

Health education in diverse environments

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Health Education in Diverse Environments Implementation of community health education requires mobilization of members of a particular community. Implementation also requires that a health educator organize as many members of a community as possible, discuss the need of addressing the targeted health concerns in that community and collect the required community resources (Robert, Jodi 2010). The process of community organizing also entails empowering and sensitizing a community so that as implementation progresses members of the respective community can confidently come out and voice out health issues affecting them. One principal factor that affects community health education is lack of ideal cooperation from community members. This may hinder the achievement of set out objectives and goals (Robert, Jodi 2010). Community health education is beneficial to health educator because it add depth to an educator's experience by exposing him or her to a wide range of groups with varying interests and health issues. Health educators working at health departments focus on formulating and implementing strategic, practical health programs that aim at instilling healthy lifestyles in individuals, communities and societies (Robert, Jodi 2010). Implementation of health education at health departments also entails writing of proposals and grants that seek funding for respective health programs. Health educators also facilitate research and planning targeted at creating healthy environs and public health in communities and families (Robert, Jodi 2010). Lack of enough funds is a monetary challenge that also arises in such a setting. However, health educators in this position overlook health education programs in subordinate areas such as school and communities. Voluntary health organizations concern themselves with delivering health education <https://assignbuster.com/health-education-in-diverse-environments/>

and services to targeted communities. Voluntary health organizations fall into three categories, national level, state level, and local level (Wurzbach 2005). As a staff in such a setting, a health educator partakes in critical boardroom and communal decisions. A health educator also coordinates and controls the activities of volunteers in such as setting. A health educator also ensures that organizational programs, comply with organizational policy issued by the state (Wurzbach 2005). Aside from promoting public health and health education, health educators at this level also organize funding for their organization. Challenges may include lack of enough volunteers and funds to implement respective programs. Working at voluntary health organizations is beneficial to a health educator because it is 100% hands on and exposes one to newer territories(Wurzbach 2005). In health care centers and hospitals, health education entails enlightening patients about medical services, operations, therapeutic regimens, procedures and creating incentives that will attract high-risk patients into seeking hospital services (Wurzbach 2005). Health educators in hospitals also train hospital personnel and staff on observing proper handling of patients and health care (Wurzbach 2005). In addition, health educators formulate activities that will integrate patients into clinical processes. When it comes to resources, health educators partake in grant writing that aims at requesting for grants from the government. Working in hospitals can be overwhelming because of the massive workload. However, the experience is hands on and a health educator learns a lot from the setting (Wurzbach 2005). Implementation of health education at a worksite wellness covers four key areas, which include employee fitness, productivity, health benefits and promoting cultural welfare (Glen 2010). The principal <https://assignbuster.com/health-education-in-diverse-environments/>

responsibilities of a health educator in such a setting include organizing worksite health seminars, discussing productivity and matters pertaining to public health and implement necessary skills required to obtain the needed resources (Glen 2010). A challenge that might arise during the implementation process of health education at a worksite setting may include creating a program that meets the unique demands of the respective worksite setting (Glen 2010). On the bright side, once accustomed to a worksite setting, health educators can implement as many health programs as possible. In schools, health educators implement health education as a subject (Glen 2010). It is the mandate of health educators to ensure that school coordinated health programs come into effect. Such school programs include health services, students, staff and parent health education, school-community outreach programs and the promotion of a sanitary and safe learning environment within the school system (Glen 2010). Implementation of health education at the school district level may require evaluation, coordination and promotion of health programs, creating proposals targeted at funding, and developing education methodologies and programs (Glen 2010). Lack of enough funding to sustain a health education program is always a common challenge for health educators in schools. Implementing health education is engaging, and it keeps a health educator active because every single day a new problem emerges. While implementing health education at a university and college setting health educators strive at creating an environment that empowers students to make sensible decisions that promote a caring community (Glen 2010). In these communities health educators mainly tackles issues pertaining to disease prevention, reproductive health, disaster management, first aid and environmental

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management (Glen 2010). Health educators depend on funding from the government in order to implement their programs. Challenges include uncooperative students especially when it pertains to matters of sexual health. Implementing health education at the college and university level is also engaging because a health educator learns how to handle individuals from varied backgrounds (Glen 2010). Health education implemented at Faith based Organizations (FBOs) covers various forms of care such as mental healthcare, nutrition education, cancer screening and awareness and many others. Health educators in this setting manage and formulate programs that exclusively target two key areas, health promotion and disease prevention in communities targeted by respective FBOs (Robert, Jodi 2010). Challenges of implementing health education in FBOs include accessing the needed funding from governments and lacking enough volunteers. However, implementing health education in such a setting can be satisfactory in terms of experience because it exposes a health educator a wide range of communal health issues and new environs (Robert, Jodi 2010). References Glen G. Gilbert. (2010). Health Education. Burlington: Jones & Bartlett. Robert Bensley, Jodi Brookins-Fisher. (2008). Community Health Education Methods. Burlington: Jones & Bartlett Learning. Wurzbach, M. E. (2005). Managed Care. Burlington: Jones & Bartlett Learning.