MIDDLE SCHOOL HEALTH EDUCATION PROGRAM PROGRAM EVALUATION

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Prepared by the Epidemiology, Planning and Evaluation Unit
and Youth Health Services of Public Health –Seattle & King County
in collaboration with Seattle Public Schools Health Services

Submitted by:

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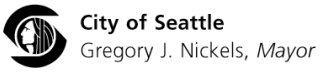

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EXECUTIVE SUMMARY

In preparation for a third round of levy funding to support education and families, evaluation efforts of currently funded programs become crucial. Demonstrating program impact and efficacy are essential components of effective planning. Public Health-Seattle & King County's Youth Health Services (YHS), in coordination with Seattle Public Schools' Health Education Office has synthesized findings in several areas of program evaluation for this report. A series of interviews from health teachers, middle school administrators, and Health Education Program staff are discussed. Data from the 1999 Seattle Teen Health Risk Survey (Seattle Public Schools) are also included in an effort to create a complete picture of the impact of health education for middle school students.

Evaluation Design and Methodology

Evaluation efforts for the 2001-2002 school year sought to respond to these two major themes:

1. Documentation of the current Middle School Health Education Program and the system in which it operates, including the climate around health education.

2. Identification of measurable indicators through interviews with health education teachers regarding their satisfaction with assistance from the Health Education Office.

Summary of Findings

The middle school years are a critical time for providing health education. Students in middle school are at their most vulnerable period in life and are at the height of risk taking behaviors. Many students will begin dealing with a variety of health-related issues such as: sexuality and reproductive issues, drugs & alcohol, self-esteem/mental health and peer pressures. The information provided through health education is critical to assist students in developing necessary life skills for health including decision-making, communication, stress management, and goal setting.

Teachers report the need to provide culturally relevant materials is critical to ensuring all students are included.

- The ability to provide a variety of culturally relevant health materials was viewed as a key priority in engaging all students. Teachers reported that the Health Education Office has played a primary role in ensuring that health materials and presentations are culturally relevant. Many teachers commented on the positive impact that the addition the Bilingual Health Educator has had in their ability to

reach students that are English as a Second Language (ESL) and increased the connection overall to the Wellness Centers.

Teachers report that quarterly training is a positive resource

- All teachers commented on the benefits they receive from the quarterly training provided by the Health Education Office. Many felt the training and networking opportunities greatly enhanced their ability to deliver a well-rounded health curriculum for middle school students.

Teachers, administrators and staff report that health education for middle school students' struggles as an elective course

- We found that the status of health education for middle school students is constantly in jeopardy due to its status as an elective course. All parties interviewed commented that the pressures of prioritizing academic mandatory classes at the expense of other much needed topics such as health education.

Teachers report that the health education curricula provide a foundation for middle school students to gain skills in critical areas such as: decision-making, communication, stress management, and goal setting.

- The health curricula for middle school students has a solid framework that provides students with a rounded set of information and skills in key areas such as nutrition, sexual and reproductive issues, drug and alcohol, and self-esteem. Students enrolled in a semester of health education receive a solid foundation of health information equipping them with life skills.

MIDDLE SCHOOL HEALTH EDUCATION PROGRAM:

PROGRAM EVALUATION

Background

Schooling is the only universal entitlement for children and adolescents in the United States. As part of this entitlement, it is widely accepted that students should receive the health-related programs and services necessary for them to derive the maximum benefit from their educational experiences, thus enhancing a healthy and productive adulthood (Allensworth & Kolbe, 1998). Over the years, schools have increasingly accepted more responsibility for their students' ability or inability to achieve future success. The national call for increased accountability by educational institutions is occurring within a burgeoning array of social problems, including a multitude of health related issues that challenge both the students' academic success and the effectiveness of schools (Resnicow, Orlandi, & Wynder, 1989).

Professionals in the school health arena have long since concluded "healthy children" are in a stronger position to acquire knowledge. Many argue that no educational gain occurs when you are dealing with hungry children or distracted minds (Elia, Kress, 1994). The majority of health education academics would agree that health status and academic achievement are inextricably intertwined. For example, the Carnegie Council on Adolescent Development identified the relationship between health and academics as one of the "six basic concepts regarding adolescents, concluding that adolescents manifest difficulty learning when they are not in good health" (Parcel, Simons-Morton, & Kolbe 1988). To that end, some schools are reexamining their role in addressing the health and learning challenges of children and families. Realizing that education cannot be accomplished in isolation, that "schools cannot do it all, nor can they do it alone," educators are reaching out to a variety of stakeholders that are committed to the common goal of ensuring that children become caring, healthy, productive and contributing members of society (Kane, 1993). Progressive schools are responding by restructuring to become health-promoting environments that enhance learning (Symons, Cinelli, James, & Groff, 1997).

While most school systems understand the correlation of student health to academic success, coordinated school health programs do not exist in most schools. Furthermore, the programs that do exist are often poorly funded and implemented with temporary money and very little staff support (Novello, Degraw, & Kleinman, 1992). The development, implementation, and institutionalization of a strong coordinated health program are time and labor-intensive endeavors. Establishing a health promoting school program, that has marshaled district wide support and community involvement, usually depends on a few local program champions mobilizing the community and implementing programs with measurable processes, impacts, and outcomes.

Introduction

The Seattle School District is the largest in the state. The total population for grades K-12 for 2002-2003 reached 47,000 (Seattle School District enrollment data, 2003). The Health Education Program in Seattle Schools started 15 years ago with funding from the Centers for Disease Control. During the early years, the program employed one full-time staff and a number of contract trainers; their primary task was to train and educate all district staff and students grade K-12 on HIV/AIDS prevention. The program has evolved over the years to become a comprehensive health education program for grades K-12 with six staff that include one Health Education Manager, three Health Educator Specialists, one part-time Nurse Health Educator and one Office Assistant. The Health Education Office currently offers the following health education services:

COORDINATION & TRAINING OF COMPREHENSIVE HEALTH EDUCATION MATERIALS

- Pre-school-Grade 5: The Great Body Shop
- Grades 6-8: Comprehensive Health Education for the Middle Grades
- Grades 9-12: Glencoe Health
- Middle School Drug Prevention: Project Alert
- Grade 5: FLASH-Family Life and Sexual Health Enrichment activities and programs

CLASSROOM SUPPORT

- Washington State Essential Academic Learning Requirements for Health
- Classroom guest speakers and special programs
- Health Education Library/Teacher Resource Center
- Staff development

STAFF DEVELOPMENT/TRAINING/WORKSHOPS

- The Great Body Shop
- FLASH-Family Life and Sexual Health
- Middle School Health Teachers' Meetings
- High School Health Teachers' Meetings
- Child Abuse Prevention
- HIV/AIDS

SUPPORT, EDUCATION, and TECHNICAL ASSISTANCE

- ESL Students and Families
- Gay/Lesbian/Bisexual/Transgender Students, Staff, and Families
- Special Education
- Interagency Programs
- Teen Health Centers
- Community Partnerships
- Parent Education

The Health Education Office recently completed a two-year planning effort to develop health frameworks for grades K-12. The result is a comprehensive notebook designed to provide teachers with the required Essential Academic Learning Requirements (EALRs) and the scope of health topics that teachers are expected to cover in their classrooms at designated grade levels. The scope of ten topics are listed below:

- Injury Prevention & Safety
- Growth & Development
- Disease Prevention & Control
- Consumer Health
- Environmental Health
- Nutrition
- Family Life and Relationships
- Substance Use and Prevention
- Mental & Emotional Health
- Fitness

