

“Pre – Health”: talent search and substance abuse awareness among FSM high school leavers

A summary report

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Executive Summary

This report summarizes the results and activities of a sizeable project carried out in all the FSM States, Chuuk, Kosrae, Pohnpei and Yap. The report is structured into operational, concise categories, reflecting actual field work, aims to encourage reporting from the many colleagues in the various domains of health, carrying out similar projects and activities who may be hesitant to publish the summary of their work.

The Department of Health and Social Affairs (DoHSA) of the Federated States of Micronesia (FSM) contracted the College of Micronesia-FSM (COM-FSM) to undertake activities, in selected high schools of FSM. The activities aimed at enhancing interest and motivation among senior students to pursue studies and eventually careers in the domain of health simultaneously were seized to enhance public health awareness among participating students.

The results of the activities at high school level can be summarized as follows: No. of high school seniors targeted: 1 374. No. of high school seniors attending the events: 1 009 (73.4%); No. of high school seniors undergoing health screening tests: 934 (92.6% of attendees); No. of volunteer high school facilitators participating: 28; No. of health personnel engaged: 49 (41 nurses and 8 lab technicians); No. of personalities and students performing in the DVD production: 12; COM-FSM academic staff engaged: 8; COM-FSM support staff engaged: 2

Summaries of the health screening tests results (for: blood pressure; pulse rate; random glycemia, body mass index; blood typing, ABO and Rh) have been tabulated and returned, as feed-back, to the Principals of each school. An epidemiological analysis of those results is underway. Of the many essays written by students, only 51 were retrieved and are on file with the mini-project, for future perusal. Quite a number of “lessons” were learnt during the implementation of this “mini-project”, and they are listed in the report’s main body.

The above activities and all field work were completed by Friday, 6 March 2009.



Program objectives: responding to FSM needs

Background, rationale and justification for “Pre-Health” events and activities

The rationale and “needs assessment” for the education and training of existing and prospective workforce in the domain of Public Health in Micronesia have been documented elsewhere (ref. Sitaleki 'A. Finau, Gregory J. Dever, Giuseppe G. Cuboni: “A proposal for PIHOA: Community College Public Health training in and for Micronesia” – 2007), a short abstract of which is hereby reproduced:

“Twin Disparities in Health and Education” - On World Health Day, 7 April 2006, WHO released its World Health Report *“Working Together for Health”*, in which the human resources issues included: health worker shortages (acute and chronic); under-training, disparities in the health worker skills mixes, mal-distribution, and adverse working conditions and inappropriate work incentives.

In August 2006 the Pacific Island Health Officers Association (PIHOA), which formally represents the Ministers, Secretaries, and Directors of Health of the US Associated Pacific Islands (USAPI) met on Nahlap Island in Pohnpei State. They participated in a “Human Resources for Health” workshop with the assistance of a WHO/WPRO Specialist. The outcome of this Workshop, titled *“Working Together for Health – How can we help ourselves?”*, included a formal PIHOA resolution on issues related to human resources for health. These resolutions mirrored the theme of the 2006 World Health Report and addressed the following:

- PIHOA acknowledged that there was a regional shortage of students academically prepared to enter all levels of the health profession trainings and that many of the current health workforce were under-trained in their respective disciplines;
- PIHOA recognized that there was a shortage of qualified nurses in the region at all levels, and there was the need for ongoing training for clinical, public health, oral health, and psychiatric nurses;
- PIHOA observed that the primary and secondary school systems need strengthening in English, study skills, mathematics, and science and further observed there were too few educational career ladder and bridging training programs that provide in-country health workforce training;
- PIHOA pointed out that management training for the health workforce had been identified as a priority need for nursing, public health, and health services administration;
- PIHOA recommended that the following critical issues related to human resource for be strengthened or developed: *the educational pipeline to health professional training; career ladder and bridging training for the current health workforce; management training; overall health human resources planning; and partnerships with local educational institutions for higher learning for delivery of the needed accredited curricula.*

The FSM Department of Health and Social Affairs (DoHSA-FSM) determined that activities targeting high school leavers in FSM should be undertaken, in cooperation with health agencies and academic institutions, in order to make young generations aware of the acute manpower needs in FSM, and at the same time alert high school leavers that more educational opportunities in the domain of health are becoming available at COM-FSM.



Background, rationale and justification for “Substance Abuse Prevention” events and activities

The rationale for the proposed intervention cannot as yet be substantiated by up-to-date, accurate statistics or other epidemiological evidence, such as recent surveys and/ or specialized studies. However, existing anecdotal evidence seems sufficient to support the determination of DoH-FSM to set a preventative effort into motion, targeting substance abuse in FSM.

