Responsibility For Preventing Health Risks And Today'S Youth

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Over 46 million young people are in public schools; one-third of the nation's population in the United States is youth, and youth are the future of this country. Yet, the future does not look optimistic for the health of our youth. They are less healthy than their parents, and face health problems unlike those health threats of the 1900s. Then, tuberculosis, influenza, diphtheria, measles and typhoid were most serious. Compared to those health threats of previous generations, the health problems among youth today are more complex. Many of the present-day major health problems are preventable but have underlying social, behavioral, or environmental factors. The leading causes of mortality, morbidity, and social problems among youth and adults often are established during youth, extend into adulthood, and are related (National Center for Education Statistics, 1996; Marx & Northrop, 1995). Identifying Risk Behaviors

In the U.S., almost three-fourths of all deaths among youth and young adults ages 5-24 result from only four causes: motor vehicle crashes (28%), other unintentional injuries (11%), homicide (21%), and suicide (12%) [Kann et al, 1996, p.365]. Additionally there are serious morbidity and social problems that result from the approximately 1 million pregnancies that occur each year among adolescents and the more than 10 million cases of sexually transmitted diseases (STDs) that occur each year among persons ages 15-29. In comparison, among adults age 25 or older 65% of all deaths and substantial morbidity result from three causes: heart disease (34%), cancer (24%), and stroke (7%).

It can be concluded that six categories of behaviors contribute to the leading causes of morbidity and mortality in the U.S.: (1) behaviors that contribute to unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and STDs including HIV infection; (5) unhealthy dietary behaviors; and (6) physical inactivity. These behaviors, which frequently are interrelated, often are established during youth and extend into adulthood.

The Youth Risk Behavior Surveillance Systems (YRBS), sponsored by the Centers for Disease Control and Prevention (CDC), monitor health-risk behaviors in each of the categories among youth. The 1995 YRBS demonstrates the extent of these risk behaviors and the toll they take on young people in the U.S. (Kann et al, Sept. 27, 1996, pp. 1-84).

In addition to serious injury and disease, about one quarter of our youth are at high risk for educational failure and economic incompetence, while another quarter are at moderate risk for such outcomes (Hamburg, 1995). Many of the risk behaviors emerge in young adolescence, during a time of profound biological transformation and social transition characterized by exploratory behavior. A Closer Look at Risks

What are risks and how do we prevent them from occurring? A risk is a danger, a great danger. A risk looks forward; it is used to assess the dangers ahead. A risk analysis can tell you the probability of a particular event happening, as well as the probable magnitude of its outcome (Douglas, 1990). It also can tell you the cost of thwarting the event, the cost of insuring against it, the cost of compensating for it, or even the possible benefits that the event would generate. One can conclude that, considering this type of analysis, there should be more education among the targeted populations affected by this risk, about possible risks, possible aversion, compensation and/or benefits associated with the risk. Better education of the public and better communication about health risks would assuage problems associated with these risks.

What is an individual's perception of a risk? According to the Health Belief Model (Becker, 1974), individuals will not generally take preventive health actions unless they possess some level of health-related motivation and knowledge, view themselves as potentially vulnerable and the condition threatening, are convinced that the proposed action is effective, and identify little to no difficulty in taking the recommended actions. Using this model then, identifying factors integral to the perception of different health problems can be useful for determining health risks that are amenable to change. For example, to reduce the probability of tooth decay, individuals must eat a diet of healthful foods that include dairy products or calcium-containing foods, brush their teeth at least twice each day, preferably after each meal, and either consume fluoridated water, use fluoridated toothpaste or have topically applied fluoride treatments, and correct malocclusion.

