



# PUBLIC HEALTH AS APPLIED TO YOUNG PEOPLE

# So far we have covered...

- How to assess adolescent health
- How to deal with various health problems
- How to gather and use epidemiological data

# OBJECTIVES

- To recognise the theoretical frameworks of preventive / promotion activities and the various settings in which they can be efficiently and effectively conducted
- To develop skills in the elaboration and evaluation of effective strategies and interventions which are developmentally appropriate and involve young people

# ENTRY SCENARIO

You are working as a senior paediatrician in a city where there is a large petroleum chemical plant that is the single major employer of the immediate population. Your patients include young people with respiratory infections. Recent news stories raise the question of the dangers of the ammonia from the chemical factory for the population. You become aware that the respiratory diagnoses you are making may relate to this public health concern. What considerations will you make in deciding your course of action?

# DEFINITIONS

- Health education aims at modifying social behavior or teaching healthy behavior (Sigaudes, 1989)
- Health education aims at increasing individual freedom for the choice of « healthy » lifestyles (Lacronique, 1992)
- Prevention aims at reducing the prevalence or/and seriousness of illnesses, handicaps and injuries (WHO)

# Definition

“Public health is the process of mobilizing and engaging local, state, national, and international resources to assure the conditions in which people can be healthy. ...The actions that should be taken are determined by the nature and magnitude of the problems affecting the health of the community. What can be done will be determined by scientific knowledge and the resources available. What is done will be determined by the social and political situation existing at the particular time and place.”

# ALMA-ATA (12.09.1978)

1. The Conference strongly reaffirms that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity  
.
2. The people have the right and duty to participate individually and collectively in the planning and implementation of their health care
3. Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures
4. **Primary health care** is the first level of contact of individuals, the family and community with the national health system.

# THE OTTAWA CHARTER

The Ottawa Charter identifies three approaches for health promotion. These are:

- Advocacy for health to create the essential conditions for health
- Enabling people to take control of the determinants of health in order to achieve their fullest potential
- Mediating between different interests in society in the pursuit of health (WHO 1986)

# THE OTTAWA CHARTER

## *5 principles*

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient health services

# DEFINITIONS

Health promotion aims at increasing the control of the population or of an individual over health and at finding ways to improve health. Health is not considered as an objective by itself but as a resource, a positive concept on both the individual and collective level. (*Charte d'Ottawa, 1986*)

# Types of interventions

- **Primary (universal)**  
*preventing the emergence of problems/disease*
- **Secondary (selective)**  
*targeting at-risk persons*
- **Tertiary (on indication)**  
*limiting the consequences of diseases*

# Primary prevention

- Health education
- Life-skills approach
- Working on the environment (school)
- Policies and regulations

