

DOCUMENT RESUME

ED 480 856

SP 041 757

AUTHOR Deutsch, Charles; Merseeth, Katherine
TITLE Beyond the Curriculum: Preparing Teachers for Student Health Issues.
SPONS AGENCY Centers for Disease Control (DHHS), Atlanta, GA. Div. of Adolescent and School Health.
PUB DATE 2002-02-00
NOTE 39p.; A product of "Build a Future without AIDS" (American Association of Colleges for Teacher Education and Centers for Disease Control and Prevention).
CONTRACT U87CCU312250-01
AVAILABLE FROM For full text: http://www.aacte.org/Research/without_aids.htm.
PUB TYPE Guides - Classroom - Teacher (052)
EDRS PRICE EDRS Price MF01/PC02 Plus Postage.
DESCRIPTORS Acquired Immunodeficiency Syndrome; *Case Method (Teaching Technique); *Case Studies; Elementary Secondary Education; Higher Education; Preservice Teacher Education; Problem Based Learning; School Policy; Social Bias; Student Behavior; Substance Abuse; Teacher Attitudes; Teacher Role; Teaching Methods

ABSTRACT

This paper includes four cases that may be incorporated into a variety of preservice teacher education classes such as foundations of education, current issues in education, curriculum methods, administration and supervision, or classroom management. Each case includes discussion questions, a fact sheet, and references. The four cases are: (1) "Divided Loyalties," in which a new teacher confronts the impact of school policies about alcohol and drugs; (2) "Confronting Your Prejudice," which raises issues about teacher attitudes and biases, childhood obesity, and teasing and bullying; (3) "Learning the Ropes," a case that addresses parental AIDS, mechanisms of HIV transmission, teaching about HIV/AIDS, and privacy and confidentiality issues; and (4) "The Turning Point," in which a teacher wonders about his responsibilities for protecting students from harmful behaviors. The paper includes guidelines for students and faculty when using the case method. (SM)

Beyond the Curriculum: Preparing Teachers for Student Health Issues

Charles Deutsch, Ph.D., Senior Research Scientist
Harvard School of Public Health, Harvard University

Katherine K. Merseth, Ed.D., Director of Teacher Education
Harvard School of Education, Harvard University

A product of "Build A Future Without AIDS"
American Association of Colleges for Teacher Education
Centers for Disease Control and Prevention

This document was developed under a cooperative agreement with the Division of Adolescent and School Health of the U.S. Centers for Disease Control and Prevention; cooperative agreement # U87CCU312250-01. Its contents are solely the responsibility of the author and do not necessarily reflect the official views of the Centers for Disease Control and Prevention.

The opinions, conclusions, and recommendations expressed in this document do not necessarily reflect the views or opinions of the American Association of Colleges for Teacher Education. The AACTE does not endorse or warrant this information. AACTE is disseminating this document to stimulate discussion, study, and experimentation among educators. The reader must evaluate this information in light of the unique circumstances of any particular situation and must determine independently the applicability of this information thereto.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL HAS
BEEN GRANTED BY

D. Imig

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

SO 041 757



CASE STUDIES: Health Issues and Classroom Teachers

Introduction to the Case Method

The case study method has been used as an instructional tool in law, business, and medicine for many years and recently has begun to be applied to the professional preparation of teachers. A case study is a problem-centered narrative describing a real life situation and how a hypothetical teacher or administrator addresses the issues raised by the case. Case studies also typically include discussion questions. Students read the case, discuss it in small groups, acquire additional information as needed, and subsequently, with a faculty facilitator, discuss it as a class. The objective is not to arrive at a “right” answer or a tidy solution but rather to examine all the complex issues raised by the case.

Case teaching is more demanding than teaching by lecture or discussion. However, it is a valuable method worthy of faculty investment because it has the capacity to engage students both emotionally and intellectually and to expose students to a variety of viewpoints. Among the student outcomes that might be expected from the case method are:¹

- More effective communication
- Critical thinking about issues and ideas
- Development of problem-solving and decision-making skills
- Increased respect for the views and attitudes held by others
- Heightened interest in researching issues raised in the case
- Self-directed learning and less reliance on faculty to direct inquiry

Cases Involving Health Issues

Even if they are not health education specialists, classroom teachers encounter many health-related issues in the school setting. In addition, teachers know all too well that student health has an impact on learning. The four cases included in this publication may be incorporated into a variety of preservice teacher education classes, such as foundations of education, current issues in education, curriculum methods, administration and supervision, or classroom management. Each case includes discussion questions, a fact sheet, and references. The four cases are:

- *Divided Loyalties*, in which a new teacher confronts the impact of school policies about alcohol and drugs.
- *Confronting Your Prejudice*, which raises issues about teacher attitudes and biases, childhood obesity, and teasing and bullying.
- *Learning the Ropes*, a case that addresses parental AIDS, mechanisms of HIV transmission, teaching about HIV/AIDS, and privacy and confidentiality issues.
- *The Turning Point*, in which a teacher wonders about his responsibilities for protecting students from harmful behaviors.

Using the Case Method

If students are unfamiliar with the case method, they should receive a thorough orientation to the use of cases, including expected outcomes and faculty expectations. Students may need to be reminded that cases rarely have a single, correct answer, but rather are used to examine an issue from numerous viewpoints. Faculty should also emphasize that preparation for a case discussion requires not only reading the case but also acquiring additional information from theory, research, and personal experience.

Guidelines for Students

1. Read the case. A necessary first step in preparing for a case discussion is to become familiar with the case and all its related issues. Students are usually expected to do this outside of class and prior to the date of class discussion.
2. Gather information. Students will need to acquire factual information to support their interpretation of the case. Several references are listed with each case study, but students may need to consult other resource materials.
3. Engage in small-group discussion. Either in class or outside of class, students should meet in small groups to begin considering the discussion questions that accompany each case. This format is often perceived as less threatening than whole-group discussion as students begin to develop their ideas about the case. The advantage of in-class discussion is that the faculty can observe student interactions and provide feedback; however, this does take away substantial class time. The advantage of out-of-class discussion is that it frees up class time for whole-group discussion; however, there are no opportunities for faculty observation. Alternatively, each student could prepare for the whole-group discussion by writing a 2-page paper that responds to one or more of the discussion questions.
4. Whole-group discussion. Ideally, the entire class will participate in case discussion. Some call this “debriefing” a case. Several ideas for facilitating the whole-group discussion are described below in Guidelines for Faculty.

Guidelines for Faculty

1. Become thoroughly familiar with the details of the case.
2. Form small groups of students and/or assign students discussion questions to work on.
3. For the whole-group discussion, set up room to facilitate discussion (circle or semi-circle). Establish any ground rules for discussion (such as treating others’ ideas with respect, avoiding interrupting others).
4. Facilitate the discussion by:
 - a. Initiating the discussion by reading the discussion questions, asking a question, and waiting for a response.
 - b. Paraphrasing the response (example: *Michele thinks that Marla should talk with the Head of School about her feelings of being unheard*); OR interpreting the response (example: *I think Pedro is saying that schools can’t teach tolerance. Do you agree?*); OR asking for more information (example: *Lee, you have stated that Roxanne should have been told Lawrence’s mother died of AIDS. Do you know what this state’s confidentiality laws say?*)
 - c. Maintaining the ground rules and calling on those who haven’t participated.
 - d. Avoiding offering her thoughts and opinions.

5. Give follow-up activities, if appropriate. For example, in *Divided Loyalties*, students might be asked to research the statistics on youth drinking in their state using results from the Youth Risk Behavior Survey.
6. Determine guidelines for grading in advance and provide students with a grading rubric.

References

1. Wasserman, S. (1994). *Introduction to Case Method Teaching: A guide to the Galaxy*. New York: Teachers College Press

Divided Loyalties

Elrose High

As high schools go, the Eleanor Roosevelt Charter High School was an interesting hybrid—it had both the excitement and flexibility of a recently established state charter school drawing students from five adjacent suburban communities and a conscious design in its charter to develop the traditions and qualities of small private schools that inspire loyalty and identity. Elrose, as it was fondly called, had become an all-girls school that placed a high premium on its sense of community. Though a charter school could not discriminate against boys in their admission policies, Elrose became known as a good school for girls and hence only attracted girls in their application process. A cornerstone of the charter was the faculty advisor program that was intended to be one of its principal community-building strategies. Every week about ten students met with a member of the teaching faculty to talk about the academic and personal events of the past and the coming weeks. Advisors followed their students throughout their Elrose careers, and were expected to meet with their advisees individually as well as in the group, and not just when grades or behavior started to slip, but proactively and preventively. Since there were about 450 girls in the 9-12 school, the feeling of a relatively close knit and caring community prevailed at Elrose.

The charter school consciously incorporated other purposeful carryovers from the private school tradition. For example, the Elrose required students to wear uniforms because they leveled economic differences that could so easily be reflected in the girls' clothing, and gave a high priority to maintaining good and frequent contact with parents. Founders knew that in traditional public schools, parental involvement tends to drop to single digits by high school. While some educators argue that by high school, students need to be treated more like responsible adults than like children answerable to their parents, the founding leadership of the Elrose saw no contradiction between holding teenagers responsible for their behavior, and working hard to keep parents informed, supportive, and ready to intervene as necessary.

Marla Springs

Marla Springs was a relatively new teacher at Elrose High. Two years ago, she had completed her Master's degree in secondary language arts teaching at a university in the East. Because she wanted to be near to her ailing grandmother, she moved to Barberton and landed a job teaching high school English at the Elrose. Now in her third year, she taught three sections of required 10th grade English and one section of 12th grade Creative Writing, an elective for those typically going to prestigious colleges. Also she had 10 girls in her advisory group, all seniors, whom she had been advising since their sophomore year. Marla was popular with the students, and she seemed to be well respected by fellow staff members and the administration. Alice Woods, the Dean of Students, often asked Marla her opinion about various school policies and activities. What Dean Woods most appreciated about Marla was her ability to see and honor the students' perspective without romanticizing it. Woods knew that Marla kept current on adolescent development research in her professional development courses and her own reading. She could be counted on for a solid, reasoned response to almost any situation.

