COMPREHENSIVE REVIEW OF HEALTH EDUCATION PROGRAMS IN ASSESSING CURRICULUM CONTENT, EFFECTIVENESS, AND CULTURAL SENSITIVITY IN PROMOTING HEALTH LITERACY AND BEHAVIOR CHANGE.

Mohammed Saleh Hadi Al Garea

Ministry of Health, Saudi Arabia

malgarea@moh.gov.sa

Ali Haider Mahdi Alhottila

Ministry of Health, Saudi Arabia

aalhottila@moh.gov.sa

Marzoog Saleh Al Salaiea

Ministry of Health, Saudi Arabia

malsalaiea@moh.gov.sa

Hamad Awaidah Hamad Al Salah

Ministry of Health, Saudi Arabia

hoalsalah@moh.gov.sa

Saleh Mohammed Amer Al Mari

Ministry of Health, Saudi Arabia

smalrbey@moh.gov.sa

Mohammed Mana Saleh Alsalem Alyami

Ministry of Health, Saudi Arabia

mbalyami@moh.gov.sa

Faisal Hassan Salem Alyami

Ministry of Health, Saudi Arabia

Falyami39@moh.gov.sa

Rayid Hamad Hussein

Ministry of Health, Saudi Arabia

rayidhA@moh.gov.sa

Abstract

Health education programs are really helpful in informing individuals about healthy behavioral changes and increasing health literacy among the diverse community. A comprehensive review of the health education programs carries out an inventory of their content and effectiveness, as well as their cultural sensitivity. This review is intended to look into the existing literature and research in order to draw insights into the strengths and limits of the current health education programs and offer suggestions for further improvements. Some of the main factors are the way the learning material is being organized, how to make it more effective, and the issues that may appear in culturally sensitive health education.

Keywords: health education, curriculum content, effectiveness, cultural sensitivity, health literacy, behavior change.

INTRODUCTION

Education in Health and Wellness

Health education courses are the necessary tools for public teaching programs to reach individuals and enable them to be decision-makers concerning their health status. Nevertheless, the programs could encompass a lot of techniques and methodologies that are focused on the transfer of information, the strengthening of skills, and the creation of an atmosphere, contributing to the major improvement of health and living styles (Kim & Oh 2020). Through the multiple health-related issues covered in these programs, ranging from precautionary measures to disease management, disease prevention, nutrition, and exercise, health education programs are one of the key elements in the successful provision of people with the necessary tools they require to live a healthy life.

Enhancing Health Literacy:

Health literacy is the most important component and factor for an individual to absorb, comprehend, and act properly upon health information. Health education programs in today's world have made a significant contribution to moving healthcare literacy forward by giving people the tools to pass the health system, medical coding, and health resource reading. Through health education, these programs build the ability to read, comprehend, and use health information to alter their behavior in a positive way. They enable patients to actively participate in the process of prevention and disease management and develop good interpersonal communication skills.

(Bin Naeem&KamelBoulos 2021).
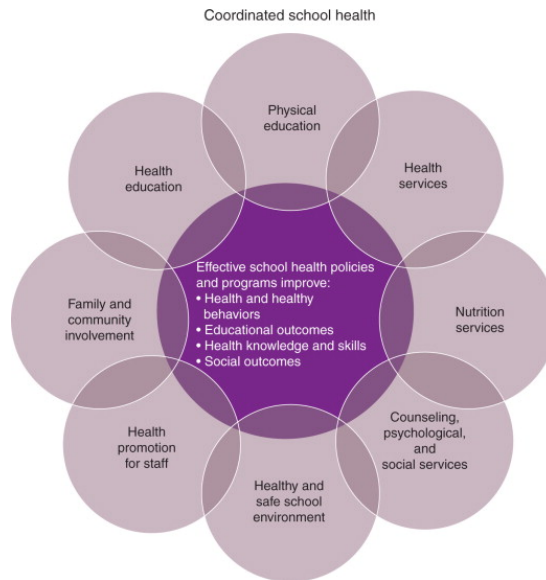
Promoting behavior change

Behavior modification is a core aim of health education programs, which are devoted to helping individuals take up healthy habits and ensure they stick to them. The programs use those strategies, for example, workshops on public education, counseling sessions, and community-based interventions, to encourage a change of behavior across various groups of communities. A health education initiative raises awareness, gives motivation, and then gives steps toward behavior change. It is able to do this through tools that allow individuals to overcome lifestyle barriers, such as quitting smoking, regular exercising, eating healthy, etc.