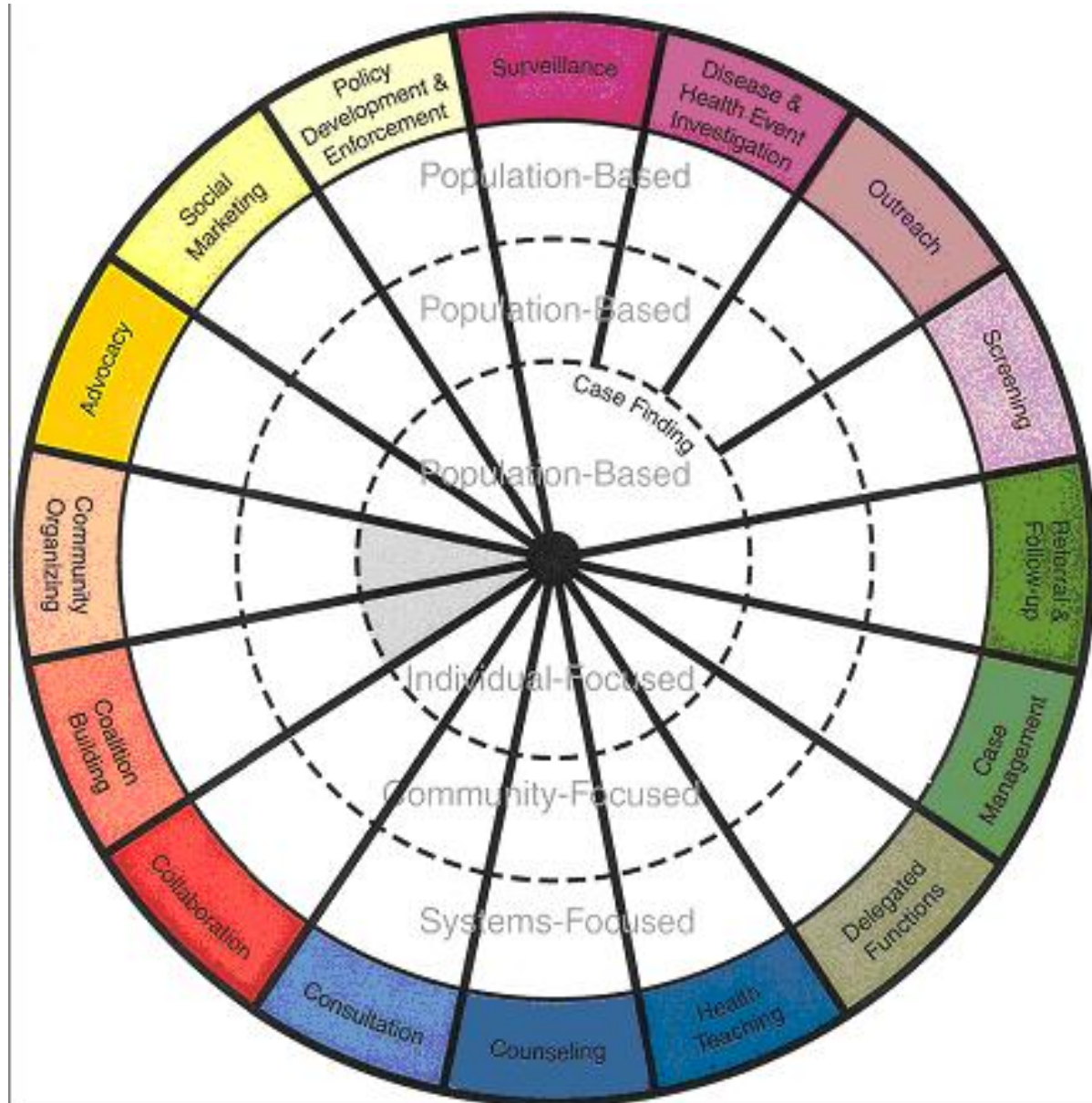
# Primary prevention

- Courses and conferences
- Exhibitions, out-reach buses
- Small group discussions
- Interactive theater

# Secondary prevention

1. Identifying the target group
2. Reaching the target group
3. Intervening
  - Encounters, improving access to health care
  - Brief interventions
  - Risk reduction (condoms, clean syringes)
  - ETC..

# PUBLIC HEALTH: SCOPE



WHERE WOULD YOU  
PUT THE ACTION TO  
BE TAKEN USING  
THE ENTRY SCENARIO ?

# What *does* work ?

- **Process** (external validity)

*How is the program/intervention implemented ?*

- **Outcome** (internal validity)

*Does the program work?*

*Does the program reach its objectives ?*

# Type & level of evidence

Level of evidence	Type of evidence
Ia	Evidence from systematic reviews or meta-analysis of RCTs
IIb	Evidence from at least one RCT
IIIa	Evidence from at least one controlled study without randomisation
IIb	Evidence from at least one other type of quasi experimental study
III	Evidence from non experimental descriptive studies, such as comparative studies, correlation studies and case control studies
IV	Evidence from expert committee reports or opinions and/or clinical experience of respected authorities

# What *does* work ?

## **Go!**

**Evidence threshold met**

**Sufficient evidence to recommend widespread implementation on a large scale now, with careful monitoring (coverage & quality... & cost)**

## **Ready**

**Evidence threshold partially met**

**Evidence suggests that interventions are effective, but large-scale implementation must be accompanied by further evaluation to clarify impact and mechanisms**

