



**Raising Awareness on Health Related
Issues Among Middle School Students:**

**An End of Year Report on the
HIV/AIDS Awareness and Prevention Initiative
funded by
The Elton John AIDS Foundation**

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EXECUTIVE SUMMARY

In many schools, the focus on academic achievement often overshadows the other pressing socio-emotional and health needs that students have. Yet, such needs if left unaddressed are deleterious in their consequences for students' academic, cognitive, social and personal development. Recent policy debates fueled by the alarming statistics on the rising rates of HIV, and other sexually transmitted diseases, as well as diabetes, obesity, and hypertension among adolescents; and particularly adolescents of color, have brought to the fore the importance of addressing students' health within the context of schools. In 2007, the Elton John AIDS Foundation provided funding to the National Urban Technology Center (Urban Tech), a not for profit organization based in New York, to bring awareness on HIV/AIDS to middle school students in that city. This report examines the impact which this initiative had during the 2007-08 academic year.

The HIV/AIDS awareness project was launched in Districts 3 and 5. During the first year of the grant, the project was folded under the general umbrella of the “*Get Healthy Harlem!*” (*GHH*) initiative. *GHH* afforded Urban Tech the opportunity to implement a pedagogical approach in which life skills training was used to help students develop self-control, self-management, make positive decisions and become aware of outside influences on health-related behaviors. Eleven schools and approximately 3,000 students were involved in the *GHH* project. Two premises informed the implementation of *GHH*: First, that students needed to be provided with information and knowledge that would result in their acquiring an expansive and broad understanding of their health; and that this knowledge needed to be presented in stages from a discussion of basic health concepts such as eating healthy and exercising to more sensitive and complex topics such as HIV and AIDS prevention. The second premise recognized the importance of motivators/incentives in building students' self-concept and encouraging them to make the necessary and sustainable changes in their behaviors to achieve healthier life styles.

There were three major components to the *GHH* initiative during the 2007-08 academic year. These were: (1) A robust professional development experience for 22 teachers from the 11 participating schools; (2) establishing behavioral milestones for students; and (3) the implementation of the YLA curriculum modules in the science classes. All three components were inextricably linked with each.

Findings from the evaluation reveal the following:

Overall Findings

- ❖ The initiative has resulted in a number of positive outcomes and shows signs of affecting student knowledge and behaviors. These improvements in students' attitudes and behaviors are encouraging as the link between health and learning has been well established. Moreover, in classrooms where discussions on the consequences of negative sexual behaviors have taken place, students according to teachers, have shown a remarkable maturity and frankness in handling the

subject. This augurs well for the fall, when the STD HIV/AIDS awareness module will be fully rolled out.

Teacher Professional Development

- ❖ Ninety percent of the teachers in the project indicated that the curriculum materials that they received were useful for promoting their students' learning.
- ❖ Eighty percent of the teachers believed that they acquired new pedagogical strategies that they could employ with their students
- ❖ All the teachers (100%) felt that they were supported by Urban Tech staff. A similarly high percentage (95%) stated that the Bank Street professional developers were very supportive of their efforts.
- ❖ Seven out of every 10 teacher noted that their involvement in *GHH* is likely to have a positive and lasting impact on their classroom instruction.
- ❖ Eight out of every 10 teachers believed that as a function of participating in the project they now have a better understanding of health standards.
- ❖ More than 80% percent of the teachers stated that they now understood issues related to student development
- ❖ Eight out of every 10 teachers felt that through their involvement they developed a better understanding of curriculum integration.

Student Outcomes (as Perceived by Teachers)

- ❖ Almost 7 out every ten teachers felt that the students they taught had shown growth in the following areas: knowledge about the benefits of a healthy life style, ability to critically analyze the influence of culture and media on health attitudes and behaviors, and an appreciation of the benefits of exercising.
- ❖ Sixty percent saw a heightening in students' awareness of how their peers and media influence their behaviors; and almost fifty percent found that students' self esteems had improved.
- ❖ Students were greatly motivated by the program as reflected in the following quote from a teacher: "I thought it was a worthwhile program that provided a positive learning experience to the students and staff that participated in it. The Healthy Habits module was particularly valuable in that it really motivated students to take a look at their eating and overall health habits; and it galvanized them to take responsibility for changing some of their unhealthy behaviors".
- ❖ Students were very engaged in discussions on the adverse effects, such as contracting sexually transmitted diseases, of engaging in unhealthy sexual behaviors.

Recommendation

The *GHH* experience underlines the importance of a sustained and focused professional development component; the value of cultivating close partnerships with district personnel; the need to provide strong support for teachers and the importance of incentives for changing behaviors. In the fall, when the HIV/STD module will be introduced to teachers and students, an essential starting point will be to make teachers comfortable with the sensitive contents of the modules. To facilitate teacher comfort,

Urban Tech may need to draw upon individuals who have some prior experience in training teachers in these areas.

ACKNOWLEDGMENT

Several individuals have made an invaluable contribution to this report. First, we extend gratitude to the Elton John AIDS Foundation for funding this project. Second, we acknowledge the support provided by the Superintendents of Districts 3 and 5, as well as that of the teachers and students in the participating schools who worked diligently in ensuring the successful implementation of the project. To those who were involved in the Healthy Steps to Albany initiative, as well as the staff of Urban Tech and Bank Street we express thanks for their contribution in providing us with data and information which helped in the completion of this report.

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Introduction and Overview

This end of year report highlights the accomplishments that were made by the National Urban Technology Center (Urban Tech) during YEAR I of the HIV/AIDS awareness and prevention initiative funded by the Elton John AIDS foundation (EJAF) to teach HIV/AIDS awareness in thirty NYC middle schools. The need for such an initiative was deemed to be critical, given the fact that young minority students are being infected with HIV/AIDS at alarming rates. Indeed, African-American youth between the ages of 13 and 19 make up nearly 66 percent of new HIV infections.

Urban Tech is a non-profit 501(c) corporation that develops web-based e-learning curricula that help urban youth make positive, life-affirming choices as well as develop constructive attitudes and behaviors with respect to their health, in general, and HIV/AIDS and other STDs, in particular. This curriculum called the Youth Leadership Academy (YLA) consists of several self-contained, developmentally sequenced modules (e.g., Healthy Habits, Self Discovery) and employs a carefully designed mix of group activities, games and structured exercises. Urban Tech school-based programs have been implemented in several states including New Jersey, New York, Pennsylvania and the District of Columbia. Evaluation data have shown that students who have participated in these initiatives have made greater academic and socio-emotional gains than students who have not. (Walker & Finkelstein, 2007)¹

The HIV/AIDS awareness and prevention initiative, which is the subject of this evaluation report, seeks to increase HIV/AIDS awareness and prevention by implementing YLA in 30 New York City middle schools. The specific activities for which Urban Tech received funding are as follows:

- Integration of existing YLA modules in the areas of nutrition, exercise, substance abuse, personal relationships, and sexually-transmitted diseases (including HIV/AIDS awareness/prevention) into the NYCDOE core science

¹ Findings from an evaluation study conducted by Walker and Finkelstein on the impact of YLA on student learning and social development revealed that students in YLA classes were more likely to receive a grade of “B” or higher than students in control classrooms. YLA students were less likely to be absent from school and more likely to be rated by their classroom teachers as improving in the pro-social and pro-cognitive domains than students in control settings. See Elaine M. Walker & Martin Finkelstein (2007) “Youth Leadership Academy (Project Grad) Final Report”. Sametric Research, Allentown, NJ.

