

School Health and Outreach Programs

Creating Healthy Children, Communities, and Futures

BY EVANGELINE COLEMAN-CRAWFORD

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Ensuring the well-being of children is the key to sustained development in individual countries and to peace and security in the world. Conversely, insufficient investment, especially in young people, produces a global underclass of the forgotten. We simply cannot build a thriving global community without educating our children, promoting their health and guaranteeing their safety. . . . Only by increasing global investment in all of them, by fighting for their health and well-being, for their education and protection, can we truly begin to build a stronger, healthier world.

—Carol Bellamy, Executive Director, UNICEF

The children and adolescents of today's world face a number of health-related challenges that are quite different from those once encountered by their parents and grandparents. Most of the health problems that currently plague young people—particularly those related to behavioral health—also have a significant impact on their communities. By their very nature, many of these problems are rarely diagnosed or treated in traditional health-care settings, such as hospitals or primary care centers, because there is no screening for the types of “symptoms” they present with. This is especially true in developing and low-income areas where access to affordable, comprehensive health services is limited.

According to the US Centers for Disease Control and Prevention (CDC), children make up a large percentage of those

living in poverty and without adequate healthcare. Because children and adolescents spend the much of their time in educational settings, school-based health and outreach programs are often an ideal way to help fill gaps in healthcare services and reach large segments of the population. These programs not only provide an invaluable service to children from poor and underserved communities, they help ensure that the needs of children from all socioeconomic backgrounds are being effectively met. For example, evidence documented in the 2000 US Surgeon General's Report, “Reducing Tobacco Use,” indicates that comprehensive school-based programs combined with community interventions and mass media campaigns prevented or postponed the onset of smoking in 20 to 40 percent of US adolescents. Compiled by the CDC, the report provides an in-depth analysis on the effectiveness of anti-tobacco methods, including clinical, educational, and social approaches, and outlines key actions that can be applied internationally to reduce tobacco use. Research results documented in the report conclude that school health programs are one of the most efficient means of influencing and shaping the future health and well-being of children and adolescents. The study also indicates that health education in schools effectively reduces the prevalence of health risk behaviors among young people. As a result, a growing number of coordinated school-based programs are being implemented in communities worldwide to address specific health needs and

raise awareness about health issues relevant to quality of life.

Because the well-being of young people is significantly linked to the health-related habits they choose to adopt, school health and outreach programs that target unhealthy behaviors such as poor dietary habits, lack of exercise, use of tobacco, alcohol, and drugs, and engaging in unsafe sexual practices that can result in sexually transmitted infections (STIs) or unintended pregnancies, can simultaneously teach young people how to take better care of themselves and their families while preventing conditions that contribute to heart and lung diseases, cancer, and premature death. Behaviors established during adolescence usually continue into adulthood.

Coordinated Efforts for a Common Goal

Working toward a common goal to improve the health of students, families, and other members of the community, as well as strengthen health promotion and education activities, AIHA partners have pioneered several creative approaches to school health and outreach programs in partnership countries. Their efforts involve collaboration with local government and health officials, as well as with healthcare providers and educators.

Their goal is to develop and implement effective, culturally-appropriate intervention programs that help to reduce risky health behaviors. These innovative programs bring community members together with local and international



These winning posters, depicting anti-smoking messages and created by school children, were later produced as stickers and distributed throughout the Uzhgorod community by the partners as part of their anti-tobacco campaign.

healthcare professionals committed to improving and promoting healthier adolescent lifestyles. This article examines three such programs.

Providing Astana Parents with Injury Prevention Tools

With assistance from their US counterparts and support from government officials in Kazakhstan, the NIS members of the Astana/Pittsburgh partnership organized five clubs at the Family Medicine Center (FMC) “Demeu,” each targeting several high-risk groups—including the elderly, low-income families, disabled children, and adolescents—to promote health and wellness education and disease prevention and management, as well as to teach health-oriented skills. One club in particular—Healthy Parents/Healthy Children, which targets adolescent mothers and parents of infants and young children—creates nurse/social workers teams that promote positive parenting skills and teaches both parents and their children about the importance

of home safety and violence prevention.

Roza Abzalova, head physician at the Astana FMC, says that “although the well-being of each child is the initial responsibility of the family, [the Center’s staff] believe that the community also shares this burden. Because of this belief, our outreach programs that specifically target young people promote a shared responsibility for child and adolescent health, as well as actively encourage community participation.” Explaining that members of the FMC staff also work with schools to help them identify resources for addressing issues faced by students, Abzalova notes that the social workers and nurses who participate in the Healthy Parents/Healthy Children Club make home visits to patients and disabled children in the district to keep them informed of club activities and teach them how to prevent unintentional injuries and accidental poisonings. Using educational materials—such as brochures and other handouts that describe common household haz-

ards and list poison prevention tips, the Club provides parents with information, technical assistance, and support to help them keep their children safe from dangerous substances and reduce injuries and violence. The materials also provide specific instructions for poison-proofing homes where children reside.

