

**The School District of Philadelphia**  
Office of Research and Evaluation

# **ARREST**

## **Evaluation Report**

The School District of Philadelphia



2012

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ARREST  
Evaluation Report

Prepared for:

***Office of Health, Safety, and Physical Education***

Judith Peters  
Program Coordinator

BettyAnn Creighton  
Director

***Office of Academic Enrichment and Support***

Dennis Creedon  
Deputy

By:

***The Office of Research and Evaluation***

Valerie Evans, Ph.D.  
Research Associate

Tonya Wolford, Ph.D.  
Director

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## I. Introduction

The AIDS Risk Reduction through Education and Staff Training program (ARREST) was implemented to address the increasing needs of Philadelphia's culturally diverse adolescent population by providing HIV/STI (Human Immunodeficiency Virus/Sexually Transmitted Infection) prevention and health education throughout the School District of Philadelphia (herein, The District), targeting students from kindergarten to 12<sup>th</sup> grade.

The Centers for Disease Control (CDC) awarded funding to The District for a five-year grant cycle, beginning March 2008 and ending February 2013, to develop and implement HIV/STI prevention education. Data from the 2011 Philadelphia Youth Risk Behavior Survey (YRBS), shown in Table 1, indicate that Philadelphia students engage in risk behaviors for sexually transmitted infections (STI) at high rates.<sup>1</sup>

Table 1. 2011 Youth Risk Behavior Assessment

Behavior Assessed	Philadelphia	Nation
Students who ever had sexual intercourse	61%	47%
Students who had sexual intercourse for the first time before 13 years old	15%	6%
Students who have had sexual intercourse with four or more persons	27%	15%
Students who report being currently sexually active	45%	34%
Students who did not use a condom during last sexual intercourse	40%	40%

Source: The Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))

The CDC believes that the prevalence of these types of behaviors among students can be impacted through: better health education, more comprehensive health services, and more supportive policies. Therefore, the overarching goals of the grant (to be accomplished by 2013) are: to strengthen and expand:

- Programs and policies that support the prevention of risk behaviors (through teacher education),
- Student programs, and
- Instructional materials to facilitate HIV/STI prevention education.

In addition, the grant funds bi-annual administration of the YRBS and the School Health Profiles (SHP), administered in alternating years. The program's higher-education partner, Temple University, is contracted to administer these assessments. All other program responsibilities

<sup>1</sup> In 2011, the Youth Risk Behavior Survey was administered to ??? students in Philadelphia and ??? students Nationwide to collect information on .....

are handled directly by the project's program coordinator, employed within The District's Office of Health and Physical Education.

## **II. Evaluation Measures**

Data collection for the evaluation included professional development observations, school visits, site visits to Health Resource Centers (HRC), observation of World AIDS Day, teacher surveys, and documents review.

### **Observations**

Observations were conducted during classroom presentations in two grade 8 classrooms on December 22, 2011. The ORE evaluator also observed, and participated in, the materials review process on July 12, 2012. A district-wide teacher training for health and physical education teachers was observed on November 8, 2011. Finally, ORE attended the World AIDS Day event at Benjamin Franklin High School on December 1, 2011.

### **Site Visits**

Health Resource Centers (HRC) were visited by the ORE evaluator at three high schools: Central High School on November 22, 2011, Martin Luther King High School on December 7, 2011, and Germantown High School on December 7, 2011. During the site visits, the evaluator informally interviewed the HRC coordinators. In addition, ORE attended an HRC meeting on December 13, 2011 at Family Planning Council, the administrator of the HRC program.

### **Survey collection**

ORE administered and collected surveys at the November 8, 2011 District-wide health educator professional development trainings (Appendix A).

### **Documents Review**

The program coordinator's activity log was reviewed and reported. Also, sign-in sheets from the materials review committee were collected and reported.

## **III. Major Findings**

### **How did the program affect health education at The District?**

#### **TEACHER PROFESSIONAL DEVELOPMENT**

A district-wide teacher professional development was held on November 8, 2011. All physical education teachers gathered at Northeast High School for a series of training sessions. The ORE evaluator attended the health education session delivered by the ARREST Program Coordinator. The session was delivered four times to four small groups of physical education teachers. Teacher participants were generally experienced, with 74% reporting that they had been teaching for five years or longer. During the training, the evaluator documented the

information provided to teachers and also recorded the questions that teachers asked the facilitator. At the end of each training session a survey of needs and knowledge was distributed to the teachers (Appendix A). For the general training outline, as well as the list of questions teachers asked and a survey summary, see Appendix B.

