

## **The Back to School Bash:**

### **An Example of Health Promotion and Community Investment**

An evaluation of a community event to encourage health promotion and self-efficacy at

Matthew Walker Comprehensive Health Center in Nashville, Tennessee

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**Introduction:** The Back to School Bash (BTSB) is a community event held annually in July to provide school supplies for Matthew Walker Comprehensive Health Center's pediatric clients. The event is sponsored with local partners in the Nashville, TN. healthcare community providing clients an opportunity to see the community health center as an integral part of their daily lives. Clients attending the BTSB receive free food, participate in fun activities and learn health promotion skills. Those families attending the required number of educational sessions obtain much needed school supplies for their children in a family - friendly environment. MWCHC patients are typically under the federal poverty line at 100% - 200%, with over 70 % uninsured (Matthew Walker Comprehensive Health Center USD Report, 2010). Vanderbilt Sickle-Cell Clinic and Meharry Medical School were co-sponsors of the BTSB this year.

The scholar author of this paper was asked on June 4th, 2013 to be a part of the MWCHC planning committee for this event. During a planning committee meeting, it was decided to add the educational activities each registrant would be required to

attend in order to obtain school supplies. It was felt by the committee members that this requirement would promote personal responsibility and self-efficacy. All educational sessions focused on health promotion topics. The Service-Learning Project the scholar author would complete for the GE/ Primary Care Leadership Program would involve this BTSB experience.

**Background:** Educational literature has evaluated service-learning projects for student nurses in community health settings previously (Lashley, 2007). Nursing in community based settings is unique because special consideration is given to social and cultural aspects of care provided to a diverse client population. Components of community - based care to consider when participating in a service learning project are collaboration, continuity of care, preventive health care and client \ family responsibility for self-care (Lashley, 2007).

Service learning experiences, as an educational strategy, integrates community service, instruction and self-reflection. It seeks to enrich learning, teach civic responsibility and improve communities. Service learning benefits all partners involved including teachers, students and community partners. Students are required to provide meaningful reflection of learning experiences thereby helping them define their own personal belief system, biases, and healthcare philosophy. Students consider and analyze the social and political forces that influence healthcare in disadvantaged population groups. Solutions are developed to improve the lives of each individual by fostering personal responsibility and self-efficacy. The primary goal of service learning is a deeper understanding of the human condition (Lashley, 2007).

Socioeconomic status, environment, physical inactivity and smoking contribute to 1.5 million US deaths each year from chronic diseases (Woolf, Dekker, Byrne & Miller, 2011). These chronic conditions are a major source of morbidity and healthcare costs. There is mounting evidence chronic diseases are exacerbated by emotional, social and cultural factors (Peterson, Hutchings, Shrader & Brake, 2011). Research has shown many minority individuals delay treatment until the acute phase of illness (Peterson et al, 2011).

Nola Pender's Health Promotion Model states the environment can be manipulated to create positive health-enhancing behaviors. The model states there is a reciprocal relationship between the person and the environment, with life experiences shaping health behaviors. Healthcare personnel are a part of the environment, influencing client health behaviors across their life spans. Health is a continuously changing life experience with individuals engaging in behaviors they believe are beneficial to them. When positive feelings are associated with the desired behavior individuals are more likely to adopt and practice a particular behavior. Clients are more likely to engage in healthy behaviors that have been modeled and expected, with assistance and support provided as needed. External environmental influences can increase participation in the desired health promotion behavior change (Pender, Murdaugh & Parsons, 2011).

Bandura defines self-efficacy as the belief in one's ability to perform a certain healthcare task, belief in one's ability to reach a certain goal and the personal belief one can master a situation producing a positive outcome. Competency is obtained when performing tasks or activities that lead to mastery of a certain task or behavior. Three

factors influencing self-efficacy include behavior, environment and personal/cognitive factors (Bandura, 1977).

Community engagement and involvement is an approach where communities participate in a positive manner in health promotion activities to improve health and promote behavior change. Community involvement can be used to help decrease health inequalities in disadvantaged populations (Attree, French, Milton, Oval, Whitehead and Popay, 2011; Handsley, 2006). Communities can be defined in many ways. A community may be a geographical area or locality, a group who shares a belief in a social or emotional issue or an entire neighborhood (Handsley, 2006). Usually, there are a variety of characteristics in a community. Characteristics include different races, ethnicities, genders, religions, ages and groups but critical to a community is the shared consciousness of members in relation to each other, a shared identity. It is inclusive and the members feel like they “belong” to the community (Handsley, 2006).

