

# **Health and School programme in Catalonia. From prevention to open consultation.**

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# 1 - Introduction

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- ❑ Attitudes, values and lifestyles develop and consolidate during adolescence.
- ❑ Many health-risk behaviours start during adolescence.
- ❑ Use of health services by youth is characterized by:
  - ❑ Low and irregular (infrequent) use
  - ❑ Unscheduled follow-up of their health problems

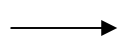
# 1 - Introduction

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## Catalan Drug prevention plan 2009-2015 ( Health Department)

- ❑ 250 experts and stakeholders
- ❑ Structured in the following areas:

Workplace  
Media  
Education  
Leisure  
Health  
Community  
Family



Interventions at:  
Primary school  
Secondary school  
University

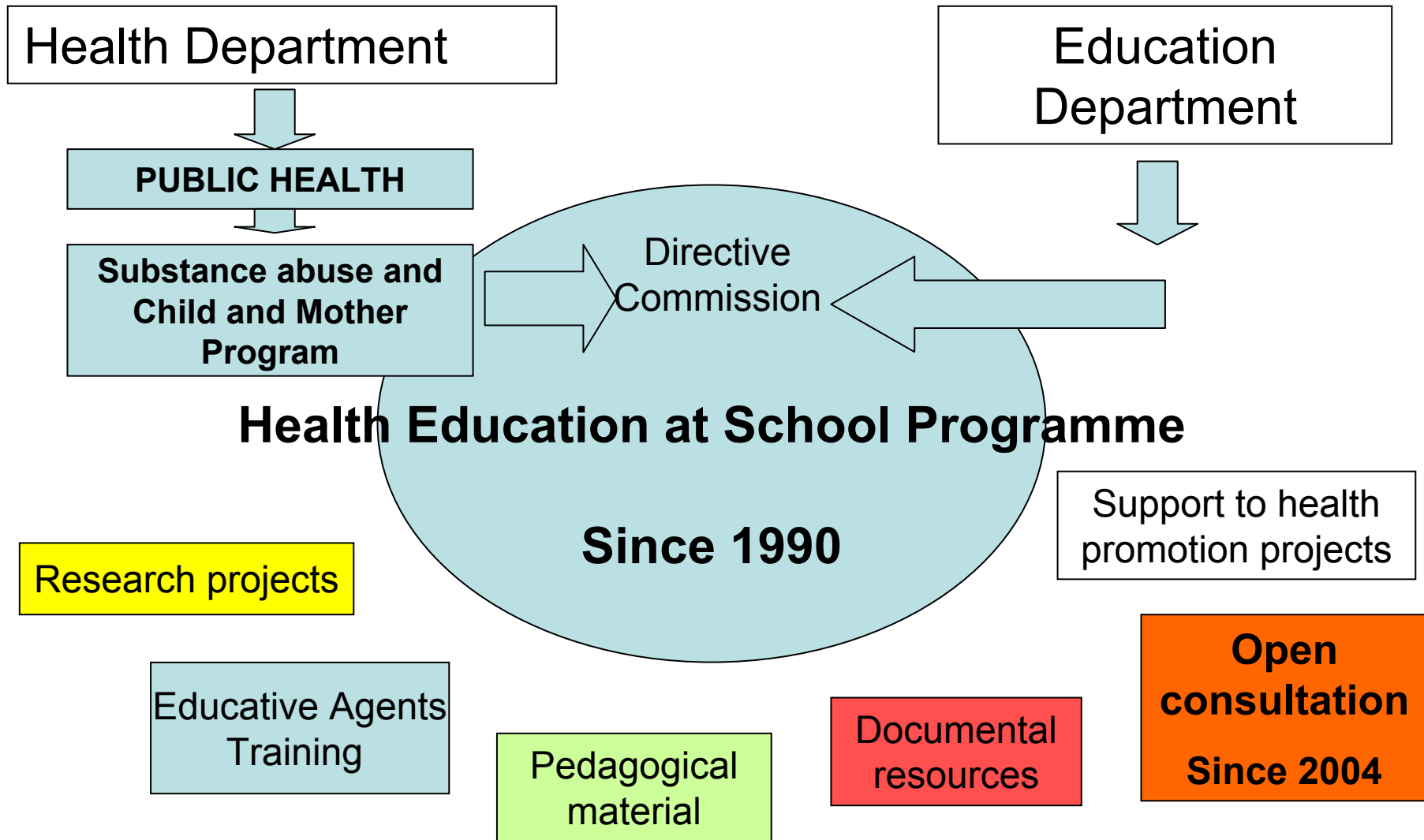
Interventions addressed to:  
Students  
Teachers  
Family

