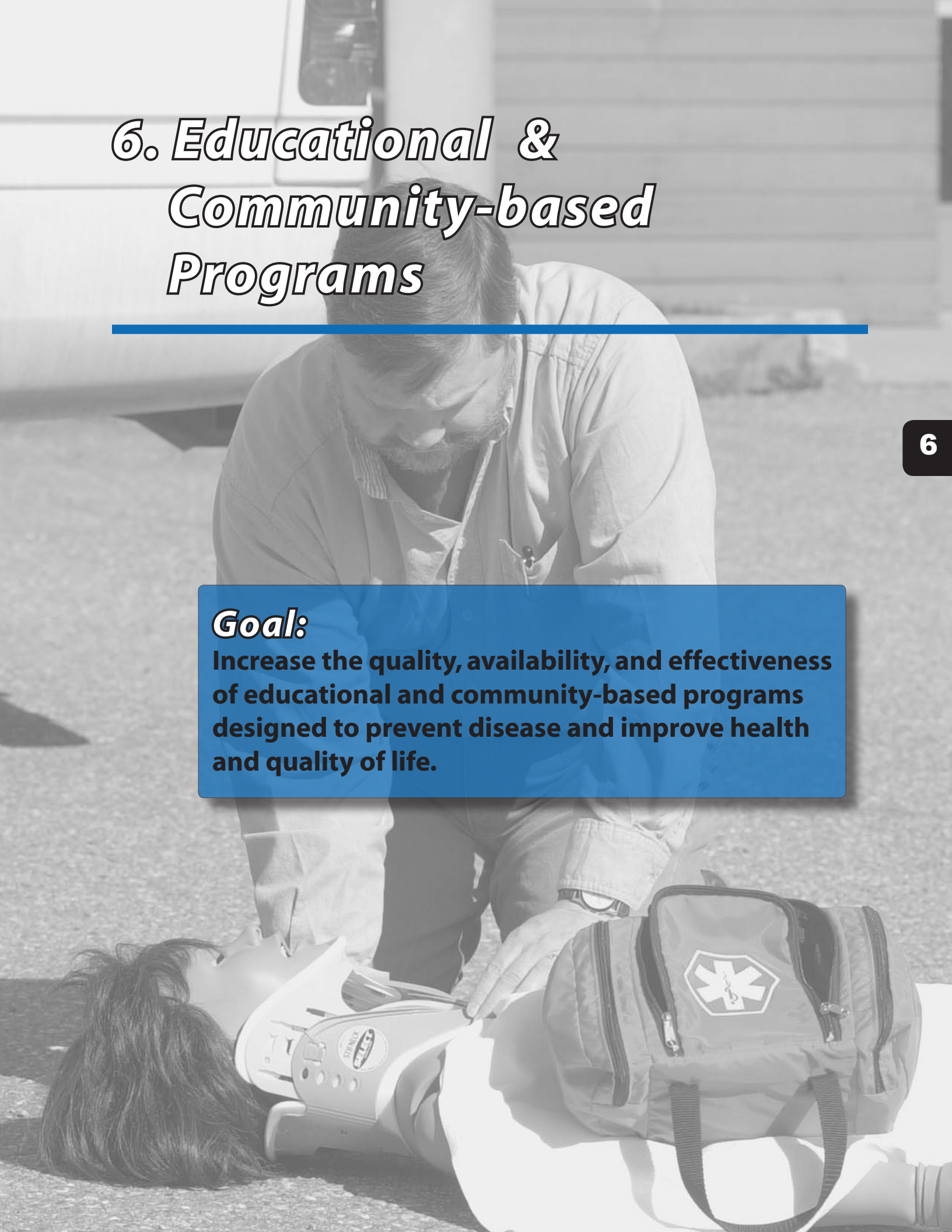
6. Educational & Community-based Programs



