Preface

INTRODUCTION

Lifelong learning contributes to human fulfillment and positive social change; adult educators actively help adults, young or old, acquire the knowledge, skills, and values needed to lead productive and satisfying lives. In our learning society, adult development has become an academic subject pursued by university faculty, researchers, and graduate students in adult and community education. Adult learning and adult development are inextricably intertwined. Life situations create a need for adult learning, and adult development results in expanded learning. One conspicuous feature in lifelong learning is the emerging aging population that needs technological advances to assist their successful aging. For instance, the ability to use the Internet provides the older learners with a wealth of information on health, nutrition, and other aspects of living well. Health education has become all the more important to both adult learners and adult educators. Of all the Buddha quotes about the importance of health education, the following stands out: “Without health life is not life; it is only a state of languor and suffering – an image of death” (BrainyQuote, 2014). It is not an exaggeration to say that health education is the foundation of adult and community education. Similarly, one can say without health, a person is less likely to be able to contribute to a nation’s economy, let alone build the nation to the next level of civilization.

People living in the early 1900s could expect to live an average of approximately 50 years. Now, American men live an average of 78 years and American women live an average of 80 years. This lifespan has been changed due to medical breakthroughs and adult literacy. One in 25 Americans was 65 or over at the turn of the 20th century. In 1994, one in eight Americans was 65 or over. The number of older adults (aged 65 and older) has increased 11 fold since the turn of the 20th century. As people age, they may study successful aging in a self-directed learning manner; in this way, adult literacy has contributed to longevity in our society. The number of adults over age 85 is expected to increase to about 7 million in 2020 and to 20 million in 2050 (Administration on Aging [AOA], 2014).

The bad news of this demographic trend is that nearly half of all American adults, 90 million people, have difficulty understanding and acting upon health information. By 2050, there will be 112 million older adults (over age 60), almost three times the number that was recorded in 2012. Older adults are more likely to have chronic disease and therefore require more healthcare services than other segments of the population. Older adults are faced with unique challenges that may make it difficult to navigate health information resulting in a gap in adequate self-management (Naveh-Benjamin, Hussain, Guez, & Bar-On, 2003; AOA, 2014).
Adult and community health education should play a major role in improving individual health and the nation’s health. Understanding the importance of health education in adults’ lives enables adult educators to meet and go beyond the following objectives:

1. Anticipate learning needs that arise at various life points.
2. Understand how life events facilitate or inhibit learning in a particular situation.
3. Prepare adults for life changes.
5. Plan learning experiences that are more meaningful.

OBJECTIVE OF THE BOOK

*Handbook of Research on Adult and Community Health Education: Tools, Trends, and Methodologies* features full-length chapters (approximately 10,000 words per chapter) authored by both leading experts and adult learners. It offers an in-depth description of concepts related to different areas, issues, tools, methodologies, and trends in adult and community health education at all levels in this evolving society.

ORGANIZATION AND IMPACT OF THE BOOK

Our collective health represents the health of the whole nation. One’s individual health is affected by multiple factors, including the foods we take in on a daily basis, family genes, one’s wealth, happy relationships with significant others, family members, lifestyles, healthy work environments, and individual beliefs, values, and philosophies. Some researchers claim that one’s health should be managed and nurtured to maximize one’s longevity. Other researchers believe that modern medical breakthroughs contribute to one’s health, hence longevity. To date, we cannot find a volume on Adult and Community Health Education that has been approached from an educational perspective or social science perspective. Given the 70 million baby-boomers in the United States, Adult and Community Health Education has become a popular academic subject among adult learners. Senior adult learners have a dire need to take courses, addressing adult and community health education. What are the tools in Adult and Community Health Education? What are the trends in Adult and Community Health Education? What are the methodologies in this area? These questions are raised by adult learners, young or old. As universities offer programs to accommodate this growing need of adult learners, an important issue has emerged: both adult educators and adult learners have difficulty finding pertinent literature that addresses Adult and Community Education. What are the tools in Adult and Community Health Education? What are the trends in Adult and Community Health Education? What are the methodologies in this area? These questions are raised by adult learners, young or old. As universities offer programs to accommodate this growing need of adult learners, an important issue has emerged: both adult educators and adult learners have difficulty finding pertinent literature that addresses Adult and Community Education. In other words, it is hard to find academic books addressing this pertinent area, let alone academic books written by both scholars and practitioners who have both theoretical and practical knowledge. This groundbreaking volume presents a compilation of some of the latest cutting-edge research in this emerging field with chapters written by world-famous scholars and chapters written by front-line faculty members and practitioners in the field.