Marla's Advisory

While some of the girls in Marla's advisory were more forthcoming than others, Marla felt that she had a positive and productive relationship with nearly all of the girls. All in all, she felt they were really good kids and she looked forward to their meetings each week. Some of the girls in her advisory were real stars, others less so. Three model students in her group included Rosemary and Alison, who were co-captains of the soccer team, and Yolanda, who was president of the student council and captain of the debate team. Alison also found time to edit the literary magazine and worked closely with Marla throughout the fall. Yolanda and Rosemary were always at the head of the class.

Nancy and Suzanne, two other members of Marla's advisory, on the other hand, were less outstanding as students and citizens. They came to Elrose in the 10th grade, at the same time that Marla began her teaching duties there. While they seemed to integrate easily into the social patterns at the school, they never distinguished themselves academically, athletically, or in positions of leadership. Because of this, Marla had spent considerable time with Nancy and Suzanne, helping them understand the culture of Elrose as she began to understand it herself. They had had brushes with various teachers and minor infractions along the way, but they stood to graduate in good standing. Like the other three, they spent much of the December working on their college applications, writing their essays, and getting their recommendations lined up.

The Dance

One Friday night in mid-December, with three school days before the Christmas break and Rosemary's parents away for the evening, the five friends from Marla's Advisory convened at Rosemary's house before going to the Winter Dance at the Fremont School. College applications were almost in the mail, creating a lively sense of imminent and welcome change. At last they were about to leave this safe and sheltered, increasingly constraining environment, and begin to live in the real world. There was a case of beer in the downstairs refrigerator, and four of the girls drank a couple of the six-packs. They had a lot of memories to laugh about, and all of the excitement of feeling poised for new freedoms long anticipated. In that spirit, with Alison as designated driver, they headed for the dance a couple of hours later, dressed as required in school insignia. At the dance, the girls were loud and gregarious, even boisterous. While this behavior was not so unusual for some of them, for others it was uncharacteristic enough to be noticed by some of their younger classmates. A few of the girls let it be known that they had come to the dance "prepared."

Over the weekend, several of these sophomores and juniors, when asked about the dance by their parents, mentioned that some of the senior girls had come to the dance drunk, and had made themselves the center of attention. The following Monday, several calls were made by parents to Elrose administrators. They were concerned that dances remain safe and alcohol-free for their own teenagers. Some questioned whether the alcohol-free policy was actually being enforced. In fact, Elrose had an alcohol policy quite similar to several other schools with whom it competed athletically and mixed socially. The policy had specified penalties for students who used alcohol or drugs at, or prior to, school events or public outings where students, by wearing uniforms or insignia, clearly represented the school.

The School's Response

When Mrs. Glass, the Head of School, and Dean Woods, the dean of students, received the calls from the concerned parents, they took action. They called a brief, ad hoc faculty meeting at the end of the day on Monday. With only two more days before the Christmas break, there was no time to lose, and little time for discussion and deliberation. They told the faculty that they were planning to convene the 40 members of the senior class on Tuesday morning and announce that they had reliable information that several seniors had been drinking before the Winter Dance. They would emphasize the school values of honesty, responsibility, and community in their comments.

On Tuesday morning, the girls filed into the auditorium and listened to Mrs. Glass. She related to the girls exactly what she said in the faculty meeting and strongly emphasized that the girls were expected to honor the relationships they had built over the years with teachers, administrators, students, and the institution itself, by acknowledging their offense and accepting the consequences. Mrs. Glass stressed that any who failed to come forward would create an impossible dilemma for their friends who knew they had been drinking. Mrs. Glass ended the assembly by setting a deadline of the end of the school day for those who had been involved to come forward. The administrators and teachers expected the guilty parties to present themselves immediately.

But by the end of the school day, no one had come forward. Several girls, in fact, while denying that they themselves knew anything about the matter, came together to the dean and protested the “ultimatum.” They asked, “If the chaperones took no notice at the time, why should the school concern itself now?” Mrs. Glass was shocked and personally hurt by the lack of response. Dean Woods thought that perhaps the girls who were involved needed time to talk together before they could act, as a group, to ask for forgiveness and clemency. With Mrs. Glass’ consent, she announced to the seniors that she would give them the night to consult with their consciences, and come forward first thing in the morning.

Student Thinking and Action

Nancy and Suzanne spent the afternoon and evening asking their friends from Fremont (the other school invited to the dance) if there had been any accusations of drunkenness, during or subsequent to the dance, by anyone. The boys told them that no one had asked, or said, anything about the situation. Later that night, Suzanne told the other three girls that there was no reason for anyone to admit to wrongdoing. They had gone to the dance, simply had a good time, no adults had reported anything objectionable. Rosemary and Yolanda felt they had indeed been in the wrong, but they also worried that Mrs. Glass would overreact and the punishment would exceed the crime. It was about time, all the girls thought, that they were through with this narrow, moralizing, controlling environment.

Early Wednesday morning, Suzanne and Nancy came to see Dean Woods to express their innocence and outrage. Yes, they had come to the dance with some of the other girls, straight from Rosemary’s house. Yes, they were excited, they admitted, and some were acting a bit wild, but none of them had been drinking. They told Dean Woods that they were deeply hurt that the administration apparently doubted their word.

Later that same day, Dean Woods had a call from Rosemary's mother. Rosemary was her second Elrose child; her elder daughter had gone on to an Ivy League School, and the family felt indebted to the Elrose, and to Mrs. Glass. In tears that morning, Rosemary had told her mother of the events of that Friday, and had asked her mother to come to school, talk with Mrs. Glass, and have her called out of class so that, with her support, she could make a clean breast of the matter. When Rosemary was summoned, Alison came with her. They were not asked to "name names." But Dean Woods and Mrs. Glass, now certain that Nancy and Suzanne were involved, summoned them as well. Word spread quickly, and by noon, all four of the girls who had been drinking and Alison, the designated driver, had acknowledged their offense.

During the meeting in Mrs. Glass' office, Dean Woods asked the girls if they knew there was a school policy about use of alcohol at or before school events. The girls could hardly claim ignorance; once a year the school brought in an outside program to talk about the dangers of alcohol abuse, and the school's policy was always mentioned. Yes, they knew about the policy. But in response, the girls asked the Dean and Head of School to understand the context of the evening: their excitement about going to college, where they would be independent and responsible for themselves. They emphasized that they had drunk moderately, and had not behaved badly at the dance. They were reasonable rather than remorseful. They did not think they had done something terrible, and felt that they should be punished in proportion to their crime. Neither Suzanne nor Nancy made any reference to their conduct of that morning.

Mrs. Glass, who had been head of the school since its founding, took deep personal pride in the involvement of parents in the school. She wanted parents to feel a sense of ownership, loyalty, and investment. She also wanted parents, as well as students, to feel that they had to earn membership in this school community. Because of this, she announced to the girls that, with Christmas break upon them, she would call each girl's parents and present only the basic details of the case. In the two days immediately after break, a decision about consequences would be recommended to faculty, discussed in the school community, and with parents. The Head of School and Dean of Students would make the ultimate decision about consequences. Mrs. Glass finished by saying, "Let me state this clearly to you as I will state it equally clearly to faculty and parents: Dean Woods and I will listen to everyone, but the decision will be ours." The students were then asked to leave campus immediately.

Marla's Perspective

By the time she had arrived at college, Marla was older than other students, and she had learned something about herself. She knew how to have a good time in the right company, and she knew not to pretend she was in the right company when she wasn't having a good time. She knew students at college, of course, who partied too much and had the usual consequences: hangovers, behavior they regretted, lower grades than they otherwise would have gotten. She had heard of others who suffered much more extreme consequences – auto crashes, drowning, date rape – but had never known anyone personally. For her, the program that Elrose brought in to teach the dangers of alcohol abuse had always been a bit over the top. She felt it didn't help students distinguish between moderate and excessive drinking. It was clear to her that there was plenty of excessive drinking that went unattended to at Elrose.

Indeed, on most Fridays, Marla could have told you whose parents were away that weekend. On Mondays, both during Advisory and in her classes, there were snickers and snatches of what Marla came to call "so-drunk stories." The school, county and state had an official alcohol policy, and the students, with the complicity of their parents, apparently had another. Some parents made an explicit agreement; others pretended to be unaware that an empty house with no prohibition was itself a policy, namely that as long as no one drinks and drives, no one destroys property, fights, or disturbs the peace too badly, you're on your own. And we do mean "on your own;" if you get busted and we're confronted, we can't say we gave you permission.

While in the advisory groups each year, there would be discussion about how confidentially information shared in the groups would be held, Marla felt uncomfortable with these standards. Marla knew that advisors were required to report to Dean Woods all student behavior that was high-risk, but she tried to finesse the rules as much as her conscience would allow. "After all," she thought to herself, "some of these kids are 18 years old and are legally adults." The girls in Marla's advisory felt the ambivalence as well, but they never wanted to test it because they were never quite sure whether to trust Marla's assurances of the Advisory being a "safe place" to talk about anything. Indeed, the Advisory system worked better on paper than in practice.

Reaching a decision

Over the holidays, Mrs. Glass and Dean Woods reached the distressed, and in some cases angry, parents of all five students. During the vacation, the Dean and the Head asked Marla to come to school to discuss the situation since all five girls were from her Advisory. During this meeting, Marla agreed with the administrators that the school had to act decisively because virtually the whole student body knew that important rules had been broken. The administrators felt that both the drinking and the cover-up were major concerns, but they were most concerned about the cover-up. Thus, the Head and Dean argued that Nancy and Suzanne's crime exceeded that of the other girls and that it should be dealt with forcefully. The school population, after all, needed to understand that the school's code of honor was genuine and would be upheld at all costs.

