

Teacher Perspectives on Student Health: Implications for Professors of Middle Level Education

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Introduction

In his recent movie *Super Size Me*, Morgan Spurlock (2004) called attention to the role schools play in promoting student health. Visiting a middle level school in Illinois he observed that its lunch room workers neither showed much concern about the kinds of foods and drinks the students purchased, nor paid much attention to what items they brought from home and shared with each other at the lunch room tables. While a lunchroom worker at a middle level school in West Virginia suggested that the box cutter was her most important cooking utensil because all she had to do was “pour [the food] out and warm it up,” a principal in Wisconsin argued that the freshly prepared meals in his school’s lunchroom were an economically viable alternative. At yet another middle level school in Illinois a physical education teacher, who had developed a model exercise program for all students, argued that instead of health insurance the United States historically has only had sick insurance. Thus Spurlock’s movie questions the role adults should play in promoting student health and provides an excellent resource for professors of middle level education to initiate a dialogue with their preservice teachers about what it is they can do to become strong advocates for student health once they enter the classroom.

Another important source for professors of middle level education is *This We Believe: Successful Schools for Young Adults*, the position paper published by the National Middle School Association [NMSA] (2003). It includes several guidelines and conditions the organization considers to be essential in creating effective

middle level schools for 10- to 15-year-olds in the United States (p. 1). Under these guidelines, successful schools for young adults must provide “school-wide efforts and policies that foster health, wellness, and safety” (NMSA, 2003, p.7). The guidelines also call for written policies that “support and direct a school’s efforts to address health and wellness within courses, the school culture, school and community collaborative projects, and parent partnerships” (NMSA, 2003, p.31). Specifically, NMSA calls for policies and curriculum that address the risks of tobacco use, alcohol and drug use, engaging in sexual activities, and the benefits of good nutrition and physical activity. Successful middle level schools are interested in the success of the whole child and seek to enhance “the healthy growth of young adolescents as lifelong learners, ethical and democratic citizens, and increasingly competent, self-sufficient young people who are optimistic about their future” (NMSA, 2003, p. 1). Such a holistic approach to middle level education includes promoting student health.

The purpose of this case study was to examine how one middle level school promoted student health through its policies. In particular, it sought to identify teacher perspectives on its health policies, their implementation, and their developmental appropriateness. Interviews with three middle level teachers were analyzed for patterns in responses regarding their perspectives on their own school’s health policies.

Background

Health has an enormous impact on the academic achievement of students. Those who are most at risk academically also disproportionately

experience health risks that affect achievement (Council Chief of State School Officers, 2004). According to NMSA (2001), poor health practices take resources away from education due to rising health care costs. Also, students in poor health do not learn as well as healthy students, and poor youthful choices affect long-term health. Therefore, schools are essential to the academic and personal success of young adolescents and should assign “fundamental status” to the placement of health in education (NMSA, 2001, p.99).

Health educators have overarching national policies to guide their practices. In 1995 the American Alliance for Health, Physical Education, Recreation, and Dance set forth the *National Health Education Standards for Students* which identify six types of behavior among middle level students that cause the most serious health problems. These include alcohol and other drug use, high-risk sexual activity, tobacco use, poor dietary choices, physical inactivity, and behaviors that result in injuries (Pateman, 2004).

Tobacco use is a major issue among adolescents. A recent study reported that 11.7 percent of middle level school-aged students used tobacco during the last 30 days (Center for Disease Control and Prevention, 2004). Almost all schools in the United States now have some type of formal tobacco policy calling for a tobacco-free school campus. In addition, many schools have implemented tobacco use prevention programs as a key means to prevent tobacco use among students (Tubman & Vento, 2001, p. 232).

Alcohol and drug abuse can negatively affect adolescents’ physical, social, emotional, and cognitive development (MacNeil, Kaufman, Dressler & LeCroy, 1999). Alcohol and drug abuse often begin in early adolescence, frequently among groups of middle level school-aged students who develop patterns of risk behavior that can continue into adulthood (Shulman & Sweeney, 1995). Abusing alcohol and other drugs can lead to a number of problems

for young adults, including health problems, poor school performance, impaired emotional functioning, and lowered social competence (MacNeil et al., 1999). Many schools now include comprehensive drug and alcohol prevention programs during the school day. The United States Department of Education has found that the most effective school-based drug and alcohol intervention programs have three common elements: age-appropriate strategies, an understanding that attitudes and perceptions toward drug use change will change with age, and peer leaders who challenge influences and misperceptions (as cited in Martino-McAllister, 2004).