Four core skill areas form the foundation for the Health Education Program:

- Decision-making
- Coping skills
- Goal setting
- Communication skills

In May 2000, the school board adopted K-12 health texts and materials. Careful consideration was given to a wide range of health materials, with particular attention to materials that offered a strong skills-based approach to health and literacy and paid serious attention to a multicultural focus and multiethnic students and families. By grade level, the curricular materials approved for health are:

Grade Level	Approved Health Materials
Kindergarten-Grade 5	The Great Body Shop-The Children's Health Market FLASH-Public Health-Seattle & King County (PHSKC) (Grade 5 only)
Grades 6-8	Comprehensive Health for the Middle Grades-ETR Associates Project Alert-Rand Corporation Sex Can Wait-ETR Associates KNOW: HIV/STD Prevention-OSPI FLASH-PHSKC
Grades 9-12	A Guide to Wellness-Glencoe/McGraw Hill KNOW: HIV/STD Prevention-OSPI FLASH-PHSKC

The Health Education Office is a leader in the district in collaborating and building partnerships in the community. Notable partnerships include:

- Check Point- A partnership with Planned Parenthood to provide intensive case management and health education services to at-risk middle school students. The program is currently located in three middle schools with plans for expansion in 2004.

- PHSKC- The Health Education Office has a long-standing partnership with the health department and provides a variety of services and resources including nutrition workshops, sexuality workshops, collaboration on curriculum development and teen health surveys.

The current efforts of the Health Education Office are aligned with the direction of the Office of the Superintendent of Public Instruction (OSPI) and represent the basis for health instruction in the Seattle Public Schools. First and foremost, the Health Education Office is a training office. Health promotion is a key focus. On-going training is provided to district staff on a variety of health issues including: comprehensive sexuality issues, child abuse prevention, bullying and harassment, multicultural health education, and Washington State Health Standards. The proposed timeline for testing years for the Health and Fitness Washington Assessment of Student Learning (WASL) will be 4th, 7th, and 10th grades. The K-12 framework is intended to prepare teachers for the upcoming assessments.

Purpose

Charged with evaluating the Middle School Health Education Program (MSHEP) on behalf of the Family and Education Levy's Office for Education, Youth Health Services collaborated with PHSKC's Epidemiology, Planning and Evaluation Unit to conduct a qualitative evaluation.

The purpose of this evaluation was to explore two major areas:

1. Documentation of the current MSHEP and the system in which it operates (including the climate regarding health education).

2. Identification of measurable indicators through interviews with health education teachers regarding their satisfaction with the Middle School Health Education Program.

Ultimately, these results can inform school district personnel, the City of Seattle's Office for Education, and community stakeholders regarding the multitude of resources provided by the Middle School Health Education Program.

Overview of the Middle School Health Education Program

Need for Health Education

Middle school students face significant health risks, and school-based health education and health services are strategies to support these students and reduce their risk. In Healthy People 2010, the National Health Promotion and Disease Prevention Objectives, 7.2 states, "Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/STD and STD (sexually transmitted disease) infection; unhealthy dietary patterns; inadequate physical activity; and environmental health" (Kann, Brener, & Allensworth, 2001).

Data from the Seattle 1999 Teen Health Risk Survey (YRBS) sponsored by the Centers for Disease Control (CDC) demonstrated that a significant number of middle school students are at risk. Some of the relevant findings for middle school youth are:

- Over half of middle school students (grades 7 and 8) had tried at least one drug.
- 22% of middle school students had used alcohol in the past month.
- 21% of students reported initiating sexual intercourse by age 14.

There are ten regular middle schools and seven K-8 programs serving a total of 11,719 students in the Seattle School District. The diversity in middle schools is rich--with 39% white students and 60% students of color. Forty-two percent of middle school students receive free and reduced lunch; 40% do not live with both parents; and 11% are limited in English proficiency (Seattle School District middle school enrollment data, Fall 2002).

HIV education is only health education mandate

Washington State and the Seattle Public School District have mandated that all students in grades 5-12 receive education on HIV/AIDS each year. The Seattle Schools uses the FLASH curriculum (Family Life and Sexual Health) to train staff. The CDC has outlined key elements for health curricula for students in grades K-12, they include:

1. A developmentally and age appropriate, planned scope and sequence of instruction from pre-kindergarten through twelfth grade, with a minimum of 50 hours of instructional time annually (Connell, Turner, & Mason, 1985; American Association of School Administrators, 1991; National School Boards Association, 1991).

2. An organizing framework based on the National Health Education Standards to ensure that all performance indicators are addressed at the appropriate grade level (American Cancer Society, 1992).

3. Health content and skills introduced in the early grades and reinforced in later grades (Joint Committee on National Health Education Standards, 1995).

4. Student assessments that measure skill acquisition as well as functional knowledge (Joint Committee on National Health Education Standards, 1995).

The Seattle School District does not require health education at the middle school level. It is a completely discretionary program and participation is determined at the individual school site. For the 2001-2002 school year, six regular and four alternative middle schools offered health education. In the 2002-2003 school years, five regular and three alternative middle schools are offering a semester of health education. (See Tables 1- 4 in the appendix for information at the middle school level.)

History

The MSHEP started in 1990. Observations and anecdotal evidence from the Health Education Manager and middle school staff, and the heightened awareness of students' health behavior risk as a result of the AIDS crisis, suggested a need to focus on middle school students who were experimenting with a wide range of risky behaviors. A two-year comprehensive planning process involved all regular middle schools in the district. Teams were comprised of a middle school principal and a teacher, and schools began to examine the health issues facing middle school youth. The goals of the planning process were multifaceted and included identifying core topic areas for middle school health education, reviewing a variety of curriculum material, and proposing an implementation plan for middle school health education. Emerging core topics included Nutrition, Sexuality, Drugs/Alcohol, and Mental Health.

The Health Education Office has been in several different departments over the years. Most recently it was housed in the Teaching and Learning Division of the Curriculum and Assessment Office. In fall of 2000, the district embarked on a comprehensive planning process with the City of Seattle, PHSKC, and community health providers to develop and implement a comprehensive health and wellness model for all students. As a result of these efforts, the Health Education Office is now located in the Wellness Division along with other departments responsible for youth health outcomes. The following departments are integrated to comprise wellness services: Nursing Services, Drug/Alcohol Intervention Services, Counseling Services, Family Support Workers, School-based Health Centers, Child Nutrition Services, and the Employee Assistance Program. The goal of the reorganization was to better integrate services and increase collaboration.

Community partnerships

The Health Education Office has a significant number of community partnerships. For example, the nutrition component of the MSHEP is a partnership with PHSKC. Public Health Nurses routinely conduct classes with middle school students on healthy eating and provide health materials on positive eating habits and self care. "You're The Cook" is available to schools in which at least 50% of students are eligible for free lunch.

Mission

The mission of the MSHEP is to provide middle school students with a comprehensive knowledge of core health-related topics that encourage critical thinking and develop life

skills such as decision-making, stress management, communication, and goal setting. Health Teachers are required to teach a core set of health topics that include: Nutrition, Mental Health, Drug & Alcohol, and Sexuality & Reproductive Health.

Comprehensive model

The notion of a "comprehensive" MSHEP suggests a broad spectrum of school related activities and services that intersect to provide students, and ideally their families, with exposure to a range of cognitive, affective, and skill development opportunities that contribute to overall competence with respect to health (Price, 1980).