- curriculum;
- Professional development workshops, co-teaching and mentoring of teachers over the 2-year timeframe to support and enhance health and HIV/AIDS awareness instruction in the science classroom;
- Development of distance learning tools, including curricular guides, for middle school teacher professional development to increase the scope of dissemination and promote sustainability after funding ends.

During the 2007-2008 academic year, Urban Tech's HIV/AIDS awareness project was launched in School Districts 3 & 5 in New York City. The program was folded under the general umbrella of the "Get Healthy Harlem!" (*GHH*) initiative – an Urban Tech partnership with Mrs. Michelle Paige-Paterson, Director of Integrative Wellness at HIP Health Plan, to gain greater visibility in the community, garner a critical mass of eligible schools and promote advocacy and support from other non-profits, corporations and government leaders. *GHH* afforded Urban Tech the opportunity to implement a pedagogical approach in which life skills training was used to help students develop self-control, self-management, make positive decisions and become aware of outside influences on health-related behaviors. 11 schools and approximately 3,000 students were involved in the *GHH* project (Refer to Appendix A for a list of the schools). This report focuses on the extent to which the goals for Year 1 were met. It presents the outcomes within the context in which the program was implemented, and the assumptions that undergirded the sequencing of the YLA modules.

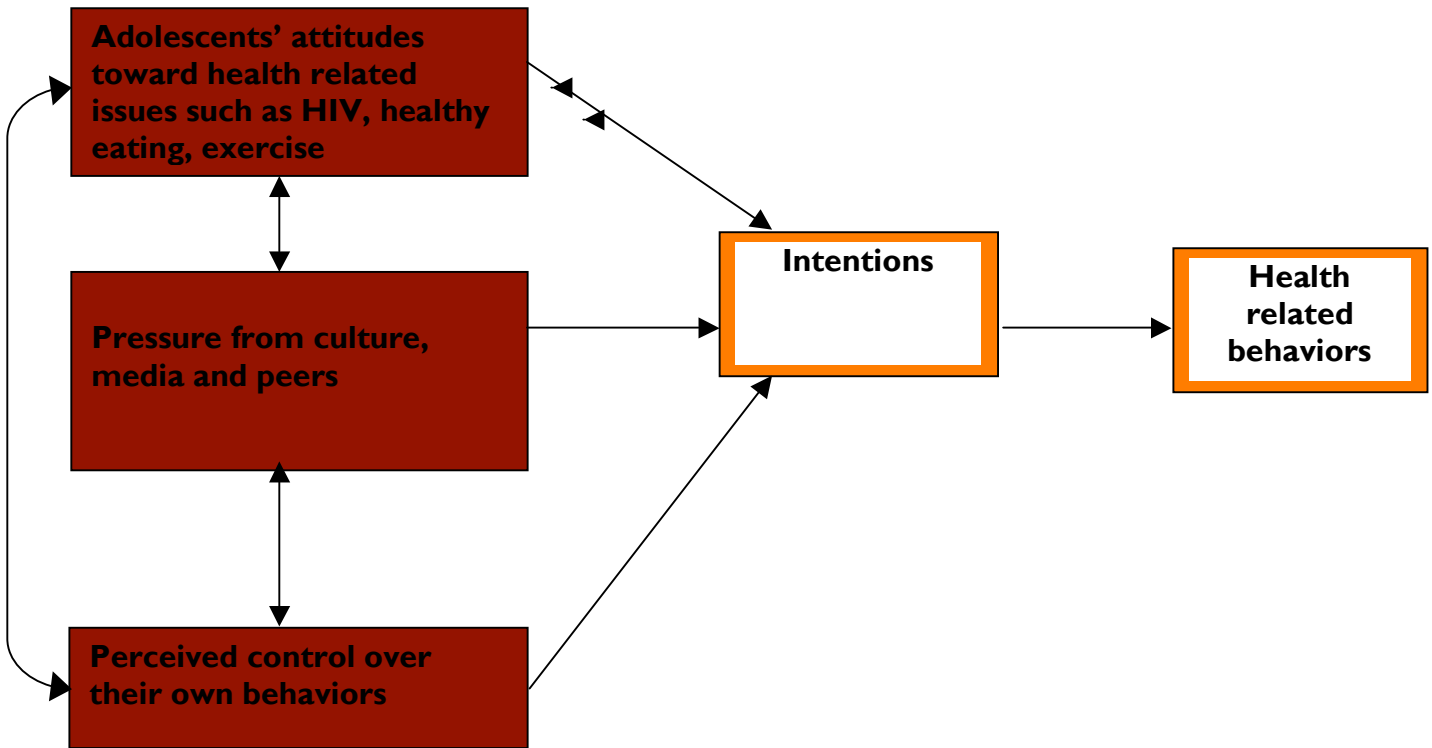
Youth Leadership Academy's Approach towards HIV/AIDS Awareness and the Formation of Healthy Habits among Adolescents

The project applied Ajzen's *theory of planned behavior* as the basic strategy for changing adolescents' health related behaviors. This theory has been used extensively in the health and social science fields to guide interventions and to assess the extent to

which such interventions have been successful.² In the case of the Elton John AIDS Foundation HIV/AIDS awareness grant, the assumptions are that adolescents' behaviors are influenced by: (1) their attitudes; (2) pressure from peers, culture and the media; and (3) the degree to which they feel they have control over the choices they make. Given these assumptions, the project's emphasis is on changing attitudes, helping students to become cognizant of the influence of culture, the media and peers in their lives and assisting students in their development of positive self esteem (what psychologists increasingly label a "sense of self-efficacy"). The project's focus as it relates to shaping attitudes, knowledge, intentions and behaviors is schematically presented in Figure 1. There were two premises on which the implementation of *GHH* was founded: first, that students needed information that would result in their acquiring an expansive and broad understanding of their health; and that this information and knowledge needed to be presented in stages from a discussion of basic health concepts such as eating healthy and exercising to more sensitive and complex topics such as sexually transmitted diseases, generally, HIV and AIDS prevention, in particular. The second premise recognized the importance of motivators/incentives in encouraging adolescents to change their behaviors.

² The Theory of Planned Behavior was developed by I. Ajzen. The theory has been used to study adolescents' behaviors in a number of areas: such as sexual activity; smoking and drug use; eating healthily and exercising. It has also been used to understand how individuals in organizational settings, particularly in the health field, change their behaviors.

