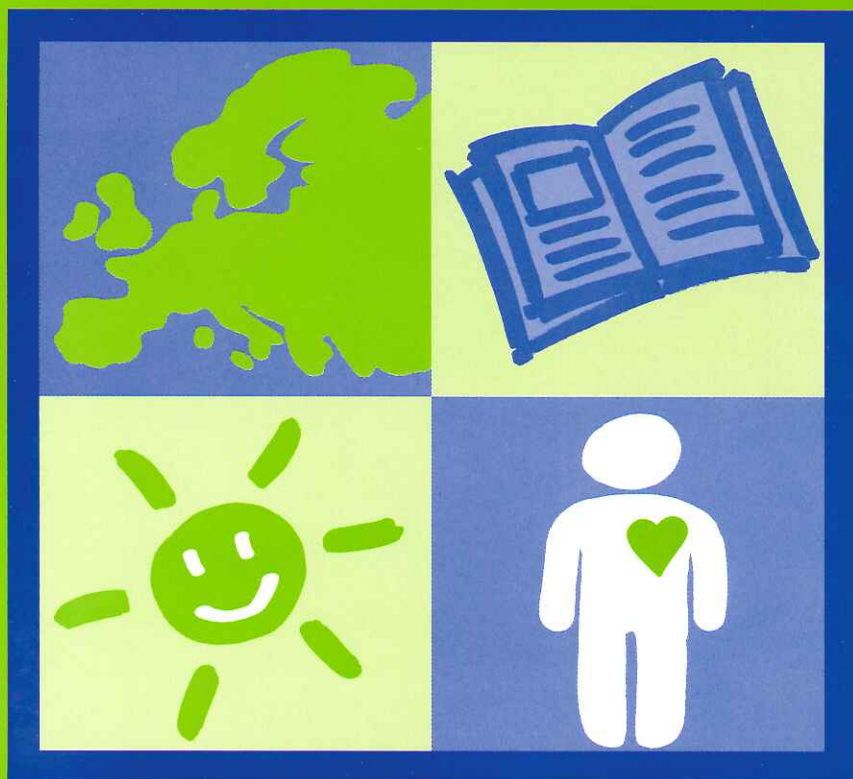


FORMATIVE EVALUATION *of* MATERIALS *for* ADULT HEALTH education



SOCRATES
ADULT

PROGRAMME
EDUCATION



INTRODUCTION 5

CHAPTER I

Fundamental principles of health promotion and adult education 6

1.1 Fundamental principles of adult health education 6

1.2 Objectives of adult health education 7

1.3 The quality of educational events 11

CHAPTER II

Characteristics of materials and activities which encourage participation, the learning process and autonomy 13

2.1 Why it is necessary to give importance to participation 13

2.2 About participation 13

2.3 About tutoring and learning materials 13

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CHAPTER III

Some questions in order to help choose and adapt materials and activities	18
3.1 What is the strategy of your project ?.....	18
3.2 What does the content focus on ?	20
3.3 What are the circumstances behind your action ..	21
3.4 What expectations and characteristics do the..... participants have ?	23
3.5 Conclusions	25

BIBLIOGRAPHY 26

The aim of this handbook is to encourage users of the European Catalogue of Activities and Materials in Health Adult Education to set up an ongoing process of **formative evaluation**. Our intention is that a critical approach to **selection, use and adaptation of materials and activities of adult education/health promotion** should be developed rather than one, which simply offers generalised recipes and techniques of assessment.

Materials and activities to be found in this catalogue have been selected by experts basing their choice on well-defined quality criteria (see annex I of the catalogue). Despite this affirmation, it should be pointed out that they can not be expected or guaranteed to be totally efficient in all situations. This is because the application of an initiative invariably depends on interaction between the material, the context in which it is used, and the motivation of participants before a determined activity begins.