“Keeping parents informed about safety precaution measures is an essential part of the Healthy Parents/Healthy Children program,” says Abzalova. “Our goal is to educate parents and provide them with the tools they need to create a safe home environment for their children. We show parents how to improve their children’s surroundings so that they can live and play safely.” According to Abzalova, teaching parents about home safety also involves helping them protect their children from burns, falls, choking, suffocation, and other potentially fatal accidents.

Another integral part of the program is making parents aware of the detrimental effects of violence on children. Numerous studies indicate that children who are exposed to violence early in their lives often develop emotional and behavioral problems later. Noting that children need to feel safe, Abzalova states that parents should maintain a safe and secure environment for their children and limit any exposure to violence. The Club encourages parents to be role models and teaches them that talking and listening to their children is as important as spending time with them, according to Abzalova. To help facilitate discussions between parents and their children about injury, violence prevention, STIs, and drug use and abuse, for example, the FMC provides a wide range of educational materials. (For information on FMC’s Trust Club program, see “The Trust Club: A Unique Approach to Adolescent Health,” page 72)

For those looking to start, or fine-tune, a school-based education and prevention program, these best-practices have been used effectively in a variety of contexts around the world.

CREATING A SUCCESSFUL SCHOOL-BASED PREVENTION PROGRAM

According to UNAIDS, best practices in school-based interventions include:

- Creating a partnership between policy-makers, religious and community leaders, parents, and teachers, and using this partnership to set sound policies on specific health-related education;
- Designing a good curriculum and/or a good extracurricular program, adapted to local culture and circumstances, and with a focus on life skills rather than biomedical information;
- Teaching primary and secondary students to analyze and respond to social norms, including understanding which ones are potentially harmful and which ones protect their health and well-being;
- Good training, both for the teachers themselves and for peer educators - young people from the same age group, specifically selected to educate their friends and acquaintances about relevant health issues; and
- Starting prevention and health promotion programs for children at the earliest possible age, and certainly before the onset of sexual activity. Effectively, this means that age-appropriate programs should start at the primary school level.

Source: Adapted from www.unaids.org/bestpractice/collection/summary/sch/index/html.

Utilizing Peer Educators in Health Promotion Strategies

The belief that students can help to positively influence one another is the strategy behind the Constanta/Louisville partnership's STI Youth Campaign program, which brings together a group of teen volunteers from local schools and trains them to become peer educators who teach other young adults about sexually transmitted infection (STI) prevention. Aiming to increase awareness about STIs, reduce the risks of infections among young people, and help adolescents develop good leadership skills, the partners' STI Youth Campaign—organized through the Constanta Healthy Community Project headed by Daniel Verman, chief of the health promotion department at the Constanta Public Health Authority, with support from the US-based Humana Foundation—employs interactive discussions, doctor/patient role-plays, and condom demonstrations to teach teens about infections such as chlamydia, gonorrhea, syphilis, and HIV/AIDS. Through week-long workshops health education specialists provide peer educators with extensive knowledge on STI prevention using teaching

tools that include handouts with mildly graphic, scientific illustrations. With two days reserved for teen instructor presentations, the workshops teach students how to properly use condoms, encourage them to be consistent in their use of prophylactics to effectively guard against STIs, and discuss abstinence. Importantly, the STI Youth Campaign's curricula expands on areas of sex education where the Romanian school system provides little to no information.

Virginia Kelly Judd, executive director of the Humana Foundation, says that “STI education has moved beyond a few paragraphs in the traditional high-school textbook and out into a real world that challenges young people every day.” Hopeful that the STI Youth Campaign—also supported by the Public Health Directorate of Constanta County—will help engender a sense of personal responsibility that will effect personal choices for individuals and ultimately move the Romanian community in a healthier direction, Judd explains that a September 2000 workshop laid the groundwork for the Campaign and taught participants how to conduct STI

workshops. “The importance of teaching students how to prevent STIs cannot be overemphasized,” states Jacquelyn Johnson, a health education specialist at the Louisville-Jefferson County Health Department in Kentucky. “The more adolescents know, the more they can protect themselves from these infections.”

Although the myth that sex education promotes sexual activity continues to circulate, WHO's director-general Dr. Gro Harlem Brundtland defended sex education in a July 1999 press release on reproductive health stating that “giving young people information does not encourage promiscuity, rather it fosters mutual respect and shared responsibility.” She also said that the most effective way to prevent problems of STIs, unsafe abortions, and abuse is to address the needs of young people in a comprehensive way. “Young people need and want adult support and help in all aspects of growing up, whether in terms of their access to education and employment, or in terms of avoiding high-risk behaviors such as smoking, alcohol and illicit drug use, and unsafe sex.”

According to Judd, the STI Youth Campaign is “fueled by the enthusiasm of



Left—Using educational brochures, Astana Family Medicine Center staff Valentina Pitsik (far right), physician, and Irina Schichko, pediatrician, teach parents how to keep their children safe. Right—Sharing pamphlets that describe common household hazards, pediatrician Irina Schichko teach kindergarteners safety tips to help them avoid injuries and fatal accidents such as choking, burns, falls, and poisonings in their homes.

teen instructors and the emotional impact of peer mentoring.” Adding that simple pre- and post-workshop questionnaires were used to measure the effectiveness of the sessions, Judd says that, “People are challenged by [the Campaign’s] approach, but lively presentations and frank discussions have proven to be very effective.”