Goal:
Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

Health Goal for the Year 2010: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.					
	Indicator	**Alaska Data Source**	**U.S. Baseline**	**Alaska Baseline**	**Alaska Target Year 2010**
	School Setting				
1	Increase high school completion for 18-24 year olds (number of 18-24 year olds with high school diploma).	DEED Report Card to the Public	85% (1998)	80.7% (1998)	85%
2	Increase the proportion of elementary, middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas as age appropriate: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.	DEED Survey	28% (not including elementary)	Developmental	10% over baseline
3	Increase the proportion of colleges and universities that disseminate information to students on each of the six priority health-risk behavior areas. The six priority areas are: injuries (unintentional and intentional); tobacco use; alcohol and illicit drug use; sexual behaviors that cause unintended pregnancies and sexually transmitted diseases; dietary patterns that cause disease; and inadequate physical activity.	Special Survey	6% (1995)	Developmental	100%
4	Increase the proportion of Alaskan elementary, middle, junior high and senior high schools that incorporate at least five of the components of a Coordinated School Health Program. The eight components are: physical education; comprehensive school health education; school health services; school nutrition services; school counseling, psychological, and social services; healthy school environment;school-site health promotion for staff; family and community involvement in school health.	DEED Survey		Developmental	100%
	Worksite Setting				
5	Increase the proportion of employers who offer health insurance benefits.	DOL		Developmental	20% above baseline
6	Increase the proportion of worksites that offer a majority of the identified components of a comprehensive employee health promotion program to their employees.	Special Survey	34% (50 or more employees)	Developmental	10% above baseline
7	Increase the proportion of worksites that promote the health of the family by providing flex-time and support for child care benefits.	Special Survey		Developmental	20% above baseline
	Primary Care Setting				
8	Increase the proportion of health care organizations that provide and document patient and family education.	Special Survey	Developmental	Developmental	

Health Goal for the Year 2010: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.					
	Indicator	**Alaska Data Source**	**U.S. Baseline**	**Alaska Baseline**	**Alaska Target Year 2010**
9	Increase the proportion of hospitals and health care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.	Special Survey	Developmental	Developmental (17 of 19 hospitals that responded to a survey in 1992)	
10	Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.	Special Survey	Developmental	Developmental	
	Community Setting				
11	Increase the proportion of communities with established community health promotion programs.	Special Survey	Developmental	Developmental	

DEED - Alaska Department of Education and Early Development
DOL - Alaska Department of Labor

Overview

Helping Alaskans live longer, healthier lives requires effective health promotion and disease prevention. The five leading causes of death in Alaska in 1998 were cancer, heart disease, unintentional injury, cerebrovascular disease (stroke) and suicide. About half these deaths are attributable to modifiable behaviors — smoking, physical inactivity, poor diet, alcohol abuse, violence, not using safety devices, and risky sexual behavior.

Community-based health promotion and health education programs reach people in settings other than traditional health care. While some community-based programs are designed to be community wide and involve a number of community organizations, others involve specific schools, worksites, and churches. The most effective community-based programs include multiple interventions at multiple levels.

A community-based health promotion program ideally includes involvement of at least three of the following:

- Government
- Education
- Business
- Faith organizations
- Health care
- Media
- Voluntary agencies

The general public

- Assessment to identify the scope and priorities of local health problems and resources.
- A plan that includes measurable objectives that address at least one of the following:
  - Health outcomes
  - Risk factors
  - Public awareness
  - Services and protection
- Monitoring and evaluation to determine whether the objectives are reached.
- Interventions that are comprehensive, multi-faceted, culturally relevant, and have multiple targets for changes, such as:
- Individuals (for example, racial and ethnic, age, and socioeconomic groups)
- Organizations (for example, worksites, schools, faith groups)
- Environments (for example, local policies and regulations)
- Multiple approaches to change, including
  - Education
  - Community organization, and
  - Regulatory and environmental reforms.[1]

Issues and Trends in Alaska

People working together can improve individual health and create healthier communities. The health of communities depends on the physical and social aspects of communities that encourage people to live healthy lives.[1] Community systems and factors, as well as a well-functioning health and medical care system, determine health and quality of life for many. Changes within existing systems, such as the school system, can effectively and efficiently improve the health of a large segment of the community. Environmental and policy approaches, such as mandatory food fortification or school immunization laws, tend to have a greater impact on the whole community than do individual-oriented approaches.[2] An increasing number of communities are using community health planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP), Healthy Cities, Healthy Communities, Planned Approach to Community Health (PATCH), and Turning Point, to take ownership of their health and quality-of-life improvement process.[1,3]