Below, an example of an expert's summary of one such material

*The aim of the exhibition "Tell me Mathilde" (BEF 016) is to draw attention to stereotypes and prejudices about elderly people as well as to make young people aware of the advantages of solidarity between generations. This exhibition includes caricatures of old age which are sometimes negative. **To help avoid adverse reactions** during the exhibition (laughs, jokes,...) it is important that when visiting it, young people should be accompanied by an elderly person with whom they can discuss the images in order to create a dialogue.*

An important task of this manual is to provide relevant evaluation criteria to help assess suitability of a material or an activity with regard to the expectations of the target public and what will be involved in the information or training session. This is why the questions put and information compiled aim to be prepared to accept a greater **adaptation to any action** to take place for:

- The **learning characteristics** of those targeted.
- **Health and education objectives** to achieve among the target public.
- **Material and organisational conditions** of involvement.

Chapter I deals in part with an operational and illustrated presentation of basic settlements of adult health education, based on its objectives and strategies. **Chapter II** proposes a number of yardsticks by which analyses can be judged, featuring certain intrinsic characteristics of a material or an activity regarding practical use and impact as well as what is expected from it. **Chapter III** will present in a structured way, the issues which arise **before** choosing and planning a health education intervention for adults.

Fundamental principles of health promotion and adult health education

Adult health education is based on a parallel evolution between objectives and strategies in adult education and health promotion.

1.1 Fundamental principles of adult health education

According to Federighi (1995), **adult education** is defined as the action of people aiming to develop *their intellectual ability* to take decisions and to control the process of transformation both individually and within the community.

Adult education can not be defined therefore by way of an educational and legislative system, but by its principal goal: to create conditions for adults to develop their own education in order to find their own solutions to their life as a whole (Federighi 1995). This principle aims to allow adults to teach themselves. One of the consequences of this approach is the importance given to the learning environment.

Adult learning is fundamentally contextual in nature. The context is considered as an integrated part of the cognitive process; experience, and activity are medium sustained from dynamic and constant relations with the learning process.

Learning motivation does not always spring from the situation of surroundings where the things learnt during training will later be applied. Action itself on the environment forms an integral part of the learning process, changing it as it progresses and at the same environment also modifies the nature of the action to take place.

For adults in training, there is a double workload: to resolve the specific problem in hand and then acquire new abilities and knowledge through action. Certain experiences, defined as associative learning, represent a way by which people educate themselves at the same time as working on their actions, which aim to modify those participating as well as the environmental conditions (material and social) in the broad sense of the word.

Health promotion develops both a global view of its goals and actions, with individuals and the community at the heart of its dynamic processes.

"Health promotion is the process of enabling people to increase control over and to improve their health" (Ottawa Charter 1986).

Health policy goes beyond that of the policy of care. It crosses sector boundaries. Good living standards and working conditions are essential for health. Health is a global, personal and collective challenge, which counts upon the efficient and concrete involvement of individuals and the community at each stage of decision making which has a bearing on health matters.

Thus health is linked to both individual and collective aptitudes when it is required to undertake actions in the field of health. Although it is important to teach everyone to make correct choices on health matters, this is not the only way in which education can contribute in promoting health. (Sundsvall's declaration on positive environments for health, 1991).

Education proves to be a determining element when it comes to encouraging political, economic and social change which make possible the setting up of health structures.

From this point of view, education should therefore allow individuals to be able to:

- *Help develop critical attitudes to face the problems they come up against.*
- *Acquire the skills needed to play an active role in society.*
- *To be involved in the defining of problems they themselves or their community may have.*
- *Plan to solve problems together.*
- *Adapt themselves to situations that may change.*
- *Nurture both individual and collective resources to act and solve their problems.*

Thus the process of education is an essential component of health promotion. the individual and the community become at the same time subjects of education and actors in health

Objectives and strategies of adult health education must include these general principles. They must set up a process, which creates a suitable environment whereby people themselves and the community as a whole learn to develop their welfare and health together. This should enhance both *independence and collective responsibility*.

The goals of adult health education should be above those of simple communication of knowledge on how to act in a healthy way. They should also go on to cover the development of an understanding of the action of variables in health factors, willingness and ability to react in favour of health, not only for oneself but also for the environment we live in.

The common goal of all education interventions for adult health is *"To make sure that citizens are capable of introducing and then working on the causes that generated their need for health education in the first place"* (Federighi).

To select activities and materials best adapted to the fundamental options of adult health education, we should ideally focus on a more operational drafting of objectives.

