Reflections by Maggie Dexheimer Pharris, M.S., M.P.H., RN

As a recipient of the University of Minnesota School of Public Health’s first “J. Arthur Myers Memorial Scholarship for International Experience in Public Health”, I traveled to Guatemala and Costa Rica during the month of August to participate in an international conference on adolescent health, visit programs centered on the health and well-being of adolescents, and meet with nurse leaders and educators.

The adolescent health conference, part of the 10th Latin American Congress of Pediatrics, included 80 adolescent health practitioners from throughout the Americas. Dialogue included cross-national perspectives on adolescent growth and development, sexual behavior, mental health and development, substance use, violence, and unintentional injuries, psychosocial risk and protective factors, the role of work in adolescents’ lives, and consent and confidentiality. It was fascinating to note the relation of countries’ political, social, and economic structures to both indicators of adolescent health status and prevention/intervention approaches.

Cándido Roldán, from Argentina, presented a theoretical model of violent behavior in youth that has as its base the country’s external debt. He hypothesized that as the external debt increases, less money is spent on health, education, and programs supporting youth, which later results in higher levels of violent behavior. Dr. Roldán has worked successfully with a multidisciplinary team in reducing levels of violent behavior through the implementation of a community-wide school-based intervention. Dr. Dina Krauskopf, a psychologist from Chile currently practicing in Costa Rica, presented a model depicting the impact of globalization, modernization, and mass communication on families and adolescents.

Because Costa Rica has a diversified economic base and has no armed forces, the country has been able to prioritize high quality national health and education services. Everyone pays 5% of his or her income for health care services.

Laurie Zabin, Ph.D., one of the leading researchers in the United States in the areas of adolescent sexuality, teen pregnancy, and school health services, was featured at a symposium sponsored by Graduate Studies in Adolescent Nursing. Zabin’s most recent research has compared adolescents with positive and negative pregnancy test outcomes on indicators of educational aspirations, economic well-being, and psychological characteristics, including attitudes toward conception and childbearing. Dialogue during the GSAN symposium centered on implications of findings from these studies for future research, clinical practice, and public policy.

National studies of American Indian youth conducted by the University of Minnesota have indicated that in comparison with any other group of young people, Native Americans are the most devastated group of adolescents in the United States, by any measure or indicator of health and well-being. Yet, they continue to be the least understood population of high risk young people. As a group, they have the highest rates of intervention. Dr. Linda Bearinger, Ph.D., Principal Investigator, and colleagues from the Schools of Public Health and Medicine were recently awarded a three-year $959,000 research grant from NIH's National Institute for Nursing Research. The intent of the research is to examine the impact of a community-based comprehensive youth development program on risk behaviors and protective factors among urban American Indians, ages 10-18.

Continued on page 4
COSTA RICA AND GUATEMALA

Continued from page 1

prevention is the essential component of the Costa Rican system—bus drivers cannot admit more passengers than there are seats, cars are routinely stopped to assure seatbelt usage, and health education billboards dot the streets and highways. The health care delivery system is stratified with a primary health care practitioner for every 350 households—this person travels by motorcycle, providing preventive health care and screening services in people’s homes.

The department responsible for the health of adolescents in Costa Rica, the Programa de Atención Integral del Adolescente (Program of Integral Attention of Adolescents), has as its goal to “promote, protect, and maintain the physical, mental, and social health of adolescents and to reduce morbidity and mortality in the adolescent population.” Sponsored jointly by the Ministry of Health and the social security system, with supportive funding through the Pan American Health Organization and the Kellogg Foundation, this program functions on three levels. At the national level, a multidisciplinary staff produces resources for practitioners, hosts monthly meetings to inform representatives of the mass media what they can do to promote adolescent health, conducts health education campaigns, instructs professionals in the care of adolescents, trains peer educators, and staffs a national toll-free teen health hotline. At the regional level, multidisciplinary coordinating boards and a regional adolescent health coordinator assess the needs of adolescents in the region and work to assure that culturally appropriate, comprehensive, multidisciplinary approaches are being carried out at the local level. On the local level, a casa de los adolescentes (house for adolescents) is being established in each municipality. These houses are staffed by nurses, physicians, psychologists, social workers,

ACTIVITIES OF FACULTY & STAFF

Renee Sieving, M.S., RNC, PNP: Presented "Basic Concepts in Identifying the Health Needs of Adolescents," a curriculum developed by the Center for Continuing Education in Adolescent Health, to state-level leaders and providers of adolescent health services in Arkansas in July and Colorado in August. Sieving and Dexheimer Pharris co-presented this same eight-session curriculum during October to an interdisciplinary group of fellows from the Division of General Pediatrics and Adolescent Health at the University of Minnesota.