Marla felt strongly that this course of action would communicate the school's complicity about alcohol. She felt that if the school cared about the safety of the girls, it would crack down more aggressively on the weekend parties, do a better job of preparing students to distinguish between drinking and alcohol abuse, and reflect that difference in its policies somehow. She argued that advisors had to be able to listen to students with greater confidentiality, or they would miss the most important issues and opportunities. She sympathized with Alison, Rosemary, and Yolanda for not coming forward initially; she thought they were justified in fearing excessive sanctions. Alison hadn't consumed alcohol at all, so if she came forward, it could only be to turn in her best friends. Marla argued that Alison was honoring the spirit of a more important school rule than her friends had broken—one of respect for friends and community. She felt this incident was a good opportunity to take a look at the school's overall policies and culture.

By the time classes resumed after New Year's Day, both the parents and the students involved felt that the event was ancient history. So there was shock and surprise when Mrs. Glass announced to the parents, students, and faculty that Nancy and Suzanne were to be suspended for the rest of the semester (a matter of about four weeks). The other three girls were suspended for

a week, and stripped of their captaincies and leadership posts. Since membership in the national honor society was based on character as well as academic criteria, the three who belonged lost their membership. The school, however, agreed to not inform the colleges to which the girls had applied unless those colleges requested additional information.

The Fallout

Mrs. Glass, Dean Woods, and Marla Springs spent the next several weeks dealing with the fallout from this decision. Students' feelings were strong and divided. Some felt the penalties were too severe; others focused on the injustice of the discrepancies. Although it was argued that Nancy and Suzanne had committed a greater violation of the honor code and therefore had earned a harsher penalty, many students felt they were simply not all-stars like the other three girls. It was true that in their years at Elrose, Suzanne and Nancy had not accumulated the social capital of the other girls. They could not point to a long list of academic, athletic, and community service contributions to the school nor had they been moral leaders or people known for "showing the way" to younger girls. Whereas for the other girls this event was an isolated occurrence for which they could legitimately ask for understanding and forgiveness, for Nancy and Suzanne it was more in keeping with their whole history at the school. Leniency for mistakes had to be earned, Mrs. Glass and Dean Woods argued; each person's history was an important and appropriate factor to consider.

Everyone felt wronged and angry. Mrs. Glass and Dean Woods were shocked and saddened. They just shook their heads and said, "What should we have done differently?" The parents who were not furious with the administrators were angry with the parents who were. Students felt the administration and parents were being hypocritical. After all, they had a designated driver, so really now, what was the big deal?? Wasn't community loyalty more important than some lame policy?? The gulf between the adults and the students only widened.

Most of all, Marla felt unheard and compromised. What happened to her plea to use this incident to reconsider the culture of Elrose. Further, she was dismayed at the whole scene. In fact, she wasn't sure who was right and where her loyalties should lie. One day about a week later, Alison was handing in a piece she had edited for the literary magazine. She said, "Ms. Spring, may I ask you something?" "Sure," Marla replied. "What did you really think about the Winter Dance thing?" Alison asked looking intently at Marla's face. Marla felt her face flush. She was unsure of how to respond. Should she support the administration, when she felt they had overreacted? Marla had just recently seen some data on teenage drinking that suggested that in 1997, as in 1991, about half of all high school students, and more than 57% of seniors, reported using alcohol in the previous month. Furthermore about one third of all students, and more than 40% of seniors, reported having consumed five or more drinks at a sitting. So maybe this was just "normal" adolescent behavior. Or should she take this as an opportunity to talk with a member of her Advisory honestly about her thoughts about loyalty, community, and responsibility. Or should she just stay with the facts and discuss the school policy on risky behavior. She just didn't know what to do.

Discussion Questions

1) Case participants should be asked to describe what they think Marla should do and why. There are several options. The discussion facilitator should encourage the case participants to critique the options, elaborating likely outcomes of each choice. The options are not mutually exclusive - it is possible for Marla to choose more than one, but if so, in what sequence? What additional options are there?

- Talk to Alison about her feelings about the school policy and the school's action.
- Talk with the Dean and the Head about her feelings of being unheard
- Start a discussion with her Advisory about the events surrounding the Dance and the fall out.
- Do nothing and focus on her teaching
- Start looking for another job
- Talk with her teaching colleagues about the situation
- Others?

2) Why do the girls drink on this occasion? What are their expectations? Rewards? How similar and different are the explanations for the drinking that would be given by the girls, their parents, and school administrators?

3) What do Rosemary's parents believe? What did the other girls' parents believe?

4) How do we understand the girls' behavior once they have been discovered?

5) What are the school's options once they have caught the girls in deception?

6) What are appropriate penalties? What are the criteria for assessing appropriateness?

7) Would students, parents, or Elrose behave differently if the students were boys?

8) Are these events predictable? Preventable? Useful?

9) What is the meaning of a moral community? What does it cost to belong?

Resources

The following readings and web sites may be used in assignments related to the Case Study, or in preparation for class discussions about the Case Study.

Bosworth, K. (1997). *Drug abuse prevention: School-based strategies that work* ERIC Digest.. Washington, DC: ERIC Clearinghouse on Teaching and Teacher Education. Available online at www.ed.gov/databases/ERIC_Digests/ed409316.html.

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Model Programs Website at www.samhsa.gov/centers/csap/modelprograms/default.htm

Making the grade: A guide to school drug prevention programs. Preventing alcohol, tobacco, and other drug use. Updated and expanded. (1999). Washington, DC: Drug Strategies.
www.drugstrategies.org

National Institute on Drug Abuse (NIDA). *Information for parents and teachers.* Available online at www.nida.nih.gov/nidahome.html

Facts About Teenagers and Alcohol

The Centers for Disease Control and Prevention has identified six categories of behavior that put young people at the greatest risk for serious health problems: (1) tobacco use, (2) unhealthy dietary behaviors, (3) inadequate physical activity, (4) alcohol and other drug use, (5) sexual behaviors associated with sexually transmitted diseases, and (6) behaviors that may result in intentional or unintentional injuries. These behaviors are usually developed in childhood or adolescence, continue into adulthood, contribute to poor health and educational problems, and are interrelated. They are also preventable.¹

Alcohol and Health

Alcohol is a central nervous system depressant that is addictive. The form of alcohol found in beer, wine, and liquor is ethanol or ethyl alcohol. Beer in the U.S. has an alcohol content of 3-6%; wine, 11-14%; fortified wine, 18-20%; and liquor, 40-50%. The same amount of alcohol is found in 12 ounces of beer, 5 ounces of wine, and 1.5 ounces of liquor.

Alcohol abuse is associated with visual and motor impairments, psychological changes, heart and liver disease, an increased risk of some cancers, and fetal alcohol syndrome in infants born to women who drink. Alcohol abuse is also related to unintentional injuries.² Adolescents are disproportionately involved in alcohol-related automobile accidents. Chronic alcohol abuse can lead to alcoholism.

Alcohol Use Among Teenagers

The 1999 National Household Survey on Drug Abuse found that 105 million Americans age 12 years and older reported using alcohol at least once in the past 30 days.³ Among current drinkers, 10.4 million were between ages 12 to 20 years, and 65% of these individuals had engaged in binge drinking. The Survey found that the rate of alcohol use among young people was about the same through the 1990s.

The latest Youth Risk Behavior Survey (YRBS), conducted by the Centers for Disease Control and Prevention, found that 81% of students in grades 9-12 had consumed at least one drink of alcohol during their lifetime.⁴ Looking at the past 30 days, half had consumed at least one drink and could be called current drinkers. Current drinkers were more likely to be white or Hispanic than black, and the rate of current alcohol use increased with age. Almost one-third of students could be considered episodic heavy drinkers, as they reported having five or more drinks on at least one occasion during the past 30 days. Such drinking behavior was more common among males and among white and Hispanic students. The YRBS also found that 13% of students had driven a vehicle at least once after drinking alcohol, behavior that was more common among males and white students than females and black students.

Substance Abuse Prevention

Educational strategies that are effective in substance abuse prevention include: (1) starting early, preferably in elementary school; (2) debunking the myth that "everybody drinks" with accurate and credible data; (3) helping students develop refusal skills and skills for comfort in social situations; (4) building students skills to resist media pressures to drink; and (5) providing accurate information on the harmful effects of alcohol.⁵ Strategies that are less likely to be effective include: (1) using scare tactics that are so extreme that students deny the problem could happen to them; (2) values clarification activities; (3) self-esteem building; (4) didactic

presentation of information; and (5) periodic large school assemblies focused on drugs or alcohol.

References

1. Summerfield, L. (2000). *Health risk behaviors of children and youth*. ERIC Digest. Washington, DC: ERIC Clearinghouse on Teaching and Teacher Education. Available online at http://www.ericsp.org/pages/digests/health_risk.html
2. American Council for Drug Education. *Basic facts about drugs: Alcohol*. Accessed online 6/5/01 at www.acde.org/educate/Research.htm
3. *1999 National Household Survey on Drug Abuse*. (2000). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. Available online at www.samhsa.gov/statistics/statistics.html
4. YRBSS [pick up] www.cdc.gov/mmwr/preview/mmwrhtm/SS4905a1.htm
5. Tobler, N., & Stratton, H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention*, 17(3).

Confronting Your Prejudice

“They tell you it’s a real mistake to date another teacher,” Julie said half-seriously as she twisted her spaghetti onto her fork.

“Yeah, but they also tell you it’s good to have someone who can share your most important interests and experiences. Like most things, they tell you two contradictory things. And anyway, who’s ‘they’?” Mark liked watching Julie eat. She had a good appetite and she ate with grace. “Besides, we don’t teach in the same school, or even the same grade level.”

“True. And sometimes I sure wish I had someone I could really talk honestly with about the things that come up during the day. It’s hard to always wear the teacher mask.”