The topics of this professional development centered on resources for knowing and teaching the health education curriculum at The District. In addition, teachers were shown where they could find the Youth Risk Behavior Survey (YRBS) data using the CDC's website. Survey respondents indicated that they were not previously aware of the online curriculum resources or how to access the YRBS data (76% and 83% of respondents, respectively). Teachers were very receptive to the websites and video resources demonstrated by the ARREST program coordinator. Textbooks were requested by 70% of survey respondents.

Many of the questions teachers raised during the training sessions were in regard to adapting curriculum to shorter periods of time. Teachers expressed concern over schedules that are not conducive to covering all the topics in the District's health education Planning and Scheduling Timeline. For example, several teachers explained that they only teach health for half the year. The ARREST program coordinator offered practical suggestions for these concerns, such as adapting the curriculum to fit their school's schedule or, if there is no health class time rostered, using a 4:1 ratio of physical education to health, thus using every fifth class to work on the health curriculum. Teachers were also advised that principals may sign-off on adaptations to The District's timeline, per their school's scheduling and teacher resources.

Based on the teacher questions and survey responses, there appears to be some degree of anxiety regarding sex education. There were several questions about when to teach sex education and concern was expressed over talking about sex education topics too early. The ARREST Coordinator explained that principals are ultimately responsible for gauging which sex education topics to teach and when.

## MATERIALS REVIEW COMMITTEE

During the 2011-2012 program year there were eight meetings of the Materials Review Committee and a total of 14 educational materials were submitted for review and 14 items were approved by the committee.<sup>2</sup> Materials approved by the committee covered pregnancy, bullying, dating violence, HIV/AIDS, gay rights, and sexual education for parents.

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<sup>2</sup> Source: HIV Program Review Panel, Panel Chair Summary Sheet 2011-12, dated May 29, 2012

## **How are students affected by program activities?**

### **PARTICIPATION AND PERFORMANCE AT SCHOOL**

#### **HEALTH RESOURCE CENTERS**

Since 1991, The District has permitted in-school availability of condoms and human sexuality literature for students in grades 9-12. The program has been funded through various sources and the ARREST Program Coordinator and the Director of Health and Physical Education serve as The District facilitators for Health Resource Center (HRC). The Family Planning Council of Philadelphia oversees the 14 HRCs run by seven healthcare providers in the Philadelphia area: Health Annex, St. Christopher's Hospital for Children, Albert Einstein Medical Center, Planned Parenthood of Southeastern PA, CHOICE, Urban Solutions, and Children's Hospital of Philadelphia. The 14 high schools that host the HRCs are Bartram, Benjamin Franklin, Central, Dobbins, Edison, Germantown, Martin Luther King, Northeast, Rhodes, Roxborough, South Philadelphia, Strawberry Mansion, University City, and West Philadelphia. Acceptance of the HRC at any particular school varies with that school's administration. Principals determine the location of the HRC room (or area), the promotion of HRC use to students, and the ease at which students may access their school's HRC. Though the intention is that students will access the HRCs during their lunch period, student access varies by school. For example, Martin Luther King high school has three cafeterias on three different levels of the building and the administration conducts hallway sweeps, penalizing students for wandering the building outside their scheduled location. For this reason, the HRC is most accessible to the closest cafeteria, which is used by 10<sup>th</sup> grade students. Promotion of the HRCs is also at the discretion of the principal. Advertising of the existence of an HRC and its location is a collaboration between the school's administration and the HRC coordinator at that school. Based on site visits made to the HRCs, the administrative staff in the office is not necessarily aware of the HRC location or of the name of its coordinator, so it is likely that many students are also unaware. HRC coordinators report condom distribution as the most common student request, but they also provide literature on healthy decision-making, support for student groups related to AIDS prevention, and referrals for students in need of health and counseling services.

