



Partnering with Youth to Build Healthier School Communities

2010-2011 Student Research Team Project Report

PARTNERING WITH YOUTH TO BUILD HEALTHIER SCHOOL COMMUNITIES 2010-2011 STUDENT RESEARCH TEAM PROJECT REPORT

PROJECT REPORT

This publication was produced by the Alameda County School Health Services (SHS) Coalition, a part of the Alameda County Health Care Services Agency (HCSA). The SHS Coalition is working to bring health and education partners together to build communities of care that foster the academic success, health, and well-being of Alameda County youth. We do this by developing innovative policies and practices and integrating services to improve the availability and quality of health and learning supports in schools and neighborhoods.

SHS Coalition contracted with an evaluation team from the Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco (UCSF) to produce this report.

SPECIAL THANKS

The authors would like to express our appreciation to the following individuals who contributed to the success of this project: youth who served as Student Researchers; principals and site staff at Alliance Academy, Dewey Academy, Elmhurst Community Prep, Frick Middle School, Met West High School and Skyline High School; parents and guardians of Student Research Team members; and the students who participated in Student Research Teams' data collection at each of the sites.

This project would not have been possible without support from the Oakland Unified School District (OUSD), Youth Uprising, East Bay Asian Youth Center, Native American Health Center, and the City of Oakland.

This publication was managed and supervised by:

Kimi Sakashita and Sarah Wilson of Alameda County SHS Coalition, Alameda County HCSA.

Comments, questions, and requests for additional information can be directed to:

Alameda County School Health Services Coalition 1000 San Leandro Blvd., Suite 300 San Leandro, CA 94577 510.667.7990 www.acschoolhealth.org

ACKNOWLEDGEMENTS

Alameda County Health Care Services Agency Tracey Schear

Oakland Unified School District Mara Larsen-Fleming, Joanna Locke

Youth Uprising Saba Ghebreyesus, Kristin Spanos

East Bay Asian Youth Center Eve Delfin, Gianna Tran

Native American Health Center Tola Asuni, Bonnie Trinclisti, Tamar Kurlaender

City of Oakland Sandy Taylor

University of California, San Francisco Emily Hendrick, Laura Sherwood, Sara Geierstanger

Alameda County Public Health Department Community Assessment, Planning, Education and Evaluation (CAPE)

REPORT AUTHORS

University of California, San Francisco Samira Soleimanpour, MPH, Shelly Kaller, MPH, Noushin Berdjis, Leah Maddock, MPH Claire D. Brindis, DrPH, Principal Investigator

DESIGN AND PRODUCTION

Beats, Rhymes & Life, Inc. Alex Valdez, Aries Nunez, Tomas Alvarez III, MSW

Alameda County School Health Services Coalition James Nguyen

Contents

4 Partnering with Youth

Alameda County School Health Services Coalition 5 Background on Youth-led Participatory Research 6 Student Research Team Project 7 Community Partnerships 9

12 Designing the Project

SRT Participants 13
Student Research Coordinators 13
Evaluation Team 14
SRT Process 15
SRT Project Evaluation 15

SRT Findings & Recommendations

How Youth Gathered Data 19
Downtown Educational Complex 20
Skyline High School 22
Elmhurst Campus 24
Frick Middle School 25

