MIDDLE SCHOOL HEALTH POLICIES: TEACHER PERSPECTIVES

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The purpose of this study is to examine how one middle school addresses student health. In particular, it seeks to identify teacher perspectives on its health policies, as well as their implementation and developmental appropriateness. Interviews with three middle school teachers were analyzed for patterns in responses regarding their perspectives on their own middle school’s health policies with regard to tobacco, alcohol and other drugs, sex education, nutrition education, and physical education. The interviews revealed that policies have recently improved to promote student health. However, they need to take additional steps in this area of policy towards becoming an effective middle school as defined by the National Middle School Association.
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Are Middle Schools Encouraging Student Health With Developmentally Appropriate Health Education Policies?

*This We Believe: Successful Schools for Young Adults*, a position paper published by the National Middle School Association (NMSA), includes several guidelines and conditions the organization considers to be essential in creating effective middle schools in the United States (2003). Under these guidelines, successful schools for young adults must provide “school-wide efforts and policies that foster health, wellness, and safety,” (NMSA, 2003, p.7). The guidelines also call for written policies that “support and direct a school’s efforts to address health and wellness within courses, the school culture, school and community collaborative projects, and parent partnerships,” (NMSA, 2003, p.31). Specifically, NMSA calls for policies and curriculum that address the risks of tobacco use, alcohol and drug use, engaging in sexual activities, and the benefits of good nutrition and physical activity.

According to NMSA, successful middle level schools are interested in the success of the whole student, not just in his or her academic achievement. Effective middle schools enhance “the healthy growth of young adolescents as lifelong learners, ethical and democratic citizens, and increasingly competent, self-sufficient young people who are optimistic about their future,” (NMSA, 2003, p. 1). This holistic view of middle childhood education includes encouraging student health.

The purpose of this study is to examine how one middle school encouraged student health through its policies. This study sought to identify teachers’ perspectives on developmentally appropriate school health policies and their implementation. Health has an enormous impact on the academic achievement of students, and those who are
most at risk academically also disproportionately experience health risks that affect achievement (Council Chief of State School Officers, 2004). This is an especially important topic to study because student health affects performance and is impacted by school policies and programs.

Background

According to the NMSA, acknowledging that health-promoting schools are essential to the academic and personal success of young adolescents assigns “fundamental status” to the placement of health in education (2001, p.99). In This We Believe…And Now We Must Act (2001), the NMSA cites three reasons for educators to actively promote health in schools.

The first reason is because poor health practices take resources away from education. Public funds are used to combat rising health care costs, which puts funding for education in danger (NMSA, 2001).

The second reason is because students in poor health do not learn as well as healthy students. Students who are emotionally, socially, and physically healthy can attain higher academic achievement than their peers who have unmet health needs (NMSA, 2001).

Finally, educators should promote health in schools because youthful choices affect long-term health. “In the past, health was largely compromised by an array of diseases (rubella, whooping cough, diphtheria, pneumonia, tuberculosis). Today, the quality and quantity of healthy life is primarily dictated by what we choose to do” (NMSA, 2001, p.102). These choices include tobacco use, alcohol and other drug use, sexual behavior, dietary behavior, and physical activity.
NMSA calls for developmentally appropriate middle schools that implement policies and practices that protect and promote students’ health. Middle schools in the United States are called upon to create and maintain policies that support teachers and students in their efforts to be healthy learners.

Significance

This study evaluated whether one typical middle school had developmentally appropriate health policies. After analyzing the data from this study, one may be able to recognize patterns in policies at this school. This will indicate whether policies need to be revised in order to provide maximum benefits to the students. Teachers, administrators, and pre-service teachers may wish to use the results of this study to prepare new policies or identify existing developmentally appropriate health policies in middle schools.

Delimitations

NMSA calls for “school-wide efforts and policies that foster health, wellness, and safety,” (NMSA, 2003, p.7). For the purposes of this study, the researcher investigated policies relating primarily to student health that focused on tobacco, alcohol and other drugs, sex education, nutrition education, and physical education.

Limitations

One limitation of this study is that the teacher perspectives were limited to only those teachers who volunteered to participate in the study. Also, the researcher could not obtain permission to interview teachers at the seventh, eighth, or ninth grade levels. Therefore, although “middle childhood” in the state of Ohio refers to fourth through ninth grades, this study only addresses fourth through sixth grades. As with many case studies,
it may be difficult to generalize the results of this study to other populations (Tellis, 1997). Therefore, the responsibility to transfer the findings of this study resides with the reader.

Organization

This study sought to answer whether this specific middle school had implemented policies that encourage student health, particularly in the areas of tobacco, alcohol and other drugs, sex education, nutrition education, and physical education. This study also sought to identify teacher perspectives on these policies. This study is important because student health impacts student achievement in schools.

The relevant literature focuses on policies regarding risk behaviors, such as tobacco use, alcohol and other drug use, and sexual behavior. The literature also identifies nutritional behaviors and physical activity as important aspects of student health.

Review of Relevant Literature

National Policies

Most of the 50 states now publish their policies on the Internet and most individual districts keep their health policies on hand in loose-leaf binders or other types of files (Brener, Kann, & Smith, 2003). Aside from these local policies, health educators also have overarching national policies to guide their practices. Trends in these national health education standards and policies show that new curriculum frameworks are moving from an information-based school health curriculum to a skills-based curriculum (Pateman, 2004). In an information-based curriculum, students focus on memorizing
facts and information about health topics. In skills-based curriculum, students demonstrate specific skills that lead to good health (Pateman, 2004).

The American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) (1995), an alliance of six national associations, six district associations, and a research consortium which support healthy lifestyles through high quality programs, has set forth national standards for health education. These standards are broken down into major skill categories, as listed below, called performance indicators, and then subdivided into developmental categories by age groups. Within these basic standards is a multitude of possibilities for addressing health issues concerning the dangers of tobacco, alcohol and drugs, sex education, as well as healthy nutrition, and physical education.

National Health Education Standards For Students (NHESS)

Health promotion and disease prevention.

The performance indicators for this standard for children in grades 5-8 involve skills such as explaining the relationship between behaviors and the prevention of injury and death, demonstrating ways to deal with family and peers in positive ways, and understanding health problems that frequently affect adolescents (AAHPERD, 1995).

Accessing health information.

The skill indicators for this standard for middle school students include analyzing the validity of various health information, utilizing health resources available from home, school, and local community, as well as describing situations that might require professional health services (AAHPERD, 2003).
Practicing healthy behaviors and reducing risks.

Middle school-aged children are expected to be able to distinguish between safe and risky situations and relationships, use strategies to improve personal health, demonstrate ways to manage stress, and demonstrate ways to avoid and reduce threatening situations (AAHPERD, 2003).

Analyzing the influence of culture, media, and technology.

As a result of health instruction in grades 5-8, students should be able to describe cultural beliefs and their impact on health, and analyze the ways that information from the media, technology, and peers can influence health (AAHPERD, 2003).