Addressing Health Disparities

Health education programs that focus on groups with a high risk of poor health outcomes caused by social, cultural, or environmental factors are a very important way of solving the problem of discrepancies in health(Gorczynskiet.,al 2021). This health program practice involves the use of culturally sensitive strategies for the purpose of making information on health and interventions for health available and acceptable to people from different cultural backgrounds. Thereby, through identifying and dealing with the specific needs of the different population groups, health education programs are contributing to a decreasing trend in health differences and helping to create a fair health oasis.

Empowering Individuals

Conceptually, health education is the means by which people gain control of their health and arrange their lives so that they can live longer and healthier. Health education programs, which give individuals the opportunity to acquire knowledge as well as the skills and resources meant to help people make the right choices for their health, make them active participants in their

health care. Whether it is a self-management program for chronic disease conditions, a health education campaign in schools, or community-based initiatives, these programs equip people to endure and advocate for their health rights as well as live full and satisfying lives.

DISCUSSION

Curriculum Content

The health education course should address vital components concerning disease prevention, well-being creation, and behavior change. It is crucial to make sure that the content is grounded in research, current, and suitable with public health directions and principles. Instructional approaches must be diversified so as to meet different learning styles, such as lectures, interactive activities, demonstrations, and group discussions. Also, taking health literacy elements, including simple words and pictures, into account tightens the effectiveness of the program and creates better awareness(Drossmanet.,al 2021).

Effectiveness

The evaluation of health education program effectiveness is integral to the determination of program impact on participant knowledge, skills, feelings, and health behaviors. Indicators could be as remarkable as gains in health and lifestyle knowledge, self-effectiveness, mode of behavior adoption, and health outcomes in the long run or conveniently in the short term. Both numbers and "client- recording" methodologies can be used in the assessment; for example, surveys, interviews, and group conversations before and after the program execution. In particular, longitudinal studies are of great use for evaluating the extent to which the targeted behaviors have been maintained and the broader impacts on long-term health beyond the time of the intervention.

Cultural Sensitivity

Special attention to cultural sensitivity is the most essential asset in the production and adoption of public health education that can be applicable in any setting to different nationalities. It gives importance to considering cultural values, beliefs, norms, and rules of health and wellness. It promotes the cultural work of each community. Relevant educational materials for health should be linguistically and culturally adapted to the typical audience, including the language used, the literacy level required, and the communication style adopted. The role of community members and cultural stakeholders in the design and running of programs should be made crucial so that culturally relevant programs can be made possible and their effectiveness enhanced.

Strategies for improvement

Strategies like these play a big role in the future development process of an educational health program that is culturally sensitive. Community participation and sharing of approaches require bringing community members into the process of designing, implementing, and evaluating the interventions to ensure the designed interventions meet the community's needs and hopes.

Working together with multi-faceted stakeholders, which include community organizations, healthcare facilities, schools, and policymakers, can be instrumental in involving more people and ensuring program stability. The participant's and stakeholders' feedback might be useful; formative evaluations and modifications of the programs based on the experienced lessons are the features of the program that are needed to strengthen the program's effectiveness as well as their cultural responsiveness(TavakolySanyet.,al 2020).

Future Directions

Integration of Technology

The success of future health education efforts will hinge on the ability to use digital technologies in such a way that affordability, interactivity, and efficacy are all improved. These include mobile apps, web platforms, and interactive web resources, among numerous online tools used to provide health education materials to the general public. Current technologies are able to give the students interactive learning, individualized content, and real-time reactions, which engages them in an interesting and easy way. In addition to this, digital platforms enable remote delivery, which wrestles with location and transportation predicaments, especially in less privileged communities. Implementing technology can also encourage the gathering and processing of data, allowing instructors to keep track of user engagement, assess the hit of objectives, and personalize training programs to suit operational needs.