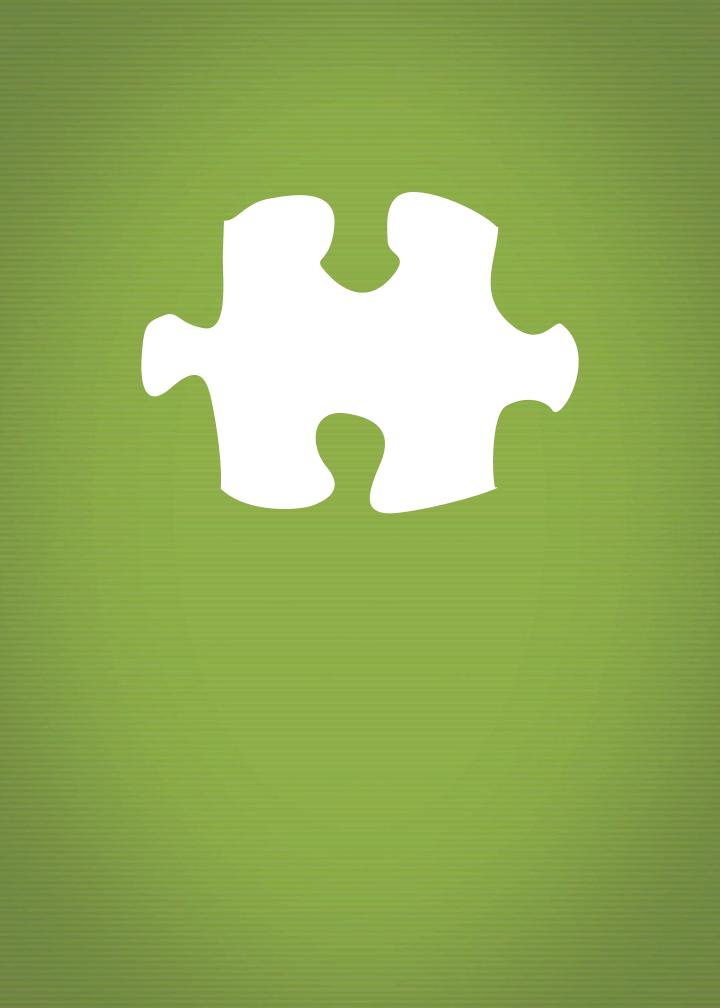
18

Project Feedback

Program Participants' Experiences 31

34 Moving Forward

35 References



Community-based partnership opportunities, like the SRT Project, engage young people in leadership and advocacy roles, which can improve self-confidence, leadership skills, and achievement.

The SRT Project involved four middle and high school campuses, over 30 youth partners, and three adult Student Research Coordinators that represented each community-based agency selected to partner with the schools. Each team was trained to conduct youth-led, health-related research.

Partnering with Youth



ALAMEDA COUNTY SCHOOL HEALTH SERVICES COALITION

The School Health Services Coalition (SHS) works to build communities of care that foster the academic success, health, and well-being of Alameda County children, youth, and families. We envision a county where families, schools and communities support the health and success of every student so that they grow up feeling safe, supported, connected, and engaged. Our goal is to achieve health and educational equity for all children and youth in Alameda County. The Coalition is part of the Alameda County Health Care Services Agency and represents many diverse collaborations of service providers, school and school district leaders, cities, health advocates, community partners, policy makers, and youth working to create equity in education and health for all students.

Today, School Health Services Coalition provides support to 24 School Health Centers in Alameda County. School Health Centers (SHC) play a major role in creating universal access to health services by providing integrated health and wellness services for youth in a safe, youth-friendly environment at or near schools. During the 2010-11 school year, when the Student Research Teams launched, there were eighteen "established" SHCs. By 2013, the SHS Coalition will expand its partnership to 26 sites. This report highlights the work of four Student Research Teams that helped plan the 2010-11 School Health Center expansion in Oakland Unified School District (OUSD).

Young people are often described as potential victims of their environments, yet they have skills, talents, families, peers and other resources that help them handle the risks. The SHS Coalition embraces youth development as an active process that creates opportunities for youth to build their personal, environmental and social assets, which become the building blocks for their future success. We sustain and deliver programs to strengthen the support network of youth and provide meaningful experiences to build their skills, competencies, and resiliency. The SHS Coalition explicitly seeks out and incorporates the perspectives, experiences, ideas, and actions of youth themselves to shape programs and services to meet their needs.



BACKGROUND ON YOUTH-LED PARTICIPATORY RESEARCH

Community-based participatory research (CBPR) has been increasingly utilized as a strategy to improve health services.¹ By actively involving consumers in planning and evaluation, the participatory process can result in more effective health programs.² CBPR with youth not only builds the capacity of the organization to better serve the youth, but it also enhances the individual youth's development and promotes their active involvement in the decisions that affect their lives.⁴ Conversely, the lack of youth engagement in the planning and evaluation of health programs can result in the ineffective allocation of scarce financial and human resources for health services.⁵

School Health Centers and other youth-serving organizations often involve youth in their decision-making and program development through avenues such as youth advisory boards and peer education programs. CBPR is another strategy through which School Health Centers can meaningfully involve youth in their program design and improvement efforts. Participatory research and evaluation in the School Health Center setting engages students in the process of identifying the health needs of their peers, defining research questions, creating research instruments, and interpreting their findings to shape the next generation of health interventions. These opportunities expose young people to leadership and advocacy roles, which can improve their sense of self-confidence, leadership skills, and achievement.

STUDENT RESEARCH TEAM PROJECT

The School Health Services Coalition Student Research Team (SRT) Project was designed to train middle and high school students to conduct youth-led, health-related research. The SRT project was conducted at four school campuses in Oakland Unified School District (OUSD) through funding from the Kaiser Universal Health Access Initiative, which is a collaboration with the Alameda County Health Care Services Agency (HCSA), OUSD and the City of Oakland leadership. Participating schools for this project included:

DOWNTOWN EDUCATIONAL COMPLEX (DEWEY ACADEMY & METWEST HIGH SCHOOL)

Dewey Academy is an alternative academic learning environment, serving almost 300 students. Dewey's mission is to provide all students with a safe and nurturing environment, which offers meaningful social, cultural and academic learning experiences so that they may successfully demonstrate their collective learning in a real world context of either higher education or in the world of work. After 38 years in the Fruitvale



District, Dewey Academy moved in 2002 to its current home adjacent to the District's Administration Building and across the street from the Downtown Education Complex.

