

School-Wide Efforts and Policies That Foster Health, Wellness, and Safety

Research and Resources in Support of This We Believe



RESEARCH SUMMARY

The importance of providing a safe, healthy, and supportive learning environment for young adolescents has been recognized and promoted for decades. It serves as a central tenet or core principle of nearly all middle school reform recommendations and models. Numerous studies have focused on varying aspects of safe and supportive learning environments, including: comprehensive health and fitness programs, development and inclusion of health curricula, collaborations with local health and social support agencies, school safety, violence prevention, risk behaviors (e.g., alcohol, tobacco, drugs), latchkey status, and a sense of social adjustment and school community (e.g., dropout, climate, sense of belonging) (Call, Reldel, Hein, McLoyd, Peterson, & Kipke, 2002; Dryfoos, 1994; Finn, 1989; Hamburg, 1997; Hechinger, 1992; Schultz, 2001). Each of these areas is critically important to the welfare, adjustment, and achievement of middle level students.

The research literature provides overwhelming evidence that the middle level years are “the last best chance” to affect these students’ futures. It is during the middle school years that young adolescents begin experimenting with a range of risky behaviors such as alcohol, tobacco, drug use, and unprotected sex. Based on several large-scale studies, Dryfoos (1998) concluded that 10 percent of 14-year-olds in 1995 were at “very high risk” based on their involvement in high-risk behaviors. Resnick and associates (1997) found that parent-family connectedness and perceived school connectedness were protective against every health risk behavior measure except history of pregnancy. Conversely, ease of access to guns at home was associated with suicide and violence. Access to substances in the home was associated with cigarettes, alcohol, and marijuana use among all students. Appearing “older than most” in class was associated with substance use and an earlier age of sexual debut among both junior and senior high students. Repeating a grade in school was associated with emotional distress among students in junior high and high school and with tobacco use among junior high students. On the other hand, parental expectations regarding school achievement were associated with lower levels of health risk behaviors; parental disapproval of early sexual debut was associated with a later age of onset of intercourse.

Obviously, many middle level schools could benefit from comprehensive school health programs (CSHP). Such programs seek to reduce or eliminate health-related barriers to student academic and personal success (National Middle School Association, 2003). CSHP are designed to reinforce health-promoting behaviors in students and to provide the skills students need to avoid negative health practices. Some of the components of a CSHP include health education, health services, physical education, counseling and social services, and the integration of community resources. These components provide additional opportunities, supports, and services that many of today’s students need to be successful (MacLaury, 2000; Reyes & Fowler, 1999). Although the components listed above are present in many schools, few schools have developed a comprehensive, seamless web of care frequently termed a “full-service” school (Dryfoos, 1994). “Full-service” schools develop multi-faceted comprehensive programs that build knowledge, attitudes, and skills that promote health and reinforce the behaviors that prevent future problems.



The research literature focuses primarily on individual components of student well-being. There are numerous studies specific to student safety, violence prevention, health curricula, physical education programs, approaches to peer-mediation, and the outcomes of high-risk behavior (e.g., alcohol, tobacco, and drug use). Currently there are very few large-scale studies that have examined young adolescent health and safety issues from a comprehensive perspective. Such studies, while potentially time intensive and costly, provide results that are more likely to influence and promote policy decisions concerning “best practices” for students in middle level schools.

