Training Medical Students in Public Health Practice and Cultural Efficacy to Support Improvement to the Honduran Health Alliance’s Health Education Programming

By

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4/19/2012

Approved by:

____________________________________
First Reader

____________________________________
Second Reader
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Background
Adapted from HHA website (www.med.unc.edu/hha)

The Honduran Health Alliance (HHA) is a student-led project that seeks to reduce the incidence of cervical cancer through increased screening and improved health education. The need for a targeted intervention to address cervical cancer was identified by a medical student researcher in 2004 through individual interviews and focus groups with community members in the southern state of Choluteca, Honduras. HHA has been visiting the same six communities since the summer of 2005 providing well woman exams and community health education talks, or charlas. These villages make up a collaborative network called the Comunidades Unidas (CU) that work together to identify and address areas of community need. CU leaders were actively involved in the development of project goals as well as the methods that would be employed to achieve them. HHA project participants are first year medical students, third year medical students, and one or two Master’s students in public health. Students are accompanied by a faculty member of the Medical School at UNC-Chapel Hill as well as several attending physicians to guide and support clinic practice.

Training Rationale

The purpose of this training is to give medical student participants in the Honduran Health Alliance (HHA) a foundation in public health perspectives and build an appreciation for training methods that are participatory, empowering, and culturally appropriate. This will allow them to develop new health education sessions on reproductive health topics relevant to the lives of the women served by the project. These health education sessions, or charlas (meaning “to chat”), are interactive workshops designed for low literacy populations to promote improved health awareness and self-efficacy. An overarching theme that is present throughout the training is the development of
cultural efficacy, personal awareness, and consideration of context in both the development of health education content but also interactions with community members and women attending the HHA clinic. This training has been developed as a comprehensive unit that will provide future Public Health Leaders with a tool they can use in subsequent years to engage and support students in continuous quality improvement of HHA’s health education programming.

Description of Need

Over the past 8 years, the same 3 charlas have been used (one new charla on domestic violence was added 2 years ago) with the same population. Through in-depth interviews, women in the communities served by HHA shared several other areas of need for increased education that are not covered in the current charlas. Past HHA student participants also expressed their frustration with the current health education program and desire to augment the program through the addition of new charlas. However, given the student’s lack of training in public health methods and skills for developing educational sessions, no new charlas have been developed and little effort has been made on improving or updating the content and methods of the current charlas.

How to Use the Training Toolkit

This training toolkit was designed to provide a tool for the Public Health Leader (PHL) to give first year med students a foundation in public health theory and effective design of health education sessions. It is intended to be used as a resource that can be modified and enhanced to meet the specific needs of the students and project goals. The PHL(s) are encouraged to incorporate their own knowledge and experiences into the training as well as any new information that has been gathered from the community. Any additional examples of relevant community or clinical scenarios that can be
added into the training will serve to enhance the relevancy of the training as well as the student’s ability to engage and apply new information to a context that is meaningful to them. Similarly, the time that has been allotted to each presentation and activity should be viewed as a guide for planning purposes only; should there be an area where the facilitator feels more time should be spent in discussion, or the students have a particular interest in a topic area, these times should be extended to accommodate these class-specific considerations. As modifications are made to these training materials they should be recorded and saved to promote continuity and continuous quality improvement of this tool. Similarly, as HHA participants work to improve the charla program, they should be encouraged to maintain a record of this process so that groups that follow will be able to learn how and why these changes have been made. This training is not intended to be a static product but one that develops and changes along with the needs and interests of the students just as the charlas, and HHA, must change with the needs and interests of the communities being served.

Resources to provide further explanation for the training content can be found within the Facilitator’s Guide at the end of each activity. Additional resources to support deeper learning into the content area are also included at the end of the Facilitator’s Guide. PHLs are encouraged to add new resources to these lists as they are identified to contribute to a growing data bank for future PHLs and student participants. These resources will not only help inform programming in any given year, but also provide a rationale for the methods and content being passed to subsequent project teams.
Training Materials and Set-Up Guide

- Projector, screen and other necessary technology for giving a PowerPoint presentation
- 5 large sheets of paper (post around the room before participants arrive)
  - 1 for recording “Mal de Orine” scenario responses
  - 3 for Health Promotion and Health Behavior theory teach-backs
  - 1 for recording group goals
- 3 medium-sized slips of paper for each participant (on which students will write individual goals)
- Masking tape (if possible, tare small stripes in advance for posting student’s goals)
- Marker set
- Training handouts
  - Health Promotion and Health Behavior Theories (Appendixes A-C)
  - Principles of Adult Learning (Appendix D)
  - Session 1 Evaluation (Appendix E)
  - Complete Training Evaluation (Appendix F)
- Extra paper and writing utensils for group work
- Optional: snacks for participants
Overview of Training

The following is an outline of the content that will be covered in the training as well as the estimated time it will take to complete each component. The training is broken up into two sessions; the first will focus on developing a foundation in public health theory and appreciation for a context driven approach to health promotion, while the second session will build skills for charla development and provide students with the opportunity to put these skills into practice.

Training Session 1

<table>
<thead>
<tr>
<th>Estimated Time</th>
<th>Topic</th>
<th>Teaching Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-15 minutes prior to session</td>
<td>Room/materials set up</td>
<td>n/a</td>
</tr>
<tr>
<td>2 minutes</td>
<td>Introduction: overview of training session and objectives</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>3 minutes</td>
<td>The Social-Ecological Model</td>
<td>Power Point Presentation</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Activity: Mal de Orine</td>
<td>Case scenario/ group brainstorm</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Presentation: Health Promotion and Health Behavior Theory</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Activity: Learning and Applying Theory</td>
<td>Small group teach-back*</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Presentation: Adult Learning Theories</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Activity: Incorporating the Needs of Adult Learners</td>
<td>Large group discussion</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Conclusion: Using Theory to Inform Practice</td>
<td>Power Point and discussion</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Evaluation</td>
<td>Individual</td>
</tr>
</tbody>
</table>

Estimated Total Time: Approximately 55 minutes (not including pre-training set up)

* A Teach-back is a training tool that facilitates comprehension of new information through asking the students to teach what they have learned back to the larger group.
Training Session 2

Students should come to this session prepared to work on the development or improvement of a specific charla or charla section. Any information from past years describing community needs and characteristics, or evaluations of charla sessions should be reviewed by the students before the session to inform and support their work. Materials distributed in Session 1 should also be brought to this session as they will be useful for the implementation portion of the training.