MetWest High School is a small innovative high school in partnership with Laney College. With their teachers and family members, each student designs an educational program, which includes two days a week off-site at an internship and three days of academic study and project work on campus. MetWest serves approximately 150 students.

SKYLINE HIGH SCHOOL

Skyline High School is a traditional, comprehensive public high school serving nearly 2,000 students. Located on a beautiful 45-acre campus in the Oakland hills, Skyline is well-known for its wide range of academic classes and electives, an outstanding Performing Arts department, championship athletic programs, and many student clubs. Skyline also has a rich array of support programs and services to support student success and well-being.



ELMHURST CAMPUS (ALLIANCE ACADEMY & ELMHURST COMMUNITY PREP)

Alliance Academy is a new 6th-8th grade middle school serving the East Oakland community and was previously served by Elmhurst Middle School. Their student body represents a wealth of wonderful experiences, backgrounds, traditions and values. In a collaborative effort with teachers, parents and community, Alliance Academy is committed to developing and maintaining a school culture that is dedicated to excellence.



Elmhurst Community Prep (ECP) Middle School is a small middle school in East Oakland founded on four core principles: High Academic Achievement, Collaboration, Family Involvement and Positive School Culture. Students learn and are held accountable for learning the skills and habits needed to excel academically. Every ECP student graduates prepared for success in the college preparatory high school of his or her choice. ECP is a small school, allowing staff to build strong personalized relationships with students and families.

FRICK MIDDLE SCHOOL

Frick Middle School is a public school in East Oakland serving 450 students in grades 6-8. They are committed to helping its students acquire the academic skills, personal responsibility, and resilience necessary for success in high school and beyond. The school community is one big family dedicated to creating a safe, respectful, and supportive environment for its students.



COMMUNITY PARTNERSHIPS

To conduct this project, HCSA and OUSD partnered with the following community-based agencies that were selected in partnership with the schools:

EAST BAY ASIAN YOUTH CENTER

The East Bay Asian Youth Center (EBAYC) is a community-building organization dedicated to inspiring young people to be life-long builders of a just and compassionate multi-cultural society. EBAYC works to transform under-resourced neighborhoods that have a large population of Asian families into vibrant communities that support the positive development of all young people. Within these neighborhoods, EBAYC develops transformative relationships with young people; builds a lifetime continuum of education, employment, health, and family support services to young people, parents and caregivers; and organizes families to improve the effectiveness of public agencies and private institutions to meet the needs of children, youth, and families.

NATIVE AMERICAN HEALTH CENTER

Native American Health Center (NAHC) assists American Indians and Alaska Natives to improve and maintain their physical, mental, emotional, social and spiritual well-being with respect for cultural traditions and to advocate for the needs of all Indian people. They have a 20-year history of providing school based health services, opening their first elementary school clinic in 1990. Their approach is culturally-relevant and family-centered; combining prevention, intervention and treatment to address the changing needs of youth in an urban environment.

YOUTH UPRISING

Youth UpRising (YU) exists to build healthy, economically robust communities in East Oakland and the surrounding county by harnessing the leadership of young people, improving the systems that most impact their lives and advancing community development. Since opening in 2005, YU has gone from eight to nearly eighty staff, emerging as East Oakland's leading community transformation engine, praised as a national model by Attorney General Eric Holder in 2010. YU believes that community transformation is achieved by engaging youth and providing comprehensive services to those most at-risk youth populations.



The SRT Project provides youth with an opportunity to share their perspectives on School Health Center services while developing leadership and research skills.

Each team, which consisted of 6 to 12 members, collected input from their peers on health issues and needs of their respective schools and communities. These research findings will inform the design of School Health Centers opening at their schools in the 2011-2012 school year.

Designing the Project



SRT PARTICIPANTS

More than 30 Student Reseach Team participants at four Oakland middle and high school campuses conducted youth-led, health-related research projects that involved the development and implementation of surveys or focus groups with students in their schools. SRT participants developed and shared recommendations from the findings to inform the design of the future School Health Centers opening in their schools. SRT members were provided a stipend of \$250 for each semester of their participation.

STUDENT RESEARCH COORDINATORS

To conduct this project, School Health Services Coalition and OUSD partnered with the community-based agencies that were selected in partnership with the schools.

Each agency recruited an adult Student Research Coordinator who supervised and supported the SRT's work at his/her designated site. Specifically, the Coordinators recruited the SRT members and facilitated the day-to-day coordination of the SRT meetings.

COMMUNITY-BASED AGENCIES	SRT TEAM
East Bay Asian Youth Center	Downtown Complex
Native American Health Center	Skyline High School
Youth Uprising	Frick Middle School and Elmhurst Campus

EVALUATION TEAM

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF)

School Health Services Coalition and OUSD partnered with an evaluation team from UCSF to provide evaluation research expertise through teaching research methods to the Student Research Team members.* UCSF developed training materials for the project based on existing published youth-led research curricula. 10 UCSF also facilitated approximately 8 to 14 of the bi-weekly sessions and worked closely with the Coordinators who led the remaining sessions. UCSF worked with each Coordinator weekly to check in on their progress, plan upcoming meetings as needed, and ensure the SRTs were provided with all the information and support they needed. UCSF also held monthly conference calls and quarterly in-person meetings with the Coordinators and representatives from OUSD and School Health Services Coalition to monitor the progress of the project. In addition, UCSF helped with the synthesis of the research findings, organized the final presentation event, and wrote this summary report.