REFERENCES CITED

- Call, K. T., Riedel, A. A., Hein, K., McLoyd, V., Peterson, A., & Kipke, M. (2002). Adolescent health and well-being in the twenty-first century: A global perspective. *Journal of Research on Adolescence*, 12(1), 69-98.
- Dryfoos, J. G. (1994). *Full-service schools: A revolution in health and social services for children, youth, and families*. San Francisco: Jossey-Bass.
- Dryfoos, J. (1998). *Safe passage: Making it through adolescence in a risky society*. New York: Oxford University Press.
- Finn, J. D. (1989). Withdrawing from school. *Review of Educational Research*, 59(2), 117-142.
- Hamburg, B. (1997). Education for healthy futures: Health promotion and life skills training. In R. Takanishi & D. A. Hamburg (Eds.), *Preparing adolescents for the twenty-first century: Challenges facing Europe and the United States* (pp. 108-135). New York: Cambridge University Press.
- Hechinger, R. M. (1992). *Fateful choices: Healthy youth for the 21st century*. New York: Carnegie Council on Adolescent Development.
- MacLaury, S. (2000). Teaching prevention by infusing health education into advisory programs. *Middle School Journal*, 31(5), 51-56.
- National Middle School Association. (2003). *NMSA Research Summary #13: Comprehensive school health programs*. Retrieved July 24, 2003 from <http://www.nmsa.org>
- Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., et al. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278, 823-832.
- Reyes, A., & Fowler, M. (1999). Healthy minds in healthy bodies: Adolescent clinics and middle schools in collaboration. *Middle School Journal*, 30(5), 7-12.
- Schultz, J. (2001). Programs and policies that foster health, wellness, and safety. In T.O. Erb, (Ed.), *This we believe...And now we must act* (pp. 99-107). Westerville, OH: National Middle School Association.



ANNOTATED REFERENCES

Lockwood, D. (1997). *Violence among middle school and high school students: Analysis and implications for prevention.* Washington, DC: Department of Justice.

The type and frequency of violent incidents are identified, but the focus is on factors such as the relationship among the antagonists, the sequence of events and escalations, and the goals and justifications cited by students. Information is drawn from in-depth interviews with 110 students from public schools with high levels of violence. The 110 students, 86 of whom were African Americans, reported 250 incidents of violence. Data show that the problem of violence is growing, as is juveniles' risk of victimization. The design of this study was chosen to provide information that can be used in the curricula of school-based conflict resolution programs. In the largest proportion of incidents, the first step was relatively minor, but escalated. About five percent eventually involved a gun. Most incidents took place among young people who knew each other, and most incidents started in the school or the home. The most common goal was retribution, followed by an attempt to bring about compliance, self-defense, or defense of one's image. Justifications offered for the incidents stemmed from a value system in which violence was acceptable. In using the findings in violence prevention programs, reducing the frequency of opening moves may be the most promising approach.

Mertens, S. B., Flowers, N., & Mulhall, P. F. (2003). *Should middle grades students be left alone after school?* *Middle School Journal*, 34(5), 57-61.

This study on latchkey students is based on a sample of over 121,000 students attending 287 middle grades schools in Arkansas, Louisiana, Michigan, and Mississippi during 2000-01. The demographics of the student sample are quite diverse with schools located in urban, suburban, and rural areas. Nearly 50 percent of students reported receiving a free/reduced lunch and 40 percent identified themselves as an ethnic minority. Based on survey responses, students were classified into one of three latchkey categories: (1) no days home alone after school, (2) less than three hours home alone, and (3) three or more hours home alone. The most significant finding was that when students are left home alone for three hours or more after school (regardless of the number of days), their reports of self-esteem and academic efficacy are much lower and their levels of depression and behavior problems are much higher. Interestingly, students home alone for less than three hours had comparable outcomes to those who report not being home alone after school.

National Center for Education Statistics. (2000). *In the middle: Characteristics of public schools with a focus on middle schools (NCES 2000-312).* Jessup, MD: U.S. Department of Education.

This report uses data from the Schools and Staffing Survey (SASS), a nationally representative survey conducted in 1987-88, 1990-91, and 1993-94 to describe various aspects of middle level schools, examine how they have changed over time, and compare middle level schools to elementary and secondary schools. The report focuses primarily on the 1993-94 SASS that contains data from teachers and principals in over 82,000 schools



across the country. One area examined was health-related services. General medical care was provided by 60 percent of all schools and diagnostic services by 82 percent; at least 90 percent of schools had drug and alcohol prevention programs. The proportion of schools providing substance abuse counseling increased from elementary to middle level to high school. At least 50 percent of middle level and secondary schools provided this service in 1993-94, compared to 26 percent for elementary schools.

North Carolina State Department of Public Instruction. (1996). *Middle school risk behavior 1995 survey results*. Raleigh, NC: Division of Accountability Services.

