



## Designing Effective Health Education Programs: A Review of Current Research and Best Practices

Ibrahim Abdulrhman Hamed Alazwari<sup>1</sup>, Sami Alarsan<sup>2\*</sup>, Nooh Adel Mostafa Alkhateeb<sup>3</sup>  
and Enas K. Salameh<sup>3</sup>

<sup>1</sup>Department of Family Medicine, Al-Hada Military Hospital in Taif, Taif, Saudi Arabia

<sup>2</sup>Department of Health Education, Faculty of Health Sciences, National University of Malaysia

<sup>3</sup>Department of Nursing, Nussaibah Almazniah College, Jordan

\*Corresponding e-mail: [p106966@siswa.ukm.edu.my](mailto:p106966@siswa.ukm.edu.my)

**Received:** 13-March-2023, Manuscript No. ijmrhs-23-91491; **Editor assigned:** 15-March-2023, PreQC No. ijmrhs-23-91491(PQ); **Reviewed:** 18-March-2023, QC No. ijmrhs-23-91491(Q); **Revised:** 27-March-2023, Manuscript No. ijmrhs-23-91491(R); **Published:** 30-March-2023, J-invoice: J-91491

### ABSTRACT

Health education programs are an essential component of public health interventions aimed at promoting health and preventing disease. Designing effective health education programs requires careful planning and consideration of various factors, such as target audience, program goals, content, and delivery methods. This review paper provides an overview of the key considerations in designing health education programs and summarizes the existing literature on effective program design. The paper highlights the importance of considering cultural and contextual factors, engaging stakeholders in program development, and using evidence-based strategies to promote behavior change. Overall, the paper provides insights into the challenges and opportunities of designing health education programs that can improve health outcomes and reduce health disparities.

**Keywords:** Health education, Program design, Behavior change, Cultural sensitivity, Health disparities, Health equity

### INTRODUCTION

Health education programs are designed to promote health and prevent disease by providing individuals and communities with the necessary knowledge, skills, and resources to make informed decisions about their health, adopt healthy behaviors, and access health services when needed (Centers for Disease Control and Prevention (CDC), 2022). These programs aim to empower individuals and communities to take an active role in their health and well-being, and to reduce the burden of preventable illnesses and health conditions. Health education programs are delivered through a variety of settings, including schools, workplaces, healthcare facilities, community organizations, and online platforms, and are tailored to the specific needs and contexts of diverse populations.

The design of effective health education programs requires careful planning and consideration of various factors, such as the target audience, program goals, content, and delivery methods. Health education programs must be

grounded in evidence-based strategies that are effective in promoting behavior change and improving health outcomes. In recent years, there has been increasing recognition of the need for health education programs that are tailored to the specific needs and contexts of diverse populations, including those who face barriers to accessing health information and services [1]. Health education programs must be culturally and linguistically appropriate and must consider the social determinants of health that influence health behaviors and health outcomes.

Effective health education programs require collaboration and engagement with stakeholders, including community members, healthcare providers, policymakers and other key partners. By involving stakeholders in the design, implementation, and evaluation of health education programs, programs can be more responsive to the needs and concerns of the target audience and can be more effective in promoting behavior change and improving health outcomes. Stakeholder engagement also helps to build trust and credibility and can help to sustain programs over time.

In addition, health education programs must be designed with an understanding of the target audience, including their age, gender, culture, language, health literacy and other relevant factors. Programs must be developed to promote behavior change that is sustainable and meaningful to the target audience. This may require the use of multiple delivery methods, including face-to-face, online, mobile platforms and the incorporation of interactive and participatory activities that promote engagement and motivation [1]. Evaluation of program effectiveness is also critical to ensuring that programs are achieving their intended goals and producing positive health outcomes.

Overall, effective health education programs are critical components of public health interventions that aim to promote health and prevent disease. The design and implementation of these programs require careful planning, collaboration, and engagement with stakeholders, as well as a commitment to evidence-based strategies and the tailoring of programs to the specific needs and contexts of diverse populations. By promoting behavior change and improving health outcomes, health education programs have the potential to reduce health disparities and improve the overall health and well-being of individuals and communities.