SRT CURRICULUM

The goals of each of the SRT training sessions are outlined in the outline below:

LESSON	GOALS
1	 Review background and context of project Define research and discuss how it is used Review research ethics and how they apply to SRT
2	▶ Choose a research topic
3	 Learn basic social science research methods and understand the pros and cons of using each method Choose research tool: surveys, focus groups or interviews
4	 Based on research tool chosen (surveys, focus groups or interviews), practice using this type of tool Begin tool development
5	Continue tool development
6	Finalize research tool
7	Plan for recruitment, data collection, data analysis and dissemination of findings
8	 Finalize roles for recruitment, preparing for data collection and collecting data Conduct a run-through of the day of data collection
9	▶ Learn software used for data entry (MS Word, Excel and Survey Monkey)
10	Learn data analysis for respective research tool (survey, focus group or interview)
11	▶ Turn findings from data analysis into recommendations
12	 Prioritize top recommendations Identify target audiences for findings and recommendations
13	Learn tools for disseminating findings (MS PowerPoint, report writing)
14	Learn and practice public speaking skills for disseminating findings

SRT PROCESS

After developing and implementing a research tool and analyzing the data collected, each Student Research Team developed a written report and PowerPoint presentation describing their projects. The reports and presentations included information about the teams, their chosen research methodologies, findings, recommendations, and lessons learned.

After practicing presentation skills during their training sessions, each team presented information about their projects at their school sites. The teams also presented their work at a joint community event where all four SRTs came together to share their research findings. Over 100 parents, youth, school representatives, and health providers attended the community event, which was held at Youth UpRising in Oakland on June 22, 2011. SRT members were also presented with Certificates of Appreciation at this event, in recognition of their contributions. The SRT's reports and presentations were distributed to key stakeholders involved in the planning of the new School Health Centers, including Alameda County School Health Services Coalition, Oakland Unified School District, Alameda County Public Health Department CAPE Unit, lead agency providers, and school staff and administration.

SRT PROJECT EVALUATION

University of California, San Francisco conducted an evaluation of the SRT project to document the project's impact on participants. Each SRT member completed a pre-survey during their first project meeting and a similar post-survey upon completion. This survey assessed how the youth felt the program affected their personal and professional skills. To help improve the structure of the SRT project, UCSF also conducted mid-project and year-end interviews with each of the Coordinators to obtain their feedback. Findings from the evaluation are reported in the final section of the report.

^{*} The Student Research Team project is based on previous youth-led participatory research work conducted by UCSF (2002-2006), in collaboration with HCSA, the Alameda County School-Based Health Center Coalition and Youth in Focus (www.youthinfocus.net), which was supported through funding from the Centers for Disease Control & Prevention (Grant Number R06/CCR921786).



"One of the greatest lessons we took away was to always be open to other students' answers without our own opinions; [this] in turn helped us to value each other's perspective and grow to respect everyone around us."

With guidance from the Coordinators and UCSF, the SRTs chose their own research topics and data collection methods, and were responsible for collecting, analyzing and presenting the data findings. Research topics included mental health & violence, reducing the negative consequences of teen sexual activity and teen pregnancy.

SRT Findings & Recommendations



HOW YOUTH GATHERED DATA

The middle school Student Research Teams used student surveys as their data collection method given the shorter project timeframe as a result of starting later in the school year. Administering surveys is less time intensive compared to other data collection methods. Because both high school teams had more time to work on their projects, they had the opportunity to choose different data collection methods: surveys, interviews, or focus groups. One of the high schools chose to administer student surveys while the other conducted student focus groups. All the SRTs chose their research topics based on issues they felt were important within their school populations. Interestingly, the two middle school teams and the two high school teams chose similar topics, as outlined below:

SRT TEAM	TOPIC	DATA COLLECTION METHOD
Downtown Educational Complex Dewey Academy & MetWest High Schools	Teen Pregnancy	Student Focus Group, including a brief demographic and health survey
Skyline High School	Reducing the Negative Consequences of Teen Sexual Activity & Teen Pregnancy	Student Survey
Elmhurst Campus Elmhurst Community Prep & Alliance Academy Middle Schools	Mental Health & Violence	Student Survey
Frick Middle School	Mental Health & Violence	Student Survey

This following section includes student summaries for each of the SRTs' project findings and recommendations. Copies of the SRTs' full reports are available upon request through School Health Services Coalition.