The CDC has identified eight core interactive components that comprise a coordinated school health model (CDC, 1995). They include:

1. Health Education: A planned, sequential, K-12 curriculum that addresses the physical, mental, and social dimensions of health. The curriculum is designed to motivate and maintain students to improve their health, prevent disease, and reduce health related risk behaviors. Ideally the curriculum should allow students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.

2. Physical Education: A planned curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical, mental, emotional, and social developments, activities and sports that all students enjoy.

3. Health Services: Services to ensure access for or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

4. Nutrition Services: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services.

5. Health Promotion for Staff: Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to improved health status and morale, as well as a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of

students and creates positive role modeling. Health promotion activities can lead to improved productivity, decreased absenteeism, and reduced health insurance costs.

6. Counseling and Psychological Services: Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. The organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment.

7. Healthy School Environment: The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well being of students and staff.

8. Parent/Community Involvement: An integrated school, parent, and community approach for enhancing the health and well being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Comprehensive school health education is a planned program, which emphasizes physical, mental, social, and emotional health. The curricula address issues of disease prevention, diet, exercise, stress reduction, alcohol and drug use/abuse, growth and development, sexuality, human relationships, family health, safety, smoking, and environmental health. Programs stress development of skills in self-assessment, communication, decision-making, advocacy, and life planning and responsible self-management. A strong comprehensive MSHEP motivates students to take good care of their bodies and their minds, and to consider the consequences of their action or inaction in both the short term and long term (CDC, 1997).

The core topics of the MSHEP include the same topics recommended by the CDC with the addition of bullying and harassment, sexual identity and dating/sexual harassment issues, and media literacy just to name a few. Students are exposed to a variety of experiential learning processes. Health teachers incorporate teaching modalities that provides hands on activities, incorporate real life experiences, foster an opportunity to engage in critical thinking, and provoke positive interactive conversation between students and their peers.

Staffing

The Health Education Office provides resources and assistance to educators and teachers throughout the district. Two staff support the middle schools. One staff manages the overall program with a targeted focus on middle schools. The other staff is a full-time

ESL Specialist, working to increase bilingual/ESL students' use of Middle School Wellness Centers located at Washington, Denny, and newly opened Wellness Centers at Madison and Aki Kurose.

Curriculum

The planning teams felt strongly that the curriculum should allow for as much flexibility as possible and not run the risk of selecting one text book that would quickly become outdated (interview with the Health Education Manager, 2002). After reviewing a variety of materials, the decision was made to utilize a comprehensive curriculum by ETR Associates. The curriculum is very flexible, includes 15 content books, and consists of teacher and student guidebooks for each topic. In addition, it focuses on skill development and provides a solid foundation for the core topics. The middle school health curriculum also consists of Project Alert, a comprehensive drug and alcohol prevention curriculum, KNOW: HIV/STD Prevention Curriculum developed by the Office of Superintendent of Public Instruction, and the FLASH Curriculum created by PHSKC.

Services

The MSHEP has promoted a variety of health education projects over the years to enhance the health education focus of middle school youth and their families. As funding permitted, the Health Education Office provided a number of supplemental services including parent seminars and workshops for staff and students on harassment, diversity, child abuse prevention, and all core content areas. The Health Education Office has developed a unique approach to supporting staff, students, and parents ranging from training and technical assistance to crisis response.

The MSHEP staff provides a variety of technical assistance, training, curriculum development, and crisis response to middle school health teachers, administrators, and parents. Some of the core services have included facilitating quarterly meetings for middle school health teachers, conducting on-going professional development training's on a variety of health related topics, and implementing new and innovative health education curriculum.

Yet another, valuable resources provided by the MSHEP is immediate assistance for school administrators, health teachers, and parents on sensitive subjects ranging from dealing with staff or students with HIV/AIDS, and addressing transgender issues, to assisting school administrators in dealing with delicate personnel issues regarding teacher/student boundaries. In addition, MSHEP staff are often called upon to assist staff, students, and parents in dealing with sensitive cultural health issues. The health education staff provides on-going technical assistance to middle school staff to support all school efforts to improve health outcomes. The counseling and psychological services are linked through a combination of the Wellness Centers, each of which has an on-site counselor, and school based counselors and drug and alcohol interventionists. In addition, one of the core topics for middle school health education is self-esteem and mental health. Students are exposed to a variety of information, guest speakers, and community resources.

Another key component of the MSHEP is offering information and assistance to parents. Schools offer presentations for parents who are encouraged to contact health education staff with questions and concerns.

Students are provided health education information on environmental health through a variety of resources ranging from outside presentations to community service activities. School wide efforts also enhance the health climate at respective schools. During interviews, health teachers shared many examples of how they exposed students to the knowledge of what living in a healthy environment means.

The MSHEP has evolved over the years and has adapted to many changes within the Seattle School District. The program has been innovative in its ability to meet the health education needs of middle school students, staff, and parents. To that end, middle school education continues to serve a valuable role in the lives of students.

Overview of the Program Evaluation

Design

This study utilized a qualitative approach to allow in-depth exploration of the Seattle School District's overall MSHEP. When little formal knowledge exists about a problem, qualitative research is useful for developing an understanding of people's beliefs, behaviors, and experiences within the context of their daily interactions (Miles & Huberman, 1994).

Evaluation efforts for the 2001-2002 school year addressed two central tasks:

1. Document the role of the Health Education Office in assisting middle school teachers in developing and implementing health education curriculum.

2. Assist in developing a cohesive set of goals for the Health Education Office and recommend a data collection process to determine the impact of the MSHEP on students.

Data were collected utilizing semi-structured individual interviews, guided by a series of open-ended questions. Given the time constraints and logistics of coordinating focus groups, individual interviews were the primary means of data collection. The exceptions included a few situations in which teachers co-teaching middle school health classes requested to be interviewed together. Individual interviews allowed teachers to speak confidentially and freely regarding their overall experiences with the MSHEP and the Health Education Office in particular.

Sample

The sample for this study included: 15 *regular school* health teachers , three *alternative school* health teachers, eight *regular school* principals , one principal director, and two-Health Education Office staff (Teachers, principals and the director were all from middle schools).

Demographics

Number of Years as a Teacher	
First Year Teacher	1
Second Year Teacher	2
Third Year Teacher	5
Fourth Year Teacher	5
Five or More Years	3
Number of Years as Health Teachers	
First Year Health Teachers	4
Second Year Health Teachers	2
Third Year Health Teachers	4
Fourth Year Health Teachers	1
Five or More Years	5
Types of Educational Endorsements	
Language Arts	4
Physical Education	1
Science	2
Math	1
Social Studies	3
Health Education	1
Number of Years as a Middle School Principal	
First Year	1
Second Year	0
Fourth Year	4
Five or More Years	3
Number of Years as a Health Education Program Staff	
Health Education Manager	15
Bilingual Health Educator	1

In qualitative evaluation, the typical criterion used to determine sample size is 'data saturation" (Glaser & Strauss, 1967). The saturation point is reached when additional interviews repeat and confirm themes discovered in previous interviews, and no new themes emerge. Beginning in the latter half of the data collection period, interviews were reviewed for main them0es and concepts. Data collection continued until a total of 28 interviews achieved a point of saturation.

Prior to recruitment and data collection, several meetings occurred between the parties involved in the development of this evaluation (Seattle School District, PHSKC Youth Health Services Unit, and the PHSKC, Epidemiology Planning and Evaluation Unit). One of these was a meeting between the evaluator and the health teachers. At this event, the evaluator facilitated a discussion focused on identifying program outcome-based indicators. The teachers identified both outcomes for teacher's e.g. adequate training on pertinent health issues, and outcomes for students e.g. understanding of how to maintain one's health. The teacher-level indicators were incorporated into this evaluation.