Communities experiencing the most success in addressing health and quality-of-life issues have involved many components of their community: public health, health care, business, local governments, schools, civic organizations, voluntary health organizations, faith organizations, park and recreation departments, other interested groups, and private citizens. Communities that are eager to improve the health of specific at-risk groups have found that they are more likely to be successful if they work collaboratively within their community and if the social and physical environments are conducive to supporting healthy changes.[1]

A strong health promotion system is important to the success of community-based programs. Health promotion systems include schools, the workplace, health care sites and the community. These settings also provide major social structures for intervening at the policy level to facilitate healthful choices.[4]

Some examples of interventions in Alaskan settings include:

- **Schools:** Health education curriculum, physical education, health services
- **Worksites:** Health screening and education, fit ness programs, health focused worksite policies
- **Health Care Sites:** Prevention health screening and lifestyle counseling, smoking intervention, HIV/AIDS prevention education
- **Community:** Healthy community initiatives, community coalitions, health promotion policies

Educational strategies may include efforts to increase health awareness, communication, and skill building. Policy strategies are those laws, regulations, formal and informal rules, and understandings adopted on a collective basis to guide individual and collective behavior.[2,5,6,7] These include policies designed to encourage healthful actions (for example, flex-time at worksites enables employees to engage in physical activity, clinic hours that meet the needs of working people) and policies to discourage or limit unhealthy actions (for example, restrictions on the sale of tobacco products to minors). Environmental strategies alter or control the legal, social, economic, and physical environment.[8] They make the environment more supportive of health and well-being for the target audience (for example, increasing the accessibility of low-fat foods in grocery stores to encourage a low-fat diet). Environmental measures also are used to discourage actions that are not supportive of health (for example, the removal of cigarette vending machines from public buildings to discourage smoking).

The school setting

Early Care and Learning Programs. Over half of all young children spend part or all day in out-of-home early care and education programs. These programs include licensed and unlicensed family home child care, center-based child care, private or state funded preschool, and Head Start. Each of these programs has potential for health promotion, education, and prevention of injury and disease. For example, all children, including those in unlicensed child care programs, must be fully immunized.

Head Start programs offer the most comprehensive child and family health services. Federal Head Start standards require that all enrolled children receive comprehensive health screenings and referrals for treatment if problems are identified. These services include nutrition screenings, assessment and meals, mental health services, disabilities services and supports, and parent/family education and health supports as needed. During the Head Start program year 2000, 3,483 children and 3,156 families enrolled in Alaska Head Start programs and received comprehensive health services, about 23 percent of children eligible for Head Start services.[9]

Public Schools K-12. Health education in a school setting is important for helping children and youth develop the knowledge and skills they will need to avoid health risks and maintain good health throughout life. Health education that is planned and sequential for students in kindergarten through 12th grade and taught by educators trained to teach the subject has been shown to be effective in preventing risky behaviors. Quality school health education addresses and integrates education, skills development, and motivation on a range of health problems and issues (i.e., nutrition, physical activity, injury control, use of alcohol, tobacco, and other drugs, sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies) at developmentally appropriate ages. Physical education can contribute to health of school aged children and others – especially if exercise programs can be offered in the school setting to other community members.

School health programs can include on-site health services, school nurses and counselors, and peer education or mentorship programs, all of which support students' health and well-being. Only 10 of Alaska's 56 school districts employ school-based nurses, and only one Alaskan school includes an on-site health clinic.

High school completion is associated with better health and economic success. The drop-out rate in Alaska for 7-12 graders, 3.8 percent in the 1998-1999 school year, is of concern, as is the difference between Alaska and United States 18-25 year olds with their high school diplomas: 80 percent in Alaska compared with 85 percent nationwide.

Colleges and universities are also important settings for reducing health-risk behaviors among many young adults. Health clinics at the postsecondary level can help empower students to take responsibility for their own health through education, prevention, early detection, and treatment. In addition, colleges and universities can play an important role in eliminat-

ing racial and ethnic disparities and other inequalities in health outcomes by influencing how people think about these issues and providing a place where opinions and behaviors contributing to these factors can be addressed.[1]

The worksite setting

The worksite setting provides an opportunity to implement educational programs, and policy and environmental actions that support health. This benefits managers, employees and, ultimately, the community as a whole. These programs have become an integral part of corporate plans to reduce health care costs, improve worker morale, decrease absenteeism, and change behaviors associated with decreased worker productivity.[10] Worksite wellness programs are not common in Alaska currently even though research shows their value to business.

