

Health Education in Kolonia, Pohnpei, FSM

Tulane University School of Public Health & Tropical Medicine
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Prepared by:

Amy Parker

MPH Candidate - International Health and Development

Advisor:

Dr. David Hotchkiss

Professor - International Health and Development

Preceptor:

John Schroer

Executive Director - MAHI International

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Abstract

I completed my practicum in Kolonia, Pohnpei, Federated States of Micronesia (FSM) in the summer of 2009. I worked with MAHI International, a nonprofit organization focused on improving health and education in FSM, and Pohnpei SDA School, a highly regarded K-12 school in Kolonia. The goal of my practicum was to reduce adolescent morbidity in Pohnpei, FSM through preventive strategies including health education and peer educator training. The main activities were a general health education course provided to summer school students, a community-specific health education course and peer educator training provided to select students, and student-initiated health outreach activities.

I taught a daily five-week course in general health education, an existing and required course at Pohnpei SDA School. As it was conducted, I noted the irrelevance of much of the subject matter to local issues and created supplementary educational materials to enhance the course for future students. After the conclusion of summer school, I planned and implemented a second five-week course in community-specific health education and peer educator training. I taught the students about pressing local health issues and how to share the important lessons learned with their peers. I encouraged these same students to develop their own health outreach activities to perform outside of class. Some volunteered their time with a visiting optical and dental group. Others created informational posters to educate community members about the importance of health and the prevention of illness.

Environment

MAHI International is a small nonprofit organization based out of Southern California. Founded in 2004, its mission is to increase the quality of life for people in underdeveloped communities throughout the Pacific Island region. MAHI's goals are to alleviate poverty, disease, and illiteracy in these communities and to provide leadership training and a sense of purpose for islanders. MAHI is currently focusing its efforts on Pohnpei, one of four states comprising the small island nation of the Federated States of Micronesia (FSM). John Schroer is the executive director of MAHI and heads a small team consisting of his wife, Kathyrene Schroer (program director) and his cousin, Ben Schroer (system manager). In addition, MAHI has a five-person board of directors and a committed group of volunteers.

MAHI's major activities address community health and education. They provide free health screenings and are in the process of developing a wellness center. In addition, they have recruited physicians and dentists to provide their services through several volunteer missions. MAHI works closely with two schools: Pohnpei SDA School, a highly respected K-12 school located in Kolonia, on the main island of Pohnpei, and Sapwuahfik SDA School, a Pohnpei SDA satellite school built by MAHI on one of Pohnpei's outer islands. MAHI recently spearheaded a fundraising campaign to provide Pohnpei SDA School with a boat that can safely manage the trip between the main island and Sapwuahfik, transporting volunteers, school and medical supplies, and other necessities to the isolated community.

I did a ten-week practicum with MAHI in the summer of 2009, from June 1st to August 10th. I worked six-hour days during the week and three hours on the weekends for a total of 33 hours per week. I was an unpaid volunteer, so my practicum was self-funded through financial aid loans, although the Pohnpei SDA School provided me with a small stipend to purchase food, free lodging, and free local transportation.

Practicum Rationale

The intention of my practicum was to address adolescent morbidity in Pohnpei. According to information I gathered from MAHI, the First Annual Pohnpei State Health Forum, and public health officials, the chief health issues are obesity, diabetes, and accompanying chronic illnesses. In terms of infectious disease, STIs, hepatitis A, tuberculosis, and leprosy are common complaints. Adolescents frequently use alcohol, tobacco and drugs, teen pregnancy is common, and oral health is poor. Furthermore, islanders often lack a sense of purpose and suicide rates are high.

By providing health education, especially about these specific illnesses and issues, adolescents will be more aware of how to avoid negative health outcomes and why it is important to do so. By also providing peer educator training, it ensures that the health knowledge that is being imparted to the adolescents spreads to larger population and has more of an impact. The training, along with student-initiated health outreach activities, also empowers the participating adolescents and provides them with a sense of purpose.