Chapter 1, “‘The Illness That Dare Not Speak Its Name’: An Auto-Ethnographic Approach to Understanding Adult Learning in and on Clinical Depression” by Stephen Brookfield, shows that depression is something variously estimated to afflict between 5 and 10% of the North American adult population at any particular time. As such, it represents a major community health issue. This chapter uses an auto-
ethnographic approach to analyze the adult learning tasks associated with dealing with depression. After situating his own experience as a person who suffers from depression, the author uses his narrative to analyze four learning tasks: learning to overcome shame, learning to engage in ideological detoxification, learning to normalize despair, and learning to calibrate treatment. Central to each of these tasks is the act of public disclosure. The chapter ends by suggesting directions for future research in this neglected area of adult education.

Chapter 2, titled “Community-Driven Health-Impact Assessment: A Promising PATH for Promoting Community Learning and Social Responsibility for Health” by Maureen Coady, addresses local health impact assessment processes that can be used to identify and encourage practices and policies that Coady believes may promote health. Coady further believes that these processes may increase a community’s capacity to improve local conditions for a healthier community. In particular, she addresses a Community-Driven form of Health Impact Assessment (CHIA) that has been practiced in rural Nova Scotia, Canada since 1997. Finally, Maureen Coady posits that information learning in these processes is often transformative.

Chapter 3, “Educating Adults to Talk about Death and Dying to Assist Grieving Children: A Community Development Project,” by Clarena Larrotta and José Luis Moreno, is a qualitative research study, focusing on such research questions as, How can we use the pillars of community development to identify needs and assets within the hospice setting? and What can bereavement facilitators working at hospice do to educate adults to talk about death and dying to assist grieving children? Three themes emerged from this qualitative research design: (1) hospice and the pillars of community development, (2) educating adults to assist grieving children, and (3) creating a curricular guide for bereavement facilitators. The findings from this chapter offer thought-provoking experience for readers and researchers of this particular volume.

Chapter 4, titled “The Power of Collaborative Inquiry and Metaphor in Meeting the Health Literacy Needs of Rural Immigrant Women: A Case of Parent Education,” by Al Lauzon and Rachel Farabakhsh, examines rural communities and identifies the need to reach out to immigrant groups to help sustain their populations. The chapter addresses the role of a participatory education project in meeting the needs of immigrant Old Colony Mennonite women. Lauzon and Farabakhsh explore the topic of dealing with the stress of parenting. They discuss five themes in this chapter: (1) reconsidering the nature of their children, (2) the power of language to transform, (3) modeling with language, (4) changing parental behaviors, and (5) normalizing what happens at home. Finally, a pedagogical strategy for meeting the learning needs of rural immigrants is recommended.

Chapter 5, “Technology Impact on New Adult Behavior about Health Information,” by Lesley Farmer, delves into the information about health issues that new adults between 18 and 25 years of age need and want. Farmer indicates that health information interests vary by age, gender, social situation, and motivation. This chapter examines several concerns that also impact how new adults access and seek that information. In addition, Farmer’s chapter discusses several issues related to new adult technology use for seeking health information and offers recommendations to insure optimal community education and services to address health information needs of all new adults.

Chapter 6, titled “Mindfulness in Health Education and Health Promotion,” by Michelle Lee D’Abundo, Cara Lynn Sidman, and Debbie Heller, considers the term mindfulness as widely referenced in research and popular media. The purpose of their chapter is to apply the concept of mindfulness to the field of health education and promotion. In doing so, such topics as the origins and practice of mindfulness, measurement, and well-being are discussed. The authors suggest innovative approaches such as the practice
of mindfulness to help Americans become healthier. Applications of mindfulness in health education and promotion such as smoking and cancer are also examined. Last but not least, mindfulness in the workplace is addressed by the authors.

Chapter 7, “Learning with a Curve: Young Women’s ‘Depression’ as Transformative Learning,” by Paula S. Cameron, investigates depression in the lives of young rural women in Nova Scotia, Canada through feminist arts-informed study. The chapter draws from transformative learning theory and asks such research question as, How does lived experience of severe psychic suffering affect the “habits of minds” of young women? Cameron examines mental illness and transformation by using this unique research method and theory.

Chapter 8, titled “Transformative Learning and Empathy Politics: Adult Learning and the Mitigation of Conflict,” by Marianne Robin Russo and Victor C. X. Wang, examines research questions, such as (a) Can we develop the common ground we need to help others and ourselves towards empathic learning and informed discourse in regard to the health and welfare of others, specifically Vietnam veterans? (b) How can a synergy or bridge in terms of health and adult and transformative learning assist the public in turning their attention toward Vietnam vets to enable them to find healthcare and mitigate subsequent homelessness? (c) Can we use transformative learning in the context of eliminating war using the work of Freire, Mezirow, Piaget, Kohlberg, and Noddings to transform the public’s role? and (d) How can we teach the public to put pressure on politicians to conjure the idea of empathy politics? In addressing these research questions, Russo and Wang draw from the work of Piaget, Kohlberg, Noddings, and Mezirow. Transformative learning theory is also used as the overarching theoretical framework for this chapter. The authors conclude that transformative learning theory can create an emancipatory effect for the learner. Transformative learning may be taken one step further, in that if one cannot be emancipated on his or her own, it is the responsibility of others to assist in this process. In order to reach a transforming learning experience, a cognitive dissonance must take place that changes the individual’s cognitive paradigm to a more empathetic reasoning. When this has to do with increasing death and war-related health maladies, a public transformative learning experience may occur.