1.2 Objectives of adult health education

Two criteria have been employed when making the selection of materials and activities included in the catalogue :

- The Capacity to develop involvement and/or critical spirit that a tool can produce.
- The Importance given to objectives, concerning the improvement of individual and community life quality.

In order to meet these requirements, it is necessary not only to stimulate people's mental and intellectual processes (understanding, knowledge, structure), but also to mobilise feelings and emotional aspects (listening, motivation, awareness of values,...) and social relations (interpersonal relations, position as a citizen), as well as psychomotor abilities (know how belonging to the area of gestures and complex skills).

In each one of these categories there are objectives which display a variety of levels of complexity. Seven categories of objectives have been considered as particularly relevant to serve as an analysis to orientated potential users of materials and activities included the catalogue.

Categories 1, 2, 3: Objectives that concern cognitive or "rational" skill areas

1. Becoming aware of and taking in new information, as in the examples below:
 - *To know about and recognise dangerous products as well as familiarity with existing legislation* (BEF014)
 - *To be familiar with the variety of aid available for elderly people.* (BEF043)
2. Understanding certain phenomena, mechanisms and procedures:
 - *To show different factors responsible for hypertension and repercussions.* (ES066)
 - *To examine different factors which cause accidents through discussion among group members.* (FR001).
3. Encouragement of personal critical analysis on a given subject such as:
 - *To present a critical analysis of the image society has of gypsies and the difficulties due to preconceptions in the process of social assistance.* (ES084)
 - *Help comprehend one's own choices for health.* (FR005)

Categories 4 and 5 are related to emotional objectives and consideration of personal feelings

4. To raise awareness regarding a range of problems or a number of possibilities to exploit in the field of prevention, such as:
 - *To promote knowledge on the wealth of intergenerational solidarity "Tell me Mathilde".* (BEF016)
 - *To raise awareness concerning the use of health care and prevention infrastructures.* (FR003)
 - *To increase awareness on the need for fitness and how to go about it, complete with incentives.* (IR016)
5. Creation and development of a personal opinion towards a subject:
 - *To adopt a personal opinion towards aids prevention.* (FR011)
 - *To encourage greater users responsibility in rational medicine use.* (BEF013)
 - *To raise awareness about the fundamentals of the consumer society increasing ability to make conscious decisions about what to buy independent of commercial influences.* (PT002)

Category 6 represents the social and collective perspective of objectives

6. The basic aim here is to stimulate actions on the material and social environment: objective of the social perspective:
 - *"Tom and Lucy - Education game on AIDS"* (BEF031) which in a game format highlights relevant concerns.
 - *Stimulate group expression through specific guidance to help incorporate half an hour's exercise in the daily routine.* (BEF037)
 - *Find strategies to develop in the area of dangerous products within the framework of union action plans in enterprise.* (BEF014).
 - *To raise the life quality of a social community in rural settings through a global health education programme.* (ES089)

Category 7 deals with objectives in the area of personal skill development

7. These types of activities are aimed at developing individual facets, be they practical skills or sensory, mental or physical, but always within the confines of the individual.
 - *The exhibition "Born to smell"* (BEF012), would be a prime example of this category.

Some objectives of materials and activities selected in the catalogue are applied to specific aspects of health, whilst others deal with a more general range of areas. D. Leclercq (1995) has categorised **four ability levels** to be attained in the course of a programme, depending on the information to be transferred and media used.

Specific skills; knowledge and know-how connected to limited, defined areas and with little possibility of transfer. This concerns knowledge of health-related phenomena and factors linked to prevention and preventive behaviour.

One example of this is «*Attitudes to asthma and asthmatics*» (ES129) which discusses the area of asthma sufferers, and aspects of professional and self-help and their relation to the health service itself.

Multiple skills dealing with the mastery of certain procedures and learning tools, also known as transversal or crossover skills: e.g. learning how to read, listen and look for information.

Such skills can be found in «In my town» (FR009), a game where participants first talk about important places in any town and then select those most important for their well-being. This game has among other objectives, the intention to help focus attention on places in a town and the facilities they offer and to understand what hinders and helps access and assistance (especially in matters to do with health) and thus raising awareness to the different services offered by this sector and its professionals who are acting in health, at the same time as developing speaking, deductive and listening skills among others.

