

# behavioral sciences and health education

## health educator

### A TRUE TALE

Rima Rudd, MSPH, ScD, entered the field of public health in the 1960s, when she was actively engaged in organizing communities around political issues. She taught in New York City and also worked as an evaluator for the New York University (NYU) Department of Education. NYU had the contract to evaluate multiple projects that were funded through the War on Poverty efforts. In this important project, Dr. Rudd interviewed participants and observed program activities that revolved around many of the barriers to adequate health care, food and housing faced by the poor. This experience sparked her interest in public health.



Rima Rudd, MSPH, ScD

Dr. Rudd then worked in a free clinic in northern California, serving a population beleaguered by rising unemployment. At the same time, she was active in the women's self-help movement. "That movement inspired much of my work," says Dr. Rudd. "I had a degree in English and philosophy and thought perhaps I ought to legitimize my work in community organizing — so I went back to school and obtained my master's in public health from the University of Massachusetts." While she was writing her thesis, she accepted a job as program designer for a model program funded by the Centers for Disease Control and Prevention, with the mission to design health programs in partnership with people in the local communities served.

Because of her interest in the broader policy implications of public health needs, Dr. Rudd was encouraged by the first Director of the Office of Health Promotion in the Surgeon General's office to pursue her doctorate. Dr. Rudd finished her doctoral studies at the Johns Hopkins School of Hygiene and Public Health, and interned in occupational health and safety, doing most of her work in union settings. After working as an evaluator for a non-profit organization, Dr. Rudd accepted an academic appointment at the

*"An effective health educator requires both a set of varied skills and an ability to 'think outside the box.'"*



### Health Educator Checkpoint

Are you an "idea person" who is able to design, facilitate and implement educational programs?

Do your interests focus on pedagogy?

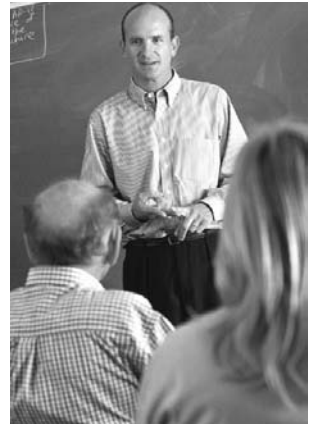
Do you have a talent for understanding the ethnic and cultural issues of different communities?

*If so, read on*

Massachusetts College of Pharmacy and then at Harvard. She is currently a member of the faculty in the Department of Health and Social Behavior at the Harvard School of Public Health, and also serves as Director of Educational Programs for the Health and Social Behavior Department.

### Profiling the job

The work of public health educators (PHEs) is to change policies and environments as well as attitudes and behavior that affect health, and to operate in close association with community groups. PHEs plan and direct programs, design workshops and forums, work with community groups, and serve a broad public health agenda. They may conduct studies of public health education needs, evaluate the materials and methods used in programs, determine program effectiveness, and try to improve the general health in communities. They might do this by working with people and organizations addressing health-related issues such as pollution, drug abuse, nutrition, safety and stress management. These professionals also write health education materials such as fact sheets, pamphlets and brochures — a special and critical skill, as materials must often match the needs, preferences, and skills of underserved populations. According to Dr.



Rudd, public health education probably has its greatest impact in raising awareness, providing information, supporting and leading advocacy efforts, and sharing and augmenting skills. For example, health education is important in preventing chronic diseases such as diabetes and cardiovascular diseases. Learning more about diet, exercise, tobacco use and other lifestyle choices, and modifying behavior accordingly, can help to prevent, control and treat these diseases and reduce the risk of complications.

Public health educators work in a variety of settings with an array of agencies, businesses, and schools to develop and deliver educational programs. For example, a PHE might counsel factory workers about protecting themselves from pollution in the workplace, teach teenagers about how to prevent sexually transmitted diseases, or partner with families of patients who are recovering from heart attacks.

A public health educator benefits from a background in a variety of disciplines including biostatistics, epidemiology, environmental health sciences, health policy and the social and behavioral sciences. Needed skills include the ability to design assessments, conduct surveys, develop programs, plan budgets, train staff, oversee program activities, and conduct evaluations with both qualitative and quantitative methods. Furthermore, an understanding of pedagogy and social and behavioral theory is critical to crafting health-promoting programs. As an example of the broad interdisciplinary cooperation that goes into a public health effort, Dr. Rudd cites “Sisters Together.” This national program began as an effort to design a model campaign to promote increased physical activity and healthful eating among women and was funded by the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK). Dr. Rudd and her colleagues first conducted a needs assessment by interviewing nutritionists at all community health centers in the city of Boston and by engaging in a thorough literature review of academic publications, popular magazines and programs. As it turned out, there were no programs addressing the problem of obesity prevention among African American women. As a result, the team engaged in in-depth formative research and conducted focus groups with community women, interviews with community leaders and staff members in local organizations, and toured the neighborhoods to identify existing resources. These activities helped structure the effort. Finally, the planning group began a community-wide effort to implement activities in full partnership with existing local organizations and local leaders. “Sisters Together” was cited as one of the ten model programs in the first Surgeon General’s Report on Physical Activity. It has been replicated in several states and is now a national program.

