

**HEALTH EDUCATION IN THE HEALTH AND ENVIRONMENT
DEPARTMENT**

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Your program indicates that I am here to discuss "Health Education in a Health Agency." I wish to slightly correct this inasmuch as health education is essential in all of our Health and Environment Department programs of Personal Health, Environmental Health, Behavioral Health, Health Planning, and Laboratory Services as delivered to all the citizens of our State throughout the State of New Mexico.

I wish to dispel any impression that I am a "health educator," as are several other speakers, but I am here as one who is particularly supportive of an increased emphasis on health education as a means of achieving optimum health for our citizens. More than ever before, examination of the causes of poor health and disability and the means available for improving health status is focusing on prevention and health education as the best means of achieving public health goals. The next improvements in health status must come from changes in life-styles and from control of health hazards in the environment.

In the Health and Environment Department, we have placed a renewed emphasis on health education and re-allocated a number of positions to this end. The effort is still evolving. We still face internal problems of staff acceptance and understanding, and effective utilization of health educators. Too many still view health educators as public information specialists and custodians of the film library instead of properly viewing them as agents of community health improvement through influencing motivation and behavior.

It is probable that we can do more to enhance health status and quality of life through more effective community health education than through some of our other time-honored and better accepted and funded activities. However, issues of federal, state, and local mandates and expectations and constituency pressures preclude complete managerial

flexibility and effectiveness in developing programs best designed to solve or ameliorate priority health problems.

The role of the Health and Environment Department in community health education is established by statute, but the statute is silent about quality, quantity, or scope of health education services.

Health education has repeatedly been more difficult to sell to budget officials and legislators than activities defined in terms of clinics, hospital beds, patients, immunizations, inspections, or numbers of analyses.

Prevention is "an issue whose time has come" in terms of rhetoric -- while the funding continues to be channeled to treatment and care programs which have the citizen constituencies that regularly appear at administrative and legislative budget hearings. We do not have an organized prevention constituency despite the acknowledged fact that prevention is cheaper and more effective than care --- and enhances the quality and enjoyment of life.

If we as a state or nation are to have a commitment to prevention, health education must be the mainstay --- the backbone of a concerted effort to enhance the health status of our citizens. We must have a commitment to preventing damage to the human machine in balance with efforts to repair the human machine after it is wrecked. And again, I emphasize the importance of enjoying positive health through known, documented changes life-style related to smoking, exercise, nutrition, drinking, weight and obesity, mental health, and environmental health. Such changes in-life-style would directly affect the leading causes of death and disability among New Mexicans, such as heart disease, cancer, and accidents. Health education is also a basic strategy when dealing with hypertension, family planning, maternal and infant mortality, immunizations, venereal diseases, control of toxic chemicals and hazardous wastes, occupational health and safety, dental health, and communicable disease control.

With specific relevance to the subject of this conference, health educators should:

- 1) Aid individuals by providing knowledge of existing health services and the appropriate use of such services.**
- 2) Provide health service agencies with better information as to the health problems in the communities being served.**
- 3) Providing new physicians in underserved areas with information about community health beliefs and practices.**
- 4) Identifying the social, economic, and political factors affecting health within a community.**
- 5) Identifying and involving community leaders interested in health.**
- 6) Identifying and assessing the health service resources available to the community and facilitate their use.**
- 7) Assisting the community in identifying its health service needs and in developing processes designed to meet those needs.**

In summary, health educators should motivate the public to lead healthier lifestyles, make effective use of available health services, maximize health service providers' services by providing an important linkage between the provider and the community, and be instrumental in developing a network of resources.