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Health Educ Behav 2007; 34; 713

DOI: 10.1177/1090198107307330

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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.

Program: Safe Storage of Firearms: A Guide for Clinical Practitioners

Sponsors: Public Health–Seattle & King County, Violence and Injury Prevention Unit, and University of Washington, Master in Public Health, Community-Oriented Public Health Practice Program

Objectives

As a strategy to reduce firearm-related deaths and injuries, Public Health–Seattle & King County developed a module to train clinicians on how to speak to patients about firearm storage. This project had two objectives: The first was to use the module to conduct trainings with clinicians in community clinics in King County, Washington. The second was to determine if after attending the training, providers were more likely to counsel patients about safe firearm storage.

Assessment of Needs

Firearms are a significant contributor to injuries in Washington and King County, Washington. From 2000 to 2004, firearms caused 2,665 deaths and 1,222 serious injuries (Washington State Department of Health, 2006). Furthermore, the 2004

Washington Healthy Youth Survey found that 12% of 12th graders and 10% of 10th graders thought that it was “very easy” to get a handgun. In addition, the Washington State Behavioral Risk Factors Survey found that approximately 3,000 King County households had children under age 18 and loaded and unlocked firearms in the home. The 2003 King County firearm death rate was 7.6 per 100,000 population—significantly higher than the Healthy People 2010 goal of 4.1 deaths per 100,000 (King County, Washington, 2006). Because of several limitations, the local health department’s injury prevention program needed to look outside itself to promote safe firearm storage.

Program Strategy

The 60-minute training module contained a lesson plan, a PowerPoint presentation, case studies, activity handouts, an evaluation

form, and a resource packet. The module's objectives included teaching participants to describe safe storage methods and to practice speaking about safe storage. During each session, the instructor presented data about firearm injuries, research on the effectiveness of safe storage, safe storage methods, and tips about speaking with patients. Participants also received a resource packet on firearm injuries. Staff field-tested the module at a clinic in July 2005 and revised it. In August 2005, staff approached a graduate student about conducting the module and evaluating it. The student agreed. She developed a 30-minute version of the presentation and recruited nine clinics to serve as intervention and control sites. In early 2006, she conducted presentations at the intervention sites. She limited the trainings to pediatric and family practice clinics because the primary aim was to reach the parents of children and teens.

Evaluation Approach

To understand the effectiveness of the module, the student sent baseline surveys to providers at intervention and control clinics. The survey assessed provider knowledge, attitudes, and current behavior related to safe storage and patient education. Providers who attended the training received a follow-up survey about a month after the intervention. Control site providers also received a follow-up survey. After collecting all the data, the student analyzed the responses for measurable differences in provider knowledge, attitude, and practice. Survey questions included the following: type of provider; "Have you encountered a patient that has been affected by a firearm?" (yes or no); "Counseling patients on safely storing firearms should be included in the discussion of household injuries during a routine exam?" (yes or no); "I feel comfortable speaking to my patients about safe storage of firearms" (yes or no); and more.

Implications for Practitioners

Firearm injuries remain an important but complex public health problem in the United States. Safe storage methods may protect youth from suicide by firearm and from unintentional firearm injuries, and they may reduce adult deaths from impulsive suicide attempts (Grossman et al., 2005; Shenassa, Rogers, Spalding, & Roberts, 2004). Furthermore, promotion of safe storage is a politically feasible strategy for reducing firearm injuries. By training clinicians who work in community clinics, programs with limited staff can teach thousands of firearm owners simple and effective techniques to reduce firearm injuries.

One consideration in counseling patients involved the time constraints of routine exams. Many clinics limit the time that providers spend with patients. To overcome this constraint, clinicians could provide patients with written information about safe storage. Alternatively, programs could train behavioral health providers, given that they may have more time to spend with patients and that they may see patients at risk for suicide. In addition, the study revealed that newer clinicians were more apt to include safe storage counseling as part of a routine exam. Therefore, offering this module to schools that train clinicians may present a better venue to reach providers and, ultimately, patients.

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Program: Juntas! (Together!) Program: Improving Infant Health of Puerto Rican Women in Hudson County, New Jersey

Sponsors: U.S. Department of Health and Human Services, Office of Minority Health; Hudson Perinatal Consortium, Jersey City, New Jersey; Kean University's Department of Health Education, Union, New Jersey

Objectives

The purpose of the Juntas! Program in Hudson County, New Jersey, was to reduce racial disparity in infant mortality. The program was designed to (a) reduce the number of low-birth weight babies born to the Puerto Rican participants; (b) increase the proportion of the Puerto Rican pregnant women who receive early and adequate prenatal care; and (c) show an increase in reported abstinence from cigarette smoking, alcohol, and illicit drug use in the past month.