Goals and Objectives

Goals

To reduce adolescent morbidity in Pohnpei, FSM through preventive strategies including health education and peer educator training.

Objectives

1. To provide general health education to summer school students at Pohnpei SDA School.
2. To provide community-specific health education and peer educator training to a select group of students at Pohnpei SDA School.
3. To coordinate and supervise health outreach activities initiated by students of the peer educator training class.

Activities and Outcomes

My practicum experience focused on education and empowerment of adolescents as a means of preventing poor health outcomes. The three main activities - health education, peer educator training, and student health outreach activities - are described below.

Health Education

Pohnpei SDA School offers summer school for struggling students on a limited basis, depending on the number of volunteers and local staff available. The subjects offered are usually limited to the core classes - reading and math for primary school students, and English, math, science, and history for secondary school students. I offered to teach health education to secondary school students, several of whom needed to take the class to graduate. The class was five weeks long, and was taught five days a week for two hours each day. The intent of the class was to provide general health knowledge to students. Topics included mental health, physical fitness, nutrition, alcohol/tobacco/drug use, infectious diseases, chronic diseases, and sex education. The curriculum can be found in Appendix A.

One of the biggest challenges that I faced while teaching this course was the substandard educational materials. Health education is a required class that is offered every year at Pohnpei SDA, as a year-long (two semester) course. I was expected to base the curriculum on the provided textbook, which is dated and was originally developed for American students. As I proceeded, it became evident that many of the health issues faced by Pohnpeian adolescents were not addressed in the textbook. Furthermore, the textbook was short and did not have enough content to fill a year-long course, although the amount of material fit nicely into the five-week summer school class. Notes on the relevancy of issues addressed in the textbook, and topics that should be added to the curriculum can be found in Appendix A.

Another challenge encountered was student motivation. As this course was for students that had previously failed health education, the class was composed mostly of students that were under-motivated and apathetic. Daily attendance, participation in the lessons, and completion of assignments were not easily achieved. However, through constant encouragement and communication with parents, all but one student successfully completed the requirements of the course. Language barriers was another challenge. For most students, English is their second language, so there can be some confusion at times. However, this was mostly avoided by simplifying terms and reviewing health vocabulary. Lastly, Pohnpei in general, as well as the Pohnpei SDA School community specifically, are very outwardly conservative. While many of the students engage in sexual activity, it was not permissible for me to discuss prevention methods other than abstinence. I believe that the students would have been receptive to other information and that it would be beneficial to them, however, social, religious, and school standards prevented me from proceeding.

Peer Educator Training

After the completion of summer school and before the beginning of the next school year, students have several weeks of free time. There are very few opportunities on the island for students, in terms of structured or constructive activities to fill their days. To fill this gap, and to fill the gap in relevant health knowledge among adolescents, I decided to offer peer educator training along with community-specific health education. The course was held every weekday for five weeks, for 2-3 hours each day. Topics covered include common chronic diseases in Pohnpei, common infectious diseases in Pohnpei, use of alcohol, tobacco, and local drugs, oral health, and sex education. Incorporated into each class was a discussion of effective ways to educate peers about the specific health issue. The curriculum and two sample lesson plans can be found in appendix B.

Having lived in Pohnpei from 2003-2005, and having participated in several public health activities during that time, I had some previous knowledge of the prevalent health issues on the island. To bolster this knowledge, I attended the First Annual Pohnpei State Health Forum held at the beginning of the summer at Pohnpei's only hospital. I also met with federal and state public health officials and gathered relevant information and material from them.

Some of the same challenges encountered with the health education class were encountered with the peer educator training, though not to the same extent. This was a much more highly motivated group of students, as they were recruited both personally by me and through responding to posters placed around the school. Nonetheless, this was the summer and daily attendance by all students did not always occur. However, when the students were present, they were very participatory, inquisitive, and eager to learn.