“I know what you mean. Sometimes you have to maintain a cool, calm and collected appearance even if you’re angry or tired underneath.” Mark put on an expression of exaggerated formality: “So therefore, speaking professionally, I feel this dialog is good for us.” They both started to laugh.

Julie said, “All right, then. I want to confess something to you that I don’t think I’d be able to admit to my colleagues at school. But I think it’s important for me to talk about it, and it’s really bothering me.”

Mark was flattered, and happy, and curious. He didn’t have to say a thing; he sat back and let Julie talk.

* * *

Ms. Ross

Every fifth-grade student at Diamond Junior High School hoped that he or she would be assigned to Julie Ross for sixth-grade math. Ms. Ross was young and hip. She wore fashionable clothing and even had a graceful little tattoo on her neck. She knew the music, and always seemed to know who was winning and who was losing in every pro and college sport. More important, she really made math fun. She was always creating new projects and games, usually relating functions, graphs, and long division to things that happened in her students’ lives. The young girls in Ms. Ross’ class worshipped her and tried to emulate her dress and speech. The young boys, well, they secretly all harbored huge crushes on her.

Ms. Ross knew of her students’ devotion and did not take it lightly. She believed that student-teacher relationships were based on mutual respect and trust. She prided herself on the fact that many of her students would come by during lunch or after school just to say hi. Sometimes, they would stay and chat. While she never prided, some students really opened up to Ms. Ross, telling her about their families, siblings, friends, and other events in their lives.

Ms. Ross also prided herself on living according to her philosophy, goals, and priorities. She believed that one could accomplish anything if one worked hard enough. This is how she managed to graduate with a BA in math *magna cum laude* and to finish her master’s degree

while working full time. Self-discipline was the key. Each morning, Ms. Ross woke up at five o'clock to attend a Tae-Bo exercise class for an hour before she showered and dressed for work. She was usually in bed by ten; she just didn't miss whatever it was people stayed up late on weekday nights to do. Her friends made their comments, but Julie always felt better and more in control of her body and mind when she worked out before coming to school, and got enough sleep. End of story.

Thomas Wallace

Of course, there were exceptions to the students' adoration of Ms. Ross. Some students never really warmed to Ms. Ross' style. Often it was the cool, popular students who were confident enough to approach and befriend Ms. Ross while others felt more intimidated. Thomas Wallace was a prime example. A quiet, fair-skinned boy in Ms. Ross' homeroom and math class, Thomas' most defining characteristic, and consequently the basis of his identity, was his weight. He was not only overweight, he was bordering on obese, and he had been this way as long as anyone could remember. The other kids occasionally made fun of Thomas outside of class, calling him "Tom Tub" or "the Whale." For several reasons, Ms. Ross had never gotten involved in the students' teasing: It rarely occurred in her class; she didn't know what would be the most effective way to stop it; and teasing and name-calling was simply the coin of the realm in the world of the sixth grade. As far as Ms. Ross could tell, Thomas took a lot of taunting, but he had a few friends; and his work, while often sloppy and inconsistent, was not a major concern.

Unlike some of the other kids who were overweight, Thomas did not hide his love of food. Each lunch period, Thomas would sit in his assigned seat in homeroom and follow the same ritual. First, he would wipe off his desk. Then he would take out his oversized yellow lunch container and carefully place it in the corner. Slowly, he would remove each element of his lunch: his roast beef sandwich, his can of soda, his bag of cheese puffs, his bag of cookies, and usually a donut or pastry to cap it all off. He would eat deliberately and intently, concentrating on his food.

* * *

"So every day for the past few months, I've watched Thomas; daily routine. I feel really badly but I can't help being somewhat disgusted by this kid. The whole time, I'm thinking, 'What is it with him? And what about his parents? People don't have to be fat. They choose to be fat. You know, I have all the sympathy in the world for people who have all sorts of problems they didn't ask for and can't do anything about. But this is something – I don't know, it just pushes my buttons. And that's what bothered me, and what I couldn't admit to anyone, that I have these feelings of disgust towards my own student.'" Julie put down her fork and looked at Mark.

Mark looked back at her. He was happy that she felt comfortable enough to admit such personal feelings to him, and it showed on his face. "You can't help the way you instinctively feel. I think it's good that you're admitting your own biases."

Julie was amazed at how comfortable Mark made her feel. Usually on dates, she was self-conscious about not talking too much about herself. With Mark, she didn't feel she had to keep track.

“I’m no psychologist,” she mused, “but I wondered whether something else was going on. Maybe Thomas displaces his loneliness, his social isolation, into the one domain that brings him satisfaction – food. It seems he takes real pleasure in eating his food but not in much else. So I decided to talk to him, to see what else was going on.”

* * *

The Talk

After watching Thomas’ lunch ritual for nearly four months, Julie decided to go over and talk to him during lunch. Although she felt a little sick to her stomach watching him consume such greasy, fattening foods, she knew she had to overcome her own biases for his sake.

“How you doin’ Thomas,” she asked casually as Thomas began to set out the various parts of his meal.

“Fine,” he replied and returned to his task.

“Taste good, what you’re eating?”

“Yep,” Thomas mumbled.

“Who packs your lunch,” she asked, still trying to sound casual, “your mother, your father?”

“My mother’s not around, I pack it myself.” Thomas started to become annoyed by his teacher’s nosiness. He lowered his head and prayed that she would go away.

That afternoon, Ms. Ross went down the hall to talk to Thomas’ guidance counselor, Mr. Meaks, who told her that Thomas lived with his father who was always working, so Thomas was left pretty much on his own. “We’re seeing more and more obesity these days,” Mr. Meaks told Ms. Ross, with a huge sigh. “It’s a combination of things – poor diet, less parental supervision, and videogames and television replacing physical activity. It’s actually one of the biggest problems facing kids, but no one seems to be talking about it. In fact, our school board wants to cut the health and physical education budget almost in half for next year. It’s ridiculous.”

Julie was glad she had gone to see Mr. Meaks. She had found an ally. Although she still had to work through some of her internal biases, she felt she had gained a deeper understanding of Thomas and made up her mind to see if she could help him out a little.

* * *

“So for the past few weeks, I’ve been trying, quite painfully, to get to know this kid, talk to him. Really, it’s like pulling teeth.” Julie gave Mark an exasperated look.

“And today, I think I only made it worse. The other kids started to make fun of Thomas right in front of me, of his food and his weight, and this time it was worse than before. So I decided to say something to let everyone know that making fun of people was not acceptable in my classroom. But it came out all wrong, it sounded like I was acknowledging that Thomas did look and act different, that he did have a problem with weight. It was a disaster. I could see him glaring at me for bringing even more attention to him. It was one of those moments in teaching when you wish you could just rewind and start all over again.”

Mark nodded in agreement. He knew exactly the type of experience Julie was describing because it had happened to him many times. “Kids are self-conscious about everything, especially weight. It is such a tricky issue. Don’t be so hard on yourself. You were only trying to help. Where do we get involved and where do we let things be? That’s the question that so much comes down to.”

But Julie wasn’t satisfied. “I just keep thinking, this kid needs someone who can give him a good shake and say, ‘Get control over this, you’ll be so much happier. Whatever else is going on, this just makes it worse, so take charge of your life here.’ But is that right, or is it just my trying to impose my ways of thinking and acting on this kid?”

“I think we’re in a real bind here,” Mark said. “As teachers, our job is to encourage kids to take personal responsibility in their schoolwork, their peer relationships, everything. We want to give them those tools and that attitude. But since obesity has increased so dramatically among all ages and groups in the last ten years or so, it’s pretty clear this is not just a matter of a few million individual lifestyle choices. We’re surrounding kids with a world that makes some choices easier than others. You’re someone who can get up at 5 AM to exercise. But put people of any age in a world full of well-hyped high-fat fast foods, with ninety-six cable TV channels and computer screens with hundreds of games and thousands of Internet sites, and a large majority of them are going to take in more calories than they expend. So the question isn’t just what’s wrong with your friend Thomas.”

“Well, that’s just too depressing. You’re saying more and more kids are going to be more and more obese, and there’s not much we can do about it.”

“No, I’m saying there’s a lot more we have to do than we’re doing. OK, you and I may not be able to do anything about the ninety-six cable channels and all those fast-food commercials. We can’t go to the supermarket with Thomas’ father, either, but there must be something...”

“My school!” Julie almost shouted. “There must be a half-dozen ways, at least, that we’re a fat factory! The empty calories we serve the kids all day...”

“Yeah,” said Mark, “and when they turn up their noses at the school’s food, they go out to the nearby stores and buy even more empty calories there.”

“Those vending machines in the school cafeteria don’t help much either. Even the juice drinks and lemonade are mostly sugar.”

“And then they’re talking about eliminating recess and cutting back on physical education,” Mark added. “So many students are suffering from obesity and the school board wants to cut the budget for gym class and after-school sports. Not only will kids’ weight explode, but they’ll be too inactive to learn properly.”

“If we could make sure every student had some kind of aerobic activity for even 15 minutes a day, I think that would definitely be a start. I can think of a few teachers in my school who would be ready to try something,” Julie said.

“And from that group, who knows how many teachers and students and parents might get involved? It’s good for the school, for people’s need to be engaged, to give them something they can work on. You don’t have to be a reading specialist or math whiz to know kids need to be active.”

“Hey, wait a minute – I am a math whiz!” Julie’s eyes opened wide. “There must be curricula out there that teaches math by using material on nutrition and physical activity. We can calculate body mass, nutritional content of food, calorie intake and expenditure, all kinds of great hands-on applications. I must be crazy, thinking there’s nothing I can do. I’m a teacher!”

Mark liked the gleam he saw when he looked at Julie. “All right! And on that note, let’s see that menu again!” And they both laughed at the irony and chose a dessert to share.

