

DOCUMENT RESUME

ED 102 142

SP 008 926

AUTHOR Green, Lawrence W., Ed.; And Others
TITLE Current Literature Related to Health Education.
INSTITUTION Society for Public Health Education, San Francisco, Calif.
PUB DATE 74
NOTE 41p.
AVAILABLE FROM Charles B. Slack, Inc., Thorofare, New Jersey 08086
(1-24 copies, \$3.00 ea., 25 or more, \$2.50 ea.)
JOURNAL CIT Health Education Monographs; v2 n3 p286-319 Fall 1974

EDRS PRICE MF-\$0.76 HC Not Available from EDRS. PLUS POSTAGE
DESCRIPTORS *Behavior Change; *Behavior Problems; *Health; *Methods; *Special Health Problems

ABSTRACT

Documents in this bibliography are grouped into fifteen categories under four broad headings. The first heading, health problems, contains documents which cover several aspects of a given type or class of health problems. The categories listed under this heading are: chronic disorders; acute episodes; mental and personality disorders; pregnancy, childbearing and the puerperium; and environmental health. Preventive health practices, illness behavior and utilization, and compliance with therapeutic regimens are the categories which are included in the second heading, behavioral problems. This heading contains documents which either focus on a specific behavioral aspect of the health problem, or in which the type of behavior influences more than one type of health problem. Documents dealing with a specific factor influencing the behavioral problem, or a type of factor influencing more than one behavioral or health problem, are listed under the third heading, factors influencing behavior. This heading includes predisposing factors, enabling factors, and reinforcing factors. The fourth heading is educational and developmental methods and strategies, and is used for documents which focus on planning, description or evaluation of specific methods, media, materials, techniques, organizational designs, etc. The categories listed under this heading are: communications theory and practice, community organization, staff development and administration, and research and evaluation methods. (PB)

Health Education Monographs

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Health Education Monographs

VOL. 2, NO. 3, FALL 1974

SYMPOSIUM ON DENTAL HEALTH BEHAVIOR

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Address correspondence on editorial matters to Lawrence W. Green, Editor, *Health Education Monographs*, School of Hygiene and Public Health, Johns Hopkins University, 615 N. Wolfe St., Baltimore, Maryland 21205.

BEHAVIORAL SCIENCE SYMPOSIUM PREVENTIVE DENTAL BEHAVIOR

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Foreword

This symposium on Preventive Dental Behavior was presented on March 21, 1974 as part of the 52nd General Session of the International Association for Dental Research meeting in Atlanta, Georgia. It was part of the program organized by the Behavioral Sciences Group whose Program Chairman, Howard L. Bailit of the University of Connecticut Health Center, was responsible for its inception and success.

The session consisted of two parts: the symposium itself chaired by Stephen Kegeles, and a reactor panel whose moderator was Lois Cohen. The symposium was organized to provide an assessment of the current status of preventive dental behavior. The field was divided into three major parts: mass media programs, school health programs, and the effect of the private practitioner. Each of the three invited authors of the major papers was asked to review the literature in his area, provide an assessment of the current state of knowledge, and make suggestions for future research needs to assist in promoting preventive behaviors. The members of the reactor panel were asked to respond from the vantage point of the application of behavioral science technology to preventive programs.

There were many strong and varied reactions to the program. One of the most striking outcomes was the realization of the communication gap between the behavioral scientists and the practicing dentists. Some dentists felt that behavioral scientists had immediately applicable techniques which were being withheld while others felt that there was nothing worth obtaining from such techniques. Many of the behavioral scientists, on the other hand, felt that dentists did not appreciate their concern and efforts in this field and did little to support it.

Perhaps, if it accomplished nothing else, the conference put these groups in greater touch with each other. There have been few opportunities for such dialogue. Behavioral researchers have been few in number in dentistry and have become recognizable as a distinct group only within the past decade. Hopefully, the dialogue which began with this conference will lead to more productive interactions in promoting preventive dental behavior.

Finally, we wish to acknowledge grants from the Johnson and Johnson Company and the John O. Butler Company without whose support the conference would not have been possible.

