



Hospitals / Health Services and Schools: Cooperation in establishing and sustaining health promotion initiatives – what works?

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American Exceptionalism

By David Ollier Weber (2007)

Health-promoting hospitals are proliferating globally

*.....except here in the United States, where one is
a lonely number.*

*(Referring to Center for Health Promotion & Disease Prevention
Windber Research Institute, Windber, Pennsylvania, USA)*

The Request from Vienna

- **“How can hospitals / health services strengthen health promotion in schools?”**
- **“.....speak on issues where you think that hospital – school cooperation is especially help- and useful. “**
- **“..... talk about “do’s and don’ts” to support successful cooperation (e.g. by drawing on you experiences with violence prevention). “**



Plenary Session

19th International HPH Conference

2011

Turku, Finland

**“Improving health gain orientation
in all services: Better cooperation
for continuity in care”**

- 
- **Health Promoting Schools**
 - **WHO & other international recommendations**
 - **Model Violence Prevention Program**
 - **Do's and Don'ts**



WHO

A Health Promoting School

“A place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health.”

“What’s the place of schools in promoting health? Are we too optimistic?”

Editorial, Health Promotion International. Vol. 19, No. 4, 2004

- 1980’s WHO – moved HP from the individual to the “setting” (cities, hospitals, worksites, schools)
- The Ottawa Charter for Health Promotion 1986
 - Movement from indicators (M&M) to “building health.”
 - WHO’s Expert Health Committee
 - CDC
 - The European Network of Health Promotion Schools
 - WHO Regional offices

“Evaluations of health promoting schools: a review of nine studies”

Mukoma and Flisher. HP International, Vol 19. No 3

- Little evaluation of health promoting schools in the 1990's
- Some evidence that HPS can influence various domains of health
- You can integrate health into school curriculum and policies
- Evaluation of HPS is complex

Building Capacity for the Continuous Improvement of Health-Promoting Schools

-Hoyle B., J of School Health. Jan 2008, Vol. 78, No. 1

- Capacity building – “series of actions that lead to an increase in the collective power of a group to improve student achievement.
- WHO
- CDC (CSHC)

Coordinated School Health Council

Coordinated school health (CSH) is recommended by CDC as a strategy for improving students' health and learning in our nation's schools.

8 Components of School Health



Conditions for Organizational Capacity

- Hoyle, B. *Building Capacity for the Continuous Improvement of Health-Promoting Schools.*, J of School Health. Jan 2008, Vol. 78, No. 1

- Visionary and effective leadership & management *structures*
- Extensive internal and external *supports*
- Development and allocation of adequate *resources*
- Supportive *policies and procedures*
- Ongoing, embedded *professional development*

Real life examples

- Hospital & research Institute (health service) working with schools
 - Based on community surveys and state epidemiological data
 - Use of Evidence based programs
 - Monitored and evaluated
 - Published

15 years of school based health promotion

- 1994 - Pittsburgh – Hospital – Pediatrician – Community Coalition –
 - Injuries and death secondary to firearms were passing M&M from MVA
 - A gun buy back program
 - Several thousand weapons collected
 - M&M secondary to firearms decreased in the 3 years of the program

15 years of school based health promotion

- 1997 – Present – Johnstown, PA
 - Hospital & Research Institute
 - Epidemiological surveys
 - Community, Schools, Hospital employees
 - Evidenced based programs
 - Injury Prevention – 10,000 children
 - Worksite wellness – 1000 employees
 - Childhood obesity – 7,000 school children
 - Bullying Prevention – 250,000 children

Think First Injury Prevention Program 2001- 2006



- Reached over 10,000 first, second, and third grade students in Cambria County
- All students have completed a pre-test and post-test for evaluation purposes.

Post-test Data Results

- **Overall increase in knowledge:**
 - 21% 1st graders
 - 15% 2nd graders
 - 11% 3rd graders
 - Greatest increase in knowledge : school bus safety followed by brain injury, water safety, & bicycle safety

- **Overall decrease in risky behaviors**
 - 10% reduction 1st grade
 - 8% reduction 2nd grade
 - 6% reduction 3rd grade



Published results

An Interactive, Hospital-based Injury Prevention Program for First-, Second-, and Third-grade Students

- Wehner DE, Sutton L, Journal of Emergency Nursing - August 2005 (Vol. 31, Issue 4, Pages 383-386)

Bullying

- Most prevalent form of violence in school age children
- International epidemic
 - “A significant international public health issue.”
 - Gini, G. *Pediatrics* 2009;123:1059–1065
- Association with school based shootings

Capacity building for violence prevention

- 1999 – Surveyed 100 school nurses
 - Obesity
 - Bullying
 - Lack of mental health services for children
- 2000-2005 – Cambria County, PA
 - Olweus BP program - 20,000 children
- 2007-2012 - \$6 million
 - 300,000 children
 - 400 schools
 - Largest U.S./international implementation of an evidenced based BP initiative

Conditions for Organizational Capacity

Bullying prevention

- Visionary and effective leadership & management
Coalition – foundation, educational, public health, programmatic
- Extensive internal and external supports
Evidence based Olweus bullying prevention program
- Development and allocation of adequate resources
\$ 9 million
- Supportive policies and procedures
State legislation mandating documentation and response
- Ongoing, embedded professional development
Establishment of a bullying prevention institute

Publications

- Masiello, M. *A Health Promoting Hospital: A Strategy in the re-Design of the U.S. Health Care System.* Commonwealth: A Journal of Political Science. Vol. 14, No. 1. Dec 2008
- Schroeder, B. *The Implementation of a Statewide Bullying Prevention Program: Preliminary Findings From the Field and the Importance of Coalitions.* Health Promotion Practice DOI: 10.1177/1524839910386887

Do' and Don'ts

- Define Goals
- Identify objectives to reach the goal
 - Programmatic
 - Educational
 - Behavioral
 - Health
- Ask who, when, what, where and how

Do' and Don'ts

- Develop a relationship with the schools
- Use evidence based programs & with max fidelity
- Develop a working coalition
- Monitor and evaluate
 - **“Evaluation of Health Promotion Programs”**
 - Friday, June 3, 2011 , 14:00-15:30 Parallel Session 4.5
- Publish – low and high hanging fruit

Do' and Don'ts

- **Avoid health fairs**
- Use public health models
 - PRECEED – PROCEED
 - Health Belief Model
- RCT
 - Complex, expensive and time consuming
 - Difficult to justify with limited resources
 - Ethics of delayed, different or no intervention



Thank you

The Request from Vienna

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Formal steps in the evaluation process - Alternatives to a RCT

- Formative – pretesting, pilot studies, focus groups
- Process – Documentation of implementation
- Impact – Questionnaires, self-reports, observations, pre/post tests, RCT and indicators (M&M, behavior, knowledge, health changes)