Health Outreach Activities

Using the knowledge obtained through peer educator training, students were encouraged to initiate health outreach activities outside of school. I provided the students with information about the services available on the island, including a new public health training program at the College of Micronesia, the activities of the local public health offices, and visiting volunteer medical outreach teams. We also discussed the lack of youth activities to improve health awareness in Pohnpei. With my supervision and support, four of the students decided to proceed with a health outreach activity. Two opted to offer their time and assistance to a visiting volunteer optical and dental team. They spent several weeks at the hospital with the team, and one student decided to continue the work after the team had left. The other two students decided to create informational posters about important local health issues to be displayed at the school and other prominent locations around Kolonia.

As the students who chose to perform a health outreach activity were exceptionally motivated, there were few challenges with this activity. Ideally, more students would have participated in this aspect of my practicum, which might have been remedied if I had better communication with

the parents. The parents tended to have a hands-off approach and I did not encounter any of them throughout the course of the summer. Had I been more proactive in reaching them, they may have encouraged their children to take full advantage of the opportunities with which they were presented.

Discussion

Overall, I had a very positive practicum experience. I found it to be both enjoyable and educational. I gained much valuable knowledge about public health in international settings. My previous experience of living in Pohnpei was what had initially interested me in the field of international public health. It was exciting to return and work with the community to which I am so closely connected and that has so many pressing health issues. I also liked having so much flexibility and freedom in both choosing my practicum and carrying it out. Having limited supervision did present some struggles, such as maintaining a high level of personal motivation each day.

My interactions with the federal and state public health offices presented further struggles, but also taught me much about public health practice. In Pohnpei, the offices are not run efficiently and communication between the offices and with others is poor. I would often call and receive no answer, or drop by to find everyone napping on mats on the floor, or show up for a meeting only to be informed that the person I was to meet with had left early. I learned to expect all levels of professionalism and efficiency and to be flexible, persistent, and to adapt when necessary.

I would recommend MAHI as a placement site for future students, but only those who are very independent, highly self-motivated, and flexible. It would be an ideal placement for students who want to design and execute their own practicum. It would be important that the student have both the time and mindset to accommodate setbacks and the flexibility to add or remove activities from the practicum as the situation dictates. MAHI is small and loosely structured, which would be ideal for some students, as it was for me. John Schroer, my preceptor, was very supportive and helpful when I called on him, and otherwise gave me the freedom to proceed as I wanted.

Recommendations

1. *Combine health and education activities.* Currently, MAHI has health activities (such as providing free health screenings and organizing volunteer medical teams) and education activities (such as building schools and collecting books for donation) that are separate, with no overlap. I feel that this is a missed opportunity. By integrating their commitments to improve health and education in FSM, MAHI could improve the health knowledge of islanders starting at a younger age. This is essential in a community such as Pohnpei where chronic illnesses such as obesity and diabetes are rampant.

2. *Involve local adolescents in activities.* In the past, MAHI has used local students as volunteers. I think that this practice should continue, and that it should be enhanced. After working with these adolescents over the summer, it is clear that they have much to offer and many are eager for more structured activities in their free time. They are an invaluable resource. In addition, this would be another way for MAHI to achieve their goal of providing islanders with a sense of purpose.
3. *Continue to incorporate community-specific health lessons into health education class.* This recommendation is meant for Pohnpei SDA School. After reviewing their existing health curriculum and noting the areas in which it was lacking or irrelevant, and after researching and compiling information for the peer educator training, I developed supplemental educational material for the class. I put together information on the prevalent local health issues and met with the incoming health teachers to pass on the material. If the school continues to use the material I compiled and continues to add to it and keep it up to date, the students will undoubtedly benefit.

Self Assessment

The goal of my practicum was ambitious and not intended to be achieved in a measurable way in a ten week period. If the students that I worked with continue to pass on the knowledge they gained last summer, if they are given further opportunities to participate in MAHI's activities, and if the supplemental educational material that I created is permanently incorporated into the health class, some positive changes may occur in the future.