#### **WORLD AIDS DAY**

As it is every year, World AIDS Day was commemorated by the program office with a student contest and assembly on December 1, 2011. The student contest provided students with the opportunity to promote healthy decision-making using various art mediums. Students were also encouraged to submit essays and poems about their personal experiences with AIDS. The winners of each of the contest's subcategories were honored at the student assembly program. Parents of contest winners also attended. The assembly was held on World AIDS Day at a centrally-located District high school. In addition to the awards ceremony, the program consisted of a student choir performance, a memorial ceremony, and a performance by a professional dance group. The students were very receptive to a talk given by an infected young man who was a former student at The District. Healthy snacks were provided by the Family Planning Council to students as they left the auditorium.

## STUDENT HEALTH EDUCATION

As shown by the data collected from the teacher professional development on November 8, 2011, many schools in The District do not have enough resources to provide the entire health education curriculum to all students. In addition, the teachers' questions reflected their uncertainty and fear of teaching sexual education to younger students. For these reasons, school administrators sometimes ask the ARREST Program Coordinator for support with student education. The Program Coordinator visited schools, often with a representative from the city's health department, and deliver a lesson to students on topics requested by administration. The ORE evaluator observed two class presentations on health decision-making made by the Program Coordinator and a retired employee of the Department of Health, AIDS Activity and Coordination Office on December 22, 2011. The presentations were made to two grade 8 classrooms of 22 and 29 students. The lesson covered several safety issues, including safe dating, consequences of unsafe sex, safety during school breaks, and safe friends. The talk featured a video from an online resource of videos written and performed by students, which cover topics related to healthy decision-making. This video featured three separate teen relationships and how each of the character's decisions led to different outcomes. Following the video, the Program Coordinator facilitated a conversation by posing questions regarding character decisions. The class analyzed various scenes for safety and discussed the consequences of the characters' choices. A high level of student engagement was noted by the ORE evaluator in each of the classrooms. Following each presentation, literature on safety, sex, and health were distributed to students. The Program Coordinator documented a total of 18 school visits across 15 schools during the funding year.

Student health education was also addressed during health teacher professional development. The Year-At-A-Glance (YAG) for health education was discussed during the November 8, 2011 training. The YAG provides high school health teachers with quarterly targets to help organize instructional planning and is accessible to every teacher using The District's School Net system and. Information on how to access the YAG health education planning document was discussed at the training. There is no health education YAG available for grades K-8.

## STUDENT & SCHOOL DATA

District-wide data collection is conducted every year by the ARREST program to measure student behaviors and school health policies and practices. In alternating years the Youth Risk Behavior Survey (YRBS) and the School Health Profile survey are administered. This year's assessment was the School Health Profile survey and it was administered to 150 schools in Spring 2012 by the program's contractor, Temple University. With the program's budget cuts, however, Temple revised their contract so that they will not be responsible for future administrations. The School Health Profile was developed by the CDC and monitors the status of school health education content, physical education requirements, policies related to HIV infection/AIDS, tobacco-use prevention, nutrition education, asthma management activities,



and family and community involvement in school health programs. Data on the School Health profile will be available for the 2013 report.

During this program year, Temple also provided a report of the 2011 administration of the Youth Risk Behavior Survey (YRBS). Using Temple's report and the national report provided by the CDC, the last three administrations of the YRBS are compared in Table 2. Student responses on the YRBS have remained consistent across years with regard to risk behavior. However, the item about AIDS education is no longer statistically different from the national average. This shows that AIDS education at the district has increased over time and is now consistent with the national average.

Table 2. Youth Risk Behavior Assessment Percentage of Students Responding Affirmatively

Behavior Assessed	2007		2009		2011	
	Philadelphia	National	Philadelphia	National	Philadelphia	National
Students who ever had sexual intercourse	62%*	48%	63%*	40%	61%*	47%
Students who had sexual intercourse for the first time before 13 years old	14%*	7%	15%*	6%	15%*	6%
Students who have had sexual intercourse with four or more persons	24%*	15%	26%*	14%	27%*	15%
Students who report being currently sexually active	45%*	35%	47%*	34%	45%*	34%
Students who did not use a condom during last sexual intercourse	36%	39%	37%	39%	40%	40%
Students who were never taught in school about AIDS or HIV infection	16%*	11%	16%	13%	18%	16%