DOWNTOWN EDUCATIONAL COMPLEX

DEWEY ACADEMY & METWEST HIGH SCHOOL

The "Youth Heart" SRT, comprised of six students from MetWest High School and Dewey Academy, was interested in teenage pregnancy and how it affects their community. The team facilitated five focus groups, with a total of 29 students from MetWest and Dewey, most of whom were female (59%). Students were required to obtain parental consent to participate in the focus group discussions.



FOCUS GROUP FINDINGS

During the focus groups, the team asked a series of questions to Oakland students to listen to their views about teen pregnancy within the community and to figure out if they know about contraceptive methods and ways of preventing pregnancy.

Through these discussions, the team discovered that many students were aware of issues affecting their community. When asked, "What do you think are the biggest issues in our community?" nearly all participants responded STDs, teen pregnancy, drugs, and violence. Through focus group discussions, the team learned that most of their peers recognized the difficulties of being a teen parent and that dropping out of school after having a child was common. When asked what they felt were reasons that a teen might get pregnant or get someone pregnant, respondents shared to trap a partner, find love outside of their family, and that some girls feel pride in being teen mothers.

RECOMMENDATIONS FOR THE SCHOOL HEALTH CENTER

The Downtown Educational Complex SRT suggested that to support pregnant and parenting students, the School Health Center should provide:

- ✓ Counselors and case managers who can be "positive role models"
- ✓ Parenting classes (for mothers and fathers) that cover "all sexual health other than just abstinence and have a community involvement part where the father is also involved in the community";
- ✓ Programs and resources to help teen parents complete high school; and
- √ On-site day care

The team also recommended that Sexually Transmitted Infections (STI) testing and treatment, an outreach program, and internships be made available to all students.

FINAL THOUGHTS FROM THE SRT MEMBERS

As facilitators, we felt that... we could have had more training on bringing out conversation. On the other hand, we did have a focus group that was lively and everyone felt comfortable speaking...

Students seemed to know the problems about teen pregnancy and sexual health but did not know how to solve the problem or did not know where to go for help. This means that a health center in the downtown area between the two schools would be a tremendous help for resources for this student population and the surrounding community.

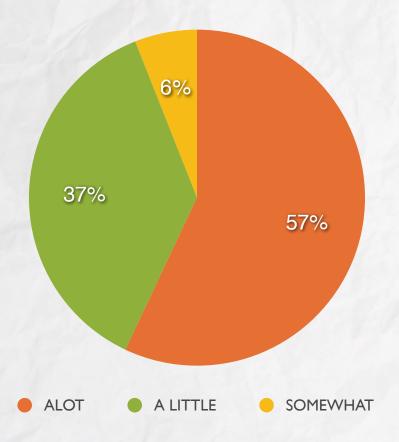
SKYLINE HIGH SCHOOL

During the 2010-2011 school year, nine Skyline High SRT members decided to research strategies to best educate their peers on the negative effects of unprotected sex and teen pregnancy.

To explore this issue, the team created a survey that was completed by 619 Skyline students. Just over half of respondents were female (54%). About one-fifth were in 9th grade (18%), 43% were in 10th grade, 30% in 11th grade, and 10% in 12th grade. Passive parental consent was obtained for survey participation.



HOW MUCH DO YOU KNOW ABOUT PRACTICING SAFE SEX?



SURVEY FINDINGS

The SRT's survey results revealed that 40% of respondents were sexually active. Nearly one of four students said that they had been or may have been pressured into having sex (25%). Less than two-thirds of students reported that they knew "a lot" about practicing safe sex, as show in the chart.

The majority of respondents (87%) were interested in learning more about sex, and 53% wanted to learn about sex from Skyline's new School Health Center. Nearly half (47%) of survey respondents said that they "sometimes" felt comfortable talking about sex-related issues with a trusted adult, while 11% never felt comfortable. Furthermore, 22% of respondents were "unsure" of where they could obtain contraception; half of whom were sexually active. The majority of respondents (88%) said they would use the School Health Center and 47% said they would use it to obtain condoms.

RECOMMENDATIONS FOR THE SCHOOL HEALTH CENTER

The Skyline High School SRT recommended that the School Health Center should:

- ✓ Offer sexual health education through a course, such as a Health 101 elective, or a school assembly;
- ✓ Provide brochures at the School Health Center that contain sexual health information and safe sex tips;
- ✓ Hire staff the students can trust and with whom they can connect; and
- Have appointments available after school hours for students who cannot miss class during the day to access the clinic services.

FINAL THOUGHTS FROM THE SRT MEMBERS

We as the Student Research Team would like to see a Health Advisory Board made up of students who will give feedback to the directors of the new clinic and Skyline administration on what is working and not working for students in terms of services.