Discussion Questions

- 1) Teachers have acquired their own attitudes, experiences, and prejudices – about obesity and many other issues that affect students. Do teachers have opportunities to examine their attitudes? How do these biases affect teaching?
- 2) Is obesity – and other personal health problems – the responsibility or within the domain of the classroom teacher? The guidance counselor? The school community?
- 3) How can teachers model good health? Should Julie tell the kids about her own exercise/diet regimen?
- 4) When should the teacher get involved in students’ teasing and bickering? How can teachers and schools teach tolerance?
- 5) Is there anything that Ms. Ross, Mr. Meaks, and others at Diamond Hill JHS can do to respond institutionally instead of individually to the needs they see? How do schools rate as places that encourage healthy eating and physical activity? Think about:
 - a. School breakfasts and lunches;
 - b. The amount of physical education and exercise on site;
 - c. The sports program and facilities, and who benefits most;
 - d. How students get to school;
 - e. The presence and content of vending machines;
 - f. Modeling by school staff.

How would this case be different if...

- Julie had been obese as a child and had worked hard to overcome it?
- Thomas was being teased for being effeminate instead of obese? Disabled instead of obese?
- Kids were physically abusive to Thomas?

Resources

The following readings and web sites may be used in assignments related to the Case Study, or in preparation for class discussions about the Case Study.

Aronson, D. (1997). No laughing matter. Young people who are overweight can face a lifetime of discrimination. *Teaching Tolerance*, 6(2), 21-23.

Bullying in schools: Resources. (September 2000). ERIC Clearinghouse on Elementary and Early Childhood Education. Available online at <http://ericece.org/pubs/reslist/bully00.html>.

CDC Nutrition and Physical Activity Page. www.cdc.gov/nccdphp/dnpa

Freedman, J.S. (1999). *Easing the teaching: How parents can help their children*. ERIC Digest. Available online at http://www.ed.gov/databases/ERIC_Digests/ed431555.html

Guide to Nutrition and Health Information on U.S. Government Web Sites. www.nutrition.gov

Guidelines for school and community programs promoting lifelong physical activity. (1997). *Morbidity and Mortality Weekly Report*, 46(RR06). www.cdc.gov/mmwr/pdf/rr/rr4606.pdf

Guidelines for school health programs to promote lifelong healthy eating. *Morbidity and Mortality Weekly Report*, June 14, 1996. www.cdc.gov/nccdphp/dash/nutguide.htm

Healthy School Meals Resource System. <http://schoolmeals.nal.usda.gov:8001/>

Jalongo, M.R. (1999). Matters of size: Obesity as a diversity issue in the field of early childhood education. *Early Childhood Education Journal*, 27(2), 95-103.

Neumark-Sztainer, D., & Story, M. (1997). Recommendations from overweight youth regarding school-based weight control programs. *Journal of School Health*, 67(10), 428-433.

Ross, D.M. (1996). *Childhood bullying and teasing: What school personnel, other professionals, and parents can do*. Alexandria, VA: American Counseling Association.

Facts About Childhood Obesity

Definition

While there is no widely accepted definition of obesity in children, the most commonly used determinant is body mass index (BMI). BMI is calculated by dividing body weight (in pounds or kilograms) by height squared (in inches or meters) and is expressed as kg/m^2 or lb/in^2 . Children and adolescents ages 2-19 years are considered at risk for overweight when their BMI is between the 85th and 95th percentiles using BMI-for-age charts from the National Center for Health Statistics; and are considered to be overweight when the BMI is above the 95th percentile.¹ Children and adolescents whose BMI exceeds the 95th percentile are often referred to as obese.

Data

The percentage of young people who are overweight has doubled in the United States since 1980.² The latest National Health and Nutrition Examination Survey (NHANES) reported that approximately 13% of children ages 6-11 years and 14% of adolescents ages 12-19 years are overweight (BMI > 95th percentile).³ This is a 2-3% increase since the previous (1988-1994) NHANES and has affected all age groups, races, and educational levels.

Health Risks

Overweight children and adolescents are more likely than their average-weight peers to have elevated blood lipids and blood pressure and poor blood glucose and insulin control.⁴ Among overweight 5 to 10 year olds, 61% have one or more cardiovascular risk factor and 27% have two or more.² This puts them at greater risk of type 2 diabetes and cardiovascular disease, not just later in life, but during childhood and adolescence.

Causes

Weight gain is caused by an imbalance between energy intake and energy expenditure. Such an imbalance may occur when excessive calories are taken in (especially fat calories) and/or when insufficient calories are expended in physical activity and exercise. For example, children who view more than four hours of television each day consume more calories and are 2.5 times more likely to be obese.⁵ There may be metabolic reasons for low energy expenditure or increased energy intake, some of which could be inherited, such as an abnormally low basal metabolic rate, a tendency to move or fidget very little, a reduced capacity to burn fat stores, or hormonal or neurochemical imbalances that drive the individual to over-consume food.

Data from the latest Youth Risk Behavior Survey suggest that young people have eating and exercise habits that could enhance weight gain, especially among those who are at metabolic risk for overweight.⁶

- 35% of students in grades 9-12 do not participate regularly in vigorous physical activity.
- Daily enrollment in physical education classes has declined among high school students from 42% in 1991 to 29% in 1999.
- 51% of children and adolescents eat less than one serving of fruit a day, and 29% eat less than one serving daily of vegetables that are not fried.
- More than 84% of young people eat too much fat.

Prevention and Treatment

Promoting physical activity is essential, not just to prevent obesity but to prevent health problems such as cardiovascular disease, diabetes, and cancer. Physical activity can help overweight children remain weight stable while they gain height and establishes a healthy habit that can be carried into adulthood. Physical activity strategies include:

- Involving parents and guardians in promoting physical activity.
- Providing quality, daily physical education for all children from prekindergarten through grade 12 and after-school care programs that provide regular opportunities for active, physical play.
- Restricting children's television viewing to no more than 2 hours each day and limiting time spent playing video games and sitting at a computer.
- Providing access to community sports and recreation programs for all young people.

Nutrition may also be helpful in preventing weight gain and improving children's health.

Experts agree that "dieting" is inappropriate for children and adolescents. However, there may be room for improvement in diet quality. Dietary strategies include:

- Involving parents and guardians in promoting a healthy diet.
- Educating young people about reading food labels, menu planning, food selection, and food preparation methods that use less fat, sugar, and/or salt.
- Modifying beverage choices so that fewer empty-calorie sodas and juice beverages are consumed and more nutritious beverages are included, such as low-fat or skim milk and water. School cafeterias and vending machines are often sources of non-nutritious beverages.
- Limiting consumption of fast foods to once a week. School cafeterias often serve high-fat foods that mimic those foods available at fast food restaurants.

Several school-based programs have been found to be effective in recently published studies. Planet Health integrates nutrition and physical activity content into middle school subject areas.⁷ Sports, Play, and Active Recreation for Kids (SPARK PE) promotes quality physical education in school and provides weekly lessons that promote physical activity out of school.⁸ And, The Child and Adolescent Trial for Cardiovascular Health (CATCH) incorporates a heart-health curriculum, family activities, a school food service program, and physical education.⁹

References

1. Summerfield, L.M. (2001). *Nutrition, activity, and behavior: An integrated approach to weight management*. Belmont, CA: Wadsworth.
2. *Promoting better health for young people through physical activity and sports. A report to the President from the Secretary of Health and Human Services and the Secretary of Education*. (2000). Silver Spring, MD: CDC, Healthy Youth, PO Box 8817, 20907. Available online at <http://www.cdc.gov/nccdphp/dash/presphysactrpt>
3. National Center for Health Statistics. (2000). *Prevalence of overweight among children and adolescents: United States, 1999*. Available online at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>
4. Freedman, D.S., Serdula, M.K., Srinivasan, S.R., & Berenson, G.S. (1999). Relation of circumferences and skinfold thicknesses to lipid and insulin concentrations in children

- and adolescents: The Bogalusa Heart Study. *American Journal of Clinical Nutrition*, 69, 308-317.
5. Crespo, C.J., Smit, E., Troiano, R.P., Bartlett, S.J., Macera, C.A., & Andersen, R.E. (2001). Television watching, energy intake, and obesity in U.S. children: Results from the third National Health and Nutrition Examination Survey, 1988-1994. *Archives of Pediatric and Adolescent Medicine*, 155(3), 360-365.
 6. Centers for Disease Control and Prevention. (2000). Youth risk behavior surveillance – United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5), 1-94.
 7. Gortmaker, S.L., Peterson, K., Wiecha, J., Soba, A.M., Dixit, S., Fox, M.K., & Laird, M. (1999). Reducing obesity via a school-based interdisciplinary intervention among youth: Planet Health. *Archives of Pediatric and Adolescent Medicine*, 153, 409-418.
 8. Sallis, J.F., McKenzie, T.L., Alcaraz, J.E., Kolody, B., Faucette, N., & Hovell, M.F. (1997). The effects of a 2-year physical education program (SPARK) on physical activity and fitness in elementary school students. *American Journal of Public Health*, 87, 1328-1334.
 9. Luepker, R.V., Perry, C.L., McKinlay, S.M., Nader, P.R., Parcel, G.S., Stone, E.J., Webber, L.S., Elder, J.P., Feldman, H.A., Johnson, C.C., Kelder, S.H., & Wu, M. (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *Journal of the American Medical Association*, 275(10), 768-776.

Learning the Ropes

Roxanne Hughes was a second year teacher at the East Rock Elementary School. It was definitely not the school she had pictured herself in when she decided to become a teacher. As an African-American, she had wanted and expected to teach in an inner city school. In fact, all of her student teaching experiences were in run-down, beat-up places in very tough neighborhoods. She wanted to be a role model for kids who needed to see people who looked like themselves at the front of the room. So what was she doing in East Rock?