Strategic skills are defined as those which are more general forms of learning capacity to do with getting to know oneself (meta-emotionality, analysis, synthesis, self assessment of learning (metacognitive processes) and implementation of actions as well as taking on certain responsibilities.

One expression of this category is suitably demonstrated in board games. Three Belgian materials, namely «OH» (BEN009), «Persona» (BEN008) and «The Qualities Game» (BEN011) are examples of this format, all aiming to develop the following skills in their participants;

- *Developing social attitudes, such as defending his own advise supporting own opinions, sharing feelings (above all this has to do with multiple skill development).*
- *Becoming aware of problems linked to human relations and the way such relations (racism, preconception) and the way such relations are present in people's everyday behaviour.*
- *To stimulate the ability of putting oneself in the place of others.*
- *Obtaining a better understanding of oneself in particular as member of a group.*

Dynamic skills correspond to a person's motivation, their relations with others and themselves, dealing as they do with self-knowledge, personality, and the will to be present and learn. This area essentially deals with independence and perseverance.

With respect to this type of objective, the following two materials serve to illustrate. The first is a French work ->Health by pictures» (FR005), based on the stimulus of photos and reactions to them, and the Irish work «Preparation for life and work» (IR014), a resource pack which looks into various aspects of personality; self awareness, communications skills, team work, decision making and job finding skills.

The combination of these objective ranges and of these levels of skills, appears thus as one of the conditions necessary to meet with the essential options of health promotion and adult health education.

Any materials or activities identified as including either dynamic, strategic, and/or psychosocial objectives in their content will be useful in the field of **adult health education**. This in turn depends to what extent these types of objectives form suitable conditions for development of independence in health project management both regarding group or individual initiatives. In the following chapter a number of examples of activities and materials will be looked at to see if they are more adapted to such objectives and thus better to use to reach specific goals.

1.3 The quality of educational events

When it comes to adults - and even more so in the case of children, the development of independence and participation depends not only on fixed objectives in educational involvement, but the way in which the subject is approached, in other words, it depends on the **quality** of educational events, something equally true in the context of children's education.

“Health centre trainer training in a working class environment”,(BEF011) gives an illustration of what Paolo Frederighi called “associative learning”. That means, a context of training in which action and education maintain a close relation to achieve reciprocal benefit in order to transform individuals and their environment.

The following elements can help encourage such a situation to develop:

- *Before training starts, organisers, get to know what the neighbourhood is like, above all with respect to the associative fabric and infrastructures present.*
- *Those taking part in training are taken from local inhabitants especially those without a particularly high level of education.*
- *Contents of training are agreed with participants at the beginning, in a precise way and to be adapted with them throughout the training cycle according to their expectations, needs and interests.*
- *Weekly/short term contracts are offered to participants and assessed at the beginning of the following training block.*
- *A cycle of sixty, three hour sessions,(i.e. 180 hours) spread over two years, made up of two phases, that is to say - six modules aiming to raise awareness on matters of health and life quality as well as six to eight hours on other programmes to open up participants to the outside world ñ (group relations, neighbourhood life, specific action etc.)*

It is recommended that health centres and adult trainers should frequently intercede in cases where organisation of such a training style is not possible.

In other situations where in depth training is not possible, but limited to a more basic awareness raising, it is important to be attentive as to the quality of relations forged between the different elements that play a role in the materials, contexts and activities proposed to participants.

Some practical examples are given here:

- *A person most suited to accompanying an exhibition will depend on its content and its visitors' characteristics. This could mean a person acting as a reference in the theme in question who will be more helpful in identifying with the visitors' feelings as in (BEF 016) or indeed a person trained in a certain matter who can help give input and structure informations - (BEF037).*

- Another such example would be *"Prevention through music- AIDS and healthy cities"* (PT005) in the diffusion of cassettes with a variety of songs containing messages connected to HIV+/ AIDS prevention among local immigrants, such as those of the cape verde community in this case. The logical choice is one of someone to act to accompany who knows the local dialect, in order to help interpret as they are capable of understanding the meaning of all the song lyrics.
- A number of materials can be used in a complimentary way to help meet a variety of objectives or to respond to a variety of levels both of knowledge required as well as in the education needed by the target group.