The community is increasingly seen as a means of tackling health disparities and social conditions affecting each individual’s personal healthcare (Attree et al, 2011). When attempting to change behaviors and habits individuals practice regarding their personal health, it is important to remember change usually begins at home but reinforcement is usually needed. The community health center can assist with this process of positive behavior change (Handsley, 2006). A community health center can be instrumental in health promotion education and a focal point in a community. When there is community involvement in healthcare, ownership and empowerment enhances client’s views of health, provides positive benefits to their health and makes the

healthcare center accountable to the clients served at a specific facility (Atree et al, 2011).

When healthcare interventions address socioeconomic conditions as part of the care paradigm, there is a greater chance to influence health behaviors and modifiable risk factors (Woolf, Dekker, Byrne & Miller, 2011). The Build a Healthier American commission of the Robert Wood Johnson Foundation continued to recommend community efforts to address economic, neighborhood and school factors that integrate safety and wellness into all parts of community life. This becomes a citizen – focused approach to health promotion. Community support is critical to improving health promotion behaviors in clients from economically disadvantaged backgrounds (Woolf et al, 2011).

The objective of this paper is to explore how the BTSB was planned, implemented and coordinated between members of the Nashville, TN healthcare community. The BTSB was developed to improve the lives of clients who received healthcare services at the Matthew Walker Comprehensive Health Center or the Vanderbilt Sickle – Cell pediatric clinic, both co-sponsors of the BTSB. This event promoted personal responsibility and self-efficacy with provision of needed school supplies to meet not only the healthcare needs of clients but also the socioeconomic needs of families with school – aged children.

## **Methodology**

A planning committee was formed in early June to coordinate each section of the BTSB. The planning committee members included 2 employees of the MWCHC staff, a

representative from the Vanderbilt Sickle – Cell clinic and the student author. During one planning committee meeting, the focus of the BTSB changed from a family fun event for school supplies to a health promotion event. A unanimous decision was made by the planning committee to require the MWCHC clients to attend classes on various health promotion topics in order to receive school supplies. A passport document was developed by the committee (see appendix 1) which listed all class topics, times of classes, rooms where classes were to be held and other useful information for each participant. Each participant was required to attend 3 different health promotion sessions and have their passport stamped or signed by a staff member to show attendance. When the passport was completed, the participant was sent to a conference room with backpacks divided by age group to obtain the school supplies for their children.

Health promotion topics were chosen based on sponsorship of the event and whether the topic was felt to be important to the population served. The student author of this paper taught the class on the Importance of Health Screenings. Other health promotion topics included How to use a MDI - Asthma education class, Diabetic Education cooking class, what is a Medical Home and a Sickle-Cell Disease information class. Other tasks were divided between the committee members to complete. The PCLP scholar author was in charge of providing crafts and supplies for the children with a health promotion theme. Vendors were solicited to participate in the BTSB. Volunteers were recruited to help with setup of the event at the MWCHC parking lot, take down, registration and to help with various tasks the day of the event. A questionnaire was

developed by the PCLP Scholar to collect data on health screenings and demographics (appendix 2). The only data question measured was

“Has your primary care provider at Matthew Walker Comprehensive Health Center discussed the importance of health screenings with you”.

Vendors who participated in the BTSB included the following:

- 1) Vanderbilt Sickle - Cell Clinic
- 2) Meharry Medical College
- 3) United Healthcare
- 4) My Health at Vanderbilt
- 5) Delta Dental
- 6) MWCHC Asthma Clinic
- 7) Dollar General Corporation
- 8) American Cancer Society – Nashville Office
- 9) March of Dimes – Nashville office

Other groups who provided volunteer hours or participated in various ways included:

- 1) Alpha Kappa Alpha Society
- 2) Mt. Zion Missionary Baptist Church
- 3) GE/PCLP student scholar volunteers
- 4) Meharry medical College student volunteers
- 5) MWCHC employee volunteers
- 6) Vanderbilt employee volunteers

Two types of testing services were offered to participants including sickle – cell trait testing and incentive spirometer measurements for asthma clients.