I feel that I successfully accomplished my objectives of teaching general health education, providing community-specific health education and peer educator training, and supervising health outreach activities. I have a strong background in education and familiarity with the community, school, and agency with which I was working. This helped me to be very well prepared for this practicum and to optimize my experience. I think the peer educator training was the most successful component of my practicum because the students were highly motivated and the subject matter imparted to them was relevant and useful.

I feel that all of the objectives could have attained a higher level of success if I had incorporated the parents of the students with which I was working more extensively. Also, if I had come during the regular school year, I would have had more exposure to all of the students and I would have been able to include their teachers in some of the activities. With more time for both planning and the practicum itself and with more ambition or the support of a team, the scope of the practicum could have been much larger. There are several other high schools in Kolonia, with one just down the street from where I was conducting my practicum. I have also worked in the past with Kolonia's Kapingamarangi community, which is one of the poorer neighborhoods, with many eager and outgoing adolescents. Conducting health education activities with these other groups of students would have had a positive impact. Despite the limited scope of my practicum, I feel that the rudimentary plan was good and well-executed.

Appendix A: Health Education Curriculum & Notes

Curriculum

Week 1

- Introduction
- Leading a healthy life
- Skills for a healthy life

Week 2

- Self-esteem and mental health
- Managing stress and coping with loss
- Preventing violence and abuse
- Physical fitness for life
- Nutrition for life

Week 3

- Weight management and eating behaviors
- Understanding drugs and medicines
- Alcohol
- Tobacco
- Illegal drugs

Week 4

- Preventing infectious diseases
- Lifestyle diseases
- Other diseases and disabilities
- Adolescence and adulthood
- Marriage, parenthood, and families

Week 5

- Reproduction, pregnancy, and development
- Building responsible relationships
- Risks of adolescent sexual activity
- HIV and AIDS
- Conclusion

Notes

Week 1

- Introduction and healthy life discussion very general, mostly relevant to Pohnpeian adolescents

Week 2

- Mental health issues relevant; high suicide rate
- Emphasis on stress not relevant; low stress lifestyle, most issues arise from lack of purpose, boredom
- Focus on loss relevant; low life expectancy, high rates of emigration
- Emphasis on violence relevant; alcohol abuse common and leads to fights, physical abuse
- Fitness and nutrition relevant; sedentary lifestyle and poor nutrition rampant

Week 3

- Weight management is a relevant issue, but not enough emphasis on overeating and obesity
- Alcohol and tobacco discussion is relevant; however, more focus needed on chewing tobacco, as tobacco is rarely smoked in Pohnpei
- Discussion of other drugs partly relevant; marijuana use common, however, local drugs such as betel nut and sakau are more commonly used and not addressed here

Week 4

- Discussion of infectious diseases relevant; however, more focus needed on common local afflictions such as TB, leprosy, hepatitis A, etc
- Discussion of lifestyle diseases relevant; extremely high rates of obesity, diabetes, heart disease, hypertension, stroke
- Need more focus on oral health, tooth decay common and severe

Week 5

- Reproduction and pregnancy are relevant issues; high rate of teenage pregnancy
- STIs are a relevant issue; most adolescents having unprotected sex, need more options on prevention besides abstinence, may be difficult in such a conservative community

Appendix B: Peer Educator Training Curriculum & Sample Lessons

Curriculum

Week 1

- Introduction
- Chronic diseases overview
- Infectious diseases overview

Week 2

- Obesity
- Diabetes

Week 3

- Heart disease
- Hypertension
- Stroke
- Cancer
- Alcohol

Week 4

- Tobacco
- Oral health
- Hepatitis A
- Influenza
- HIV/AIDS

Week 5

- STIs
- Tuberculosis
- Leprosy
- Conclusion

Sample Lesson #1

Week 1: Introduction

1. Distribute list of questions for students to answer individually.
 - What do you think are the biggest health problems in Pohnpei?
 - What kind of health problems do your family members have?
 - What kind of health problems do your classmates have?
 - What do you think are the most common risk factors in Pohnpei?
 - What kind of risk factors do your family members have?