Chapter 9, “Self-Directed Learning in Family Medicine,” by Theresa J. Barrett, analyzes the competency areas of family physicians. Barrett advocates that family physicians must be committed to life-long learning and become the architects of their own learning experiences in order to become competent to accomplish their tasks as family physicians. The author explores self-directed learning and adult education, as well as how physicians learn and the self-directed learning readiness of family physicians.

Chapter 10, titled “Transformational Learning for Community Health: The Case of Physical Education Teacher Candidates,” by Carlos E. Quiñones-Padovani and Clarena Larrotta, looks at a physical education teacher education program at a large public university in Puerto Rico using a qualitative research study. Relevant research questions are asked, and the authors describe a theoretical framework section related to transformational learning theory; a relevant literature section that provides the definition, benefits, and connection with concepts such as physical activity, community health, and effective teaching in physical education; a qualitative methodology section that describes the study setting and participants, data collection sources, and data analysis procedures; a study findings section that is organized by research question; an implications for practice section; and a conclusion.

Chapter 11, “Choose Health: Tools for a Healthy Lifestyle,” by Eric Wanner and Jennifer Bird, consider stress as a very common cause of a downward spiral to quality of life and overall health. The authors propose that we need to be more aware of how adults can benefit from a health perspective by making a few positive changes in their lives by using self-awareness as their device. By paying atten-
tion to our bodies and physical reactions to circumstances that cause tension, we can learn to deal with stress. The authors also recommend exercise, nutrition, and writing journals as proven ways to decrease stress levels. More importantly, the authors focus on a research study that shows that using more positive language in artistic writing may help improve one’s health. Last but not least, spirituality and choosing a more meaningful lifestyle may help manage stress.

Chapter 12, titled “Adult Education: The Intersection of Health and the Ageing Society,” by Linda Ellington, examines literature in adult education at the intersection of health and the ageing society. Ellington identifies the shifting global demographic profile, higher percentages of older people, and greater diversity within the older population as contributing factors to the current challenge of adult education planning. The author advocates that adult health education must go beyond the traditional practice of knowledge dissemination. The author further advocates that medical literacy, sociology, psychology, and social policy be used to stimulate the interest of senior adults, as well as the interest of the whole society.

Chapter 13, “Using Information Technology to Spread Awareness about Communicable Diseases,” by Twiesha Vachhrajani, Lavanya Rao, and H.R. Rao, examines various communicable diseases, such as AIDS, tuberculosis, and malaria, in both the developed and developing world. The authors argue that the prevalence of these diseases is high in developing countries where lack of communication may prevent their eradication, while in developed countries information technology has proven to be an indispensable tool to spread awareness regarding these communicable diseases. This chapter is significant in two areas. First, it outlines some of the critical challenges regarding the spread of communicable diseases. Second, it identifies and summarizes the various information systems strategies used in this context in developed and developing countries. Suggestions are offered as to how to curb the spread of communicable diseases in developing countries.

Chapter 14, titled “Human Patient Simulations: Evaluation of Self-Efficacy and Anxiety in Clinical Skills Performance,” by Grace N. Onovo, explores the relationship between self-efficacy (self-confidence) and anxiety levels, and the use of Human Patient Simulations (HPS) as a teaching-learning strategy. The purpose of this chapter is to evaluate the self-efficacy/self-confidence and anxiety levels in clinical skills performance of undergraduate nursing students prior to and following the use of Human Patients Simulations (HPS) as a teaching and learning strategy in maternity nursing. Onovo uses a quantitative, experimental, one group study design with a pretest and post-test. Her study is a cross-sectional study with data collected at one point pre-summative and post-summative evaluations for the simulated clinical skills performance and decision-making. The author reveals that HPS reduces anxiety and increases self-efficacy/self-confidence in clinical skills performance and decision-making of the participants. The significance of Onovo’s chapter is that the findings may assist nurse educators in focusing on clinical objectives when developing, teaching, assessing, and evaluating clinical nursing courses in order to resolve the problem of poor clinical skills performance and decision-making related to high anxiety and low self-efficacy/self-confidence levels of their students.