Source: The Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))

\* Signifies a statistically significant difference between Philadelphia and the national average

## IV. Conclusions

In 2011-12, the AIDS Reduction through Education and Staff Training program (ARREST) enhanced health programming across District in many ways. Teachers received the health curriculum timeline and free resources for teaching health during a professional development training session. In addition, teachers learned how they could access YRBS and School Health Profiles data. The Program Coordinator supported AIDS education with a District-wide annual initiative for World AIDS Day. Through this effort, students had the opportunity to create and submit AIDS prevention art and writings. The World AIDS Day assembly brought participants

together with their peers to reflect on the impact of AIDS on individuals. Health education was also supported by the Health Resource Centers (HRCs). Located in 14 high schools, the HRCs augment health education with literature on STIs, free condoms, and a HRC coordinator who is available to talk to students and provide referrals to local clinics. Actual HRC implementation varies across schools, per school policy and each principal. Finally, upon request from school administration, the ARREST Program Coordinator will provide student presentations and literature to schools. A barrier to student access to health education is District staffing resources. There is some degree of difference across schools with regard to time rostered for health education, grade at which sex education is introduced, and implementation of the HRCs. Based on teacher comments and survey data, the program might consider providing additional materials and supports to teachers in an effort to standardize K-8 sex education.

Based on the findings of the YRBS, District students engage in risk behaviors related to transmission of STIs. Though risk behaviors remain consistently above the national average, students reporting that they receive AIDS education in school has increased toward the national average over the past five years. These findings support continued implementation of the ARREST program.

APPENDIX A  
ARREST TEACHER SURVEY

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ARREST PARTICIPANT SURVEY

PLEASE COMPLETE THIS SURVEY FOR THE DISTRICT'S OFFICE OF RESEARCH AND EVALUATION.

Grade / subject(s) you are currently teaching (please list all):

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What is your area of certification?

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1. Which aspects of the session did you find most useful?

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2. Specifically, with which courses or lessons do you plan to use the information presented today?

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3. Do you plan to use any of the materials reviewed in this training today in your classroom? YES NO

*If YES, specifically which material(s) would you like to use in you classroom?*

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4. What types of additional information and materials would help you with the courses you are currently teaching?

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Please darken the circle that best describes your agreement with each item.

	Strongly Disagree	Disagree	Agree	Strongly Agree
4. This is the first time I have seen the Health YAGS on School Net.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I learned something new today about the Health Resource Centers in this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. This was first time I saw the current YRBS data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I currently <u>do not</u> have adequate health educational materials to teach my lessons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am familiar with the Health Ed Resource Center at Temple University.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If you are a Health teacher, how many years have you been teaching Health?

☐ 1 to 2                      ☐ 5 to 10  
☐ 3 to 5                      ☐ > 10

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Thank You!

#### GENERAL OUTLINE OF SESSIONS

- YAGs (year-at-a-glance) on SchoolNet
- HRCs
- HSAMR Committee
- Online resources for educational materials
- CDC Web site – YRBS data

#### PARTICIPANT QUESTIONS

Participant questions were documents to inform the program of teacher uncertainties and concerns.

1. Our school does Health in half a school year. Are there YAGs for half the year?
2. PST is too long, can't fit it all in, puts teachers in conflict with regard to teacher evaluations.
3. Only PE teacher, no one else to teach health. How do I fit it all in?
4. How do we implement entire PST in half a school year?
5. Are health ed mandatory student credits?
6. Not enough time to cover all the health topics, needs to decide every year what to leave out – usually hygiene
7. What criminal liability would you face for teaching sex in younger grades?
8. At what age is it appropriate to begin teaching sex ed anatomy?
9. Are the videos free?
10. Do we know our STI information by school?
11. Can we see a map of HIV infection in Philadelphia?
12. Can we distribute condoms at our school?

#### PARTICIPANT SURVEY SUMMARY

- Teachers are experienced, 74% report teaching over 5 years
- 76% of participants had not seen the YAGs before on SchoolNet
- 83% of participants had not seen the YRBS data before
- 70% feel they do not have adequate materials to teach health lessons
  - many asked for textbooks
  - many mentioned the web sites shown at the training as useful