- What kind of risk factors do your classmates have?
 - What do you think can be done to improve health in Pohnpei?
 - What can you do to improve health in your family?
 - What can you do to improve health in your school?
 - What would you like to learn about relating to health/Pohnpei?
2. Write questions on blackboard, have students fill in their responses.
 3. Discuss as a class. Formulate plan together of how class should proceed.

Sample Lesson #2

Week 4: Oral Health

1. Discuss importance of good oral health. List benefits of good oral health/consequences of poor oral health.
2. Present information on rates of tooth decay among children in Pohnpei.
3. Discuss prevention of tooth decay/other oral health diseases. List things to do to maintain good oral health. Emphasize local concerns such as sugar and alcohol consumption, chewing betel nut, drinking sakau, etc.
4. Present information on periodontal disease and mouth cancer in FSM.
5. Discuss local services. Present information on particular services provided, number of staff, etc.
6. Brainstorm ways to share the knowledge learned today with peers.

Appendix C: Daily Log

Date	Activities	Hours
6/1/09	- Pohnpei State Health Forum - Meeting with state official: Nancy Edward (director of state HIV and STI program)	6.0
6/2/09	- Pohnpei State Health Forum - Meeting with federal officials: Dr. Vita Skilling (Secretary of Department of Health and Social Affairs) and Johnny Hebel (director of national HIV/AIDS program) - Curriculum development/lesson planning (health class)	6.0
6/3/09	- Health class: introduction - Curriculum development/lesson planning (health class)	6.0
6/4/09	- Health class: leading a healthy life - Curriculum development/lesson planning (health class) - Evaluation of student performance to date - Meeting with Miller Benjamin (Pohnpei SDA School principal)	6.0
6/5/09	- Health class: skills for a healthy life - Curriculum development/lesson planning (health class) - Correspondence with Nancy Edward and Johnny Hebel	6.0
6/6/09		
6/7/09	- Curriculum development/lesson planning (health class)	3.0
6/8/09	- Health class: self-esteem and mental health - Curriculum development/lesson planning (health class)	6.0
6/9/09	- Health class: managing stress and coping with loss - Curriculum development/lesson planning (health class)	6.0
6/10/09	- Health class: preventing violence and abuse - Curriculum development/lesson planning (health class)	6.0
6/11/09	- Health class: physical fitness for life - Curriculum development/lesson planning (health class) - Evaluation of student performance to date	6.0
6/12/09	- Health class: nutrition for life - Curriculum development/lesson planning (health class)	6.0
6/13/09		
6/14/09	- Curriculum development/lesson planning (health class)	3.0
6/15/09	- Health class: weight management and eating behaviors - Curriculum development/lesson planning (health class)	6.0
6/16/09	- Health class: understanding drugs and medicines - Curriculum development/lesson planning (health class) - Identification of potential students for peer education course	6.0

Date	Activities	Hours
6/17/09	- Health class: alcohol - Curriculum development/lesson planning (health class) - Identification of potential students for peer education course	6.0
6/18/09	- Health class: tobacco - Curriculum development/lesson planning (health class) - Evaluation of student performance to date	6.0
6/19/09	- Health class: illegal drugs - Curriculum development/lesson planning (health class)	6.0
6/20/09		
6/21/09	- Creation of informational material for students/parents regarding peer education course	3.0
6/22/09	- Health class: preventing infectious diseases - Curriculum development/lesson planning (peer education course)	6.0
6/23/09	- Health class: lifestyle diseases - Curriculum development/lesson planning (peer education course)	6.0
6/24/09	- Health class: other diseases and disabilities - Curriculum development/lesson planning (peer education course)	6.0
6/25/09	- Health class: adolescence and adulthood - Curriculum development/lesson planning (peer education course)	6.0
6/26/09	- Health class: marriage, parenthood, and families - Curriculum development/lesson planning (peer education course)	6.0
6/27/09		
6/28/09	- Curriculum development/lesson planning (peer education course)	3.0
6/29/09	- Health class: reproduction, pregnancy, and development - Curriculum development/lesson planning (peer education course)	6.0
6/30/09	- Health class: building responsible relationships - Curriculum development/lesson planning (peer education course)	6.0
7/1/09	- Health class: risks of adolescent sexual activity - Peer education course: introduction - Curriculum development/lesson planning (peer education course)	6.0
7/2/09	- Health class: HIV and AIDS - Peer education course: chronic diseases - Curriculum development/lesson planning (peer education course)	6.0
7/3/09	- Health class: conclusion - Peer education course: infectious diseases - Curriculum development/lesson planning (peer education course)	6.0
7/4/09		
7/5/09	- Curriculum development/lesson planning (peer education course)	3.0