Using interpersonal communication skills.

The middle school performance indicators include using effective verbal communication skills, expressing wants, needs, and feelings, and build and maintain healthy relationships. Other performance indicators for this standard involve analyzing conflict causes and resolutions, and managing conflict in healthy ways (AAHPERD, 2003).

Using goal setting and decision-making.

The performance indicators for this standard are focused on setting life priorities and making decisions that support these priorities (AAHPERD, 2003).

Advocating for personal, family, and community health.

The performance indicators for this standard include expressing information and opinions about health issues, and demonstrating the abilities to influence and cooperate with others in healthy ways (AAHPERD, 2003).
Adolescent Risk Behavior Education

The NHESS include education about risk behaviors. The Centers for Disease Control and Prevention have identified six types of behavior that cause the most serious health problems in the United States among people over 5 years old, including alcohol and other drug use, high-risk sexual behaviors, tobacco use, poor dietary choices, physical inactivity, and behaviors that result in injuries (Pateman, 2004). Middle school-aged children engage in many of these behaviors.

A growing awareness of adolescent risk behaviors has lead to changes in school health policies and programs across the nation (Sussmann, Jones, Wilson, & Kann, 2002). Some of these changes are due to information provided through the Youth Risk Behavior Survey-Middle School (YRBS-M). The YRBS-M is a questionnaire designed to survey middle school students about health topics such as safety and violence, suicide ideation, tobacco use, alcohol use, other drug use, sexual behavior, body weight, dietary behavior, and physical activity (Fetro, Coyle, & Pham, 2001). This survey has found repeatedly that young adolescents are “initiating patterns of [risk] behavior [at increasingly younger ages] and, in most cases, before they are developmentally ready to deal with potential outcomes,” (Fetro, Coyle, & Pham, 2001). The risks are even greater for economically disadvantaged students who are more likely to engage in risk behaviors that can have a negative effect on achievement in school (Flower, 1993). Peer pressure is often a factor for students who participate in risk behaviors. These risk behaviors include tobacco use, alcohol and drug use, and sexual activity.
Tobacco Education

Risks.

Tobacco use is a major issue among adolescents. Eighty percent of adult tobacco users started smoking cigarettes or using other forms of tobacco before they were 18 years old (Centers for Disease Control and Prevention, 1999). In a recent study, 11.7 percent of middle school-aged students reported using tobacco in the last 30 days (Centers for Disease Control and Prevention, 2004).

Most smokers begin smoking during late childhood or early adolescence and become daily smokers by the time they reach adulthood, citing positive beliefs about smoking; that tobacco is relaxing or makes social interactions easier, is a rite of passage into adulthood, and that attractive, successful people smoke (Stevens, Barron, Ledbetter, Foarde, & Menard, 2001). Tobacco use is the leading cause of preventable death in the United States (Stephens & English, 2002). Students may experience significant health problems related to tobacco use, such as coughing, phlegm production, shortness of breath, wheezing, and overall lessened physical health (Stevens, Barron, Ledbetter, Foarde, & Menard, 2001).

Middle school tobacco policies.

Schools are required to implement tobacco policies because of “safe and drug-free schools funding requirements, the federal Pro-Children’s Act of 1994, and other public health education laws,” (Stephens & English, 2002, p. 334). Almost all schools in the United States have some type of formal tobacco policy in place.

Tobacco policies often call for tobacco-free school campuses. Tobacco-free policies prohibit the use and possession of tobacco products in and around schools by
students, teachers, visitors, and other personnel. Many middle schools have closed campuses and limit students’ opportunities to use tobacco off-campus during school hours (Pentz, Brannon, Charlin, Barrett, MacKinnon, & Flay, 1989). Most middle schools also prohibit tobacco advertising at their facilities and school functions (Tubman & Vento, 2001).

Tobacco-free policies require rigorous attention to policy enactment and enforcement. Suspension and eventual expulsion are often consequences students face for subsequent violations of school tobacco policies. In one study, the authors argued that missing instructional time due to these suspensions would lower student achievement and increase the dropout rate (Martin, Levin, & Saunders, 2000). However, the authors found that schools with stricter policies and more immediate suspensions for breaking them actually had higher achievement levels and a dropout rate lower than similar schools with less severe sanctions (Martin, Levin, & Saunders, 2000).

Along with tobacco-free policies, “tobacco use prevention education programs are widely recognized as a key means to implement universal prevention of tobacco use,” (Tubman & Vento, 2001, p. 232). Formal educational plans for tobacco prevention are essential to convey risks and prevention strategies to adolescents (Pentz, Brannon, Charlin, Barrett, MacKinnon, & Flay, 1989). Many schools have locally created tobacco prevention plans that can be very effective. Middle schools are more likely than high schools to have teachers trained in tobacco use prevention, to actively include tobacco in ongoing substance abuse prevention education, and to require students to participate in these prevention programs (Tubman & Vento, 2001).
Schools have many options in creating and enforcing tobacco policies. Tobacco-free policies are the first important step for schools to take in implementing tobacco education programs. Stricter policies lead to higher school achievement and lower dropout rates. Tobacco programs should focus on tobacco usage prevention in order to be most effective

*Alcohol and Other Drug Education*

*Risks.*

Alcohol and drug abuse can negatively affect adolescents’ physical, social, emotional, and cognitive development (MacNeil, Kaufman, Dressler, & LeCroy, 1999). Alcohol and drug abuse often begin in early adolescence, frequently among groups of middle school students, who develop patterns of risk behavior that can continue into adulthood (Shulman & Sweeney, 1995). Out of all the industrialized nations in the world, the United States has the highest rate of drug use among adolescents (MacNeil, Kaufman, Dressler, & LeCroy, 1999). One study found that 67 percent of eighth grade students had used alcohol, and 13 percent had used marijuana (MacNeil, Kaufman, Dressler, & LeCroy, 1999). However, illegal drugs are not the only ones being misused, as adolescents can easily obtain prescription and over the counter drugs to experiment with, by purchasing them online or from drug stores (University of Michigan Health System, 2004).

Abusing alcohol and other drugs can lead to a number of problems for young adults, including health problems, poor school performance, impaired emotional functioning, and lowered social competence (MacNeil, Kaufman, Dressler, & LeCroy, 1999). Alcohol and drug related health problems can include lung malfunction, erratic
heart beat and other heart problems, dangerously high body temperatures, and seizures that may be deadly (University of Michigan Health System, 2004).

**Middle school alcohol and drug policies.**

School policies seek to ensure that all students can go to school in a drug-free learning environment. Many schools have zero tolerance policies regarding drugs, which means that any student in possession of alcohol or drugs, including over the counter drugs, will be immediately suspended.

