Promoting health in the third world through very low-cost, open-access, online education: an innovative learning methodology

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This presentation describes:

1. An innovative, open-access, online health promotion module (MPH embedded)

2. Designed to help lessen the health equity gap and build public health capacity in developing nations, especially sub-Saharan Africa
1. The gap in health and quality of life between the well-off (people and nations) and the poor (people and nations)

2. Tragically, with rapid globalization (international trade/trade liberalization) and urbanization, the health equity gap is widening. (1-5, 9-11)
Problems: Resource Limitations

1. Sub-Saharan African nations lack well-trained public health professionals. (9-11)

2. Resource shortages undercut the ability to build public health capacity and infrastructure. (9-11)
Possibilities: People/Health Promotion

1. The process of enabling people to gain control of their health and its determinants

2. WHO defines health as a state of complete physical, mental and social well-being not merely the absence of disease
Possibilities: Open-Access, Online Education

1. Spreading rapidly globally
2. Providing unrestricted access to articles, monographs and book chapters
3. Creating learning resources to increase knowledge and expertise by minimizing cost and access barriers (12-18)
4. Accessing an extensive network of free, open-source public health educational materials (17)
5. 19,500 open-access scholarly articles in 2000 191,500 in 2009.
6. Open-access journals increased from 740 to 4769 in same period. (17)
1. Building public health capacity and health literacy in developing nations
2. Founded in 2007 by innovative public health scholars/advocates/Dick Heller MD, PhD (18)
4. Sponsored and accredited through the Royal Society of Public Health (UK)
5. Offered 6 very low cost ($75 each) modules in 2008. Initial modules included: biostatistics, disaster management and emergency planning, introduction to epidemiology, evidenced-based practice, maternal mortality, and prevention of child mortality
6. Currently 18 modules in MPH program/Moodle platform (249 learners/term from 30+ countries)
Objective

• Develop and implement a successful health promotion module for third world learners
Methods and Mentors

1. Online discussions, the module coordinator, the program coordinator, and volunteer mentors developed and organized the health promotion module.

2. Structured sequential topic units with objectives and open-access learning resources.

3. Mentors facilitate discussion forums through the Moodle platform.

4. Using open-ended key theme questions, mentors/learners engage in interactive learning discussions, enriched by divergent multi-cultural perspectives.

5. Initial mentors—an American clinical psychologist, a UK medical doctor, three health promotion education specialists—UK National Health Service, and a chiropractor/health promotion professor.

6. DC coordinates the module.
1. Culturally diverse
2. Health professionals and health workers from Africa (Nigeria, Kenya, Ethiopia, Cameroon, Rwanda, Uganda, Zimbabwe, Malawi, Zambia, Sudan, South Sudan, Cote D’Ivoire, Botswana), the Mideast (Turkey), Southeast Asia (India, Nepal), Latin America (British Guyana, Trinidad/Tobago) and Europe (United Kingdom)
3. Most learners live in poverty’s steel grip in sub-Saharan Africa.
Learning Resources

1. Online learning materials include mentor-developed topic introductions, overviews and more detailed subject delineations.

1. Supported by open-access resource learning materials/links/websites/public health consortiums, such as the Public Health Agency of Canada (http://www.phac-aspc.gc.ca/sehs-acss/index.html) and the Victoria (Australia) government health promotion website http://www.health.vic.gov.au/healthpromotion/evidence_res/evidence_index...

1. Zipped learning resource files for off-line study, necessitated by learners’ frequent power outages/loss of web services
Learning Methodologies/Topics

• 1. Introduction; basic concepts and overview of health promotion
• 2. Values, principles and determinants of health
• 3. Theories and strategies of health promotion
• 4. Health promotion in practice; planning and implementation
• 5. Design your own health promotion project.

• Topics begin with introductory overviews, progress to delineation of theoretical concepts, and then finish with action-oriented, interventions to increase health promotion empowerment. (21-23)

• Include a headline competence (learning outcome) supported by a series of learning assessments/objectives.