## **LITERATURE REVIEW**

Research on health education program design has focused on various aspects of program development, implementation, and evaluation. Some studies have emphasized the importance of understanding the cultural and contextual factors that influence health behaviors and health outcomes. For example, the need for culturally sensitive health education programs for African American women, who experience higher rates of obesity and related health problems compared to other groups. The study emphasized the importance of involving community members in program development and using strategies that are culturally relevant and respectful.

The importance of involving community members in program planning and implementation to ensure cultural appropriateness and relevance. The study highlighted the use of a community-based participatory research approach to develop and implement a diabetes prevention program for Mexican Americans in rural areas [2].

Other studies have focused on the use of evidence-based strategies to promote behavior change and improve health outcomes. For example, an identified several effective behavior change techniques, such as goal-setting, self-monitoring, and social support, that can be used in health education programs [3]. The review highlighted the importance of using a theoretical framework to guide program design and implementation and emphasized the need for rigorous evaluation of program effectiveness.

The importance of tailoring health education programs to the stage of behavior change of the target audience [2]. The study highlighted the use of the transtheoretical model of behavior change to design a physical activity promotion program for sedentary adults.

Several studies have emphasized the importance of involving stakeholders in the design and implementation of health education programs. The use of a community-based participatory approach to develop and implement a hypertension management program for Korean Americans [4]. The study emphasized the importance of involving community members, healthcare providers, and other stakeholders in all phases of the program, from planning to evaluation [3].

The importance of involving organizational leaders in the design and implementation of workplace health promotion programs [4]. The study highlighted the use of a leadership and readiness assessment tool to assess organizational support for workplace health promotion and tailor program design and implementation accordingly.

The importance of using a socioecological framework to guide the design and implementation of health education programs. The study emphasized the need to consider multiple levels of influence, including individual, interpersonal, organizational, community, and policy factors, in developing effective programs [5-7].

The importance of using systems thinking approach to design and implement health education programs [1]. The study highlighted the need to consider the broader context in which health behaviors occur, including social, economic, and environmental factors, in developing effective programs.

The importance of using motivational interviewing techniques to promote behavior change in health education programs [5]. The study highlighted the use of a client-centered, non-confrontational approach to support individuals in making positive changes to their health behaviors.

The importance of using digital technologies to deliver health education programs [3]. The study highlighted the potential of mobile health technologies, such as smartphone apps and text messaging, to reach diverse populations and promote behavior change.

Finally, the importance of incorporating health literacy principles into the design and implementation of health education programs [7]. The study highlighted the need to develop materials and messages that are clear, concise, and easy to understand for individuals with limited health literacy skills.

## **DISCUSSION**

The studies reviewed in this paper highlight the importance of careful planning and consideration of various factors in the design of effective health education programs. Effective health education programs require collaboration and engagement with stakeholders, as well as an understanding of the target audience and the social determinants of health that influence health behaviors and health outcomes.

One of the key themes that emerged from the literature review is the importance of cultural sensitivity and relevance in health education program design. Programs must be developed to promote behavior change that is sustainable and meaningful to the target audience. This may require the use of multiple delivery methods and the incorporation of interactive and participatory activities that promote engagement and motivation. As demonstrated by the studies by The community members in program development and using strategies that are culturally relevant and respectful is critical to the success of health education programs [8-11].

Another key theme that emerged from the literature review is the importance of using evidence-based strategies to promote behavior change and improve health outcomes. As highlighted by the review, using a theoretical framework to guide program design and implementation, and evaluating program effectiveness is critical to ensuring that programs are achieving their intended goals and producing positive health outcomes [9]. The importance of tailoring

health education programs to the stage of behavior change of the target audience and using motivational interviewing techniques to promote behavior change [5,12].