In all risk situations the targeted audience must develop a heightened awareness of the risk, be it in the school classroom, in a community setting, through the media, or in the home. Moreover, realistic alternatives to the health-risk behaviors and the treatment for the result of the actions must be provided to the targeted audience. Risk Behaviors and Today's Youth

Drop-out rates are on the rise; problems with alcohol, drugs and tobacco use are affecting younger children; suicide rates are high; injury and death caused by violence and car crashes are on the increase. Healthy nutrition, adequate exercise, and regular visits to health care providers elude many school children. And, too many children are faced with unstable family and social environments—the necessary support they need to avert some of these health threats. If not addressed and resolved, the effects and costs of these behaviors will last for years. Today's health problems are just the "tip of the iceberg"—the visible results of problems with decision-making, risk-taking behavior, self-esteem/self-concept, identity questions, alienation, self-efficacy, and susceptibility/vulnerability to peer pressure (Gold, 1995). Facing these underlying and evident concerns as well as helping today's youth master these concerns, will help them develop into healthy adults.

What are some basic ways that we, as teachers, parents/families, and communities can help prevent common health problems and the health risks among children and youth? We can have children and youth:
- Get immunized with vaccines to prevent illnesses, such as measles, mumps, rubella, polio, diphtheria, pertussis, hepatitis, and chicken pox
- Wear seat belts when riding in a motor vehicle
- Wear a helmet when bicycle riding or inline skating
- Get enough rest (depending on the age of the child, 8-10 hours may be needed)
- Eat an appropriate diet consistent with the Dietary Guidelines for Americans or the food guide pyramid (high in complex carbohydrates, with fruits and vegetables, grains and cereals)
- Get regular exercise (daily moderate to vigorous exercise for children is healthful)
- Develop life skills (including communication skills, social skills, conflict resolution skills, health advocacy skills, self-concept enhancement, problem-solving skills, decision-making skills, and resistance and refusal skills)A Need for Health EducationHealthy People 2000 health promotion and disease prevention objectives (Public Health Service, 1991) acknowledge that "schools offer the most systematic and efficient means available to improve the health of youth and enable young people to avoid health risks." It has set the objective to increase to at least 75% of the nation's schools to provide planned, sequential, and quality school health education in grades K-12 by the year 2000.

What is comprehensive school health education and what are the critical elements of a successful comprehensive school health education program? A comprehensive school health education program is a planned, sequential, pre-kindergarten through grade 12 curriculum that addresses the physical, emotional, and social dimensions of health. It is developmentally and culturally appropriate, is behavior-focused and skills-based, is taught by professionally prepared teachers, engages students as active participants, and involves family, health professionals, and other concerned community members, is supported by school policy, is complemented by community media messages, and involves peers in program decisions and leadership (Marx & Northrop, 1995; Office of Disease Prevention and Health Promotion, Public Health Service, 1993).

What are the benefits of comprehensive school health education? School leaders believe that comprehensive school health education has contributed to (Marx & Northrop, 1995):

- improvement in school attendance rates,
- decreased tobacco use among students and staff,
- lower teenage pregnancy rates,
- increased participation in personal time physical fitness activities,
- greater interest in weight control, cholesterol levels, and healthier eating habits,
- better understanding of the relationships among health, learning, and behavior, with resulting increased in student usage of school health and counseling services,
- decreased disciplinary problems,
- delayed onset of behaviors, such as alcohol and other drug use, and sexual intercourse, that put young people at riskA Community Wide Responsibility Inattention to children's health has a profound economic impact. We can see medical care costs rising over the past decades—and most of those dollars are being spent on avoidable diseases caused by style of living (smoking, overeating, alcohol abuse) and those expenditures often have very limited benefit to the patient (Seffrin, 1994).

Preventing health risks is a community wide responsibility. While many health risks ultimately involve individual behavior change, society also has a responsibility to promote and facilitate such change. Knowledge and perceptions of health risks among the public and in particular, the young, are especially urgent.