Mr. Dunbar's Advice

She was in East Rock because of Mr. Dunbar. Mr. Dunbar - and she would never be able to call him anything but Mr. Dunbar - had been her mentor in college and her supervisor as a student teacher. He was a huge bear of a man, with a bald head, enormous arms, and the softest voice in the world. Born and raised in the segregated South, he became like a second father to her, or rather, like the father she wished she had. He was a family man and a deacon in his church, but most of all, he was the teacher she wanted to learn to be. So firm was his authority, so strong was his respect for the children he taught, that he never had to raise his voice. So confident was he of his students' respect for him, that he could laugh like a child with them and then return them to silence with the raising of his eyebrow. But what really made Mr. Dunbar an exceptional teacher, Roxanne thought, was the way he had gained the trust and confidence of the students, many of whom were angry, bitter, and resentful of every other adult figure. Each lunch period, many of the toughest boys in the school would congregate in Mr. Dunbar's classroom to talk about sports, tell jokes, and enjoy the safe space he had created.

Roxanne had met him in college, where he taught methods courses after finishing his day at his school, the Ralph Abernathy. Then she came to the Abernathy, first as an intern, later as a student teacher. She watched everything Mr. Dunbar did, and tried to emulate him. He would praise her when he thought she deserved it, be liberal in his criticisms when she needed them, and always encourage her.

Roxanne expected to teach full-time at the Abernathy when she graduated. But Mr. Dunbar had taken her out for coffee one afternoon in February and told her, "I have a strange request to make of you. You don't have to do it. If you apply for a job at Abernathy, you'll get it. But I'm afraid you're not ready. You're too soft. The Abernathy kids will overwhelm you. And then I'm afraid you might question whether you were meant to be a teacher. And none of us can afford that."

"But with you right down the hall..."

"I won't be right down the hall. I'm finally going to let them make me an administrator. At least for a while. I'm going to be downtown. I'm not sure it's the right thing for me, but maybe I can throw some weight around down there, shake some things up."

Roxanne felt as if the future had been pulled out from under her. Mr. Dunbar could see the panic in her face. "I'll tell you what I think you should do." And he sent her to East Rock, a well-run school in a suburban school district that had a sizeable low-income community but was, in Mr. Dunbar's phrase, "a place where someone could make the mistakes of a beginner and come out a

better teacher on the other end.”

East Rock Elementary

Now in her second year at East Rock, Roxanne considered herself to be “completing her teaching credential.” She focused on classroom management, and on creating a structured, disciplined academic environment in her classroom. She was eager for her fourth-grade students to learn study and organizational skills as well as good practices of health and hygiene. A naturally low-key individual, Roxanne was successfully discovering her own teaching voice, a voice that was firm and commanded respect. She sometimes worried that in her effort to gain authority, she was missing out on the mentoring role of teaching, a role she had so respected in Mr. Dunbar's classroom.

As a woman of color, one of the most difficult experiences of teaching at East Rock had been seeing the contrasts between the middle-income white kids and the low-income kids, who were often African-American. Academically, it seemed to be the white students who were always excelling and the black students who needed extra help. It pained Roxanne to see the parade of African-American boys sent to the principal's office on a daily basis. She was not sure if they were being scapegoated by the mainly white faculty, or were insufficiently disciplined at home or if it was some of both and a whole lot more besides. On parents' night this past fall, Roxanne couldn't help but feel a twinge of anger and resentment towards the young, single African-American mothers, who while clearly loving their kids, did not have the resources or the education to oversee their children's learning. As a devout Christian, Roxanne was aware of how critical she could be of problems imposed upon the African-American community, such as drug and alcohol abuse and teenage sexual activity. Roxanne had made a conscious decision to keep her expectations high. In her classroom, there would be no excuse for behavior that disrupted learning or fell short on effort. She was going to do her duty by her fourth graders.

Lawrence Beasley

Lawrence Beasley was one student who had sorely tested Roxanne's resolve. All year, she had struggled to control Lawrence's aggressive, disruptive behavior. Even when she had finally been able to quiet him down, he showed no interest in learning and was one of the few students in the class who had trouble reading. The only family member who Roxanne had been in contact with was Lawrence's grandmother, Mrs. Beasley, who told Roxanne quite frankly: "Honey, I don't know how to control him myself." In the faculty room, the other teachers had implied that Lawrence, and his older brother before him, were simply “problem kids.” In fact, one almost came out and said that the brother was a known dealer. Roxanne didn't feel inclined to credit that, though. In fact, the teachers' dismissive attitude towards Lawrence and other challenging students, many of whom were from low-income families, greatly disturbed Roxanne.

Last Friday at lunchtime, Lawrence, who was small for his age, had to be held back in the cafeteria where he was feverishly punching and kicking a tall and strong fifth-grader named Brian. When the two boys were taken to the principal's office, and Brian was asked what had happened, he said, “He probably was mad because his mother has that dirty AIDS thing, and he's taking it out on me.” Brian was not so innocent. When pressed, Brian admitted to teasing Lawrence for having a mother with AIDS. He insisted it was not a rumor, and that everyone in the school knew about it.

The principal, Mrs. Simmons, quickly called Roxanne down to the office. Together, they telephoned Mrs. Beasley, who, when hearing of the day's events, broke down in tears and admitted that her daughter, Sharon Beasley, was dying of AIDS. The principal, obviously at a loss as to how to react to the complex situation but eager to regain composure and order, quickly sent both boys to detention. The real issue, however, was left untouched.

Roxanne's Decision

Later that day, as she drove home from work, Roxanne felt her mind spinning. She thought back to all of her interactions with Lawrence this year, all the times she reprimanded him for pushing, for standing out of line, or even for not spelling words correctly. She became angry at herself for not trying harder to understand the root causes of Lawrence's behavior and for buying into the stereotypes of black kids. Maybe she was too judgmental of families like Lawrence's, too ashamed of how they reflected on her as an African-American. She recognized that she often said to herself: "If I made it, why can't they?"

Then a startling thought occurred to Roxanne: 'Maybe Lawrence is infected with HIV himself.' She had heard the statistics on babies born to HIV infected mothers. She tried to remember if he had ever bitten anyone or spit at anyone or had an open cut on the playground. One thought led to the next. Although she had always maintained strict rules of hygiene in class, the kids often shared utensils and took sips from each other's glasses. The truth was that she couldn't remember if one could contract HIV through saliva, or the details of how the HIV virus is spread. 'If I am so ignorant,' she thought, 'how can I expect my students to understand?' After all, Roxanne knew how ten-year-olds' imaginations behave; of course the kids would call it "that dirty AIDS thing."

By the time she arrived home Roxanne had calmed down. Although it had been a tiring day at the end of a tiring week, she had a surprising amount of energy. She drove to the library and began researching HIV and AIDS both on the web and in scientific journals. After reviewing the basic epidemiological facts, she read a few articles in education journals on teaching young children about the virus. Inspired, Roxanne decided to create a lesson on the HIV virus. She realized that she had to be careful. She needed to clear up misconceptions and rumors circulating about the disease without being too technical or bringing up topics that were inappropriate. The more she worked on it, the more she became excited. For the next few nights, she stayed up late adapting and creating interactive lesson-plans and hands-on activities so that her students could understand rather than be afraid of the words "HIV" and "AIDS."

She also realized that she wanted to reach out to Lawrence. Although she prided herself on fairness, she decided to give him extra help and more individualized attention in the coming weeks and months. She planned to discuss his case with the school social worker.

On Monday morning, Roxanne walked into her classroom in East Rock with her lesson plans and materials in hand for five lessons on HIV/AIDS. She was nervous and exhilarated, confident that her curriculum was an insightful, well thought-out way to teach this tough subject. She would carefully, gently de-mystify the disease her students had heard about but never learned about. She imagined Lawrence being relieved to have the stigma and shame relieved. She even briefly fantasized about winning the respect of her peers and supervisors. So she taught her lessons with

enthusiasm and patience and care. Her students gravitated to her contagious energy. They asked pointed and often challenging questions, they read the assigned readings with interest, and some even stayed after school to discuss the topic. Roxanne left work that week feeling that she had really proven herself as a teacher.

Other Voices

After spending a carefree weekend with friends, Roxanne arrived at school early the next Monday morning. Looking forward to seeing her students, she was surprised when Mrs. Simmons, the principal, called her down to the office before the first bell had even rung.

In Mrs. Simmons office, Roxanne was surprised to see Mr. Edwards, the father of Melissa Edwards, a student in her class, who also happened to be the president of the PTA. Mrs. Simmons began the meeting, speaking in a deliberate, quiet manner. “Roxanne, we have been made aware of your lessons on HIV and AIDS. Many of the students and their parents expressed dissatisfaction with it. We don’t think this is an age-appropriate topic for fourth-grade students because it involves social behaviors which we do not want to introduce at this time.”

Roxanne was stunned. She had believed that her lessons were incredibly sensitive and cautious. She turned to Mr. Edwards whose words were even harsher: “We understand that a child in your class is dealing with AIDS in his family. We don’t feel that the rest of our children need to be exposed to this type of thing. They shouldn’t have to deal with it at their young age. This school and community need to stand for certain values and ways of life. It should not condone dangerous behaviors.”

Mrs. Simmons smiled nervously and told Roxanne that Mr. Edwards had convened a special meeting of the PTA to discuss school policies on students with HIV or AIDS in the family, as well as how to appropriately handle the issue in the classroom. Mr. Edwards added that he had talked with quite a number of parents who were angered by her teaching about the topic without their consent.

Roxanne left the office feeling weak. She found a dark book room, and locked the door. She just needed to think. She could not get Mr. Edwards’ condescending voice out of her head. She also couldn’t help but think about what he was really trying to say—HIV only infects certain “types” of people, and she knew what “type” he was referring to. She could just see the PTA meeting now: a feeding frenzy of angry parents worried that their children were going to be exposed to both the HIV virus, and perhaps, more insidiously, to the wrong type of student, the wrong social values, and, even, the wrong teacher.

Roxanne began to rethink the past few weeks. ‘What could I have done differently? Maybe I should have checked out these lessons with someone before I taught them, but at East Rock, teachers are pretty self-sufficient; I haven’t been asked to show any of my lessons and materials to supervisors in the past.’