- ❑ Interventions at school as a part of a global strategy



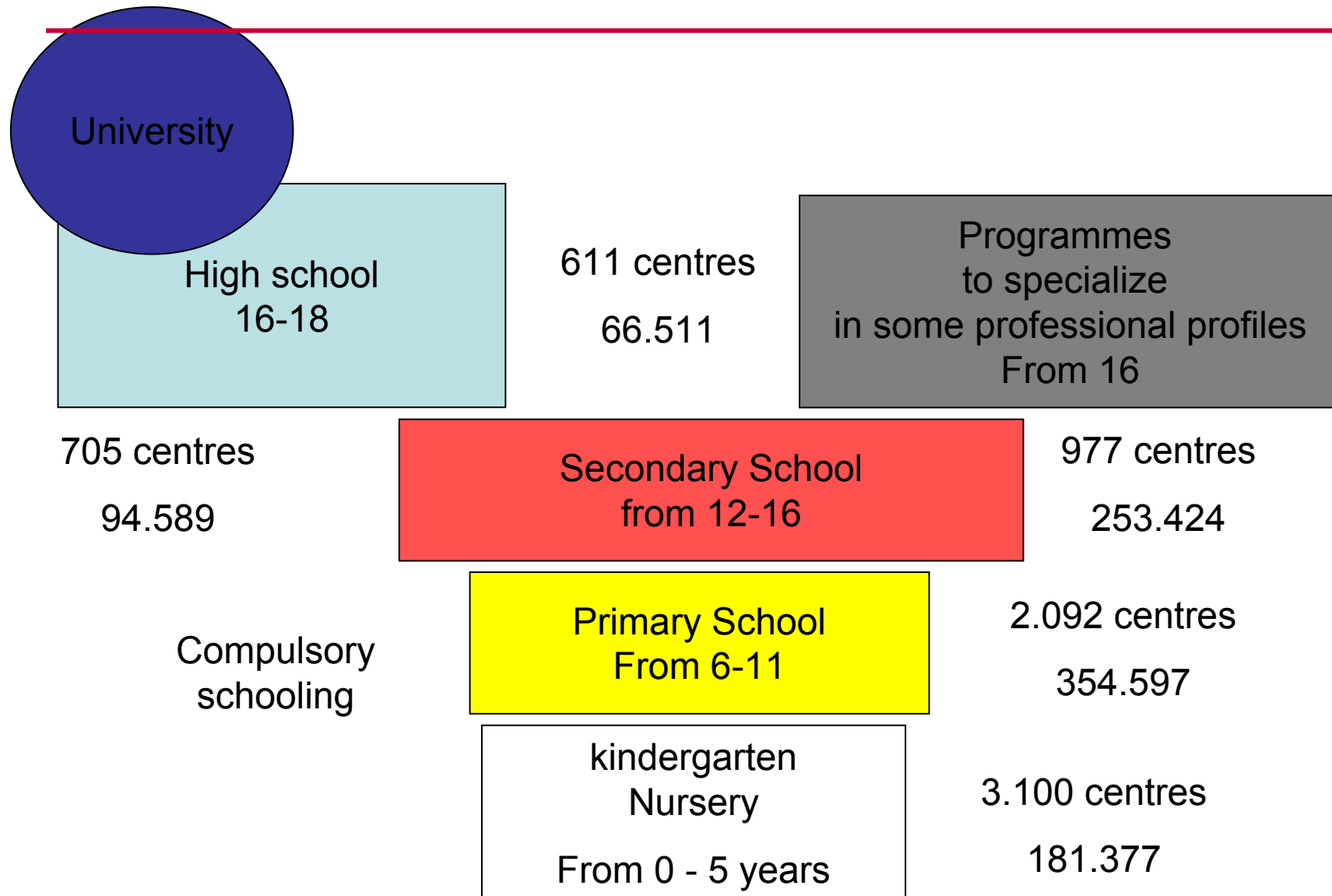
# 1 – Health education at school

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# 1 - Introduction

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## 2- Health and school programme. Open consultation.

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- ❑ An action endorsed together by **Education and Health Departments** in order to increase prevention and health promotion actions among Secondary School (ESO) students, from public and private schools .
- ❑ This is the **first programme in Spain** that systematically articulates the intervention of PHC professionals (nurse) in the scholar community.
- ❑ This **community action experience** combines individual and confidential health care treatment with group educational dynamics
- ❑ The result of more than 25 years of experience implementing preventive interventions in schools.
- ❑ Embedded in other preventive programmes that complement and reinforce each other mutually.

## 2- Health and school programme. Open consultation.

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A step forward in traditional intervention in schools because:

- ❑ It brings health professionals and services closer to youth.
- ❑ Multiple health topics: substance abuse, sexual behaviour and nutrition.
- ❑ The health professional is proactive with the young person, rather than waiting for the young person to consult before intervening.

Consists of:

1. Individual consultation
2. Health education actions (group action).
3. An other initiatives at primary and secondary education.

# 3 – Objective and target population

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Objective:

To improve adolescents' health through:

- ❑ Health promotion, by incorporating activities into the curriculum at secondary school
- ❑ Early detection of risk situations through free access health services offered by nurses in schools

Target population:

Secondary school students.  
Aged from 14 to 16 years.  
Total: 122,189 students

## 4 – Strategic lines

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- ❑ Integrated action of the educational and the health care system
- ❑ Emphasis on prevention (early detection) and health promotion
  - ❑ Nurses in schools are responsible for the consultation and the first contact with the Primary Care Services
- ❑ Support from specialized services and referral to:
  - ❑ Mental health centres
  - ❑ Drug addiction centres
  - ❑ Sexual and reproductive health services
  - ❑ Public Health Services (local councils health services)

# 5 – Professionals

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- ❑ **Primary health care professionals:** preferably a nursing professional.
- ❑ **Secondary school teaching teams:** headship, tutorship and teachers.
- ❑ **Municipal public health teams.**
- ❑ **Specialized teams:** childhood and youth mental health centres.
- ❑ **Professionals of sexual and reproductive health units.**
- ❑ **Psychopedagogic teams.**
- ❑ **Addiction specialists.**

# 5 – Professionals - Nurses

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## Professional nurse training

Combined training methodology:

- ❑ On site training (5 days or 26 hours)