Figure 1: YLA Approach to Changing Adolescents' Health Related Behaviors

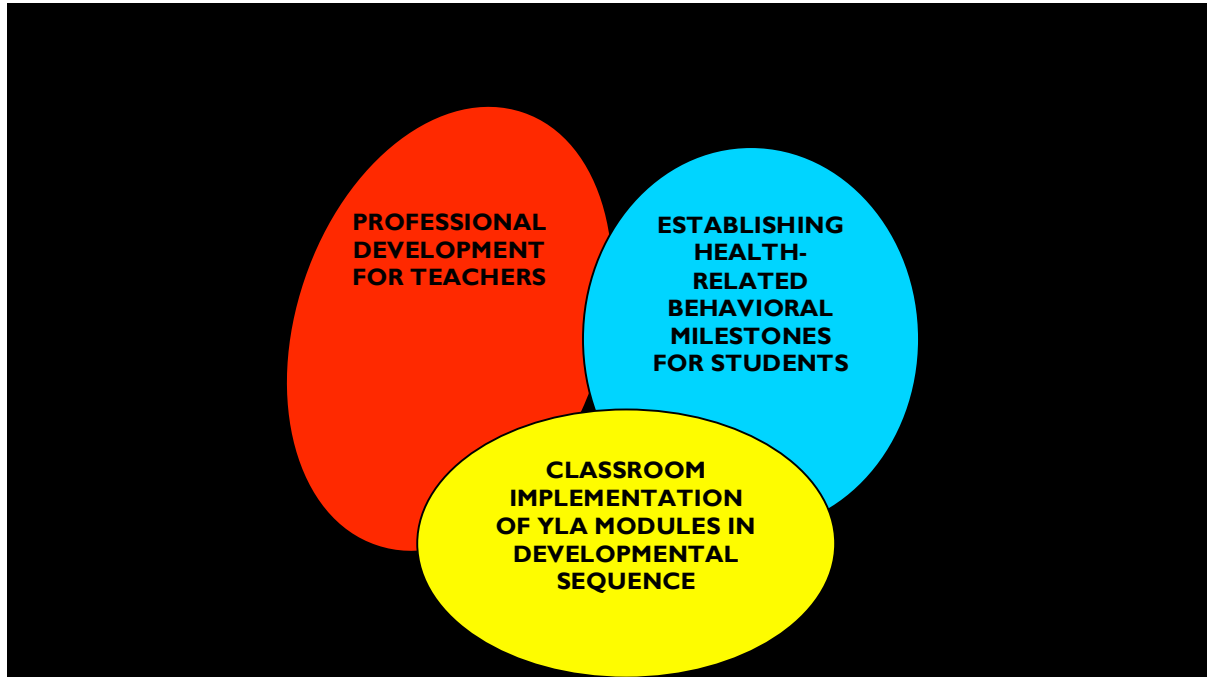


Program Components and Services

There were three major components to the *GHH* initiative during the 2008 academic year. These were: (1) A robust professional development experience for 22 teachers from the 11 participating schools; (2) establishing behavioral milestones toward which students might strive and (3) the implementation of existing basic YLA health promotion modules in the science classes. All three components were inextricably linked with each other and are diagrammed in Figure 2. YLA formed the cornerstone of the initiative. The YLA modules were used to impart knowledge and re-shape attitudes in order to reinforce students' healthy habits. Modules in

nutrition, exercise, personal relationships, substance abuse prevention and, ultimately, HIV/AIDS awareness were or will be integrated into the teaching of science.

FIGURE 2: Get Healthy Harlem! Program Components



Professional Development Activities

In November of 2007, Urban Tech contracted with the Bank Street College of Education (Bank Street) to provide professional development services to teachers in the project. This contract is pursuant to the grant proposal that explicitly states that the following services will be provided:

- Twelve (12) hours of Professional Development in group workshops to expose teachers and administrators to the YLA curriculum and associated educational technologies as well as develop plans for integrating YLA health promotion modules into the regular middle school science curriculum;
- Fifteen (15) hours of one-on-one coaching, mentoring in the classroom and help desk support per teacher to support of in-situ implementation in the classroom of concepts and pedagogical techniques learned in the group workshops;

The need for ongoing and in-depth professional development was important to the project for a number of reasons. First, the participating teachers needed to understand the YLA curriculum before they could meaningfully teach it in their respective classrooms. Second, the project called for an integration of health within most of the science classes; a pedagogical approach that teachers needed to be comfortable with and needed to know how to implement successfully. Third, YLA is a multi-media based curriculum; thus ensuring that teachers acquired the skills in navigating the modules and the various technology platforms of the curriculum was important.

Beginning in January 2008, monthly professional development training sessions were held at Bank Street with teachers from the 11 participating schools. These professional development sessions were followed up with in-school visits by the three Bank Street professional developers working on the project. Two of these trainers were responsible for making monthly visits for one-on-one coaching and mentoring to four schools each; and one to three schools. Over the course of the academic year, decisions were made to expand the frequency with which schools were visited by adding three additional trainers to the number of support personnel who provided one-on-one coaching to teachers. One of the most important challenges that the project faced during the year, was teacher access to technology. This was resolved by providing laptops and projectors to teachers. The laptops were among the 235 computers donated by Pfzier.

Bank Street's professional development thrust focused on assisting teachers with the art of cross-curricular integration, using multi-media technology, understanding students' personal development in general and the skill sets embodied in each of the

YLA modules in particular, and providing exposure to alternative pedagogical strategies that can enhance student learning. The sessions also involved discussions on lesson planning, allowing teachers to share their successes and challenges with each other, and reviewing student work. Teachers brought different levels of prior experience in each of these areas to the training sessions. For example, most teachers initially were unfamiliar with curricula that focused specifically on assisting students with their social-emotional and personal development; as well as curricula that addressed health-related issues among young adolescents.

YLA Modules

A central focus of Urban Tech's internal work at the beginning of the grant was the development of integrated curriculum guides that would facilitate the integration of YLA into NYCDOE's curriculum. Three guides were created and used by teachers in the implementation of YLA during the academic year. These guides were linked to the Personal Appearance, Healthy Habits Live, and Self Discovery modules of the YLA curriculum. All three modules supported the broader HIV Awareness initiative by helping students to develop a number of social and emotional competencies that are necessary for changing health-related attitudes and behaviors, which contribute to chronic disease in low-income communities. These competencies include: self-awareness, goal setting, acquiring self-control and self-management, making healthy decisions, becoming aware of outside influences, understanding how one reacts to peer pressure and the media, learning how to assert oneself and resolve conflict, learning how to set short and long term goals and understanding the consequences of one's actions.

Healthy Habits which was the most widely implemented module, and laid the necessary foundation for students to identify the benefits of a healthy lifestyle and the consequences of an unhealthy one, to identify toxic substances and avoid their use to prevent long-term health risks, to formulate lifestyle goals, and to get involved in activities that promote and sustain healthier lifestyles. In this module, students were also taught about the deceptive product advertising that influences their eating habits and use of tobacco. They learned how to become intelligent and discerning consumers of media information through understanding how the fast food industries become profitable at the consumer's expense. Students were also provided with the facts on the health risks associated with fast food and smoking (Appendix B list the goals and Objectives of the Healthy Habits Module). The *Personal Appearance* module built on lessons learned from *Healthy Habits*, specifically, by helping students to understand: (i) how personal appearance affects self-esteem, (ii) the importance of good judgment and (iii) being aware of one's own body language and the message that it sends forth.

