Peer Health Advisor Program to Reduce the Health Risks of University Students

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The third-prize winner in the Secretary's Award for Innovations in Health Promotion and Disease Prevention was the work of Ms. Imrie Carey. She was a master's degree candidate in school health education, Department of School and Community Health, College of Human Development and Performance, University of Oregon, Eugene, when she proposed this project. She is now an instructor in the Department of Health and Physical Education, Portland State University.

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Synopsis

Health promoters in the United States need to address the challenge of reducing health risks in young adults. The conditions that lead to the largest percentages of early disabilities and deaths are related to lifestyle characteristics. As health care costs continue spiraling upward, many professionals question the use of solely medical solutions to health problems. Health leaders have called for a change in priorities from curing the sick to keeping people well. Reducing health risks will increase longevity, improve quality of life, and reduce health care costs.

It is widely believed that during the adolescent and young adult years many important health habits are formed and set. An individual person's health destiny can, in fact, be greatly shaped by the attitudes, behavior, and knowledge adopted during the early years of independence. For these reasons, wellness and self-care programming for college students is vital and worthy of being rigorously explored and evaluated.

In this health promotion proposal, peers deliver a Lifestyle Health Planning Program to university students. They can encourage an internal locus of control over health matters and a perception of choice in those they counsel. The peer advisors conduct one-on-one sessions and outreach programs in the subject areas of fitness, nutrition, health-impairing habits, stress management, and sexuality. Promoting self-responsibility during college years can set lifelong positive health habits. A group of trained peer health advisors can be an innovative device to implement a health promotion program in a university setting.

THE LEADING CAUSES OF DEATH in the United States today are heart disease (48 percent), cancer (20.6 percent), and accidents (5.5 percent); together, they account for 75 percent of all deaths. Heart disease, cancer, and hypertension often develop, unsuspected, during many seemingly healthy years. It is becoming increasingly clear that these health problems are lifestyle related. If behaviors associated with diet and nutrition, physical activity, and stress management were improved and health-impairing habits such as cigarette smoking and alcohol abuse were eliminated, many pressing health problems could be reduced substantially (*1*).

Levin (*2*) suggested that school age children and college students form the major groups lacking self-care education programs. The Surgeon General's report, "Healthy People" (*1*), describes the adolescent and young adult years as relatively healthy times. It is widely believed, however, that many important health habits are formed and set during these years and that an individual's life expectancy and health status can, in fact, be shaped by the attitudes, knowledge, and behaviors adopted during the early independent years of life. For this reason, wellness of and self-care programming for college students should be rigorously explored and evaluated.

A wellness program shifts the focus of health care from the health professional to the individual. The challenge of health promotion programs is to provide information and alternatives so that people are free to make informed choices about their health.

In 1977 Kristein (*3*) estimated that positive health lifestyle changes could realistically be expected to result in an annual savings of $6.25 billion in medical care costs. Since medical costs have consistently increased at a pace greater than the national inflation (an average of 20 percent inflation in medical care costs each year since 1977), current potential savings would be even larger. The development of effective techniques for the promotion of individual responsibility for health lifestyle improvement is potentially this country's next major health care advance.

As health care costs continue to climb, the use of solely medical solutions to health problems is being questioned. Many health professionals have called for changing priorities from curing the sick to keeping peo-

ple well. Recommending the development of health education-promotion programs has been a major step in moving to improve the nation's health and reduce preventable illness, disability, and death.

At the university level, there are two major needs:

1. to educate young adults in health promotion-disease prevention strategies that can reduce health risks leading to early disability and death.
2. to promote healthier life styles and provide education about self-care in order to reduce spiraling national health care costs.

Program Design

The program I propose as a model for a university setting is the "Lifestyle Planning Program." It could be delivered by the student health center or through the health education department. In my proposal I suggest that the student health center offer the program.