Developing the indicators was a useful process both to focus the evaluation and to confirm and validate the teachers' common commitment to the program goals.

Recruitment
Participants were given a presentation on the planned evaluation process at the quarterly health educators meeting sponsored by the Health Education Office. The health teachers were asked to participate in the evaluation on a volunteer basis. The Health Education Office compensated all health educators for their interview time. A different recruitment strategy was utilized to recruit middle school principals; they were selected based on their knowledge of the MSHEP and availability. In addition, the middle school principal director volunteered to meet with the evaluation team to assist in the initial launch of the qualitative evaluation efforts of the MSHEP and provide her perspective on middle school health education.

Data Collection
All interviews with health teachers were conducted after school hours in quiet, private locations convenient for the participants, primarily in their classrooms. Three interviews were conducted via telephone due to time constraints. Interviews lasted approximately forty-five minutes to one hour. Health teachers were compensated at their hourly rate.

Because of time constraints the middle school principals were interviewed by telephone. Each of these interviews lasted approximately twenty-five minutes. The original intent was to conduct several focus groups with the middle school administrators in order to engage in an open dialogue regarding middle school health. However, administrator's schedule could not accommodate focus groups.

The interviews followed a semi-structured question guide, which was developed by the evaluation team with input from the health teachers. The general, open-ended nature of the questions allowed the interviewees and the interviewer flexibility in shaping the conversation, so that information could be explored in-depth and in context.

Data Analysis
Analysis of qualitative data began toward the end of data collection and continued until all transcripts had been reviewed. As the interviews were transcribed, evaluators reviewed written interview information carefully to identify main themes and concepts. The evaluation staff completed the initial interview summary with assistance and guidance from staff from the PHSKC Youth Health Services. In addition, staff from the Health Education Office provided extensive feedback on the program description of the report.

Findings have limited generalizability. This means that it would be inappropriate to assume that the findings represent other program components of the Health Education Office.

RESULTS

Effectiveness of the Health Education Office

Interviews conducted with middle school health teachers reflect a broad view of the MSHP. Although the sample size was too small to allow for quantitative analysis, where possible, results have been summarized and indicated by a percentage to allow simple comparisons. These percentages are not statistically significant. Rather they give the reader an indication of how pervasive or unique a particular perspective was within the sample.

As mentioned above, health teachers and the Health Education Manager participated in a focused discussion around program goals and outcomes-based indicators of success. In addition, several meetings were conducted with the Health Education Manager, staff from the Youth Health Services Unit, and the evaluator to clarify the goals of the middle school Health Education Office. The four goals which emerged from the discussions, and by which we then evaluated the Health Education Program are:

1. Ensure that professional development trainings and materials are offered on current health education topics.

2. Provide culturally relevant health education materials to ensure the diversity of the population is represented.

3. Facilitate opportunities for health teachers to engage in peer-to-peer communication.

4. Act as an intermediary for schools implementing health education programs and the school districts' other wellness initiatives.

1. Ensure that professional development trainings and materials are offered on current health education topics.

One of the primary services provided by the Health Education Office is the coordination of ongoing trainings and workshops. The trainings are offered throughout the year on a variety of topics. For 2001-2002, the Health Education Office provided the following professional development trainings and materials to health teachers, nurses, counselors, and parents. Similar plans are in place for the 2002-2003 school year:

- HIV/STD FLASH Training. This two-day training is an introduction to a comprehensive sexuality curriculum with primary emphasis on community health trends, and presentations by people living with AIDS.

- Ongoing dissemination of updated materials and information on STDs/HIV and unintended pregnancy.

- Middle School Health Quarterly Trainings: October, March, and May. Full day trainings provide staff with information/materials/curriculum review. Guest speakers from PHSKC and community agencies, and curricula developers, train staff in all relevant topic and skill areas emphasizing HIV/STDs/unintended pregnancy, mental health, drug/alcohol prevention, and nutrition.

- Middle school parent education workshops are provided by request on a variety of topics including adolescent development, sexuality and reproductive health, and other critical health issues.

One hundred percent of teachers applauded the Health Education Office on the variety of speakers and trainings provided. In addition, all were in agreement that the Health Education Office provided valuable resources regarding professional development and health education materials. Several teachers spoke of the need for a similar office for all curriculum subjects in the district.

- ***"As a first year health teacher I couldn't have survived without the assistance of the Health Education Office staff. They provided me with all of the curricula and materials I needed to get started."***

- ***"The variety of trainings offered has allowed me to expand the overall topics I am able to present to students."***

Approximately 95 percent of the health teachers stated that the information provided from staff was useful and progressive. They also felt the Health Education Office listened to their concerns and responded by providing necessary resources.

- ***"Last year we had an increase in bullying and harassment at our school. After discussing the topic at the health educators meeting, I was delighted to hear about a bullying curriculum that was available through the Health Education Office***."

- ***"What I really appreciate about the Health Education Office is the variety of curriculum topics we have to choose from. I have enjoyed the flexibility to teach everything from sexuality issues to environmental health. The health office has responded effectively to the diverse request from all of us as health teachers. This really does allow you to explore the whole spectrum of health education with students."***

Approximately 45 percent of the health teachers acknowledged the benefits of the individualized attention provided by the Health Education Office staff. Teachers felt this was a key service and consider this resource crucial to their success.

- ***"The Health Education Office staff is available at a moment's notice to assist you in whatever you need. For example, I needed to teach a section on dating and sexual harassment and to be honest I was very nervous about teaching this section. After consulting the staff at the Health Education Office, not only did I receive all the information I could ever need, I also got some hands-on assistance on how to deliver the material."***

- ***"I must say after teaching social studies for a number of years using a canned curriculum I was totally rejuvenated by the ability to create my own curriculum using a variety of resources and tools provided by the Health Education Office. This approach allows me the opportunity to be flexible with students."***

About ten percent of the health teachers, many of them new to health education, expressed mixed feelings regarding the current curriculum. These teachers would prefer a more planned curriculum that follows a cohesive format. These teachers felt they spent too much time trying to develop lesson plans. There is no mandate for middle school health education and therefore no standard as to how many hours of health education must be taught. Principals make the decision at each school regarding the amount of time health education is incorporated into the curriculum. Teachers are faced with the difficulty of revising the curriculum based on a quarter or semester schedule, or they must infuse health education into other classroom topics. All health teachers are required to teach the core topics of nutrition, drug and alcohol, sexuality issues, and mental and emotional health.

- ***"I am actually a language arts teacher and I took on health education to assist a fellow colleague. I must say I found the lack of curriculum structure a bit of a struggle. It took me half the school year to get things together."***

- ***"As a new teacher just starting out it was very difficult to figure out what to do. I had never had any experience teaching health education. I would have preferred a set curriculum as I spent the whole year just trying to get myself organized with my curriculum."***

- ***"We only had a quarter of health education this year so it was difficult to cover everything and I always felt like I was covering only a fraction of the material. I am not sure how effective it is to teach health in a quarter."***

In addition, to trainings for staff, the MSHEP contracts with community agencies and individuals to provide enrichment activities for students. One such workshop is the Middle School Theater Project, "Endings Unlimited." Professional actors work with students to improvise various health risk scenarios. The student troupe then involves the audience in creating a variety of possible endings for each scene and a full discussion of the consequences of each ending. It has proven to be an effective teaching tool as it covers topics such as decision-making, refusal, communication, and goal-setting. Health teachers supported the implementation of these types of workshops:

- " ***The students really love this workshop they can totally relate to the content and they love the hands on approach."***

- ***"This is definitely one of the highlights of the year. The students absolutely love it. I wish we could have more time."***

2. Provide culturally relevant health education materials to ensure the diversity of the population are represented.

According to teachers, the program has provided a variety of resources to ensure culturally relevant materials are infused into the overall health curriculum. The diversity of resources health teachers report using and the variety of curriculum provided by the Health Education Office confirm this. The office provides a diversity of speakers from community agencies to conduct presentations on topics including discrimination and prejudice, culturally relevant nutrition activities, and environmental issues.