This study reports the results of the 1995 Youth Risk Behavior Survey (YRBS) Middle School Questionnaire. The survey measured health risk behaviors, including: (1) weapons and violence; (2) suicide-related behaviors; (3) vehicle safety; (4) tobacco, alcohol, and other drug use; and (5) nutrition and physical exercise. A total of 2,227 students from 53 North Carolina public schools were surveyed. Results within the personal safety category showed that weapon use is predominantly a male activity, with 20 percent carrying weapons to school and 10 percent reporting having been threatened with or injured by weapons at school. Over 25 percent of students had considered suicide and 10 percent had attempted suicide. Concerning drug use, findings showed that 53 percent had smoked cigarettes. High smoking rates were found among minorities, males, and older students. Over half had drunk alcohol, and 17 percent had used marijuana, with the percentage increasing by grade. Results concerning personal health revealed that about 25 percent consider themselves overweight but 40 percent are dieting, most of whom are females. Over 80 percent reported exercising or playing sports in the previous week in addition to attending physical education classes. Almost 80 percent reported AIDS education at school; 60 percent had discussed AIDS or HIV with parents or other family adults.

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., Tabor, J., Beuhring, T., Sieving, R. E., Shew, M., Ireland, M., Bearinger, L. H., & Udry, J. R. (1997). *Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health*. *Journal of the American Medical Association*, 278, 823-832.

The objective of this study was to identify risk and protective factors at the family, school, and individual levels as they relate to four domains of adolescent health and morbidity: emotional health, violence, substance use, and sexuality. The research design consisted of a cross-sectional analysis of interview data from the National Longitudinal Study of Adolescent Health. A total of 12,118 adolescents in grades 7 through 12 were drawn from an initial national school survey of 90,118 adolescents from 80 high schools plus their feeder middle schools. Eight areas were assessed: emotional distress; suicidal thoughts and behaviors; violence; use of three substances (cigarettes, alcohol, marijuana); and two types of sexual behaviors (age of sexual debut and pregnancy history). Independent variables included measures of family context, school context, and individual characteristics. Family and school contexts as well as individual characteristics are associated with health and risky behaviors in adolescents. The results should assist health and social service providers, educators, and others in taking the first steps to diminish risk factors and enhance protective factors for our young people.



Rumberger, R. W. (1995). **Dropping out of middle school: A multilevel analysis of students and schools.** *American Educational Research Journal*, 32(3), 583-625.

Using data from the 1988 National Educational Longitudinal Surveys (NELS) and hierarchical linear modeling (HLM), this study focuses on dropouts from middle school and examines the issue from both individual and institutional perspectives. Data for the study were drawn from the sample of 17,424 base-year students who were resurveyed in 1990. The final school sample consisted of 981 schools. At the individual level, the results identified a number of family and school experience factors that influence the decision to leave school, with grade retention being the single most powerful predictor. Additionally, there are widespread differences in the effects of these factors on White, Black, and Hispanic students. At the school level, the results revealed that average dropout rates vary widely between schools and that most of the variation can be explained by differences in the background characteristics of the students.

RECOMMENDED RESOURCES

Bosworth, K. (Ed.). (1999). *Preventing school violence: What schools can do.* Bloomington, IN: Phi Delta Kappa International.

Collaborative for Academic, Social, and Emotional Learning. (2003). *Safe and sound: An educational leader's guide to evidence-based social and emotional (SEL) programs.* Retrieved July 24, 2003, from <http://www.casel.org/safeandsound.htm>

Hoy, W. K., & Sabo, D. J. (1998). *Quality middle schools: Open and healthy.* Thousand Oaks, CA: Corwin Press.

Marx, E., Wooley, S. F., & Northrop, D. (Eds.) (1998). *Health is academic: A guide to coordinated school health programs.* New York: Teachers College Press.

McCarthy, A. R. (2000). *Healthy teens: Facing the challenges of young lives.* Birmingham, MI: Bridge Communications.

Wisconsin Department of Public Instruction. (1997). *Component quality: A comprehensive school health program assessment tool.* Madison, WI: Author.

Original publication information:

National Middle School Association Research Committee. (2003) School-wide efforts and policies that foster health, wellness, and safety. In *Research and resources in support of This We Believe* (pp. 41-47). Westerville, OH: National Middle School Association.