



Assessing the Health Needs of Children and Young Adults

BY KATHRYN UTAN

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Different communities have different needs. For example, in Armenia, a country with high levels of seismic activity, the Armavir/Galveston partners visited local schools and used miniature candy bars with soft centers to illustrate how the movement of the earth's tectonic plates causes earthquakes to happen. During the presentation, partners reviewed "duck and cover" and other procedures children should follow if a quake occurs.

Public health systems worldwide are facing funding cuts while, at the same time, they are plagued with increasing rates of chronic ailments stemming from unhealthy lifestyle choices, aging populations, and the burgeoning threat of infectious diseases. More and more, the responsibility for healthcare services is falling to local and regional communities. This shift in accountability, coupled with the burden of meeting the health needs of the people living within their community, means that cooperation and collaboration are the new watchwords for public health leaders.¹ To be successful, however, this collaboration must focus on determining what the specific health needs of a given community are, and what programs and services can be implemented to address these needs.

Just as an individual physician screens the health of his patients, so too can healthcare professionals and policymakers work together with other interested parties to assess the health of their community. During annual physical exams, a doctor performs a series of tests, measuring a patient's blood pressure, heart rate, cholesterol, and weight, for example, to establish a

health profile for that individual. When healthcare professionals and public health leaders are seeking to measure the well-being of entire communities, a similar assessment process can be used to determine the health of a specific population. These community health assessments are one way to measure the health status and concerns of citizens, while providing clinicians and policymakers with a clear picture of what services and programs are needed to adequately address these issues.

But before an accurate community health assessment can be conducted, it is necessary to determine if the community is ready to take action and has the capacity to do so. Some of the questions that need to be asked prior to conducting an assessment include:

- What are the forces, pressures, and trends that have an impact on the quality of life in the community?
- What are the real causes of the problems that confront the community?
- How ready is the community—the citizens, leaders, organizations, and businesses—to create healthy change?²

One strategy of mobilizing citizens and engaging them in this process is to establish a community advisory board that is comprised of representatives from all segments of the population, including local government agencies, public health departments, healthcare providers, churches, social organizations, and schools. This advisory board, along with other community stakeholders and the public health department, can then begin to identify health concerns, set health-related goals, create plans and programs, and determine the resources needed to implement them. Working in partnership with community members, healthcare professionals can develop programs that promote health and civic responsibility as well as strengthen community infrastructures.

Making Youth Part of the Equation

The health problems that children and young adults face today are in many ways quite different from the concerns that challenged the youth of past generations. Small pox, polio, typhus, and a host of other infectious diseases that ravaged children a few decades ago have, for the most part, been controlled by modern medicine. Some of the greatest threats to today's children are linked not so much to microscopic enemies as to preventable diseases that have their roots in unhealthy lifestyles. Because the real health threats to children and young adults may come as a surprise to many of the public health professionals and policymakers who develop actual healthcare programs, engaging youth in the community assessment process is imperative.

Alarming statistics—including the fact that nearly one million children and adolescents between the ages of 10 and 19 die each year due to accidents, suicide, violence, illness, and other preventable or treatable causes—further illustrate the importance of giving youth a voice in the process of building health-related services in our communities. Speaking at the WHO/UNICEF Global Consultation on Child and Adolescent Health and Development in Stockholm March 12, 2002, WHO Director-General Gro Harlem Brundtland encouraged the adults present to “Stop seeing teenagers as a problem. Recognize that they are the future. Become involved in their health initiatives, as well as inviting them into ours.” This can be accomplished not only by including young people on commu-

nity advisory boards, but also by conducting comprehensive health assessments on this age group to determine their real health problems, which are not the necessarily the problems adults assume they have.

Youth Health Assessments Help Communities Find Appropriate Solutions

A number of AIHA partnerships—particularly those focusing on primary healthcare—decided at the outset of their collaboration to specifically address child and adolescent health. In some instances this was because the need for such services was readily apparent even before the partnership was formed, while in other cases the gap in youth programs was discovered during an initial community-wide survey. This article highlights the efforts of two such partnerships who explored the health and social problems of youth in their communities during the assessment process, and then designed programs to meet the needs of this segment of the population.

Finding Ways to Reach Disenchanted Teens in Petrzalka

When the civic organization Aid to Children at Risk (ACR) was established in the Petrzalka district of the Slovakian capital of Bratislava in 1994, its primary goal was to

bring together people who were concerned with the well-being of children and adolescents as a way to stem the rising tide of drug abuse and violence among teenagers residing in the community.

“Our partnership with Kansas City was formed in 1995 and, soon after, we conducted a health assessment of more than 800 children between the ages of 12 and 18,” explains Dr. Jana Sturova, director of the association and CEE coordinator of the Petrzalka/Kansas City partnership, noting that the objective of the survey was to gather data that would assist community leaders as they worked to develop and implement activities and programs that help youth acquire healthier lifestyle habits and increase their resistance to alcohol, tobacco, and drugs. In addition to this school-based assessment, the partners also relied on statistics compiled by local healthcare providers and law enforcement agencies, as well as data drawn from official government sources.