The primary care setting

In health care facilities, including hospitals, medical and dental clinics and offices, health care providers often see their patients at a "teachable moment." Individualized education and counseling by health care providers in these settings have positive and clinically significant effects on behavior in persons with chronic and acute conditions.[11] Providers must be aware of these opportunities and prepared to provide appropriate patient education. Institutions that employ providers must provide sufficient time and training for patient education and counseling to occur.[12]

Increasingly, health care workers in Alaska are providing health promotion and health education at the community level. One example is the increasing number of health care providers incorporating routine assessment procedures to screen patients for nicotine use, dependency and readiness to quit. Based on these assessments, education, counseling, development of cessation plans and follow-up support services to assist tobacco users in breaking their addiction may be undertaken.

The community setting

While health promotion in schools, health care centers, and worksites can provide targeted interventions for specific population groups, community-based programs reach larger groups of the entire population. Broad public concern, support and participation are vital to the functioning of a healthy community.[13] The community should be actively involved in encouraging and helping sustain health-promoting practices. Creating more opportunities for organizations that work outside the traditional health care setting (i.e., the media, employers, schools, social, and religious organizations) to contribute to improving health is very important, as is participation from the target community in planning culturally appropriate and effective programs. Examples of community-based activities include "walk your child to school" days, depression screening week, "bike to work" programs, and mini-grants to community members for community-specific materials, mentoring projects, and other activities.

Current Strategies and Resources

Early Care and Learning Programs

Recent research links high-quality early care and education to long-term positive outcomes for children. Current studies also show, unfortunately, that most settings where young children receive care fall short of the key markers of quality. Licensing requirements are important to ensure that facilities meet or exceed health, safety and program standards. Educational standards are currently being developed though the Alaska System for Early Education Development (SEED). Standards include child safety, injury prevention and first aid, nutrition, health promotion, and parent involvement.

The DHSS, DPH, Section of Nursing currently provides most of the well-child health screenings for Head Start programs in the state. Public Health Nurses have been instrumental in ensuring that 92 percent of Head Start children are fully immunized, and over 65 percent have completed health screenings and medical follow-ups. A state initiative to provide a Public Health Nurse liaison for early care and education programs is currently being developed.

The school setting

The importance of including health instruction in education curricula has been recognized since the early 1900s.[1,14] The Institute of Medicine reinforced this concept in 1997 when they issued a recommendation that students be given necessary health related services and education to help them become healthy adults.[15]

The Alaska Department of Education and Early Development's (DEED) health education team is committed to providing teachers and school staff within the state with scientifically sound research in health education and violence and disease prevention. As part of its Goals 2000 project, DEED has developed content standards for health education entitled Skills for a Healthy Life. DEED also accesses the National Health Education Standards, which guide health education efforts across the nation. Additional initiatives include:

- **Health Education Standards and Student Performance:** Over 2000 assessments are currently available that cover knowledge and skills in the following areas: alcohol and other drugs, injury prevention, nutrition, physical activity, sexual health, tobacco, mental health, personal and consumer health, and community and environmental health.
- **Title IV: Safe and Drug-Free Schools and Communities:** DEED provides support for schools and communities to gather data, identify goals and measurable objectives, identify research-based programs and practices, and refine evaluation efforts.

In addition to DEED efforts, the Anchorage School District is participating in the Coordinated School Health Programs. The American Cancer Society and the Centers for Disease Control and Prevention sponsor this three-year project. Its philosophy is that integrated efforts of schools, families, health professionals, and community agencies have "complementary if not synergistic effects" in protecting and improving the well-being of children and youth. A coordinated school health model incorporates eight component areas.

- Health instruction
- Physical education
- School health services including school nurses
- Nutrition, including school meals programs
- Physical school environment
- The parents, community and businesses
- Mental health services
- Staff wellness

The purpose of this expanded concept is to encourage everyone concerned with the health and well-being of the nation's children and youth to work together as a team to achieve this common goal.[16] Work continues at the national and local levels to find ways to implement the coordinated school health model in meaningful ways.