- 4 Skills sessions

- 1 Programme setting up session

- 1 Evaluation

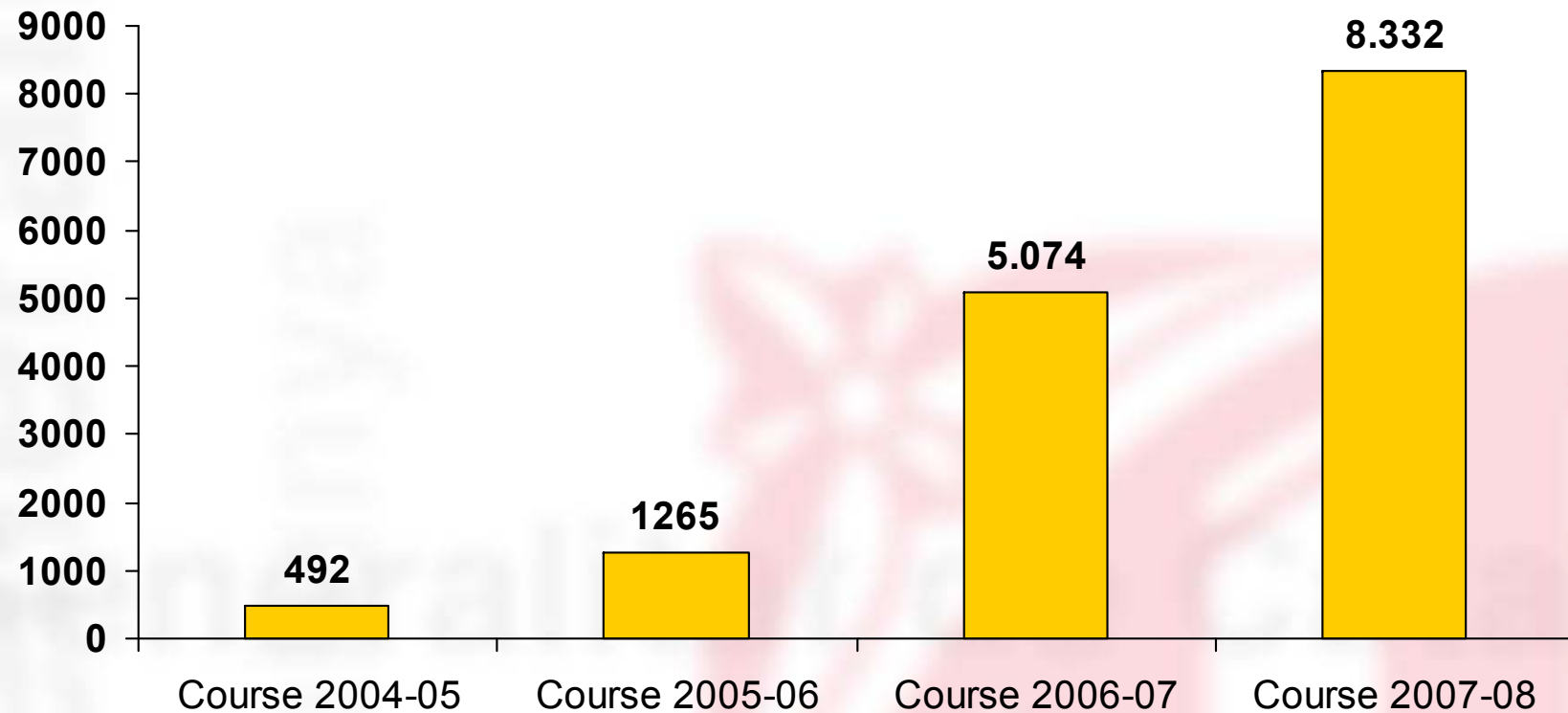
- ❑ On line training (34 hours)

- Presentation and cases resolution

- Consulting documents

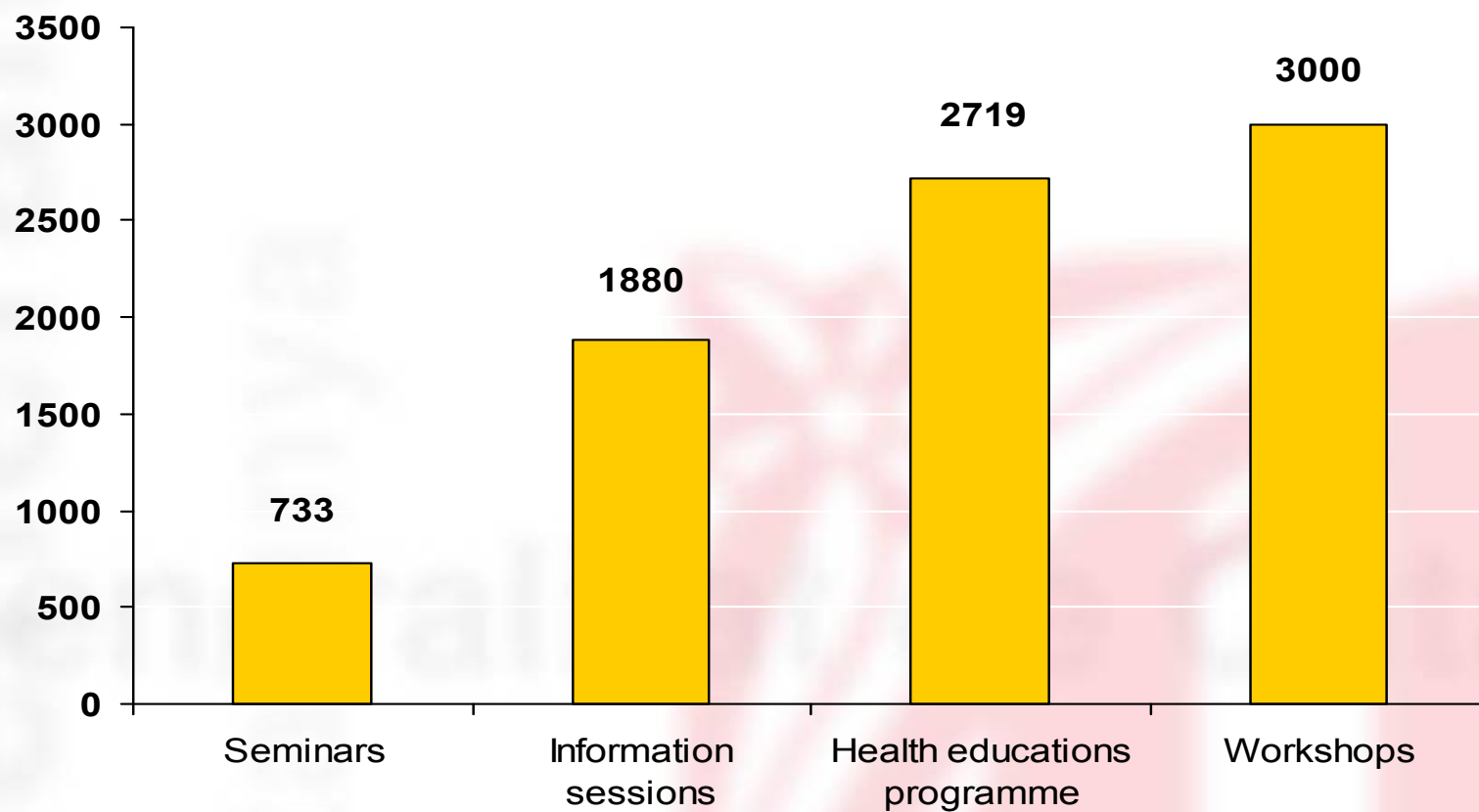
## 6- Activities of health education: Evolution 2004-08