The program has six goals:

1. Increase the university students' level of knowledge regarding their present health habits, possible risks, and strategies to lessen the risks.
2. Improve the overall health of students by promoting wellness concepts and self-responsibility for health, offering alternatives for health actions, and encouraging choice and control of health decisions.
3. Improve the student health center's network of resources and referrals on and off campus.
4. Develop a peer health advisor program to benefit (*a*) the student health center, (*b*) the students who use the center, and (*c*) students who desire experience as health advisors.
5. Develop a health risk reduction program consisting of health education clusters in the following subjects: nutrition, stress management, fitness, sexuality, and health-impairing habits.
6. Deliver health information to students in the campus community tailored to their residence groups, interests, and needs.

Four vehicles have been designed to deliver the Lifestyle Planning Program: the peer health advisor program, health risk assessments, outreach programs, and the health education center. Each will be described in detail.

The peer health advisor program is the primary medium of delivering the Lifestyle Planning Program. The advisors staff the health education center, provide the health risk assessments, and deliver the outreach programs.

Selection of peer advisors. Any health education major (graduate or undergraduate) may apply for the peer health advisor program. The program could be offered as a practicum, internship, or field experience by the health education department. The student applicant fills out a form which requires a rank ordering of interests in the five health clusters: nutrition, stress management, fitness, sexuality, and health-impairing habits. The applicant should be knowledgeable or willing to research in depth the health area and feel comfortable discussing it. It is important for the program coordinator to spend time with each prospective advisor to ascertain the applicant's depth of knowledge and attitude toward health topics. The right choice of interest is important for the applicant, the program, and the program's clients.

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Future advisors are chosen after an interview with the program coordinator. The coordinator needs to decide whether to fill the five health clusters or give each advisor his or her first choice. In this proposal the choice is to fill all five health areas with two students in each cluster before launching the program. Thus, there will be two nutrition advisors, two fitness advisors, two sexuality advisors, two health-impairing advisors, and two stress management advisors.

Training the advisors. Peer health advisors need training as well as practice before they begin advising one-on-one. The peer advisors attend a 2-hour class for 10 weeks to learn peer advising techniques, the wellness attitude, designing a behavior plan, ethics and confidentiality in counseling, promoting wellness in a clinical setting, health risk assessment interpretation, handling medical and student records, marketing the program, conducting a needs assessment, and outreach program planning. The program coordinator and guest speakers teach the classes. Each proposed class will be discussed briefly.

Peer advising techniques. The peer health advisor must have good oral communication skills and be a good listener to be effective. Four hours will be spent learning, understanding, and practicing the following techniques:

1. perception check: describing another person's inner state to check if one understands what that person feels.

2. paraphrase: stating what another's remark conveys to one.
3. behavior description: reporting specific, observable actions of others without making accusations or generalizations about their motives, personality, or character traits.
4. reporting one's own inner state as explicitly as possible.
5. attending: physically and psychologically being with another person as an active listener and being aware of body language.
6. recognizing roadblocks to effective communication.

Peer advisors meet with clients by appointment, with the appointments being made through the coordinator, who refers clients to the appropriate cluster. The client, on arrival, fills out a health risk assessment, and the advisor interprets the assessment. In advising, mapping sentences, problem-solving techniques, or health habit work sheets are used. Options and alternatives are discussed. Goal setting for and by the client takes place and a plan of action is completed. Resources are offered or referrals made, or both, or a followup appointment is scheduled. The advisor may accompany a student to a referral.

The advisor's challenge is to determine how to help the student solve his or her problem. A useful technique to open an advising session is the use of mapping sentences. The advisor starts by explaining who he or she is, the advisor's role, how the advisor is going to help, and finally, how the advisor will continue to help. For example, the advisor would say, "Hi! My name is Susan, and I am a peer health advisor in the area of fitness. I'm available to help you plan a fitness program that fits your schedule and lifestyle. We can design a beginning program and later make changes to an intermediate or advanced level."

Since the content of each health education cluster is not covered in the classes and the coordinator cannot check the advisor's communication skill until the program begins, videotaping one peer advisor working with another can be used for evaluation and quality control. The stress that videotaping can cause might be eased by surrounding the taping with other activities, including socializing. The program coordinator and the advisor can go over the completed tape and critique it together.