ELMHURST CAMPUS

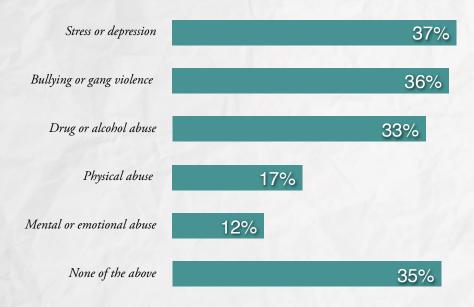
ALLIANCE ACADEMY & ELMHURST COMMUNITY PREP MIDDLE SCHOOLS

The Elmhurst Campus SRT, comprised of seven students from Alliance Academy and Elmhurst Community Prep Middle Schools, researched their peers' attitudes towards mental health, drug and alcohol abuse, and violence in their community.

The team surveyed 109 students, slightly more than half of whom were female (51%). Most respondents were in the 8th grade (62%), while 17% were in 7th grade and 21% were in 6th grade.



HAVE YOU OR SOMEONE YOU KNOW EVER EXPERIENCED:



SURVEY FINDINGS

The team found that about one-third of respondents had experienced or knew someone who had experienced stress/depression (37%), bullying or gang violence (36%), and drug/alcohol abuse (33%), as seen in the chart. Nearly half (47%) said they often felt frustrated and one-fifth often felt angry (21%) or sad (21%).

One-third of respondents (32%) said violence in their neighborhood makes them feel scared. Nearly two-thirds (61%) said they would feel safer walking down the street if there was less unnecessary violence. Nearly half of students (46%) felt that it would be "very" important to have a counselor at the School Health Center, and 47% felt it was "somewhat" important. Respondents said that they would see a counselor at the School Health Center for the following reasons: mental health (30%), violence (22%), and drug or alcohol counseling (13%).

RECOMMENDATIONS FOR THE SCHOOL HEALTH CENTER

The Elmhurst Campus SRT suggested the following:

- ✓ Create new afterschool programs;
- ✓ Conduct school assemblies on drug and alcohol abuse; and
- ✓ Clean the community and school campus

FINAL THOUGHTS FROM THE SRT MEMBERS

Speaking to teachers to get them to understand the importance of our survey was a lesson because we were not used to speaking to adults in a professional tone and be taken seriously at the same time...

Listening to each other was another lesson. It was important for all of us to be heard but also have a voice that was valued. Luckily, we found that here in the Student Research Team.

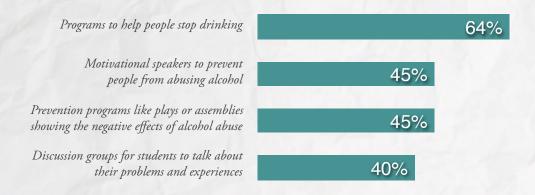
FRICK MIDDLE SCHOOL

During the 2010-2011 school year, eight Frick Middle School student researchers wanted to investigate students' attitudes towards mental health, drug and alcohol use, and violence in their community.

The team surveyed 85 students in the 6th (35%), 7th (42%), and 8th (23%) grades at their school. The majority of respondents were female (64%).



HOW CAN ALCOHOL ABUSE BE PREVENTED?



SURVEY FINDINGS

The Frick Middle School SRT's survey results revealed that students felt the most significant problems at their school were community violence (52%), stress or depression (48%), and drug and alcohol use (48%).

When asked what services the School Health Center should provide, the top two responses were anger management (78%) and counseling for stress, sadness, and depression (78%). The top strategies students shared on how to prevent violence in the community included providing services to help people stop drinking and using drugs (60%); education and awareness about violence (56%); block watch in neighborhoods (neighbors reporting suspicious activity; 55%); more security (55%); and more sports and activities for youth (53%). Other ideas included neighborhood clean-ups and conflict managers or peer mediators at school. As seen in the chart, suggested strategies to help prevent alcohol abuse included programs to help people stop drinking (64%) and motivational speakers (45%).

