

## Viral hepatitis prevention education: what do people and providers need to know?

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### Abstract

Although hepatitis has been on the decline overall, tens of thousands of new infections are still projected for the coming years. Few studies have investigated the basic (core) educational concepts that are essential to understanding viral hepatitis. This study surveyed three categories of people: (hepatitis ‘experts’, healthcare providers, and patients) to gather ideas for core concepts for two populations (healthcare providers and patients). The first round of data collection generated ideas for concepts and the second round provided rank orderings. Statistical analyses standardized the suggestions, and provided a numerical system of inclusion and exclusion of concepts. From this process, four lists of core concepts were compiled: hepatitis A, B, and C (individually) for healthcare providers, and hepatitis A, B, and C (combined) for patients. These concepts are useful for educators, nurses and trainers in designing hepatitis prevention materials, counseling patients about hepatitis prevention, and teaching healthcare providers about hepatitis prevention.

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### 1. Introduction

Although the incidence of reported cases of acute (newly acquired) hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV) appears to be declining in the United States, viral hepatitis still remains a major public health concern. An estimated 196,000 new viral hepatitis infections occurred in 2001 [1]. In the United States, the annual death rate from chronic liver disease secondary to these infections ranges from 5,000 for HBV to 10,000 for HCV [1]. Strategies for preventing viral hepatitis infections include education, appropriate screening, testing, counseling, and vaccination, and medical referral and treatment as needed [2]. While progress has been made, continued efforts to change knowledge, attitudes and behaviors on the part of healthcare

providers, and the general public would, presumably, continue to decrease the rate of new infections. Numerous communication studies have linked the quality of the provider–patient interaction to patient behavior change, and positive health outcomes [3]. Healthcare providers often see the general public at a teachable moment and individualized education and counseling by healthcare providers has been shown to have positive and clinically significant effects on behaviors in persons with chronic and acute conditions [4,5]. To impact the incidence and prevalence of viral hepatitis, providers must be aware of these opportunities and provide appropriate patient education. For individuals, effective health communication can raise awareness of health risks and solutions, provide the motivation and skill needed to reduce these risks, locate support from other people in similar situations, and change or reinforce attitudes [6]. Surveys suggest that people prefer to get health information from a professional and that counseling by health professionals can be effective both in reducing

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lifestyle risks and supporting self-management of chronic diseases [7].

Few published studies have addressed viral hepatitis education efforts, although many have recommended education as a strategy for reducing disease burden and the associated healthcare costs. Schiff et al. [2] concluded “chronic hepatitis B and chronic (sic) hepatitis C would be managed most efficiently through a disease intervention program that promoted awareness of risk factors and proper diagnosis”. Another study, conducted from 2001 to 2003 by Health Care Education and Training Inc., found that healthcare staff reported lack of knowledge about viral hepatitis as a barrier to: addressing client issues, identifying clients at risk, and counseling and treating clients with viral hepatitis. Further, they cited lack of patient knowledge about hepatitis as a barrier [8]. Viral hepatitis, in particular, is confusing to both healthcare providers and the public, because of the various types, differing risk factors, sequelae, detection, and treatment methods.

One of the main challenges in designing effective health communication programs is to identify the optimal content, context, channels, formats, and reasons that will motivate people to pay attention to and use health information [5]. To provide a framework for identifying the ‘optimal content’, this project was designed using principles of social marketing; that is, planning, implementing, and evaluating health educational programs using concepts from commercial marketing. According to Weinreich [9] social marketing was initiated in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles being used to sell products to consumers could be used to ‘sell’ ideas, attitudes and behaviors. Kotler and Andreasen define social marketing as seeking to “... influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society”. This technique has been used extensively in the United States for such diverse topics as drug abuse, heart disease, and organ donation and in international health programs, especially for contraceptives [9].

Investigating all health communication campaign components (optimal content, context, channels, formats, and reasons that will motivate people) is essential; however, an initial content investigation was determined to be most critical because, while many organizations and institutions prepare and distribute viral hepatitis prevention educational materials, few if any, have compiled the essential elements for these materials. The goal for this study was to develop a consensus list of “core concepts”, that is, essential components to include in hepatitis A, B, and/or C educational materials for the general public and for healthcare providers. Study objectives included:

- (1) assessing what viral hepatitis experts and the general public thought the general public needed to know to prevent viral hepatitis;
- (2) assessing what viral hepatitis experts and healthcare providers thought providers needed to know about viral hepatitis prevention;
- (3) compiling a list of comprehensive core concepts for the general public;
- (4) compiling a list of comprehensive core concepts for providers;
- (5) comparing the recommendations for the general public to better understand what experts/providers might be missing when educating and counseling the general public, and what the public might not think to ask but might need to know; and
- (6) comparing the recommendations for providers to better understand what experts might be missing when educating providers.

## 2. Methods

Data were collected from three sample populations: viral hepatitis experts, healthcare providers, and the general public. Each data collection process is described below, followed by the process for compiling the three data sets.

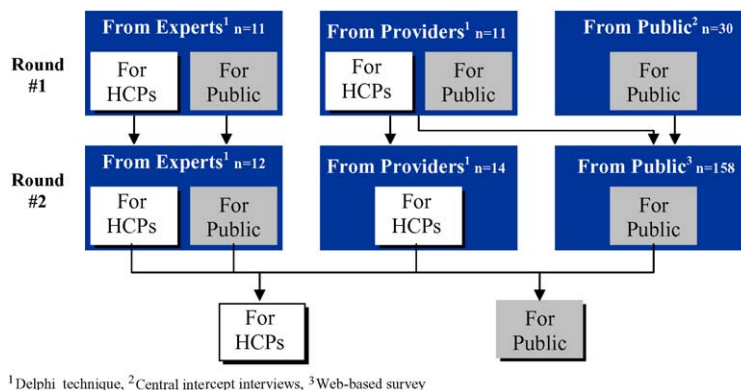


Fig. 1. Comprehensive core concepts data collection process.

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