<table>
<thead>
<tr>
<th>Estimated Time</th>
<th>Topic</th>
<th>Teaching Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-15 minutes prior to session</td>
<td>Room/materials set up</td>
<td>n/a</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Introduction: overview of training session and objectives</td>
<td>Power Point</td>
</tr>
<tr>
<td>7 minutes</td>
<td>Presentation: Cross-cultural Efficacy and Community Empowerment</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Activity: Developing Goals and Action Steps</td>
<td>Paired skill building activity</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Presentation: Charla Development</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>15 minutes*</td>
<td>Activity: Implementing Effective Design</td>
<td>Individual reflection and large group collaboration</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Conclusion: Why is this Important?</td>
<td>Power Point and questions from participants</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Training Evaluation</td>
<td>Individual</td>
</tr>
</tbody>
</table>

Estimated Total Time: Approximately 55 minutes (not including pre-training set up)

*This time can be extended based on the discretion of the trainer and the interest of the students
## Trainer’s Outline: Session 1

### Introduction

<table>
<thead>
<tr>
<th>Time</th>
<th>2 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>Supplies</td>
<td>Show slides 1-4 (Slide 1 is not shown here)</td>
</tr>
</tbody>
</table>

### Talking Points

**Training Outline**

Read through the training outline so that the participants will know what will be taking place over the course of the training session.

**Purpose**

This is Session 1 of a two-part training. The purpose of this session is to develop a foundation in relevant public health theories that will be useful both in efforts to improve the charla program but also for enhancing the impact we are able to have during our in-country experience. This session is titled “Necessary but Not Sufficient” because the goal will be to develop an appreciation for all of the components of an effective health intervention with the understanding that knowledge alone is not enough to create lasting change. In the next session you will have the opportunity to practice and apply the knowledge you gain today into the development of new or improved charla content.

**Learning Objectives**

Go over learning objectives to ensure that participants understand what they can expect to gain from the training.

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### For More Information

**Notes**
The Social Ecological Model

The social ecological model is a fundamental tool in public health that is used for approaching a health problem in a way that takes into consideration health determinants at all levels of influence. When planning an intervention, it is important to first understand the health determinants at each level, and how they interact, before implementing a response to a health need. This will allow you to plan your intervention in such a way that meaningful and sustainable change is possible.

- **Individual level determinants** include biological and personal history factors that can either negatively or positively influence a person's likelihood of experiencing the target health outcome. This includes age, income, education level, health behaviors, etc.
- **Relationship level determinants** take into consideration how a person’s closest social circle, including peers, family members, and partners, can influence their behavior and contribute to their range of experiences.
- **Community level determinants** include the settings where these social interactions take place; such as schools, neighborhoods, and workplaces. The characteristics and social norms present in these environments are evaluated to determine potential associations with a particular health outcome.
- **Societal level determinants** take into consideration broad societal factors that create the environment in which the health outcome can occur. These large societal factors include the health, economic, educational, environmental and social policies that help to maintain economic or social inequalities between groups in society.

For More Information

### Activity: Mal de Orine

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Case scenario/ group brainstorm</td>
</tr>
<tr>
<td>Supplies</td>
<td>Large piece of paper either taped on a wall or on an easel so that all participants can see, and markers.</td>
</tr>
</tbody>
</table>
| Instructions  | • Show slide 6 and read scenario  
• Lead participants through group brainstorm of possible health determinants  
• Draw the social-ecological model on the large paper to be filled-in with participant’s responses (the facilitator can record responses or elicit a participant volunteer) |
| Talking Points| **Case Scenario: Mal de Orine**  
What are the possible determinants of this condition?  
• Elicit participant’s responses to this question.  
• Guide them to consider multiple levels of health influence, for example: individual difficulties accessing clean drinking water (cost of bottled water, work associated with boiling water), family dynamics that cause women to put the health of their children and husband/partner above their own, community norms that expect women to engage in hard work to support the family (causing dehydration), low prioritization of educational attainment for women reducing awareness of health needs, lack of infrastructure to provide clean drinking water to rural areas, etc.  
Is telling women to drink more water going to solve the problem?  
• Ask participants to think critically about whether suggestions like these are effective in addressing a patient’s condition.  

Wrap up discussion by concluding that, through understanding the multiple determinants of health that play a role in a patient’s health status, clinicians are able to give more beneficial and meaningful advice. However, this scenario also highlights the need for community level health education to augment the work in the clinic- it is simply not possible to address all of these issues in the exam room.  

*This scenario can be replaced with another example that illustrates the value of applying the social-ecological perspective in health practice based on the facilitator’s preference.*

| Notes | |
Presentation: Health Promotion and Health Behavior Theory

<table>
<thead>
<tr>
<th>Time</th>
<th>7 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Power Point Presentation</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
</tbody>
</table>
| Instructions | • Show slides 7-12.  
• Check for comprehension of each slide before moving on while keeping in mind that the participants will have the opportunity to explore each theory in greater detail in the upcoming activity. |

Talking Points

Health Promotion and Health Behavior Theory
In this section we will explore some theoretical frameworks that may be helpful for understanding how successful public health interventions are developed and to guide the development of new charlas.

Key Concepts of Cognitive-behavior Theory
Once you have considered your health problem through the lens of the social ecological model, there are many other theories in the area of health promotion and health behavior to further guide the development of an intervention. Modern theories of health promotion and health behavior are generally termed “Cognitive-behavior Theory”. The cross-cutting concepts that are common to all theories in this area are shown here and give us an idea of the fundamental themes that each theory will be built upon.

Relevant Theories
The Health Belief Model, Social Cognitive Theory, and Community Organization Framework are several theories that are particularly relevant to the work of HHA and can be utilized to address health determinants at all levels of the social ecological model.

The Health Belief Model
The Health Belief Model is a theory that helps us to understand how people make decisions around adopting health behaviors that could reduce the risk of negative health outcomes. This theory addresses the individual’s perceptions of the threat posed by a health problem such as personal susceptibility and the severity of the condition, the benefits of avoiding the threat (for example, whether they think they have
control over acquiring the condition and its curability should they be affected), and factors influencing the decision to act (barriers to protection or avoidance, cues to action, and self-efficacy).

### Social Cognitive Theory

The Social Cognitive Theory (SCT) is based on the assumption that people are influenced by the opinions, thoughts, behavior, advice, and support of the people around them, and exert similar influence themselves. As a result, these relationships affect behavior and therefore health. The Social Cognitive Theory evolved from research on the Social Learning Theory which recognized that people learn, not only from their own experiences, but also from observing the decisions of others and the benefits of those decisions.

### Community Organization Framework

The Community Organization Framework is a theoretical model that addresses health influence at the community or societal level. Models at this level explore how social systems function and change, and outline how to mobilize community members and organizations to create change through methods that complement a community’s unique characteristics. Community Organization is a participatory model that empowers the community to identify areas of need and be part of the process of developing steps to meet that need. It is also a mutually beneficial method for approaching health interventions because it builds community capacity to address future health needs. This approach takes into consideration influences at each level of the Social Ecological Model and is often integrated with other SCT based strategies.