The advisor then may choose to share the tape with the entire class, which can be a valuable learning experience.

The wellness attitude. The peer health advisors need to have a clear definition and understanding of wellness; the class can brainstorm what to include in the definition. Answering the questions, "How do we (as peer health advisors) help keep people well?" and "Are we behavior change agents?" helps to define the role of the peer health advisor. Also, consider as a group how other university students will perceive peer health advisors.

Figure 1. Plan of action—Lifestyle Planning Program

Name_____ Date_____

Long-Term Goal:

_____

Short-Term Goal(s):

_____

_____

Chances for Success: ____ Very Good ____ Fair

____ Good ____ Poor

Peer Health Advisor:_____

Next Appointment:

Date:_____ Time:_____

Designing a behavior change plan. Several tools are available to help the peer advisor narrow a student's health improvement goals. If a student wants to make a number of improvements, the peer advisor will have to be able to steer the student to one goal. The Develop a Health Habit Worksheet helps the student decide on a goal and gives the advisor a starting point. On the sheet, the student lists several desired health habits, chooses one, describes the positive and negative forces attached to it, decides on a program of action, and names people who would support the habit change.

The student who sees a peer health advisor should leave with a plan of action in hand. The plan of action lists short-term and long-term goals and estimates of the chances of achieving them (fig. 1). The plan must be decided upon by both advisor and student, with the student making the final choice. In designing a behavior change plan with a student, the peer health advisor bases the plan on the internal locus of control theory; that is, the person believes that he or she is responsible for and in control of the decisions which affect health. When a peer advisor offers several options or alternatives to a health improvement and the student makes the final decision, the student feels a sense of control. The peer advisors can encourage the internal locus of control by offering possible options to the student that fit into the person's lifestyle and have a good chance of success. For example, they might ask, "What's one good change you've made in your diet in the last year?" Virtually everyone has made some positive change. Not all choices will be the best, but knowing that one can make choices will increase awareness of health decisions. For example, the peer advisor can say, "You are making a choice to eat the chocolate sundae," not "You're stuffing yourself with junk food."

The peer advisor guides the student to a decision before the appointment is over. The student should know that any one choice would be a move toward health. The student needs to make a choice, write it down, and leave with it.

Ethics, confidentiality, handling student records. Peer health advisors should be considered paraprofessionals of the organization they represent—in this case, the student health center. Like all professionals, they should abide by a code of ethics. Elements of the code are common beliefs of the profession, a statement of expectations, and statements to prevent an abuse of power.

When peer advisors have information about those they counsel, they have power. This is a sensitive issue that the group needs to discuss in class. After advising has begun, debriefing during weekly meetings allows the peer advisor an opportunity to air sensitive issues. A suggestion for the debriefing is to ask each advisor to discuss the best and worst sessions he or she has experienced.

When difficult questions concerning the handling of confidential information arise, the peer advisor should discuss them with the coordinator, particularly if the health or safety of another person may be affected.

Medical records are handled, like all student records, with care, respect, and confidentiality. The advisor does not have to put in the record the personal problems brought out in an advising situation, but can describe the conversation as personal counseling. A student's medical records can be subpoenaed, like academic records.

The coordinator should have a list of referral resources (persons, agencies) for students in delicate situations or in need of immediate attention. Willingness to accept referrals should be ascertained in advance and established with professionals in the university counseling center, academic advisors, and the student development office.

Peer health advisors must know their counseling limits. The importance of giving out accurate information and knowing when to stop advising and refer the student to a professional cannot be overemphasized. Peer advisors need to be aware that, because they are part of a larger team of the student health center, only constructive criticism of colleagues is acceptable.

The program coordinator may choose to have the peer advisors sign a Code of Responsibility. This step gives them a sense of professionalism and ethical responsibility.