The variety of materials required according to the depth of knowledge and interest is amply illustrated by the activities and materials of *"Working with hazardous products"* (BEF014). This has a total of three different support materials:

- A video which narrates first hand experiences of victims and experts which can be used to **raise awareness and motivate action**.
- A practical guide providing technical advice on certain types of dangerous products for the realm of **specific detailed information** which could form the base for production of a series of leaflets to be used in specialist sectors for various sectors.
- A booklet on action, forging information and procedures to set up an action on the matter within companies explaining what people should be involved, how to carry out needs analyses and what prevention strategies to use

A similar idea to achieve this goal is to combine materials and ideas from different works and activities on the same issue according to what they can offer in each stage of an action. e.g. *"My best friend"* (IR011), a video on the deterioration in the relationship between two sisters when one starts taking drugs could act as a starting point. Trainers could then use material from the booklet *"Let's talk about drugs"* (PT007) concerning drugs, growing up and parental discipline and maybe follow it with material from *"Exhibition on drugs, art and prevention"* (ES090) based on art works with a variety of messages on drug prevention. Combining activities could be used to help bring out priority needs among group members. The idea is thus to follow up these by other activities more specific to the group in question, which will in turn help a progressive identification as regards the different stages.

The most important thing to consider is the way in which to organise and regulate learning situations, whether they are going to be more complex, modular, longer or shorter term or one off's. In the following chapter a number of methodological principles will be looked into that help participation among adults in health education as well as their increasing independence in the learning process.

Characteristics of materials and activities which encourage participation, the learning process and autonomy.

The aim of this chapter is to identify whether or not a material or an activity is suitable for adult participation, in order to develop their autonomy in learning and implementation of suitable learning processes.

2.1 Why it is necessary to give importance to participation

Participation is evidence of implication in the learning process. Although someone is an introvert, they can be intellectually active. It is possible to give a particular importance to external signs of involvement to the extent that adult education aims at personal stimulation or collective action. Participation indicators are useful not only for the educator, but also for others taking part in order to develop a collective project or for support in personal projects.

As explained in chapter I, **the learning process can be regarded via a multitude of plans and different levels**. In order to select a support for a health education activity, it is necessary to :

- Pay special attention to the type of learning process that this material will give rise to among participants ; acquisition of: information, better understanding of some phenomena with a critical analysis of them, psychometric ability exercises, better self knowledge and awareness of skills, attitudes, opinions and values.
- Consideration of whether participants comply with the prerequisites to carry out the activity as demanded by those who produced the material. This question is specially important when working with basically educated or immigrant publics.

The answer to these questions determines the subsequent interventions that an educator will set in order help the efficient implementation of learning process. Nevertheless, it should always **respect and develop adult autonomy regarding the learning process**, according to D. Leclercq, thus aiming to:

- Create problems and situations to which participants have to react.
- Encourage participants to set personal objectives before getting involved in a learning process situation.
- Explain where, how and in which place to access to information rather than providing a material that is ready and structured. Educators therefore introduce themselves as a resource rather than a lecturer.
- Organise an environment or a learning process that allows an approach stimulating physical and mental activities.
- Do not communicate personal opinions to the participant before knowing their opinion, regarding satisfaction and own success in the learning process.
- Create opportunities to repeat this learning process and to apply it within another context or other situations (phenomenon transfer).

It is clear that development of autonomy in the learning process is linked to involvement.

2.2 About participation

Within our sociocultural framework, it might be relevant to measure involvement, depending upon number and range of acts of each member as well as visible and tangible results obtained by participants.

Regarding the final aims of adult education as analysed in chapter I the three indicators serve as some proof of increasing involvement.

A member is participating when they:

- *Attend an event or action* if it is simply in their presence.
- *Contribute new ideas* which lead to promotion of the group allowing enrichment with new elements and improved dynamics.
- *Undertake specific actions* perceptible in that they are being involved in a variety of practical acts which have a material back up to direct educating in programmed actions with responsibility taken in the running and application of projects and decisions. This is classed as operational pragmatic participation.

Two pitfalls in assessing participation have to be taken into account:

- Participation is often enhanced during informal moments, outside organised activities when not all members are present.
- In our type of society and culture, verbal involvement is more encouraged than the non-verbal involvement.