The Juneau Teen Health Center, located at the Juneau Douglas High School, is supported by the collaboration of four local agencies, each one providing staff, financial and administrative resources. The mission of the Teen Health Center is "to improve the health status and promote health awareness of teens." Services are in primary health care (68% of primary reason for visit in 2000-01), nutrition and fitness services (5%), behavioral health services (19%), and health promotion activities. The Teen Center also provides depression screening through Columbia University's voice computer software.

During the school year 2000-01, the Center made 968 appointments with high school students. As a part of the school community, staff make classroom presentations on health issues, provide wellness counseling, screenings and immunization, smoking cessation programs, and presentations for parents and students.

University Setting

The University of Alaska currently has student health services on the Anchorage, Fairbanks and Southeast campuses. In addition to health services and some mental health counseling, the Fairbanks campus provides health education materials and Anchorage campus provides health education information and weekly presentations on a wide variety of health topics of interest to the student population.

Tribal Health Organizations

Tribal health organizations carry out health education and health promotion programs in primary care, acute care, and community settings throughout the state. Community health aides and community wellness advocates provide health education in their own villages, and itinerant health educators present programs in injury prevention, nutrition, smoking cessation, physical activity, and other topics. Many tribal health organizations also employ Rural Human Services paraprofessional mental health and alcohol and substance abuse counselors who are trained at the University of Alaska Fairbanks. These workers address both individual and community mental health needs.

The Alaska Native Tribal Health Consortium's (ANTHC) 2000-2005 Strategic Plan includes the goal of increasing emphasis on health promotion and disease prevention. The approach emphasizes traditional Native healing and Native approaches to supporting community and individual wellness. Outreach efforts

in 2000 included airing bilingual public service announcements in Alaska's 12 major Native languages, developing culturally specific informational materials, and publishing articles on health topics in newsletters and newspapers. The ANTHC's Division of Environmental Services serves as a consultant to tribal programs on public health and injury prevention programs.

The Community Wellness Advocate (CWA) training program teaches village health and human service workers to effectively create and carry out health promotion and health education activities. The program is a cooperative effort of the University of Alaska and South East Alaska Regional Health Consortium (SEARHC). The course is delivered throughout the state via audio-conference and the internet.

The worksite setting

Worksite wellness activities are currently based in a few of the largest companies and organizations across the state including the Alaska Native Tribal Health Consortium, British Petroleum, and the City and Borough of Juneau. A few private contractors coordinate worksite wellness programs for Anchorage-based businesses. The Alaska Health Fairs provide worksite health fairs for many businesses on request. A Worksite Wellness Association was formed in the mid-90s, but became inactive when many employers chose to reduce and eliminate this function. The State of Alaska, Department of Health and Social Services is initiating a worksite wellness pilot project for state employees in one or two of the divisions within the department. The Municipality of Anchorage Department of Health and Human Services is also starting a worksite wellness program for the departments' employees.

The primary care setting

The primary care setting is the site of many screenings and information opportunities. The *Report of the U.S. Preventive Services Task Force: Guide to Clinical Preventive Services* provides guidance on 70 clinical preventive services for those who work in the health care setting. The report highlights the value of prevention in the clinical setting and provides specific guidance on screenings and educational information for the 70 areas outlined.

The Alaska Primary Care Association, which was founded in the 1990s, is taking a leadership role in promoting prevention activities in the health care setting in Alaska. They work with other organizations to find ways to fit patient education and screening into primary care setting in urban, rural and bush Alaska.

The community setting

The State of Alaska, DHSS, DPH, Health Promotion program partnered with the Municipality of Anchorage and the Centers for Disease Control and Prevention (CDC) in the early 1990s to begin Planned Approach to Community Health programs (PATCH) programs across the state. While there had been one PATCH program already in the state through a tribal health entity, this was the beginning of the state's effort to be trained in PATCH and to provide technical assistance in community health promotion planning. DPH worked with local communities to assess health status, engage community members in setting priorities, planning and implementing health promotion strategies. This commitment resulted in health promotion grants awarded to several communities throughout the mid to late 1990s.