Some data exist for the Pacific:

- Alcohol and other substance abuse is among the major causes of morbidity and mortality in FSM (Samo, M. *“FSM National Health Account Report, 2007”*);
- Tobacco, the most common substance, is used, in Vanuatu, Tonga and FSM, by 29.7% of surveyed males under 15; and is smoked weekly by 15.7% of surveyed women of that age (*Pacific Youth Survey on Health Behavior and Lifestyle, 2000-2001, University of Sydney*);
- Adolescent Fijians, aged 13 – 15, having ever smoked cigarettes: 33%; and 10% had smoked during the 30 day period prior to survey. In the same cohort, 65% had had more than 5 drinks in a single session (defined as “binge” drinkers) in the 2-weeks period prior to survey (*Report from the Global Youth Tobacco Survey – GYTS. UNICEF/ Pacific, WHO, 2001; sample size = 51 629*)

Furthermore, operational considerations made the choice of action at high school sites as a more “results-prone” one. The existing literature on the subject, albeit not extensive, is not referenced here, in light of operational and time constraints.

Goals

- To enhance awareness of the FSM health manpower needs and career opportunities among high school leavers in FSM;
- To alert high school-leaving students of education and training possibilities becoming available at COM-FSM.
- To enhance awareness of the health implications of substance abuse among high school leavers in FSM;
- To alert high school-leaving students of counseling and other preventative strategies for substance abuse, available at COM-FSM and other civil society institutions.

Specific Objectives

- To reach as many FSM high schools as feasible, in each FSM State (main islands);
- To establish “face-to-face” contact with at least 50% of the high school leavers in the schools reached during the main event;
- To promote awareness of FSM health-related matters and the hazards of substance abuse in the families of the students contacted;
- To enhance and stimulate high school leavers’ interests and motivation in health care professions and careers;



- To publicize the emerging educational opportunities in health at COM-FSM in the communities.
- To promote preventative strategies and healthy lifestyles among high school leavers;
- To publicize the existing counseling and information opportunities regarding substance abuse and related health matters in the communities, with reference to COM-FSM and other civil society organizations.

Activities

The **main event**: a “Pre-Health” and “Health Awareness: Alcohol, Tobacco and Drugs” afternoon at school, during which the following activities took place:

- Short introductory presentations were made: the main health problems in FSM; health workforce shortages; career possibilities; the main substance abuse problems in FSM; health impact of abuse; main preventive strategies; education and training opportunities at COM-FSM;
- Audio-visual display of a COM-FSM production on the above themes, as DVD, attempted in several locations, but not always successful (equipment; daylight; other constraints).
- “A short story about a most favored memory related to a health event or a health professional or a personal experience, of self, family or friends”: a writing competition among students, for which prizes were awarded;
- Skits by students, performed on site, at many schools;
- Educational material, including the COM-FSM produced DVD, about health and substance abuse awareness, was distributed to all senior students at the visited high schools;
- Sample health actions, the “medical actions”, were offered to interested students, on a strict voluntary basis and prepared by an informed-consent form signed by parents/ guardians, free of charge; those were administered by local health professionals, and consisted of: blood pressure and pulse rate measurement; glycemia determination; weight/ height and body mass computation; blood typing.
- Motivation- and recollection - enhancing gifts were given to all students in attendance (T-shirts; DVD).
- Educational and supportive materials: these were dispatched later to the schools’ administrations, based on their choices and the availability of requested items from suppliers.
- Refreshments and closing (Pohnpei schools, for ease of supply).

Implementation details

Local facilitators, selected because of known capabilities, were expected to ensure that:

- high school administrations accept the event, and possibly coordinate its implementation together with other nearby high schools, to reduce costs and implementation time;
- availability of suitable venues, power supply, and consumables [these eventually provided by the event] is assured;
- arrangements, in coordination and with the guidance from the COM-FSM team, of participation by local health personnel in the school event, including the “medical actions” is confirmed and assured;



- eventual post-event tasks (distribution of materials, etc.) are properly discharged; and this worked out satisfactorily in most locations.

A team of COM-FSM academics and support staff effected coordination of all aspects of the event, including:

- Overall design, planning and tasks allocation;
- Selection of target high schools, in each FSM State;
- Coordinated inputs and contributions of the local facilitators;
- Production of all audiovisuals and materials;
- Procurement of all supplies and equipment needed, including references and/ or books/ publications;
- Scheduling of each school event, avoiding potential interference with other activities in which the same high school leavers would be involved;
- Travel arrangements of COM-FSM Palikir-based implementers;
- Preparations and safety/ security arrangements for the “medical actions”;
- Distribution and dispatch of all materials, supplies and equipment;
- Financial controls, disbursements, acquittals and reporting;
- Event evaluation and final reporting;

The main actions envisaged for each school event were scheduled as follows:

- An afternoon gathering of all senior students in a suitable venue at the school;
- Appropriate introductions and opening remarks;
- Short keynote addresses, with audiovisual support, focusing on the central themes: main health problems in FSM; health workers shortages and jobs/ careers opportunities; education and training opportunities, existing and forthcoming, at COM-FSM; substance abuse as a threat to FSM populations; preventative and remedial approaches, specific to the age group under consideration; awareness and education opportunities, existing and forthcoming, at COM-FSM; all of these to be offered in coordinated fashion by COM-FSM facilitators/ deliverers as well as by local health workers;
- Students’ skit/ s performance, appraisal and rewarding;
- Setting-up and inception of the “medical actions”, on a voluntary basis;
- Review of the: “A short story about a health event or a personal experience, of self, family or friends” competition, and prize giving;
- Distribution of promotional encouragement supplies;
- Refreshments and closing.

Manpower engaged

- Event Coordinator: a senior public health administrator and academic;
- Audiovisual specialist, to produce the relevant materials (DVD; videotapes; etc.);
- COM-FSM academic (5) and support staff (3), for design, compilation and delivery of contents;
- Guest speakers/ presenters, at events or for audiovisual recording;
- State/ school facilitators, to operate as per details above;
- Health professionals to deliver the “medical actions”.



Materials and supplies used

- Audiovisual equipment, for the production of materials (DVD; videotapes; etc.), from COM-FSM;
- Multi-media and notebook equipment for delivery of audiovisuals on sites, from COM-FSM;
- DVD duplication, materials and services (for distribution throughout the high schools);
- Medical supplies for the voluntary “medical actions” described above;
- School supporting supplies, for libraries or other school activities;
- Award certificates as story writing competition prizes, if and where appropriate;
- Award certificates as skit prizes, if and where appropriate;
- Miscellaneous supplies and consumables (T-shirts; caps; lanyard pens; fanny packs; etc);
- Other supplies and equipment, as and when needed.

Lessons learned

1. The offering of the full, main event to all high school seniors has lead to overcrowded settings in several high schools.
Conclusion: limit the attendance to the full, main event to those students who would have submitted an essay, as described hereunder.
2. A written essay, of the kind proposed and adopted in 2008-09 should be set as selector for the attendance at the full, main event.
Conclusion: design the eventual, next mini-project accordingly, and provide more focused themes for the essays.
3. In two instances, school authorities requested that juniors, either instead of or in addition to seniors, attend the full, main event.
Conclusion: consider offering, for the eventual, next mini-project, attendance to both juniors and seniors, selected by the essay-writing method, even if this could extend the duration of the full, main event to more than 1 half-day, in certain large schools.
4. Misunderstanding and misconceptions became apparent in more than one instance, despite extensive communications with the relevant Authorities, by telephone, e-mail and even a preparatory visit (in one case, by coincidence with another activity): explanations, instructions, and proffered acceptance, concurrence and agreement were just taken for granted, in 2008-09.
Conclusion: a preparatory visit by mini-project management of all the targeted high schools and Officials should be part of the eventual, next mini-project, and only limited by budgetary constraints.
5. Summary information about the actual numbers of students; their distribution into cohorts such as “by major”; or “by section”; or “by teacher”; the designated school facilitators; the locally available health professionals and equipment; was not always available before the actual full, main event.
Conclusion: such critically important information should be available well before the full, main event is staged, ideally from the preparatory visit.



6. The attempt to actually show the mini-project DVD during the full, main event had eventually to be abandoned, as both time and audio-visual equipment availability became constraints, in 2008-09.
Conclusion: the following factors: length of an eventual DVD; audio-visual equipment and suitable venue for projection (can be darkened?); and overall time requirements for the full, main event must taken prominence in the early planning stages for an eventual, next mini-project.
7. The awarding of prizes to essay contest winners and skit performers slid out of focus and appropriate timing during some of the 2008-09 full, main events.
Conclusion: the awarding of prizes to essay contest winners and skit performers should be staged early in the schedule of eventual, next mini-projects.
8. The delivery of the “medical actions”, per se a significant success portion of the full, main events, became a challenge, particularly at schools with large student numbers, as sometimes the locally available health manpower and equipment could not match the number of students volunteering for test.
Conclusion: the availability of health manpower and equipment commensurate to the planned number of students must form an integral part of the details to be ascertained during the preliminary visits.
9. Although efforts were made to offer explanations and justifications for the medical actions and tests offered (posters; verbal explanations by the medical staff; etc.), the degree of student understanding and assimilation of the intrinsic value of the tests offered could not be measured, in 2008-09, while the “informed consent” procedure was near perfectly followed.
Conclusion: a detailed explanatory leaflet relevant to the medical actions and tests offered should be distributed together with the prescribed “informed consent” form well before the full, main events are staged.

“True happiness lies deep within one’s soul.”

Felicia



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