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### For More Information


### Notes
### Activity: Learning and Applying Theory

<table>
<thead>
<tr>
<th>Time</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Small group teach-back</td>
</tr>
<tr>
<td>Supplies</td>
<td>Handouts for each of the three theories, Appendixes A-C (enough for each participant to have one of each), large paper and markers for small-group brainstorming.</td>
</tr>
<tr>
<td>Instructions</td>
<td>Show slide 13</td>
</tr>
<tr>
<td></td>
<td>Give instructions for small group work and give groups 7 minutes to design teach-back. Circulate to each group to listen and observe progress, and answer questions.</td>
</tr>
<tr>
<td></td>
<td>Give each group 3 minutes to present their theory and explain how it can be applied in the work of HHA</td>
</tr>
<tr>
<td></td>
<td>Give 1 minute for questions/comments after each group, encourage presenting group to answer the questions if possible</td>
</tr>
<tr>
<td>Talking Points</td>
<td><strong>Small Group Activity: Learning and Applying Theory</strong></td>
</tr>
<tr>
<td></td>
<td>Now we are going to take some time to understand each of these theories in more detail and decide how they may be able to be applied to the work of HHA. We will split into three groups with each group focusing on one theory. The handouts given will provide you with more in-depth information about one theory, as well as some guidelines and examples for how it can be applied in health promotion programs. Use this information to create a 3 minute presentation for the group. Your presentation should cover:</td>
</tr>
<tr>
<td></td>
<td>Key themes of the theory not previously discussed</td>
</tr>
<tr>
<td></td>
<td>Examples of how this theory could be used to support HHA charlas and/or programming in general</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>


### Talking Points

#### Adult Learning Theories

Adult learners have specific attributes and needs that are important to consider when developing educational programs. Whereas Health Promotion and Health Behavior Theory helped inform the “what”, Adult Learning Theory is all about “who” - the real reason we are all here.

#### Adult Education Should Be...³

Because adult learners enter an education session with a wide range of previous experience, knowledge, skills, and beliefs, they have different requirements for what will earn their respect and attention. Effective adult education should be:

- Participatory- adults learn and retain information better when they are given the opportunity to apply and engage the new material
- Supportive- adult learners need positive reinforcement and can be more sensitive to comments that could be interpreted as criticism than are younger learners
- Built on the experience of learners- adults want to feel that they are respected for the experience they already have in order to feel comfortable experimenting with new content. Also, new learning is reinforced if it can build upon existing knowledge.
- Relevant- adults will become engaged in learning opportunities when they feel it is something that is applicable and beneficial to their life or work. Giving them the opportunity to apply knowledge to their personal context will help reinforce its value.
- Self-directed- adults are accustomed to making decisions for themselves, and so allowing them to be an active participant in the learning process will ensure that they get the most out of the learning opportunity.

#### Adult Learning Cycle³

The adult learning cycle demonstrates the process by which adults receive, analyze and integrate new learning. Effective training will take learners through each step of the learning cycle.

- In phase 1 they are given new information. It is the responsibility of the facilitator to give the new information in a way that is interesting and to actively involve learners through asking questions and encouraging discussion.
- In phase 2 learners process the new information. This can happen through opportunities to reflect on and react to the new information, and share this experience with others.
• In phase 3 learners will derive meaning from the experience and generalize the new knowledge so that it can be applied to other situations. For this to take place, a facilitator should avoid answering questions and instead guide learners in drawing their own conclusions.

• In phase 4 learners apply the new information in real life situations. Facilitators can help prepare learners for this step by providing opportunities to relate what they have learned to scenarios that they may encounter and guide them through planning and practicing for what they would do in these situations.

Remember:
The most important thing to take from this information about adult learners is that understanding the characteristics of the audience you will be working with is essential to achieving the goals of the learning session. With the HHA charlas, the intention is not to make women experts in reproductive health, but to empower them to keep themselves and their families healthy by providing applicable knowledge and skills that they can use in their daily life.

When designing new charlas, or revising current ones, the literacy level of the participants as well as their education experience must be considered. For example, the way we may be accustomed to receiving information from our education system may be very different from the ways that they have experienced knowledge sharing. Most importantly, literacy does not necessarily equal intelligence—these women are a wealth of valuable knowledge and experience that we can learn from. This knowledge can be utilized to make the charlas more effective in creating meaningful and sustainable change in the lives of the women we hope to serve.

For More Information

Notes
### Activity: Incorporating the Needs of Adult Learners

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Methods</strong></td>
<td>Large group discussion</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>Each participant should receive a handout on characteristics of adult learners and the adult learning cycle. Appendix D</td>
</tr>
</tbody>
</table>
| **Instructions** | • Show slide 18  
• Facilitate discussion around the two questions shown on the slide to help students come to the conclusion that experiential and participatory learning is particularly critical in cross-cultural contexts when participants may not be accustomed to the Western style of education. |
| **Talking Points** | **Group Discussion** |
| | Brainstorm activities for each step in the adult learning cycle. Some examples to support discussion are below. Encourage participants to consider whether each method is appropriate for the audience they will be serving through HHA and how it can be incorporated effectively in the charlas.  
• Step 1: group brainstorm, case studies, field visits, presentation  
• Step 2: small group discussion, small group presentation  
• Step 3: large group discussion, demonstration, individual reflection (written or verbal)  
• Step 4: field visits, study tours, action planning, simulated skills practice, practice on actual clients |
| **Notes** | |
## Conclusion

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Power Point presentation and group discussion</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Instruction</td>
<td>Show slide 19</td>
</tr>
</tbody>
</table>

### Talking Points

**Conclusion: Using Theory to Inform Practice**

Researchers and practitioners use theory to investigate answers to the questions of “why,” “what,” and “how” health problems should be addressed, thereby gaining insight into the nature of targeted health behaviors. Theory guides the search for reasons why people do or do not engage in certain health behaviors; it helps pinpoint what planners need to know before they develop public health programs; and it suggests how to devise program strategies that reach target audiences and have an impact. For these reasons, program planning, implementation, and monitoring processes based in theory are more likely to succeed than those developed without the benefit of a theoretical perspective. (NIH, 2005)

Outside the development process, the theories discussed today can also be used to help deepen the impact of the time we spend in the communities and the interactions we have with women both in the charlas and in the clinic. By keeping in mind the multiple levels of health determinants, the importance of community participation, empowerment and capacity building, and the key components of the adult learning cycle, we can be more effective in supporting meaningful and lasting change in the communities we serve.

Open the discussion by eliciting participant’s responses to what they have learned and giving them the opportunity to ask questions.

### For More Information

## Session 1 Evaluation

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Individual</td>
</tr>
<tr>
<td>Supplies</td>
<td>Session 1 Evaluation Worksheet, Appendix E</td>
</tr>
<tr>
<td>Instruction</td>
<td>Provide each participant with a session 1 evaluation worksheet.</td>
</tr>
</tbody>
</table>

### Talking Points

**Session 1 Evaluation**  
Your honest and thoughtful feedback is an essential part of making this training a useful and effective tool for HHA students. These worksheets are a guide for the type of information that will help inform any changes that should be made to the training, but please feel free to write in any other information you feel would be important for future trainers to know about your experience. Also, if you are interesting or willing, this process can be done as a group discussion and the worksheet can be used for anything you would like to submit anonymously.

### For More Information

### Notes
### Trainer’s Outline: Session 2

#### Introduction

<table>
<thead>
<tr>
<th>Time</th>
<th>2 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Instructions</td>
<td>Show slides 21-24 (title slide not shown here)</td>
</tr>
</tbody>
</table>

#### Talking Points

##### Training Outline
Read through the training outline so that the participants will know what will be taking place over the course of the training session.

