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Method 5
HEALTH EDUCATION OF THE SCHOOL-AGE YOUTH -
FORMAL AND NON-FORMAL

The experience of the Project Health Participatory
and Assertive Consumer Training

by *US*

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Background information about Project Health Participatory and Assertive Consumer Training

Project Health PACT is a consumer health education programme developed at the University of Colorado Health Sciences Center which teaches children from preschool through high school how to participate with health care providers during health care visits (Igoe, 1983). The children learn to resolve health problems and develop appropriate plans of care by collaborating with the health care provider. Project Health PACT teaches children to communicate effectively with health care providers through the use of five basic communication skills:

1. TALK with the health care provider.
2. LISTEN and learn.
3. ASK questions.
4. DECIDE what to do, with help from the provider.
5. DO - follow through.

The underlined letters (TLADD) are used as an acronym to help children learn and remember the five health consumer behaviours.

Project Health PACT may be taught as a supplement to an established health education curriculum, or it may be taught separately from other health education classes. The hours of instruction will vary depending on the students' grade level. For example, preschoolers are introduced to the participatory and assertive health consumer role in four half-hour sessions; seventh and eighth graders learn it in seven one-hour sessions.

As will be discussed later, Project Health PACT may be taught to children in a wide range of locations, including their school classrooms, clinics, youth organizations, and at home. It has been implemented by school nurses, general health educators, dentists, teachers, physicians, clinic and hospital staff, parents, nurses, and physicians' assistants.

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Rationale for consumer participation

Consumers need to approach health care as a problem-solving endeavour that requires active coping efforts, rather than as a situation calling for passivity and submission. Although active problem-solving is more effective than passivity and unquestioning compliance (Pratt, 1976), most health care consumers unfortunately play a passive role when seeking professional health services.

Recently, however, consumer activists, social scientists, and health professionals are beginning to advocate a strengthening and expansion of the health consumer role (Somers, 1977). Specifically, there is growing support for such active and assertive behaviours as acknowledging one's own expectations during encounters with health care providers, using more discrimination in the selection and employment of professional services, and managing one's own health care to a greater extent.

It appears that teaching health care providers and consumers to use more two-way communication with each other increases the likelihood that the consumer will comply with therapeutic instructions from the provider and have greater satisfaction with the care given. This kind of mutual participation also appears to help the consumer gain a sense of ownership in his or her health status which in turn creates an interest in managing one's own problems on a day-to-day basis. Prevention and alleviation of heart disease, cancer, stroke, alcoholism, and obesity depends heavily on the consumer's willingness to assume this kind of personal responsibility. Interestingly, the consumer who learns about the lifestyle habits involved in preventing these problems from health professionals in health settings appears to understand and have greater commitment to follow these practices than when this information is presented elsewhere (e.g. classroom at school, print media, etc.).

Achieving more equitable roles between health consumers and providers is a controversial, arduous, but absolutely essential goal for the health system. Consumer involvement encourages health care cost containment. It is also related to improvements in the quality of care which consumers receive (Pratt, 1976).

Health professionals - including health educators - are introduced to the PACT programme through one- and two-day training seminars. Here participants explore their own health consumer and provider roles, learn and practise how to teach PACT to others, and explore ways to seek funding and community support for implementation of the programme.

The goal of Project Health PACT

The goal of this programme is to prepare consumers and providers to assume new roles and relationships with one another within health systems in order to:

- (1) define, protect, and support the rights of consumers within health systems; and
- (2) encourage consumers to develop personal responsibility for their own health.

Theoretical framework and teaching strategies

Project Health PACT was developed primarily on the basis of observational-learning theory. More specifically, the techniques of modelling formed a conceptual basis for the approach. According to the observational-learning theory, stimulus events that are modelled are transformed and retained in the imaginal and verbal memory codes. The codes, reinstated in conjunction with environmental cues, guide behaviour in accordance with the modelled event.