Tailored Approaches

Customizing health education interventions that best suit the expected needs and behaviors of diverse groups is an indispensable factor that can help eradicate disparities and improve compliance in a much more efficient way. The health and well-being of communities are best uplifted through the provision of culturally and linguistically appropriate materials and methods that are relevant and accessible to people from different cultural backgrounds, allowing the addressing of health disparities. Vetted methods employ knowledge about traditional beliefs, morals, social etiquette, and ways of life to be able to customize the messages for specific target groups, which is bound to make them receive positively. We can do this by transforming content, language, and ways of delivering it so that it becomes more responsive to cultural diversity considerations. Working together with community members, cultural stakeholders, and healthcare providers can furnish you with valuable information about the special factors different groups of people might face and help you come up with specialized interventions accordingly.

Interdisciplinary Collaboration

Intersectional partnerships work to create an effective and rational health education system that tackles the conflict-determinant issues of health. Combining educators, health practitioners, policymakers, and community officers into one team could develop a comprehensive approach to health education and disease prevention. All stakeholders—from those with technical and financial resources to policymakers—contribute specific know-how and skills so that, in the end,

we have a multilayered approach to the problem with interventions that are targeted at multiple levels, from individual behavior change to social and policy institutions (Dadaczynskiet.,al 2021). This type of cooperation can make it possible to broadcast health education in different settings, such as schools, workplaces, healthcare facilities, and communities, where access to information via mass media might be limited.

Research and evaluation

Health education research will move forward more effectively by allocating resources to policy formulation and evaluation. This will serve as the basis for highly evidence-based practice. Preliminary research and evaluation studies can give valuable clues for the effectiveness of health education programs, and they can also indicate the extent of their reach and influence. Therefore, these are vital to the development program, implementation, and revision. Through periodic assessments of both the outcomes and the processes, educators will be able to discover the areas that are most effective, what works and what doesn't, and the why of them, thus enabling them to permanently adjust and innovate. Research should be oriented toward the assessment of all the components involved in the implementation of health education programs, including intervention design, communication approaches, participants' involvement, and the sustainability of lasting behavioral changes. Notably, this is achieved by means of effective communication of research output in the form of scientific articles, presentations at conferences, and through professional channel networks, thus widening the scope of knowledge and highlighting proper methods of health education(Nutbeam & Muscat 2021).

Conclusion

Health education projects are good at improving the health literacy of people and community development so as to contribute to the population's good health. Although these programs had effectively provided some benefits, they experienced limitations in curriculum content, efficacy, and cultural sensitivity. The areas that are relevant to be focused on for the effectiveness of health education programs should definitely include embracing technology application, precise, targeted solutions, multi-disciplinary collaboration, and scrupulous research and evaluation. Constant development and innovation are the factors contributing to the capacity of health education to bring about an increase in the number of health-empowered individuals who can then make correct decisions about their own health individually, with these states of affairs generating improved health outcomes and the well-being of our communities as a whole.

Recommendation

1. Provide advanced and indigenous cultures throughout the programs.

Health education programs should give the greatest attention to content development through the use of verified materials and recognition of cultural nuances. This means collecting and analyzing the health requirements and pronouncements of the segments of the population to determine the content that would be appropriate and accommodating to everyone and different

cultural and linguistic groups. Overcoming cultural barriers necessitates working with community stakeholders, cultural experts, and healthcare providers across the board to address collective health concerns as well as individual beliefs specific to the target population.

2. Take into account the development of new transportation techniques.

In order to increase the coverage of health education programs and ensure their effectiveness, it is essential to explore and apply different forms of information channels. Among these, promoting the use of technology-enabled platforms, including mobile apps, websites, and social media, is one of the tools for the distribution of health information and engagement with the target population. Moreover, community-based strategies, such as workshops, support groups, and health fairs, empower local communities as platforms for interactive learning and for people to practice newly acquired lifestyles(Romijnet.,al 2021).

3. Foster interdisciplinary collaboration.

A mutual partnership between healthcare professionals, educators, officials, and community heads should be established in order to design holistic and sustainable health education interventions. Teams that share interdisciplinary can offer a diversity of views and skills along with appropriate support to bring up the best designs for programs strong enough to fight health determinants of a complex character. Through the creation of industry-wide partnerships, health education programs can capitalize on the resources available among the overlapping groups and enhance the scope and effectiveness of their efforts toward a healthy population.