Health teachers spoke passionately about the diligent efforts of the health education staff to find written materials that offer a diverse view of life experiences. Forty percent of the health teachers report using real life situations that occur in their schools and current events from a variety of media to increase student exposure to the complexities of health topics from a culturally relevant perspective.

- ***" I work in a very diverse school and issues around diversity come up all the time. I often try to include relevant topics into the lessons and encourage good critical thinking from the students. For example, we get a lot of students from other countries in our school and many of these students come from different beliefs and values regarding such issues as violence, dating, and sexuality. The dialogue amongst students has proven to be rich and thoughtful and encouraged critical thinking from both groups."***

- ***"I am constantly looking for short stories that have a variety of perspectives on certain health issues. I have gotten a lot of good resources from my colleagues and from the health office. You can never have enough material on these topics and you won't find good stuff in educational catalogs."***

- ***"I wish we had a more diverse resources that were written from the perspective of the youth. Those books are so powerful and really open up the students for a lot of discussion."***

- ***"I wish we had more diverse resources that were written from the perspective of the youth. Those books are so powerful and really open up the students for a lot of discussion."***

- ***"The addition of a Bilingual Health Educator has been a tremendous asset to our school. Many times the students would enter our school having spent a***

minimal amount of time at the Bilingual Orientation Center and immediately integrated into our program. I have to say prior to the added assistance in knowing how to implement materials for this population I wasn't feeling confident that I was reaching that population adequately."

Health teachers' report, and an extensive review of the health education library confirmed that the Health Education Office provides a diverse and extensive selection of culturally relevant materials. Every effort is made to incorporate materials that represent a variety of ethnic and racial groups, sexual orientation, and disabilities. The Health Education Office offers a series of trainings on sexual and cultural diversity to all district staff including:

- Sexual Diversity Training for Principals: To increase sensitivity and awareness and contribute to a safer, healthier school climate around all forms of harassment, including sexual orientation.

- Sexual Diversity Training and Panels: District staff and middle and high school students received training promoting tolerance and understanding for gay/lesbian/bisexual student, staff, and families.

- Cultural Diversity Training: To increase sensitivity and awareness and contribute to a better understanding of cultural backgrounds.

In addition, to these district wide trainings, comments from teachers, suggest that on-going technical assistance and trainings around cultural diversity issues occur on a regular basis as issues arise.

The following represent some of the comments made by health teachers on this topic:

- ***"I wish we had more culturally relevant short stories related to health issues. The few we do have are popular and hard to check out. I work with a very diverse population so it is critical that the material be culturally relevant."***

- ***"Last year we had a big issue with students calling each other faggot and dykes and displaying a significant amount of homophobia. I was able to get some resources from the Health Education Office that really proved to be effective in educating the students on issues of homophobia and discrimination."***

- ***"The issues of racism and discrimination are very real with these students so it is critical that we provide a variety of material and resources that gets these students thinking about these issues and the impact it has on their lives. I have really enjoyed the flexibility provided in the Health Education Program to touch on these issues. The resources provided by the MSHEP staff have been invaluable."***

Bilingual Health Education

In response to the growing needs of middle school bilingual students, the Health Education Office received funding in 1998 from the Families and Education Levy to add a full-time staff position to specifically address the health needs of this population and to promote ESL registration for on site Wellness Centers. This staff person currently works primarily with the ESL and Wellness Center staff at Washington and Denny Middle Schools. She also provides services to the Bilingual Orientation Center. There are future plans to expand services at Madison, and Aki Kurose Middle Schools in 2002-2003. The primary role of this staff position is to work collaboratively with teachers and Wellness Center staff to ensure that bilingual students are accessing clinic services and receiving adequate information on health education topics such as teen pregnancy, sexuality, HIV/STD prevention, substance abuse, nutrition and other topics identified by staff and students.

In addition, the Bilingual Health Educator teaches formal health education classes for ESL student's one day a week at each of the designated schools. Topics are similar to those presented in all middle school health classes.

The list of topics for ESL students have included the following:

- Culture, Food, and Nutrition
- Substance Abuse
- Conflict Resolution
- Asking for Help/Mental Health
- Puberty Education
- Self Esteem
- Human Anatomy
- Anti-Harassment

According to health teachers, the addition of the Bilingual Health Educator has been a valuable addition for the MSHEP. This does not address all the needs of bilingual students as there are 62 languages spoken in the district and approximately 11 percent of the middle school population are limited in their English proficiency. However, this has been an effective resource for increasing participation of ESL students in health education. Several health teachers spoke candidly about the challenges they were facing regarding diversity issues. The following comments reflect a variety of concerns.

- ***"I wish we could clone the middle school health education staff. They provide so much to our school. We are fortunate to get the benefits of the bilingual services they offer. I have to say it has been a real benefit. Prior to these services I couldn't honestly tell you how effective we were in reaching those students. The issues for them are so much more complex due to language and different cultural issues."***

- ***"The addition of the Bilingual Health Educator has been a critical resource for our ESL students. It really has allowed this population an opportunity to explore some key issues in a safe environment."***

- ***"The addition of a Bilingual Health Educator has been a tremendous asset to our school. Many times the students would enter our school having spent a minimal amount of time at the Bilingual Orientation Center and immediately integrate into our program. I have to say prior to the added assistance in knowing how to implement materials for this population I wasn't sure if I was reaching this population."***

According to all the health teachers, classes are inclusive of all students including special education. Some health teachers have designated classes, workshops, and presentations for students with special needs to ensure they are receiving adequate information on health-related topics. In many cases students with special needs are integrated into the regular health education classes. The Health Education Office offers on-going assistance to health teachers who express a need for expanded resources or teaching techniques for students with special physical or mental needs.

- ***" Our school is a designated site for special needs students ranging from physical disabilities to a variety of mental and cognitive disabilities. I have worked with staff every year to ensure the students receive information on a variety of health related topics."***

3. Facilitate opportunities for health teachers to engage in peer-to-peer communication.

The Health Education Office facilitates quarterly meetings with middle school health teachers. This is an opportunity for teachers to express concerns and share ideas on topics they deem relevant. All the health teachers expressed satisfaction with this opportunity and overwhelmingly felt it was one of the highlights of being a health teacher. Approximately 80 percent of the health teachers stated that this was a rare opportunity to speak with their colleagues from other schools around Seattle and have a fruitful dialogue about a multitude of issues. Another sixty percent would like to have additional meetings.

One key theme that emerged from the interviews was the many linkages created for health teachers to engage in dialogue with other health educators from a variety of institutions. For example, public health nurses provide many services to schools regarding nutrition and sexuality education. Community based agencies provide resources in a variety of areas including substance abuse, violence prevention, dating violence, nutrition, and environmental health. A significant number of trainings and networking opportunities were conducted and sponsored by the Health Education Office in the 2001-2002 school year.