The Healthy Habits module along with the other two modules was seen as a necessary precursor to the HIV/STD Prom Night module that will be implemented in the fall of 2008. The STD & AIDS Awareness module will introduce students to healthy and positive choices to prevent contracting STDs, to identify the different types of STDs and their treatment options, to discuss the difference between HIV and AIDS, to emphasize the necessity to get tested for people who are or have been sexually active or an IV drug user, to understand how the fears, misconceptions, and stigma associated with STDs & AIDS are a barrier to prevention and treatment, and to learn about each person's responsibility in controlling the spread of STDs & AIDS.

As suggested earlier, incentives are key to stimulating behavioral changes. To that end, a number of behavioral milestones with tangible rewards were established in order to encourage students to engage in new and wholesome behaviors. These rewards included a luncheon with the Governor of New York, in the case of Healthy Steps to Albany; and free home computers for students who successfully met the other milestones.³ It should be noted that all of these milestones involved students working in teams, which was seen as a way of fostering a collective esprit de corp around health. A description of each milestone is presented below:

Healthy Steps to Albany

Healthy Steps to Albany had two primary goals:

- develop healthy physical exercise habits with a program of daily physical activity;
- celebrate student success with rewards and recognition.

Healthy Steps to Albany was structured round an exercise competition, in which middle schools students were given pedometers. At the end of each week, the number of steps walked by each student in a class was logged by the science teacher. The contest began in March and ended in May. In each school, the classrooms at each grade level which had the most averaged steps walked by students were selected as the winner. Students in the winning classrooms attended a luncheon with the Governor of New York and the First Lady in the Executive Mansion in Albany. In addition to the exercise contest, Healthy Steps to Albany also sponsored an essay contest. The contest was opened to all students in middle and high schools in Districts 3 and 5. Students in the middle schools were asked to describe what an ideal healthy lifestyle would look like; what kinds of foods would they eat; how often would they exercise and what kinds of exercises would they do; what other habits would they incorporate into their lives to contribute to a healthy lifestyle and why would they choose these things. A

³ There were points awarded to each milestone.

number of activities were held to increase awareness of the Healthy Steps to component.

These included a press conference held in March at City College of New York and pep rallies hosted at participating schools by Grandmaster Mele Mel (a three time Grammy winning MC from New York City).

Culture Collage

Working in a team, participants were asked to create a *culture collage* that told the story of their community's culture as it relates to healthy habits. This was an opportunity for participants to express their understanding of culture and how it is reflected in their community (e.g. history, geography, urban vs. rural, advertising, access to healthy foods, parks, etc.).

Teams were graded on accomplishing the following:

- Creating a collage that illustrated the external factors in their community that have shaped their community's culture and influence everyday routines affecting their health.
- Assigning a title or written expression that described their *culture collage*.

Healthy Habits Poster

In small groups, students created posters which advertised healthy habits. These posters were displayed in their schools and provided an opportunity for students to express their knowledge of a particular healthy habit (e.g. benefit of daily exercise, eating foods with good nutritional value, eliminating tobacco and other toxins, etc.).

Tracking That Change

Students were asked to choose two healthy habits, one physical and one nutritional, that they all agreed to adopt. As a team, they were required to keep track of how well they were adopting these habits in a Healthy Habits Journal and to write down their feelings about making these changes.

Knowledge is Power

Working as a team, participants assumed the role of “nutritionists” and were required to create a one week meal plan (breakfast, lunch, dinner, snacks optional) that demonstrated their knowledge of a nutritionally balanced diet and of the recommended daily servings on the food pyramid.

Anchor the News

As teams, students became “journalists” and were asked to research and find information about health in a current newspaper or magazine article and its impact on their community or a surrounding community. The teams presented the article and their findings to the class in the form of a news report.

Program Implementation

The fall of 2007 was devoted to extensive planning (approximately 16 hours) on the part of Urban Tech’s staff. The primary focus of these planning activities was to ensure successful implementation of grant-funded activities in all participating schools. Internally, Urban Tech assembled a group of its staff to work on the grant and hired a Project Director. Meetings were held with the Superintendents of Districts 5 and 3; and the evaluators participated in organizational meetings with Urban Tech staff. Ongoing meetings between Urban Tech and Bank Street were held to plan each professional development session. Bank Street professional developers were given an opportunity to preview the YLA modules. In addition to these meetings, Urban Tech staff worked very closely with the District Superintendents to solve problems as they arose. In concert with district personnel, Bank Street and other individuals involved with the Healthy Steps to Albany milestone, Urban Tech created a master timeline plan that described in detail all the major activities of the initiative and when these activities were scheduled to occur. In addition, media campaigns were developed to publicize the initiative.

Evaluation Design

The focus of the YEAR I evaluation is to determine the degree to which *GHH* was successful in meeting its articulated goals. The data used in the evaluation are based primarily on participating teacher feedback; but is augmented by narrative data provided by Urban Tech staff who were directly involved in the implementation of the project. The evaluation design is a single posttest design in which teacher attitudes and assessments are studied at the end of the first year.

Sample

The evaluation sample consists of 20 out of the 22 teachers who were part of the project. Thirty-three percent of the teachers classified their race as being African-Americans; 22% Caucasian, 11% Asian, 6% Hispanic and 28% other.⁴ Eighty percent were females. Most teachers (74%) had between 1 to 5 years of teaching experience in their current schools and about two-thirds were in the profession five years or less. All of the teachers taught middle grades (6, 7, and 8).

Instrument

The primary data collection tool was a questionnaire that was developed from the literature on teacher professional development. In addition, items specific to the goals and objectives of *GHH* were added. In all, the questionnaire consisted of nine subsections: 1) demographic information on the teachers; 2) teachers' evaluation of the professional development experience ; 3) the knowledge benefits that teachers believed were derived through their involvement in the project; 4) the level of support that teachers reported they got from various key groups including Bank Street developers, Urban Tech staff, other classroom teachers and the school administrators; 5) teachers' confidence in their ability to transfer knowledge gleaned from the professional development to their classrooms both in the

⁴ There was one non-response to the ethnicity question.

short and long run; 6) teachers' assessment of students reaction to the various components of *GHH*; 7) teachers' assessment of the overall climate of their schools prior to the implementation of *GHH*!; 8) the kinds of changes evident in student behaviors that teachers attribute to *GHH*; and 9) their suggestions and general feelings about the initiative.

Subsections 2, 3 and 4 used a forced choice intensity scale to measure teacher agreement to each of the items posed. Reliability estimates were strong for all three scales. The professional development experience subscale had a reliability of .922; the knowledge scale .918 and the support scale .734.

Data Collection and Data Analysis

The questionnaire was administered at the last professional development training session in May 2008. Fourteen questionnaires were completed at the May training; the remainder during the months of June and July after intensive follow-up. With respect to data analysis, the findings are presented in graphs, with means and standard errors reported in Appendix D.

Evaluation Findings

Students' Physical and Mental Health Needs Prior to the Implementation of GHH

Students in urban communities confront a number of challenges that adversely impact their overall success in schools. The premise of *GHH* is that in order for meaningful learning to occur, and for these students to become productive citizens later in life, these challenges need to be redressed at an earlier as opposed to later stage. The degree to which students in the *GHH* schools faced issues related to their health, psychological well being and general deportment in school can be gleaned from Figure 3.

