15.9%
– Other	2, .9%
– Graduate	28, 14.4%
– Missing	40

Results: Participants (continued)

■ Major

– School Health	4, 2.1%
– Community Health	27, 13.8%
– School/Community	13, 6.7%
– Occupational Therapy	69, 35.4%
– Nursing	11, 4.7%
– Other	43, 22.0%
– Missing	40

Results: Participants (continued)

■ Professional Organizations

– Yes 25, 12.8%

– No 170, 72.3%

Results: Advocacy-Related Experience

■ Previous Advocacy Coursework

– No	93, 47.9%
– 1 Course, Discussed	78, 40.2%
– 1 Course, Focused	23, 11.9%

Results: Advocacy-Related Experience

■ Local Advocacy Experience

- No 156, 80.4%
- Yes 38, 19.6%

■ State Advocacy Experience

- No 172, 88.2%
- Yes 23, 11.8%

■ National Advocacy Experience

- No 186, 95.4%
- Yes 9, 4.6%

Results: Participants (n = 235) (continued)

■ Intervention

– Tier 1	59	25.1%
– Tier 2	81	34.5%
– Tier 3	62	26.4%
– Tier 4	33	14.0%

Results: Perceptions

Items = 7; Alpha = .82 (Pre), .91 (Post)

■ Health Educators' Role Advocacy (n = 143)

	Pre	Post
– Tier 1	4.14 (.50)	4.19 (.78)
– Tier 2	4.21 (.48)	4.09 (.76)
– Tier 3	4.22 (.52)	4.21 (.65)
– Tier 4	4.03 (.70)	4.38 (.48)

Within: $F = 2.17$, NS

Between: $F = .026$, NS

Results: Perceptions

Items = 2; Alpha = .85 (Pre), .92 (Post)

■ Course Increase Confidence and Skills (n = 144)

	Pre	Post
– Tier 1	3.20 (.79)	3.10 (1.15) ^{a,b}
– Tier 2	3.40 (.96)	3.16 (.98) ^{c,d}
– Tier 3	3.66 (.75)	3.81 (.89) ^{a,c}
– Tier 4	3.79 (.57)	4.18 (.65) ^{b,d}

Within: $F = 2.34, p < .10$

(ANCOVA) Between: $F = 5.93, p < .01$

Results: Perceptions

Items = 2; Alpha = .76 (Pre), .80 (Post)

■ Skills to Write Letter to Editor & Congressperson (n = 144)

	Pre	Post
– Tier 1	3.26 (.86)	3.35 (.94) ^{a,b}
– Tier 2	3.40 (.89)	3.32 (1.03) ^c
– Tier 3	3.52 (.89)	3.77 (.73) ^a
– Tier 4	3.61 (.91)	4.05 (.82) ^{b,c}

Within: $F = 4.14, p < .01$

Between: $F = 3.80, p < .05$

Results: Perceptions

Items = 2; Alpha = .76 (Pre), .80 (Post)

■ Intentions to Advocate

	Pre	Post
– Tier 1	2.29 (.85)	2.59 (1.03)
– Tier 2	2.60 (.88)	2.64 (.88) ^{a,b}
– Tier 3	2.51 (.74)	2.95 (.84) ^a
– Tier 4	2.87 (.71)	3.19 (.95) ^b

Within: $F = 4.14, p. < .01$

(ANCOVA) Between: $F = 2.78, p < .05$

Conclusions

- **Students enrolled in Tier III and Tier IV had significant, albeit modest, increases in their perceptions of ability to engage in advocacy activities in comparison to students in Tier I and Tier II.**
- **Students enrolled in Tier III and Tier IV had significant, albeit modest, increases in their intentions to engage in advocacy activities in comparison to students Tier II.**

Conclusions

- **Advocacy instruction which features performance-based assessments and active learning experiences appears to be superior to traditional (e.g., lecture only) approaches in terms of influencing students' perceptions of their ability and intentions to engage in advocacy activities.**

Recommendations

- **Additional research is needed to further identify effective approaches to enabling students to develop their knowledge, skills, perceptions, and behaviors to engage in advocacy for health and health education.**