Sexual risk behaviors among middle level students have a broad range of consequences. Each year, approximately 3,000,000 reported cases of sexually transmitted infections occur among teenagers. About 860,000 teenagers become pregnant in the United States every year, while at least half of all new HIV infections are among people less than 25 years old (Council of Chief State School Officers, 2004). Because less than half of all middle level students report receiving any information about sexual maturation and behaviors from their parents (Beck, 2005), many middle level schools have policies in place to provide students with information about the physical, emotional, and social changes of puberty. Access to this knowledge is essential at this stage in students’ development (Pateman, 2004). However, beyond that, sex education policies often vary widely from school to school. These differences depend greatly on the attitudes and beliefs of the surrounding community, especially as many middle level schools use community-based advisory groups consisting of parents, school staff, and community members (Wolff & Schoeberlein, 1999).

Nutritional adequacy of students’ diet choices affects their learning and performance and will impact their health as adults (Meyer, Marshak, & Conklin, 2004). Adolescents’ eating behaviors are influenced by personal characteristics

as well as by environmental factors at home, in school, and throughout the community (Meyer et al., 2004). Poor nutritional choices and habits can put students at risk for obesity, diabetes, as well as a variety of eating disorders (Beck, 2005). In addition, poor nutrition in the middle level grades can have a negative effect on students' physical growth and cognitive development (Meyer et al., 2004).

Good nutritional choices and a solid nutrition education program can help guide students make healthy food choices. Some middle schools have begun to implement policies that require competitive food venues to be stocked with healthful snacks and beverages (Council of Chief School Officers, 2004; Spurlock, 2004). Other middle level schools now also stipulate that fund raisers be limited to healthy foods or non-food related projects, that rewards be non-food related, and have created school health advisory councils that include parents, students, medical professionals, business professionals, school administrators, coaches, and youth group leaders (Action for Healthy Kids, 2004).

Middle level school policies do not often include physical education as an important part of the curriculum. In fact, only 25 percent of middle level schools require physical education (Kolbe, Kann & Brenner, 2001). In addition, only 19 percent of all adolescents are physically active for 20 minutes or more, five days a week, in physical education classes (U.S. Department of Health and Human Services, 1996). However, physical activity is directly related to preventing disease and premature death in adults, and habits and attitudes toward physical activity often first develop during adolescence (Meyer et al., 2004; U.S. Department of Health and Human Services, 1996).

Middle level schools have many places to look for guidance in developing and implementing their health policies. It is developmentally appropriate to teach middle level school students the information and skills they need in order to make healthy choices. The behaviors middle level students develop in school not only impact their academic achievement but many other facets of their current and future development as well.

Method

This case study was conducted to assess three middle level teachers' perspectives on their school's health policies and to examine the ways in which their school encouraged student health. Structured interviews were conducted, using a protocol of questions that was developed in advance. Each of the participating teachers taught at a different middle grade level at Buckeye School. The school and participating teachers were assigned pseudonyms to protect their identity.

Buckeye School serves students in a small town located in a rural area in the Midwest. At the time of this study, the school employed 42 teachers and had 744 students. Its student population was 99 percent Caucasian, and 50 percent was eligible for free or reduced lunch programs. The school had five teachers at each grade level. Each teacher taught one or two subjects and the students changed classes throughout the day.

The three teachers who agreed to participate in this study were Ms. Hendricks, Ms. Golembiewski, and Ms. Brown. Ms. Hendricks was a fourth grade teacher. She had taught math and reading at Buckeye School for three years. She did not participate in any extracurricular activities at the school. Ms. Golembiewski was a fifth grade teacher. She had taught at Buckeye School for 10 years. She taught all fifth graders. In addition, she was the assistant volleyball coach for the school's seventh grade team. Ms. Brown was a sixth grade teacher. She had taught at Buckeye School for 20 years. At the time of this study she taught science and grammar to all sixth grade students. She was also the student council advisor.

The interviews were conducted at the school over a period of three days. Each recorded interview lasted approximately one hour. After the interviews were transcribed, the tapes were destroyed.

Findings

Buckeye School Handbook

At the beginning of the school year all students

received a copy of the *Buckeye School Handbook* which they were supposed to take home. According to Ms. Golembiewski, the parents were expected to read the handbook and sign a letter acknowledging that “they went over it with the student.” However, she thought that while the students were supposed to be familiar with the handbook, many parents “just [signed] the slip and [did]n’t read it with them.”