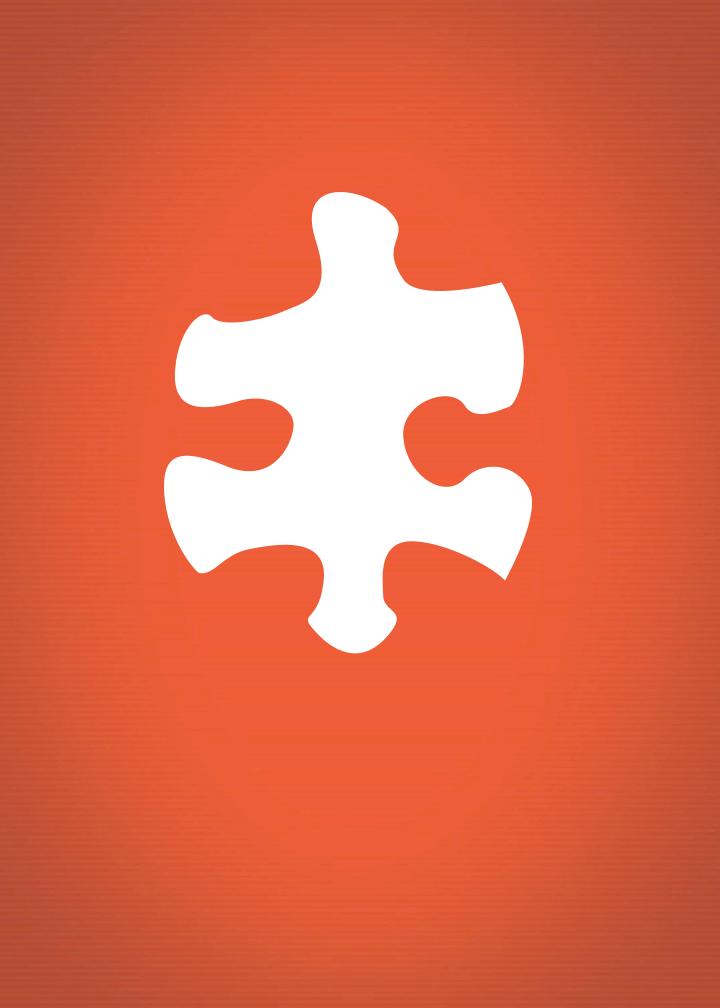
RECOMMENDATIONS FOR THE SCHOOL HEALTH CENTER

The Frick SRT recommended that to prevent drug and alcohol abuse, the School Health Center should:

- ✓ Have motivational speakers, discussion groups, counselors, and rehabilitation programs;
- ✓ Invite guest speakers to give classroom presentations on the negative effects of drugs and alcohol;
- ✓ Provide more sports and afterschool activities to keep youth occupied and off the streets; and
- ✓ Hire a counselor at the School Health Center.

FINAL THOUGHTS FROM THE SRT MEMBERS

One of the greatest lessons we took away was to always be open to other students' answers without our own opinions; IthisI in turn helped us to value each other's perspective and grow to respect everyone around us.



The SRT Project led to students gaining new skills, a greater sense of responsibility for their community and a strong understanding of how to work in a group setting.

Upon program completion, 100% of the SRT youth reported that they learned skills that will help them in the future, 92% reported they increased their school attendance, 85% reported that they had improved their communication skills and ability to relate to their peers, and 77% reported the experience made their school a better place.

Project Feedback



PROGRAM PARTICIPANTS' EXPERIENCES

University of California, San Francisco conducted a brief evaluation of the Student Research Team project to document the project's impact on participants, as well as obtain feedback on the process. SRT members were asked to complete a survey at the end of the program that assessed how they felt the program affected their personal and professional skills. To help improve the structure of the SRT project, UCSF also conducted mid-project and year-end interviews with each of the Coordinators to obtain their perspectives. Findings from this evaluation are reported below.

SRT MEMBERS

The SRT Project not only benefited the schools and organizations with which the youth were working, but the experience also made an impact on the youth researchers themselves. At the end of the program, youth reported that, as a result of participation, they:

- Learned skills that will help them in the future (100%);
- Will have a stronger college application (100%);
- Increased their school attendance (92%);
- Improved their communication skills and ability to relate to their peers (85%,); and
- Made their school a better place (77%).

Students further shared that the program influenced them in several positive ways, including learning responsibility and how to work in a group setting, and improving their leadership, public speaking, and problem solving skills. As one student shared, "I re-touched my leadership skills and [the program] has reinforced my theories that the minority community of Oakland needs a lot of help." Another student explained, "It helped me communicate better and feel accomplished about something."

When asked what the best part of being a Student Researcher was, one student responded, "Being able to diagnose the problems in the community and to start making changes." Other students said administering the survey, working with their peers, and learning new research skills were the highlights of the project. Another student responded that the best part was, "Being able to express what we felt about our school, being heard, and getting it into action."

When asked what could improve their experience as Student Researchers, several youth mentioned more communication within their group, more activities, a longer timeline, and "a central spot to work." The majority of the youths' responses, however, indicated that they had fun with the project and saw no need for improvement.

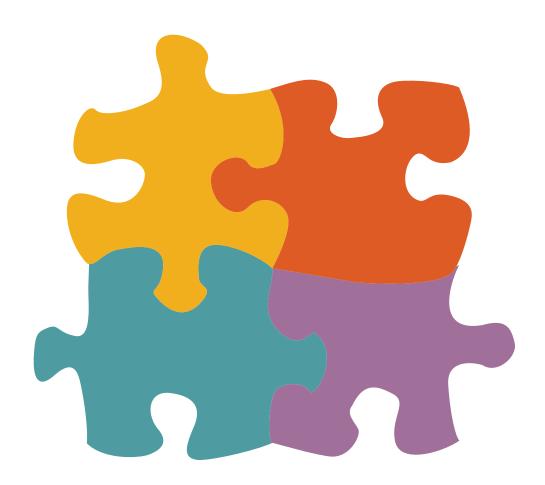
STUDENT RESEARCH COORDINATORS

Coordinators also felt that the program went very well overall. As one Coordinator shared, "Students were able to see the big picture of the future of the wellness center and how they were going to benefit, [how] family and friends who go to the school would benefit, and how it would enhance the greater good."

