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## **Practice Notes: Strategies in Health Education**

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## Practice Notes: Strategies in Health Education

*The Practice Notes section is intended to keep readers informed about health education practice around the country. It is an attempt to spread the word about exemplary strategies, initiatives, and programs and share successes in overcoming obstacles or challenges. Periodically, articles presenting perspectives on practice-related issues are also included in Practice Notes.*

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### Program: Youth Opportunity Centers Health Suites

**Sponsors: Mayor's Office of Employment Development Youth Opportunity (YO!) Movement, Baltimore City Health Department, and the Johns Hopkins Center for Adolescent Health Promotion and Disease Prevention**

#### *Objective*

The Baltimore City Health Department and the Mayor's Office of Employment Development YO! Movement teamed up to promote long-term access to and engagement in health services among the participants presenting to the YO! Programs for Out of School Youth. To facilitate this objective, the Baltimore City Health Department partnered with the Johns Hopkins Center for Adolescent Health to develop a clinical health screening, triage, referral, and education tool for use with this population.

#### *Assessment of Needs*

The Mayor's Office of Employment Development YO! Movement opened five YO! Centers (two main centers and three satellites) in Baltimore City's East and West side Empowerment Zone communities. Federal empowerment zone status

designates areas of pervasive poverty, unemployment, and general distress.<sup>1</sup> The YO! Centers offer comprehensive youth development, education, and workforce development services to out-of-school youths ages 16 to 21 years and originally envisioned offering participants a "one-stop" model that provides supports including adolescent health services at the two main sites. Facility issues, however, interrupted the initial progress toward creating health suites at the two main YO! Center sites. Since other YO! services were taking place, as planned, it was necessary to reconfigure the health services component to fit within the current program structure and serve the participants' needs.

#### *Program Strategy*

The Baltimore City Health Department designed a roving one-on-one health education, triage, and referral program that identified uninsured youths, youths with-

out medical homes, and youths with health issues or health risk behaviors. A medical assistant and two health educators circulated among the five YO! Centers, interviewing participants with the assistance of a computerized screening tool that covered the domains of overall health status, health care utilization, violence, alcohol, tobacco and other drugs, weight and physical activity, mental health, and reproductive health.

The items on the tool were selected from existing instruments used by the health department and local and national surveys including the Youth Risk Behavior Survey, the National Health Interview Survey, the Maryland Adolescent Survey, and the National Longitudinal Survey of Adolescent Health. Selection of the items was intended to maximize reporting of issues for which the staff could offer services (health education and referrals for health services at the health department and other local health care providers education) and to minimize the duplication of efforts between the mobile health team and the health department staff who would receive the referrals. Items on health risk behaviors were followed by prompts for the health educators to provide immediate counseling on these behaviors. Items assessing health care utilization were followed by prompts for the health educator to make appointments for needed services.

The records of the interviews were then transferred to the health department clinic prior to the participants' appointments. The records included a list of risk behaviors that may need to be addressed, a list of services provided at the YO! sites including the health education topics covered, and a list of issues that the participant indicated they would like to discuss further.

#### *Evaluation Approach*

Health educators were trained to complete the screening tool while interviewing

a participant and to use the screening tool to produce reports of the data. Process measures, including number of participants screened, number of appointments made for participants, and number of appointments kept by participants, are routinely reported to program management. In addition, certain indicators, including demographics, services sought, and services needed, are assessed to account for resources as well as to guide future programming.

#### *Implications for Practitioners*

Implementing the health screening tool in the YO! Centers was a fairly low-cost method to deliver health education and referral services to young people in a drop-in setting. The tool could be easily adapted and employed in other settings such as after-school programs, case management programs, home-visiting programs, and so on. In addition to prompting the delivery of health education and referral services, the tool also provides a management information system for program managers and a rich source of data on the population that is extremely useful in program planning and resource allocation.

For more information about this project, please contact Beth Marshall, MPH, CHES, Johns Hopkins Center for Adolescent Health, 2007 East Monument Street, Baltimore, MD 21205; phone: (443) 287-3008; e-mail: bmarshall@jhsphe.edu.

#### **Reference**

1. Empowerment Zones Program: Catalog of federal domestic assistance. 6-1-2002. General Services Administration. Retrieved December 17, 2002, from <http://www.cfda.gov/public/viewprog.asp?progid=124>