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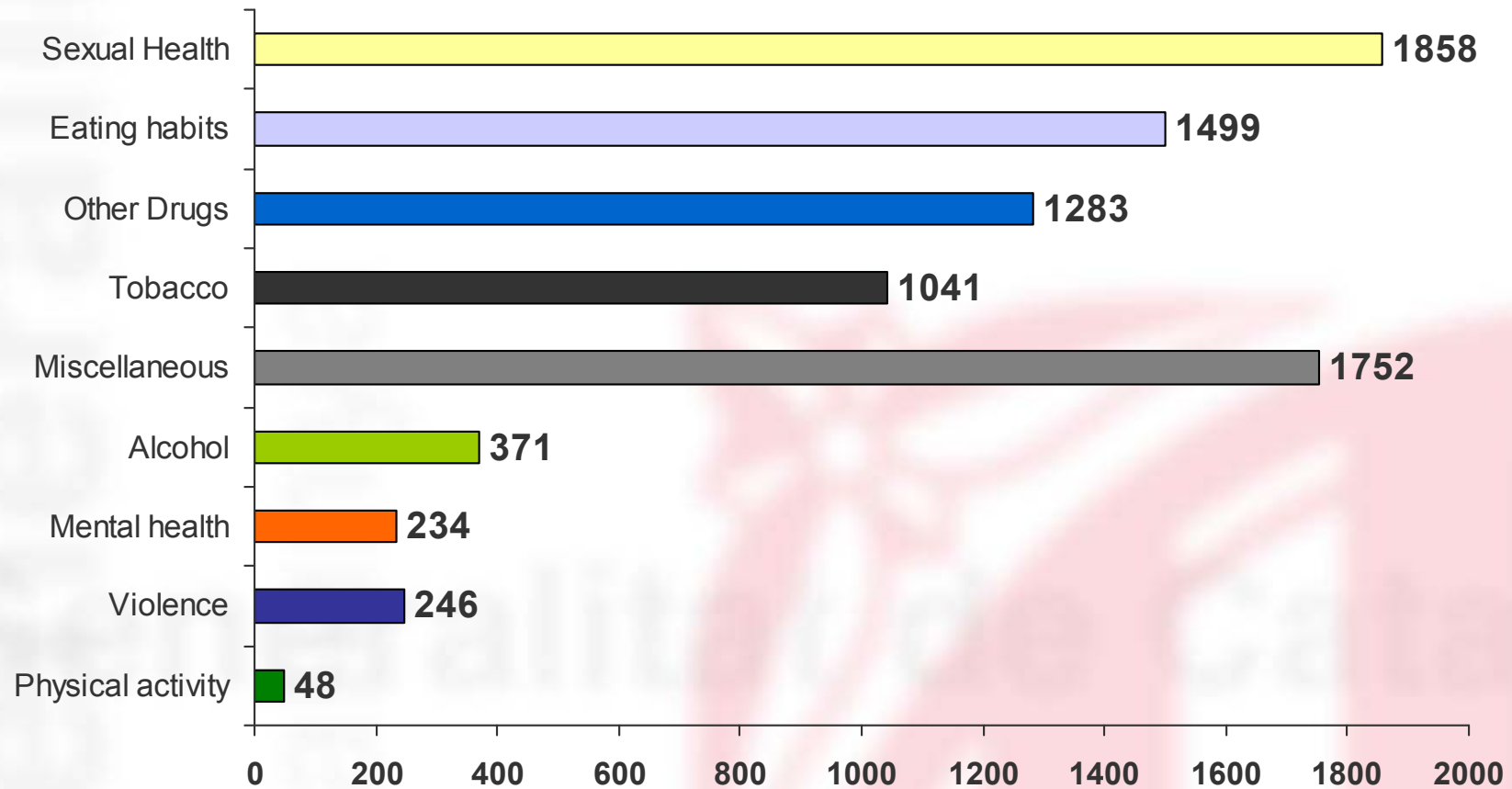


## 6 - Activities of health education by typology (2007-08)

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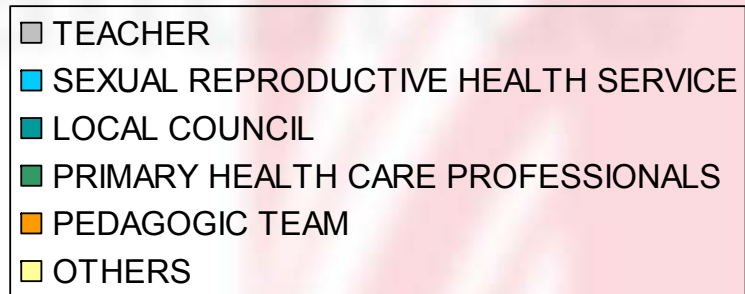
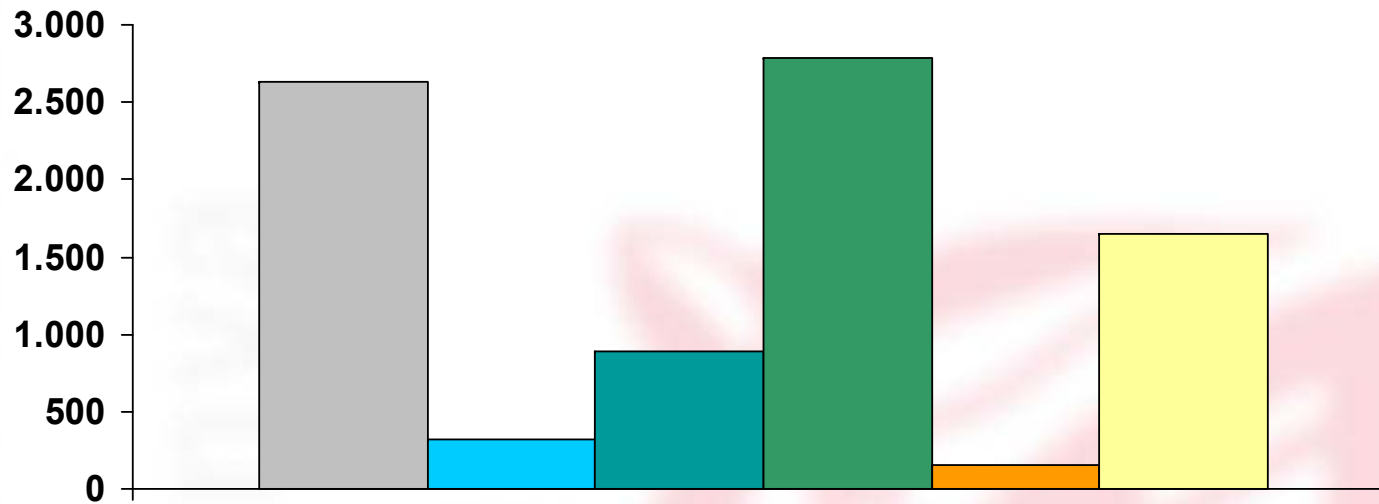
## 6 – Main topics of the activities of health education (2007-08)