Coordinators felt that the students were also very engaged in the projects. As one Coordinator explained, "Students were 'gung-ho' to put in the effort. They really wanted to see the clinic have services available to them." Furthermore, they felt the students were "passionate" about the topics they were researching because the students felt they were prevalent issues at their schools. Many of the youth also knew someone who had been affected by the issues personally, which made them even more important to them. As one Coordinator shared, "The SRT members were invested in the project because they are very invested in their community."

Coordinators offered the following suggestions to improve the project in the future:

- Extend the project timeline to allow students to delve deeper into each project component: The SRT project should be completed over at least one full school year to give students more time to understand and implement each component of conducting a research project. More time could be spent at the start of the project familiarizing students with School Health Centers and letting them do more background research. The students also felt rushed at the end of the project to analyze and summarize their findings. A longer project timeline would allow students to devote more time to this critical component of the project.
- Implement strategies to increase meeting attendance and participant retention: Maintaining consistent student attendance was a challenge due to conflicting priorities, including participation in other school activities and work or home obligations. The after school hour can also be especially hard for energy levels after a long school day. Coordinators tried to support the students as much as possible to increase their meeting participation and overall retention through a variety of strategies, including providing meals at the meetings and scheduling project meetings at times when fewer competing school activities were held.
- Extend the project beyond the research phase to assess the impact of the School Health Centers.
 One Coordinator shared that she "would like to see that this project doesn't end here—use the
 research that we've done as stepping stone for another project." An example of furthering the project
 would be to have the same students assess how these efforts helped the development of the
 School Health Center and how the services impact the school community, particularly in the
 topic areas identified by the students.



Moving Forward

As described in this report, the Student Research Team Project resulted in many successes. More than 30 students were trained on implementing a research project and gained many valuable skills through this experience. Stakeholders involved in planning the School Health Center services will also benefit from the youths' perspectives on how to address health issues in their school communities.

These efforts illustrate how youth involvement in conducting health research and assessments can help to inform development of School Health Center services and programming. While working with youth to conduct this work requires great adult commitment, youth voice can play a crucial role in advancing programming and policies that are of mutual concern. School Health Centers can clearly benefit from the youth's perspectives on how to better address health issues in their school communities and make improvements based on their research and recommendations. While the findings from these youth projects will help guide the development of healthier school environments for the students, participation in the projects also supports the development and resiliency of the youth researchers.



REFERENCES

- ¹ Minkler M, Wallerstein N. Introduction to community-based participatory research. In M. Minkler & N. Wallerstein (Eds.). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass; 2003:3-26.
- ² Wallerstein N. Empowerment Education: Freire's theories applied to health: A case study of alcohol prevention for Indian and Hispanic youth; 1998.
- ³ Wallerstein N. A participatory evaluation model for healthier communities: Developing indicators for New Mexico. *Public Health Rep*orts. 2000 Mar-Jun;115(2-3):199-204.
- ⁴ After School Evaluation Symposium. Barry Checkoway, Director of the Edward Ginsberg Center for Community Service and Learning at the University of Michigan, presenter at Symposium; June 2001. As cited in: Harvard Family Research Project. Youth involvement in evaluation and research. 2002 Feb.
- ⁵ London J, Zimmerman K, Erbstein N. Youth-led research, evaluation and planning as youth, organizational and community development; 2003. In K. Sabo (Ed.). Youth participatory evaluation: A field in the making. *New Directions in Evaluation*; 2003;98 Special Issue: 33-45.
- ⁶ Judd B. Incorporating youth development principles into adolescent health programs: A guide for state-level practitioners and policy makers. Washington, DC: The Forum for Youth Investment, Impact Strategies, Inc. and the Alaska Department of Health and Social Services; 2006.
- ⁷ Manedl LA, Qazilbash J. Youth voices as change agents: Moving beyond the medical model in school-based health center practice. *Journal of School Health* 2005;75:7.
- ⁸ Ballonoff A, Soleimanpour S, London J. Youth action for health through youth-led research. In *Youth Participation and Community Change*, Eds Checkoway B, Gutierrez M.; 2006 Summer.
- ⁹ Soleimanpour S, Brindis C, Geierstanger S, Kandawalla S, Kurlaender T. Incorporating youth-led community participatory research into school health center programs and policies. *Public Health Reports*. 2008 Nov-Dec;123(6):709-16.
- ¹⁰ John W. Gardner Center for Youth and Their Families. Youth Engaged in Leadership and Learning (YELL): A Handbook for Program Staff, Teachers, and Community Leaders, 2nd Edition. 2007. Available from: http://gardnercenter.stanford.edu/resources/yell_curriculum.html.

NOTES:

NOTES:







www.acschoolhealth.org