• Learner competence is assessed through completion of final assignments, including a detailed health promotion project/plan and 3 topical essays with references.
1. Personal leadership in healthy lifestyle choices
2. Lifestyle inventories for self-assessment (Topic 1)
3. Healthy practitioners are most effective in lifestyle/health promotion counseling (24-28)
Abridged health promotion learning competences include:

- **Topic 1**
  - Headline Competence (learning outcome): Develop a systematic understanding of basic definitions, concepts and key features relating to health promotion and differentiate between different concepts and perspectives, including how to distinguish between Health Education, Health Promotion and Health Promoting Policies.

- **Topic 2**
  - Headline Competence (learning outcome): Develop a systematic understanding of the values and principles underlying the way in which Health Promotion might influence the determinants of health.

- **Topic 3**
  - Headline Competence (learning outcome): Apply knowledge and understanding of the key health promotion theories, models and strategies for action.

- **Topic 4**
  - Headline Competence (learning outcome): Develop a systematic understanding of the Health Promotion Planning and Implementation Process.

- **Topic 5**
  - Headline Competence (learning outcome): Synthesize the learning from previous topics and apply to the design and implementation of a detailed pilot health promotion plan.
Final Assignment/Project Plan and Essays

1. Pragmatic application
2. A detailed, action-oriented, health promotion plan (1100 to 1400 words) worth 40/100 marks.
3. A well-delineated planning format/cycle including: project overview, issues addressed, rationale, resources, project preparations, situational assessments, goals and objectives, populations of interest, work plan and timeline, identification of strategies and associated activities, outcome indicators, planning review, implementation and monitoring, evaluation and impact.
4. 3 referenced topical essays delineating: a local or regional health issue, a successful health promotion practice and a key social determinant of health.
5. Detailed transparent marking grid
Outcomes:
Completion Rates and Marks

- **Course Completion Rates 2011/2012**
- Fall 2011, 13/26 learners (50%) completed module.
- Spring 2012, 15/23 initial learners (65%) completed module.
- Spring term final marks ranged from 56 to 74 (UK System). A mark of 50 is passing. Grades above 70 represent an outstanding effort.
Outcomes: Health Promotion Plans

Personal plans included:
1. Increasing exercise/activity
2. Improving dietary choices
3. Reducing weight and decreasing alcohol consumption

Community plans included preventing/treating:
1. Vitamin A deficiency and growth stunting in children
2. Diabetes
3. Cervical cancer
4. HIV/AIDS
5. Malaria
6. Chlamydial infections
7. Tuberculosis
8. Infant diarrhea and guinea worms

Plans also included:
• Development of community gardens
1. Initiation of hand-washing and adult male circumcision campaigns
Discussion: Feedback Surveys and Final Assignments

1. Learner feedback very positive.
2. Most course survey respondents reported learning more than in a traditional educational setting. Learner responses in this category were the highest of the 18 peoples-uni.org modules.
3. Outcome attributed to the pragmatic health promotion project and detailed structure of the final assignment/ marking grid.
4. Final project plans were inspirational, holding promise for steps towards transformation and health empowerment.
5. Essays were generally well-written and supported by evidence.
Limitations

1. Though learner course feedback responses are positive and promising, they comprise a small sample (approximately 50% of those completing the module).

1. Language issues remain the chief challenge. English is often a second, third or fourth learner language.

1. As expected, learner attrition rates in very low cost, open-access education were high.

1. Barriers include full-time work/extensive social/family commitments/significant health-related disorders common in sub-Saharan Africa and the third world.
Conclusions

1. This health promotion module has been an inspirational experience for learners/mentors.
2. Open access, online education has potential to empower learners from poverty-stricken areas.
3. The Moodle delivery platform is adaptable and user-friendly.
4. Volunteering to teach third world learners can be a transformational experience.
5. Peoples-uni.org is alive and well, fulfilling its mission to build public health capacity in the third world.
References