Roxanne decided to call her mentor, Mr. Dunbar, and tell him everything. She expected understanding and support. Mr. Dunbar said, “It’s your principal’s call. She’s the captain of the ship. And I’m here to tell you, it’s hard to run a school. She’s got a valid perspective. This is part

of learning to teach, Roxanne. Give yourself a chance to learn, with your mind open to everything you see and hear.”

Although Roxanne heard the message and trusted the messenger, she was not happy. ‘I’m a teacher – at least, that’s what I want to be. And I know I taught those kids something they needed to know. I did a good job. So how come I feel so lousy?’

Discussion Questions

1. How is it possible to foster an environment where students feel they can talk openly and honestly with their teachers about both personal and academic matters, while still maintaining a well-organized, disciplined classroom? Do new teachers, under pressure to assert their authority, have to choose between being their students’ friend and confidant, and being their instructor?
2. How should Roxanne handle Lawrence differently now that she knows about his mother having AIDS? To what extent should personal and familial information and impediments inform teaching standards? Should Roxanne bring up his mother’s disease with Lawrence?
3. What is the responsibility of the school to Lawrence? Should they provide counseling or social work services?
4. Justify the point of view of each of the three adults in the conflict: Roxanne, the principal, and Mr. Edwards. What further advice might Mr. Dunbar give to Roxanne?
5. Was Lawrence and his mother’s privacy violated? What are the laws surrounding this confidentiality?
6. How did Roxanne’s background and race influence her thoughts and actions?
7. What are the components of a school HIV policy?

Resources

The following readings and web sites may be used in assignments related to the Case Study, or in preparation for class discussions about the Case Study.

Bogden, J.F. (1996). *Someone at school has AIDS. A complete guide to education policies concerning HIV infection*. Alexandria, VA: National Association of State Boards of Education.

Committee on HIV Prevention Strategies in the U.S., Institute of Medicine. (2001). *No time to*

lose: Getting more from HIV prevention. Washington, DC: National Academy Press.

HIV/AIDS prevention in teacher education: Info Guides. (1998). Four Info Guides are available from the American Association of Colleges for Teacher Education, Washington, DC. Available online at http://www.aacte.org/Research/without_aids.htm

Info Guide 1. Facts about HIV/AIDS and hepatitis B.

Info Guide 2. When a child is hurt or ill at school: What teachers should know about infection control.

Info Guide 3. Schools and HIV: What teachers should know about school-based services for HIV-infected children and HIV prevention/education.

Info Guide 4. Telling tales out of school: What teachers should know about confidentiality and student health information—ethical and legal dilemmas.

Hoff, T., & Greene, L. (2000). *Sex education in America: A series of national surveys of students, parents, teachers, and principals.* Menlo Park, CA: Henry J. Kaiser Family Foundation.

National Task Force on Confidential Student Health Information. (2000). *Guidelines for protecting confidential student health information.* Kent, OH: American School Health Association.

Facts About HIV/AIDS

Definition

Acquired immunodeficiency syndrome (AIDS) is characterized by a very low CD4 (helper T-cell) count and development of certain opportunistic infections associated with a weakened immune system. AIDS results from infection with human immunodeficiency virus (HIV), although a positive blood test for HIV does not mean that a person has AIDS. HIV is passed through blood-to-blood contact, sexual contact, breastfeeding, and from mother to child during pregnancy or delivery. According to the Centers for Disease Control and Prevention (CDC), half the people with HIV develop AIDS with 10 years after becoming infected, but the time period does vary considerably from person to person.¹ There is no cure for AIDS, but there are medical treatments that can slow destruction of the immune system.

Data

As of December 2000, the CDC reports that 800,000 to 900,000 people are living with HIV in the United States.² There are an estimated 40,000 new HIV infections in the U.S. every year, 70% among men and 30% among women. About one-third of infections are transmitted heterosexually. However, among women 75% of HIV infections are transmitted heterosexually and 25% through injected drug use. Although African Americans represent 13% of the U.S. population, they account for half of new HIV infections. In fact, HIV infection has been the leading cause of death among African American men ages 25-44 since 1991.³ About 19% of HIV infections occur in Hispanics, and 26% of infections in Caucasians.² Among 13-to-24-year-olds, African Americans and women make up more than half of all reported HIV cases.³

HIV can also be transmitted from mother-to-child during pregnancy (perinatal). Perinatally-acquired AIDS cases continue to decline and account for fewer than 100 cases annually in the U.S.² This is due to HIV counseling and voluntary testing for pregnant women and the greater availability of zidovudine (AZT), which is given to pregnant women during pregnancy and delivery and to the infant after birth.

Prevention

CDC research substantiates the importance of early, clear communication between parents and young people about sex in helping adolescents adopt and maintain protective sexual behaviors. Among their prevention recommendations for young people are:³

- Comprehensive school health education from kindergarten through high school. The sexuality education component of school health education is most effective when there is an emphasis on delaying sexual behavior and on protection from unwanted pregnancy and disease.
- Outreach programs for out-of-school youth, who are most vulnerable to HIV infection.
- Targeted, sustained prevention for young gay and bisexual males.
- Focus on the relationship between alcohol/drug use and HIV transmission.
- Expanded treatment programs for sexually transmitted diseases (STDs) among young people. Individuals infected with an STD are more likely to become infected with HIV.

References

1. *CDC update. How long does it take for HIV to cause AIDS?*
www.cdc.gov/hiv/pubs/faq/faq4.htm. Accessed 5/10/01.
2. *CDC update: A glance at the HIV epidemic.* (December 2000).
www.cdc.gov/nchstp/od/nchstp.html. Accessed 5/10/01.
3. *Young people at risk: HIV/AIDS among America's youth.* (September 2000).
www.cdc.gov/hiv/pubs/facts/youth.pdf

The Turning Point

Jeff Ross was a first-year science teacher at the Roberto Clemente Middle School. Somehow, he'd made it to the first day of spring and was feeling pretty good about his career choice, his classes, and his students as he walked out to his car in the parking lot next to the 1950's style building. After all, teaching middle school students wasn't an easy assignment! Like many first year teachers, Jeff found teaching much more exhausting than he had anticipated. Frequently he found himself frustrated by the resistance and lack of attention of some of his students. Somehow it just wasn't "cool" to like science, let alone show some enthusiasm for it! What did seem to matter, and matter too much in his opinion, was music, clothes, and for some students, the opposite sex. As a first year teacher, Jeff certainly had many opportunities to observe what and who were "in" since he had some 128 seventh and eighth graders in five classes: two "academically talented" eighth grades, two "average" seventh grade classes and one remedial ninth grade general science class.

Roberto Clemente Middle School

Roberto Clemente was one of two middle schools in a working class community. Jeff found the school administration a bit rigid, especially when he tried to bring a little creativity into the curriculum. For example when he went to the Principal, Joseph Linnehan to discuss his plan to engage his brightest students in an investigation of the impurities in the town's water supply, he got a clear and direct message "DON'T ROCK THE BOAT." Linnehan almost wagged a finger at Jeff when he said, "Mr. Ross, it is hard enough to control these students when they are in the building. If you take them off school property, no telling what might happen!"

Jeff didn't get much support from the other six science department teachers, either. He was some 15 years younger than the next youngest member of the department, and he looked very young as well. In fact, there were times when he caught the looks of a couple of mature eighth grade girls who were trying valiantly to flirt with him. Alice Wiggins, a veteran of some 20 years at the junior high and middle schools in the community, sternly told Jeff on his second day at Clemente that he "shouldn't smile until Christmas." She peered over her bifocals and continued with her unsolicited advice, "If you try to befriend these students, they'll eat you alive!! Why you'll have such discipline problems, you'll wish you'd gone to industry instead of coming here. The hormones at the middle school level are raging... just you wait and see!!!" Of his other colleagues, many held second jobs after school and didn't socialize. Jeff found there was little opportunity to share his teaching plans or desires to start a science club after school. "It certainly is different from Central." Jeff thought to himself one day. Central was where Jeff had done his student teaching the year before and was a school where the entire science department went out together on Friday afternoons to share stories of the week and to unwind. It also was a school that felt that tracking was harmful to students. Jeff agreed with this view. He felt that tracking was detrimental to all kids whether they were talented in science or not. But

he also knew from the looks and comments that he had heard in the Clemente teacher's room about this subject, that he would be best to keep his mouth shut on that issue!

While his colleagues were something of a disappointment, teaching the kids had proven to be quite a positive experience. Jeff was pleased with how things were going for the most part and with his progress as a teacher. He knew he had lots to learn, but now, with the beginning of spring and visible signs that winter had lost its grip, he felt reasonably pleased with himself. On the whole, the year had gone much better than he had any right to expect. Not only could Jeff see glimmers of academic progress with many of his students, but for some, there was even a growing enthusiasm for the subject. He surprised himself at how competent and savvy he was beginning to feel as a teacher, with lesson planning becoming more efficient and fun. As a new science teacher in a school concerned about test scores on the state's high stakes competency tests, he had adapted fairly well to the environment that encouraged an unwavering focus on teaching and learning. He felt especially successful with his academically talented students where he was able to transmit knowledge and an appetite for science. With his average classes, he knew he was less successful and had had an especially hard time reaching many of the Latino students in these classes. Somehow science seemed to be of little interest to many of them.

Cora Ramos

Today, however, as Jeff walked to his car, he felt troubled. His thoughts were focused on Cora Ramos. Cora was in one of Jeff's academically talented eighth grade classes. She was not the most gifted student in the group, at least when it came to science; but she definitely belonged there in Jeff's opinion. Not that his opinion mattered, mind you. Students were assigned to their leveled classes by a computer and some mysterious formula that took the student's prior grades and test scores into account. Teachers had little or no say in who would go where. In the fall he could see her bending her natural curiosity toward the problems he posed. While she didn't always solve those problems successfully, she was getting better at using the scientific method. Back then, Jeff thought he had her leaning; he thought he could really turn her on to science in a way that just might last. But in the past three or four months, Cora had changed dramatically.