According to the handbook “tobacco or tobacco related products [were] prohibited, [and] possession of these products [would] result in in-school or out-of-school suspension.” The handbook did not set forth any policies or rules regarding alcohol and other drugs, sexual activity, nutrition, or physical activity. According to the teachers, the administrators who wrote the handbook did not see any significant problems in these areas. The teachers indicated that all school staff members were expected to implement the policies listed in the handbook.

Although not listed in the handbook, several health programs were integrated into the school’s curriculum. All sixth grade students participated in a *Drug Awareness and Resistance Education* [DARE] program. As part of this program, a police officer visited classrooms each week to teach students about the risks of using alcohol and drugs and to help them develop resistance strategies. The entire school celebrated *Red Ribbon Week* to raise awareness about the risks of alcohol and drug use. Finally, the school had formed a partnership in which local high school student volunteers visited the Buckeye School to talk with its students about health issues. In addition, as part of a school-to-work program, high school students assisted the janitorial staff in sanitizing such items as drinking fountains, door handles, and staircase railings.

Teachers’ Perspectives

Tobacco. The three teachers in this study agreed that it is important for middle level students to know about the risks of tobacco use. They cited many important concepts for middle level students to know about tobacco, including that its use is harmful to one’s body, that

there are no benefits to using tobacco, that it’s addictive, that it can harm the people around you, and that it’s illegal for anyone under the age of 18 to buy or use tobacco in any form.

All three teachers also indicated that tobacco use appeared to be becoming less common among the school’s students. Although each teacher reported that there was no use or possession of tobacco on school grounds by any student at their grade level this year, they said that it had occurred in the past. Ms. Brown said that, “Usually every year there’s a few cases of students bringing chewing tobacco or cigarettes to school. I think the spiral is pulling away from that. It used to be the cool thing to do; now it’s more the sleazy thing to do.”

All three teachers were familiar with Buckeye School’s policy against students using tobacco on school grounds. However, while Ms. Brown cited a policy set forth in the student handbook forbidding any tobacco on school grounds at any time, Ms. Golembiewski noted that on weekends adults were allowed to use tobacco in the building during bingo nights sponsored by the school’s athletic booster club to raise funds. Ms. Golembiewski also said that, although students were not permitted to attend the bingo nights, “the smoke eaters do not take everything out, [and] the smoke still leaves a residue.” She argued that “there doesn’t seem to be a big concern about that,” and said that she even “sent letters to the school board but got no response,” so she wasn’t “going to get any further with it.” Neither Ms. Hendricks nor Ms. Brown made any reference to tobacco use by adults on campus.

Although Ms. Golembiewski and Ms. Brown felt confident about giving students positive health messages against tobacco use, Ms. Hendricks argued that she was “not fully sure” whether she was “trained [enough] on how to approach the situation and answer a lot of questions.” “Who am I,” she said, “to tell [the students] they should tell their parents to stop smoking?”

Alcohol and Other Drugs. All three teachers thought their students should know the same concepts about alcohol and drug use as about

tobacco use. Ms. Golembiewski emphasized that students should know that using alcohol and drugs “can affect their whole life, physically, emotionally, their schooling, everything.” Ms. Brown noted that occasionally her students would come in and talk to her about what they had witnessed at home. For example, a student once told her that her “mom was drunk last night” and that “everybody [had] passed out.” Ms. Brown also indicated that the school celebrates *Red Ribbon Week* in the fall during which the students and teachers wear red ribbons to raise awareness about the dangers of drug use. She did, however, admit that in recent years *Red Ribbon Week* had “gotten pushed aside” in order to spend more time preparing students for the state test, and that as a result the school now relied more on “outside programs to come in” to offer health education. In addition, Ms. Hendricks suggested, that even though the school did offer an awareness program, “we do not send home a note ... so [we’re] not sure if [the parents] really even know or care.”

Sex. A common theme in all three teachers’ responses was that students need accurate information about sex. They indicated that middle level students need to know more about sex than what they see on television. According to Ms. Golembiewski her students “see a lot of sex at home” because their parents “let them watch whatever they want.” Ms. Hendricks argued that “we need to teach them because it’s getting younger and younger.” All three teachers in this study emphasized the importance of helping students develop good decision-making skills so they will understand they can make their own choices about engaging in sexual activity. However, each teacher had a different point of view on which important concepts should be taught in a middle level sex education program.

