Editorial

Health educators' role in health promotion from a new perspective: A new theory in their professional toolbox

Saeideh Ghaffarifar[1], Hamid Tavakolli Ghouchani[2*]

In this annotation, we will briefly review health educators' role in health promotion from a new perspective and will introduce a new theory in their professional toolbox. Let's start with a brief review about health and health problems and state some solid facts about them:

First: health has different dimensions: physical, mental, social, spiritual and political [1].

Second: there are multiple socio-economic determinants of health: social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, transport [2].

Third: As it is shown in figure 1, a health problem has different levels and there is interdependence of factors within and across all levels [3].

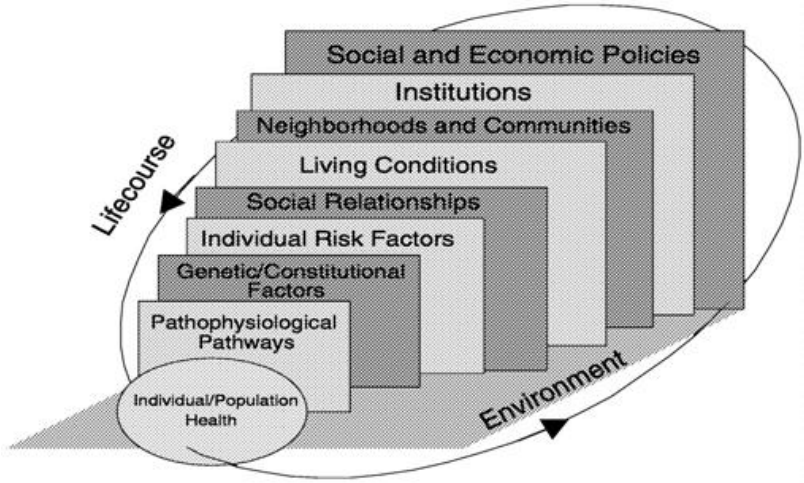


Figure 1 Multilevel approach to epidemiology

1. Assistant professor, Medical Education Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
Email: ghaffarifars@tbzmed.ac.ir
2. Assistant Professor, Department of Health Education and Promotion, Health School, North Khorasan University of Medical Sciences, Bojnurd, Iran Email: h.tavakoli@nkums.ac.ir

[Downloaded from hehp.daneshafarand.org on 2026-11-13]

Fourth: People are likely to get around 100,000 diseases, which have the root in about 30-40 genetic, environmental or lifestyle behavior risk factors (RF) [4] and consequently in only 10 social determinants of health (SDH). It means that it is better to promote healthy life by reducing just 30-40 risk factors [5] and even better by controlling merely 10 social determinants of health, rather than treating 100000 diseases.

According to the points above, it seems that provision and promotion of people's health is a shared responsibility of physicians, all other health professionals and authorities in the community and health educators. So, for better management of health problems, while physicians are paying attention to the biomedical aspect of diseases and their pathophysiological pathways, other health professionals should investigate other aspects of people's health at different levels of a health problem. Furthermore, the most important determinants and predictors of people's health behaviors should be determined and necessary interventions should be participatory planned and implemented based on them.

In order to enable people to extend control over and to deepen their health and to better address such a common responsibility, technological advances has helped physicians and other health care providers diagnose and treat biomedical aspects of health problems. Health educators' benefit from recent scientific advances is the possession of a professional toolbox full of health behavior and health promotion theories and models. Fitting those theories and models to their field of practice , they can understand health problems, events and situations, clarify the most important predictors of people's health behaviors and articulate assumptions concerning targets of health interventions [6].

In other words, while physicians and other health care providers are working to diagnose, treat and control diseases, health educators can plan effective programs to control different determinants of health and reduce many influential risk factors because they are able to fit a variety of health behavior and health promotion theories and models to their daily practice. They can address each health issue with more than one theory, which are proper to their situation. Applying explanatory theories, such as Health Belief Model (HBM) [7] and Theory of Planned Behavior (TPB) [8], they sometimes just describe the reasons for a health problem or its contributing factors.

