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Models and Importance of Health Education and Planning

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Abstract

Our study showed that Health education was significantly associated with medication direction discrepancy, which is in accordance with previous findings that low health literacy participants were more likely to misunderstand dosage instructions and miss doses. Therefore, the reading ease of dosage instructions on drug labels should be improved, especially for patients with low Functional health literacy. The health consequences of medication direction discrepancy could be severe, especially for patients taking cardiovascular medications.

Keywords: Health education; Nursing Science; Medication

Introduction

Health education is a measure of a person's ability to read, understand, and process basic health information and services needed to make appropriate health decisions. Patients with inadequate HE may experience difficulties in obtaining patient education materials and in managing their chronic diseases. They are more likely to have poor health outcomes, including higher hospital admissions and death rates than those with adequate Health literacy have been assessed in different ethnic populations. Previous researches showed that Spanish-speaking patients had lower levels of health literacy than their English-speaking counterparts. African American patients with inadequate Functional health literacy were more likely to take medications incorrectly. As the largest Asian subgroup, more than 2.7 million Chinese Americans reside in the United States [1].

Medication knowledge includes a measure of the patient ability to report correct reasons for taking each medication. Medication discrepancy is defined as any discrepancy between medications listed in the patient's medical records and medications patients take or report taking. Medication name discrepancy refers to a measure of inconsistency between patients self-reported medication names and medication names listed in their medical records. Reconciliations of medication name discrepancy could help health care providers identify medications taken by patients but not recorded in medical records, and medications recorded in medical records but not taken by patients. Medication direction discrepancy refers to a measure of inconsistency between patients' self-reported medication use (dosage, route, and frequency) and medication direction listed in their medical records. Reconciliations of medication direction discrepancy could help health care providers assess if patients take those medications correctly [2].

Patients' medication knowledge of instructions may be affected by FHL, age, gender, number of medications taken, and race. A previous study did not find a significant relationship between FHL and medication knowledge of purpose in English-speaking adults. However, Chinese Americans' health knowledge and medication knowledge may be affected by complicated factors, such as employment, marital status, and place of birth, and years in the United States. We hypothesized that Chinese Americans with inadequate FHL would be less likely to report correct reasons for taking each medication. One of the safety goals by the Joint Commission since 2006 is to identify medication discrepancy. Reconciliation of medication discrepancy was considered an effective measure to improve patients' medication safety. Previous research found that older age, male gender, less education, increasing number of medications, and race were associated with more medication discrepancies. Chinese American medication use may be influenced by employment, place of birth, and years living in the United States, which may result in medication discrepancy. A study that surveyed 198 Chinese Americans and examined their use of traditional Chinese medicine (TCM) found that almost all participants used TCM during the previous year yet few informed their health care providers about their TCM use.15 Such medication discrepancy may produce potential risks for side effects, drug interactions, and toxicity. We hypothesized that Chinese Americans with inadequate FHL would have more medication direction discrepancies and medication name discrepancies [3-5].

Health education is one strategy for implementing health promotion and disease prevention programs. Health education provides learning experiences on health topics. Health education strategies are tailored for their target population. Health education presents information to target populations on particular health topics, including the health benefits/threats they face, and provides tools to build capacity and support behavior change in an appropriate setting.

Health education activities should enhance the overall goal of the health promotion and disease prevention program. Materials developed for health education programs must be culturally appropriate and tailored to the target populations to ensure cultural competence. In rural communities, this means addressing cultural and linguistic differences, and addressing potential barriers to health promotion and disease prevention in rural areas [6-8].

Planning and evaluation are important for improving economy of effort and expenditure as well as the effectiveness of programmes and for contributing to our knowledge of planned change in health-related behaviour. This paper discusses the processes involved in planning and evaluation, the importance of making a distinction between the objectives of a programme and the methods to be used for achieving these, the difficulty of evaluating the effectiveness of each method in the complex setting of real life situations, and stresses throughout the need

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for health education to be a cooperative venture between professionals and laymen [9,10].

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