Education against AIDS

This article describes the development of a community education programme to combat the spread of AIDS in the West Suffolk Health District, a largely rural area of eastern England.

There is common agreement that health education aimed at encouraging changes in life-styles is a vital part of AIDS prevention. In the United Kingdom a national campaign of intensive media advertising and leaflet distribution to 23 million households, which led to increased awareness, has been bolstered by long-term programmes at district level in order to bring about behavioural changes. Thus the basic message is being adapted to the perceptions and needs of local subcultures.

In the West Suffolk Health District of eastern England, our aim has been to create a sound knowledge base among professional and lay people so that individuals can play a part in AIDS prevention, with a view to minimizing irrational responses caused by fear. The programme has used opportunities for education and counselling provided by face-to-face contact.

We set ourselves the following objectives:

- to equip professionals in various statutory agencies, and leaders of volunteer groups, commerce and the wider community to educate people about AIDS;
- to train key professional workers in AIDS education and counselling skills so that they would be able to work in community care on a geographical basis;
- to create programmes appropriate to the needs and perceptions of people involved in high-risk activities, whether homosexuals or heterosexuals, including intravenous drug users;
- to reinforce the AIDS prevention message while dispelling misconceptions about the disease;
- to inform senior management of all agencies about the programme and elicit their support for the above objectives.

Organizational structure

Before the inception of the AIDS programme, several structures already existed in the community with potential for providing an extensive network to facilitate health programmes. There was, however, a need for statutory agencies to commit themselves to community participation and to take a lead in the coordination of activities.

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In 1986 the community-based health services were reorganized into six geographical sectors, each with a community manager. One aim was to involve local communities in the planning and provision of health care. There is a commitment to inform the public as fully as possible on issues of health care, including resource implications, and to broaden the perception of needs to include health promotion and health activities, in addition to service provision. Already there is a heightened sense of identity in each locality. The community managers are reaching out to create health-related projects in partnership with community groups and other agencies, and the service is responding flexibly to expressed needs.

Since 1986 there has been a development of wider health education networks, which have proved invaluable in the implementation of the AIDS programme.

In June 1986 an AIDS task force was established under the District Medical Director. It formulates and monitors policies aimed at prevention, and has built on the working relationship that already existed between community medicine and health education. It ensures the endorsement of the district’s senior management board, provides authoritative leadership, coordinates all aspects of the programme, and liaises with other agencies.

The task force was soon seen as an expert resource by both the professional and lay communities, and demands for educational inputs multiplied. At the policy-making level, approaches were made to the health authority, the education authority and the social services department, and to the health committees of the district councils. We maintained a low profile, since we felt this to be appropriate for a low-prevalence district and consistent with our wish to create a climate of informed awareness while calming unnecessary fears. The impact of the programme and the enthusiasm of workers at the grass roots established credibility, and senior managers were obliged to give their wholehearted commitment and support for efforts being made at community level. Key staff from the various authorities were designated to work on AIDS prevention, and resources were allocated as needed. With regard to field staff, workshops were arranged with professional groups such as teachers, environmental health officers, and social workers. This has led to cooperation on the establishment of guidelines, the provision of in-service training, and the development of resources for different categories of client, and has given new life to certain working partnerships. Opportunities to work with community-based organizations such as the Youth Training Scheme, the St John

Much attention has been given to the education of professionals and community leaders, with a view to their passing messages to client groups and the general public.

Ambulance Brigade, and the churches have been created, and effective partnerships have been established for approaching health issues.

Education and training

The educational work was planned so as to combine rapid diffusion of information with well-designed schemes for the changing of life-styles (1).
We assumed that people's knowledge was minimal and confused, but we knew that in general they had an intense wish to learn about the subject. Action was planned

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around the organizational networks that already existed, and new ones were constructed. Additionally, we contacted certain groups with high-risk behaviour in order to meet their needs and perceptions.

One goal was to equip people from a variety of professional backgrounds, all with community-based responsibilities, to be lay educators. Another was to select a smaller number of key workers for in-depth training in AIDS counselling, who would become confident enough to give advice on all psychological problems related to infection with the human immunodeficiency virus (HIV).

The new management structure was extremely helpful in promoting this counselling network. As part of their ongoing training in community development, the community managers are developing individual programmes for utilizing their key workers in the context of each locality's needs, networks and structure.

Professionals and community leaders

A series of five seminars were arranged at lunchtimes for professionals from health, social service, education, voluntary and other agencies. Information was disseminated in a non-technical manner, mainly about epidemiology, risks to care-givers and the public, blood tests, counselling, and prevention. Speakers included a community physician, a consultant in genitourinary medicine, and a representative from the Terence Higgins Trust, a charitable body set up to help people with AIDS. This method was chosen in order to reach as wide a professional audience as possible. Awareness of the issues in prevention was raised and staff became more confident about their role in AIDS education. Transcripts of the seminars were given to those who attended. Subsequent evaluation revealed an increased awareness of risk factors and methods of prevention, and indicated that professionals had identified a role for themselves and their agencies in AIDS prevention.

Workshops were then organized for disciplines with strategic roles in AIDS prevention and/or with particular concerns about occupational risks (see box). The first part of each workshop was an abbreviated version of the original AIDS seminars, adapted to the needs of the discipline involved. Occupational risks were covered and participants' questions about the disease and personal risk were answered. The key to success lay in small-group work in the second part. Participants were able to develop strategies and identify resources needed to educate their own client groups. They went away with concrete plans for prevention and education, and the organizers learned what resources would be most effective to help them.