Clearly evident from the data furnished in the graph is the wide range of needs that teachers perceived their students had prior to *GHH*'s implementation. These needs fall into three broad categories: academic, personal behaviors and social relationships. With respect to

academic behaviors, 95% of the teachers indicated that poor motivation levels was of serious concern in their buildings; as was underachievement (90%) and truancy (63%). Teachers also reported that students suffered from several physical and mental health problems. For example, almost all teachers noted that students were unaware of healthy eating habits; 95% of the teachers stated that students under-appreciated the value of exercise; and 75% stated that obesity was a problem in their schools; while slightly more than 50% indicated that students had mental health needs to include coping with depression.

These data are underscored by recently published information on the number of children taking medication for obesity-related conditions. Between 2001 and 2007, there was a 151% increase in the number of children nationally who were prescribed medication for Type 2 diabetes; a 137% increase in prescriptions written for heartburn; and 18% and 12% increase in prescriptions for high blood pressure and cholesterol respectively.⁵ National figures on HIV infection among adolescents and young adults in the U.S. reveal the vulnerability of the population that GHH targets. In 2003, 6 out of every 10 young adults between the ages of 13 and 19 who were HIV infected was of African-American background; and 2 out of every 10 Hispanic⁶. Moreover, between 2001 and 2005 there was a significant increase in the number of African American and Hispanic students reporting that they were sexually active.⁷

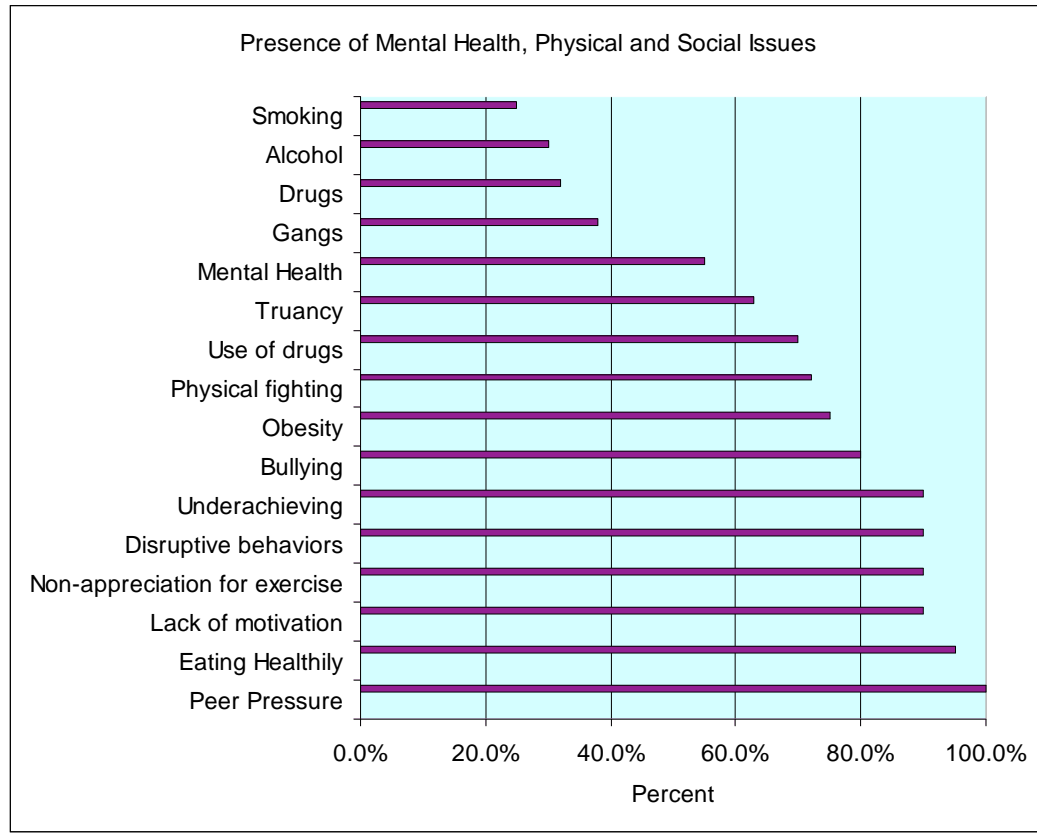
Teachers also described some of the personal relationship issues that were problematic for students. For example, 80% noted that physical fighting among students was a serious problem; 72% pointed out that disruptive behaviors in class created a problem for learning; and 80% that bullying and verbal harassment among students was serious. The use of drugs, alcohol, and smoking was perceived to be less prevalent in these schools than the other previously mentioned behaviors.

⁵ New York Times article "Weight Drives the Young to Adult Pills, Data Says". Saturday July 26, 2008: A1.

⁶ HIV Infection in Adolescents and Young Adults in the U.S. National Institute of Allergy and Infectious Diseases, National Institute of Health, May 2006.

⁷ Advocates for Youth. Washington, D. C.

Figure 3: Teachers' Description of Students' Mental Health, Physical and Social Issues



Teachers' Evaluation of the Professional Development Component

Adolescents' are strongly influenced in their behaviors by their peers and the prevailing cultural milieu in which they find themselves. Consequently, providing alternative subjective referents, particularly within the context of the school setting, requires working with the adults who can potentially provide them with normative behavioral guidelines that counter some of the negative messages that are obtained from peers, culture and the media. Helping teachers to understand the young adolescent's need and to be comfortable in adopting classroom strategies that assist these adolescents to develop positive attitudes toward their health, sexuality and personal development requires ongoing teacher professional development. As discussed earlier in this report, Bank Street was hired to provide professional development activities for the 22

science and physical education teachers in the project.⁸ In addition to the training sessions that occurred at Bank Street, professional developers also made monthly classroom visits. These visits were particularly useful for the project as they allowed the professional developers to review basic aspects of YLA, get feedback from teachers on their delivery of YLA lessons and identify challenges that the teachers confronted as well as provide direct in-site support

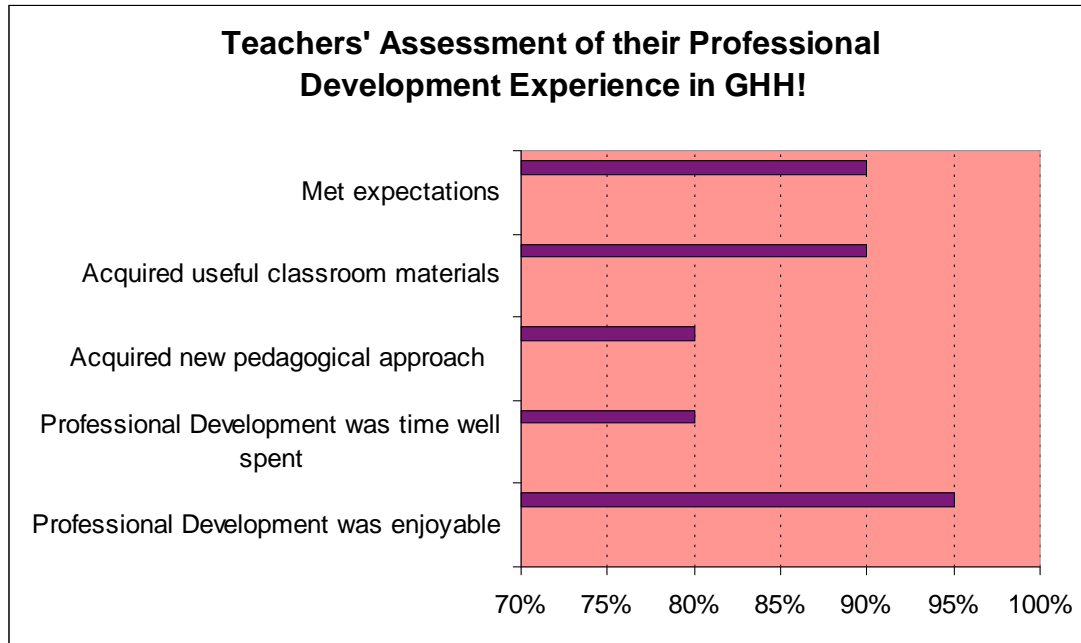
Throughout their professional development training, teachers were asked to provide feedback on specific aspects of the training sessions. Generally, teachers were positive in their evaluation of each of the training sessions that they attended. The summative evaluation data presented in this end of year report is based on teachers' reflection of their experience over the entire project year.⁹ The findings are captured in Figure 4. As is evident from the Figure, teachers found much value to the professional development activities offered through *GHH*. For example, 95% of the teachers found the time spent to be enjoyable, 90% felt that it met their expectations and 80% noted that it was time well spent. More concretely, 90% of the teachers indicated that the curriculum materials that they received were useful for promoting their students' learning. Of similar import was the fact that 80% of the teachers believed that they acquired new pedagogical strategies that they could employ with their students.