There are many routes middle schools can take regarding their alcohol and drug policies. The first step that most schools take is including comprehensive drug and alcohol prevention programs during the school day. Some schools also have metal detectors, closed circuit cameras, and visits from drug-sniffing dogs (Yamaguchi, Hendrickston, & O’Malley, 2003). Another way some schools try to control drug use is through random drug testing. The Supreme Court has ruled in favor of a school’s right to conduct random, suspicionless drug testing (Yamaguchi, Hendrickston, & O’Malley, 2003). However, drug testing can be expensive and ineffective in preventing alcohol and drug use in middle school students (Yamaguchi, Hendrickston, & O’Malley, 2003).

Middle schools often have policies that guide the programs they offer to students. The United States Department of Education found that the most effective school-based drug and alcohol intervention programs had three common elements: age-appropriate strategies, an understanding that attitudes and perceptions toward drug use change with increase in age, and peer leaders who challenge influences and misperceptions (as cited in Martino-McAllister, 2004). One program that involves all of these elements includes a two-day retreat for students away from the school setting. On the retreat, students work
on communication skills and building relationships to promote a drug-free lifestyle (Martino-McAllister, 2004). Such a program for middle school students includes teaching students resistance and refusal skills to counter peer pressure (Martino-McAllister, 2004). Another program involves computer-assisted instruction. In this program, students role play and create HyperCard stacks for other students to view and think about regarding alcohol and drug use (Shulman & Sweeney, 1995).

Alcohol and drug abuse can be detrimental to many facets of adolescents’ development and physical health. Many middle schools have zero tolerance policies or random drug testing policies to try and provide students with a drug free learning atmosphere, but the most effective way to accomplish this task is to provide relevant, comprehensive drug and alcohol prevention programs during the school day. These programs may include peer mentors, retreats, or computer instruction.

Sex Education

Risks.

Sexual risk behaviors among middle school students have a broad range of consequences. Each year, approximately 3 million reported cases of sexually transmitted infections (STI) occur among teenagers. About 860,000 teenagers become pregnant in the United States every year. At least half of all new HIV infections are among people less than 25 years old (Council of Chief State School Officers, 2004). People who become involved in sexually abusive or coercive relationships often first develop the attitudes and incentives for these types of behavior during adolescence (Katchadourian, 1993).
Middle school policies about sex education.

Because less than half of middle school-aged adolescents report receiving any information about sexual maturation and behaviors from their parents (Beck, 2005), most middle schools have policies in place to provide students with reliable, straightforward information about the physical, emotional, and social changes of puberty. Access to this knowledge is essential at this stage in students’ development (Pateman, 2004). However, beyond that, sex education policies can vary widely from school to school, depending greatly on the attitudes and beliefs of the surrounding community. One study cited lack of time, fear of controversy, and lack of effective, evaluated, age-appropriate curricula for middle level students as the most common barriers to providing students with high quality information about sexual risk behaviors (Wolff & Schoeberlein, 1999).

Schools have the option of providing abstinence-based or abstinence-only sex education programs. Abstinence-based programs promote “risk elimination as the safest way to prevent HIV/STI transmission, and also teach the importance of risk reduction in preventing disease (Wolff & Schoeberlein, 1999, p.239). Abstinence-only programs promote complete abstinence from sexual behavior as the only acceptable way to prevent HIV/STIs. According to the National Family Planning and Reproductive Health Association (NFPRHA), funding for abstinence-only programs is increasing, with twice as many federal dollars allocated for these programs in 2005 as there were in 2001 (2005). Schools that accept this federal money cannot provide information about contraception options as means to lower the risk of contracting disease, except for their failure rates (NFPRHA, 2005).
Schools also have the option of requiring active consent, where parents are notified about the sex education program being offered and must express their written or oral permission in order for their child to participate, or passive consent, where parents are notified about the program being offered but asked only to respond to excuse their child from participation (Wolff & Schoeberlein, 1999).

Condom use is a typically controversial topic in sex education in middle schools. Although the discussion of condoms in sex education class is an important aspect of students’ health, some schools refuse to let teachers discuss the topic at all. At other schools, teachers are limited in the information they are allowed to share with their students. Discussion of proper condom use, rather than demonstration, is considered by many to be more developmentally appropriate for middle school students (Wolff & Schoeberlein, 1999). One middle school sex education teacher said that while school policy prevented her from talking about condoms as a means of birth control, it allowed her to discuss their usage as a means of disease prevention (Beck & Marshall, 1992). Another teacher said that some parents would object to her teaching proper condom usage, so she calls it part of a “life skills” program (Beck & Marshall, 1992, p. 328).

In addition to information about puberty, many educators believe that middle school students should be taught about sexual abuse, rape prevention, AIDS education, decision-making skills, pregnancy, childbirth, parenting, and homosexuality (Beck & Marshall, 1992). Some sex educators take advantage of their school’s ambiguous sex education policies. They use their own discretion as “they interpret policy and decide how and to whom services are to be delivered,” (Beck & Marshall, 1992, p. 321). In one case, school policy required athletes to have a physical exam prior to participating in
extramural sports. The policy was intended to be used as a screening for any major health problems that could cause problems during sports activities. However, sex educators take that opportunity to talk to students about safe sex and AIDS prevention (Beck & Marshall, 1992).

In order to develop more comprehensive programs and specific support policies, many middle schools are using community based advisory groups consisting of parents, school staff, and community members (Wolff & Schoeberlein, 1999). These advisory groups review course materials and attempt to reflect the community values in their programs. One problem with this approach, though, is that adults often fail to understand why adolescents engage in sexual risk activities, and they have a hard time differentiating between how adolescents behave and how adults would like them to behave (Katchadourian, 1993). Furthermore, adults in the community may lack knowledge about the components of fact and skills based sexual education programs (Wolff & Schoeberlein, 1999).

Middle schools may face controversy about implementing sex education programs, but it is a necessary step in contributing to students’ healthy behaviors. Schools may demand that teachers use abstinence only or abstinence based education, but each type of program includes essential information about reducing the risks of contracting HIV or other STIs, as well as information about puberty and the reproductive system and other relevant topics. Sex education policies may be vague or detailed in order to make sure students receive all the information they need to make safe sex choices, but every middle school is required to have policies in place to address sex education.
Nutrition Education

It is well known that the nutritional adequacy of students’ diet choices affects their learning and performance and will affect their health as adults (Meyer, Marshak, & Conklin, 2004). Adolescents’ eating behavior is influenced by personal characteristics as well as by environmental factors at home, in school, and throughout the community (Meyer, Marshak, & Conklin, 2004). Poor nutritional choices and habits can put students at risk for obesity and Type II diabetes, (Meyer, Marshak, & Conklin, 2004), as well as a variety of eating disorders, including anorexia nervosa and bulimia nervosa (Beck, 2005). Fifteen percent of America’s children between the ages of 6 and 19 is overweight, which is double the rate of two decades ago (Crawford, 2004). In addition, poor nutrition in the middle grades can have negative effects on students’ physical growth and cognitive development (Meyer, Marshak, & Conklin, 2004). Good nutritional choices and a solid nutrition education program can help guide students to make healthy food choices.