“Teen educators are an integral part of the Campaign because they help us to reach a large audience of adolescents within the community,” concludes Johnson. “Since last year, more than 30 teachers and almost 150 students have been directly and indirectly trained through the program. Peer educators act as role models for other adolescents by dedicating themselves to making healthy choices.”

Assessing Health Risks and Promoting Lifelong Healthful Habits in Uzhgorod

Tobacco use by family members and peers, easy access to cigarettes and other tobacco products, and an aggressive global advertising campaign intended to increase consumption and sales, have encouraged youth to smoke for generations. Despite this fact, strong smoking prevention programs are making slow, but steady, progress in the

quest to change people’s attitudes toward this habit. To encourage adolescents and adults to quit smoking, and to develop smoke-free environments in Velykiy Berezny—a small town outside Uzhgorod, Ukraine—the Uzhgorod/Corvallis partners conducted anti-smoking campaigns. Their goal is to help to reduce the rate of disease, disability, and premature death caused by tobacco, as well as to create awareness about the hazards of tobacco use. To initiate their community-based health education and promotion project, the partners administered two separate surveys—Youth Risk Behavior, and Adult Smoking—to determine the community’s health attitudes, knowledge, and behaviors. Both surveys, spearheaded by Bohdaniya Mykyta, head physician of the Family Medicine Clinic in Velykiy Berezny, indicate that smoking is a significant problem in the community.

The Youth Risk Behavior survey is based on a similar survey administered nationally every two years in the United States by state and local departments of education and health, with technical assistance from the CDC. Results are used to improve national, state, and local policies and programs to reduce risks associ-

ated with the leading causes of morbidity and mortality among young people. The survey results are also used to obtain funding for school-based adolescent health programs in the United States.

According to Louise Muscato, assistant professor at Western Oregon University and US partnership coordinator, the Youth Risk Behavior Survey studied adolescents between the ages of 13 and 18 who were enrolled in schools throughout the Uzhgorod area. The results revealed that 76 percent of the 476 young participants admitted they have tried smoking; 23 percent started smoking at the age of 13; and 19 percent admitted to being regular smokers. Muscato said that these startling results prompted the partners to develop a Community Health Promotion Coalition comprised of rayon administrators, healthcare professionals, teachers, and students. In addition to addressing issues regarding mental health and illicit drug use, this Coalition also launched community-wide health promotion and education programs that included smoking cessation and alcohol prevention campaigns. Furthermore, the partners also developed a three-volume “Healthy Lifestyles” manu-



Photos: Louise Muscato

Above—Local school children in Uzhgorod, Ukraine, perform a skit illustrating the health risks and hazards of tobacco use and second-hand smoke during an anti-tobacco campaign. Right—Local children throw away cigarettes they collected from people on the street as part of an anti-tobacco campaign initiated by AIHA's Constanta/Louisville partners.



Photo: Jackie Johnson

al that promotes school health and community education, as well as details the process for implementing alcohol and smoking prevention programs in schools. The manual outlines curricula development procedures for educating students of all ages, training teachers and peer leaders, increasing parents and family involvement, and promoting alcohol and tobacco prevention efforts.

Noting that community involvement has been integral to the success of the program, Muscato says that, "Support from the schools was as essential to the program's success, as was the children's dedicated participation." In addition to providing anti-tobacco materials, the campaign included poster contests, skits, and youth dances that promoted anti-smoking messages. For example, government officials, local business owners, the media, and other members of the community were invited to watch the children perform in skits that took the glamour out of tobacco and alcohol use.

The performances incorporated dialogue about the negative physical effects of smoking—bad breath, yellowing teeth, and unpleasant smells, for example—the hazards and health risks of tobacco use and second-hand smoke, and the short- and long-term effects of alcohol on health, family, and the community. The skits also illustrated the benefits of adapting smoke-free policies and environments. To further promote their message, the partners created miniature versions of the winning posters in the form of stickers, and distributed them to children in the community along with brochures and pamphlets produced by the Coalition that promote positive health-related behaviors that foster smoke-free environments. The Coalition continues to organize health fairs in schools and encourage physicians in charge of health education to work with teachers and students to educate them about the effects of tobacco use.

Noting the partners' committed efforts and hard work in organizing the anti-to-

bacco campaign, Muscato says, "The approach helped children to address smoking prevention in a lighthearted and entertaining way, while sending a strong message about their health concerns to the community." In addition to persuading all local bars to be smoke-free for an entire day during the anti-smoking campaign—which Muscato says is evidence that the program was successful—a local school was inspired and has since become smoke-free.

AIHA partners continue to work to improve the health and well-being of adolescents and families by facilitating access to healthcare and education; using innovative teaching and learning methods; building safe and supportive environments; incorporating the support of colleagues, social workers, and teachers, as well as adolescents themselves, into education programs; and mobilizing communities to address the healthcare issues that matter not only to young adults, but to communities as a whole. ■