## **Steady**

**Some encouraging evidence of effectiveness but this evidence is still weak**

**Evidence is promising, but further intervention development, pilot testing and evaluation is urgently needed before they can move into the “ready” or the “do not go” categories**

## **Do not go**

**Strong enough evidence of lack of effectiveness or of harm**

**Not the way to go ...**

***Distinguish process and outcome evaluation***

# A FRAMEWORK

	<b>Health Sector</b>	<b>Education Sector</b>	<b>Media</b>	<b>And many others: labour, criminal-justice, social services, parents, peers, etc.)</b>
<b>Information and Life Skills</b>				
<b>Services and Counselling</b>				
<b>Safe and Supportive Environment</b>				
<b>Opportunities to participate</b>				

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<b>Services and Counselling</b>	<b>Y F H S</b>			
<b>Safe and Supportive Environment</b>				
<b>Opportunities to participate</b>				

# Quality - Question bank

Quality Dimension & Characteristics	Health Care provider interview tool	Manager interview tool	Observation guide
<b>Equitable</b>			
<b>Policies and procedures are in place that do not restrict the provision of health services on any terms</b>	Are there policies or procedures in place restricting the provision of health services to adolescents (e.g. age, marital status)? (74)	Are there policies or procedures in place restricting the provision of health services to adolescents (e.g. age, marital status)? (74)	Indicate policies and procedures that restrict the provision of health services and how they restrict it

# An assessment in Russia (WHO)

Quality indicators	Youth clinic						
	Barnaul AFC	YUNIKS	Biisk AFC	YMC	Our Clinic	Yuventus	Novosibirsk AFC
<b>Total client assessment score (Mean):</b>	<b>33</b> <b>(2.8)</b>	<b>46</b> <b>(3.8)</b>	<b>43</b> <b>(3.6)</b>	<b>40</b> <b>(3.3)</b>	<b>49</b> <b>(4.1)</b>	<b>42</b> <b>(3.5)</b>	<b>30</b> <b>(2.5)</b>
<b>Confidentiality and privacy</b> Possibility of visiting the YC without family consent	<b>4</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>
Clients' confidence that no one will know of clinic visit	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>
Satisfied with privacy and confidentiality after visit	<b>3</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
<b>Clients informed about:</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>
• Working hours	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>2</b>
• Test and examinations	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
• Results of examinations	<b>2</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>
• Treatment prescribed	<b>2</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>2</b>
• Recommendations	<b>3</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>3</b>
<b>Availability of information</b> Materials in waiting area	<b>3</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>3</b>
<b>Accessibility of services</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>1</b>
<b>Affordability of paid services</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>2</b>
<b>Equal access for both sexes</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>3</b>

**Levels:**  
**1 < 30 %**  
**2= 30-49%**  
**3 = 50-69%**  
**4 = 70-89%**  
**5 = > 90%**  
**affirmative answers.**

# A FRAMEWORK

	<b>Health Sector</b>	<b>Education Sector</b>	<b>Media</b>	<b>And many others: labour, criminal-justice, social services, parents, peers, etc.)</b>
<b>Information and Life Skills</b>	<b>SCHOOL HEALTH</b>			
<b>Services and Counselling</b>				
<b>Safe and Supportive Environment</b>				
<b>Opportunities to participate</b>				

