A National Evaluation of the Impact of the Institutes for Higher Education Academy on School Health Education

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Relevance to School Health

• In the interest of improving the quality of school health education, the CDC and ACS teamed up to provide professional development (PD) to school health education faculty from universities across the U.S.
• PD consisted of training in the use of CDC tools and resources.

Relevance to School Health

• Tools and resources included:
  – School Health Index (SHI)
  – The Characteristics of an Effective Health Education Curriculum
  – National Health Education Standards (NHES)
  – Health Education Assessment (HEA)
  – Health Education Curriculum Analysis Tool (HECAT)
  – Link between student health and academic achievement (HAA)
  – School-based Surveillance Systems (SBSS)

Relevance to School Health

• By training school health education faculty, thousands of pre-service school health educators can be trained in the use of these tools and resources in teacher preparation programs.
• This is an upstream approach.
• More sustainable than a downstream approach (training in-service K-12 health educators).

Upstream Model

Train 100 school health educators ($125,000)

- 25 faculty train 100 pre-service teachers
- 400 pre-service teachers trained annually.
- Total investment = $125,000
- 10 year ROI = 4,000 teachers trained.

Downstream Model

Train 20 trainers ($25,000)

- 5 Trainers train 100 K-12 teachers
- 400 preschool teachers trained.
- First year investment = $45,000
- Annual investment thereafter = $20,000
- 10 year outlook = 4,000 teachers trained at a total cost of $245,000
Purpose

• The purpose of this program evaluation was to:
  1. determine the proportion of IHE Academy attendees who made course or curricular modifications to school health teacher preparation programs related to their IHE Academy training.
  2. determine the nature of modifications made.
  3. determine the magnitude of the impact of IHE Academy training on participants’ respective school health teacher education programs.
  4. determine perceived barriers to change in school health teacher preparation programs.

Methods

• Mixed methods study.
• Quantitative:
  – 49 item online survey with one 5 item perceived benefits scale
• Qualitative:
  – Follow-up semi-structured phone interview
  – Tailored for each participant based on survey responses
  – Maximum of 15 questions

Methods

• The survey instrument
  – Developed using Qualtrics
  – Designed to determine:
    • Characteristics of participant and participant’s institution and school health education program
    • Magnitude of program changes implemented since participant’s Academy attendance
    • Number of participant’s outreach efforts since Academy attendance (conference presentations, in-service trainings provided, etc.)

Methods

• Survey Instrument Validity and Reliability
  – Face and content validity assessed by evaluation stakeholders.
  – Internal Consistency Reliability
    • Cronbach’s alpha = .986
  – Stability Reliability evaluated using test re-test
    • Correlation coefficient = .795
    • .75 is considered generally acceptable (Shrout & Fleiss, 1979).

Methods

• The interview guide:
  – Designed as a follow-up to the survey instrument.
  – Recorded using Tape-a-Call
  – Recordings transcribed and coded
  – 15% of interviews (randomly selected) coded by an inter-rater
  – Results used to provide examples of changes, perceived barriers, and perceived benefits reported in participant surveys.

Methods

• Inter-rater Reliability = .79
  – .75 considered generally acceptable (Hartmann, 1977).
  – Stability reliability is not recommended for qualitative instruments (Golafshani, 2003).
• Validity of the Interview Guide
  – Extensive literature review conducted to ensure content validity.
  – Content and face validity further evaluated by evaluation stakeholders.
Methods

- All Academy attendees were recruited for participation.
  - N = 154
- Participation rate for the survey = 67%
  - n = 103
- Participation rate for the follow-up interview = 52% of survey participants, (35% of total population)
  - n = 54

Findings

- 81% are better able to network with other school health education faculty.
- 58% have presented on an Academy topic at a professional conference.
- 47% have provided in-service training to others based on Academy topics.

Findings

- Majority of participants reported a large improvement in the utility of their school health education coursework, and in their own self-efficacy.
- Majority of participants reported noticing at least a moderate improvement in teacher candidate content knowledge and performance in field placements.

Findings

- Most common barrier was reported to be lack of time to cover all of the content.
- Second most common barrier: weak relationships with local K-12 schools.
  - “I couldn’t get them to buy into it for some reason. They thought I was using them as part of a research project and was planning to come up with some sort of proposal and make it public knowledge.”
Conclusions

• Through conference presentations alone, Academy attendees have reached an estimated 4,500 school health educators and school health teacher education faculty.
• In-service training on Academy topics provided to an estimated 3,000 K-12 health educators.
• Actual numbers could be significantly larger, as only 67% of attendees completed the survey.

Conclusions

• An estimated 2,800 school health teacher candidates have so far been trained in the use of CDC tools and resources by Academy attendees.
• Estimated 10-year ROI ($125,000) = 5,600 trained K-12 health educators

Conclusions

• The IHE Academy has been an effective, more sustainable approach to improving the quality of K-12 school health education.
  – “I know the results might be slow, but it is working. I’ve probably put out 40 school health educators who now have this information and they are now all over my state. So that’s how we’re going to get the uptake. So you know, continuing to offer Academies, I think, would be really great for the profession.”

Sources Cited