The process of observational learning is essentially comprised of three major stages: exposure, acquisition, and acceptance (Leibert & Poulos, 1976). During the exposure stage, the individual observes live or symbolic modelling. In the PACT programme, this exposure stage consists of symbolic modelling in the form of written materials (e.g. workbooks, comic books or colouring books, health history booklets), and audiovisual materials (e.g. filmstrips and slides).

The acquisition stage is measured by the child's ability to reproduce the behaviour of the "model" when asked to do so. The observer either recalls the modelling cues or does not recall them; if the observer recalls them, acquisition has occurred. In terms of Project

Health PACT, the acquisition stage would be demonstrated by a child's recall of cognitive facts presented during the programme - including demonstration of knowledge about behaviours, and ability to perform the behaviours associated with the participatory role in a simulated or role-playing sense.

The third stage, acceptance, occurs when the observer who has been exposed to and acquired the modelling cues accepts the information and reveals this acceptance in subsequent actions. In terms of Project Health PACT, the acceptance stage would be revealed by a number of manifestations - including cognitive, attitudinal, and behavioural manifestations - that, taken together, would indicate adoption of the participatory health consumer role.

Empirical support for the effectiveness of the modelling technique can be found in a number of studies. For example, Stokes & Kennedy (1980) successfully used modelling in combination with reinforcement to reduce uncooperative behaviour of children during dental treatment. The modelling technique has also been shown to be effective in encouraging the development of desirable school behaviours in eighth grade students (Matheny, Anderson & Blue, 1978). The behaviours include involvement in school activities, attendance at sporting events, and participation in athletic programmes and school leadership functions. The models in this study were twelfth grade students. Other studies have shown modelling to be effective in terms of interviewing behaviour (Marlatt et al., 1970), acquisition of adult behaviours by retarded children (Baer, Peterson & Sherman, 1967), imitative behaviours (Flanders, 1968), fear reduction (Geer & Turteltaub, 1968), and assertiveness training (McFall & Linnestad, 1971).

There is no evidence in the literature to suggest that observational-learning theory is not applicable to countries other than the United States of America. Indeed, this theory did not originate entirely in the United States of America. Furthermore, studies cited by Goodwin & Klausmeier (1975) indicate the most important factor which determines the applicability of this learning theory - whether in the United States of America or in another country - is the skill of the teacher.

Based on observational-learning theory, Project Health PACT's teaching methods include information-giving and processing techniques, group discussion, role modelling and imitation, shaping, role playing, and problem-solving exercises as well as positive reinforcement. The learning experience is further enhanced by varying the teaching model needs of students at different grade levels (Igoe, 1983). Students in preschool through second grade, for example, learn about Health PACT via a cognitive-developmental teaching model based on Piagetian theory. Those in grades 3 through 6 gain their new knowledge by means of an exploratory teaching model; and a group-process model is used with students in grades 7 and 8.

Teaching materials

Age-appropriate materials, developed to assist children to learn this new consumer role, include bright and interesting orientation colouring books and comic books, student workbooks with accompanying teacher manuals, health history books to be filled out by the children with assistance from adults, as well as filmstrips/slide-tape presentations demonstrating the participatory assertive consumer role. A specific textbook and audiovisual materials are recommended for the curriculum for adolescents and young adults. All teaching materials were developed in consultation with school-age youth who served on advisory boards during the time when these materials were developed and revised.

PACT's curriculum for adolescents

The "Project Health PACT Curriculum for Adolescents and Young Adults" is an 80-hour, one-semester consumer health education course. Using a participatory education approach, this course teaches adolescents to be responsible, assertive consumers in the health market place. They learn what the participatory assertive role entails as well as self-help skills to monitor their own health status. There is also an opportunity to become involved in a youth participation project: teaching younger children about health in a supervised setting.

Previous Health PACT evaluation studies

In 1978, Dr Laura Goodwin conducted a limited evaluation of early versions of some of the Project Health PACT materials with fifth grade students in three Colorado school districts. Using a post-test-only, true experimental design, the immediate effectiveness of the project in terms of cognitive and affective outcomes was studied. The differences on the cognitive measure were statistically significant ($p < 0.05$) in all three districts. In each case, the differences favoured the children in the experimental groups that had been exposed to all the Health PACT materials available at that time. This preliminary evaluation study demonstrated that the materials do result in the acquisition of the Health PACT concepts and that they likely influence children's attitudes about health and their health locus of control.

