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Urban Public School Teachers' Attitudes and Perceptions of the Effectiveness of CPR and Automated External Defibrillators

Scott Compton, Robert A. Swor, Robert Dunne, Robert D. Welch, and Robert J. Zalenski

Recent legislation and public policy has placed new responsibilities on public school teachers, requiring that they be trained to respond to medical emergencies, especially cardiac arrest. This study examined urban public school teachers' perceptions of the efficacy of cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) via a written survey. Two hundred fifty-nine (259) teachers in a single, large, urban school district were randomly selected, and 77.6% responded. Only 16.3% had received CPR training within the past 2 years. The majority of teachers believed that CPR alone (83.0%) and CPR/AED (92.6%) prior to ambulance arrival would result in a favorable outcome of cardiac arrest. Less than half (47.5%) indicated that they would attempt to provide CPR if a coworker or student collapsed. The majority (72.7%) of teachers believed that schools should have AEDs, and 62.6% believed that public funds should be used to purchase AEDs. This study suggests that urban teachers have an unrealistically high perception of the efficacy of both CPR and AEDs, and that they would be unwilling to provide CPR in a medical emergency. This information, along with the known low incidence of life-threatening events in schools, suggests a very limited effectiveness of CPR and AED programs for schoolteachers.

School Phobia: Implications for School Health Educators

Anna Torrens Salemi and Kelli McCormack Brown

This review addresses school phobia, a problem of growing concern among educators. Clear definitions of school phobia have emerged only recently, but differential diagnosis between school phobia and related disorders remains controversial. The public health implications of school phobia are significant. Various school personnel may play key roles in the identification of school phobia. Theoretical explanations of school phobia address the questions regarding whether the phobia is stimulated by something in the school setting, phobia is actually of the school, or is merely a component of the school. The pathology of school phobia can be severe. School health educators need to recognize its symptoms and the profile of those at risk to engage in early intervention. The prevalence of school phobia varies depending on the source. Strategies for early intervention are comprehensive and coordinated and can be integrated into existing frameworks such as the coordinated school health program. Future directions include addressing school phobia from an ecological perspective.

Gender Differences in Health Beliefs Concerning Violent Victimization by Strangers

Bart Hammig and Christine A. Moranetz

We examined gender differences in perceptions of violent victimization committed by strangers. Two-hundred and fourteen persons aged 18-24 were sampled. A 45-item questionnaire based on the Health Belief Model (HBM) was developed by the authors. Results of a series of independent t-tests revealed significant gender differences on three of the four HBM constructs. Results indicated that although a higher percentage of male respondents had been the victim of a violent crime, females felt more vulnerable to

violent crime and perceived there to be fewer barriers to preventing violent crime. Implications for health educators are discussed.

A Comparison of Risk Factors Between Incarcerated and Nonincarcerated Female Juvenile Offenders

Karen Perrin, Suzanne M. Perry-Casler, Jean Marc Romeus and Sharon Bernecki DeJoy
This study provides a comparative analysis between female juvenile offenders with a lesser offense who attend an alternative day treatment program and those girls with a more serious offense who were sentenced to a residential treatment facility. Anonymous descriptive data were obtained from the closed cases of clients from the PACE Center for Girls (n=47), an alternative school setting for at-risk girls, and the Northside Mental Health Hospital—Girls Intensive Residential Learning Services Program (n=67). The mean age was 17 years old. Given that the statistically significant data focused primarily on physical and mental health, it is proposed that communities could decrease the exorbitant cost of residential treatment by providing access to adequate physical and mental health services to the female juvenile offenders at day treatment facilities, including health education. Additionally, increased access to health education and screening in schools and community settings might reduce the number of adolescents who require these treatments. These findings may provide valuable information for practitioners, policy makers, health educators, and communities regarding the design and implementation of female juvenile offender programs.