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and teachers. We also live in Petržalka, so it really came as no surprise to us that substance abuse and mental and behavioral disorders were key problems for the young people of our community. We witness this each and every day,” she explains.

While the type of health-related problems affecting Petržalka’s youth did not surprise Sturova and her colleagues, the extent of these problems did. “We never imagined that depression—even suicidal ideation—was so widespread among the youth in our community,” she reveals, pointing out that the prevalence of substance abuse, violence, and criminal activities also came as somewhat of a shock. “But one of the things that amazed me the most was the fact that so many teenagers exhibited an uninspired, blasé attitude about life. For the most part, it seemed as if they did absolutely nothing constructive with their free time.” Sturova contends that one reason for this apparent disenchantment with life is the high rate of domestic violence and drug use in the community.

Hanka Konecna, a graduate-level psychology student and counselor at Hope Center, a counseling and outreach facility established by the association in 1998 for women and children victims of domestic violence, agrees. “Drugs and violence are serious problems in all of Slovakia, but especially in Petržalka. In fact, roughly 62 percent of all drug addicts in the country reside in this district and, according to police statistics, 98 percent of all local female homicide victims in the community are murdered by their husbands or partners.” Given these alarming statistics, the AIHA partners chose to focus on creating youth-centered programs and services that target the large numbers of mistreated, neglected, or abused children who live in the area.

“We’ve established school-based healthy lifestyles programs that include various role-play exercises and games designed to give children the tools they need to protect themselves from violence and from any other negative influences that they may encounter, such as peer pressure and violent movies and video games,” Sturova says. ACR also organizes social events such as site-seeing trips, dances, and art competitions for the children who witness intimate partner violence in their homes. According to Sturova, these events have had a very positive impact on the young participants. Another program targeting youth at risk is the yearly “Campaign to Stop Violence,” during which outreach activities are conducted to educate not only children and adolescents, but also other segments of the population. And each month, an “Anti-Drug Forum” focusing on various aspects of substance abuse and featuring noted specialists on addiction and treatment is held at the Petržalka Cultural Center.

“One of the most important accomplishments of our programs is that we have gotten people—not just young people, but adults as well—to start talking about violence and substance abuse, two topics that have been taboo in Slovakia for decades,” Konecna states, noting that bringing the subjects into the open is the first step toward finding a solution.

Concurring with this statement, Sturova concludes: “We haven’t changed the system of social care for youth at risk yet, but we have changed the attitudes of many people in our community. The children who participate in our education and outreach activities have a better chance at adopting healthier lifestyle habits and avoiding violence and addiction, and members of the community—especially university students who are study-



These two posters, which were drawn by members of a teen volunteer group in Albania and exhibited at WHO’s Conference on Alcohol and Youth held in Stockholm February 2001, reveal that many young people understand the dangers associated with alcohol consumption. Nevertheless, slick advertising campaigns and prevailing cultural perceptions that alcohol is acceptable and even normal all combine to make drinking seem harmless and fun. A readily available supply of inexpensive alcoholic beverages—those shown here range in price from 10-50 rubles, the equivalent of \$0.35-1.70 in June 2001—serves to reinforce the notion that alcohol is perfectly natural. Community health assessments can help determine if education and outreach programs targeting teen alcohol use are necessary.

ing education or psychology—are developing a spirit of volunteerism, helping out at Hope Center and with many of our functions. I'd say that is a good start.”

Making Wellness and Healthy Lifestyles a Priority for Youth in Korsakov

While violence and substance abuse are two of the key problems facing youth in Petrzalka, young people in Korsakov, Russia, are troubled by some other health-related concerns. The pilot school-based health assessment of children between the ages of 11 and 17 conducted by AIHA's Sakhalin/Houston partners yielded some surprising information, according to Anna

Babushok, a sociologist at the Korsakov Rayon Hospital. “First of all, the vast majority of the girls we surveyed lacked even a rudimentary knowledge of reproductive health and most had absolutely no idea about the potential consequences of unprotected sex,” Babushok explains. Other results—including the fact that smoking, alcohol abuse, and sexually transmitted infections (STIs) were some of the most prevalent health risks to those surveyed—were equally disturbing.

“As soon as we analyzed the results of the survey, we knew that adolescent health would have to be one of the priorities for our activities,” Babushok says, noting that, among other things, partners decided to focus on developing a health



Photos: Suzanne E. Grimman.

In rural communities, finding ways to make healthcare services accessible to everyone is one of the many challenges clinicians and policymakers face; in urban settings, however, a different set of health-related problems and concerns exist. Community health assessments can help ascertain the special needs of various segments of the population, so that appropriate services and programs can be implemented.



Photos: Kathryn Utan.

All children are entitled to a safe world full of peace, good health, and kindness, but two of these posters—drawn by Slovakian children in Banska Bystrica and the Petrzalka District of Bratislava—show that for many young people that dream is a far cry from reality.