##### Purpose
This is session 2 of the two-part charla development training. In the first session we learned about several relevant theories in public health that can be utilized to enhance the efficacy of HHA charlas and programming overall. Does anyone have any questions or reflections on the first session that they would like to discuss before we begin?

The purpose of this session is to prepare ourselves to enter a new culture with an open and humble mind set and to build skills for developing effective, relevant, and culturally appropriate charlas. In this session you will be given the opportunity to practice and apply these skills along with the knowledge gained about public health theory in the last session to the charlas you have selected to work on.

##### Learning Objectives
Go over learning objectives to ensure that participants understand what they can expect to gain from the training.

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**For More Information**

**Notes**
Presentation: Cross-cultural Efficacy and Community Empowerment

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Power Point presentation</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Instructions</td>
<td>• Show slides 25-27</td>
</tr>
</tbody>
</table>

**Talking Points**

**Cross-cultural Efficacy and Community Empowerment**

Given the long standing relationship between HHA and the communities we serve, there is an added responsibility to continue to build and nurture this bond through actively engaging community members in the development of programming that is culturally appropriate and situationally relevant.

**Cross-cultural Efficacy**

When developing charla material be aware of the social, economic, and cultural context of learners so that the content and methods will be accessible and relatable. These are a few questions that you can keep in mind through the development process to help support cultural efficacy. Of course, this awareness will also help while giving the charlas, treating patients, and interacting with community members.

Similarly, be aware of any personal expectations or potential biases that you may have. It is difficult to enter a new experience without any preconceived notion of what you will find, but as long as you are aware of these thoughts you can make efforts to mitigate any influence they may have on the development of a successful charla.

**Community Empowerment**

Incorporating community empowerment as a fundamental component of the charla program will not only improve the health outcomes of the women who participate, but also increase community capacity to effect change in other areas.

By asking open-ended questions and using the information shared as the basis for change, we are demonstrating to women that their thoughts and experience are valuable. We are identifying them as the experts on their needs- a role that will put them in the position to take pride in what they have to offer and help us be more effective in addressing their health needs.
Incorporating participatory and community building exercises will support the implementation of new knowledge and skills in real and meaningful ways that can create beneficial change. This will also establish women as leaders and change-makers within their own lives, families, or communities.


Notes
Activity: Developing Goals and Action Steps

<table>
<thead>
<tr>
<th>Time</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Individual reflection and large group collaboration</td>
</tr>
<tr>
<td>Supplies</td>
<td>3 large strips of paper for each participant, masking tape, markers.</td>
</tr>
</tbody>
</table>

Instructions
- Show slide 28
- Give students 5 minutes to write 1 personal goal for their experience in Honduras on each of 3 slips of paper (the PHLs should include their own goals as well given that they are an important component of the project team)
- Next, ask them to post their slips of paper on the wall.
- As a group, recognize trends in the goals students have posted and brainstorm action steps to achieve these goals.

Talking Points

**Group Activity: Developing Goals and Action Steps**

We all have personal goals, and, as is the nature of a community, the people around us may hold goals similar to our own. By identifying collective goals, energy and resources can be pooled in support of achieving these goals. This exercise is a practice in identifying common goals within a community and developing steps for action towards achieving these goals on the personal and community levels.

During group discussion:
Help guide participants to agree on action steps that clear, meaningful, and attainable. Ask them to think about action they will take on a personal level, in relating with others, and as a group.

Ask student’s to consider how this exercise can be incorporated into the charlas to promote community cohesion and buy-in around health promotion efforts.

For More Information

Notes
Charla Development
Given the purpose of the charlas and our commitment to context relevance, charlas must be designed in a thoughtful way that includes plans for updates and modification that reflect changes in the community.

Steps to Effective Design
These steps have been established to guide program planners in designing successful public health interventions; however, they will also be beneficial to consider when setting out to develop a new charla, or improve a current charla.

Needs Assessment
It seems intuitive to identify a need before devoting time and resources to an effort, and it is. The trick is to ensure that the information pointing to the need is accurate, reliable, and derived from the source: for HHA purposes, the community.

One way to be sure to identify a true and meaningful community need is through employing some basic tools of participatory research such as active listening, asking open-ended questions, observation, and maintaining field notes on what you learn. This information can then be passed on to subsequent groups to inform future charla development or modification efforts. An essential source of this information will be the women you meet in the community you stay in, women at clinic, and the community health promoters.

Select Appropriate Intervention
Once a need has been identified, the next step is to identify the best way to address it. A charla may not be an appropriate tool for addressing some needs, in which case a decision will have to be made about whether it is outside the scope of HHA or a new component should be considered. Involving the community in the decision making process will strengthen community buy-in and improve the sustainability of whatever intervention method is chosen.
If a charla is an appropriate method for addressing the need the first step will be to define the goals and objectives of the charla. This will set the foundation for what the charla is designed to accomplish and what the participants will gain from the charla. Once the goals and objectives have been established, the content can be fleshed out. Again, the characteristics of the audience will help inform the scope and breadth of the content, but regardless of the level of difficulty the information given should be accurate and current. Next, the methods for sharing the content can be designed. This is an opportunity to have fun and be creative; using a mix of approaches, methods, and materials will keep both you and your audience more engaged and increase the chances that the information will be retained and applied. As always, keep in mind the resources that are available and any limitations that exist.

**Implement**

With the first two steps complete, you will be ready to implement the charla you designed. To give the charla the best chance of success, start by establishing a safe and positive learning environment. There are both formal and informal ways to achieve this; for example, organizing the room in a way that keeps learners and facilitators at the same level and allows for movement and discussion, or greeting each woman as they enter warmly and with eye contact.

Utilize participatory methods throughout the charla by asking questions back to the group and pulling from learner experience to relate the information to their life context.

Whenever possible, allow learners to decide what they want to learn while still remaining within the framework of the charla goals. This will ensure that they are engaged in what is being presented and increase the likelihood that the knowledge or skills gained will be adopted and applied.

**Monitor and Evaluate**

To decide whether the charla was successful in meeting its objectives, the next step will be to employ strategies for monitoring and evaluation. Given the context, these efforts can take multiple forms depending on what you are trying to achieve. Some simple and directly applicable techniques to evaluate the charlas itself include verbal group assessments of changes in knowledge, skills, or attitudes, and personal reflection on learning by the participant. Asking a few participants if they would be willing to stay afterwards and discuss their experience in the charla is another effective, and context appropriate, method of evaluation. The facilitator’s experience giving the charla is an important component of this type of assessment as well; if an activity felt awkward or unnecessary to you, there is a good chance the participants felt similarly.

Of course, there is always the option to conduct a more rigorous evaluation of the charla program as a whole. This could include the development of an assessment tool that is implemented over multiple years or the review of charts to monitor changes in disease incidence or prevalence as it coincides with the introduction of new charlas.
### Revise and Repeat

As I stated in the beginning, this is an iterative process. If the goal is to support change within the community, we must also be ready to modify our approach to meet new and evolving needs as they arise. This includes recognizing when a topic or approach is no longer relevant or appropriate. By incorporating continuous quality improvement of the charlas, and program as a whole, we are not only increasing HHAs ability to effectively improve the reproductive health of the women in these communities, but we are also demonstrating our commitment to collaborative program that is directly reflective of community needs and desires.