Resources and referrals. Each health cluster area needs two lists of quality resources and referrals—a list of professionals who can be called upon for immediate answers to questions, along with books and materials that the peer advisor can consult, and a second list for the clients. The lists should include people, agencies, books, and materials. Campus referrals are the first choice, although off-campus resources can be listed if the advisor is confident that the student will receive quality care. Each advisor should have one or two professionals whom he or she feels comfortable working with and knows can be called for advice. The student referral list of professionals and agencies should be chosen carefully also. The student who is given an unsatisfactory referral may give the program a bad name.

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Peer health advisors will have a unique niche in the university world. Students may feel more comfortable approaching a peer with a problem, although a professional is needed. In these instances, the advisor may help to sort out the problem on the first visit and refer immediately. The advisor can inform the professional what has been discussed; serving as an intermediary may occur often.

Health risk assessment. The second vehicle for delivering the Lifestyle Planning Program is a health risk assessment. "At present, there is general agreement that health risk appraisal can be used effectively as a health education tool, although there are still pockets of resistance to that use in the medical community" (*4*). A study of the effectiveness of health risk appraisals at the college level has shown that the difference between the student's actual age and the health age gets bigger from pretest to post test. (Health age is defined by Chenowith as the age reflecting the risk compared with the risk of the average person of the same age, sex, and race (*5*).) In doing health risk assessments, students get a chance to think about their health habits and associated risks. Some may not be aware of poor health habits. The health risk assessment can be administered to a group or to individual persons before the person sees a peer health advisor. Some aspects of the health risk assessment need to be considered before it is used. It is generally agreed that assessments should not be employed as a diagnostic tool. Green and coworkers cautioned that there is also "the problem of arousing unnecessary fear by causing people to be alarmed about risks that do not really exist or are

Figure 2. Health Depth Interview Guide

1. Generally, how healthy are you?
2. Have you ever taken any health education courses?
3. Are you interested in health?
4. Do you exercise regularly?
5. What do you think about the "wellness" movement?
6. Would you be interested in specific health workshops/classes here where you live?
7. If they don't have any ideas, ask about the following:
   - Nutrition/weight control/body image
   - Aerobic conditioning
   - Stress management
   - Emotional wellness/interpersonal communication
8. Ask about specifics . . . i.e., if interested in nutrition, ask about specific topics:
   - Salt
   - Sugar
   - Fat
   - Cholesterol
   - Vitamins
   - Vegetarian diet
9. How much time would you want to give to these subjects?
   - One-hour lecture
   - Two-hour lecture
   - Workshop
   - Four-week class
10. When would be a convenient time for you?
11. Sociodemographic information:
    - Age
    - Grade
    - Major
    - Employed?
    - Married?
    - Children?

minimal in their lives" (*6*). The assessment's result can also give false reassurance. "The attitudes and practices of . . . the use of health risk assessments must be guided by the establishment of standards and the development of continuing education programs for those who use the appraisals" (*6*).

Each student who has an appointment to see an advisor fills out a health risk assessment. The advisor scores the instrument and explains the results during the interview. Peer health advisors need training in interpreting the assessment, and interpretation can be practiced through role playing in the class.

Using a computer to do health risk assessments would be nice, but, for a new program, the cost may not be justified. A paper and pencil and quick scoring instrument can be used.

The health education center. A health education center is a resource room where students gather health information. A health education center exists at the University of Oregon, but designing a new center is not difficult. Funds are necessary for a room and for books, bookshelves, and other resources, including self-care equipment if desired. Books on many health subjects—such as alcoholism, drugs, death and dying, general health, fitness, mental health, nutrition, sexuality, stress, and women's health—can be checked out from the center for 1 or 2 weeks. Free pamphlets can be obtained from many agencies (for example, the American Cancer Society, American Lung Association, Blue Cross-Blue Shield, and several Federal agencies), or the organization sponsoring the center can print brochures and handouts. Books and pamphlets are the basic tools of a health education center. The room can also be used for displays and other activities.

The center, staffed by the peer health advisors, can give them their first taste of one-on-one advising. The advisors will have resources at their fingertips in responding to students' questions. Staffing the center also offers the peer advisor a chance to get familiar with many health topics.