4. Pay Special Attention to Related Research, Evaluation, and the Process of Quality Improvement

Evaluation, quality improvement, and perpetual trials are the main embraced for effective health education programs. It is imperative that stakeholders perform investigative trials to evaluate the success, regional reach, and impact on the health goals of the interventions. Evaluation using the most rigorous methodologies and combining quantitative and qualitative data collection techniques is an instrument to measure interventions' successes and identify the gaps where more efforts are needed. Encompassing evidence-based techniques, learning from the educational program participants and stakeholders, and adapting to population needs over time are features of successful health education programs(Stormacqet.,al 2020).

Reference

Stormacq, C., Wosinski, J., Boillat, E., & Van den Broucke, S. (2020). Effects of health literacy interventions on health-related outcomes in socioeconomically disadvantaged adults living in the community: a systematic review. *JBI evidence synthesis*, *18*(7), 1389-1469.https://journals.lww.com/jbisrir/fulltext/2020/07000/Effects_of_health_literacy_interventions_on.3.aspx

Chae, D., Kim, J., Kim, S., Lee, J., & Park, S. (2020). Effectiveness of cultural competence educational interventions on health professionals and patient outcomes: A systematic review. *Japan Journal of Nursing Science*, *17*(3), e12326.https://onlinelibrary.wiley.com/doi/abs/10.1111/jjns.12326

Oliffe, J. L., Rossnagel, E., Kelly, M. T., Bottorff, J. L., Seaton, C., &Darroch, F. (2020). Men's health literacy: a review and recommendations. *Health Promotion International*, *35*(5), 1037-1051.https://academic.oup.com/heapro/article-abstract/35/5/1037/5574602

Kühn, L., Bachert, P., Hildebrand, C., Kunkel, J., Reitermayer, J., Wäsche, H., &Woll, A. (2022). Health literacy among university students: a systematic review of cross-sectional studies. *Frontiers in public health*, *9*, 680999.https://www.frontiersin.org/articles/10.3389/fpubh.2021.680999/full

Romijn, B. R., Slot, P. L., &Leseman, P. P. (2021). Increasing teachers' intercultural competences in teacher preparation programs and through professional development: A review. *Teaching and teacher education*, *98*, 103236.https://www.sciencedirect.com/science/article/pii/S0742051X2031427X

Devine, P. G., & Ash, T. L. (2022). Diversity training goals, limitations, and promise: A review of the multidisciplinary literature. *Annual review of psychology*, *73*, 403-429.https://www.annualreviews.org/doi/abs/10.1146/annurev-psych-060221-122215

TavakolySany, S. B., Behzhad, F., Ferns, G., &Peyman, N. (2020). Communication skills training for physicians improves health literacy and medical outcomes among patients with hypertension: a randomized controlled trial. *BMC health services research*, *20*, 1-10.https://link.springer.com/article/10.1186/s12913-020-4901-8

Miles, R., Rabin, L., Krishnan, A., Grandoit, E., &Kloskowski, K. (2020). Mental health literacy in a diverse sample of undergraduate students: demographic, psychological, and academic correlates. *BMC public health*, *20*, 1-13.https://link.springer.com/article/10.1186/s12889-020-09696-0

Nutbeam, D., & Muscat, D. M. (2021). Health promotion glossary 2021. *Health promotion international*, *36*(6), 1578-1598.https://academic.oup.com/heapro/article-abstract/36/6/1578/6211341

Dadaczynski, K., Krah, V., Frank, D., Zügel-Hintz, E., &Pöhlmann, F. (2021). Promoting navigation health literacy at the intersection of schools and communities. Development of the game-based intervention nebolus. *Frontiers in Public Health*, *9*, 752183.https://www.frontiersin.org/articles/10.3389/fpubh.2021.752183/full

Arif, Y. M., Ayunda, N., Diah, N. M., & Garcia, M. B. (2024). A Systematic Review of Serious Games for Health Education: Technology, Challenges, and Future Directions. *Transformative Approaches to Patient Literacy and Healthcare Innovation*,

20-45.https://www.igi-global.com/chapter/a-systematic-review-of-serious-games-for-health-education/342818

Drossman, D. A., Chang, L., Deutsch, J. K., Ford, A. C., Halpert, A., Kroenke, K., ... &Sperber, A. (2021). A review of the evidence and recommendations on communication skills and the patient–provider relationship: a Rome foundation working team report. *Gastroenterology*, *161*(5), 1670-1688.https://www.sciencedirect.com/science/article/pii/S0016508521033205