Some students receive their most nutritious meal of the day through school breakfast and lunch programs. Middle schools may have policies that allow this nutritious meal to be traded in by students for cans of soda and candy bars, through purchasing competitive foods (Action for Healthy Kids, 2004). Seventy-four percent of middle schools in the United States sell competitive foods, which are foods and beverages sold in competition with school meal programs (Action for Healthy Kids, 2004). Many of these foods are made available through a la carte sales, vending machines, and snack bars (Meyer, Marshak, & Conklin, 2004).

Cullen, Eagen, Baranowski, Owens, and de Moore (2000) found that fifth grade students who ate only meals at campus snack bars during school hours consumed
significantly less total fruits, juices, and vegetables than fifth grade students who ate school meals (as cited in Meyer, Marshak, & Conklin, 2004). A similar study found that the most frequently sold a la carte and vending machine items in middle schools were pizza, French fries, chips, soda, candy, sports drinks, cookies, and flavored water (Meyer, Marshak, & Conklin, 2004). Not one of these commonly sold items is very high in nutritional value, but all are high in sugar, fat, or salt.

Limiting the time that a la carte, vending machine, and snack bar items are available to students is one developmentally appropriate revision of policies that could help guide students to make healthier choices (Action for Healthy Kids, 2004). Some middle schools have implemented policies that require these venues to be stocked with healthful snacks and beverages (Council of Chief School Officers, 2004).

Other competitive foods are available to students through school fundraisers, such as bake sales and candy bar sales, and through class rewards, such as pizza parties or ice cream sundae parties. After-school and evening programs and events, including sporting events, are other places where non-nutritious foods are available to students. Developmentally appropriate middle school policies stipulate that fund raisers be limited to healthy foods or non-food related projects, such as car washes or wrapping paper sales, class rewards be non-food related, such as movie days or game days, and healthy food options must be made available and offered as an attractive choice during after school programs and events (Action for Healthy Kids, 2004).

Action for Healthy Kids (2004), a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools, calls for age-appropriate and culturally sensitive “behavior-focused
nutrition education” (p. 29). This supports the National Health Standards and the movement for skills based health education. However, teachers and school staff can identify several obstacles in making a commitment to this kind of curricular change, such as lack of funding, lack of time, non-cooperative attitudes of parents and students, lack of vision by school staff members, lack of knowledge by surrounding communities, limited choices, and lack of commitment (Meyer, Marshak, & Conklin, 2004). Action for Healthy Kids (2004) suggests that one way to overcome these obstacles is to form a school health advisory council, including parents, students, medical professionals, business professionals, school administrators, coaches, and youth group leaders. This advisory group can help implement programs and new policies to support a nutrition education curriculum (Action for Healthy Kids, 2004).

Many middle schools find that an efficient and effective way to cover nutrition topics is to integrate them into other subject areas, such as language arts and science (Action for Healthy Kids, 2004). Some middle schools have curriculum plans that allow health education to occur during a full class period each day (Albertsen, 2003). At these schools, the health curriculum is broken into 12 day units for each activity in order to make sure they are meeting state and national standards through a “scope and sequence approach that helps students build skills” (Albertsen, 2003, p. 74).

Another important component in nutrition education is teacher modeling. According to “The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools,” (2003) “A wellness program for faculty and staff can enhance school effectiveness by strengthening morale, reducing absenteeism, and cutting insurance costs. By eating healthy foods, staff can also set a powerful example for
students,” (Action for Healthy Kids, p. 28). A study by the Council of Chief State School Officers found that teachers who participated in school nutrition education programs tended to be more optimistic and energetic (2004). These teachers were also better at handling job stress and would often speak to their students about it in order to serve as nutrition role models.

*Physical Education*

Middle school policies do not often include physical education as an important aspect of the curriculum. Only 25 percent of middle schools require physical education for eighth graders (Kolbe, Kann, & Brener, 2001). Nationally, only 19 percent of adolescents are physically active for 20 minutes or more, five days a week, in physical education classes (U.S. Department of Health and Human Services, 1996). However, physical activity is directly related to preventing disease and premature death in adults (U.S. Department of Health and Human Services, 1996), and habits and attitudes toward physical activity often first develop during adolescence (Meyer, Marshak, & Conklin, 2004).

Parents, teachers, and administrators might worry that physical education time takes away valuable instruction time that could be used to strengthen students’ skills in more academic subjects. However, a study by the California Department of Education (2002) reported that adolescents who are physically active perform better academically (as cited in Albertsen, 2003). Students in this study who met the minimum fitness levels in three or more activity areas demonstrated the greatest gains in their academic achievement (as cited in Albertsen, 2003). Another study found that school physical education programs and physical activity during the school day are linked to higher
academic performance by students, increased self-esteem, and lower levels of anxiety and stress (Council of Chief State School Officers, 2004).

School-based programs have proven to be successful in increasing physical activity levels (U.S. Department of Health and Human Services, 1996). One way for students to get more physical activity time is to incorporate physical activities into other parts of the school day. Teachers can begin class with a short calisthenics exercise or dancing and integrate information about physical health into reading, writing, math, science, and other assignments (Action for Healthy Kids, 2003). Another way is to provide a full class period each day for physical education as part of the core curriculum, as opposed to offering physical education as an elective for middle school students. Some middle school policies mandate that the same student to teacher ratio be used in physical education classes that is used for other subjects (Albertsen, 2003). Physical education curriculum can be broken into skills based units that follow state and national standards in scope and sequence (Albertsen, 2003).

As with nutrition education, one important factor in promoting physical education and activity can be modeling by teachers and other school staff. Policies that support staff wellness and physical activity programs can succeed in middle schools where appropriate time and locations are provided (Albertsen, 2003). Another way school staff may have the opportunity to demonstrate healthy physical activity to students is through rewards programs. Instead of reward policies that offer movie days or candy, schools can offer field trips to go inline skating, skiing, or bowling, or sponsor student/faculty sports events (Action for Healthy Kids, 2004).
Conclusions About School Health Policies

Middle schools have many places to look for guidance in developing and implementing their health policies. National standards, state and local standards, as well as advice from school health advisory groups can help determine what policies and programs a middle school might adopt. It is developmentally appropriate to teach middle school students the information and skills they need in order to make healthy choices about their behaviors with regard to the use of tobacco, alcohol, and other drugs, engaging in sexual risk behaviors, eating habits, and engaging in physical activity. The behaviors students develop in middle school impact their achievement in school as well as many other facets of their development. The research indicates that in order to truly promote student health, wellness, and safety, as described by the National Middle School Association, middle schools should continue to provide and improve their health education policies and curriculum.

Methodology

Research Design

This case study was conducted at Buckeye Middle School in order to identify teacher perspectives on school health policies and to examine ways in which teachers at this school encourage student health. Case studies are a recognized form of research in education (Tellis, 1997), while interviews are a valuable source of evidence (Stake, 1995; Yin, 1994). In this case study, structured interviews were conducted, in which the questions were predetermined by the researcher. One teacher each from grades four, five, and six was interviewed using a protocol of questions that was developed in advance.
Population and Sample

The population being studied consisted of one fourth grade teacher, one fifth grade teacher, and one sixth grade teacher at Buckeye Middle School. The teachers who were interviewed for this study were a purposive sample. The purpose was to identify their perspectives on student health in the middle grades. Pseudonyms were used to protect the identity of the school and teachers who participated in this study.