Date	Activities	Hours
7/6/09	- Peer education course: obesity/diabetes - Curriculum development/lesson planning (peer education course)	6.0
7/7/09	- Peer education course: obesity/diabetes - Curriculum development/lesson planning (peer education course)	6.0
7/8/09	- Peer education course: obesity/diabetes - Curriculum development/lesson planning (peer education course)	6.0
7/9/09	- Peer education course: obesity/diabetes - Curriculum development/lesson planning (peer education course)	6.0
7/10/09	- Peer education course: obesity/diabetes - Curriculum development/lesson planning (peer education course)	6.0
7/11/09		
7/12/09	- Curriculum development/lesson planning (peer education course)	3.0
7/13/09	- Peer education course: heart disease - Curriculum development/lesson planning (peer education course)	6.0
7/14/09	- Peer education course: hypertension - Curriculum development/lesson planning (peer education course)	6.0
7/15/09	- Peer education course: stroke - Curriculum development/lesson planning (peer education course)	6.0
7/16/09	- Peer education course: cancer - Curriculum development/lesson planning (peer education course)	6.0
7/17/09	- Peer education course: alcohol - Curriculum development/lesson planning (peer education course)	6.0
7/18/09		
7/19/09	- Curriculum development/lesson planning (peer education course)	3.0
7/20/09	- Peer education course: tobacco - Curriculum development/lesson planning (peer education course)	6.0
7/21/09	- Peer education course: oral health - Curriculum development/lesson planning (peer education course)	6.0
7/22/09	- Peer education course: hepatitis A - Curriculum development/lesson planning (peer education course)	6.0
7/23/09	- Peer education course: influenza - Curriculum development/lesson planning (peer education course)	6.0
7/24/09	- Peer education course: HIV/AIDS - Curriculum development/lesson planning (peer education course)	6.0
7/25/09		

Date	Activities	Hours
7/26/09	- Curriculum development/lesson planning (peer education course)	3.0
7/27/09	- Peer education course: STI - Curriculum development/lesson planning (peer education course) - Development of educational materials for 09-10 health class	6.0
7/28/09	- Peer education course: STI - Curriculum development/lesson planning (peer education course) - Development of educational materials for 09-10 health class	6.0
7/29/09	- Peer education course: tuberculosis - Curriculum development/lesson planning (peer education course) - Development of educational materials for 09-10 health class	6.0
7/30/09	- Peer education course: leprosy - Curriculum development/lesson planning (peer education course) - Development of educational materials for 09-10 health class	6.0
7/31/09	- Peer education course: conclusion - Development of educational materials for 09-10 health class	6.0
8/1/09		
8/2/09	- Development of educational materials for 09-10 health class	3.0
8/3/09	- Development of educational materials for 09-10 health class	6.0
8/4/09	- Development of educational materials for 09-10 health class	6.0
8/5/09	- Development of educational materials for 09-10 health class	6.0
8/6/09	- Development of educational materials for 09-10 health class	6.0
8/7/09	- Development of educational materials for 09-10 health class	6.0
8/8/09		
8/9/09	- Meeting with Miller Benjamin	3.0
8/10/09	- Meeting with incoming health teachers	3.0
Total		333.0