



**EVALUATION OF COMPREHENSIVE
AND COORDINATED HEALTH
EDUCATION**



ACKNOWLEDGEMENTS

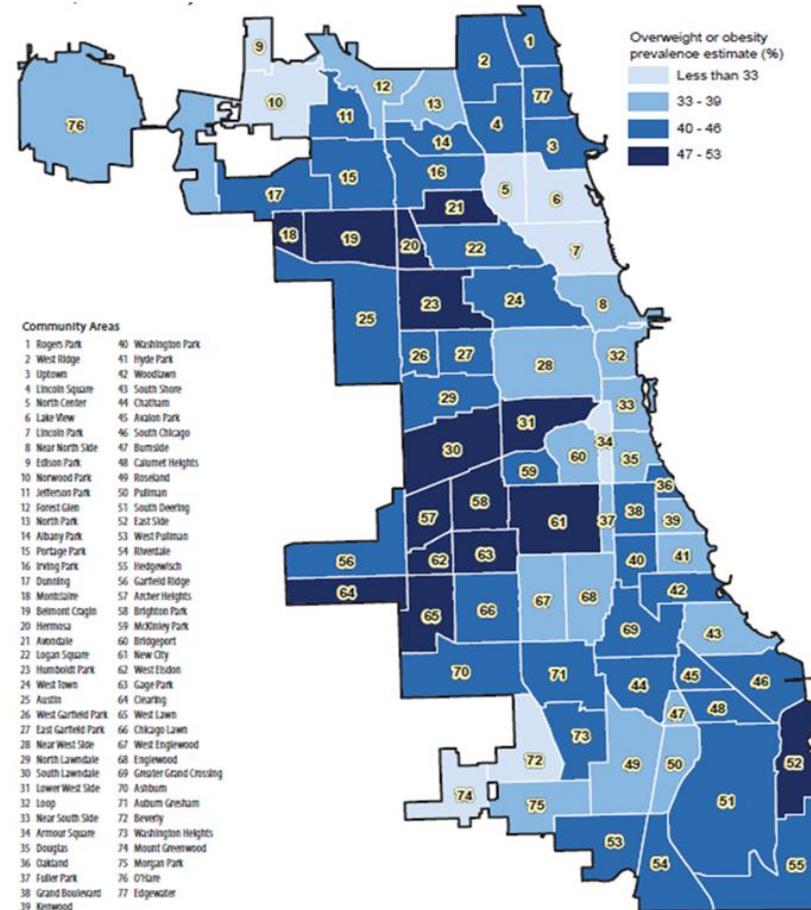
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CHICAGO PUBLIC SCHOOLS

- » ~650 schools, 3rd largest school district
- » Nearly 400,000 students
- » 84.9% minority populations (African American and Hispanic/Latino)
- » Close to half of students are overweight or obese
- » Cook County ranks #2 in the nation for cases of Gonorrhea and Chlamydia among youth





COMPREHENSIVE AND COORDINATE HEALTH EDUCATION

Enables students to establish health-enhancing behaviors over a lifetime in order to become healthy, successful adults.

Comprehensive and Coordinated Health Education (CCHE) is:

- » Provided to all students PreK-12 for a minimum of 60 minutes per week
- » Integrated across all content areas and comprehensive in nature
- » Facilitated or led at the school level by a health education endorsed teacher
- » Coordinated with school-based health services
- » May be delivered as part of Physical Education minutes
- » May be supported at the school level by a variety of trained, community based partner organizations





CCHE PILOT PROGRAM: SY15-16

- » 25 pilot schools
 - 20 elementary schools, 5 high schools
 - Enrollment range: 138 (Plamondon ES) to 1536 (Edwards ES)
 - Representative of regional networks and district demographics
- » Health Education Leader
- » Implement CCHE using Health Education Scope and Sequence, HealthTeacher.com and CPS Sexual Health Education Curriculum
 - Alcohol & Other Drugs, Personal Health & Wellness, Mental & Emotional Health, Sexual Health, Physical Activity, Healthy Eating, Violence Prevention and Tobacco
- » Attend Professional Development
- » Promote school-based health services (dental and vision screenings)



PILOT EVALUATION QUESTIONS

- » Did school **staff knowledge, attitudes and norms** on effective delivery of CCHE improve?
- » Did school **staff usage of CPS Health Education resources** improve?
- » Did **student participation in school-based health services** improve?
- » Did the school improve **access for students to an overall healthy school environment**?
- » Did school **staff delivery of health education lessons** improve?