**Activities of health education: 8.332**

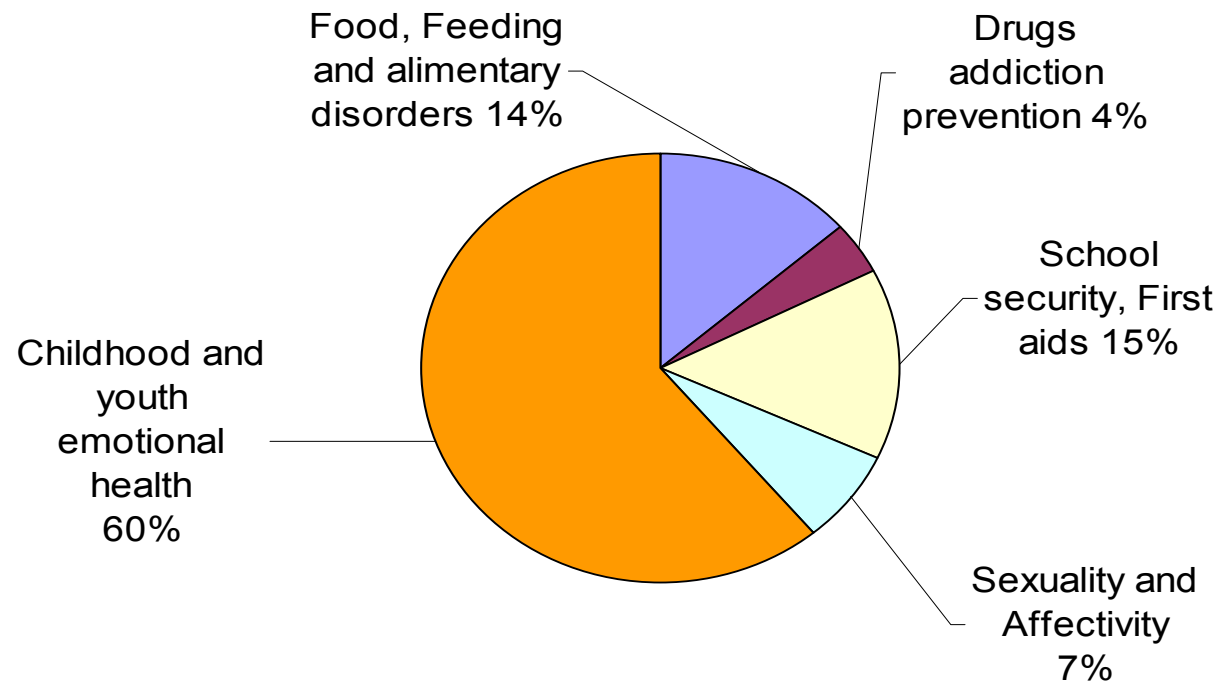
# 6 – Activities of health education by professional (2007-08)

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## 6 – Training sessions to teachers (2007-08)