Formal and informal participation

It is important to encourage informal involvement outside meetings of the group, e.g. during breaks and between training meetings.

If an activity offers little opportunity for participants to express themselves, then it is important to take note of opinions voiced in situations that favour informal expression. During such periods involvement is often more authentic and decisions taken can be relevant for further actions and negotiations.

Verbal and non verbal participation

Behaviour, body language and physical gestures are also means of expression and involvement. Non-verbal communication is an essential component to encourage involvement during a training session but also as an educational objective for health as a whole.

Indeed, by way of observation, the intensity and quality of the involvement can be seen through various and multiple expressions. This is even more relevant when working with underprivileged, those with basic schooling and immigrant adults.

In a general context, the organisation of *gesture and physical* expression activities show participants how to communicate without speaking and in addition to master gestures, body language and reflexes in order to «feel good», which is synonymous with «healthy in mind, healthy in body».

2.3 About tutoring and learning materials.

It is important to diversify materials to get across a message. Each person throughout their life develops their own particular learning networks, systems that are impossible for the trainer to discover in their entirety. If didactic tools are then varied, it will allow personal adaptation to the communication style and learning of all participating as well as to the equipment and organisational process of a specific action. In the following section we are going to examine the characteristics of the most frequently used material supports.

Written materials: text and illustrations

These include booklets, leaflets, exhibitions, wall charts, posters and board games among others. They may contain only texts, only pictures (photos, drawings and diagrams etc) or texts and pictures combined.

Above all, texts have to be clear and easy to read due to the different levels of literacy in any group taking part and the knowledge of the language of the target public.

Besides understanding of written texts there is the factor of interpreting visuals/pictures, an ability that is not automatically acquired by everybody in the same way. In addition, illiteracy is clearly not a barrier when it comes to understanding the significance of images themselves. Nevertheless, correct interpretation of visual aids is in itself an educational process. Therefore, educators have to monitor the right interpretation of pictures, helping by: cutting, folding, changing angles, enlargement, and reduction of images with respect to their real size.

For instance, one of the difficulties of illustrations is that there is no context in which one can set a size scale. Material can of course be drawn life size, taking into account difficulties linked to the change of scale, but when learning things in this way, we run the risk of getting participants accustomed to only one representation of reality which is not generally used. It is thus essential to introduce reduced diagrams and drawings as well.

Despite these drawbacks, the advantage of pictures compared to text is their accessibility to a large public, to those people with speech defects or difficulties in expression or with low levels of literacy or low knowledge of the language.

In addition, materials with many pictures are easily adapted to other countries, taking into account cultural differences.

Audio-visual materials

After two centuries in which the written word has reached its peak in the use of communication, now audio-visual sound and picture culture is beginning to take center stage as the focus of expression in our society.

It is necessary to be aware that combined use of several media (music, real and man-made pictures) produce a more intense effect. Attention is increased due to the reception of messages by more of the senses in a way we could refer to lightheartedly as «Making full use of sense all at once.». This case is frequently found in videos and also animation in three dimensions.

Use of video can enhance group dynamics as participants' feelings can be stimulated by showing of scenes that recreate real life. Certain types of learning are notably benefitted: dynamic phenomena are easier to represent in an «action» medium. In addition they help develop people's 3-dimensional concept of their surroundings.

Hence, video can become an invaluable aid for understanding some psychological and pathological mechanisms (viewing of animated sequences). This often requires the use of the video without sound; the educator comments on the images stopping now and again at the most relevant parts.

The use of this media offers the same advantages of slide projection but still keeps the advantages of animated films and importantly allows room lights to be kept on.

Training with audio visual media which involves independent use of e.g. a video, requires that the educator first prepare the participants in the type of language, the images to be seen and their interpretation as well as the purpose of the material. A well exploited video on adult health will at the same time contribute to the furthering of people's achieving of both health and education (multiple skills) objectives.

Interactive media

The added value of interactive media compared with video is in the opportunity for each person to draw their own conclusions from information or motivation exercises. Therefore these interactive media should in fact enhance independence in the learning process.

