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Editorial

In search of success in health promotion and alcohol education

In this Supplement to Patient Education and Counseling, specialists in the areas of health promotion and alcohol education have provided reviews of health promotion and prevention programs with relevance for alcohol education. As Editor-in-Chief of Patient Education and Counseling I am glad that we can offer this Supplement with such a focus on a topic so relevant for our journal: projects and programs designed to promote health by raising knowledge, influencing attitudes and promoting behavior change.

Two papers discuss obesity prevention programs; one paper describes educational programs in the field of HIV/AIDS prevention, and one paper concerns road safety education. Finally, there is one article which explicitly reviews alcohol education programs, in this case alcohol education programs in schools. In all these papers the authors attempt to identify criteria of success. The authors review what we have learned from all the different programs in terms of successful implementation of measures to promote health and healthy behaviors across a broad specter of programs.

In one of the two papers on obesity prevention, Goldberg and Wright review three obesity prevention campaigns [1]. The programs include the Sisters Together: Move More Eat Better, in three inner city communities in Boston, the Shape Up Somerville program, also located in the greater Boston area and the EPODE program. EPODE is an acronym in French language for Ensemble Prévenons l'Obésité Des Enfants (Together Let's Prevent Childhood Obesity).

The Sisters Together program aimed to promote healthy lifestyles among young adult African-American women. Throughout program design and implementation, qualitative research was performed in order to secure an implementation of the program based on actual experiences of providers and users of the program.

While the target group in Sisters Together was young women, the aim of the Shape up Somerville program was to prevent weight gains in children grade 1 through 3 [1]. Hatfield and colleagues discuss this program, more in detail in their contribution [2]. They conclude that the Sommerville experience highlights the importance of two-ways-communication, or perhaps rather multi-ways-communication, with all stakeholders, with an emphasis on engaging community members at many different levels and through different channels of communication, supported and sustained though local partnership [2].

Whereas both Sisters Together and Shape Up Sommerville were restricted to one single community, the EPODE program is a large collaborative effort which has expanded to 29 countries worldwide [1]. The target group of the EPODE program is children 0–12 years and their families. The primary outcome of EPODE is prevalence of childhood overweight and obesity. But there is also an emphasis in the program on process evaluation. Program success is continuously evaluated across venues. An important element of success is local community involvement of the program, and local stakeholders are regularly surveyed to determine their satisfaction of the program. Goldberg and Wright conclude their discussion of all the three obesity prevention programs that the "successful health interventions should be behaviorally-focused and include multiple component to address the various factors that influence behavior" [1].

Adelekan reviews educational interventions applied in HIV/AIDS prevention [3]. He points out that HIV/AIDS prevention is a difficult type of health promotion programs. Whereas the aim of programs in this area has been behavior change, Adelkan concludes the impact on actual behavior change has been rather weak and without a lasting effect. To the extent that positive effects have been seen, they have been restricted to knowledge, attitudes and intentions, which in turn are potential mediators of behavior. The author points to the need to raise practice and research standards in this area of health promotion [3].

Jean-Pascal Assailly reviews a series of seminal papers in the area of road safety education [4]. As in other areas of health promotion, interventions aim to promote knowledge and attitudes. In road safety education an important additional component is teaching of specific skills related to traffic behavior.

Finally, Betsy Thom's contribution addresses alcohol education in school [5]. She presents findings from literature reviews and published program evaluations to identify key elements of good practice in the field. She points out that school based alcohol intervention programs are extremely heterogeneous, and it is therefore difficult to draw firm conclusions about effectiveness. However, taken together, experience from the different projects in the field may provide useful insight, and the practical implications are summarized by Thom in her paper.

Together, these five articles cover a wide range of approaches to health promotion work with relevance for alcohol education. They are different in terms of target groups and design, and the programs differ in their emphasis on knowledge and attitudes, behavioral changes and specific skills. With such a broad variety of programs there are different ways to success, but common features for most of the different programs seem to be an active community engagement and an emphasis on communication and

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collaboration between different stakeholders. These are important qualities in many programs of health promotion and patient education, and the papers presented in this Supplement fit well within the scope of Patient Education and Counseling.

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Arnstein Finset
E-mail address: arnstein.finset@medisin.uio.no (A. Finset).

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