Buckeye Middle School serves students in a small town located in a rural area in the Midwest. The school employs 42 teachers and has 744 students. The student population is 99% white and 1% African American, Hispanic, and Native American. Fifty percent of the students at Buckeye Middle School are eligible for free or reduced lunch programs.

Buckeye Middle School has five fourth grade teachers, five fifth grade teachers, and five sixth grade teachers. Its teachers teach one or two subjects and the students change classes throughout the day. The three teachers who voluntarily participated in this study were Ms. Brown, Ms. Golembiewski, and Ms. Hendricks.

Ms. Hendricks is a fourth grade teacher. She has been teaching math and reading at Buckeye Middle School for three years. She does not participate in any extracurricular activities at Buckeye Middle School. The desks in her classroom were arranged in rows facing the chalkboard.

Ms. Golembiewski is a fifth grade teacher. She has been teaching at Buckeye Middle School for 10 years. She teaches science to all of the fifth graders. She is the assistant volleyball coach for the Buckeye Middle School seventh grade team. The desks in her classroom were set up in a large semicircle around an ‘experiment table’.
Ms. Brown is a sixth grade teacher. She has been teaching at Buckeye Middle School for 20 years. She teaches science and grammar to all of the sixth grade students. She is the advisor for the Buckeye Middle School student council. In her classroom, the students’ desks were arranged into groups of four or five.

**Instrumentation**

The researcher developed original questions for use in the interviews in this study. (See Appendix A). The questions were based on the relevant literature. Because this was a qualitative study, the interview questions were open-ended. Follow-up questions, such as “Please explain what you mean,” and “Why do you believe this?” were asked based on the participants’ responses to the original questions in order to clarify and/or expand upon her answers.

The interviews began with the researcher citing NMSA’s *This We Believe* as the premise for this study. The participants were then asked to identify the concepts they personally believed to be important for middle school students to know about tobacco, alcohol and other drugs, sex education, nutrition, and physical education. The participants were asked whether they believed the policies in place at their school addressed these concepts. These questions were followed by questions regarding parent and school staff support for health policies and programs. Next, the participants were asked to explain what they knew about their school or district’s policies regarding tobacco, alcohol and drugs, sex education, nutrition, and physical education. The participants were also asked whether they believed each of these policies were developmentally appropriate for the students they taught, how the policies were implemented at their school, who implemented them, and whether the students, parents,
and school staff supported these policies. Finally, the participants were asked whether they believed current policies encouraged student health, if there were any policies they disagreed with, and which policies could and/or should be changed or implemented to better encourage student health.

Data Collection

The interviews were conducted at the school over a period of three days. Each interview lasted approximately one hour and was conducted in each participating teacher’s classroom. The interviews were recorded on audiotapes and later transcribed. Pseudonyms were used to protect the participants’ identity. After the interviews were transcribed, the audiotapes were destroyed. Prior to the interviews the investigator also obtained the Buckeye Middle School Handbook.

Data Analysis

The Buckeye Middle School Handbook was analyzed for written evidence of the school’s health policies. The data collected from the interviews was analyzed for patterns in teacher responses regarding their perspectives on their own middle school’s health policies with regard to tobacco, alcohol and other drugs, sex education, nutrition education, and physical education. The data was also analyzed to examine the ways in which those policies were implemented and whether they met the NMSA’s standards for being developmentally appropriate for middle school students.

Results and Implications

The results and implications of this study will be presented in the findings section, and followed by a discussion of how these findings relate to the relevant literature. Conclusions about the teachers’ perspectives on their own middle school health policies
regarding tobacco, alcohol and drugs, sex education, nutrition education, and physical education will be drawn and recommendations for improving health policies and further research on the topic will follow.

Findings

Buckeye Middle School Handbook

According to the Buckeye Middle School Handbook, “Tobacco or tobacco related products are prohibited at Buckeye Middle School. Possession of tobacco or tobacco related products will result in in-school or out of school suspension.” The handbook also states that, “drugs or drug-related items are prohibited at Buckeye Middle School. Possession of drugs or drug-related items will result in suspension or expulsion.” The handbook does not set forth any policies or rules regarding sexual behaviors, nutrition, or physical education. According to the teachers, the administrators who wrote the handbook do not see many problems in these areas at this school. The teachers indicated that all school staff members are expected to implement the policies listed in the handbook.

Although they are not listed in the Buckeye Middle School Handbook, there are several health programs that are integrated into the curriculum at this school. The sixth grade students participate in Drug Awareness and Resistance Education (DARE). In DARE, a police officer visits classrooms each week to talk to students about the risks of using alcohol and drugs and to teach resistance strategies. The entire school celebrates Red Ribbon Week to raise awareness about the risks of alcohol and drug use. During Red Ribbon Week the teachers and students wear red ribbons around their wrists and special activities are planned for each day. The middle school has formed a partnership
with the high school in which high school students visit the middle school and talk to the students there about health issues.

**Teachers’ perspectives on middle school health policies**

*Tobacco education.*

All the teachers interviewed agreed that it is important for middle school students to know about the risks of tobacco use. They cited many important concepts for middle school students to know about tobacco, including that using it is harmful to one’s body, that there are no benefits to using tobacco, that it’s addictive, that it can harm the people around you, and that it’s illegal for anyone under the age of 18 to buy or use tobacco in any form.

Each teacher indicated that she believed tobacco use is becoming less common among the school’s students. Though each teacher reported no use or possession of tobacco on school grounds by any student at their grade this year, they all said that it had occurred in past years. Ms. Brown, the sixth grade teacher, said, “Usually every year there’s a few cases of students bringing chewing tobacco or cigarettes to school. I think the spiral is pulling away from that. It used to be the cool thing to do, now it’s more the sleazy thing to do.”

The teachers were all familiar with Buckeye Middle School’s policy against students using tobacco on school grounds. However, while Ms. Brown cited a policy set forth in the student handbook forbidding any tobacco on school grounds at any time, Ms. Golembiewski, the fifth grade teacher, said that on weekends tobacco use by adults is allowed in the building. The school’s athletic booster club hosts Bingo nights in the school cafeteria and gymnasium to raise money for the school sports teams. Bingo
players are allowed to smoke. Ms. Golembiewski said, “Students are not permitted to attend bingo nights, but the smoke leaves a residue and it sends a bad message.”

However, neither Ms. Brown nor Ms. Hendricks, the fourth grade teacher, mentioned tobacco use by adults on campus as something they would change, which indicates that either they do not know about the tobacco use at the school during weekends or they do not see it as a problem.