Needs assessment. To find out what the university students' needs and interests are, a needs assessment must be conducted. In this proposal the needs assessments can be done by working with student living groups (that is, dormitories, fraternities, sororities, married students' housing, and off-campus housing). There are many ways to disseminate needs assessments, and several methods may be combined. In this proposal both an in-house survey at the student health center and health interviews will be conducted.

Interviews are time-consuming, not as many students can be interviewed as could fill out a survey form, and interview results may be biased. However, interviews offer certain advantages: the interviewee is more willing to express needs and interests concerning health topics, the interviewer has an opportunity to ask about health issues that affect that particular group, and conducting an interview is a valuable learning experience for the peer advisor. Practice in such objective questioning can help in future advising situations.

Peer health advisors will need training in conducting an unbiased interview. The Health Depth Interview Guide (fig. 2) is an example of some useful questions.

Outreach programs. The final vehicle for delivering the Lifestyle Planning Program is the outreach programs. After conducting a needs assessment the health educator must look at "the (desired) final outcome and ask what must precede that outcome by determining what causes that outcome." Or, "the factors important to an outcome must be diagnosed before the intervention is designed; if they are not, the intervention will be based on guesswork and runs a greater risk of being misdirected and ineffective" (*6*).

Programs based on the results of the needs assessments can be presented to university students in a variety of settings and forms such as workshops, classes, discussion groups, exhibits, or bulletins.

The advisors in the nutrition cluster can present the nutrition programs, the stress management cluster, the stress management programs, and so on. The peer health advisors thus gain experience in another form of promoting healthy lifestyles by working with a group. Some examples of outreach programs follow:

- "Finals Week Survival Kit" by the stress management cluster.
- "Great Foods for Less Money" by the nutrition cluster.
- "Emotional Wellness" by the health-impairing habits cluster.

Marketing and advertising. The Lifestyle Planning Program will fail unless the students know about it and what it offers. Faculty and staff need to know about the program, too, to make referrals. Brochures to explain the program should describe briefly each health area and how to make an appointment. The program can be advertised through the school newspaper, posters, visits to large classes, videotapes in the student union, or other inexpensive ways. A student advertising and marketing group in the business department might be interested in the practical experience of marketing the program.

The peer health advisors may want to hold an open house and invite the sponsoring organization's staff (in this instance, the physician and nurses of the student health center), professionals who have been contacted to accept referrals, certain faculty, and others who may have an active interest in the Lifestyle Planning Program. Not all physicians and nurses will be open to this counseling program, but gathering the support of those who do believe in the wellness model will encourage preventive care to the students.

Responsibilities. Both the program coordinator and the peer health advisors have responsibilities to make the program run effectively and efficiently.

The coordinator's responsibilities include the following:

- selection of the peer health advisors
- training of the peer health advisors
- organizing a network of resources and referrals
- staff meetings with all advisors and with health cluster members
- evaluation of the peer health advising process
- evaluation of the peer health advisors
- coordination of peer health advisors' appointments
- final marketing and advertising decisions
- scheduling the staffing of the health education center.

The responsibilities of the peer health advisors include the following:

- knowledge of content area
- staffing the health education centers
- weekly cluster area meetings
- conducting the needs assessments
- helping to market and advertise the program
- developing lists of resources and referrals
- contacting prospective referrals
- attending weekly staff meetings.

The advisors should be aware of their responsibilities before they join the program. The advisors need to take part in the decision-making which affects the group. Otherwise, changes may be unwelcome, difficult, and unfair.

Evaluation

In evaluating the Lifestyle Planning Program, the peer advisors, the progress of the students who were advised, and the peer advising process could each be evaluated.

I propose that two instruments be used to accomplish all three. The first is a questionnaire mailed to the advised student approximately 2 weeks after the last appointment with a peer health advisor. The questions aim at determining if the peer advising techniques, such as the health risk assessment and health habits worksheet, were effective, if the peer advisor was effective, and if the student did indeed make a move toward health improvement.