# INTERVENTION WITHIN THE SCHOOL

## ■ Duration

- “one spot” intervention
- Program covering a term or several years

## ■ Areas for interventions

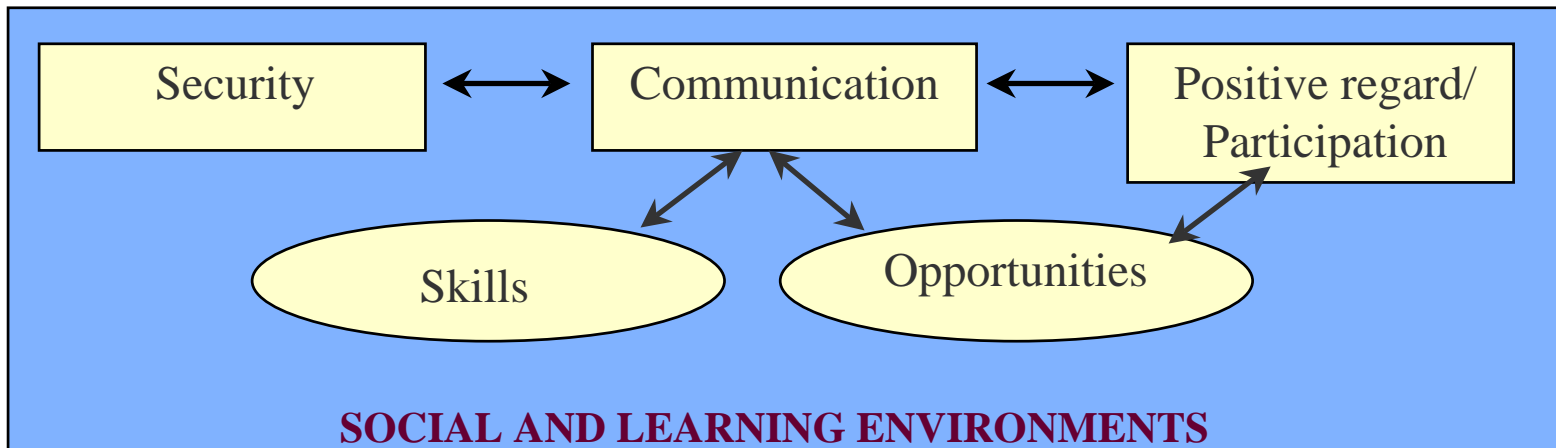
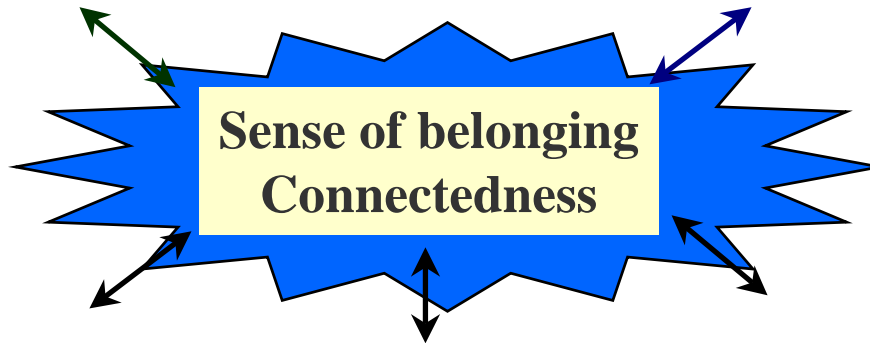
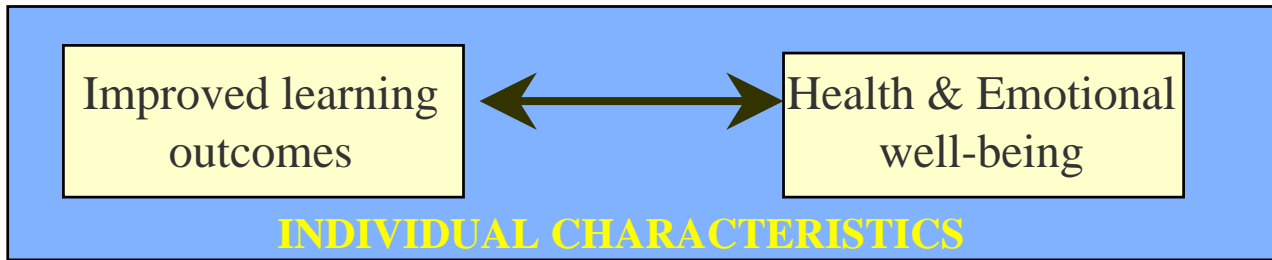
- Focused (tobacco, sexuality, etc)
- Non-focused (quality of life)