Health educators also use change theories such as Diffusion of Innovation [9] to guide the development of a health intervention. Moreover, in many applications within health promotion programming they apply planning models such PRECEDE PROCEED [10]. Applying planning models let them employ

[Downloaded from hehp.daneshafarand.org on 2026-11-13]

participation and community inputs and apply proper health promotion theories.

Despite such a variety in the health educators' professional toolbox, some experts have outlined the limitations on the use of each of these theories and models. Those scholars declare that explanatory theories cannot lend themselves very well to promotion of behaviors or they even criticize the predictive power of some constructs of some theories. There have also been some criticisms about parsimony of some theories and models and recommendations for further refinement of those theories and models.

The meaning of such criticisms is not to exclude those theories and models from health educators' professional toolbox, but we should take into account the weaknesses and strengths [11] of each theory and model and apply any theory and model to address the best and most appropriate health issue [12].

In this regard, we invite our readers to read Professor Sharma's recent article. In his article, Professor Sharma, while introducing multi – theory model(MTM) as his new model, [13] and its six constructs, he challenges other dimensions of health theories and models. Comparing MTM with some other popular theories and models, such as HBM, Trans Theoretical Model (TTM) and PRECEDE PROCEED model, he successfully convinces his readers of his new model's parsimoniousness and of its ability to be used use it at individual, group and community levels. He declares that by applying MTM, health educators will be able to "address both initiation and substance of health behavior change" [13].

It is hoped that by being added MTM to the health educators' professional toolbox, the ground for their more and better participation in health promotion programming will be provided.

References

1. Sharma M. Theoretical foundations of health education and health promotion. Boston: Jones & Bartlett Publishers, 2016; p: 3.
2. Marmot M. Social determinants of health inequalities. The Lancet 2005; 365: 1099-104.
3. Smedley BD, Syme SL. Promoting health: Intervention strategies from social and behavioral research. Washington, DC: National Academies Press, 2000; p: 43.
4. Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJ. Global burden of disease and risk factors. New York: Oxford University Press, 2006. Available from: https://www.ncbi.nlm.nih.gov/books/NBK11813/#A599
5. WHO. The world health report 2002: reducing risks, promoting healthy life: World Health Organization, 2002. Available

[Downloaded from hehp.daneshafarand.org on 2026-11-13]

from: http://www.who.int/whr/2002/en/

6. Glanz K, Rimer BK, Viswanath K. Health behavior and health education: theory, research, and practice. John Wiley & Sons, 2008; p: 26-33.
7. Rosenstock IM. The health belief model and preventive health behavior. Health Educ Quart 1974; 2(4): 354-86.
8. Godin G, Kok G. The theory of planned behavior: a review of its applications to health-related behaviors. Am J Health Promot 1996; 11(2): 87-98.
9. Dearing JW. Applying diffusion of innovation theory to intervention development. Res Social Work Prac 2009; 19(5): 503-18.
10. Gielen AC, McDonald EM, Gary TL, Bone LR. Using the precede-proceed model to apply health behavior theories. Health behavior and health education: Theory, research, and practice 2008; 4: 407-29.
11. Ghaffarifar S, Ghofranipour F, Ahmadi F. PRECEDE-PROCEED: The Best Model to Plan in order to Improve Interns' Self-Efficacy Specific to Doctor-Patient Communication Skills. Health Education & Health Promotion 2013; 1(2): 1-4.
12. Ghofranipour F, Ghaffarifar S. What Is "Meaningful Change" When Working with Transtheoretical Model (TTM)? Health Education & Health Promotion 2013; 1(1): 1-2.
13. Sharma M. Multi-theory model (MTM) for health behavior change [review article]. Webmed Central 2015. Available from: www.webmedcentral.com/article_view/4982

[Downloaded from hehp.daneshafarand.org on 2026-11-13]