As adults, our attitudes toward risk vary according to what has happened to us, what we expect, what we feel, what we know, and what we care about. We ignore some risks, overestimate others. Our perceptions are selective and change as social life changes. Subjecting children to known health risks by not providing preventive care or education seems outrageous. Yet, we allow our children to ride their bicycles without helmets, ride in cars without their seat belts and go to school without immunizations. These are known and potential health risks for which we have a responsibility.

"The school years represent a time of extensive learning, exploration, joy and risk-taking for our children. Young people

develop attitudes and beliefs that will shape their adult behaviors. At school, they acquire much of the basic knowledge and many of the skills that enable them to function in our society. To an increasing extent, such knowledge and skills include information and practices that protect children's health and safety throughout their lives." (McGinnis, 1993, p.iii)

Schools provide a sanctuary for children and youth to learn and test new information, ideas, and behaviors. At a time when health problems are emerging and families are challenged on many levels, schools have an ever-increasing role in reaching youth with health promotion programs designed to reduce health risk behaviors. Schools, families, and communities have an important and immediate role in promoting our youth's health, by preventing potential health risks as much as possible.

REFERENCES

Becker, M.H. ed. (1974) The Health Belief Model and Personal Health Behavior. Thorofare, NJ: Charles B. Stack.

Brandt, A.M. (Fall, 1990). The Cigarette, Risk, and American Culture. Daedalus, 119 (4): 1-16.

Carnegie Council on Adolescent Development. (1989). Turning Points: Preparing American Youth for the 21st Century. Waldorf, MD: author.

Council of Chief State School Officers . (1991). Beyond the Health Room. Washington, DC: author.

Douglas, M. (Fall, 1990). Risk as a forensic resource. Daedalus, 119 (4): 1-16.

Gold, R. (1995). In, Marx, E. & Northrop, D. (1995). Educating for Health: A guide to implementing a comprehensive approach to school health education. Newton, MA: Education Development Center, Inc.

Hamburg, D.A. (1995). Report of the President: A developmental strategy to prevent lifelong damage. New York: Carnegie Corporation of New York.

Helzlsouer, K.J. & Gordis, L. (Fall, 1990). Risks to Health in the United States. Daedalus, 119 (4): 204.

Kann, L., Warren, C.W., Harris, W.A., Collins, J.L., Williams, B.I., Ross, J.G. & Kolbe, L.J. Youth Risk Behavior Surveillance--United States, 1995. In: CDC Surveillance Summaries, September 27, 1996. MMWR 1996, 45 (No. SS-4): 1-84.

Kann, L., Warren, C.W., Harris, W.A., Collins, J.L., Williams, B.I., Ross, J.G. & Kolbe, L.J. (December 1996). Youth Risk Behavior Surveillance--United States, 1995. Journal of School Health, 66(10): 365-377.

Loveland-Cherry, C.J., Leech, S., Laetz, V.B., & Dielman, T.E. (November 1996). Correlates of alcohol use and misuse in fourth-grade children: pyschosocial, peer, parental, and family factors. Health Education Quarterly, 23(4): 497-511.

Marx, E. & Northrop, D. (1995). Educating for Health: A guide to implementing a comprehensive approach to school health education. Newton, MA: Education Development Center, Inc.

McGinnis, J.M., In Office of Disease Prevention and Health Promotion, Public Health Service, 1993, School Health: Findings from Evaluated Programs. Washington, DC: U.S. Government Printing Office, p.iii.

National Center for Education Statistics. (1996). Youth Indicators 1996: Trends in the well-being of American Youth. Washington, DC: U.S. Government Printing Office.

Seffrin, J.R. (November 2, 1994). Personal communication. Atlanta, GA: American Cancer Society, Inc.

The National Commission on the Role of the School and the Community in Improving Adolescent Health. (1990). Code Blue. Alexandria, VA: National Association of State Boards of Education.

U.S. Public Health Service. (1991). Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Washington, DC: author.

Widdus, R., Meheus, A. & Short. (Fall, 1990). Management of risk in sexually transmitted diseases. Daedalus, 119 (4): 177-192. 16.