### For More Information


### Notes
Activity: Implementation and Practice

<table>
<thead>
<tr>
<th>Time</th>
<th>15 minutes (this time can be extended if the facilitator feels it would benefit the students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Paired or group skill building exercise</td>
</tr>
<tr>
<td>Supplies</td>
<td>Participants should have the charla that they intend to work on as well as any materials that they will need to inform the development of new content or activities (This should include their notes and handouts from Session 1.)</td>
</tr>
</tbody>
</table>

**Instructions**
- Show slide 36
- Allow students to work in the groups they will be in for the charla practice
- Students will select a specific section to work on and be given time with their group to develop new content or a new activity. The facilitator should check in with each group periodically to encourage progress and answer questions
- After they have completed, each group is given 3 minutes to report-out on what they have developed and the methods/reasoning behind their decision

**Talking Points**

**Skill Building Activity**
As students are working, encourage them to keep in mind relevant public health theories, the adult learning cycle and characteristics of adult learners, and the concepts of cultural humility and appropriateness. Students should first develop the goals and objectives for the section they will be developing and set a reasonable timeframe in which the content/activity will be given. Also, be sure they keep in mind the materials they will need to develop to support the content and the resources they will have available to them in-country.

If students get stuck or are struggling to come up with ideas, ask them to think about effective trainings that they have participated in in the past or methods that have been used in this training. Support them in being creative and building from their vast base of knowledge and experiences.

After they have completed the development/revision process, ask students to record the steps that were taken and the resources that were used to provide a guide and rationale for what has been done. This will be helpful for informing the quality improvement efforts of future groups.

**For More Information**

**Notes**
Conclusion

Time 5 minutes

Training Methods Power Point presentation with questions from participants

Supplies

Instructions
- Show slides 37-39
- Facilitate discussion with questions and comments from participants

Talking Points

Conclusion
To conclude this session I want to take a few minutes to outline how this information can benefit our work with HHA and then we will have time for questions and comments.

Why is this Important?
We are very lucky to have the trust and respect of these communities. We can demonstrate how much we value the opportunity to work with them by continuing to build and deepen this relationship through incorporating more participatory methods in our education program and quality improvement efforts. By involving the community in the process of deciding what HHA provides, we are reinforcing what we teach them in the charlas: that they are active participants in their health and the health of their community.

By developing strategies to continuously improve the charlas we are enhancing the benefits of the screening, testing, and counseling done during the clinic. The charlas will provide women with tools and skills to adopt the health behaviors they are advised about during their clinic visit.

It is sometimes hard to imagine that HHA may be the main, and possibly only, provider of well-woman care that these women receive on a regular basis. If we are able to show them that this can be a positive and rewarding experience through empowering and culturally appropriate practice, we may increase the likelihood that they will seek out additional services if needed. This is a real opportunity and responsibility on our part.

Lastly, but equally as important, are the benefits to you as students when you are able to take a more active role in the evolution and growth of HHA. This will deepen the relationships and skills that you develop during your time in Honduras and provide you with an experience that will better prepare you to excel in future goals.
**Questions, Comments, and Discussion**
Thank you all very much for your attention and participation. Does anyone have any questions or comments they would like to share?
## Training evaluation

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Individual</td>
</tr>
<tr>
<td>Supplies</td>
<td>Each participant needs 1 evaluation sheet, Appendix F</td>
</tr>
</tbody>
</table>
| Instructions | - Show slide 40  
- Give one evaluation sheet to each participant  
- Provide a manila envelope for participants to turn in completed forms |

### Talking Points

**Training Evaluation**

As with the charlas, this training is an iterative process and relies on your honest feedback to be effective. The evaluations are anonymous and will be taken into consideration for how the training can be improved before it is given again next year.

Thank you all very much for your thoughtful participation.

### For More Information

### Notes
Additional Resources

Training Design


Evaluation


CDC. Data Collection Methods for Program Evaluation:


Public Health Theory


WHO Violence Prevention Alliance. The Ecological Framework.

**Honduras/Central America Health Information**


**Cervical Cancer**


PAHO. How Cervical Cancer Develops. 31 May, 2011.  
http://new.paho.org/hq/index.php?option=com_content&task=view&id=5521&Itemid=259

http://www.paho.org/English/AD/DPC/NC/pcc-accp-manual.htm


Other Useful Databases


Ipas. Resources: Central America and the Caribbean.  
http://www.ipas.org/Resources.aspx

PAHO. Reproductive Health.  

http://www.plannedparenthood.org/resources/pamphlets-23518.htm (This site has some pamphlets on reproductive health topics in Spanish that may be useful/modifiable)

UNFPA. Publications: Reproductive Health.  
https://www.unfpa.org/public/home/publications/pubs_rh
Recommendations

This training was piloted with a group of 5 first year medical students who were participating in the Spring 2012 HHA course and preparing to travel to Honduras in the summer. Based on this experience, several changes have been made to the training, and recommendations for activities that could further support students in improving HHA programming have been identified.

Originally, the training was designed as one 90 minute session, but, based on the feelings of the facilitator and participants, it was concluded that it would be more effective to split the training into two approximately 55 minute sessions. The students also requested that activities to develop more concrete skills for charla development be prioritized in the training. This request was taken into consideration and an activity was included that provides students guided work time to develop a specific portion of a charla session. While the students may not have understood the direct relevance of the more theoretical portions of the training to the ultimate goal of charla development, this component is valuable for building foundational knowledge and broadening awareness around health interventions in developing country contexts. Instead of omitting this content, a more thorough explanation of the goals of the theory sections was included and students are given the opportunity to apply this knowledge directly to the HHA context. Also, in the pilot training, the students had not yet read the current charlas and were therefore unable to relate what they were learning to the changes they would like to make. For future trainings, it is recommended that students not only be familiar with the charlas but also have in mind several areas where they would like to engage in improvement efforts.
Several areas for program improvement that are outside the scope of this training were also identified. While there are many benefits to a student-led organizational structure such as in present in HHA, the lack of continuity between yearly trips is certainly a barrier to any quality improvement efforts. The students who participated in the pilot training expressed confusion and frustration around the development of need-based community education programs when they have no direct, or indirect, information about community needs. The development of a procedure for collecting community health data that could be passed on to the subsequent group of students would help rectify this problem. This could be in the form of a questionnaire to be completed with the community health promoters, focus groups with women after charla session, or the maintenance of field notes by student participants. Similarly, students should be documenting the steps they have taken and resources they have used to improve the charlas so that future students are given a background on the process and a database of useful resources is developed.