The overwhelming positive feelings that teachers held about the project were influenced to a great extent by the level of support that both Bank Street and Urban Tech staff provided. All the teachers (100%) felt that they were supported by Urban Tech staff. A similarly high percentage (95%) stated that the Bank Street professional developers were very supportive of their efforts. Not only did teachers feel that they received support from Urban Tech and Bank Street staff, but they also noted that problems (to included technology glitches) when they arose were quickly resolved.

⁸ There was one physical education teacher in the project.

⁹ Teachers as stated in the evaluation design section of the report, completed an end of year questionnaire.

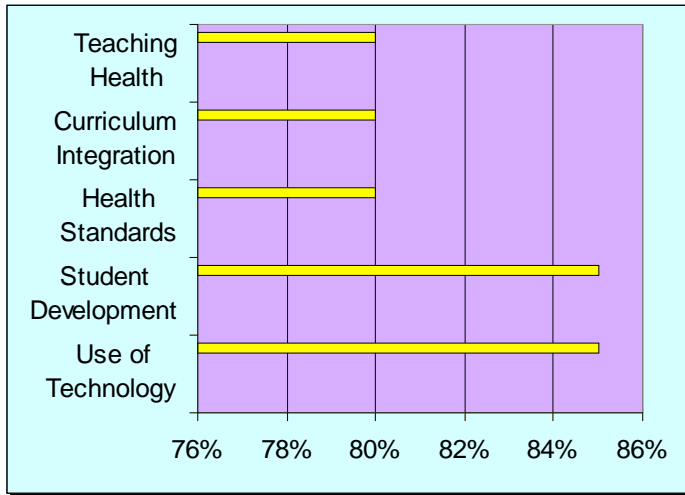
Figure 4: Teachers' Overall Assessment of their Professional Development Experiences



As with any new classroom based initiative, teachers did confront various challenges in integrating YLA with the science curriculum. The most frequently cited issue was the tension between pacing and integration as evident in this teacher’s response: *“There are science lessons where integrating GHH is impossible, and so the teacher should really need to stop for a while and embrace the GHH lessons without considering the pacing of the curriculum”*.

To what extent has the *GHH* initiative contributed to the professional growth of each teacher who was involved in the project? According to the data furnished in Figure 5, *GHH* was instrumental in furthering teachers’ understanding of the use of technology during instruction, students’ personal development, New York’s health standards, and curriculum integration in general and how to integrate health in the science curriculum that they taught in particular. On average, 8 out of every 10 teachers felt that their knowledge in all the substantive areas described above was advanced because of their participation in the Get Healthy Harlem project.

Figure 5: Teachers' Assessments of Areas in Which Their Understandings Have Grown

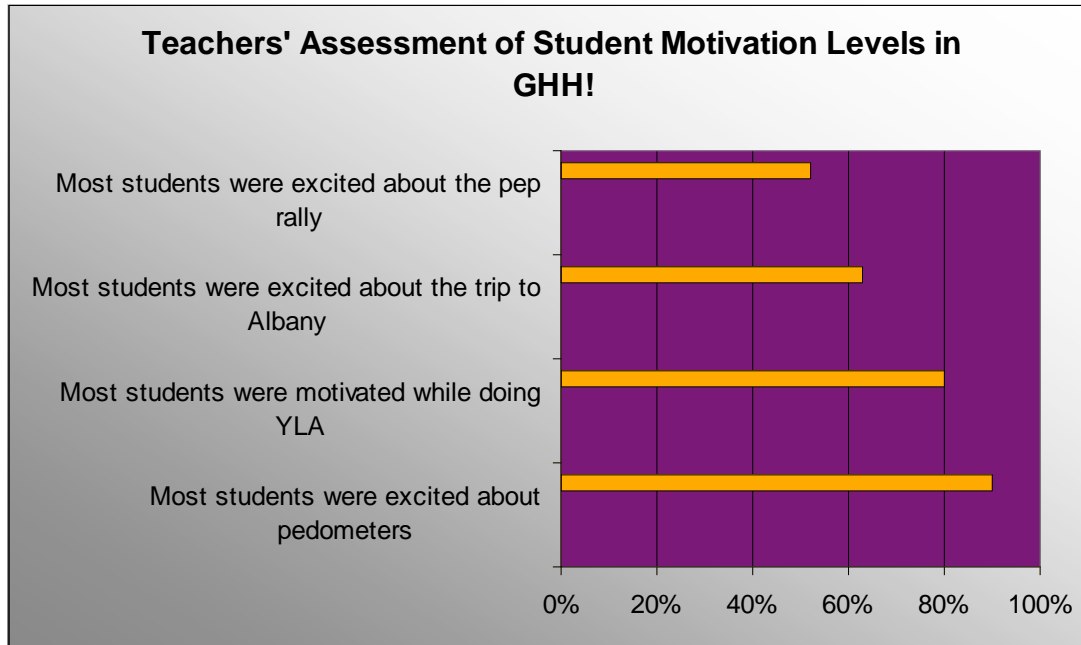


Not surprisingly given these results, teachers were very optimistic about the positive influence that *GHH* is likely to have on their classroom practices both in the short and long run. All teachers who responded to the questionnaire stated that they can effectively apply in their classrooms the new knowledge and skills which they have acquired; and seven out of every 10 teacher noted that their involvement in *GHH* is likely to have a positive and lasting impact on their classroom instruction.

Student Outcomes Evident in GHH

Teachers provided both open-ended comments and more objective ratings on the perceived impact of the project on students. Both sets of data illustrate the positive effects that *GHH* has had on middle school students who were part of the project in 2008. The assessment ratings provided in Figure 6 indicate that most teachers rated their classes as being quite motivated by the various components and activities associated with *GHH*. For example, all teachers reported that students were excited about wearing the pedometers, and 80% stated that students were engaged while working on the YLA modules. Students were less excited by the PEP rallies or the prospect of visiting the Governor's mansion.