Sieving and Dexheimer Pharris also developed and presented "Meals of Fortune," a nutrition education module for adolescent athletes that provides information on "everyday eating," fluid replacement, and pre-game meals, to a group of Twin Cities high school basketball players.


Maggie Dexheimer Pharris, M.S., M.P.H., RN: Presented "Adolescent Experience of Violence and Abuse" for Doctors Ought to Care, October; "Adolescents and the Law--Issues of Consent and Confidentiality," pediatric noon conference at Hennepin County Medical Center August 25; and "Legal Considerations in Caring for Adolescents" for the University of Minnesota Adolescent Health Program.

Dexheimer Pharris has also been working with a multidisciplinary group of adolescent health practitioners in Hennepin County to develop guidelines to help professionals discern issues of consent and confidentiality in caring for adolescents.

Elizabeth Carlson: Presented information on teen mothers as part of a panel, "Feminist Perspectives of Motherhood" for Women's Studies 1001 in November.

Carlson recently completed a research study of the demographics of sexual orientation among Native American adolescents.

WELCOME!

Welcome to the following student, who started Fall Quarter:

Lori Carlson, PNP, RN, received her BSN from the U of M's School of Nursing in 1980, and completed her Nurse Practitioner certificate training at St. Catherine's College, Minnesota, in 1986. She worked in general pediatrics in a suburban clinical practice, then joined Teen-Age Medical Service (TAMS), the adolescent health clinic of Minneapolis Children's Hospital. She has worked as a Nurse Practitioner at TAMS for the past 7 years. She also works at Southwest High School's school-based clinic.

And welcome to our new staff member, Stephanie Harris-Benda, who has joined Graduate Studies in Adolescent Nursing as a Principal Secretary. She comes to GSAN from the Division of Epidemiology in the School of Public Health. She is located in the GSAN Program Office, 6-190. She can be reached at the Program Office number, (612) 624-3938. Feel free to call or stop by with questions, or just to say hello.

DEADLINE REMINDER: The deadline for application to Graduate Studies in Adolescent Nursing for Fall 1995 is April 15. Application materials are available through the GSAN office.
and educators. The staff, committed to primary prevention, focuses its energy in the community and in the schools. The primary roles of nurses are with individual and group health education and screening.

In Costa Rica, as in Guatemala and the rest of Central America, advanced practice nursing education is in the early stages of development. Traditionally there have been two levels of professional nurses—technical nurses with three years training, and professional degree (licenciatura) nurses with six years training. Nurses who have studied abroad are establishing a masters degree program at the University of Costa Rica. The director of the school of nursing, Lic. Lucía Alfaro, is seeking to collaborate with the University of Minnesota Graduate Studies in Adolescent Nursing in developing curriculum for advanced practice in adolescent nursing at the University of Costa Rica.

I spent two weeks in Guatemala hosted by Ana María Ochoa Menéndez, Guatemala’s national director of nursing education. Because of the economic and political differences between the two countries, nursing practice is very different in Guatemala from Costa Rica. Guatemala is a mountainous, fertile land with a population that is 80% Mayan Indian, representing 22 tribes with 22 different languages. Most of the land is used to grow export crops for the US and Europe, yet 8 out of 10 rural Mayan children are malnourished. The country has been ravaged by a civil war—over 100,000 people, mostly indigenous, have disappeared, been tortured, or killed in the past 15 years (the majority being farm workers, trade unionists, doctors, nurses, youth workers, teachers, and church people).

One half of Guatemala’s annual budget goes to pay the interest on its external debt, leaving little for human services once the military is financed. Budget constraints are extreme. This year, the ministry of health has allocated 500 quetzales ($80) to the school of nursing for all continuing education, skills labs, and library costs for the three national schools, and the department of continuing nursing education—this money will buy only one textbook. The directors of the national schools of nursing expressed the difficulty of functioning without a copy machine and the lack of paper to give students exams—most instructors were paying for the exam booklets out of their own salaries.

Since purchasing textbooks is not economically feasible for students, many of the texts have been compiled by professors and mimeographed. The MCH text was written in a manner that presents interventions for each health problem, first with primary prevention strategies, then secondary, and finally tertiary prevention strategies—by the end of the course the student is well versed in public health prevention strategies. Since high tech health care and most medical treatments, as well as screening procedures, are out of financial reach for the vast majority of Guatemala’s population, nurses must focus on primary prevention by necessity. Infant mortality in Guatemala is 59 per 1,000 live births as compared to 17.4 in Costa Rica and 9.7 in the US; the per capita GNP is $880 in Guatemala, $1,760 in Costa Rica, and $19,789 in the US; and the life expectancy at birth is 59 in Guatemala, 76 in Costa Rica, and 75 in the United States (as reported in the 1990 World Population Data Sheet of the Population Reference Bureau, Washington DC.).