Chapter 15, “Educational Research Narratives of Healing,” by Jennifer Lynne Bird and Eric T. Wanner, shares the story of the authors’ research and discusses not only what they learned about health education that can help others but also the stories of the moments that made this research process a memorable journey for them. The authors give examples of various stories that happened during the research process. The central theme of this chapter indicates narrative inquiry involves living a story and telling that story. The retelling of the story leads to additional insights, ideas, and perspectives.

Chapter 16, titled “Health Literacy: An Essential Ingredient for Better Health Outcomes – Overview of Health Literacy Theoretical Concepts,” by Glenda Denson Knight, explores the U.S. healthcare sy-
tem and shows that while the evolution of the U.S. healthcare system has generated numerous advantages, there are also significant disadvantages. At the same time, the healthcare system is very difficult to navigate due its complex design combined with increasing expectations of individuals and serious barriers to quality healthcare access. Knight identifies health literacy as one such barrier. The focus of this chapter is on addressing deficiencies of health literacy associated with healthcare. Research shows limited health literacy independently contributes to poorer health status, greater risk of hospitalizations, and increased likelihood of mortality. Knight’s goal in writing this chapter is to present an overview of health literacy – concept, prevalence, impact of literacy on health outcomes, references to health literacy resources, and recommendations for health literacy improvement.

Chapter 17, “The Cost of Convenience: How Does Distance Education Mix with the Modern-Day Student?” by Jessica Miles, looks at how sleep quality and external responsibilities, such as work and caretaking, may affect academic success among adult learners. Miles argues that external responsibilities may affect sleep quality, creating a sort of chain reaction of potential academic obstacles. The author advocates that raising awareness of these health issues and impacts is important in setting up adult learners, especially those taking distance education courses, with the greatest opportunities for academic success.

Chapter 18, titled “The Self-Cultivation Model of Lifelong Learning: Toward Post-Egoic Development,” by Avraham Cohen, Heesoon Bai, and Karen Fiorini, considers the prevailing anti-aging sentiment and cultural practice as the starting point of a critical analysis and indicates that the modernist worldview of materialistic individualism is at the foundation of this practice. The authors propose a developmental model that moves beyond materialistic individualism and egoic development and sees human beings becoming progressively integrated into larger and larger circles of being that include not only other humans but also non-human others such as Nature and Cosmos. The authors propose a model of lifelong learning and growth with what they see as essential elements of such growth: secure bonding and connection, nurturance and nourishing, spirituality, self-cultivation and inner work, community development, virtue cultivation, healing, meditation, and contemplative practices.

Chapter 19, “Student Nurse Simulation Training Incorporating Disease Management and Telenursing for Congestive Heart Failure (CHF) Patients,” by Mary Ann Siciliano McLaughlin, examines the development and study of a student nurse simulation training incorporating disease management and telenursing for Congestive Heart Failure (CHF) patients by using a survey. McLaughlin shows telehealth is an ideal situation to combine with simulation in the education of the nursing students. The author identifies educating students in the care of chronically ill patients and preparing them to care for these patients in the community as a recurring theme for nurses.

Chapter 20, “A Personal Perspective and Learning Experience on Living a Long, Healthy Life,” by John A. Henschke, focuses on a personal perspective and description of the learning experience for living a long, healthy life. In doing so, the author discusses several sections revolving around healthy life descriptions, a long life, dimensions of maturing for long lives, and a more personal side of experiencing a long, healthy life. A healthy long life in relationship to andragogy is also discussed in this chapter. The conclusion of this chapter delves into a particular point of view on tools, trends, and methodologies in adult and community health education.

Chapter 21, titled “Building a Psychometric Instrument and Data Collection Checklist for Healthy Aging Initiatives,” by Marianne Robin Russo and Valerie C. Bryan, considers psychometricians (also referred to as psychometrists) and the subsequent development of instrumentation as a social responsibility. They argue that the instrument becomes a learning apparatus that can ultimately change behaviors, policies, and practices, and within health or medical research frameworks, possibly save lives. Therefore,
a compilation of instrument evaluation and data analysis is examined in terms of literature and public sourcing prior to a recent study related to healthy aging and other factors. As the authors indicate, the purpose of their chapter is to examine the methodological approaches the psychometrician reviewed in order to determine if a need existed to create an adequate, effective, and robust instrument or if the current primary and/or archival data would be adequate for the study related to healthy aging.

In summary, the chapters in this book will be useful for students, academics, and professionals alike in their efforts to further their own health and the health of others within our communities and society. Once again, our collective health represents the health of the whole nation. As we improve our health, lifelong learning, with self-directed learning as one of its principles, may be the key to sustaining one’s health.

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REFERENCES