Other evaluations of Project Health PACT conducted to date have been more informal in nature. As mentioned earlier, groups of children have been consistently involved in helping to decide on various aspects of the materials to assure that the materials are appealing, understandable, and clear to children of different ages. Likewise, experts in the fields of medicine, nursing, and health education have systematically reviewed the components of Health PACT during development for accuracy, feasibility of use, perceived effectiveness, and so on.

Recently, participants in the University of Colorado School Nurse Practitioner (SNP) Program have used the Project Health PACT programme with children in their schools, and conducted small-scale (primarily descriptive) evaluation studies at the same time. Several interesting findings emerged, including (1) a Spanish translation of one of the Project Health PACT instructional booklets, used with Spanish-speaking children in grades 1 through 3, promoted an increased awareness of participatory health consumer behaviours during a visit to a doctor's office; (2) after several classroom discussions using the Project Health PACT programme and practice sessions in the school nurse's office on completing their own health histories, fifth graders in one school had more positive attitudes toward the Project Health PACT participatory behaviours and demonstrated the behaviours during subsequent visits to the school nurse's office; and (3) the materials developed for students in grades 4 through 6 were found to be effective, both cognitively and affectively, with a group of mentally retarded students aged 12 through 21. Additional small-scale studies of this type, which should provide a useful data base, are now in progress in a number of states.

Another evaluation was conducted in 1982 to determine the effectiveness of the teachers' manuals. Investigators were specifically interested in the ability of the manuals to convey the rationale for the programme, and the teaching strategies and models necessary to effectively teach the programme to students. The preliminary results of this study indicate the manuals alone do not sufficiently prepare teachers to conduct Project Health PACT courses.

A current national evaluation of PACT

Currently a three-year national investigation is under way to evaluate the cognitive, affective, and behavioural changes in children after Project Health PACT instruction. The major purpose of the three-year project is to evaluate the effectiveness of the project as presented by school nurses.

During Phase 1 (1983), the measures needed for the study were developed, tested empirically, and revised. During Phase 2 (Years II and III), an experimental study has been conducted in six schools in three different school districts in Colorado, California, Texas and Montana. A series of cognitive, affective, and behavioural measurements have been collected. The results of the study will provide new insights into the effectiveness of an innovative approach for school nurses to use in promoting the health of the children with whom they work.

Project Health PACT: an adaptation experience outside the continental United States

In 1984, following a feasibility study, a pilot Project Health PACT programme was adapted and implemented in San Juan, Puerto Rico, with funding from the United States Food and Drug Administration. The pilot project was developed under the guidance of a local advisory board and additional Puerto Rican health professionals and educators. A group of 150 fifth and sixth graders were introduced to the programme in the fall of 1984. In Puerto Rico, the programme - modified for use in that culture and language - is known as

HEPA. It involves enrolling boys and girls in a "health club" in which they learn consumer rights and responsibilities; gain the experience of practising what they have learned in local clinics; and work with their parents and other family members to develop similar communication skills with younger siblings. Club HEPA T-shirts and posters provide students with cues to expected behaviour. Training for health professionals and parents has also been provided.

As of this date, the pilot is still being evaluated; the results will be disseminated by fall 1985. Preliminary findings related to children's drawings of their experiences within health facilities and their perceptions of their role in these settings are yielding results similar to previous studies conducted in west and midwestern portions of the United States of America.

Summary

Project Health PACT was developed for and with school-age youth by faculty representing the Schools of Nursing and Medicine at the University of Colorado Health Sciences Center. Research has demonstrated that active, assertive patients actually receive better health care. Thus, the PACT programme prepares students for participatory consumer roles in health settings so they can communicate and negotiate more effectively. It also develops reciprocal relationships between patients and health professionals so that health care plans mutually developed have a greater chance for success once the patient leaves the office. With these objectives, Project Health PACT does make a healthy difference.

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