Not all the teachers feel comfortable talking about the risks of tobacco with their students. Ms. Brown and Ms. Golembiewski were confident about giving students positive health messages against tobacco use, but Ms. Hendricks said, “I’m not fully sure I’m trained on how to approach the situation and how to answer a lot of [students’] questions. Who am I to tell them that they should tell their parents to stop smoking?”

Alcohol and other drug education.

Generally, all three teachers thought students should know the same concepts about alcohol and drug use as about tobacco use. Ms. Golembiewski, the fifth grade teacher emphasized that students should know that using alcohol or drugs “can affect their whole life, physically, emotionally, their schooling, everything.” Ms. Brown, the sixth grade teacher, mentioned that her students are very interested to know about how alcohol affects cell reproduction and can go through the placenta to affect a baby. Ms. Brown also said that the school celebrates Red Ribbon Week in the fall, a week during which the students and teachers wear red ribbons and raise awareness about the dangers of drug use. However, she also said that in recent years, the school has let Red Ribbon Week fade away in order to use the time that had previously been allotted for special
alcohol and drug use prevention programs to prepare students for state-wide standardized testing.

**Sex education.**

A common theme in all three teachers’ responses was that their students need accurate information about sex. All three teachers indicated that middle school students need to know more about sex than what they see on television. Ms. Brown mentioned that children who grow up around animals on farms tend to have more correct information about reproduction than those students who do not. These teachers also mentioned the importance of teaching good decision-making skills so students understand that they can make choices about engaging in sexual behaviors. However, beyond that, each teacher had different views about what important concepts should be taught in middle grades sex education programs.

Ms. Hendricks, the fourth grade teacher, did not have a strong notion about what concepts are important for middle school students to know about sex. She summed up her beliefs by answering the question with, “They need to know more than they do now.” She said she wasn’t sure what types of information should be presented or at what age students should learn about sex at school, just that “it’s getting younger and younger.”

Ms. Golembiewski, the fifth grade teacher, believes in an abstinence-based sex education. In an abstinence-based sex education curriculum, students are taught that risk elimination is one method of preventing pregnancy and disease. She said that if she were to design the sex education curriculum for middle school students, she would include a variety of information so that students would be able to make their own informed decisions about sex. She also said that in homes where parents use alcohol or drugs,
students may see a lot of sex on television at home “because the parents are out of it and they just don’t care.” To combat this, Ms. Golembiewski would like to have the freedom to explain issues in sex education to her students and answer their questions. However, she said that although there is no official policy against it, she has encountered problems in the past about what information is presented in school. She has experienced complaints from other teachers who believe that her methods of dealing with sex education are too liberal.

Ms. Brown, the sixth grade teacher, believes in abstinence-only sex education programs, though she would prefer that children learn about sex at home instead of at school. In abstinence-only sex education curricula, total abstinence from sexual behaviors is taught as the only way to prevent pregnancy and disease. Ms. Brown said she would never distribute condoms or birth control in school at any grade level. When sixth graders learn about mitosis and meiosis, she said that questions about sex come up sometimes and she tries to answer them in class. Other than occasional questions from students, she does not address sex education in her classroom.

Nutrition education.

A common theme in each teacher’s response to nutrition education was that the cafeteria food is getting better at Buckeye Middle School. The cooks, who decide the school’s breakfast and lunch menus, have been working this year with a Health Conscious Committee comprised of the school nurse and some teachers to plan healthier meals. The committee was created because the school nurse was concerned about the students’ risks for becoming obese and meets regularly at the school. The committee is trying to offer students more fruits and vegetables and fewer high calorie, fatty foods. As
the committee is helping to improve meals, Ms. Golembiewski was careful to point out, however, that the “nutrition in our cafeteria is getting better, but [is] still not great. I just wish they would offer foods that aren’t so breaded and fried.”

All three teachers believed that the food offered to students though fundraisers and as snacks at parties was something that should be changed. However, the teachers also said that they did not believe these foods would be replaced with more nutritious options. Ms. Golembiewski stated, “Unfortunately, when we have fundraisers, kids are not going to buy healthy things, so in order to raise any money, you have to sell candy even though it’s not good for them.” As for snacks during parties, Ms. Hendricks explained, “Last time we had a class party, I sent out a letter to parents with a list of healthy suggestions, like sub sandwiches and veggies, of things kids could bring to our party. We ended up having three or four cupcakes for each kid in my class.” All three teachers agreed that without parental support in holding healthier fundraisers and parties, it would be impossible for them to change.

The teachers all said that the state content area standards dictate whether or not they teach students about nutrition in their classrooms. Ms. Brown, the sixth grade teacher, said nutrition is addressed in her sixth grade science curriculum, but that she only briefly covered the food pyramid before the state test so her students would recognize it in case there was a question on the test about it. Ms. Golembiewski, the fifth grade teacher, and Ms. Hendricks, the fourth grade teacher, both said that their students learned about nutrition from their physical education teacher or the school counselor, but neither teacher covered it in her classroom because it is not part of the curriculum at their grade level. However, Ms. Hendricks did mention that she thinks it’s important for kids to
know how to choose healthy snacks at home so she tries to talk to her students about that on occasion.

*Physical education.*

A theme in the responses was that all three teachers believed that middle school students need more time for physical education and activity than they are currently allotted. The teachers said that although they believed students need more time for physical education, they wouldn’t be able to give up any time out of their classes because of the state standards they have to cover in their own content areas. “There just isn’t enough time in the school day to give kids gym time everyday,” Ms. Hendricks said.

Ms. Brown and Ms. Golembiewski both admitted that although they tell their students they don’t have to have recess time, they actually do need to provide that free time for physical activity or the school won’t meet the weekly physical activity time requirements set forth by the state. Unfortunately, unlike physical education class, recess is free time in which students may choose to run and play or sit and not engage in any physical activity at all.

In order to provide students with extra minutes of physical activity, Ms. Brown, the sixth grade teacher, purchased a workout tape on an audiocassette to play during homeroom time in the mornings. She and the students do the activities together. She admits that she hasn’t been as faithful in doing it with her students everyday as she would like, but she does try to squeeze it in at least twice a week.

Ms. Golembiewski, the fifth grade teacher said that part of the problem is that students don’t value physical activity time. She wishes parents would get their kids to go outside more and play after school instead of “letting them sit in front of the television or
videogames.” Ms. Hendricks, the fourth grade teacher, pointed out that another problem in physical education is that students don’t know how to “play nicely” together. She thinks an important concept for middle school students to learn in physical education is good sportsmanship. She hopes that will eventually filter back to the parents of children who play sports so the games will be more pleasant for everyone.

*Health policy Implementation at Buckeye Middle School*

The health policies at Buckeye Middle School are implemented in a variety of ways by the teachers and staff. The teachers are responsible for making sure that students follow the policies and guidelines set forth in the Buckeye Middle School Student Handbook. They are also responsible for making sure that all health topics within their curriculum standards are covered in class.