That said, even if they are able to reinforce interest of certain types of public, notably among youth, they are still not a guarantee of real involvement of users in the learning process. Sometimes, independence is nothing more than an illusion: what choices does it really offer to people? Does it mean simply to wade through a lot of information or to improve the learning process in an area which really concerns a participant regarding a particular problem to which they have information available to use?

The reader will have more opportunities to be implied and involved in more traditional support materials such as exhibitions and booklets. Here educators must answer the following questions: What mental mechanisms and what level of thought is this material going to oblige them to put to use? As to what extent does this material deal with daily problems and help participants form solutions?

The educator who decides to use interactive media also has to face the challenge of creating group dynamics from a chosen material which is essentially individual in nature.

Real material

Theatre, talking theatre, puppets, real object exhibitions (toys, books, etc.)

Looking at and touching real objects rather than looking at two-dimensional representations has some obvious advantages:

- It facilitates understanding of oral information, it can be applied straight away, and verified in concrete situations.
- As a consequence, it can lead to questions and get participants to respond, telling their own experience.
- It also increases the probability of transferring the learning process into an everyday life context.

Such examples of real materials could include: a bottle of pills, a coil, a condom, different foodstuffs, shoes, an ox heart, a skeleton, an anatomical dummy etc, either within an exhibition or brought into a training session.

The interest of presenting real objects is well illustrated by «What toys? Ideas and activities according to age and personality of my child», (BEF023) - an exhibition which deals with the safety and educational value of toys.

Three dimensional materials can also be used in order to stimulate understanding by way of analogy (for example, use of a pear to represent a uterus). Nevertheless, in cases where there is a mix of cultures or those an educator is unfamiliar with, care should be taken when using images.

Shows and artistic animation events

Plays can often prove to be of greater value than videos as they can be more adapted to the public in question and notably:

- Allow participation among bigger groups
- Get actors closer to participants producing a greater emotional involvement, heightened when they mix with the audience and get them directly involved in the show as opposed to video.

The feelings, ideas and emotions will ideally be brought up again by educators following performances where smaller groups can share their interpretation of the experience and educators can crystallize information with respect to the health matter(s) the play has at its heart.

Some questions to help choose and adapt materials and activities.

To recap, it is not possible to provide a foolproof system that guarantees that a material or activity will always be adaptable to a certain public or objective. Firstly, because the choice of a material or activity demands that a great number of criteria be taken into account e.g. target public, logistic support and educator objectives. In addition each material can prove to be of value only if properly exploited and used in a well-judged context.

For this reason, the following questions are not a comprehensive guide. They are simply a way of helping trainers and animators to consider their interests. Questions have been chosen depending on objectives, strategies and methods as discussed in the previous two chapters -due to their special relevance in adult health education. These form the basis for the content of the boxes titled 'Conclusion' at the end of each section. They will help educators make the link between the answers to the previous questions on each page and the characteristics of materials and activities to be chosen.

3.1 What is the strategy of your project ?

To integrate health matters into a general training program?

- What are the other elements of this training process?
- What general skills are you looking to develop through health related ideas?

Participation in a health promotion project on a specific theme

- Are other health promotion activities regularly organised?
If yes, which?
- Are there any complementary activities for the same public within this project?
If so please name them
- Is this project being run in response to a demand from your public?
If so, what is it?

Development of a health project within a community

- How did this need/demand for a health project arise?
- Has the project an exact defined objective in terms of results or type of action to be set up?
If so, what is this objective?
- Is a group already formed due to work on previous areas?
If so in what areas has it experience?
- Is this action thought of as the first stage of a wider community development programme?
If so, what is it?

Conclusion; What should the material or activity provide?

- Awareness raising on the matter concerned
(dynamic abilities, emotional objectives, conscience forming
or position taking) Yes No
- Encourage participant relations with a view to them creating a
common project Yes No
- Provide exact and necessary information to set up an action project Yes No
- Help multiple or strategic skill development Yes No
- Any other? :

3.2 What does the content focus on ?

- Does it look at:
 - A precise matter of health** (e.g. *Osteoporosis, dental hygiene, etc.*)?
Please specify
 - A more general problem** (e.g. *heart health*)
Which?
 - A question of life quality** (e.g. *physical exercise*)
Please specify

- What part of the health issue in question is concerned with mental, physical and sociopolitical factors?