Medical students could also be better prepared to engage in a new and different cultural context. The GO! Global Orientation on Culture and Ethics, given at UNC-Chapel Hill every spring, could provide a valuable resource for helping students to build the knowledge, skills, and awareness that will allow them to engage with community members in a way that will deepen and strengthen the relationship that HHA has worked to build over the past 8 years. This will also help them to be more effective, respectful, and humble practitioners in their future careers.

**Conclusion**

Through the initial in-country needs assessment it was clear that both the women served by HHA and the student participants recognized a need for improvements in the current health
education programming. Based on the initial pilot of the training to develop skills and understanding of public health methods and empower student participants to take a leadership role in the development of new charlas, it became clear that the students have the desire and ability to make this possible. With continued effort to improve continuity and strengthen student’s cultural efficacy, improvements to HHA programming can be made that will increase project efficacy and create lasting and meaningful progress towards improved reproductive health of the women served.
References


Bibliography


APPENDIX A: Health Belief Model\textsuperscript{1} Handout

The Health Belief Model (HBM) addresses the individual’s perceptions of the threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat, and factors influencing the decision to act (barriers, cues to action, and self-efficacy). This model recognizes six main constructs that influence people’s decisions about whether to take action to prevent, screen for, and control illness. They argued that people are ready to act if they:

- Believe they are susceptible to the condition (perceived susceptibility)
- Believe the condition has serious consequences (perceived severity)
- Believe taking action would reduce their susceptibility to the condition or its severity (perceived benefits)
- Believe costs of taking action (perceived barriers) are outweighed by the benefits
- Are exposed to factors that prompt action (e.g., a television ad or a reminder from one’s physician to get a mammogram) (cue to action)
- Are confident in their ability to successfully perform an action (self-efficacy)

Since health motivation is its central focus, the HBM is a good fit for addressing problem behaviors that evoke health concerns (e.g., high-risk sexual behavior and the possibility of contracting HIV).

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Potential change strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>Beliefs about the chances of getting a condition</td>
<td>• Define what populations(s) are at risk and their levels of risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tailor risk information based on an individual’s characteristics or behaviors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help the individual develop an accurate perception of his or her own risk</td>
</tr>
<tr>
<td>Perceived Severity</td>
<td>Beliefs about the seriousness of a condition and its consequences</td>
<td>• Specify the consequences of a condition and recommended action</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>Beliefs about the effectiveness of taking action to reduce risk or seriousness</td>
<td>• Explain how, where, and when to take action and what the potential positive results will be</td>
</tr>
<tr>
<td>Perceived Barriers</td>
<td>Beliefs about the material and psychological costs of taking action</td>
<td>• Offer reassurance, incentives, and assistance; correct misinformation</td>
</tr>
<tr>
<td>Cues to Action</td>
<td>Factors that activate “readiness to change”</td>
<td>• Provide “how to” information, promote awareness, and employ reminder systems</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Confidence in one’s ability to take action</td>
<td>• Provide training and guidance in performing action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use progressive goal setting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Give verbal reinforcement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Demonstrate desired behaviors</td>
</tr>
</tbody>
</table>

Social Cognitive Theory (SCT) describes a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other.

According to SCT, three main factors affect the likelihood that a person will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectancies. If individuals have a sense of personal agency or self-efficacy, they can change behaviors even when faced with obstacles. If they do not feel that they can exercise control over their health behavior, they are not motivated to act, or to persist through challenges. As a person adopts new behaviors, this causes changes in both the environment and in the person. Behavior is not simply a product of the environment and the person, and environment is not simply a product of the person and behavior. The following constructs are central to SCT based practice:

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Potential Change Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reciprocal Determinism</td>
<td>The dynamic interaction of the person, behavior, and the environment in which the behavior is performed</td>
<td>Consider multiple ways to promote behavior change, including making adjustments to the environment or influencing personal attitudes</td>
</tr>
<tr>
<td>Behavioral Capability</td>
<td>Knowledge and skill to perform a given behavior</td>
<td>Consider multiple ways to promote behavior change, including making adjustments to the environment or influencing personal attitudes</td>
</tr>
<tr>
<td>Expectations</td>
<td>Anticipated outcomes of a behavior</td>
<td>Model positive outcomes of healthful behavior</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>Confidence in one’s ability to take action and overcome barriers</td>
<td>Approach behavior change in small steps to ensure success; be specific about the desired change</td>
</tr>
<tr>
<td>Observational Learning</td>
<td>Behavioral acquisition that occurs by watching the actions and outcomes of others’ behavior</td>
<td>Offer credible role models who perform the targeted behavior</td>
</tr>
<tr>
<td>(Modeling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinforcements</td>
<td>Responses to a person’s behavior that increase or decrease the likelihood of reoccurrence</td>
<td>Promote self-initiated rewards and incentives</td>
</tr>
</tbody>
</table>

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APPENDIX C: Community Organization Framework

The Community Organization Framework emphasizes community-driven approaches to assessing and solving health and social problems.

Community organizing is a process through which community groups are helped to identify common problems, mobilize resources, and develop and implement strategies to reach collective goals. Strict definitions of community organizing assume that the community itself identifies the problems to address (not an outside change agent). Public health professionals often adapt the methods of community organizing to launch programs that reflect the priorities of community members, but may not be initiated by them. Community organizing projects that start with the community’s priorities, rather than an externally imposed agenda, are more likely to succeed.

Community organizing is consistent with an ecological perspective in that it recognizes multiple levels of a health problem. It can be integrated with SCT-based strategies that take into account the dynamic between personal factors, environmental factors, and human behavior. The following 6 concepts are engaged in community organization to achieve and measure change:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Potential Change Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowerment</td>
<td>A social action process through which people gain mastery over their lives and their communities</td>
<td>Community members assume greater power, or expand their power from within, to create desired changes</td>
</tr>
<tr>
<td>Community Capacity</td>
<td>Characteristics of a community that affect its ability to identify, mobilize around, and address problems</td>
<td>Community members participate actively in community life, gaining leadership skills, social networks, and access to power</td>
</tr>
<tr>
<td>Participation</td>
<td>Engagement of community members as equal partners; reflects the principle, “Never do for others what they can do for themselves”</td>
<td>Community members develop leadership skills, knowledge, and resources through their involvement</td>
</tr>
<tr>
<td>Relevance</td>
<td>Community organizing that “starts where the people are”</td>
<td>Community members create their own agenda based on felt needs, shared power, and awareness of resources</td>
</tr>
<tr>
<td>Issue Selection</td>
<td>Identifying immediate, specific, and realizable targets for change that unify and build community strength</td>
<td>Community members participate in identifying issues; targets are chosen as part of a larger strategy</td>
</tr>
</tbody>
</table>