- ***"The meetings allow us an opportunity to talk about our fears of teaching certain topics and enlist suggestions from our peers. This is the only place I feel safe doing that level of disclosure about my skills as a teacher."***

- ***"I have learned so much from my colleagues at this meeting. The ability to share teaching techniques has been invaluable. I will treasure the experience throughout my career."***

- ***"Rarely do you have an opportunity to exchange ideas with your colleagues in your own school. So this opportunity is truly a delight. It is good to hear what is going on in other schools"***

- ***"The meetings have assisted me in so many ways from my confidence as a teacher to accessing health education material, to learning a new recipe. The professional networking is great but the camaraderie is the most valuable to me."***

- ***"I have gained so much knowledge from my peers on teaching strategies in general. The time we have to share new strategies and curriculum ideas is the most valuable."***

- ***"The quarterly meetings are true professional development. We are treated with respect and valued for our knowledge. I really appreciate the effort put into these meetings."***

4. Act as intermediary for schools implementing health education programs and the school districts' other wellness initiatives.

The Health Education Office provides assistance, upon request, to middle schools that are in jeopardy of losing their Health Education Program due to shifting priorities. At least seventy percent of the teachers acknowledged that the Health Education Office often plays a critical role in assisting to develop creative strategies to prevent the complete elimination of health education in their buildings.

In response to the ongoing challenges of increasing test scores, teachers are increasingly developing innovative ways to incorporate literacy skill development into their health education curriculum. Collaborative efforts have occurred between the MSHEP and reading specialists; these efforts have proven successful. The Health Education Office trained teachers in methods that enhance the literacy skills of middle school youth using health education materials. Teachers cite the need to expand health education integration across the entire curriculum. The comments below reflect the views of health teachers regarding the pressures schools face in ongoing implementation of health education classes.

- ***"Last year we were in jeopardy of losing our Health Education Program, as we had to make a decision as to where to find more time to increase our reading scores. The decision was made to eliminate health education. With the assistance of the staff from the Health Education Office we were able to develop***

a health education curriculum that allowed us to integrate literacy skills into our materials."

- ***"We went from having health education as a seventh grade requirement to not having health education at all. The primary reason was low-test scores. We are one of the lowest performing middle schools in the district."***

- ***"Our school is committed to having health education. However, every year we are in jeopardy of losing it as a designated class due to competing requirements from the district."***

- ***"This district has a number of competing priorities so the commitment to health education is constantly challenged. Every year we go through the same struggles to maintain the Health Education Program. This year the big push is to get all the students up to speed in science. So students will get a brief section on health education incorporated into their science curriculum. I just can't believe you can have science teachers conducting health education classes with no training."***

Health Teachers' Perspective on the Effectiveness of the Middle School Health on Students

Interview data revealed clear goals for students involved in the MSHEP. The two program goals used to evaluate teachers' perspectives on the overall program impact on students are:

1. Develop lifelong skills such as critical thinking, decision-making, stress management, goal setting, and communication to assist middle school students in making more informed choices that impact their health behaviors.

2. Develop an awareness of how their health behavior choices impact their personal and family relationships and academic success.

1. Implement health education curricula to develop lifelong skills such as critical thinking, decision-making, stress management, goal setting, and communication to assist middle school students in making more informed choices that impact their health behaviors.

The MSHEP provides a curriculum materials and resources to implement a program with a set of core subjects: nutrition, drug and alcohol prevention, sexuality and reproductive issues, and self-esteem/mental health. As mentioned earlier, the MSHEP provides all new teachers with established curricula: ETR Associates Comprehensive Health for the Middle Grades: Project Alert/ Drug & Alcohol Prevention, FLASH/Sexuality & Reproductive Issues, and KNOW/HIV/STD. In addition to these resources, teachers have the flexibility to incorporate additional approved material as they see fit. All sixteen

health teachers felt strongly that their curricula emphasized skill development in the areas of critical thinking, decision-making, stress management, goal setting, and communication. Many strategies are employed to deliver effective teaching methods: class exercises, presentations, service learning projects, role-play, slide shows, movies, and research using technology.

- ***"If we expect our children to have healthy relationships and strong interpersonal skills we have to help them gain the skills necessary to accomplish these task."***

- ***"At our school we want our students to make informed choices that affect their health and behavior, based on information and values."***

- ***"I feel strongly that the health education we provide assists our students in understanding how their choices affect others—their family, and society as a whole***."

- ***"At this age our students are at one of their most vulnerable time periods. They have a lot going on in their lives and the health education classes provide them with an opportunity to discuss topics they might not otherwise bring up in school. Many times the topics around sexuality issues provide a chance for students to gain accurate information. "***

The following is taken from the 1999 Seattle Youth Risk Behavior Survey and provides some quantitative data regarding student's response to health education.

Students' response to health education classes

Helpfulness of health class if had one	Total number of overall student response	Overall percentage from student response
Never taken Health	413	26.0%
Very helpful	341	21.5%
Somewhat helpful	564	35.5%
Not very helpful	269	17.0%

Students' response to HIV/AIDS education

Ever taken HIV/AIDS class grade 6,7, or 8	Total number of overall student response	Overall percentage from student response
YES	1031	58.3%
NO	521	29.5%
Not Sure	217	12.3%

2. Develop an awareness of how their health behavior choices impact their personal and family relationships, and academic success.

According to teachers and health education staff, middle school health education is committed to providing opportunities for students to assess personal experiences in the classroom and discuss real life situations regarding critical topics. All teachers and health education staff stressed the importance of making health education have real-life meaning. For example, seventy percent of health teachers reported that students often engage in discussions regarding real-life health issues currently facing them, their peers, or family members. Health teachers reported that they view providing a safe environment for this level of critical thinking as part of their role. Providing resources and information to assist students in making appropriate decisions was also deemed critical. At least 65 percent of health teachers reported that they have assisted students in accessing additional resources for issues faced by them or their friends.

- ***"It is our role to create a safe environment, so students feel free to ask questions, and receive information from us as professionals; and if we don't have the answers, we know how to get them."***

- ***"I think we provide a safe environment for students to role-play and practice saying no and come up with alternative thinking."***

- ***"The health education classes are different from other subjects students have to take. Our information is real world and for those students in particular who learn by doing and group discussions this class offers them an opportunity to express themselves and have some success. Students often come back to me once they have left school and share the valuable lessons they learned in health education and how they still use the information."***

- ***"In the years that I have taught health education I continue to be amazed at the struggles our students face. There have been many occasions that I have had guest speakers come in on specific topics such as: dating violence, sexual abuse, and sexually transmitted diseases where students have disclosed personal situations they are in. I have been fortunate to be the conduit to assist many students in getting the necessary resources they need to get emotionally healthy and safe."***

- ***"I find myself dealing with a lot of issues after the bell rings. This may sound stereotypical but the boys come to me to discuss issues around fighting and violence and the girls often approach me around sexuality issues such as birth control and sexually transmitted diseases."***

- ***"I have a great story of student that really changed her life around. She started out really shy and would isolate and literally hid under my desk. She was dealing with issues around sexual identity, self-esteem, and a variety of family issues. By providing her a safe environment to explore and discuss her issues***

she was able to come into her own. She is now in high school and has joined some youth groups, traveled abroad, and is enrolled in the Running Start Program. I know we as health teachers make a difference simply by providing a safe environment, providing valuable life education, and allowing students to critically think about the issues they are facing."