The questionnaire can be personalized with a handwritten note from the peer advisor asking the student's cooperation in completing the evaluation form. Use of this form will give the program a continuing evaluation. The responses may indicate that changes are needed in the tools being used or the peer advising procedures. This questionnaire also serves as a quality control tool for the program coordinator. A student's complaint or suggestion for future students can be discussed with the individual advisor or the group.

The second evaluation method is a summary form filled out by the peer health advisor; it includes the intake information compiled on the student during the first meeting—name, address, grade level, employment status, and marital status. The remainder of the form, completed following each appointment, includes a summary of the session, alternatives or suggestions discussed, and how the session ended, such as resources suggested, handouts given to the student, or referrals made.

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ABSTRACTS OF SEMIFINALISTS' PAPERS

Cardiovascular Disease Risk Factor Reduction Computer Modules

JANET DePAOLA

This proposal discusses the importance of educating the American public about controllable risk factors and lifestyle changes in order to reduce the incidence of heart disease. Evidence is presented that demonstrates successful preventive approaches with respect to cardiovascular disease and the need for more innovative and creative efforts to educate the public about these approaches.

Because of the growing interest in microcomputers, their increasing accessibility, and their decreasing cost, the advantages of using the computer in education to prevent cardiovascular disease are explored. Examples of modules dealing with nutrition, major risk factors that can be changed (cigarette smoking, high blood pressure, and diabetes), and contributing factors (obesity, lack of exercise, and stress) are presented. Suggestions for a toll-free number and ways to make the program available to the community are made.

Entry submitted by: University of Connecticut School of Allied Health Professions. Ms. DePaola's address: 655 Talcottville Rd., #2–14, Vernon, Conn. 06066.

Project to Develop a Comprehensive Student Health Analysis

MARY E. BATTENBERG

The project described had as its purpose the development of a comprehensive student health analysis that would promote health and prevent disease among students attending the University of North Florida.

The project involved a compilation of measurement instruments that could be used to assess students' physical, emotional, psychological, and spiritual well-being. The measurement tools included eight assessments done by the students: health history, lifestyle profile, Type A or Type B behavioral pattern questionnaire, social readjustment rating, emotional/spiritual well-being inventory, ideal body weight, nutritional awareness, and physical fitness profile. Identification of accessible campus resources for referral purposes was also a part of this project. The intention was to make available to students all possible avenues to promote positive changes in lifestyle.

Entry submitted by: University of North Florida, Division of Allied and Health Sciences. Ms. Battenberg's address: 7138 San Souci Rd., Jacksonville, Fla. 32216.

Poison Prevention for Primary School Age Children

MELISSA DAWN TILLMAN
TERESA MARIE SMITH

A proposal to reduce the incidence of accidental poisonings among young children in North Carolina is outlined. Although the target audience for the proposal is children in primary grades (kindergarten through third grade), the authors also aim to reach a broader spectrum of the population by educating parents, involving school systems, and alerting as many North Carolinians as possible to the potential dangers of poisons in the home.

To do this, the authors propose a multimedia publicity campaign, coupled with classroom presentations. The purpose of the multimedia approach is to heighten community awareness of the problem of home poisonings. However, merely informing the community is not sufficient to alter attitudes and behavior; therefore, the authors have developed a classroom presentation designed to elicit active involvement of primary grade students and their parents. Main areas to be covered in the presentation are what a poison is and how to poison-proof the home.

By involving both parents and children, the authors hope to lower the number of home poisonings in North Carolina. If the program proves effective in that State, it could serve as a model for similar programs nationwide.

Entry submitted by: University of North Carolina School of Pharmacy. Ms. Tillman's address: P.O. Box 302, Calypso, N.C. 28325.

Prevention Through Intervention: A Proposal for Reducing the Risk of Atherosclerosis

BRAD ROBINSON
SHERRY MORRIS

Atherosclerosis is the most common cause of death in the Western World today. Because the only cure is prevention, the authors propose a nationwide education program in which medical students will teach children and teenagers about reducing the risk of developing atherosclerosis. Medical students will also become better equipped for educating patients.

Each medical school's program will be organized into five committees: program,