Figure 6: Teachers Assessment of Student Motivation Levels



The following illustrative quotations from teachers provide further insights into how students responded to *GHH*.

“I think the kids have had a positive and enjoyable experience with the program. They have become more aware of media influences and have begun to implement healthy habits into their lifestyle”. (Teacher Respondent A)

“The curriculum is excellent for students”. (Teacher Respondent B)

“I think it was a great way to motivate students to think about their lifestyle”. (Teacher Respondent C)

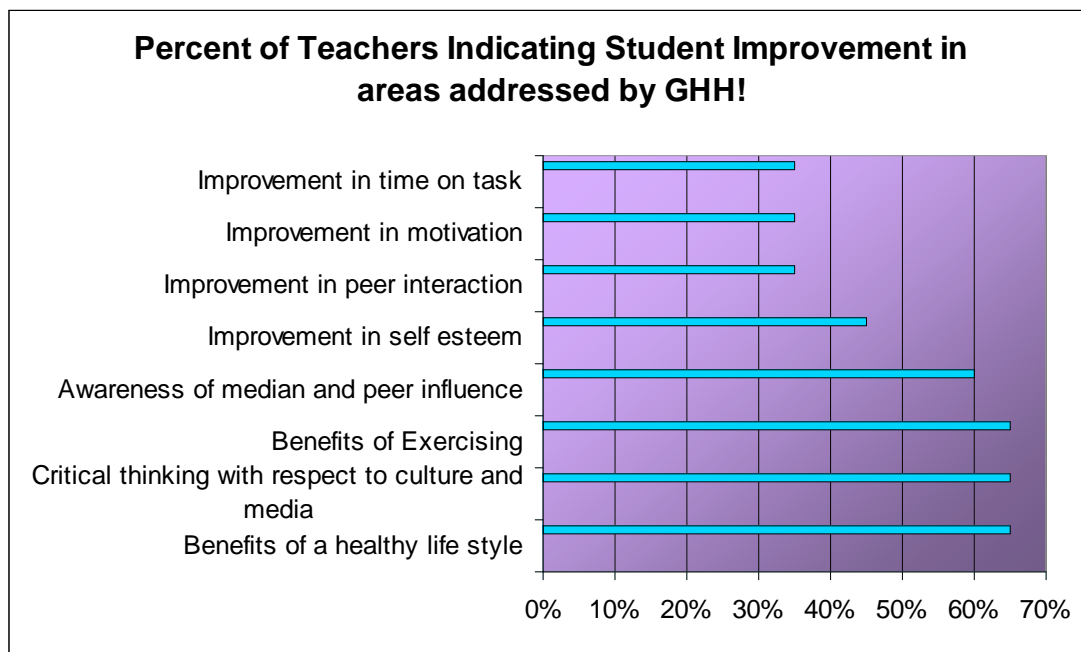
“I thought it was a worthwhile program that provided a positive learning experience to the students and staff that participated in it. The Healthy Habits module was particularly valuable in that it really motivated students to take a look at their eating and overall health habits; and it galvanized them to take responsibility for changing some of their unhealthy behaviors”. (Teacher Respondent E)

Reflective in the teachers quotes are three subtexts: first, the YLA curriculum and the Healthy Steps to Albany contest were motivators for students; second, students awareness levels regarding their health were heightened as a function of being in the program and third their behaviors began to change.

Improvements in student attitudes and behaviors were evident in several domains.

Almost 7 out every 10 teachers felt that the students they taught had shown growth in the following areas: knowledge about the benefits of a healthy life style, ability to critically analyze the influence of culture and media on health attitudes and behaviors, and an appreciation of the benefits of exercising. Sixty percent saw a heightening in students' awareness of how their peers and media influence their behaviors; and almost fifty percent found that students' self esteems had improved. More importantly, in classrooms where teachers have begun the discussions on unhealthy habits and behaviors linked with sexual activity, teachers indicate that they have witnessed an increased level of student maturity and frankness on this topic. Some students in these classrooms provided personal examples of how unhealthy behaviors led to the death of family members.

Figure 7: Teachers Assessment of Areas in Which Students Improved



Conclusion

In the Get Healthy Harlem! initiative, the approach that is being adopted to bring awareness to youngsters about their health to include HIV and sexually transmitted diseases is a comprehensive one in which multi-media techniques; an engaging curriculum, teacher professional development and incentives are employed. The initiative has resulted in a number of positive outcomes and shows signs of affecting student knowledge and behaviors. But, it is not without some challenges, particularly as it calls for an integration of health related information into the teaching of science. Teachers have commented on problems of technology and pacing. However, in general, teachers have identified the potential of *GHH* to bring about real changes in classroom pedagogy; and more importantly to contribute to lifestyle changes in their students.

These improvements in students' attitudes and behaviors are encouraging as the link between health and learning has been well established. Poor health has been found to be related to poorer attendance, retention, cognitive development and academic performance. It follows that schools must adopt a balanced approach towards the development of the entire child by focusing on both academic and non-academic areas. Promoting a growth in student knowledge, attitudes, values and life skills that center on social behaviors that are associated with factors such as eating healthily, exercising, and HIV/AIDS is of paramount importance. The strength of the *GHH* approach is that it integrates these areas into a major content area curriculum; and that it promotes a healthy school environment through the contests that were held; and the publicity both in and outside the schools that was brought to bear upon the program. Broadening the scope of the project last year by including exercise and healthy eating helped to provide students and schools with a more expansive understanding of health and life styles which will be useful in the second year when the focus will be on HIV and sexually

transmitted diseases. Moreover, it is important to understand that the critical thinking and awareness that students demonstrated around topics such as nutrition and exercise form the preparatory grounds for helping them to explore more sensitive topics around sexuality, gender issues, safe sex and the prevention of drug and alcohol abuse. It is encouraging to note that in classrooms where the discussions on STDS have already begun, students have tackled these discussions in a very serious, mature and open way.

As the project scales up next year to include more schools, the Harlem experience underlines the importance of a sustained and focused professional development component; the value of cultivating close partnerships with district personnel; the need to provide strong support for teachers and the importance of incentives for changing behaviors. In the fall, the HIV/STD module will be introduced to teachers and students. An essential starting point will be to make teachers comfortable with the sensitive contents of the modules. Urban Tech will have to recognize that on this particular issue, it may need to draw upon individuals who have some prior experience in training teachers in these areas. From an evaluation standpoint, next year, strong emphasis will have to be placed on student level outcomes that speak to how behaviors and attitudes with respect to HIV awareness are being shaped and influenced by the project.