The sixth graders at Buckeye Middle School take a class trip to an outdoor camp for four days. The teachers who chaperone this trip encourage physical education by enforcing a strict “no tv, no cellular phones, no video games” policy while on the trip. For example, Ms. Brown said, “I tell the kids, ‘You won’t even miss those things because you’ll be so busy hiking up and down the hills and enjoying the beauty around you.’”

Other people at the middle school also help implement health policies. All three teachers mentioned that the gym teacher, school counselor, and school nurse play a large role in the school’s health programs. They also cited the Health Conscious Committee of teachers and cooks for reforming the nutrition policies at the school. In addition, people from outside the middle school visit classrooms to help promote student health. For example, a police officer presents the DARE programs, high school students come to
talk about peer pressure and risk behaviors, and Children and Family Services comes to make presentations about the importance of good nutrition and exercise.

All three teachers suggested that for the most part, the students’ parents are not involved in the creation or implementation of the various health policies at Buckeye Middle School. Ms. Hendricks, the fourth grade teacher, said, “The parents are supposed to go over the handbook with their kids at the beginning of the year and sign slips saying that they read it together, but who knows if they even do that,” followed by, “I’m not for sure that they really even care. I don’t think they know, we don’t send home a note and say ‘they’re having a tobacco and drug awareness program…’” Ms. Golembiewski, the fifth grade teacher, and Ms. Brown, the sixth grade teacher, both said they believe the parents just “go with whatever we do here.”

*Developmentally Appropriate Health Policies*

All three teachers believed that the health policies and programs at Buckeye Middle School are developmentally appropriate for the students they have in their classes. Each said she held this belief because the activities the students do through the health programs, such as DARE, seem to be on a level they can understand and relate to. Ms. Hendricks said, “I think [the programs] bring out awareness, I’m not sure it convinces [students] entirely to eat healthy, or not to smoke, or not do drugs, but I think it starts the awareness that they have choices.”

Ms. Brown, Ms. Golembiewski, and Ms. Hendricks all noted that students are coming to school “savvier” at younger ages than in the past, and “what might have been appropriate even a few years ago seems benign now and we need to be more aggressive [in promoting health].”
Ms. Brown, the sixth grade teacher, believes The President’s Council for Physical Fitness would be developmentally appropriate for promoting physical activity among middle school students. The President’s Council for Physical Fitness was a nation-wide program implemented under President Kennedy. Through this program, Ms. Brown said that, when she was in high school, students had to pass a physical fitness test including chin ups, push ups, rope climbing, and a variety of other physical tasks. She believes this program should be implemented at Buckeye Middle School because, “after these kids graduate from high school, if they don’t go into the military, they won’t have any kind of physical training or activity at all,” and she believes this program would help students start the habit of exercising while in middle school and continue throughout their adult lives.

Discussion

Teachers’ Perspectives on Middle School Health Policies

The National Health Education Standards for Students call for a movement from information-based health curriculum to skills-based curriculum. One of the skills specifically mentioned in the standards is decision making. The participating teachers at Buckeye Middle School all mentioned the importance of teaching students to learn to make good personal choices as a major component of their health education program. Practicing healthy behaviors is another skill mentioned in the national standards that is taught at Buckeye Middle School. This indicates that Buckeye Middle School has partially implemented the National Health Education Standards.
Tobacco education.

The concepts that the teachers believed were important for middle school students to know included that tobacco use is harmful to one’s body and that there are no benefits to using tobacco. The literature also suggests that these are important concepts for students to know because some students hold the misconception that tobacco has positive benefits (Stevens, Barron, Ledbetter, Foarde, & Menard, 2001). Another study cites tobacco-free policies that prohibit the possession or use of tobacco on school property by students, teachers, other staff, and visitors as an important first step in creating effective tobacco education programs. Unfortunately, Buckeye Middle School allows smoking on campus by adult visitors during weekends, which pollutes the environment with tobacco residue and sends the message that smoking is not unhealthy. Furthermore, other studies have proven that formal education plans for tobacco use prevention are essential to convey risks to middle school students (Pentz, Brannon, Charlin, Barrett, MacKinnon, & Flay, 1989). The teachers at Buckeye Middle School, however, informally address issues about tobacco use as they come up in their classrooms. Tobacco is also addressed briefly for the sixth graders with the DARE presentations.

Alcohol and other drug education.

The teachers all noted that students need to know, as Ms. Brown said, that alcohol and drugs negatively affect their whole lives, “physically, emotionally, their schooling, everything.” MacNeil, Kaufman, Dressler, and LeCroy (1999) found that alcohol and drug use can lead to problems for middle school students, including health problems, poor school performance, impaired emotional functioning, and lowered social competence, as well as have negative effects on students’ development. The literature
suggests that the first step most schools take in preventing alcohol and drug use by their students is to implement comprehensive prevention programs during the regular school day. At Buckeye Middle School, this is accomplished during DARE programs.

*Sex education.*

The teachers only mentioned middle school students’ need for information about sex and the need to practice good decision making skills as important concepts for students to know about. Their responses failed to include that students need to know about the physical, emotional, and social changes of puberty, which is crucial to students’ development in middle school (Pateman, 2004). Neither did they mention students needing information about sexual abuse, rape prevention, AIDS education, pregnancy, childbirth, parenting, or homosexuality, which is becoming more prevalent in society, and many educators believe is important for middle school students to know about (Beck & Marshall, 1992).

Decision making skills, which all three teachers did refer to as being important for middle school students, are very important for students to develop and practice (Beck & Marshall, 1992). Schools have the option of making policies to offer abstinence-only or abstinence-based sex education programs. The teachers reported that Buckeye Middle School has no formal policy about what to teach students about sex education. However, Ms. Golembiewski felt limited in what she could share with her students based on her past experiences, when other teachers complained to her about her teaching methods.

*Nutrition education.*

Realizing that some students receive their most nutritious meals of the day through school breakfast and lunch programs (Cullen, Eagen, Baranowski, Owens, and
de Moore, 2000), Buckeye Middle School started a Health Conscious Committee that is working to improve the meals offered at the school. This committee is comprised of the school cooks, the school nurse, and a few teachers. Action for Healthy Kids (2004) recommends implementing a such a program to help improve nutrition at school, but it also suggests including parents, students, administrators, coaches, and other adults that students look up to.

While Action For Healthy Kids advocates using healthy foods or non-food related projects for school fundraisers, Buckeye Middle School students sell candy bars to raise money. The participating teachers believed that the students raise more money by selling candy than they would be able to by selling other items. Competitive foods are also available at class parties, where parent volunteers provide students with cupcakes more often than vegetables or other healthy foods. The teachers rely on parents to volunteer to donate food for class parties and believe it is rude to demand that certain foods be contributed. Ms. Hendricks, the fourth grade teacher said, “I am asking parents for a favor, to spend their time and money preparing food for our party. I’m not going to tell them exactly what they have to do.”

Research indicates that nutrition education should be integrated into academic subject areas or covered during separate health classes. The teachers at Buckeye Middle School indicated that the state curriculum standards dictate whether or not they teach about nutrition in their classrooms.