## ■ Pedagogic approach

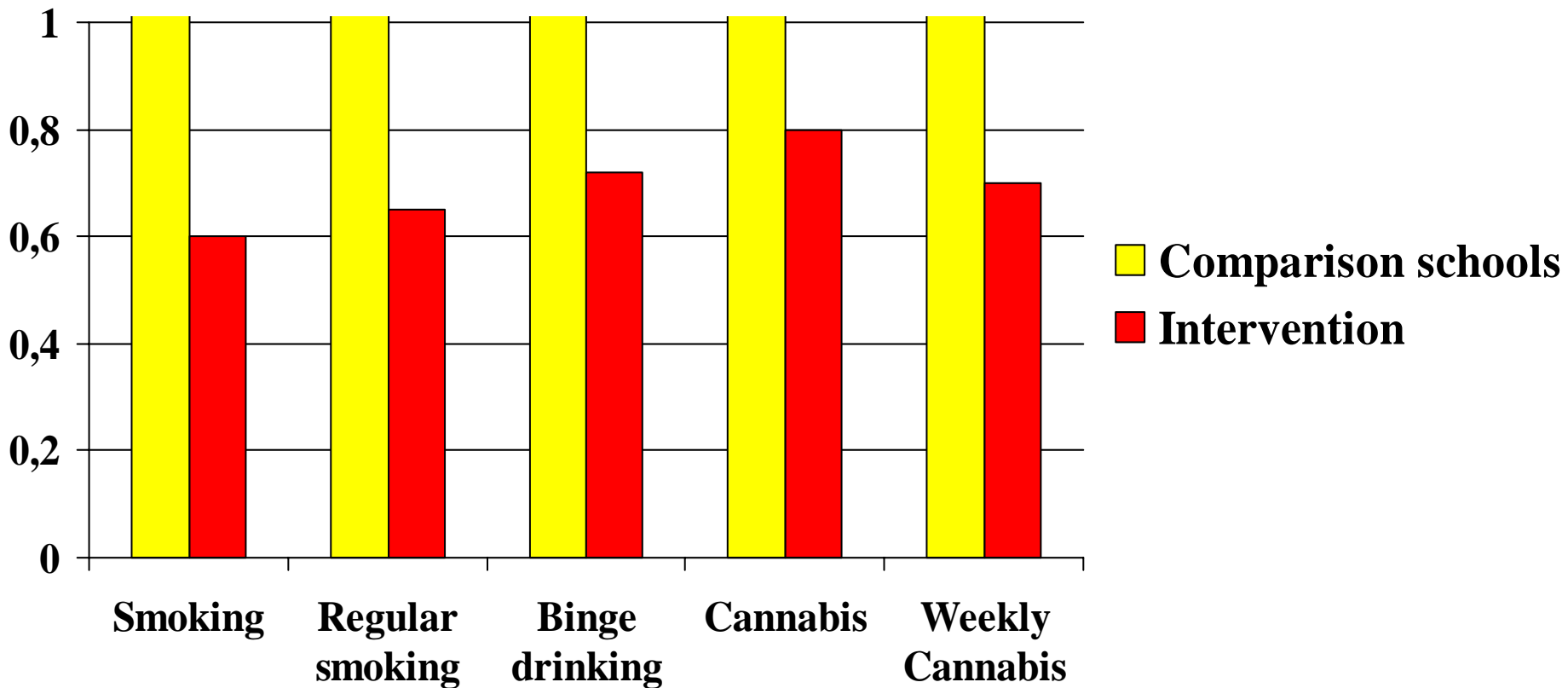
- Information/education
- Life skills
- Link with the community
- Global approach (healthy schools)

**Working on the individual  
level or on the environment ?**

# THE GATEHOUSE PROJECT: CONCEPTS



# TRENDS IN SUBSTANCE USE



Analyses adjusted for baseline school substance use

# A FRAMEWORK

	<b>Health Sector</b>	<b>Education Sector</b>	<b>Media</b>	<b>And many others: labour, criminal-justice, social services, parents, peers, etc.)</b>
<b>Information and Life Skills</b>		<b>Policies Environmental interventions</b>		
<b>Services and Counselling</b>				
<b>Safe and Supportive Environment</b>				
<b>Opportunities to participate</b>				

# INTERVENTION IN THE FIELD OF SEXUAL & REPROUCTIVE HEALTH

## Preventing HIV/AIDS in young people

The first systematic review of what works to prevent HIV infection among young people in developing countries

The effectiveness of different interventions delivered in schools, health services, media and communities for young people has just been published by WHO, in conjunction with London School of Hygiene and Tropical Medicine, UNAIDS, UNFPA and UNICEF<sup>1</sup>.