APPENDIX A

PARTICIPATING SCHOOLS

Table A1

List of Participating Schools in Elton John Funded HIV/AIDS Awareness Project

School Number	School Name	Number of Teachers
DISTRICT 5	SUPERINTENDENT	GALE REEVES
M172	Powell Middle School For Law and Social Justice	4
M195	Roberto Clemente Middle School	2
M286	Renaissance Military Leadership Academy	2
M302	KAPPA IV	3
M317	KAPPA II	2
M344	Academy of Collaborative Education	1
M367	Academy of Social Action	2
M469	Choir Academy of Harlem	2
M499	Frederick Douglas Academy I	1
M670	Thurgood Marshall Academy for Learning and Social Change	2
DISTRICT 3	SUPERINTENDENT	ROSER SALAVERT
M860	Frederick Douglas Academy II	2

APPENDIX B

HEALTHY HABITS GOALS AND OBJECTIVES

HEALTHY HABITS GOALS & OBJECTIVES

- Be able to analyze the influence of culture and media on health attitudes and the impact of processed foods on America's eating habits
- Examine eating and exercise habits and their impact on health
- Understand how the body's function is a direct result of regular exercise and nutrition
- Learn the food pyramid, the value of each type of food to the body's function, and the negative impact of foods with "empty calories"
- Identify toxic substances and avoid their use to prevent long-term health risks
- Identify the benefits of a healthy lifestyle and the consequences of an unhealthy one
- Formulate lifestyle goals and fun and practical ways to carry them out
- Get involved in initiatives that promote and sustain healthier lifestyles in the community

APPENDIX C

TEACHER SURVEY

**Get Healthy Harlem!
May 2008 Teacher Survey**

As part of **Get Healthy Harlem's** evaluation, we are surveying participating science teachers about instruction using the Youth Leadership Academy Curriculum and student behaviors. We'd like to ask you some questions about the teaching and learning environment in your classes.

Please answer these questions as openly and honestly as you can. Your individual responses will remain confidential. Results of the teacher survey will be reported only in aggregate across the participating **Get Healthy Harlem!** schools. Thank you for your feedback.

Today's Date:	School Name:			
		<i>(please print)</i>		
1. Gender:	<input type="radio"/> Male	<input type="radio"/> Female		
2. Ethnicity:	<input type="radio"/> African American	<input type="radio"/> Caucasian	<input type="radio"/> Hispanic	
	<input type="radio"/> American Indian, Eskimo, or Aleut	<input type="radio"/> Asian or Pacific Islander	<input type="radio"/> Other	
3. Grade(s) you work with: <i>(check ALL that apply)</i>	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
4. Number of years you have been at this school:	<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16 or more
5. Number of years you have been a teacher:	<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16 or more

DIRECTIONS: Please circle the number that best matches your feelings about each statement or question..

6. My professional development experience in GHH! ...	Strongly Agree	Agree	Disagree	Strongly Disagree
a. was enjoyable.	1	2	3	4
b. was time well spent	1	2	3	4
c. provided me with new approaches	1	2	3	4
d. provided me with materials that were useful in my classroom	1	2	3	4
e. met my expectations	1	2	3	4

7. GHH! has	Strongly Agree	Agree	Disagree	Strongly Disagree
Advanced my understanding of the health standards	1	2	3	4
Improved my knowledge about curriculum integration	1	2	3	4
Advanced my understanding of students' personal development	1	2	3	4
Advanced my understanding on the use technology during instruction	1	2	3	4
Improved my knowledge on how to integrate health with the science curriculum that I teach	1	2	3	4

8. I felt ...	Strongly Agree	Agree	Disagree	Strongly Disagree
supported by Bank Street	1	2	3	4
supported by Urban Technology Staff	1	2	3	4
supported by the regular classroom teachers involved with Healthy Steps	1	2	3	4
supported by my administration.	1	2	3	4
the technology was available for me to implement YLA	1	2	3	4
problems that arose were quickly resolved	1	2	3	4
resources were adequate to implement GHH! .	1	2	3	4

9. How confident are you that ...	Not at All	Very Little	Some	A Lot
a. you can effectively apply the new knowledge and skills in your classroom	1	2	3	4
b. your involvement with GHH! is likely to have a positive and lasting influence on your classroom instruction	1	2	3	4

10. Based on your experience, how many students at this school...	Nearly All or All	Most	Some	None
a. were excited about wearing the pedometers?	1	2	3	4
b. were motivated while working with the YLA modules?	1	2	3	4
c. were excited about having lunch at the governor's mansion?	1	2	3	4
d. were motivated by the pep rally?	1	2	3	4

11. Before GHH! how serious a problem was...	Not at all Serious	Somewhat Serious	Very Serious
a. obesity in this school?	1	2	3
b. peer pressure?	1	2	3
c. disruptive student behavior in class?	1	2	3
d. physical fighting between students?	1	2	3
e. verbal harassment or bullying among students?	1	2	3
f. student use of alcohol in this school?	1	2	3
g. gang-related activity in this school?	1	2	3
h. student use of cigarettes in this school?	1	2	3
i. student use of drugs in this school?	1	2	3
j. cutting class?	1	2	3
k. student depression or other mental health problems?	1	2	3
l. school truancy?	1	2	3
rr. students' underachieving?	1	2	3
n. students lack of understanding of eating healthily?	1	2	3
o. students' appreciation of the value of regular exercise?	1	2	3

p. Student motivation?

1

2

3

12. In the past year, which modules did you implement? (check ALL that apply)

- Personal Relationships
- Healthy Habits
- Self Discovery

13. What kinds of changes have you seen in the students as a function of GHH!? (check ALL that apply)

- Improvement in motivation
- Improvement in staying on task
- Improvement in exercising
- Improvement in learning to work towards fostering healthy relationships
- Improvement in awareness of how peers and the media influence one's feelings and attitudes
- Improvement in problem-solving issues regarding relationships
- Improvement in the ability to analyze the influence of culture and media on health attitudes and behavior
- Improvement in understanding the benefits of a healthy lifestyle and the consequences of an unhealthy one
- Improvement in academic behaviors
- Improvement in self esteem
- Improvement in getting along with each other

14. What suggestions do you have about improving the project?

15. What are your general feelings about Get Healthy Harlem?

16. What supports would you need next year?

17. What challenges (if any) did you face in integrating GHH with the science curriculum that you are responsible for teaching?

Thank you for your time!

APPENDIX D

MEANS AND STANDARD ERRORS FOR VARIABLES

Items	Mean	Standard Error
6a. Was enjoyable	3.15	.150
6a. Was time well spent	29.5	.170
6b. Provided me with new approaches	3.15	.167
6c. Provided me with materials that were useful in my classroom	3.40	.184
6d. Met my expectations	3.15	.167
7a: Advanced my understanding of the health standards	3.10	.161
7b. Improved my knowledge about curriculum integration	3.15	.167
7c. Advanced my understanding of students' personal development	3.10	.143
7d. Advanced my understanding on the use of technology during instruction	3.15	.150
7e. Improved my knowledge on how to integrate health with the science curriculum that I teach.	3.05	.162
8a. I felt supported by Bank Street	3.30	.128
8b. I felt supported by Urban Technology Staff	3.37	.114
8C. I felt supported by the regular classroom teachers involved with Healthy Steps	2.79	.123
8d. I felt supported by my administration.	3.05	.120
8e. The technology was available for me to implement YLA.	3.15	.150
8f. Problems that arose were quickly resolved.	3.05	.162
8g. Resources were adequate to implement GHH.	2.85	.182
9a. Confident can effectively apply new knowledge and skills in classrooms.	3.70	.105
9b. Confident that involvement with GHH is likely to have a positive and lasting influence on classroom instruction.	3.22	.222