

Cette présentation a été effectuée le 29 novembre 2011, au cours de la Rencontre internationale *La prochaine décennie pour les écoles favorisant la santé, le bien-être et la réussite éducative* dans le cadre des 15^{es} Journées annuelles de santé publique (JASP 2011). L'ensemble des présentations est disponible sur le site Web des JASP à la section *Archives* au : <http://jasp.inspq.qc.ca>.

“Translating” school-based health promotion from high income to low income countries: Project MYTRI

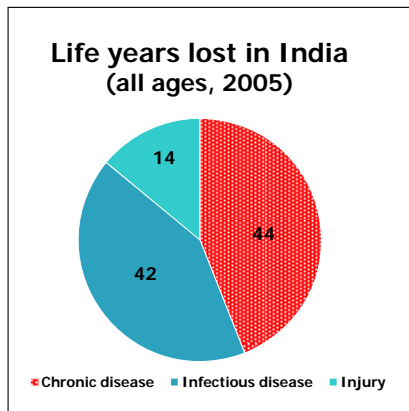
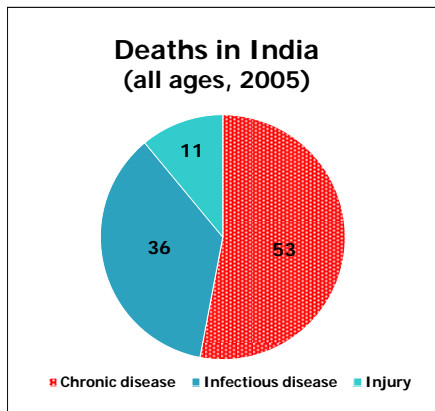
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Project MYTRI



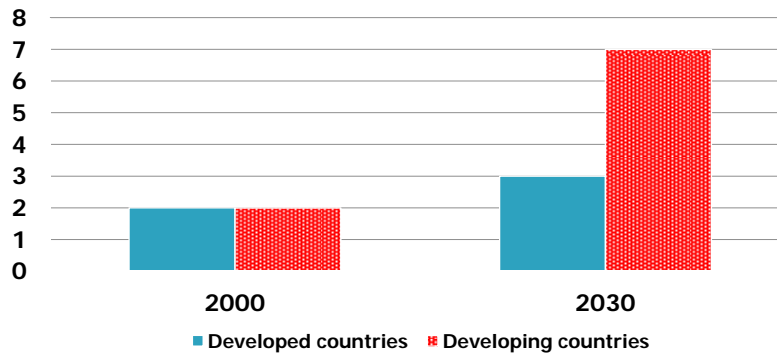
- ▶ **Funding** (2002–07)
 - Fogarty International Center
 - National Institutes of Health
- ▶ **Partners**
 - Dell Center (USA)
 - HRIDAY (Delhi, India)
 - TNVHA (Chennai, India)
- ▶ **Specific Aims**
 - To reduce tobacco use
 - To build capacity
 - To activate community

Chronic disease in India



SOURCE: Reddy, Shah, Varghese, & Ramadoss (2005)

Past and future deaths due to tobacco (worldwide, 2000–2030, in millions)



SOURCE: Mackay and Ericksen (2002)

“Translation” process

1. Develop a conceptual model
2. Ensure this model is appropriate
3. Develop intervention strategies
4. Implement intervention strategies
5. Evaluate intervention strategies

SOURCE: Perry, Stigler, Arora, Reddy (2006)

1. Develop conceptual model

- ▶ Address intra-personal risk factors
 - Increase **knowledge** about consequences of tobacco
 - Change values, **meanings**, beliefs about tobacco use
 - Increase **skills** to identify/resist social influences to use
- ▶ Address social-environmental risk factors
 - Promote tobacco-free **norms** in schools and homes
 - Increase exposure to tobacco-free **role models**
 - Provide **opportunities** to learn about/influence policy
- ▶ Use multiple component school-based intervention

SOURCE: Perry, Stigler, Arora, Reddy (2006)

2. Ensure model is appropriate



Focus group discussions

Delhi, 2002 (n=435 students)

SOURCE: Mishra, Arora, Stigler, Perry, Reddy (2005)

2. Ensure model is appropriate



Pilot testing school posters

Delhi, 2003

3. Develop intervention strategies



- Classroom activities
- School posters
- Parent postcards
- Peer-led health activism

SOURCE: Perry, Stigler, Arora, Reddy (2006)

SOURCE: Perry, Stigler, Arora, Reddy (2009)

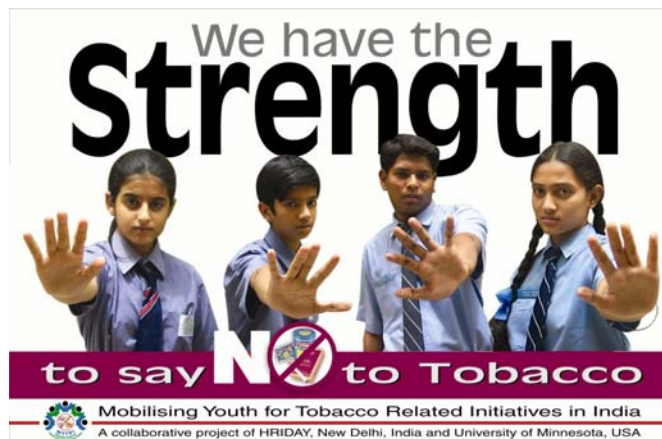
Classroom activities



School posters



School posters



School posters



Parent postcards



Parent postcards



4. Implement intervention

Total n=32 schools (n~15,000 students)

Delhi (n=16) and Chennai (n=16)

Private (n=16) and Government (n=16)

Co-ed (n=24), Boys only (n=4), Girls only (n=4)



Intervention
(n=16 schools)



Comparison
(n=16 schools)



Cohort #1
(6th-8th grade)



Cohort #2
(8th-10th grade)



Cohort #1
(6th-8th grade)



Cohort #2
(8th-10th grade)

5. Evaluate intervention

- ▶ Process evaluation
 - Implemented with fidelity
- ▶ Outcome evaluation
 - Intermediate outcomes
 - Improved intra-personal factors
 - Improved social-environmental factors
 - Behavioral outcomes
 - Reduced cigarette and bidi smoking
 - Did not reduce smokeless tobacco use

SOURCE: Stigler, Perry, Arora, Reddy (2008)

SOURCE: Perry, Stigler, Arora, Reddy (2009)

5. Evaluate intervention

- ▶ Mediating mechanisms
 - Consistent mediators
 - Reasons to use tobacco
 - Reasons not to use tobacco
 - Advocacy skills efficacy (*)
 - Social normative beliefs
 - Knowledge of health effects (*)
 - Inconsistent mediators
 - Perceived prevalence (chewing)
 - Perceived prevalence (smoking)

SOURCE: Stigler, Smolenski, Arora, Reddy, Perry (2011)

Conclusions

- ▶ “Translation” can be efficient
- ▶ “Translation” is feasible
- ▶ “Translation” can be effective
- ▶ BUT you must truly “translate” ...
 - Craft strong, bi-national team
 - Do your homework (focus groups, etc)
 - Be responsive during “translation”