School Administrators' Perspective on Middle School Health

Eight administrators who have implemented a comprehensive health education program were interviewed. Several attempts were made to contact administrators of schools that do not offer a stand-alone health education course and only one school responded**.** Three primary questions were addressed:

1. What are the challenges in implementing health education classes in your school?

All eight principals agreed that middle school health education was paramount to student success. However, they all spoke to mounting pressure they face to increase test scores. Five of the principals spoke of the stress they felt in constantly having to decrease or eliminate what are deemed as elective classes in order to accommodate skill development classes for students who are not performing at grade level. The interviews revealed the difficult dilemma facing middle school administrators in balancing the district mandate to increase literacy and math scores and maintain other critical components of the student curriculum such as health education, arts, and technology. The following comments are a reflection of the challenges administrators are facing:

- ***"The current climate of education is on test scores. Unfortunately, it means some things have to go."***

- ***"The logistics of incorporating health education as a mandatory elective can be difficult. So we elected to infuse as much health education into our science curriculum as possible."***

- ***"We definitely make sure students have the minimum requirements of HIV education. We also try to infuse as much as possible in additional workshops and we use our Drug and Alcohol Prevention Specialist to assist in providing health education."***

- ***"We are looking into expanding our periods. This would allow us to incorporate more classes and possibly add health education as a stand alone class."***

- ***"We have a strong Health Education Program and we have for quite sometime. It is a challenge in incorporating it as stand-alone class but you just have to make the decision that this is what you are going to do."***

- ***"We are in a tough position of having to do more with less. I don't think there is a principal in the district that doesn't support health education."***

- ***"As schools are designated for special topics such as the arts, languages, or technology it becomes more difficult to incorporate elective classes."***

- ***"Sometimes parents demand electives that are perceived as necessary for college so that comes at the expense of classes such as health education."***

2. What are some of the key health issues facing your student population?

Principals spoke of a range of health issues facing their student population: nutrition/obesity, substance abuse, sexuality, and peer pressure. The one topic all principals commented on was nutrition. Overwhelmingly, principals acknowledged the difficult issues their students faced. All principals discussed the changing role of the school, which now includes providing information on a variety of issues that, at one time, would have been considered the role of the parent or guardian.

- ***"We are faced with providing values and principles to students who may not otherwise get a core foundation due to some difficult circumstances in their personal lives."***

- ***"I am amazed at the poor eating habits that my students have. They survive on junk food all day."***

- ***"Of course developmentally our students are at a stage of exploration and so they test the limits on a consistent basis. I am no longer amazed at the things they say and the clothing they wear."***

- ***"Over the years we have faced some concerns regarding students experimenting with different drugs. However, we offer a variety of education around substance use and decision- making and I really think that has helped with students make better decisions."***

- ***"We are facing the same issues that every other school is facing issues of sexuality, drug use, violence, and obesity; those are the ones that stand out for me."***

3. What suggestions do you have to incorporate health education as a core class?

Almost half of the principals expressed the need to make health education a core class in order to give it more credibility. All of the principals stressed their support for health education but acknowledged the growing stress they feel regarding improving test scores.

- ***"The challenge is fitting everything into a six-hour day and finding the financial support."***

- ***"If we expanded our periods to include a 7th period we might be able to pull off having a stand-alone health education class."***

- ***"I think really being creative with what you have and incorporating health education in other class is not a bad idea. Our science teachers have worked hard to really incorporate it into the science curriculum especially now that we have science for a year."***

The sentiment from principals was that logistically it has become increasingly difficult to incorporate middle school health as a stand-alone course. All principals were exploring a variety of options to ensure that students receive some health education in their middle school academic curricula. Overall, principals are very supportive of health education and expressed frustrations with the constant dilemma of prioritizing academics which require assessments at the expense of other much needed curricula (e.g. health education) that provide life-long critical thinking skills for students.

Major Accomplishments of the Overall Health Education Program
The Health Education Office has been innovative in its ability to develop and implement health education particularly in the absence of any district mandate. The following are some key accomplishments in the ongoing efforts to develop comprehensive for health education for pre-Kindergarten through twelfth grade.

1. The completion of the Health Education Frameworks for grades pre-K-12 is a valuable resource for health teachers and the Seattle School District as a whole. The health education framework notebooks provide a strong foundation for systematizing health education curriculum.

2. The textual adoption for health education grades K-12 is a significant milestone for the Health Education Program as it provides the foundation for the implementation of a comprehensive consistent required Pre K-12 program.

3. The Health Education Program staff continues to develop creative strategies to integrate health education material into a variety of subjects such as reading and science. Their ability to be flexible has allowed health education to stay alive in the face of challenges.

4. The Health Education Office successfully implemented a website dedicated to middle school health entitled, Middle School Magic. The website provides a variety of resources for middle school health teachers to assist in accessing and implementing cutting edge health education materials.

The Health Education Office continues to develop creative strategies to implement health education materials into the overall framework of various subjects such as reading and

science. The ability of the Health Education Office to be flexible has allowed health education to stay actively involved in the lives of middle school students.

Barriers and Challenges to Middle School Health Education

The MSHEP has established a core set of services and has weathered the difficult task of implementing a MSHEP with no mandatory requirements. The following represent some of the core issues impacting the program.

Issue #1. Funding.

The financial support of the Centers for Disease Control and City of Seattle's Office for Education are essential to the survival of the entire Health Education Program including middle school health. The Families and Education levy funds support the salaries of the Health Education Manager and the Bilingual Health Educator. These are the only sources of funding; the District does not provide any direct financial support to the Health Education Office.

Over the last several years, the District, along with the City and PHSKC has begun a process to redesign how health services are provided at the District. The major planning initiative entitled the "Experience Wellness Project" is examining all of its Wellness services. The long-term sustainability of health education appears very much connected to this internal planning process. Instituting a comprehensive middle school program will require investment of time and money. The next phase of the Experience Wellness Project may yield some positive insights on viable funding options for this important resource for middle school youth.

Issue #2. No Mandatory Requirement for Health Education.

As stated earlier, middle school health education is not a required subject for the District. The site-based, decision-making model implemented by the Seattle Public School District allows each school to decide what classes it will offer and how best to implement curriculum in its building. Health education is considered, in most schools, an elective course. Because it is not required, it appears to lack the same academic standing as other core curricula. This has presented a barrier to institutionalizing health education. It is clear that a mandatory health education course needs to be implemented.

Issue #3. Responding to the pressures of the WASL Assessment.

According to health teachers and the Health Education Office, the current trend regarding middle school health education is to integrate it into other existing curricula. The most recent example is collapsing health education into the science curriculum, which is

included in the WASL assessment in 2003. Many schools made the decision to integrate health education into science or eliminate it altogether to allow more time for science. In preparation for this growing trend, the Health Education Office is providing training and technical assistance to science teachers. Eight regular schools and one alternative school sent science teachers to the most recent FLASH training.

Issue #4. Organized data collection process for the Health Education Office.

The weakest component of the Health Education Office is the lack of quantitative data on student outcomes. There are no data collection systems in place to gather information on students' behavior before and after their exposure to health education. In addition, quantitative information on number of referrals by teachers to outside resources, number of parent request for health education related services, and principal request for health education related activities are not documented. A more organized approach to data collection regarding the impact health education is having on students and the ability to quantify the types of request for health education services from parents, teachers, and principals would greatly enhance the ability to conduct a more formal quantitative evaluation of the MSHEP.

In summary, a reality of the Middle School Health Education Program is that each year there are adjustments made to the number of schools offering a full semester of health education. As mentioned earlier, five out of ten regular middle schools and two out of six alternative middle schools currently offer health education classes for a semester. The trend is toward incorporating health education into core curriculum. The Health Education Office plays a lead role in assisting schools in this process. The precarious funding of the Health Education Office makes middle school health education vulnerable to elimination.