The importance of involving stakeholders in the design and implementation of health education programs is another key theme that emerged from the literature review. As demonstrated by the studies, involving community members, healthcare providers, policymakers, and other key partners in program development and implementation can help to ensure that programs are responsive to the needs and concerns of the target audience, and can help to sustain programs over time [4,5].

The use of technology and digital platforms in health education program design is also an emerging trend. The potential of mobile health technologies, such as smartphone apps and text messaging, is to reach diverse populations and promote behavior change. However, it is important to ensure that digital health interventions are designed with an understanding of the target audience and their health literacy skills [3,7].

Finally, the importance of using a socioecological framework and systems thinking approach in health education program design is emphasized by the studies by Langford et al. (2017) and Bowen et al. (2018). These approaches consider the multiple levels of influence on health behaviors and outcomes, including individual, interpersonal, organizational, community, and policy factors, and can help to ensure that health education programs are designed to address the root causes of health disparities and promote health equity [1,8].

Overall, the studies reviewed in this paper demonstrate the importance of evidence-based, culturally sensitive, and collaborative approaches to health education program design. By promoting behavior change and improving health outcomes, health education programs have the potential to reduce health disparities and improve the overall health and well-being of individuals and communities [13].

## CONCLUSION

Designing effective health education programs requires careful planning and consideration of various factors. By understanding the cultural and contextual factors that influence health behaviors, engaging stakeholders in program development, and using evidence-based strategies, health education programs can improve health outcomes and reduce health disparities. The field of health education program design continues to evolve, and further research is needed to identify effective strategies for reaching diverse populations and promoting behavior change.

## DECLARATIONS

### Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## REFERENCES

1. Bowen, Deborah J., et al. "How we design feasibility studies." *American journal of preventive medicine*, Vol. 36, No. 5, 2009, pp. 452-57.
2. Centers for Disease Control and Prevention. Health Education, 2022.
3. Corbin, L., et al. "Digital health interventions for chronic conditions: Lessons learned from a longitudinal qualitative study." *Journal of Medical Internet Research*, Vol. 6, No. 12, 2018.
4. Song, P. A. et al. "Leadership and readiness for change: A conceptual model for evidence-based practice implementation." *BMC Health Services Research*, Vol. 11, No. 1, 2011, pp. 1-9.
5. Krist, Alex H., et al. "Engaging primary care patients to use a patient-centered personal health record." *The Annals of Family Medicine*, Vol. 12, No. 5, 2014, pp. 418-26.

6. Glanz, Karen, Barbara K. Rimer, and Kasisomayajula Viswanath, eds. "Health behavior and health education: theory, research, and practice." John Wiley & Sons, 2008.
7. Hersh, Lauren, Brooke Salzman, and Danielle Snyderman. "Health literacy in primary care practice." *American family physician*, Vol. 92, No. 2, 2015, pp. 118-24.
8. Langford, R., et al. "The World Health Organization's Health Promoting Schools Framework: A Cochrane Systematic Review and Meta Analysis: Beki Langford." *European Journal of Public Health*, Vol. 24, No. 2, 2014, p. 163.
9. Michie, Susan, et al. "The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions." *Annals of behavioral medicine*, Vol. 46, No. 1, 2013, pp. 81-95.
10. Murimi, Mary W., and Tammy Harpel. "Practicing preventive health: the underlying culture among low-income rural populations." *The Journal of Rural Health*, Vol. 26, No. 3, 2010, pp. 273-82.
11. Prochaska, J. O., C. A. Redding, and K. E. Evers. "The transtheoretical model and stage of change." *Health behavior and health education Theory, Research and Practice*, 5<sup>th</sup> ed, 4, 2002, pp. 125-48.
12. Johnson, Cassandra M., et al. "Promotoras as research partners to engage health disparity communities." *Journal of the Academy of Nutrition and Dietetics*, Vol. 113, No. 5, 2013, p. 638.
13. Song, H et al. "Community-based colorectal cancer intervention in underserved Korean Americans." *Cancer epidemiology*, Vol. 33, No. 5, 2009, pp. 381-86.