The workshops are being followed up in order to implement the strategies and meet the resource needs that became apparent during the group discussions. Thus the education authority is working with teachers
Workshops on AIDS were arranged for:

Hospital staff
Prison officers
Probation officers
School health staff
Officers of the Royal Air Force and the United States Air Force
School governors and parents
Environmental health officers
Community nurses
Social workers
Personnel officers and industrial nurses
Teachers
Clergy
Youth and community workers
Hairdressers, beauticians and tattooists
General practitioners
Trade union representatives
Home helps
Auxiliary nurses
Paramedical staff
Foster parents and adoption officers

and school governors to plan the inclusion of AIDS in secondary school curricula. In this connection it is important to maintain the confidence of parents. Open workshops are being held for staff, parents, governors and teachers from upper and middle schools. Small groups consider the issues of the home/school partnership in AIDS education and identify areas they believe should be handled with particular sensitivity.

A central counselling service for AIDS is available through the district’s genitourinary clinic, and in addition the task group has trained key workers in the geographical sectors. We planned to have two workers in each, one from the health services and one from another discipline, such as the social services. These workers were to have a role in education and were to be involved in counselling at the primary care level, as part of a district-wide network of counselling services. An initial training course has been followed by regular updating sessions. The group meets regularly to discuss cases and give mutual support. These trained professionals will be able to coordinate the work of volunteers who have already emerged from the community. On this basis, support groups and other forms of community care will be established for AIDS sufferers.

Groups at risk

Homosexual and bisexual men. We decided to seek one or two suitable men from the homosexual community who could be trained as AIDS educators. In a rural area such as Suffolk, communication with homosexual men is relatively difficult because they are often isolated. Bisexual men may be particularly vulnerable because they are not readily reached through homosexual channels. Many homosexual men who live in Suffolk go to cities outside the district for much of their social life. Discussions were held with a local homosexual group and several useful proposals emerged, among them the preparation of a safe-sex board game and cartoons, the use of local media to advertise telephone numbers that isolated homosexual or bisexual men can ring for advice on AIDS, and the staging of a high-quality AIDS-related play at a local theatre attended by homosexual men. A small number of volunteers have been trained and are acting as key workers for this group.
Intravenous drug users. The staff of the district’s drug advisory service were trained in AIDS counselling for intravenous drug users. A policy of syringe exchange was adopted by the health authority, and AIDS education was linked with messages on the prevention of hepatitis B. Cartoons aimed at particular types of drug users were developed. Thus, for a group of motorcyclists who injected amphetamines into their neck veins and considered themselves tough because they shared needles, we developed a cartoon that used humour to make the point about AIDS while retaining the tough image.

Heterosexuals. The AIDS risk to any sexually active person is emphasized in our educational programme. We have produced a leaflet entitled “Straight talk about safe sex” and have developed cartoons to bring this message home to young people in particular, together with a training programme for peer teaching by youth workers. A recent pilot survey of students in leaders, with a view to their passing messages to client groups and the general public. We feel that one-to-one education from authoritative sources is more effective than additional press articles in changing behaviour and allaying anxiety, and we attempt to equip the people we train with concepts that are easily understood by the lay public.

We have used the local media to direct people to convenient sources of advice. A telephone line originally set up to answer professional enquiries had to be used for primary counselling before trained community counsellors were available.

Information

Managers and staff have been investigating the awareness of health problems and the potential in the community for addressing them. As well as using community diagnosis (2), various sources of information, such as local government, have been drawn on, and surveys performed by other organizations have been studied.

In addition to district-based data, there is a need for information from national and regional sources. With regard to HIV infection, we require epidemiological information on persons with positive antibody tests.

The monitoring of the activities of health professionals at community level is now possible. We would expect, for example, to be able to determine how much time a community nurse is giving to the AIDS programme, or to health promotion, through a newly introduced information system.

For evaluating the specific effects of the education programme at community level, we would like to have some measures of
behaviour modification. We plan to expand our local questionnaire to cover changes made by individuals and to assess whether the changes are transient or permanent.

On the following grounds we feel that our programme is effective.

- There have been good attendances at all seminars and workshops.
- There are indications that participants in seminars and workshops have found them extremely valuable and are carrying out their role as educators.
- Requests for resources and further workshops have caused us to greatly accelerate and diversify the programme.
- Most importantly, the credibility established through the AIDS programme has led to the forging of links inside and outside the health service which should benefit other areas of preventive medicine.

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Reorganization of the management structure for community services coupled with the district AIDS education programme has accelerated the process of community participation in health development in West Suffolk. Furthermore, the following lessons of wider significance were learned.

- Health service managers should aim to bring management close to the community. Locality managers are readily identified, and their brief for community development is creating a service responsive and sensitive to the public’s demands. This requires the commitment of policy-makers at a senior level. Our experience confirms that health planners should give consideration to the importance of management structure in achieving health for all.
- Health promotion can be facilitated at community level by both professionals and lay leaders acting as educators.
- Reliable epidemiological data should be disseminated nationally and internationally to supplement locally gathered information. All information should be made available to local communities in a digestible form.
- Local surveys should be used to monitor changes in health-related behaviour. In West Suffolk we are regularly employing a well-tested instrument for surveying such behaviour in schoolchildren. Similar studies on adults would be of great value, and the East Anglian Regional Health Authority has agreed to consider conducting a survey along these lines.

References