Children's activities at the BTSB included:

- 1) Face painting
- 2) Bounce houses
- 3) Crafts
  - a) Healthy Pizza craft
  - b) Picture frame painting
  - c) Decorate a foam visor
  - d) Food pyramid magnet
  - e) Coloring pages and crayons
  - f) Decorate a door hanger
  - g) Decorate a foam peace symbol or foam flower
- 4) Dance contest with DJ
- 5) Free Toys – these were set out on a table, with volunteers assisting children to pick a couple toys of their choice. These were small toy items donated by the Dollar General Corporation.
- 6) Food for lunch was provided free for each person who was a volunteer or participant. A Meal ticket was given at registration for the clients and family members present. Food choices were The Hot Spot, a mobile restaurant, serving burgers, fries and American food options and Calypso's which offered

a healthy chicken alternative. Ice cold bottled water, slushes and popcorn were provided as snacks free of charge.

A backpack stuffing event was held the Tuesday prior to the BTSSB on July 16, 2013. Volunteers from the BTSSB participating groups attended and stuffed the backpacks with school supplies according to age. Approximately 35 volunteers assisted with the backpack stuffing project. Three hundred school backpacks, 200 education material bags and 50 maternity care bags were created to pass out to clients at registration for the event.

The morning of the BTSSB volunteers were asked to be at the start area at 7:30 am to set up chairs, set up specific areas like crafts, pop the popcorn, place bottled water in iced bins, make sure all forms were copied and ready for the registration table and direct the vendors to their assigned tables. Volunteers were required to sign in, sign a liability form, and receive their luau and nametag. Meal tickets were provided to each. The luau was given to each volunteer as a symbol to distinguish workers from clients in attendance. The BTSSB was from 9:00 am - 1:00 pm, July 20, 2013.

## **Discussion**

The 2013 Back to School Bash was a great success. The number of participants and number of backpacks passed out doubled from the previous year. Over 200 families attended the event, up from approximately 75 families the previous year. Over 200 backpacks were passed out in comparison to approximately 90 the previous year.

According to Pender's Health Promotion Model (2011) positive behavior change can occur in an environment that produces pleasant and positive feelings. A family fun

event meets the criteria of Pender's model in most cases. Children have fun, families have social and educational needs met and positive behavior changes are more likely to be adopted. When socioeconomic needs are met such as providing school supplies to needy children, clients can be educated to adopt health promotion behaviors that address the effects of chronic diseases such as hypertension and diabetes so prevalent in minorities. When clients are shown positive regard and support, they are more likely to exhibit self-efficacy and personal responsibility for their healthcare. They truly become a member of their own healthcare team. All health promotion classes attempted to educate clients on healthier behaviors to improve their lives. At the BTSSB, MWCHC became a focal point of the Nashville community it serves, striving to meet the social, economic, and healthcare needs of clients served at the facility in a fun yet dramatic way.

The BTSSB is a dynamic way to meet the many needs of clients served by the community health model of care. This model of health promotion and client education can be used by other facilities to integrate fun activities, health promotion classes, patient self-efficacy and personal responsibility, improving the lives and health of the clients who participate in this unique health promotion model.

## **Recommendations**

- 1) Advertising is an important part of any community event. It is recommended to begin planning committee meetings in April rather than June of the event year to

allow adequate time for advertising. This would bring in more participants both as vendors and clients.

- 2) Pass out advertising flyers the 2 weeks prior to the event to all clients who visit MWCHC for care.
- 3) Revise the data collection tools and methods. There were problems with getting the tools to clients.
- 4) Continue with follow-up data collection after the bash is over at 6 months to see if the educational sessions impacted behavior change in clients. Develop a follow up data collection tool that can be mailed to clients who attended with a self-addressed envelope to encourage return of data collection tool.
- 5) Reach out to community members in a joint effort to improve the community's health. Provide classes at neighborhood churches, engage children in an after school exercise program or provide building space for community partners to hold meetings and events. The health center then becomes a focal point of the community and is seen as a valuable asset to many people in the community, not just a healthcare center.
- 6) Expand the educational sessions at the BTSSB to include more choices for adults and add classes for children to focus on topics such as exercise, healthy eating and good hand washing.
- 7) Place slushy machine in a shaded area under a tarp to encourage correct freezing temperature.

