

WORKSHOP ON EDUCATION AND OUTREACH INITIATIVES*

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TO OPEN THIS WORKSHOP, Elizabeth Graham, Assistant Commissioner of Health, New York City Health Department Bureau of Maternity and Family Planning Services, provided data on maternal substance abuse and infant mortality and morbidity in New York City. Although much of these data are obtained from birth certificates and known to be underreported, a clear increase in this area is reflected.

Maternal substance abuse has risen from 7 per 1,000 live births in 1978 to a high of 31 per 1,000 live births in 1989. This is in large part due to a vast increase in the use of cocaine during pregnancy, which rose from 1 to 15 per 1,000 live births during this period. While the low birthweight rate citywide is currently 9 per 1,000 live births, the rate among substance abusing mothers is 34 per 1,000, and as much as 40 per 1,000 when cocaine and methadone are used in combination. Examination of infant mortality rates also shows prenatal use of cocaine and methadone in combination to be associated with extremely high mortality: 84.6 infant deaths per 1,000 live births as compared to 34 with any drug involvement and 13.1 citywide.

Graham outlined strategies employed by the Bureau of Maternity Services to address these problems. Community Planning for Teens is a city-funded program that provides planning grants and technical assistance to communities to combat teenage pregnancy. A grant recently received from OSAP will integrate drug treatment programs and parenting programs with obstetrical and pediatric programs serving high risk women. Access to care for all pregnant women is improved by the city's Women's Healthline, which gives

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prenatal care appointments at participating hospitals and prenatal care providers to 2,000 women per month. Outreach and education are provided through regionalized case management services currently located in nine, soon to be 10, sites throughout the city with the highest infant mortality rates. Pregnancy testing, health education, risk assessment and case planning, transportation reimbursement, advocacy and child care services are provided where necessary. Preliminary outcome data suggest that participation in this program may provide a protective effect since the rate of low birthweight among clients is found to be lower than in the community as a whole, even though program participants are more than three times more likely to be substance abusers.

In addition, New York State has improved access to prenatal care by reducing financial barriers for a broader segment of the population up to 185% of the poverty level and increased reimbursement rates to bring more providers into the program.

Leslie Goldman, director of the New York Academy of Medicine's School Health Program, discussed several programs targeted at primary prevention through education of large numbers of children in public schools. In 1979 the Academy convened a group representing a wide variety of social service agencies, foundations, and business groups who identified a need for a comprehensive health education program in the city's public schools. Growing Healthy, a nationally validated curriculum with 10 components covering every major aspect of health, was identified as the one best suited for the city's schools. After a successful five year demonstration in a limited number of schools, additional support was obtained from the New York City Board of Education and other sources to place the program in 450 schools, grades K-6.

In 1987 the Academy piloted the Being Healthy project in junior high schools, to meet the tremendous need for updated, comprehensive health education about substance abuse prevention (smoking, drugs, and alcohol), nutrition, adolescent growth and development, AIDS prevention, and emotional health. The project is supported by the same coalition that initiated and ultimately established the Growing Healthy project. It uses Teenage Health Teaching Modules, which interrelate with social studies, English, mathematics and science, and home and career skills. Drug counselors, cafeteria workers, and school nurses as well as teachers work in teams, a prerequisite for school participation, and each receives formal training.

Sylvia Schechter, director of the Office of Health, Physical Education and School Sports at the New York City Board of Education, emphasized the need for ongoing financial support for education programs. For instance, the

Being Healthy program is now in 20 schools, but funding is currently needed to expand it to an additional 159 schools. Miss Schechter stated that in order to make responsible decisions about sexuality and substance use, young people must have accurate health information and the opportunity to build decision-making skills. However, significant gaps in this curriculum area continue to exist at several grade levels, notably Grades 7, 9, 10, and 12. A number of programs have been developed by the Board to close these gaps and address the issues of substance abuse and pregnancy, but they are not sufficient to meet the needs of the adolescent population in the large and complex New York City school system.

Miss Schechter provided an overview of some of these efforts. Two AIDS education programs have been implemented; one is a puppet program for grades 4-6 entitled Kids on the Block and the other, a mandated curriculum for children grades K-12. Parent Education Workshops are held in different communities throughout the city. A pilot that trains peer leaders for these workshops has been quite successful and should be expanded. Alcohol and substance abuse programs are in place including Starting Early, an alcohol education program done in conjunction with the Department of Transportation in schools using the Growing Healthy program; the SPARK program in each of the high schools; and community school district substance abuse prevention teams. Programs have been designed for pregnant and parenting teens including the High School Services Linkage Project for Pregnant and Parenting Adolescents for students who wish to stay in their respective schools; the LYFE Program consisting of on-site day care in 23 high schools; five schools solely for pregnant teens; Start Smart, a nutrition education curriculum designed by the Cornell University Corporate Extension for pregnant teens; and an elective parenting education course offered to students in the upper grades. Sixty-eight school-based health clinics are in operation: 42 in the elementary schools, 16 in the middle schools, and 10 in the high schools.

Michele Shedlin, president of Sociomedical Resource Associates, addressed the needs of such hard-to-reach populations as homeless women and prostitutes, cautioning that outreach and education interventions for these populations must be tailored to their unique needs. She indicated three questions to be addressed: what information is needed to design and carry out effective interventions; how can such information be obtained; and, once obtained, how can this information be used to reach women, to encourage behavior change, and to sustain it? It was stressed that the meanings of life events and behaviors for these women such as the meaning of pregnancy,

drug use during pregnancy, and the perceived costs and benefits of having children must be understood in the context of their environment. An ethnographic approach enables one to examine holistically the lives of these women. Multiple methods must be employed for data collection, including in-depth interviews, focus groups, observation, and key informants. Successful utilization of these methods requires the use of appropriate language to communicate with the women and gaining legitimacy with them. Finding locations that are relaxed and conducive to intimate discussion and being sensitive to who these women are and what they perceive their priorities to be are also prerequisites for success.

RECOMMENDATIONS

Obtain baseline data on the prevalence of substance abuse in pregnancy through anonymous toxicology surveys.

Increase the number of locations providing comprehensive services (one stop shopping) including obstetrics, pediatrics, substance abuse treatment, and child development services and evaluate the outcomes of this service delivery model.

Mandate comprehensive health education for all students in grades K-12, and provide necessary teacher, staff, and parent training necessary to support the curriculum.

Ensure ongoing funding and strengthen administrative support for health prevention programs in the schools.

Fund evaluation, monitoring, and staff development for health prevention programs in the schools.

Increase technical assistance and support for preventive health services in the school system.

Increase programs and services for pregnant students.

Obtain the commitment of health professionals to develop prevention strategies and to increase opportunities for interdisciplinary exchange among those who work with pregnant or parenting substance abusers and their children.