Ms. Hendricks, the fourth grade teacher, did not have any strong beliefs about what middle level school students should know about sex. She simply summed up her beliefs

by stating that, “they need to know more than they do now.” Furthermore, she was uncertain about what type of information should be presented to the students. Ms. Golembiewski believed in abstinence-based sex education which teaches that risk elimination is the preferred method of preventing pregnancy and disease. She said that if she were to develop the sex education curriculum for middle level students, she would include a variety of resources so that students will be able to make their own informed decisions about sex. Ms. Golembiewski also indicated she would like to be able to explain any issues in sex education to her students and answer all their questions. However, she said that, although there was no official policy against it, she had encountered problems in the past when other teachers in the school complained that her methods were too liberal. Ms. Brown believed in an abstinence-only sex education program and preferred that children learn about sex at home instead of at school. She also said that she would never provide any information about birth control or distribute any birth control devices in school, regardless of grade level. At the same time, she did say, however, that when questions about sex did come up in her science classes she did try to answer them.

Nutrition. All three teachers in this study argued that the quality of the cafeteria food at their school had improved because the cafeteria workers were cooperating with the school’s *Health Conscious Committee*, which was comprised of the school nurse and some teachers. This committee had been created because the school nurse had become concerned about obesity among the students. By the time of this study the committee had made some progress towards offering more fruits and vegetables and fewer high calorie, fatty foods in the cafeteria. Ms. Golembiewski was careful to point out, however, that although the “nutrition in [the] cafeteria [was] getting better, it still [was] not great.” She “just

wish[ed] they would offer foods that [were]n't so breaded and fried."

All three teachers also believed that the food offered to students as snacks at parties and through fundraisers was something that had to be changed. According to Ms. Hendricks, during parties "a lot of times we get two, three, four cupcakes for each kid." While, they indicated they thought it was difficult to change old habits, these teachers argued nonetheless that students and parents should be encouraged to opt for more healthy snacks.

According to Ms. Golembiewski fundraising was difficult issue. She stated that, "unfortunately, when we have fundraisers, kids are not going to buy healthy things, so in order to raise any money, you have to sell candy even though it's not good for them" because "they are not going to buy apples and oranges." As for snacks during parties, Ms. Hendricks explained that, "the last time we had a class party, I sent out a letter to parents with a list of healthy suggestions kids could bring to our party, like veggie trays, sub sandwiches, oat bars and things like that." All three teachers agreed, however, that without parental support it would be impossible for them to effect change.

The teachers in this study also indicated that the state curriculum standards dictated whether or not they taught their students about nutrition. Ms. Brown stated that nutrition was part of her sixth grade science curriculum. However, she only briefly "covered the food pyramid so [her] students would at least recognize it in case there was a question on the state test about it." Ms. Hendricks and Ms. Golembiewski both suggested that their students learned about nutrition from their physical education teacher and the school counselor. They did not include it in their lessons because it wasn't part of the state curriculum standards. Nonetheless, Ms. Hendricks did suggest that, although "a lot of the personal issues get pushed aside so they can pass the [state] test," it is important for kids to learn how to make healthy choices and that she occasionally talked about it to her students.

Physical Activity. All three teachers believed

that their middle level students needed more time for physical activity than they had. However, they also argued that although they believed physical activity is important, they could not give up any additional class time because of the state curriculum standards they had to cover in their classes. "There just isn't enough time in the school day to give kids gym time everyday," Ms. Hendricks said. Furthermore, Ms. Golembiewski and Ms. Brown both stated that the school sometimes took recess away from students by assigning them to detention but that doing so violated state requirements for physical activity.

According to Ms. Hendricks today's students no longer know how to "play nicely" together. She thought that it is important for middle level school students to learn good sportsmanship in physical education, and hoped that this would eventually filter back to the parents. In order to give her students some extra time for physical activity, Ms. Brown actually purchased a workout tape, which she played during homeroom in the morning. She admitted, however, that, although she had not been faithful in doing it daily together with her students, she did try "to squeeze it in" at least twice a week. Describing herself as "an old, heavy lady," Ms. Brown prided herself on being able "out walk most of these kids on our hikes up and down [the surrounding] hills." She lamented the fact that her students were worried about not being able to have television, gameboys and cell phones" at their annual school camp outing, rather than being "outside in beautiful creation." Echoing similar sentiments, Ms. Golembiewski posited that many parents simply let their children "sit in front of the television or videogames" rather than send them "outside [to] play football, softball or tag together, or [run] in the woods" as kids did "when [her] own children were growing up."

Health Policy Implementation.