Evidence from 80 studies in developing countries were reviewed and classified in a way that makes it easier for policy makers and programme people to take effective action and achieve the global goals and commitments on HIV and young people.

<sup>1</sup> Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries WHO, 2010. [http://www.who.int/child-adolescent-health/publications/CD095216\\_9\\_LA\\_120924\\_0.htm](http://www.who.int/child-adolescent-health/publications/CD095216_9_LA_120924_0.htm)

## *Preventing HIV/AIDS in young people A systematic review of the evidence*

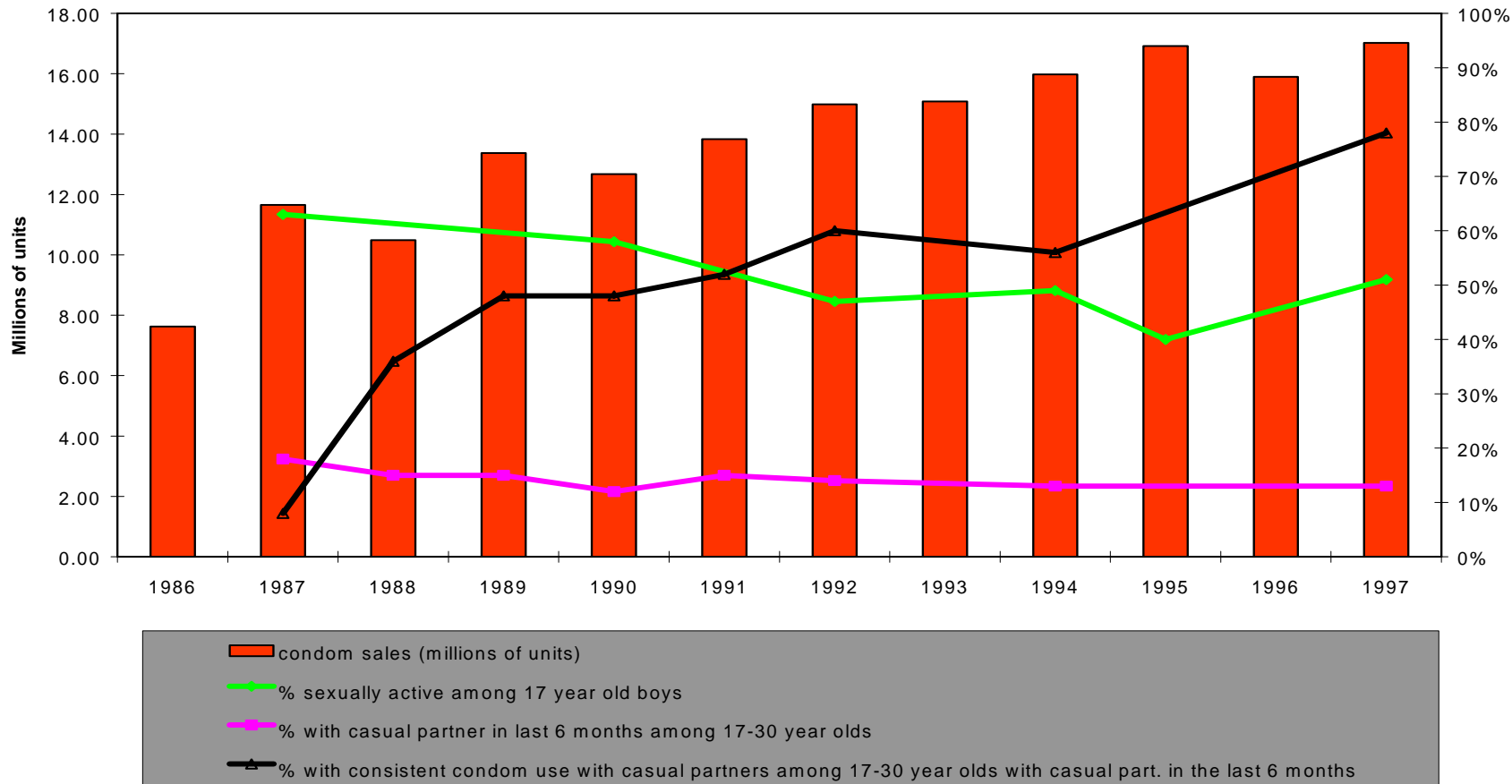
*The report classifies these interventions into three categories:*