Cora was very mature looking when Jeff met her during the first week of school. She was tall, thin, and had striking eyes. During the fall, Cora did not wear make-up to school and seemed to dress like most of the other kids—tee shirts, blue jeans, and sneakers. Though Jeff was a bit embarrassed to admit that he noticed such things, he did observe that as the term progressed, Cora started wearing more sophisticated clothing that was often tight. When she wore a skirt, it was short, very short. Her makeup was heavy and dramatic. And by the way she posed at the lab table before class started, it was clear that Cora was coming to school determined to be noticed. From what he could tell, Cora had even changed where she hung out in the schoolyard. At the beginning of the year he'd see her huddled with three or four friends, usually not far from the front doorway, before school. But now she would be with a larger group of the most socially active boys and girls near the Paris Street gate. The Paris Street Gate was known as the "smoker's corner." Since it was across the street from the school, it was less clear whether teachers and administrators had the right to

stop students who congregated there from smoking, even though they were under age. Jeff knew that to some extent all this was normal adolescent development: Interest in being attractive to the opposite sex often comes on suddenly and forcefully. After all he thought to himself, “It’s spring!”

Science Class

Jeff first noticed that Cora’s grades and behavior were starting to deteriorate at the beginning of the second semester. Not feeling completely comfortable confronting this “emerging adult,” he decided to try a more indirect approach. When he was assigning special projects for the mid term, he gave her one that he thought was more challenging, but certainly doable. He suggested she investigate concerns about de-forestation in South America. In the fall, Cora had participated in a “Save the Earth” day at the Clemente and seemed genuinely committed to do her part to make others aware of the hazards of ignoring these issues. This was an issue, he thought, that would be right up her alley. He gave Cora some web site addresses and also explained to her how to access recent newspaper articles. Though he wasn’t sure whether Cora had access to a computer at home, he knew that she could visit the school’s library to do this investigative work, if necessary. He stressed that he wanted her to explore the science issues rather than the economic ones. Thinking he had made a good move to re-ignite Cora’s interest, when it came time for students to submit early drafts of their investigations, Jeff was stunned to find that Cora had read only one article and hadn’t been on the Web at all. Again, hoping to indirectly encourage her, he wrote on her one-page report; “Hey Cora, you’ve got lots more to do here. It just takes time and effort. Is it OK that forests are being cut down with little concern about our environment?? I know you can do a much better job. Go for it, OK??”

When Jeff handed back his comments on their first drafts in class, he watched Cora’s face for her reaction. Nothing, absolutely nothing. She might as well have been looking at a blank paper—no emotion, nothing. Jeff felt frustrated. “The worst part” he thought to himself, “is that she’s pulled back from showing what she knows, even in this class, where she’s surrounded by serious students.” It was becoming clear that Cora felt it certainly wasn’t “cool” to be smart in science.

Cora and the Guys

As Jeff drove out of the parking lot that day, he saw something that disturbed him, in fact haunted him. And this was not the first time he had seen this. About a block from the school, Jeff saw Cora and several of her friends with a group of older boys, some just out of high school, some probably even older, leaning against their cars, smoking cigarettes. Two of the young men were holding paper bags that obviously contained alcohol. Jeff knew that when those cars drove off, Cora would be in them.

Jeff wondered what to do. Maybe he should he try to talk to Cora or contact her parents? The problem with contacting her parents was that Jeff suspected that Cora’s parents didn’t speak English and his Spanish was so bad that any effort at communication about this sensitive subject was sure to fail.

Jeff knew that high-risk behaviors among young adults tended to cluster in sequences and that some kids who began with tobacco and alcohol would go on and get involved with other drugs and sexual activity. Even though sexual activity had apparently decreased among American high school students from 1991-1997, he seemed to remember that the statistics were different for Latina females. But what really troubled Jeff was the fact that Cora was hanging out with guys who were much, much older. He knew that teenage girls with older partners are less likely to use condoms than girls with same-age partners and that a Puerto Rican woman's greatest obstacle to negotiating safer sex is the social expectation that she will respect a male partner by playing a submissive role in the relationship, especially sexually.

But, was it any of his business, anyway? Jeff was a teacher, not a parent or a counselor. "Somethings are best left private," he thought to himself. He didn't expect others to inquire into his own private activities, so who was he to stick his nose into Cora' personal affairs??

As the evening wore on, Jeff continued to think about Cora and where she might be. The more he thought about it, the more worried he became. He began to feel that Cora was at a turning point in her life where her individual values might be overwhelmed by the strength of her peers. Whatever her intellectual gifts, her family's values, and her own personal strengths, Jeff knew she was vulnerable to extremely powerful forces. "Teenage girls are set up to want to be desired by males - and not just any males," Jeff thought to himself as he brushed his teeth and was getting ready for bed. "It clear that girls like Cora will do almost anything to attract older guys with plenty of swagger, guys that other girls will admire and other boys will respect." Doing well in science was a clear handicap in this race.

Jeff couldn't get to sleep that night. He realized that he saw Cora almost as if she was the character in a horror movie who goes into a dark, dangerous place while the audience silently shrieks, "Don't go there." But Jeff was not sitting in a movie theatre; he was tossing and turning in his own bed worrying about Cora. Jeff felt Cora could be making life-changing choices and that he might be the only one aware of the potential dangers of the situation. What was his responsibility as a middle school science teacher? What should he do?

Discussion Questions

1. What might Jeff do, and why? Six options might come up in the discussion. At a minimum, Jeff might:
 - 1) Talk to Cora;
 - 2) Talk to Cora's mother, whom he met briefly in the fall, perhaps asking for assistance from a bi-lingual teacher;
 - 3) Inform the school administrator responsible for student conduct;
 - 4) Find another student at school Cora might listen to;
 - 5) Concentrate on teaching Cora science and trying to win her back in the classroom.
 - 6) Talk with some of his colleagues about the situation.

2. Critique the options, elaborating likely outcomes of each choice. The options are not mutually exclusive - it is possible for Jeff to choose more than one, but if so, in what sequence? What additional options are there?

3. How might the situation and Jeff's actions change if:
 - Jeff were a young Latina woman?
 - A sizeable group of parents had been trying to get the school to offer sexuality education in its health course?
 - Cora came and asked him about contraceptives?

4. Other points that might be raised include: Does Jeff have a clear responsibility? Is he legally liable? Must he act at all? Can interventions to prevent unsafe sexual behavior or unwanted pregnancy be initiated without request of student or parent?

Resources

The following readings and web sites may be used in assignments related to the Case Study, or in preparation for class discussions about the Case Study.

Benard, B. (1997). *Turning it around for all youth: From risk to resilience*. ERIC Digest. New York, NY: ERIC Clearinghouse on Urban Education. Available online at www.ed.gov/databases/ERIC_Digests/ed412309.html.

National Association of State Boards of Education (NASBE) and National School Boards Association (NSBA). (2000). *A call to action: What schools can do to prevent teen pregnancy and promote student achievement*. Alexandria, VA: NASBE and NSBA. Available online at www.nsba.org/schoolhealth/articles/teenpregprpt.pdf

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(10), 823-832.

Organizations that Have Information

National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue #200, Washington, DC 20036. www.teenpregnancy.org

National Education Association Health Information Network, 1201 16th Street, N.W., Suite 521, Washington, DC 20036. www.neahin.org/hiv/teenpreg.htm The NEAHIN is currently developing a resource to help school employees address issues related to teen pregnancy.

Facts About Student Risk Behaviors

The fact sheet accompanying the first case in this publication reported that six categories of behavior put young people at the greatest risk for serious health problems: (1) tobacco use, (2) unhealthy dietary behaviors, (3) inadequate physical activity, (4) alcohol and other drug use, (5) sexual behaviors associated with sexually transmitted diseases, and (6) behaviors that may result in intentional or unintentional injuries. Three of these behaviors are the largest contributors to serious health problems, educational and social problems, and even death among 5-24 year olds.¹ These behaviors are interrelated and preventable:

- Behaviors that result in unintentional and intentional injuries
- Alcohol and other drug use
- Sexual behaviors

Sadly, there are 1 million pregnancies each year among 15-19 year olds and 3 million sexually transmitted diseases.^{2,3} Latest surveys from the Centers for Disease Control and Prevention (CDC) indicate that many high school students engage in risky behaviors. The 1999 Youth Risk Behavior Survey found that:⁴

- One-third had ridden with a driver who had been drinking alcohol; Hispanic students were significantly more likely than white students to have done so.
- Half had consumed alcohol during the past 30 days, with Hispanic and white students more likely to have done so than black students.
- 28% had used marijuana in the past 30 days.
- Half had ever had sexual intercourse. Black students were more likely than Hispanic or white students to have had sexual intercourse.
- 42% of sexually active students had not used a condom at last intercourse.
- One-quarter of sexually active students had used alcohol or drugs at last intercourse.

References

1. Centers for Disease Control and Prevention. Risk behaviors overview. <http://www.cdc.gov/ncchphp/dash/risk.htm> Accessed 5/15/01
2. Ventura, S.J., Mosher, W.D., Curtin, S.C., Abma, J.C., & Henshaw, S. (1999). Highlights of trends in pregnancies and pregnancy rates by outcome: Estimates for the United States, 1976-1996. *National Vital Statistics Reports*, 47(29), 1-12.
3. Institute of Medicine, Committee on Prevention and Control of Sexually Transmitted Diseases. (1997). *Hidden epidemic: Confronting sexually transmitted diseases*. Washington, DC: National Academy Press.
4. Kann, L., et al. (2000). Youth risk behavior surveillance – United States, 1999. *Morbidity and Mortality Weekly Reports Surveillance Summaries*, 49(SS05), 1-96. www.cdc.gov/mmwr/preview/mmwrhtml/ss4905a1



U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)



NOTICE

Reproduction Basis

X

This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.



This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").