## Conclusion

The BTSB community fun event can provide a model of how community engagement in positive health promotion activities benefits both clients and communities. By promoting behavior change through health promotion classes, the community health center becomes central in removing health disparities, improving access to care, controlling chronic conditions and meeting the social /economic needs of the clients served.

## References:

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Pender, N.J., Murdaugh, C. L., & Parsons, M.A. (2011). *Health Promotion in Nursing Practice* (6th Edition). Boston, MA: Pearson

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Wolf, S. H., Dekker, M. M., Byrne, F. R. & Miller, W. D. (2011). Citizen – Centered health Promotion: Building collaborations to facilitate healthy living. *American Journal of Preventative Medicine*, 40, 38 - 47.

## Appendix 1

One side of passport ( it was printed on an 8 ½ X 11 sheet of paper, folded in half)

Other Activities 	
EVENT	TIME
Face Painting	10:30am—12:30pm
The Hot Spot (food truck)	10:00am—1:00 pm
Calyпсо (food)	10:00am-1:00pm
DJ contest (30 minutes each) **Giveaways**	9:30am; 10:30am 11:30am; 12:30pm
Arts & Crafts	9:00am-1:00pm
Bounce houses	9:00am– 1:00pm



Thank you for joining us for the Back To School Bash. This event is a collaboration between Matthew Walker Comprehensive Health Center, Meharry and Vanderbilt. If you want to get some school supplies, please read below to find out how.

*Have fun!*



To get school supplies, you will need to visit tables, answer some questions and attend a few educational sessions. When you go to a table or session, someone will check that you attended.

School supplies will be given away starting at 11:30 am. Make sure your passport is completed! Follow the signs from the lobby to the second floor.

## Side 2 of passport

Passport 	
You need to visit 3 tables (blue boxes)	You need to visit 3 educational sessions ( yellow boxes)
MyHealthAtVanderbilt	Sickle cell disease education
Sickle Cell Trait testing	Medical Home
Spirometry: lung function test	Diabetes Education
United Health Care	Asthma education
	Screening education
<b>Full name</b>	
<b>Phone number</b>	
<b>Zip code</b>	
<b>Email</b>	
<b>Birth date</b>	
<b>Race</b>	

Agenda 	
EVENT	TIME
Sickle cell trait testing (table)	9:00am– 1:00pm
Spirometry (asthma testing)	9:00am– 1:00pm
MyHealthatVanderbilt (table)	9:00am– 1:00pm
UnitedHealthCare (table)	9:00am– 1:00pm
Diabetes Education Session	11:00am– 11:30am
Medical Home Education Session	9:30am– 9:45am 10:45–11:00 am
Sickle Cell Disease Education Session	9:45am– 10:00am 10:30am-10:45am
Asthma Education Session	10:00am– 10:15am 11:30am-11:45am
Screening Education Session	10:15am-10:30am 11:45am-12:00pm
School Supply Giveaway	11:30 am– 1:00 pm

## Appendix 2

### Health Screening Questionnaire

- 1) What is your sex ? 2) What is you age? \_\_\_\_\_
  - A) male
  - B) female
- 2) Do you have a primary care doctor or nurse practitioner you see regularly (at least once a year) for your personal health needs?
  - A) yes
  - B) no
- 3) Is your Primary Care Doctor/ Nurse-Practitioner at Matthew Walker Comprehensive

Health Center?      A) yes      B) no

**4) If you are a female -**

A) Have you ever had a pap smear?

1) yes      2) no

If yes, when was your last one done? \_\_\_\_\_(year)

B) Have you ever had a mammogram?

1) yes      2) no

If yes to B (mammogram):

When was your last one done? \_\_\_\_\_(year)

Have you had a mammogram at Matthew Walker during October in a previous year?

1) yes      2) no

If yes, what year? \_\_\_\_\_

- When answering the following, please limit to maternal (mom's side of the family)

mother, grandmother, sisters, aunts

4) Has anyone in your family ever had breast cancer?

A) yes      B) no

If yes, Who \_\_\_\_\_

5) Has anyone in your family ever had cervical cancer ?

A) yes      B) no

If yes, Who \_\_\_\_\_

**If You are a Male:**

6) Have you ever had a PSA (prostate specific antigen) blood test?

A) yes      B) no

**Everyone answers the following:**

7) Have you ever had a test for fecal occult blood (blood in the stool)?