*Physical education.*

The results of a study by the California Department of Education indicate that middle school students who are physically active perform better academically. However,
at Buckeye Middle School, students are not allotted the time required for physical
education classes to meet the weekly requirements for physical activity mandated by the
state. In response to this problem, the students are encouraged to be active during recess
and Ms. Brown exercises to a calisthenics tape with her homeroom class. Ms. Brown
participates in doing activities with her class because she realizes the power that
modeling by a teacher can have. Action For Healthy Kids (2003) recognizes these types
of efforts as valid attempts at improving student health.

Action for Healthy Kids (2003) suggests integrating physical activities like
exercise or dancing into the academic content areas. Yet, all of the teachers said although
they believe students would benefit from more time devoted to physical education
activities, they are not able to give up time from their class schedules to allow this to
happen.

Implementation

NMSA calls for effective middle schools that implement policies and practices
that protect and encourage students’ health (2003). In order to do this, administrators,
teachers, other school staff members, coaches, students, parents, and community
members must work together to decide and carry out health policies and programs. At
Buckeye Middle School, the school nurse, cooks, and teachers are working together to
improve school health. Programs such as DARE also play a role in encouraging student
health there. The participating teachers believed that the programs and policies are not
always fully implemented at Buckeye Middle School, but the teachers and committee are
working to improve that.
Effective middle schools with developmentally appropriate health policies have tobacco-free policies and tobacco use prevention programs. Buckeye Middle School is on its way to meeting these criteria, as it does not allow its students to use or possess tobacco on school grounds and it has the DARE program, which addresses prevention.

Developmentally appropriate middle schools provide students with comprehensive information about the risks of using alcohol and other drugs as well as resistance strategies. Buckeye Middle School has implemented a peer-teaching program in which high school students come and talk to the middle school students about alcohol and drugs. The DARE program and Red Ribbon Week also raise awareness about alcohol and drugs among students.

Effective middle schools have developmentally appropriate sex education policies and programs, including relevant information about sexually transmitted diseases, puberty, the reproductive system, and other topics. Buckeye Middle School has no official policy on sex education. Its teachers present the information that is required by their curriculum standards and based on their personal beliefs about what students need to know. One teacher would teach abstinence-only, which the research shows may not be as developmentally appropriate or effective in delaying sexual activity by middle school students as abstinence-based sex education.

Nutrition policies in developmentally appropriate middle schools offer healthy foods at school meals and limit the number and type of competitive foods available to students. They also cover explicit nutrition information in class and use teacher modeling to convey nutrition information to students. At Buckeye Middle School, the Health Conscious Committee and the teachers are working together to improve the breakfasts
and lunches they offer to make them healthier. However, candy and cupcakes often compete with healthier foods through fundraisers and at class parties. Teachers are working to improve this by suggesting healthier snacks to the parents who provide food for the parties. According to the participating teachers, nutrition education is only addressed in the curriculum when required by the state curriculum standards.

Developmentally appropriate middle schools include physical education as an important aspect of the curriculum. Adequate time is given for physical activities throughout the school day so that students will develop good exercise habits to carry with them into adulthood. Buckeye Middle School provides physical education class for 40 minutes twice a week and students have recess for 30 minutes everyday during which they may choose to engage in physical activity. Yet, all three teachers at Buckeye believed that their students needed more physical education time than they are currently being offered.

Conclusions

While they realized that health policies at Buckeye Middle School could be improved, the participating teachers in this study encouraged student health in more ways than before. Health policies were implemented inconsistently by a variety of people at the school, including teachers, the school nurse, and the cooks. Yet, there was a deliberate effort at the school to implement more effective health policies through the recently established “Health Conscious Committee.” Buckeye Middle School was on track to implement developmentally appropriate health policies for middle school students. However, to meet NMSA standards, the school needs more professional
development and support so it is able to expand the scope of its health policies and to uniformly implement such health policies throughout the curriculum.

Recommendations

Based on the findings in this study, recommendations can be made regarding Buckeye Middle School’s health policies. Recommendations for further research on this topic also follow.

Buckeye Middle School

1. Buckeye Middle School should adopt a comprehensive health policy based on NMSA’s recommendation that effective middle schools provide “school-wide efforts and policies that foster health, wellness, and safety.”

2. Student health should be an integral part of the curriculum, should be reinforced by teacher modeling, and be taught throughout.

Research

1. Further research should be conducted in the entire range of middle grades 4-9 to examine the ways that policies are implemented and what is considered to be developmentally appropriate changes at each grade level.

2. A longitudinal study of students in various health programs should be conducted to help identify factors in policies and programs in middle schools that promote student health.

3. A follow up study focusing on one specific area of health policy, for example tobacco, alcohol and other drugs, sex education, nutrition, or physical education, will provide a more in depth analysis of the policies and their implementation.
4. Further research to expand the scope beyond teachers to include administrators, parents, staff, and students will provide a more comprehensive view of the policies and their implementation.

5. Further research to examine the health policies at multiple school sites would provide valuable information about differences between schools and school districts.

6. Additional variables, that might be considered in future research include funding, community involvement, and other available resources.
References


National Middle School Association.  (2001). *This We Believe...And Now We Must Act.* Westerville, Ohio: National Middle School Association.

National Middle School Association.  (2003). *This We Believe: Successful Schools for Young Adolescents.* Westerville, Ohio: National Middle School Association.


Appendix A
Interview Protocol

1. What do you believe are the most important concepts for middle school students to know/understand about:
   
   • Tobacco
   • Alcohol and other drugs
   • Nutrition
   • Physical education
   • Sex education

2. Do the policies that are currently in place address these important concepts? How?

NMSA Questions

3. Are the school’s policies regarding health issues regularly discussed with school staff?

4. Do students and parents participate in the creation of school policies regarding health issues?

5. Do you believe there is a spirit of openness, honesty, and the opportunity for expression exists among students, staff, and administration?

6. Do students and parents believe that all school policies regarding health issues are implemented and enforced consistently and regularly?

7. What health issues do you witness or experience in your classrooms on a regular basis?

8. What do you know about your school’s or district’s policies regarding:
   
   • Tobacco
   • Alcohol and other drugs
   • Nutrition
• Physical education
• Sex education

9. In your experience, do you think each of these policies foster and guide student health regarding:
• Tobacco
• Alcohol and other drugs
• Nutrition
• Physical education
• Sex education

10. In what ways are these policies developmentally appropriate for middle school students?

11. In what ways are these policies developmentally inappropriate for middle school students?

12. How are these policies implemented at your school? and by whom?

13. Which of these policies do you personally implement? If so, how?


15. If you disagree with any policies, do you nonetheless implement them? Please explain why.

16. How are students at your school made aware of these policies?

17. Do parents support the school in enforcing these policies? What evidence do you have to support that statement?

18. Do you think that having these policies has led to having healthier students? Please explain.
19. In your opinion, should any of these polices be abolished or changed? Please explain.

20. What policies should be added to better encourage student health? Please explain.