DATA COLLECTION: PRE & POST

- » School staff survey
- » Classroom Observation Tool
- » Administration & Health Education Leader Interviews



SCHOOL STAFF SURVEY RESULTS

Category	Pre Survey (%)	Post Survey (%)
Communications received	50	54**
Providing HE instruction (≥30 minutes/week)	9.8	18**
Using Scope and Sequence	17	22**
Using HealthTeacher.com	21	36**
Concerns: Time to teach	57	58
Concerns: Health services access	60	59

- » 44% had some type of training in Health Education Instruction
- » 58% had been teaching for 10+ years
- » Attitudes towards success of pilot on student behaviors and effectiveness of lessons remained unchanged (7 out of 10).

** statistically significant (p<0.05)



CLASSROOM OBSERVATION RESULTS

Domain	Description	Average Rating (Pre)	Average Rating (Post)
2: The Classroom Environment	2a: Creating an environment of respect and rapport	Proficient	Distinguished
	2b: Establishing a culture for learning	Proficient	Distinguished
3: Instruction	3a: Communicating with students	Proficient	Proficient
	3b: Using question and discussion techniques	Proficient	Distinguished
	3c: Engaging students in learning	Proficient	Proficient
	3d: Using assessment in instruction	Proficient	Proficient
	3e: Demonstrating flexibility and responsiveness	Proficient	Distinguished



ADMINISTRATOR INTERVIEW RESULTS

- » Overall, satisfied with program components
- » Un-involved in logistics but supporters of the program
- » Concerned about future CCHE implementation
 - Funding
 - Time
 - Lack of policy

*The big picture – and I don't mean to be fictitious here, needs to be real - the district needs to become stable, **so many distractions going on, this kind of thing, it's really important – it can be life changing for kids. (Health Education) It's very low priority** – we are talking about the strike coming up, we are talking about the \$500 million budget deficit that's going to be laying off 5,000 teachers in the next six weeks. Those are massive distractions, so nobody is interested in talking about how can we get kids to eat healthy. – ES Principal*



HEALTH EDUCATION LEADER INTERVIEW RESULTS

- » Preferred the more scripted and details lessons of the Sexual Health Curriculum
- » HealthTeacher.com curriculum and Scope and Sequence needs improvements
- » Concerned about future CCHE implementation
 - Funding
 - Expanding beyond HE/PE teacher core
 - Too many topics areas to cover

***The biggest barrier**, if I am going to think of why it's not currently happening is – **lack of instructional time**. So maybe I think what would help is very concrete ways that classroom teachers [and] homeroom teachers could just include just snippets of these lessons in their everyday curriculum. So this way they will be able to include it without having to [go over the entire lesson].*
– ES Health Education Leader



LESSONS LEARNED

- » Schools implemented CCHE via three primary modes:
 - Integrated into other content areas by classroom teacher
 - Integrated into PE
 - Health Education course
- » Communications regarding resources can be improved
- » Lessons need to be focused more on skill development than knowledge
- » Improvements in resources are needed
- » Training resources can be modified
- » Policies can be put in place to ensure program sustainability and quality
- » Larger, complex issues (budget, teacher strike) could end the program completely if not assessed



NEXT STEPS

- » OSHW launching new curriculum resources during SY16-17
- » Enhanced professional development targeting classroom teachers
- » Record webinar to share evaluation results with pilot schools
- » Obtain additional funding to continue building upon the success of the pilot



QUESTIONS?

Contact the Office of Student Health and Wellness!

oshw@cps.edu

773-553-3560

www.cps.edu/healthycps





THANK YOU!