

## Analyzing Health Education Training of Human Services Students

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### ABSTRACT

Human services programs are charged with training students to address social problems through delivering services that enhance the standard of living of all people. The coursework generally offered in accredited human services programs are within the framework of mental health and social work, yet human services workers play a critical role in health care delivery and need to convey good health practices to their clients. This study provided an analysis of accredited program curriculum across the United States, and made the argument for the importance of health education courses for field preparation. The 39 accredited human services programs were analyzed for their number of health education courses offered, the type of course, and the number of credits per course. The analysis revealed that health education courses were present in less than half of the accredited programs. While many of the programs offer one course, First Aid/CPR was the only health education course offered to students.

**Keywords:** health education, human services, mental health, curriculum, accreditation

### INTRODUCTION

Training human services students to care for clients in a variety of areas of their lives is critical at this time because of the governmental focus on health care for all. It is essential that human services students are prepared to understand the health care changes in America as it relates to their professional training.

The intersection between health education and human services is one where similar fundamental theories and schools of thought anchor the fields. Anthropology, sociology and psychology are threaded in the practices found in both fields. When closely examining the definition of human services according to the Council for Standards for Human Services Education as

“uniquely approaching the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. The Human Services profession is one which promotes improved service delivery systems by addressing not only the quality of direct services, but also by seeking to improve accessibility, accountability, and coordination among professionals and agencies in service delivery” ([http://www.nationalhumanservices.org/index.php?option=com\\_content&view=article&id=88](http://www.nationalhumanservices.org/index.php?option=com_content&view=article&id=88))

it indicates that the wellbeing of people is paramount to effective client outcome. Health education provides an understanding of health behaviors and how to work with individuals and groups to modify health practices. Berkman (1996) indicated that social workers are in need of training that will enable them to work with patients and clients with respect to the evolving health care delivery models. Intercolaborative training can lead to improved service delivery across agencies (Littlechild, Smith, & Work, 2012). Such training would empower them to be part of hospital and community health teams that collaborate on patient/client care.

Human services education has continued to evolve to embrace the growing needs of client populations. This evolution has increased to include the health and wellness concerns that impact clients' abilities to access needed services. This change include a need for human services students to better understand the health and wellness concerns of clients, and client ability to actualize their role in society. This ever-changing society involves critical understanding of managed care and being prepared to work in those environments (Berger & Ai, 2000). As the health care system evolves, it is essential that human services professionals remain relevant (Pecukonis, Cornelius, & Parrish, 2003). The key way for the field to remain relevant is by revitalizing the curriculum, but not overwhelming training with courses that may need to be phased out of the curriculum (Vourkelis, Ell, & Padgett, 2001). The development of the Affordable Healthcare Act impacts client care not only from the perspective of human services, but health services

and personal health needs that become community issues. When the training of human services professionals was examined for health education instruction, such courses play little to no role in the curriculum.

The purpose of this study is to provide an analysis of the accredited human services school curriculum across the United States. This study will assess the presence and breadth of health education training for human services students. Finally, this paper will begin the dialogue in making a case for a stronger health education curriculum in the training of human services students.

**METHOD**

SOPHE-AAHE Baccalaureate Program Approval Committee (SABPAC) of the National Implementation Task Force for Accreditation of Health Education website (<http://www.healthedaccred.org/sabpac.html>) which approves baccalaureate health education programs (n=21) was reviewed to identify the courses that provide health education proficiency. The Council for Standards for Human Services Education (CSHSE) website (<http://www.cshse.org/accredited.html>) lists all accredited human services programs (n=39) in the United States. The next step was to view the curriculum of the accredited human services programs at their school websites. Next, the human services programs that offered health education courses and the programs that offered only human services courses for their programs were documented. Health education courses were identified based on the title of the course and course number, and correlated with similar courses offered at approved SABPAC programs to determine course level as either basic, intermediate or advance. Basic was defined as 100-level courses, intermediate as 200 and 300-level courses, and advance as 400-level courses. Then the number of health education courses and credit hours for those courses offered by the human services programs were noted.

The information was collected in table format, separating human services programs with health education courses from programs without health education courses. For the programs with health education courses, comparisons and contrasts were drawn between number of courses, types of courses. Data triangulations were also conducted between course level, credit hours of courses, number of courses offered, and degree(s) granted by programs.

**RESULTS**

An examination of the accredited human services programs showed that 41% (n=16) offered health education courses, and 59% (n=23) did not offer any health education courses to their students. Of the 41% that offer courses, 62% offer only one health education course. For those human services programs offering only one health education course, 18% offer only a First Aid/CPR course. This type of course, when examined next to the SABPAC program courses, was a basic entry level course.

The number of health education courses offered by accredited human services programs ranged from one to eight courses (see table 1). There were a total of 30 health education courses offered by accredited human services program. Of those offered, 56% were basic courses, 40% were intermediate, and 3% were advance.

When looking closely at the programs that offered only associate degrees in human services, 81% offer only basic level health education courses. Fifty percent of the programs offering only one health education course were associate degree programs. Of the associate/baccalaureate degree programs, 67% offered only basic courses. One of these programs offered eight health education courses ranging from basic to intermediate. The Baccalaureate/Masters degree program only offered one three-credit course and it was at the basic level.

Table 1. Number, credits and course level of health education courses offered by accredited human services programs.

% of accredited human services programs	Number of health education courses offered/program	Credit hours	Course level(s)
62% (n=10)	1	1-3 credit course	Basic
25% (n=4)	2	2-4.5 credit courses	Basic-Advance
6.25% (n=1)	4	3-4 credit courses	Basic-Intermediate
6.25% (n=1)	8	3 credit courses	Basic-Intermediate

Table 2. Degrees granted by programs.

Associates degree only	69% (n=11)
Associates/Baccalaureate degree	19% (n=3)
Baccalaureate only	6% (n=1)
Baccalaureate/Masters degree	6% (n=1)

### DISCUSSION

The analysis of the accredited human services programs revealed that health education courses were not prevalent, and the level of courses offered were primarily basic. A majority of the accredited human services programs offering health education courses were associate degree-granting and were most likely to offer only one course. This indicated that entry-level training of human services students did not provide them with significant exposure to health education and promotion foundations that would enable them to empower clients.

This study indicated early steps to recognizing the importance of human services training to incorporate rigorous health education coursework that would strengthen students' abilities in meet the health services needs of served communities.

### CONCLUSION

The aim of this study was to create the dialogue for exploring the integration of health education in human services education. Future steps for this study would include:

- Assessing the interest and desire of accredited human services programs to consider adding health education to their curriculum
- Developing a job benefit analysis that would support the need for human services students to have such courses
- Assessing current human services workers on the role of health education training in their client interactions and interprofessional dynamics with health care workers

These steps would be essential in helping to shape human services curriculum to meet the growing demand for professionals trained to participate in an interdisciplinary approach to patient/client care.

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