## APPENDIX D: Theories of Adult Education Handout

### Principles of Adult Learning

<table>
<thead>
<tr>
<th>Adults learn best when...</th>
<th>The role of the facilitator is to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>They feel valued and respected for the experiences and perspectives they bring to the training situation.</td>
<td>Elicit and affirm learners’ experiences and perspectives.</td>
</tr>
<tr>
<td>The learning experience is active and not passive.</td>
<td>Actively engage learners in their learning experience.</td>
</tr>
<tr>
<td>The learning experience fulfills their immediate needs.</td>
<td>Identify learners’ needs and design training content and methods that meet these needs and are directly relevant to learners’ experiences.</td>
</tr>
<tr>
<td>They accept responsibility for their own learning.</td>
<td>Establish and enforce group norms that create an environment of individual and group responsibility for learning.</td>
</tr>
<tr>
<td>Their learning is self-directed and meaningful to them.</td>
<td>Involve learners in deciding on the content that will be covered during the training.</td>
</tr>
<tr>
<td>Their learning experience addresses ideas, feelings and actions.</td>
<td>Use multiple training methods that elicit knowledge, attitudes and skills.</td>
</tr>
<tr>
<td>New material is related to what learners already know.</td>
<td>Use training methods that enable learners to integrate new material and establish a relationship with existing information.</td>
</tr>
<tr>
<td>The learning environment is conducive to learning.</td>
<td>Take measures to assure that the physical and social environment (training space) is safe, comfortable and enjoyable.</td>
</tr>
<tr>
<td>Learning is reinforced.</td>
<td>Use a variety of activities to facilitate learning similar concepts through different means and ensure prompt, reinforcing feedback.</td>
</tr>
<tr>
<td>Learning is applied immediately.</td>
<td>Provide opportunities for learners to apply the new information and skills they have learned.</td>
</tr>
<tr>
<td>Learning occurs in small groups.</td>
<td>Use small-group training methods that encourage learners to explore feelings, attitudes and skills with other learners.</td>
</tr>
<tr>
<td>The trainer values their contributions as both a learner and a teacher.</td>
<td>Encourage learners to share their expertise and experiences with the trainer and other learners.</td>
</tr>
</tbody>
</table>

Effective education with adults:

- **Is participatory.** Adults learn best when they are actively involved in the learning process. They are more likely to learn and retain new information when training creates opportunities for them to practice applying their new knowledge and skills.

- **Is supportive.** Adults are most likely to learn in an environment that is supportive, in which learners receive positive reinforcement, such as praise and encouragement, instead of negative reinforcement, such as criticism.

- **Builds on the experience of learners.** Effective training provides adults an opportunity to build on existing perspectives, knowledge and skills and to share these with fellow learners. Valuing the existing experience of learners not only helps them to feel comfortable experimenting with new knowledge and skills, but is also effective in helping them link what they have learned to real-life contexts.

- **Is relevant.** Adults respond best to learning opportunities that offer them the chance to learn information and skills that are relevant to the contexts of their workplaces and communities. They are also likely to respond best to training that helps them build knowledge and skills that they will apply immediately. Often, adults seek training opportunities when they assume new tasks and roles.

- **Fosters opportunities for self-directed learning.** Adult learners are accustomed to taking responsibility for their own decisions and actions, including choosing what they want to learn. They learn best when they are treated as active participants in the learning process and when trainers help them move from the role of dependent learners to self-directed learners.

APPENDIX E: Session 1 Evaluation

1) What parts of this session were the most useful to your work with HHA?

2) What parts of this session were the least useful to your work with HHA?

3) What would you have liked this session to include or cover in more detail?

4) How will you apply the knowledge and skills you learned in this session to your work with HHA? To your work after HHA?

5) General comments and suggestions:

Thank You!
APPENDIX F: Full Training Evaluation

Training Evaluation: Sessions 1 and 2

Training Objectives
At the end of this course, learners will be able to:

- Recognize the spheres of influence of the social-ecological model and describe how they relate to health
- Describe at least one theory of behavior change and be able to utilize this framework to inform effective programming
- List the steps of the adult learning cycle and describe some characteristics of adult learners
- Demonstrate cultural efficacy and skills for community empowerment and capacity building
- Develop education sessions that emphasize participatory learning techniques, are appropriate for the audience, and are based in real community need
- Apply relevant public health theory and the adult learning cycle in the development of new charla content and activities

Please rate the training on each of the following items using the scale below. Please use the comments section to provide more information about the rating and to offer any suggestions.

<table>
<thead>
<tr>
<th>4= Strongly Agree</th>
<th>3= Agree</th>
<th>2= Disagree</th>
<th>1= Strongly Disagree</th>
</tr>
</thead>
</table>

- The training fulfilled its objectives (see above).
  
  *Comments:*

  Rating ________

- The training course was well organized.
  
  *Comments:*

  Rating ________

- The trainer’s materials (power point, handouts, visual aids, etc.) were effective.
  
  *Comments:*

  Rating ________

- The trainer modeled effective training methods.
  
  *Comments:*

  Rating ________

- The trainer was responsive to learner’s needs and questions.
  
  *Comments:*

  Rating ________
Because of this training I have developed skills that will be useful in my future work.  
*Comments:*  
Rating _______

I feel confident applying the skills I gained in this training to develop new charlas.  
*Comments:*  
Rating _______

After this training I feel more prepared to give the charlas and engage with the community in a meaningful way.  
*Comments:*  
Rating _______

**Additional Questions:**

1) What parts of the training were the most useful to your work with HHA?

2) What parts of the training were the least useful to your work with HHA?

3) What would you have liked the training to include or cover in more detail?

4) How will you apply the knowledge and skills you learned in the training to your work with HHA?

5) General comments and suggestions:
## APPENDIX G: Additional Skill Building Activity

### Activity: Listening and Asking Questions

<table>
<thead>
<tr>
<th>Time</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Methods</td>
<td>Paired skill building exercise</td>
</tr>
<tr>
<td>Supplies</td>
<td>Participants should all have some paper to write on and take notes as well as a pen or pencil.</td>
</tr>
</tbody>
</table>

**Instructions**

- Show slide 26 and read the quote
- Give participants 3 minutes to develop 2-3 open ended questions related to the quote and think about some possible follow-up questions.
- In pairs, each person will have 5 minutes to ask their questions, listen to the response of their partner, and ask follow-up questions.
- After each student has had the chance to ask their question come back into the group to discuss

**Talking Points**

**Skill Building Activity**

“Health cannot be separated from your environment, the things you do, what you eat, and how you think”

Take the next 3 minutes to develop 2-3 open ended questions related to this theme as well as some possible follow-up questions. Remember, open ended questions are designed to get at the meaning behind an action, behavior, thought or feeling, so these should not elicit yes/no or listed responses.

Now, in pairs, take 5 minutes each to ask the questions you have written. Listen thoughtfully to the responses given by your partner and practice asking probing questions to get more information from them. In the interviewer role, remember to give your partner positive feedback through open body language, facial expression, and verbal cues to indicate that you are actively engaged in listening to what they have to say.

After the paired activity, back in the larger group:

Let’s discuss how that experience went for you. Some possible questions to facilitate group discussion:

- Was anyone surprised by the response they got to any of their questions? Tell me about it.
- What was the experience like when you were in the listening role?
- How do these skills translate to your work with HHA or as a clinician?