While in Guatemala, I was invited to travel through the northern mountains to speak to the nursing faculty in the city of Cobán. These women are doing an amazing job of delivering very high quality instruction in both Spanish and a native Mayan dialect to a largely indigenous student body. They have requested our assistance in providing curriculum and adolescent nursing educational content in the Spanish language. As part of their instruction and as a way to serve the extremely impoverished population, they have established a nursing clinic to provide health promotion services, routine screening, vaccinations, and simple treatments. All of the expenses are absorbed by the instructors and students with the exception of vaccinations obtained from a non-governmental organization.

I came home from Costa Rica having experienced what is likely one of the most advanced adolescent health delivery systems in the world. And I came home from Guatemala appreciating more fully the importance of primary prevention world-wide, and realizing the luxury of computers, copy machines, research grants, exam paper, toilet paper, soap, and aspirin. As professionals, may we be challenged to learn from our colleagues who are doing so much with so little in other countries, and may we be moved to share our resources and knowledge across national boundaries!

ANNOUNCEMENTS

NEW COURSE

Renee Sieving is preparing a 3-credit course, Advanced Clinical Interventions With Adolescents, to be taught during spring quarter 1995. This course is designed for nurses and other health professionals who have an interest in clinical work with adolescents. The course offers a synthesis of knowledge from nursing, public health, and adolescent development integrated with legal and ethical principles and models of health behavior as a framework for developing clinical assessment and intervention strategies that target health risk behaviors of adolescents. For more information on this course, call the GSAN office at (612) 624-3938.
morbidity and mortality on nearly all health indices among all adolescents in the U.S. By all indications, American Indian children and adolescents in urban settings fare even worse than their rural, reservation-based counterparts, and urban Indians comprise over 50% of the Native population of the United States. Survey research on this population is still in its infancy; there is even less that examines the effectiveness of youth development programs designed for this culturally distinct group of young people.

The program involved in the research study is based at the Minneapolis American Indian Center (MAIC), a non-profit American-Indian led community organization. All participants in the youth development program at MAIC, called the Ginew/Golden Eagles Program, are involved in intensive weekly activities including evening meals, family groups, recreation, academic support, and cultural/spiritual programming as well as access to primary health care services. Using a resiliency theoretical framework, this longitudinal study will examine interrelationships among organizational, familial and individual characteristics which promote protective factors that enhance well-being and buffer against adverse or health-compromising physical, social and psychological outcomes.

Bearinger will work with an interdisciplinary team to implement the study. Research team members, drawn from both University and American Indian communities, include adolescent health primary care providers, experts in evaluation and health service research, faculty from public health, medicine and nursing as well as professionals experienced in the development of community-based programs for American Indian youth.

Within the context of a resiliency framework, the findings are expected to guide the future development and dissemination of culturally-sensitive youth-serving programs, while the evaluation process itself is anticipated to provide a model of capacity-building within the host organization for purposes of ongoing evaluation, feedback, and continuous program self-monitoring.

Faculty and staff of GSAN will be presenting a number of research papers at the up-coming meetings of the Society for Adolescent Medicine, March, 1995, in Vancouver, British Columbia, Canada. Three of the papers focus on American Indian youth. Bearinger will be presenting a paper on the co-occurrence of risk behavior among Indian youth that underscores the need to reexamine the categorical approaches to health interventions. Dexheimer Pharris's paper focuses on protective factors for Native American boys and girls who have been sexually abused. As study of the demographics of sexual orientation of American Indian youth will be presented by Carlson, who will also present a paper that explores heterosexual behaviors and pregnancy among non-heterosexual adolescent girls.

Sexual behavior is the focus of three other papers first-authored or co-authored by GSAN faculty. Sieving's research, drawn from a longitudinal data set of 400 boys and girls with a mean age of 17.1 years, focuses on predictive factors associated with safe condom use. Bearinger is co-author on two other papers addressing issues related to sexual behavior and STD acquisition. These papers are focused on both measurement and health behavior.

Four of these papers will also be part of the focus of the Nursing Research Forum, to be held on Saturday, March 25, 1995 at the Society for Adolescent Medicine (S.A.M.) annual meetings in Vancouver. The Nursing Research Forum provides an opportunity for nurses to discuss current adolescent health research activities that are directed by nurse members of S.A.M. It is one of the largest gathering of nurses from across the country who work in adolescent health. Even if you are unable to attend the entire S.A.M. meeting, consider participation in this exciting annual research forum for those in adolescent nursing. For inquiries about the March 1995 S.A.M. meetings in Vancouver, B.C. contact Eddie Moore at S.A.M. headquarters, (816) 795-8336.

This newsletter was funded in part by Project # MCJ-279185 from the Maternal and Child Health Bureau, (Title V, Social Security Act) Health Resources and Sevices Administration, Department of Health and Human Services.