Assessment of Needs

Six member hospitals in Hudson County submit its electronic birth certificate data to Hudson Perinatal Consortium on a quarterly basis. These data are then used to analyze critical maternity indicators and newborn outcomes in the county. These data demonstrated that at the time of the initial stages of this program, Puerto Rican pregnant women were more likely to experience a negative

birth outcome as compared to their Hispanic and White counterparts in Hudson County. Babies born to Puerto Rican women had a higher incidence of low birth weight when compared to other Hispanics. Although Hispanics traditionally have high rates of entering prenatal care during the first trimester in Hudson County, Puerto Rican women were more likely than any other Hispanic group not to enter prenatal care at all. Hispanics also traditionally have low rates of tobacco and alcohol usage in Hudson County, but Puerto Rican women were more likely than any other Hispanic group to report smoking and drinking during pregnancy. Moreover, when compared with babies of other Hispanic groups, babies of Puerto Rican women were more than 3 times more likely to be exposed to drugs in utero.

Program Strategy

Over 300 pregnant women aged 14-45 took part in this program over the span of 3 years. Pregnant women were recruited

into the program through the collaboration of two local prenatal clinics or through street outreach. The women were considered potential participants if they identified as Puerto Rican and were pregnant. Two community outreach staff, who were laypeople from the community, followed the women throughout their pregnancy and up to 6 weeks postpartum. The outreach staff received training on how to conduct street outreach to recruit from the target population, as well as education on perinatal topics that they could then discuss with the participants. The staff made sure that the women kept their prenatal care appointments and any other medical or social service appointment that was necessary to improve each woman's chances of experiencing a healthy pregnancy and birth. The staff worked closely with the clinics in which the women attended for their prenatal care. The staff also conducted one-on-one education with their clients on topics related to pregnancy and infant care, such as breast-feeding; foods to avoid during a pregnancy; stress reduction techniques; and the negative effects of smoking, alcohol use, and illicit drug use during a pregnancy. During their third trimester of pregnancy, the women attended workshops on contraception and postpartum depression. Every woman received a supermarket voucher after attending a prenatal care visit or workshop.

Evaluation Approach

The outreach staff recorded pregnancy and birth outcomes for each client to compare the data with that of Puerto

Rican pregnant women in the county who did not participate in the program. Focus groups were conducted with Puerto Rican women in the program to ascertain barriers to care, as well as satisfaction with the program.

Implications for Practitioners

The Juntas! Program was an innovative attempt to reach Puerto Rican women to improve their pregnancy and birth outcomes. Aligning women with women who are similar to themselves in language and culture may be a useful way to improve healthy birth outcomes in the Puerto Rican community. The relationship formed between the outreach staff and the pregnant women may help to empower the women to learn how to navigate the health care system to help receive medical care for themselves and their families. Many of the women lacked family and societal support for their pregnancy, and the outreach staff seemed to fill a void in helping them experience a pregnancy that, for the majority of the women, was unplanned. Strategies on how to plan future pregnancies need to be discussed with Puerto Rican women to increase the number of planned pregnancies. Women whose pregnancies are planned may be more likely to seek prenatal care during their first trimester.

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PRACTICE NOTES EDITORIAL COMMITTEE

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SUBMISSION INFORMATION

Abstracts for Practice Notes and all correspondence concerning abstract review should be sent to Lisa D. Lieberman, Healthy Concepts, 29 Ardsley Drive, New City, NY 10956. Submissions can be mailed (include one hard copy and disk in Word format or Word Perfect) or sent by e-mail attachment to llhealth@optonline.net in Word format. Published manuscript length is approximately 300 words (excluding headings and contact information). Submitted manuscripts may be up to 700 words and will be edited for length and clarity. Include the following: name of initiative or program, contact person, sponsoring agency or agencies, address, and phone number. The program description should include the following headings: Objectives, Assessment of Needs, Program Strategy (e.g., risk reduction, community organizing, media advocacy, disease management, policy advocacy, coalition building, social support, etc.), Evaluation Approach, and Implications for Practitioners (including descriptions of any special challenges or unique circumstances that the project has overcome). Authors should not include evaluation results because Practice Notes is intended to describe processes and programs, not to assess outcomes. Submissions will be judged on applicability and utility to the health education practitioner, clarity of objectives, innovativeness and creativity, existence of evaluation plan, and potential replicability. Additional artwork, graphs, or tables may be submitted in camera-ready form.