Alaska's statewide planning effort is called the Public Health Improvement Process. In 1997, DPH applied for and was awarded a national public health improvement planning grant (Robert Wood Johnson Foundation) that was paralleled by three local public health improvement planning grants across the state ("Turning Point" community grants funded by the Kellogg Foundation). This process resulted in a statewide health assessment, assessment of the public health system in Alaska, and prioritized strategies for public health in the 21st century in Alaska. Local grantees, while participating in the state process, also worked on priority public health needs in their communities. These projects currently are ongoing in Kenai, Sitka, and Fairbanks. Information on the Turning Point communities is available at www.hss.state.ak.us/dph/deu/turningpoint/

In addition to funding local health promotion initiatives, the Division of Public Health is active in coordinating, funding and sponsoring trainings and technical assistance with community development and planning. This has included workshops and co-sponsoring the health promotion track of the Alaska Health Summit, as well as co-sponsoring speakers for other statewide and regional conferences. Topics include building social capital, use of social marketing, physical activity, coalition development, media literacy, and program evaluation.

Local and statewide coalitions are one way to develop broad based commitment to educational and commu-

nity-based health initiatives. The Division of Public Health has facilitated health promotion planning using the coalition process for several issues including tobacco prevention and control, cardiovascular disease, nutrition, diabetes, and physical activity. These efforts have produced strategic plans that are used by the state and local communities to address issues locally and regionally. Ketchikan currently has a Prevention Coalition funded by the Division of Juvenile Justice. One goal is to gather local data to be used in educating the community, identifying priority issues for the community, and locating resources to address the issues.

Youth have been the focus of many community-based education initiatives. Past efforts to prevent teen pregnancy, violence, and use of tobacco, alcohol and illicit drugs have focused on individual behavior. Focusing on the factors that contribute to these behaviors is an alternative approach. Longitudinal studies and social science research have identified a common set of risk factors that increase the likelihood of engagement in these problem behaviors, as well as common protective factors that appear to help. In the early and mid-90s several Alaska communities received federal funding to address substance abuse prevention using a community coalition model addressing risk and protective factors.

Interest in increasing protective factors for children and youth as a specific prevention strategy is increasing. This approach is often referred to as the Youth Developmental Assets framework or the strength-based model to working with youth. National and local correlations surveys have found the more assets (protective factors) youth have the less likely they are to engage in sexual activity, violence, tobacco, alcohol, and drug use. In addition, youth who report more assets are more likely to do well in school, value diversity, help others, and resist dangerous situations. The foundation for the Assets framework is the research-based protective factors conceptualized by the Search Institute in Minnesota. Additional research to identify key assets has been supported by the federal Substance Abuse and Mental Health Services Administration.

In Alaska, a partnership initiative with the Association of Alaska School Boards and the Department of Health and Social Services has promoted the Assets approach through educational workshops, conferences and technical assistance statewide. *Helping Kids Succeed ~ Alaskan Style*, based on the 3,000 asset ideas contributed by Alaskans across the state, was published in 1998. The partnership received funding in FY02 to further the Alaska Assets initiative through the three-pronged AK-ICE project:

1. Promoting the framework through educational workshops, materials distribution and media spots.

2. Advocating for individuals to reach out to children and youth to increase the quality of meaningful relationships and opportunities for youth involvement.

3. Providing technical assistance to communities, organizations and schools as its principles are integrated into policies, practices and programs.

Data Issues and Needs

Only one of the Educational and Community-Based Program indicators is currently measured. DEED tracks information on the number of students who complete school.

The Section of Community Health and Emergency Medical Services will be responsible for collaborating on the development and implementation of a series of surveys to establish baseline data, as well as for tracking progress over the next ten years. This will include surveying schools, worksites and primary care settings.

Related Focus Areas

The *Educational and Community-based Programs* chapter is interconnected with all the other chapters of *Healthy Alaskans 2010*.

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Alaska Health Education Consortium	www.auroraweb.com/ahec/
Alaska Center for Rural Health	www.ichs.uaa.alaska.edu/acrh/

National

Search Institute: 40 Developmental Assets	www.search-institute.org/assets/forty.htm
Mobilizing for Action through Planning & Partnerships	www.naccho.org/PROJECT77.cfm
Assoication of State & Territorial Directors of Health Promotion and Public Health Education	www.astdhpphe.org/index.html