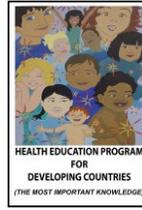


**HEALTH EDUCATION PROGRAM
FOR
DEVELOPING COUNTRIES**
(THE MOST IMPORTANT KNOWLEDGE)



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INTERNATIONAL & NATIONAL STANDARDS & PRACTICE GUIDELINES

WHO=World Health Organization & its divisions & collaborating partners.
HHS=Dept of Health & Human Services & its divisions & collaborating partners.

THE 3 THINGS

"The 3 things" is a participatory health education approach based on HHS and WHO international and national guidelines.

Page 1: "The World Health Organization reports that **80%** of Premature Heart Disease (#1 Cause of Death), **80%** of Stroke (#3 Cause of Death), **80%** of Type 2 Diabetes (#6 Cause of Death), and **40%** of Cancer (#2 Cause of Death) can be prevented by YOU doing just 3 things... Much more important than all of our hospitals & clinics, doctors & nurses, and drugs and surgeries combined."

This was first reported in 2005, but has been further emphasized in more recent evidence-based reports. WHO evidence-based guidelines have also specifically documented the effectiveness of lifestyle interventions for non-communicable diseases when conducted in the religious setting. For example see: [*Interventions on diet and physical activity: what works: summary report. WHO 2009*](#)

This information can be presented in **Flyers** advertising the event, by **Posters** presented by health educators in a participatory manner as patients wait in line to register, and reinforced in the **Patient Health Screening & Education Record**. (All can be downloaded free from Sections II and III of the HEPFDC [Health Screening](#) page.)

The purpose is to engage the community in a process of self discovery. "What are these 3 things that WE can do?" And through this participatory approach, patient groups nearly always come up with the WHO evidence-based answers, even before they receive their record which includes those answers on page 2.

Page 2: 'The 3 Things' "1. Healthy Diet. 2. Adequate Exercise. 3. Not Using Tobacco."

The illustrations provide additional reinforcement of the guidelines and facilitate teaching for illiterate patients. The **Patient Health Screening & Education Record** is given to patients to take with them to discuss with their families and friends. This also facilitates multiplication of the knowledge throughout the community.

**ADDITIONAL SUPPORTING
INTERNATIONAL & NATIONAL STANDARDS & PRACTICE GUIDELINES**

Although "The 3 things" approach was based primarily on WHO guidelines from 2005, it is even more important today:

The CDC reports that **68%** of US adults are now overweight or obese.

The American Heart Association reports: "Today, about **one in three** American kids and teens is overweight or obese, nearly triple the rate in 1963...Among children today, obesity is causing a broad range of health problems that previously weren't seen until adulthood. These include **high blood pressure, type 2 diabetes and elevated blood cholesterol levels**. There are also psychological effects: Obese children are more prone to low self-esteem, negative body image and depression."

The [WHO Policy Brief: Preventing chronic diseases, designing and implementing effective policy](#) also emphasizes the importance of the above approach for children as well as adults: "The growing epidemic of chronic disease is due to tobacco use, unhealthy diet, physical inactivity and other risk factors...Chronic disease risk accumulates throughout the life course, and risk factors are often established in childhood and adolescence. Consequently, chronic disease prevention must focus on promoting healthy diet, physical activity, and tobacco abstinence from an early age..."

Skills-based chronic disease education should include participatory learning experiences that address nutrition, the benefits of physical activity, and the health consequences of tobacco use. Such programmes can be implemented with limited resources, and may be highly beneficial in reducing chronic disease risk factors among young people."

Both national and international guidelines report that the higher the Body Mass Index (BMI), the higher the risk for heart disease, high blood pressure, type 2 diabetes, breathing problems, gallstones, osteoarthritis, and certain cancers.

These BMI related diseases have now increased to **epidemic levels in developing as well as developed countries**. For example, the *Lancet* (June, 2011) reported that **nearly 10%** of adults **world-wide** now have **diabetes**, and the prevalence of the disease is rising rapidly.

Other studies report "It is estimated that by the year 2015 non-communicable diseases associated with over-nutrition will surpass under-nutrition as the **leading causes of death in low-income communities**." See WHO's [Integrating Poverty and Gender into Health Programmes-Module on Nutrition](#) for further information.

"Smoking is the single greatest cause of avoidable morbidity and mortality...harms nearly every organ of the body."--Surgeon General's Report 2004. Here again, the numbers continue to increase globally, especially in developing countries.

Evidence-based sources report that although only 15% of our of our medical treatments for all other conditions have been proven to be beneficial, education for smoking cessation meets the very highest possible evidence-based ratings for effectiveness. Your teaching prevents the premature death and suffering of one of every two patients who decide to quit smoking.

For additional national and international reports and guidelines see:

[HHS's Office of Disease Prevention and Health Promotion](#) and related links.

[WHO's Nutrition for Health and Development](#) and related WHO links

[WHO's Tobacco](#) and related WHO links