**For More Information**


Appendix H: Presentation Slides

Slide 1

DESIGNING MEANINGFUL AND EFFECTIVE CHARLAS
Session 1: Knowledge is Necessary, but Not Sufficient

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Slide 2

Training Session 1: Outline

- Introduction
- The social-ecological model
- Health promotion and health behavior theories
- Adult learning theories
- Conclusion and wrap-up
- Session evaluation

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Slide 3

Purpose

Session 1: To provide med students with a foundation in public health perspectives and build an appreciation for participatory and empowering training techniques.

Session 2: To empower students to take leadership of charla improvement and development initiatives on reproductive health topics relevant to the lives of women served by the Honduran Health Alliance.

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Slide 4

Learning Objectives

Students will be able to...
- Recognize the spheres of influence in the social-ecological model and describe how they relate to health
- Describe at least one theory of behavior change and be able to utilize this framework to inform effective programming
- List the steps in the adult learning cycle and describe some characteristics of adult learners

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Slide 5

The Social-Ecological Model

允许我们理解健康问题的全面背景并识别不同层次的决定因素和保护因素。

Slide 6

Case Scenario: “Mal de Orine”

- A large number of women attending the HHA clinic complained of a condition they call “mal de orine”. They describe painful urination and urine that is strong smelling and low in quantity. Students recommend that they drink more water.

- What are the possible determinants of this condition?
- Is telling women to drink more water going to solve the problem?

Slide 7

Health Promotion and Health Behavior Theory

How can theory guide effective health programming?

Slide 8

Key Concepts of Cognitive-Behavior Theory

- Behavior is mediated by cognitions - what people know and think affects how they act.
- Knowledge is necessary for behavior change but, alone, is not sufficient to produce the desired outcome.
- Perceptions, motivations, skills and the social environment are all key influences on behavior.
Relevant Theories

- The Health Belief Model
- Social Cognitive Theory
- Community Organization Framework

The Health Belief Model

**Individual level**
- People’s beliefs about whether or not they are susceptible to a disease, their perceptions of the benefits of trying to avoid it, and factors influencing their decision to act

Social Cognitive Theory

**Relationship level**
- Describes a dynamic, iterative process in which personal factors, environmental factors, and human behavior exert influence upon each other.
- 3 main factors affecting the likelihood of behavior change:
  - Self-efficacy
  - Goals
  - Outcome expectancies

Community Organization Framework

**Community/societal level**
- A process through which community groups are helped to identify common problems, mobilize resources, and develop and influence strategies to reach common goals.
- This approach can be integrated with other SCT-based strategies that take into account the dynamic between personal factors, environmental factors, and human behavior.
Slide 13

Small Group Activity: Learning and Applying Theory

Slide 14

Adult Learning Theories

Slide 15

Adult education should be...

- Participatory
- Supportive
- Built on the experience of learners
- Relevant
- Self-directed


Slide 16

Adult Learning Cycle
Slide 17

Remember:

- Knowledge for empowerment and self-efficacy
- Education level of participants
- The value of different forms of knowledge
- People have different learning styles
- Context, context, context!!!

Slide 18

Group Discussion:

- Brainstorm activities for each step in the adult learning cycle
- Reflect on the appropriateness of each method for the target audience

Slide 19

Conclusion

- Theory provides a road map for studying problems, developing appropriate interventions, and evaluating their successes
- Theory explains the dynamics of health behaviors, including processes for changing them, and the influences of the many forces that affect health behaviors, including social and physical environments
- Theory helps us to become more effective and appropriate in our intervention efforts as well as community interactions


Slide 20

Session 1 Evaluation
Slide 21

DEVELOPING MEANINGFUL AND EFFECTIVE CHARLAS
Session 2: Translating Theory into Practice

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Slide 22

Training Session 2: Outline

- Introduction
- Cross-cultural efficacy and community empowerment
- Developing a charla
- Implementation and practice
- Conclusion and wrap-up
- Training evaluation

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Slide 23

Purpose

Session 1:
- To provide med students with a foundation in public health perspectives and build an appreciation for participatory and empowering training techniques.

Session 2:
- To empower students to take leadership of charla improvement and development initiatives on reproductive health topics relevant to the lives of women served by the Honduran Health Alliance.

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Slide 24

Learning Objectives

- Students will be able to...
  - Demonstrate cultural efficacy and skills for community empowerment and capacity building
  - Develop education sessions that emphasize participatory learning techniques, are appropriate for the audience, and are based on real community need
  - Apply relevant public health theory and the adult learning cycle in the development of new charla content and activities
25 Cross-cultural Efficacy and Community Empowerment
Going beyond cultural competence to support meaningful change

26 Cross-cultural Efficacy
- Be aware of the social, economic, and cultural context of learners
  - How will this influence the content/structure/activities of the course?
  - How will you interact with the learners to be sensitive to these differences?
- Be self-aware
  - Recognize personal expectations and potential biases
  - Exercise cultural humility

27 Community Empowerment
- Ask open-ended questions to elicit thoughtful participation
- Incorporate participatory and community building exercises
  - Small group discussion and team work
  - Setting goals (personal, family, or community level) and developing action steps
  - Frame this as an opportunity to develop community norms for adopting positive health behaviors

28 Group Activity:
Developing goals and action steps
Slide 29

**Charla Development**

An iterative process

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Slide 30

**Steps to effective design**

- Needs assessment
- Select appropriate intervention
- Implement
- Monitor and Evaluate
- Revise and Repeat

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Slide 31

**Needs Assessment**

*Identify areas of need and define the scope of the need through:*

- Active listening—build rapport and trust to earn meaningful sharing
- Asking open-ended questions and follow-up questions
- Observation of community needs and strengths as well as customs, behaviors, rituals, foods, available resources, family dynamics etc.
- Maintaining field notes on what you learn

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Slide 32

**Select Appropriate Intervention**

- Determine if a charla is appropriate for addressing the target need—include community in decision
- Design an approach that addresses gaps in knowledge, skills and attitudes of learners:
  - Develop goals and objectives
  - Gather relevant and evidence based information
  - Employ mixed approaches, methods, and materials
  - Keep in mind available resources and limitations (time, education level, facilities, etc.)
### Slide 33
**Implement**
- Establish safe and positive learning environment
- Facilitate learning process through participatory methods
- Encourage participants to take ownership of learning process while still achieving charla objectives

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### Slide 34
**Monitor and Evaluate**
- Assess changes in knowledge, skills, and attitudes
  - Informal verbal pre- and post-test
  - Participant personal assessment
  - Follow-up focus group
- Facilitator reflection
  - How did the learners respond to the content/activities?
  - Were some topics/activities more successful than others? Which ones and why?
  - How did you feel presenting the training?

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### Slide 35
**Revise and Repeat**
To maintain efficacy and relevancy, community based projects must change and develop alongside the community

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### Slide 36
**Skill Building Activity:**
Implementation and Practice

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Why is this important?

Benefits of participatory programming for the community, and its relationship with HHA
- Continuous, need-based quality improvement of the charla program will reinforce the benefits of screening/testing/counseling done during clinic
- Engenders a positive relationship with reproductive health maintenance activities
- Students can be active participants in the evolution and growth of HHA while building meaningful relationships and skills

Questions, Comments, Discussion

Training Evaluation