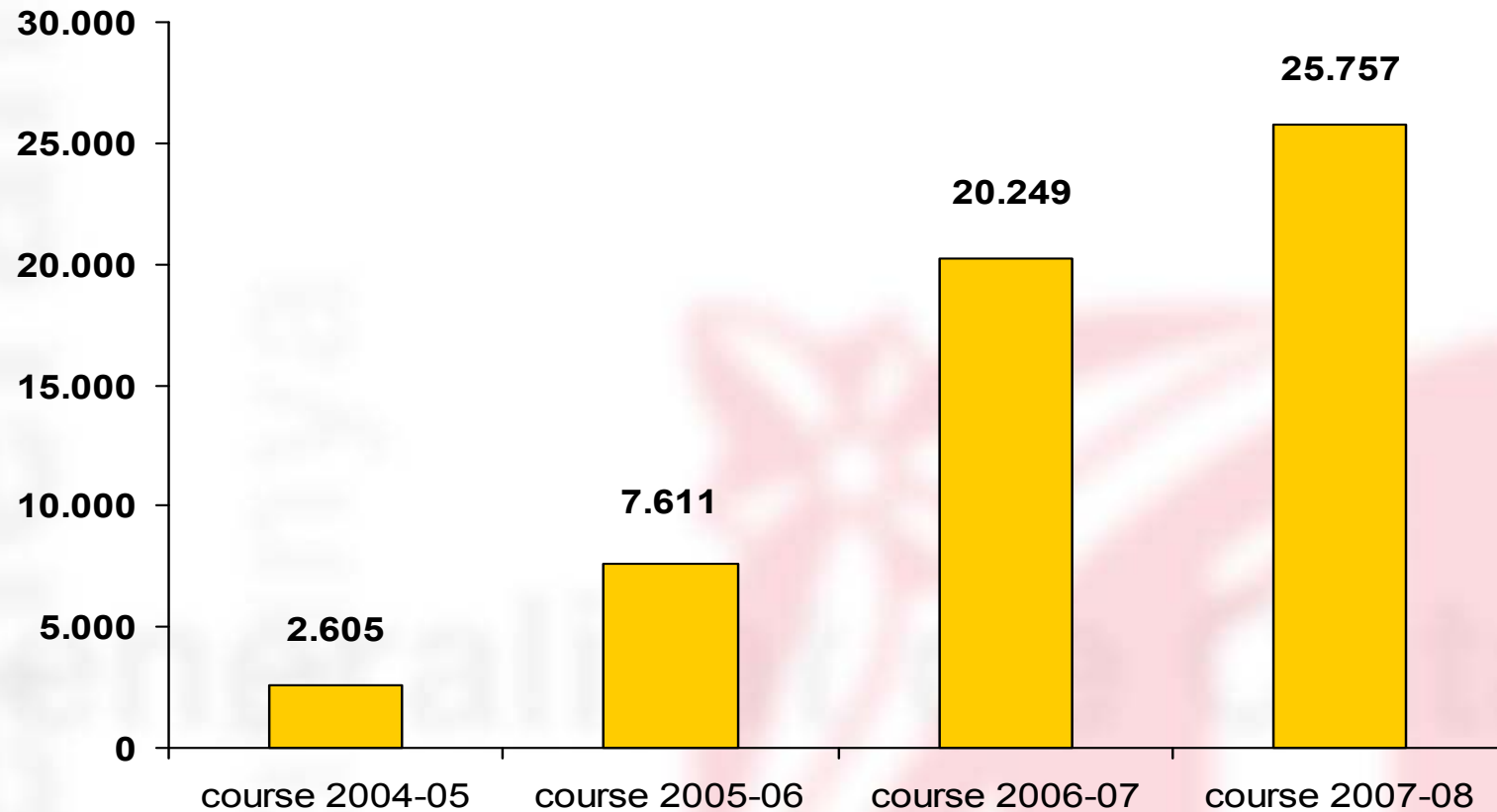
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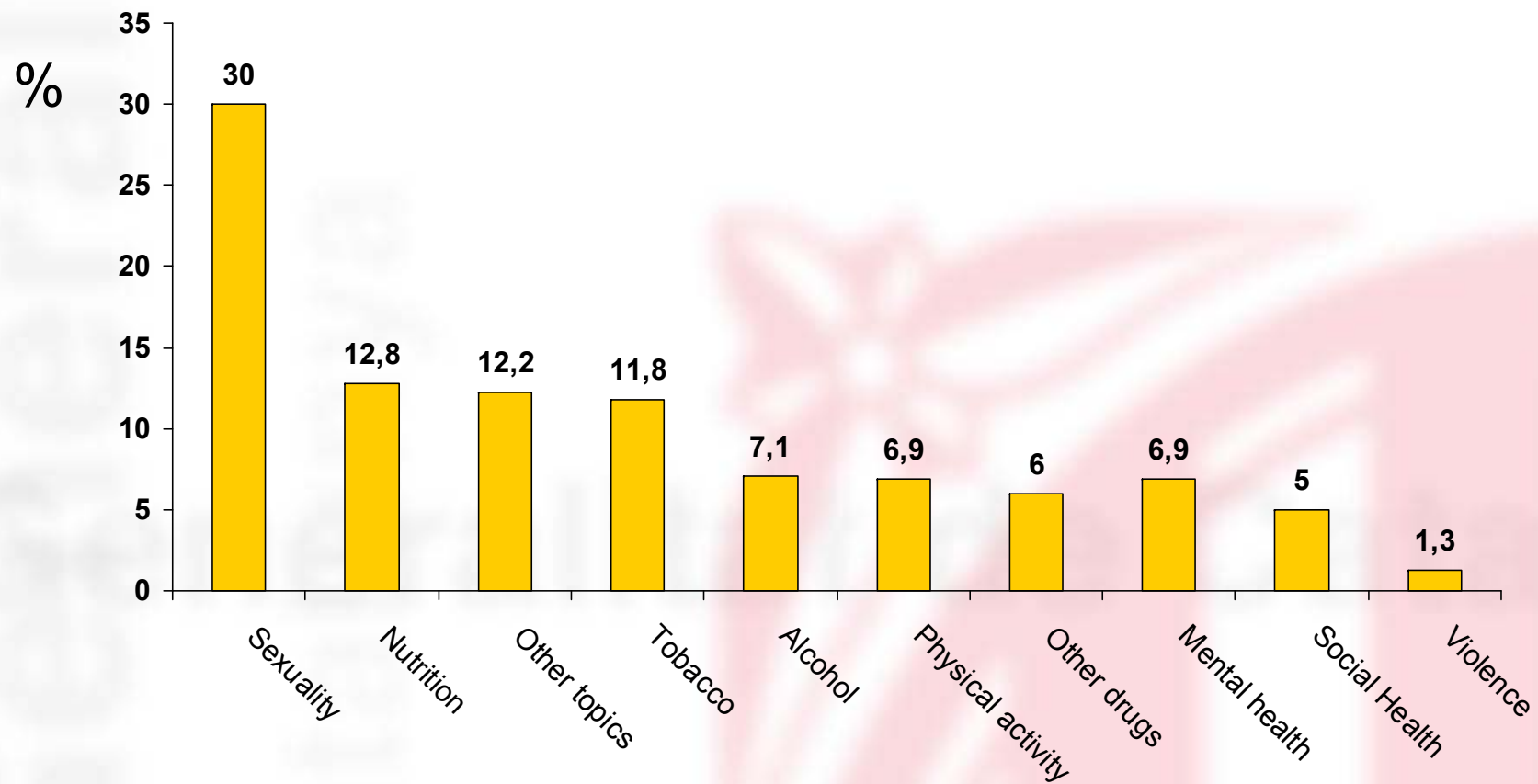
# 7 – Open Consultation: evolution 2004 -2008