### Health literacy

Although Dr. Rudd is a health educator whose work centers on the design and evaluation of public health programs for planned social change, a good deal of her current work focuses on health literacy. Dr. Rudd brings attention to the definition of functional literacy provided in the National Literacy Act of 1991: “The ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and develop one’s knowledge and potential.” She applies the definition of health literacy from Healthy People 2010: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate



**Did you know?**  
It is estimated that low health literacy costs the health care system approximately \$73 billion annually. The primary reasons are longer hospital stays or re-hospitalization and reduced access to health services.<sup>1</sup>



### Did you know?

It has been estimated that approximately 40 percent of patients don't understand what it means when the prescription bottle's label reads, "Take on an empty stomach."<sup>2</sup>

health decisions." She also notes that people's ability to use the spoken and written language to comprehend, act on and effectively use health information is a component of health literacy.

Although most of her work is public health, Dr. Rudd also focuses on health literacy in medical care settings. "Unfortunately, the greatest burden for obtaining access to health care is placed on the individual who may not have strong health literacy skills," Dr. Rudd says. "Access to services often depends on a literacy test under the guise of hard-to-manage forms or instructions." In addition, people with average functional literacy skills can easily make errors about medication or may not be able to comfortably



engage in discussions with professionals. This may be due to limited literacy skills, limited background information, and/or to an overuse of medical terms or professional jargon.

She notes that many public health and medical professionals do not speak in plain language. "While it is true that many patients may have difficulty understanding appointment slips, directions for medications or informed consent documents," says

Dr. Rudd, "these materials are often poorly written. We have found that these materials often test out at grade levels that far exceed the reading ability of the average adult. I think a large part of the problem is that professionals are inadvertently gearing the documents to inappropriate reading levels."

According to Dr. Rudd, the only way to truly remedy the problem is to work on two levels at once. "We must improve our own communication skills as health professionals and we must support adult education, so people who have missed out on opportunities, for whatever reason, get another chance." She speaks highly of her grandmother, who came to this country at the age of 19, was fluent in three languages, but was unable to read any of them. "She was politically astute, a hard worker, a union organizer, and raised a very productive and healthy family. She was incredibly bright, but she never

had schooling.” Survival in today’s society is not as in Dr. Rudd’s grandmother’s day, because modern American society requires literacy skills. Generally, to be fully functional in today’s society, some experts believe that people need the reading skills of at least a ninth-grade education.<sup>3</sup> But half of the U.S. population has reading skills below that level. This fact must be part of public health planning. Fortunately, adult literacy programs in every state provide powerful venues for affecting change in the health of our populations.

### **A day in the life**

As a public health educator, Dr. Rudd characterizes herself as an academic, a position she feels gives her the latitude to positively affect the health of the public. She works within public health, medical, and academic settings, often serving as principal investigator on studies that focus on the relationships among health, health information and adult education. She is as likely to be in the field as in the classroom.

“Research and program evaluations are core components of what I do,” says Dr. Rudd. In developing the model program for “Sisters Together,” for example, she attended community walking events, participated in needs assessments, and played an active role in evaluating the efficacy of the program design. “My job varies from project to project and often takes me out into the community, which is always a part of my work,” she says.

On an average day, Dr. Rudd teaches a class [it might be “Innovative Strategies in Health Education,” “Health Literacy” or “Planned Social Change”], confers with her staff and students on their health literacy work, sends e-mail messages to other scholars about shared research, meets with other faculty members, and participates in different university committees. She is a valued mentor to the next generation of health literacy scholars.

In explaining the role of a health educator who specializes in evaluation, Dr. Rudd cites a former student currently employed as an evaluator for hospital-funded community programs. “One of her programs is geared toward improving asthma patients’ understanding of their condition and how to manage it,” says Dr. Rudd. The program is also designed to address the broader environmental factors contributing to asthma in schools, households and the community, and to heighten awareness of asthma as a community health problem. “The educator also oversees a program aimed at improving



*“Access to services often depends on a literacy test under the guise of hard-to-manage forms or instructions.”*

Rima Rudd,  
MSPH, ScD

the birth outcomes as well as maternal and infant health of high-risk families by providing information, referrals, advocacy and support services,” says Dr. Rudd.

“Although the educator has an office in the hospital, much of her time is spent in the community,” Dr. Rudd says. “She works with community agencies to help them design evaluation plans and tools to measure the effectiveness of their programs, and to use the information gathered to strengthen these programs.”



## career at a glance

### Rima Rudd, MSPH, ScD

- |                         |  |
|-------------------------|--|
| 1990–Present            | <b>Lecturer on Health Education, Director of Educational Programs</b> for the Department of Health and Social Behavior, Harvard School of Public Health  |
| 2001–Present            | <b>Co-Investigator</b> Literacy in Arthritis Management: A Randomized, Control Trial of a Novel Patient Education Intervention, RBB Arthritis and Musculoskeletal Diseases Clinical Research Center. |
| 1996–Present            | <b>Principal Investigator</b> Health and Adult Learning and Literacy research project, the National Center for the Study of Adult Learning and Literacy  |
| 1986–1990               | <b>Evaluator</b> AIDS Professional Education Programs, JSI, Inc.   |
| 1987–1989               | <b>Assistant Professor of Humanities</b> College of Pharmacy   |
| 1978–1980               | <b>Program Designer</b> Lifeways Health Promotion Organization   |
| 1972–1975               | <b>Director of Community Education Programs</b> Our Health Center  |
| 1970–1971,<br>1964–1969 | <b>English Teacher</b> Walton High School, High School of Art and Design, Bronx, New York  |
| 1969–1970               | <b>Evaluator</b> War on Poverty Programs, NYU Evaluation Team  |

1 <http://www.gse.harvard.edu/~ncsall/research/learner.htm>

2 <http://www.agingsociety.org/healthlit.htm>

3 <http://www.nlm.nih.gov/pubs/cbm/hliteracy.html>