- **Steady** (*don't implement yet, needs more work and evaluation*)
- **Ready** (*implement widely, but evaluate carefully*)
- **Go** (*implement on a large scale while monitoring coverage and quality*).

# THE “GO !” INTERVENTIONS

<b>Health services</b>	Training of service providers and clinic staff, facility improvements, and actions in the community *
<b>Schools</b>	Curriculum-based, skills-based sexual health education, led by adults +/- peers, with specific characteristics
<b>Mass media</b>	Sustained, multi-channel campaigns with specific characteristics
<b>Communities</b>	Interventions that are explicitly directed to young people and work through existing organizations and structures
<b>At-risk adolescents</b>	Information and services through static and outreach facilities

# THE SWISS STOP-AIDS CAMPAIGN



An increase in the use of condoms by young people who meet with casual partner (but no increase in the percents who do so) 31

# POLICIES ...

# POLICIES ...

- in the field of **injury prevention**, all reviews (e.g. Cochrane) show the superior impact of legislative measures over behavioural intervention.
- The lessons from **tobacco** show that **policies are superior to education** in deterring young people from smoking
  - Non smoking areas / schools
  - Increasing the prices

# POLICIES ...

## ■ in the field of obesity:

### **Fight against obesity in the EU**

European Commission catalyses voluntary action by stakeholders

The Platform brings together EU- level representatives of the food industry, advertisers, retailers, fast-food restaurants, the cooperative movement, the consumer movement and health NGOs in order to galvanize EU- wide action against obesity.

# POLICIES ...

## ■ in the field of obesity:

1. Denmark	„National Action Plan against Obesity- Recommendations and Perspectives“ (2003)
2. Ireland	„Obesity: the Policy Challenges“ – the Report of the National Taskforce on Obesity.
3. Luxembourg	„An action programme on obesity in children“
4. Portugal	„National Programme to Fight Obesity – Programa Nacional de Combate à Obesidade (PNCO)
5. Sweden	„The basis for an action plan. Healthy dietary habits and increased physical activity“ (2005)
6. Spain	„Spanish strategy for nutrition, physical activity and prevention of obesity – Inverting the trend towards obesity (NAOS Strategy)
7. UK	A Government White Paper + A Delivery Plan: „Choosing a Better Diet“ + Choosing Activity“

# POLICIES ...

## ■ in the field of obesity:

- The commercial arm of the BBC does not allow its children's TV character to be used to promote high fat, high sugar and high salt foods Realised
- Kelloggs has voluntarily improved the nutritional labelling on its food and invested in initiatives to promote physical activity
- Nestlé has worked in partnership with the town of Fleurbaix- Laventie in France on an innovative project to educate children and young people about healthy eating Realised
- Retailers in several EU countries are marketing new ranges of healthier foods
- Many individual companies have reviewed the way they advertise food to children

# Participation

- We need to understand teenage culture and the large number of myths that young people developed about health.
- We need to take into account the fact that boys are worse informed about almost all health matters than girls at all ages.

# Participation

Adults and professionals can learn about teenagers' representations, beliefs, and attitudes and develop or adapt their intervention to their very needs :

- *group discussions*
- *interviews*
- *small surveys*
- *youth councils*