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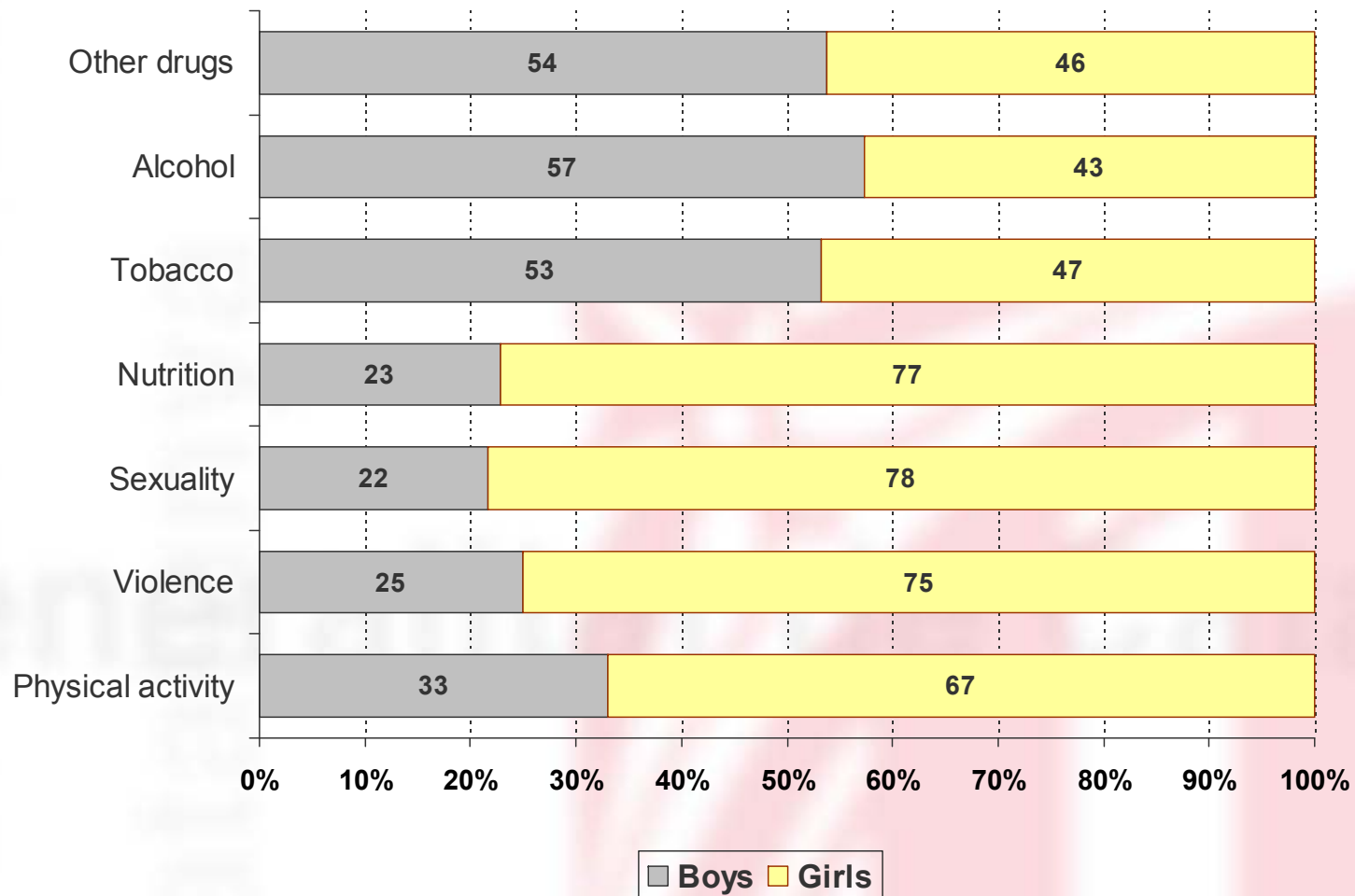
# 7 – Open consultation: Consultation Topics (2007-08)

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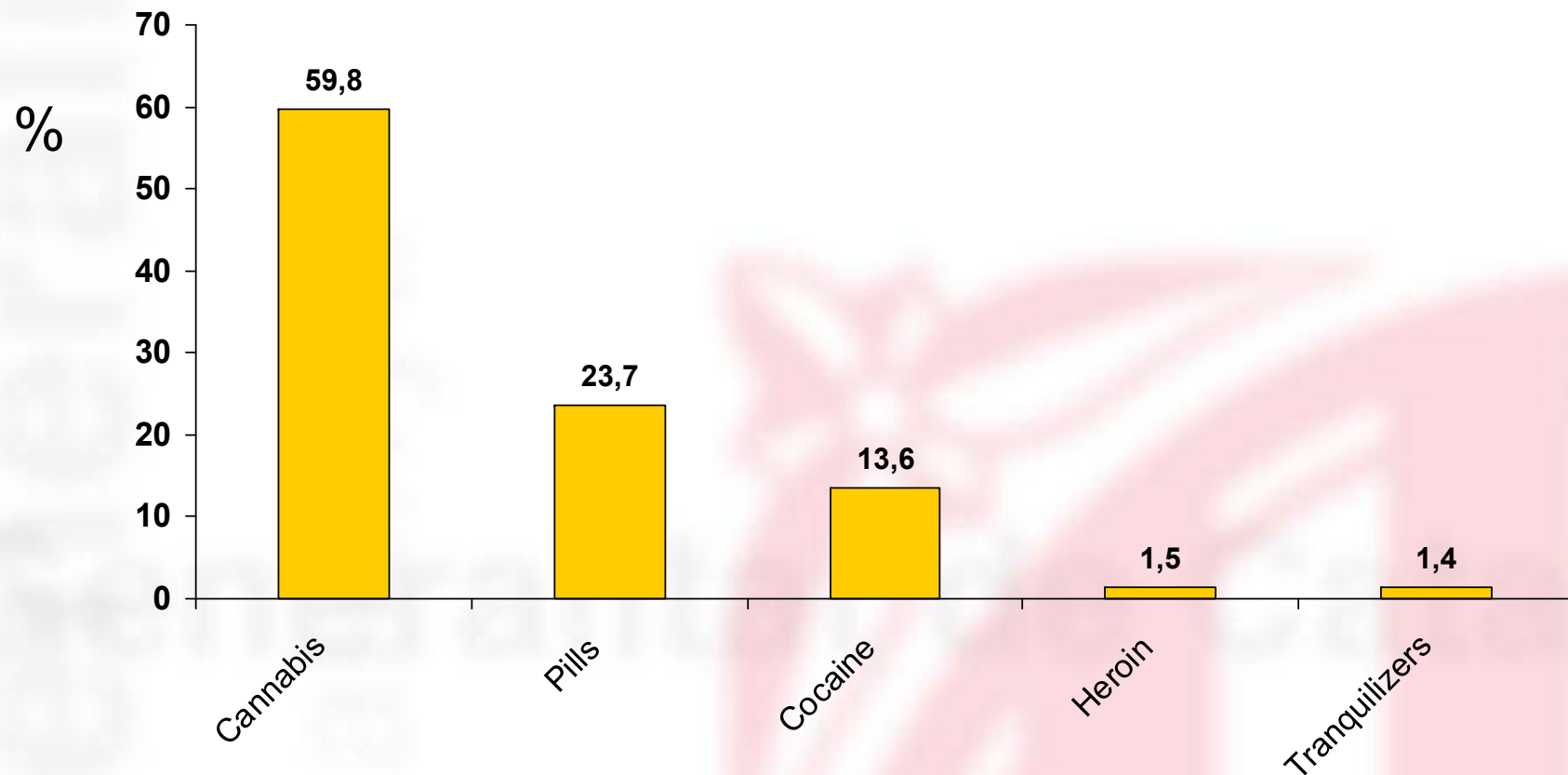
# 7 – Open Consultation: consulted topics according to gender (2007-08)