Sometimes steering adolescents away from harmful behaviors such as smoking, substance abuse, and violence can be as simple as providing youth with clean, safe places

curriculum for schools throughout the area to help improve the level of knowledge about health issues among the region's young people. To accomplish this, partners established a community advisory board in July 2000 that includes representatives from local churches, schools, businesses, media outlets, and civic organizations to bring a wide range of views to the table. They also decided to further investigate the health status of Korsakov's children and adolescents.

Nicholas K. Iammarino, associate director for international initiatives at Baylor College of Medicine's Chronic Disease Prevention and Control Research Center, describes the partnership activities related to assessing the health of Korsakov as a three-pronged approach. "The initial survey, which was conducted in the summer of 2000, provided us with a relatively small sample of responses. We built on what we learned, incorporating approximately 10 questions adapted from the US Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS) instrument," he notes, explaining that this second assessment was carried out in one of Korsakov's middle schools in the fall of 2000. The third step of the process was to have the entire YRBSS survey translated and modified to meet the unique culture and customs of Sakhalin. In conjunction with this, partners also held a series of training workshops—including one that presented effective methods of instructing teens on the ramifications of unsafe sexual practices and how to deal with peer pressure—for Korsakov's teachers. In the fall of 2001, this youth assessment was administered to some 1,000 high school students at six high schools throughout the Rayon.

"Because this is the same survey instrument used in the United States, further comparisons between the health behaviors of youth in Russia and America could prove very interesting," Iammarino says. In fact, a database for that purpose has been created at Baylor College of Medicine and, as of spring 2002, already had more than 1,000 case entries. "The results of the YRBSS conducted in Korsakov will provide important baseline information on the status of teens in the Rayon. This is essential for targeting specific health education efforts in the schools and preparing new teacher training workshops that will take place during the summer of 2002," he explains.

Establishing a comprehensive school-based health education program remains a top priority for the members of the advisory board, according to Julia Gritsai, board member, principal of Korsakov School No. 2, and member of the Regional Legislative Assembly. "Our goal is ensure that, starting at a very early age, the children of Korsakov begin to really take an interest in their own health. We hold regular meetings with local youth to gauge their needs and their ideas about health issues and, more importantly, we make health—even formerly taboo subjects such as substance abuse and sex—a topic of open discussion," she stresses.

Explaining how health surveys can assist communities as they strive to develop health services that target the needs of specific segments of the population, Mal Goldsmith, professor and coordinator of health education at Southern Illinois University, states, "Conducting scientific needs assessments enables us to validate our assumptions regarding health indicators, as



Photos: Suzanne E. Grinnan

to engage in healthier, more productive activities and encouraging them to do so.

well as to discover emerging behaviors that we may fail to anticipate. Programming should always be based on need; when it is not, we waste both time and money.” The YRBSS instrument was selected because of its established validity and reliability, Goldsmith continues, noting, “It also gives us a national database from which we can draw comparisons.”

According to Iammarino, the health issues that threaten the teens in Korsakov are not so different from the concerns faced by young people in the United States. “The health problems there mirror our problems here: alcohol, cigarettes, teen pregnancy, STIs, and drugs—although their drugs of choice may differ somewhat,” he notes. Another thing that increases the risk that young people in Korsakov will opt to engage in unhealthy behaviors is the fact that there simply isn’t much to do there. “There is no movie theater and, aside from a few basic parks and basketball courts, there are very few things for the kids to do,” he says, explaining, “If you have idle people, chances are they are going to start to do things they shouldn’t.” Giving teenagers options such as establishing a youth center where they can go to hang out in a positive atmosphere, starting special interest clubs, or holding dances can counterbalance this idleness (See “Korsakov and Kutaisi Teens,” page 98).

While there are many challenges ahead as the partners try to develop programs that not only have an impact on current problem areas, but help shape the ability of all of Korsakov’s children and young adults to make wise decisions regarding their lifestyle choices, Goldsmith predicts success. “I was very impressed with the coordination between the education and

medical communities in Korsakov. Their working relationship is ideal for implementing health-related programs in the area’s school system,” he concludes, noting, “Although solutions are never quick and easy—just look at the difficulties we have here in the United States—these assessments can help provide the incentives and direction for beginning to make decisions about the health issues of Sakhalin’s youth.”

Diverse Communities, Similar Problems

Conducting health assessments is one way public health professionals, local government officials, and civic leaders can determine what issues pose the greatest threat to the well-being of their communities. Engaging young people by giving them a voice in the development of health-related programs and services can help ensure that those services meet the needs of their target population. One of the best ways to begin the daunting task of improving the long-term health of a population is by making youth a part of the solution, rather than blaming them for being a part of the problem. Teaching children the value of their own health and giving them the tools necessary to make wise lifestyle choices is the foundation of building a healthy future. Using community health assessments is one way to make sure that the voice of youth is heard by healthcare professionals and policymakers alike. ■

References

1. VNA Community Mobilization Workbook, “Facilitating Community Partnerships,” 1999.
2. Ibid.