

## **The Importance of Health Education**

*The education of individuals and communities about health issues is important to control the spread of disease, aid in the early diagnosis of health issues and so that one can maintain overall good health and well-being. Health education should be the responsibility of the individual and the community on a lifelong basis. It should not just be delivered by government and non-government organisations in response to a health crisis.*

Since the time of Hippocrates, the 'Father of Medicine', decisions on health have been made based on knowledge and experience. Yet history has only relatively recently seen the responsibility for decision making regarding an individual's health shift solely from the medical or health practitioner to include the individual himself or herself.

Health education is most often utilised by health organisations to inform the population about disease symptoms and to control the spread of disease. Early recognition of the signs and symptoms of disease, followed by a subsequent trip to a medical practitioner can result in early diagnosis, which in turn often leads to increased positive outcomes for the patient. Early recognition of disease symptoms can also lead to a reduction in the spread of communicable diseases. How many of us were hauled out of school or hauled our children out of school when we first noticed the tell-tale spots of the Chicken Pox?

Without realising it, you have probably already been exposed to several health education programs. You see a rash on a child's legs and think, '*Could it be meningococcal?*' or you're at an airport or on a plane, hear coughing and the dreaded word 'SARS' leaps to mind. The result of national awareness campaigns about diseases such as these is a population who is able to spot the early signs and symptoms of potentially life-threatening diseases and is armed with knowledge to prevent future health problems. Such national campaigns tend to occur in response to potential disease outbreaks or epidemics but health education encompasses more than this.

Knowledge about the factors affecting one's health and well-being empowers individuals and communities to do a number of things:

- i) maintain good health
- ii) recognise the signs of ill-health
- iii) make informed decisions with medical practitioners about the future of their health and
- iv) alleviate concerns and fears about health conditions.

The last point is particularly important as mental health issues become increasingly recognised. For example, although one in five Australians experience a mental health problem each year, there remains a culture of fear about mental health issues. This is largely due to either a lack of understanding or plain misinformation.

State, territory and national bodies are now focussing on mental health as an important area of health promotion but it may be sometime before they can change this culture of apprehension.

Equally with the realisation that Australia is facing an obesity epidemic<sup>1</sup>, the importance of health education which is not simply focussed on disease but also on the maintenance of good health, is now being recognised.

We should all systematically engage in health education at both the individual and community level from childhood in order to maintain a satisfactory (or hopefully better!) standard of living and longevity.

Despite the obvious benefits of health education and its ability to increase the general well-being of individuals and communities, many barriers to health education still exist. Geographic isolation, cultural and language differences are but a few of these.

The pre-conception that health education is complicated because it incorporates much medical terminology is another. However, this need not necessarily be the case - health education does not need to be in the shape of formally structured information delivered by experts. One example of non-formal health education is the learning circle.

Although a relatively new concept in Australia (with the exception of their use by Indigenous communities), learning circles have been used with great success in other countries such as Sweden who, for over 100 years, have used them to inform and educate their population.

'Learning circles' or 'study circles' by their very nature are dynamic, flexible and inclusive; they are designed to be informative, enjoyable and non-intimidating. The circles allow peers to discuss issues at their own pace by drawing on each other's knowledge through free discussion. While traditionally made up of groups of between five to fifteen people in a face-face session, the premise of learning circles can be extended to include remote communities by the use of e-learning platforms and e-forums.

In health education, learning circles have the potential to allow individuals and communities of all socio-economic backgrounds to study health related issues in a relaxed and informal manner at their own pace. Learning circles are one way to empower individuals to take control of their health by increasing their understanding of health issues.

Another benefit of the use of learning circles for health education is that they need not be in response to a national or community health crisis. They are also inexpensive and may be convened in response to requests by an individual or the community. In these cases, a facilitator such as a medical practitioner or health professional, may be invited to inform and guide proceedings.

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<sup>1</sup> Obesity a National Epidemic. Australian Health Ministers' Conference - Joint Communiqué. 28 November 2003.

One such successful learning circle on cervical cancer and the Pap test (*Bodies Matter*) was run by Adult Learning Australia and the New South Wales Cervical Cancer Screening Program.

Cervical cancer is one of the most preventable and curable cancers if detected early by a Pap test – up to 90% of the most common form of cervical cancer can be prevented if changes are detected early<sup>2</sup>. Yet 22% of women over the age of 75 have not heard of this test. Furthermore, women who do not speak English at home are 20% less likely to have heard of the Pap test and are 23% less likely to have had one than women who do speak English at home.

It would seem that national awareness campaigns still leave education gaps; gaps that learning circles can bridge - the Pap test learning circle increased the level of knowledge of cervical screening in 66.5% of participants<sup>3</sup>.

Learning circles may also be used by health professionals and policy makers to inform decisions on health promotion initiatives based on what communities need and what the community's current perceptions are. One such focus group was used to gauge the oral health perceptions of rural-dwelling Indigenous Australians. The aim was to develop a culturally appropriate, community-owned oral health promotion initiative. The results indicated that health promotion initiatives may be more successful if the perceptions of the anticipated audience are considered<sup>4</sup>.

Health education is an important part of creating healthy communities. It achieves this by empowering individuals to make informed choices. No form of education should be overlooked in achieving this aim.

For further information on the issues addressed in this article, visit:

HealthInsite - [www.healthinsite.gov.au](http://www.healthinsite.gov.au)

Mental Health Association - [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

Australian Study Circles Association - <http://studycirclesaustralia.blogspot.com/>

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*ALA has been fortunate to utilise the services of Gillian since she completed her PhD researching the cell biology of breast cancer progression in late 2007. Her general expertise, knowledge and willingness to take on any task have made her an invaluable member of our small team over the past months.*

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<sup>2</sup> Australian Social Trends, 2000. Australian Bureau of Statistics report no. 4102.0

<sup>3</sup> Bodies Matter: The Pap Test Kit, Evaluation Report. NSW Cervical Screening Program.

<sup>4</sup> Jamieson LM, Parker EJ and Richards L (2007) Using qualitative methodology to inform an Indigenous-owned oral health promotion initiative in Australia. Health Promot. Int. Dec 3 [Epub ahead of print].