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## 7 – Open consultation: Drugs (2007-08)

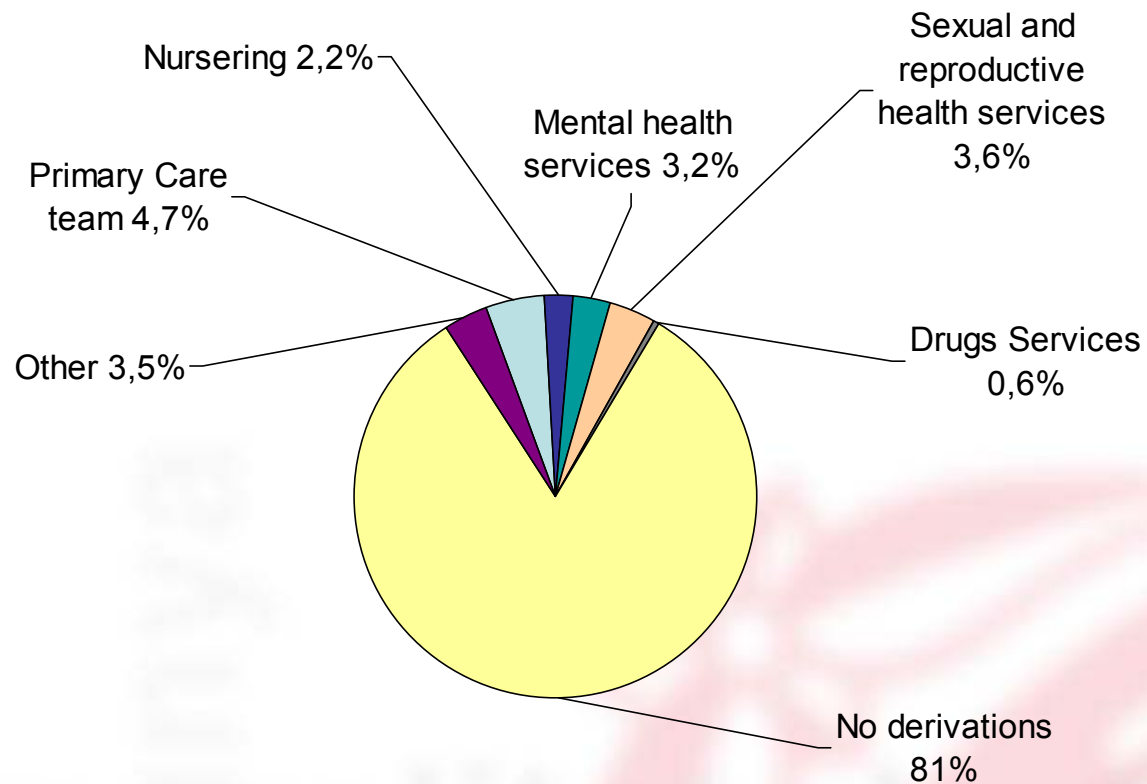
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**Total consultation on drugs: 1.578**

## 7 – Open consultation: referral (2007-08)

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# 8 - Evaluation

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## □ Process evaluation:

- Quantitative:

  - Coverage

  - Consultation: Number and topic

  - Health education activities = number type and topic

  - Teaching resources

- Qualitative:

  - Appraisal by health professional participants (in depth interview)

## □ Outcome evaluation:

- Survey in a representative sample young people (baseline every 5 years)

# 9 – Main results and conclusions

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- ❑ **Almost** all target population **covered**.
- ❑ High **attendance** to open consultancy. 56.218 adolescents visited.
- ❑ Increase in **community nursing resources**: 650 nurses trained.
- ❑ Improvement in **information systems** on youth needs .
- ❑ **The topics** remain the same: sexuality, diet, drugs and mental health.
- ❑ Higher demand from girls.
- ❑ **Low referral rate**. Only 12% of consultations are referred.
- ❑ Increased demand among the **younger age groups**
- ❑ Broader collaboration between **teachers and health professionals**
- ❑ **Decentralized and integrated management**
- ❑ Improvement in the **collaboration between departments**.

# 10 – Next steps

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- To get 100% coverage.
- Better targeting to the **younger groups** and males.
- Improve **the gender perspective**.
- Improve collaboration with **territorial entities**
- Explore ways to improve the **collaboration with the family**.
- Increase health education activities** at schools.

THANK YOU FOR YOUR ATTENTION

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Program on Substance Abuse

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