Recommendations

This program evaluation provides a view of the middle school program from the perspective of the many players that are on the front lines of delivering health education services to middle school youth. The goal was to highlight the breadth and depth of the impact that this relatively small program has on the teachers it serves. Recommendations to bolster this program include the following:

1. Consider making health education mandatory.

2. Recruit health teachers. The preparation of teachers who provide health instruction is of significant concern. Each year the Health Education Program has a turnover of teachers. In addition, very few teachers have a health education endorsement.

3. In conjunction with the overall development of the school district's Experience Wellness Project, place a strong emphasis on health education and finding

adequate resources to ensure that every middle school student has a minimum of one semester of health education.

4. Develop a set of researched-based student outcomes. This could be a standardized set of indicators and outcomes for students. Implement a data collection system that can demonstrate the programs' effectiveness.

5. Document the community resource referrals health teachers and health education staff make to students and families.

6. Document the number of families requesting health-related materials middle school students.

7. Maintain records of the number of middle school students enrolled in health classes.

8. Encourage the inclusion of health education questions on state- and district-wide surveys to gather more data on the relationship between health education and student behavior and academic outcomes.

Conclusion

Based on the interviews conducted with health teachers, middle school principals, and student comments from the 1999 Teen Health Survey, the Middle School Health Education Program provides a valuable service. Health teachers overwhelmingly feel supported by the health education staff and consider the trainings and technical assistance a valuable resource.

However, the lack of a mandatory health education requirement makes it difficult to achieve any continuity to the Middle School Health Education Program. In addition, the lack of ongoing student-level evaluation makes it difficult to track student response to health education. With the exception of the limited questions specific to health education on the 1999 Teen Health Survey, there is limited data to track students' connection to middle school health education.

The findings of this report reveal a belief that middle school health education is an important component of student education at many levels including teachers, principals, and health education staff. The challenges that Seattle Public Schools face in building a comprehensive Middle School Health Education Program are multifaceted and require a variety of stakeholders to adequately address. This is particularly daunting in the current economic climate.

APPENDICES

Table 1

Regular middle schools providing health education classes.

Middle School	Health Education Curriculum Offered (2001-2002)	Health Education Curriculum Offered (2002-2003)	Number of students participating in health education classes
Denny	7th grade Health, required, one semester.	No change.	7th grade 268
Hamilton	7th grade Health, required, one semester.	No change.	7th grade 260
Meany	7th grade Health required, one semester.		7th grade 137
Mercer	6th grade Health required, two quarters. 8th grade Health required, one semester.	No more 6th grade Health some may be incorporated into science. Health class is required at 8th grade.	6th grade 300 8th grade 261
Washington	6th grade Health required, one quarter. 7th grade Health required, one quarter. 8th grade Health, required, one quarter.	7th grade Health class required, one semester.	6th grade 340 7th grade 363
Aki Kurose	6th and 7th grades, seven sections of elective semester classes required.	No change.	6th grade 235 7th grade 218

Table 2

Alternative middle schools providing health education classes.

Middle School	Health Education Curriculum Offered (2001-2002)	Health Education Curriculum Offered (2002-2003)	Number of students participating in health education classes
Salmon Bay K-8	8th grade Health required, one semester.	Health Program is increasing to start at 7th grade. Eventually to become a 2-year program.	7th Grade 120 8th Grade 121
SUMMIT	7th grade Health required, one semester 8th grade Health required one semester	No health education offered.	6th Grade 97 7th Grade 73 8th Grade 77
Pathfinder K-8	Health Education incorporated into overall classes.	No change. Incorporated into regular classes.	6th Grade 42 7th Grade 38 8th 24
TOPS	6th grade Health required, one semester. 8th grade Health required, one semester.	One quarter at every grade is required. Focus: 6th grade/Nutrition 7th grade/Drugs, Media Literacy, Sexuality. 8th grade/STDs, Sexuality Issues	6th Grade 60 8th Grade 58

Table 3

Regular middle schools that do not offer required or elective health education classes.

Middle School	Health Education Curriculum Offered (2001-2002)	Health Education Curriculum Offered (2001-2002)	Number of Students not participating in health education classes
Madison	No required or elective health education classes. All science classes teach sexuality and HIV/AIDS. A professional health nurse organizes health fair, guest speakers, and health enhancement activities. Also a designated site for the Checkpoint program.	No change.	6th Grade 301 7th Grade 303 8th Grade 302
Whitman	No required or elective health education offered.	No change.	6th Grade 378 7th Grade 369 8th Grade 376
Eckstein	No required or elective health education offered.	No change.	6th Grade 429 7th Grade 424 8th Grade 425
McClure	No required or elective health education offered.	Some health education to be incorporated into science.	6th Grade 195 7th Grade 191 8th Grade 209
Meany		No elective health education classes.	6th Grade 157 7th Grade 137 8th Grade 172

Table 4

Alternative or K-8 programs that do not offer required or elective health education offered in the programs.

Middle School	Health Curriculum Offered (2001-2002)	Health Curriculum Offered (2002-2003)	Number of students
African American Academy	No required or elective health education offered. Students receive occasional presentations from guest speakers coordinated by the nurse.	No change.	6th Grade 44 7th Grade 57 8th Grade 65
Alternative School #1	No required or elective health education.	No change.	6th Grade 39 7th Grade 33 8th Grade 24
Madrona	No required elective or health education.	No change.	No data
Catherine Blaine	No required or elective health education.	No change.	No data

Interview Guide 1

Questions relating to the effectiveness of the Health Education Office.

Goal	Question
Ensure that trainings and materials are offered on current health education topics	How do you stay up to date with current trends in health education materials? Has the Health Education Office provided you with adequate models and resources for middle school health education? Given your work with this population what are some of the unique issues facing middle school youth? It would appear that health educators play multiple roles; what are the kinds of issues students are bringing to your attention?
Provide culturally relevant materials to ensure the diversity of the population is represented.	What are the different strategies you use to reach the diversity of students in your school? How have the resources provided by the Health Education Office assisted you in these efforts? Have you received support from the Bilingual Health Educator?
Facilitate opportunities for health teachers to engage in peer to peer communication	Do you find the quarterly health education meeting helpful? Do you feel the Health Education Office is supportive overall to you as a health teacher? Have you made connections you might not otherwise make with colleagues? . What things could the health education staff improve on?
Act as intermediary for schools implementing health education programs and other wellness initiatives?	Is health education a stand-alone program at your school? Have there been any threats to eliminate or censor your program? Can you give an example/ Has the Health Education Office been successful in advocating you when needed?

Interview Guide 2

Questions relating to the effectiveness of Middle School Health Education Program on students

Goal	Question
Implement health education curricula to develop lifelong skills such as critical thinking, decision-making, stress management, goal setting, and communication to assist middle school students in making more informed choices that impact their health behaviors.	Would you tell me a little about what you teach? Can you think of a story of something that happened in one of your health classes that stands out in your mind?
Assist middle school students in developing an awareness of how their health behavior choices impact their personal and family relationships, and academic success.	What type of curriculum activities do you provide to encourage critical thinking skills?

Interview Guide 3

Questions for Middle School Principals

- How long have you been a middle school principal?
- How long have you been at this school?
- What is the health issues facing students at your school?
- What are the challenges in implementing health education classes in your school?
- What suggestions do you have for implementing health education as a core class?

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