Gorczynski, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J. M., ...& Swartz, L. (2021). Developing mental health literacy and cultural competence in elite sport. *Journal of Applied Sport Psychology*, *33*(4), 387-401.https://www.tandfonline.com/doi/abs/10.1080/10413200.2020.1720045

Kim, M. Y., & Oh, S. (2020). Nurses' perspectives on health education and health literacy of older patients. *International journal of environmental research and public health*, *17*(18), 6455.https://www.mdpi.com/1660-4601/17/18/6455

Bin Naeem, S., &KamelBoulos, M. N. (2021). COVID-19 misinformation online and health literacy: a brief overview. *International journal of environmental research and public health*, *18*(15), 8091.https://www.mdpi.com/1660-4601/18/15/8091

Carvalho, D., Sequeira, C., Querido, A., Tomás, C., Morgado, T., Valentim, O., ...&Laranjeira, C. (2022). Positive mental health literacy: A concept analysis. *Frontiers in Psychology*, *13*, 877611.https://www.frontiersin.org/articles/10.3389/fpsyg.2022.877611/full

Zakar, R., Iqbal, S., Zakar, M. Z., & Fischer, F. (2021). COVID-19 and health information seeking behavior: digital health literacy survey amongst university students in Pakistan. *International Journal of Environmental Research and Public Health*, *18*(8), 4009.https://www.mdpi.com/1660-4601/18/8/4009

Pulimeno, M., Piscitelli, P., Colazzo, S., Colao, A., &Miani, A. (2020). School as ideal setting to promote health and wellbeing among young people. *Health promotion perspectives*, *10*(4), 316.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7723000/

Jacob, C. M., Hardy-Johnson, P. L., Inskip, H. M., Morris, T., Parsons, C. M., Barrett, M., ...& Baird, J. (2021). A systematic review and meta-analysis of school-based interventions with health education to reduce body mass index in adolescents aged 10 to 19 years. *International Journal of Behavioral Nutrition and Physical Activity*, *18*, 1-22.https://link.springer.com/article/10.1186/s12966-020-01065-9

World Health Organization, United Nations Educational, United Nations Educational, Scientific, & Cultural Organization. (2021). *Making every school a health-promoting school: Implementation guidance*. World Health

Organization.https://books.google.com/books?hl=en&lr=&id=TMZqEAAAQBAJ&oi=fnd&pg=PR4&dq=Comprehensive+Review+of+Health+Education+Programs+in+Assessing+Curriculum+Content,+Effectiveness,+and+Cultural+Sensitivity+in+Promoting+Health+Literacy+and+Behavior+Change&ots=KA91xWY9Qm&sig=dqYwULXNMQ9GXZWwIrp8lju-_Gw

Van den Beemt, A., MacLeod, M., Van der Veen, J., Van de Ven, A., Van Baalen, S., Klaassen, R., & Boon, M. (2020). Interdisciplinary engineering education: A review of vision, teaching, and support. *Journal of engineering education*, *109*(3), 508-555.https://onlinelibrary.wiley.com/doi/abs/10.1002/jee.20347

Lindow, J. C., Hughes, J. L., South, C., Minhajuddin, A., Gutierrez, L., Bannister, E., ...&Byerly, M. J. (2020). The youth aware of mental health intervention: impact on help seeking, mental health knowledge, and stigma in US adolescents. *Journal of Adolescent Health*, *67*(1), 101-107.https://www.sciencedirect.com/science/article/pii/S1054139X20300331

American Occupational Therapy Association. (2020). Educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula. *The American Journal of Occupational Therapy*, *74*(Supplement_3), 7413420003p1-7413420003p19.https://research.aota.org/ajot/article-abstract/74/Supplement_3/7413420003p1/6693

Chen, L., Chen, P., & Lin, Z. (2020). Artificial intelligence in education: A review. *Ieee Access*, *8*, 75264-75278.https://ieeexplore.ieee.org/abstract/document/9069875/

Goss, H. (2022). Student learning outcomes assessment in higher education and in academic libraries: A review of the literature. *The Journal of Academic Librarianship*, *48*(2), 102485.https://www.sciencedirect.com/science/article/pii/S0099133321001762