- What are the strong points of messages and strategies of prevention recommended in this matter?

- To encourage people to visit determined care facilities or to undergo medical treatment** (e.g. *vaccination or examination*).
- To aid diffusion of correct information and representation of a problem** (e.g. *Information .. campaign on living with those who have AIDS*).
- Helping to adopt habits which favour health** (e.g. *giving up smoking*).
- To help choose and develop attitudes and personal skills.**
- To provoke change in living conditions** (e.g. *social and material environment*).
- To encourage people to act collectively on a problem and prevention of it.**
- Other areas?**

- Should the setting up of prevention strategies lead to progress in other areas of health (e.g. environmental protection, labour relations, social, solidarity...)?

Conclusion: what should the material or activity provide?

- A platform to exchange opinions in groups (participation) Yes No
- Precise, clear and well structured information on the understanding of a health problem (calculable objective and specific skills) Yes No
- Experiences that lead to respect of opinions and values (emotional objectives and strategic skills) Yes No
- Exercises and experiences that allow application and transfer of advice on daily life matters (specific know how) Yes No
- Information on structures and those working in them Yes No
- Any other?

3.3 What are the circumstances behind your action?

- **What range of public are you aiming to reach?**
(Several dozen, several hundreds, thousands?)
.....

- Is this mixed or not in terms of age, sex, culture, interests, initial knowledge of the issue and understanding ability?
.....

- **In total how long will you be in contact with this public?**
(An hour, a day, a week?)
.....

- **How will the time used in the action be spread out?**
(During a week, a month, several years,...)
.....

• **Will you be able to use centres/resource personnel?**

- Before the activity itself? Yes No
- During the course of the activity? Yes No
- Afterwards to make sure that it is followed up? Yes No

Are those involved

- Health education specialists? In what field?
- Adult education specialists? In what field?
- Specialists in the issue to be dealt with? What exactly?
- Members of the population concerned? Please specify

• **What is the size of the place where the action will take place?**

What equipment is there? (e.g. tables, chairs, TES, computers, videos, charts, blackboards etc.)

.....

.....

Conclusion: should the characteristics of the activity/material:

- Be suited to use independently by public? Yes No
- Put across a simple message or a limited aim? Yes No
- Be able to be used in combination with other activities/materials? Yes No
- Require preparation, exploitation or accompaniment? Yes No
- Present information or activities adapted to a wide public? Yes No
- Any other?
-
-
-

3.4 What expectations and characteristics do the participants have?

• **Do you have information on the expectations of the public concerned?**

If so what are they?

- To get information on a specific subject which concerns them.
- Increase general information level or enrich their basic educational level.
- Look into a health matter they consider important.
- Improve their welfare and life quality.
- Get information and references on services and personnel to help resolve their health problems.
- Join together with other people to help create a health project.
- Participate in a fulfilling and interesting activity.
- Any other? Which?
-
-

• **What is the estimated skill level of those expected to take part in terms of?**

- Language comprehension (written and spoken)
-
- Interpretation of images (photos, pictures, graphics, diagrams...):
-
- Use of interactive media:
-
- Familiarity with expression in group or participation in its activities:
-
- Information on health matters (how the body works, risks, healthy habits, prevention behaviour, health care structures etc...):
-
- Experience of participating in citizens' groups (Neighbourhood associations, collective action groups, etc.):
-
-

Conclusion: What should the material or activity provide?

- An accompaniment to be able to understand language or images to provide basic useful information on getting the message across Yes No
- Exercises which help creation of group dynamics Yes No
- Opportunities for group members to swap experience, knowledge and initiatives. Yes No
- An attractive presentation in game form with information or exercises Yes No
- Exact information and well structured explanations on the health issue in question Yes No
- Advice on processes to adapt or on services to consult to improve Yes No
- Any other? Which?

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3.5 Conclusions:

Do you think that a certain type of material or activity is more adapted ? DID YOU SEE SOME OF THEM IN THE CATALOGUE ?

.....

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What category of objectives is most important ? IS THE MATERIAL YOU CHOSE ASK SUCH AN ADAPTATION ?

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What factors does your action depend on to succeed?

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