A) yes      B) no

8) Have you ever had a colonoscopy ?

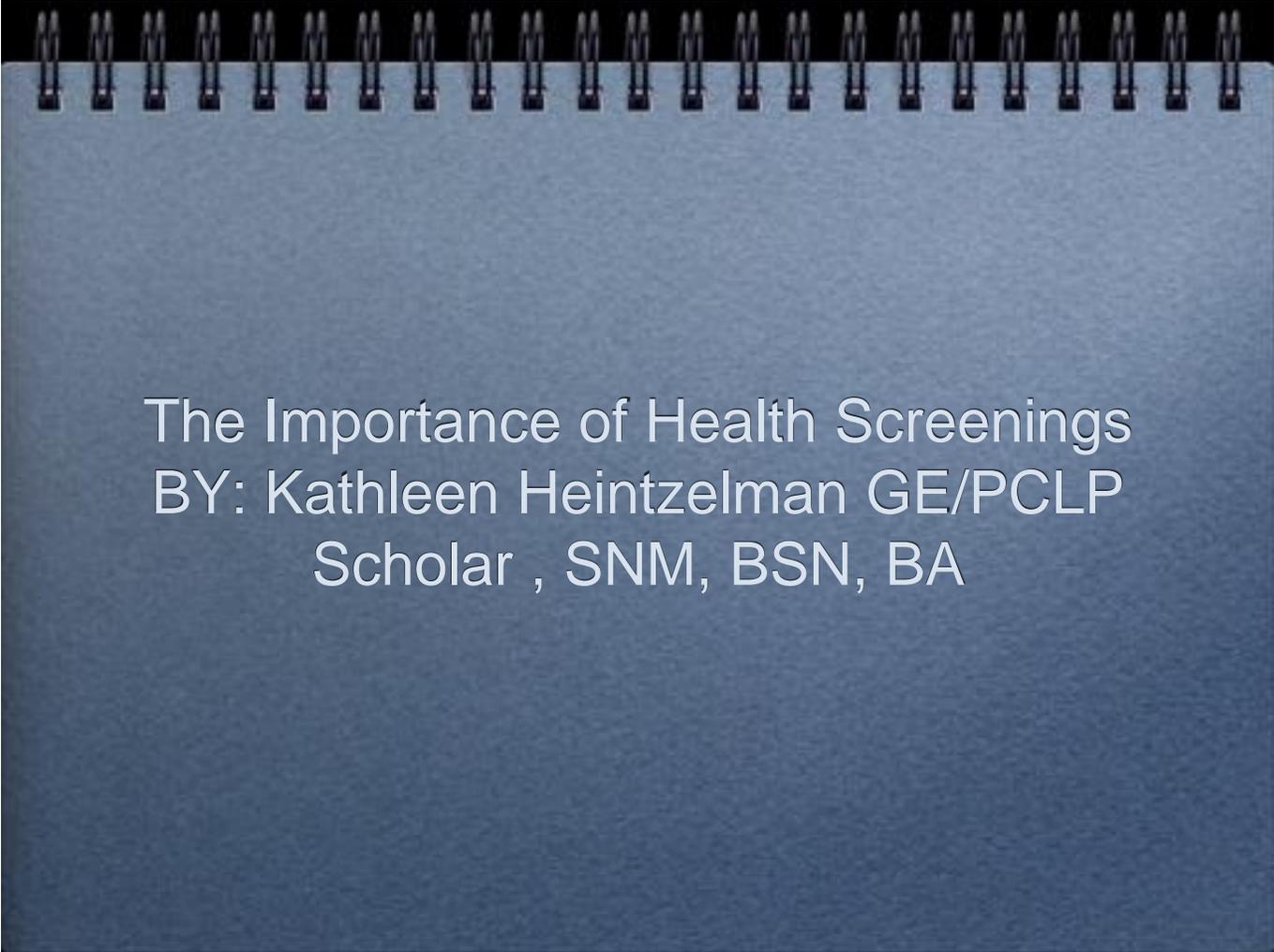
A) yes      B) no

If yes, how long since your last one? \_\_\_\_\_(years)

9) Has your primary care provider ever talked with you about the importance of screening tests for good health?

A) yes    B) no

**Appendix 3**



The Importance of Health Screenings  
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