Norman L. Corah
Guest Editor

Current Literature Related to Health Education

EXPLANATION OF THE CLASSIFICATION OF LISTINGS

In this space in the last issue (Vol. 2, No. 2) we introduced the first listing of "Current Literature Related to Health Education" with an explanation of the purpose, scope and utility of the listing for practitioners and investigators. As the number of documents listed increases we recognize the need for a subject grouping to allow the user to scan more selectively. Fifteen categories are grouped under four broad headings as follows:*

A Health Problem (used when the document covers several aspects of a given type or class of health problems)

A1 Chronic Disorders (e.g., allergic, cardiovascular, congenital, genetic, musculo-skeletal and long-term illnesses and conditions).

A2 Acute Episodes (including most infectious diseases, accidents, gastrointestinal and perinatal problems).

A3 Mental and Personality Disorders (including alcohol and drug addiction or abuse, mental illness and psychological distress).

A4 Pregnancy, Childbearing and the Puerperium (including family planning, maternal health, illegitimacy and prenatal care).

A5 Environmental health (including air and water pollution, environmental sanitation, urban planning and ecology).

B Behavioral Problem (used in preference over the health problem when the document focuses on a specific behavioral aspect of the health problem, or when the type of behavior influences more than one type of health problem).

B1 Preventive Health Practices (including personal hygiene, general nutrition and health maintenance behavior, well-child care, smoking cessation, asymptomatic use of health services for screening examinations, immunizations, prophylactic dental care, etc.)

B2 Illness Behavior and Utilization (including delay in seeking diagnosis or treatment for symptoms, inappropriate utilization of health services, use of nonmedical practitioners, inappropriate self-treatment without prescription, appointment-keeping).

B3 Compliance with Therapeutic Regimens (including prescribed medication, adherence to a specific diet, exercise or other practice recommended by a physician, appointment

*The relationships among these categories are illustrated and explained in Green LW. Toward cost-benefit evaluations of health education. Some concepts, methods and examples. Health Educ Monogr 2(Suppl No. 1), May 1974, Fig. 1

breaking, rehabilitation behavior).

C Factors Influencing Behavior (used in preference over health or behavioral problems when the document deals with a specific factor influencing the behavioral problem or a type of factor influencing more than one behavioral or health problem).

C1 Predisposing Factors (including psychological predispositions such as health knowledge, attitudes and beliefs; social forces such as family composition, age and social norms; and cultural predispositions such as health values).

C2 Enabling Factors (including availability and accessibility of resources such as income, health insurance, private physician, neighborhood or community health facilities and referral sources).

C3 Reinforcing Factors (including the attitudes and behavior of health care personnel toward patients; doctor-patient relationship, quality of care, waiting time, etc.).

D Educational and Developmental Methods and Strategies (these categories used in preference over preceding categories when the document focuses on planning, description or evaluation of specific methods, media, materials, techniques, organizational designs, etc.).

D1 Communications Theory and Practice (including instructional materials, media, messages, appeals, diffusion processes, group methods for teaching-learning process).

D2 Community Organization (including interorganizational relationships, referral mechanisms, community development and other means of mobilizing or redistributing community resources and group support).

D3 Staff Development and Administration (including recruitment, selection, training and supervision of health personnel, program planning and development, group process in relationships among health personnel, standards, budgeting, etc.).

D4 Research and Evaluation Methods (including data collection, processing and analysis, experimental and other designs for evaluation, psychometric measures, scaling techniques, medical records, cost-effectiveness and cost-benefit assessment).

In addition to these broad groupings of the bibliographies in each issue of Monographs, there will be an annual subject index providing detailed cross-referencing of the previous year's listings. This index will be based on the *Thesaurus of Health Education Terms* developed by the Public Health Service as part of the Health Education Information Retrieval System now maintained at Johns Hopkins. Readers are encouraged to request their own reprints of articles from the authors or to borrow or purchase books from libraries or the publishers, but abstracts can be obtained for 15c each from this address by sending a prepaid request with the document numbers.

- The Editors

HEALTH PROBLEM ANALYSIS

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