Health policies at Buckeye School were being implemented in various ways. The teachers agreed that the school offered them an opportunity to discuss health policy issues. Even though

Ms. Hendricks argued they were “not [discussed] a whole lot,” she did believe that the school had “a pretty open atmosphere and [that] it wouldn’t be a problem to talk about [health policy issues].” Ms. Golembiewski suggested that “it has become more active than it was,” while Ms. Brown argued that the teachers in her district “were pretty free about discussing things.”

Ms. Hendricks argued that parents and students did “not really” participate in making decisions about health policies. Ms. Golembiewski maintained that neither students nor parents participated in establishing health policies as “they [just] follow what we do.” Ms. Brown thought that while “parents are regularly invited,” she did “not know that any really come.” She argued that “you can always count on a few of the same parents to be there” but she did not know if they or the students “[were] really participating.”

Nonetheless, the teachers were being held responsible for making sure that their students followed the policies and guidelines set forth in the *Buckeye School Handbook*, and that all health topics in the state curriculum standards were addressed in their classes. Furthermore, all three teachers indicated that other faculty and staff, including the physical education teacher, the school counselor, and school nurse, also played an important role in the school’s health program. They referred to the efforts of *Health Conscious Committee* as well as those of “outside programs,” such as DARE, the partnership with the local high school, and state-funded children’s services.

All three teachers believed that the health policies and programs at Buckeye School were developmentally appropriate. Even though she was “not sure [whether] it convinces them entirely to eat healthy, or not to smoke, or not do drugs,” Ms. Hendricks maintained that the programs do “bring out awareness” in the students. Finally, these teachers also noted that today’s students appear to be “savvier” at younger ages than in the past, and that, “what might have been appropriate even a few years ago seems benign now, and we

need to be more aggressive [in promoting health].”

Conclusions

The teachers in this study agreed that it is important to help students learn make healthy choices. Together with the administrators, the physical education teacher, the school counselor, school nurse, and cafeteria workers at Buckeye School, these teachers sought to improve their students’ health. In addition, outside programs made an important contribution towards encouraging student health. However, while the teachers in this study indicated Buckeye School had made progress in establishing policies to improve student health, several themes with regard to unresolved issues emerged from the findings.

The *Buckeye School Handbook* only addressed tobacco use. Informing parents about the tobacco use policy was limited to sending home a slip for them to sign to indicate they had read the handbook with their child. While such an approach certainly covers the legal responsibility of informing parents about the tobacco use policy, it does little to establish effective communication. Since the handbook did not include any information about the school’s policies on alcohol and drug use, sex education, nutrition, and physical activity it failed to communicate any information about these issues to the parents.

Furthermore, Buckeye School used a double standard in enforcing its no-tobacco on school grounds policy by allowing adults to smoke in the cafeteria during bingo nights. Since the event left a smoke residue, students were able to easily notice that adults had smoked in their cafeteria. Likewise, the school used a double standard in its approach to the promotion of healthy nutrition when it came to fundraising events. The teachers in this study clearly believed that the school’s fundraising events would fail unless students were allowed to buy candy. Likewise, they believed that they simply could not insist that parents only contribute healthy snacks to school parties. Clearly, for the sake of raising money, the school communicated

a message to the students that although they were expected to abide by school policies, adults were exempt and held to an entirely different standard.

While the teachers in this study thought it was important to promote student health, it was also apparent they lacked a consensus about how to accomplish this issue. This was especially evident in the area of sex education. While they agreed that student health education included teaching them about sex, they strongly disagreed about how to do so. Likewise, while they believed that promoting healthy nutrition was important, they did not insist on healthy snacks only for class parties. This lack of consensus was perhaps best expressed by Ms. Hendricks when, in reference to the tobacco use policy, she argued she was not in a position to tell her students to tell their parents what to do.

The teachers in this study also indicated that the state curriculum standards and state test had had a significant impact on health education at Buckeye School. They indicated that they were unable to give up any significant amount of class time for health education or physical activity unless they were specifically required to do so by the state mandated curriculum. Consequently, the school increasingly relied on outside sources to offer health education.

In addition, the culture of the school community had a significant impact on Buckeye School's health policies. The findings suggest there was a prevalent perception among the school's teachers and staff that most parents were not interested in being actively involved with the school. The teachers in this study argued that parents often set a bad example for their own children by engaging in unhealthy behaviors themselves. Furthermore, they argued that many parents allow their children to live unsupervised sedentary lives that are void of physical activity, which only further inhibits their development of social skills.

Furthermore, the school lacked a well articulated vision of its role in promoting student health. The teachers agreed that they felt at liberty to discuss health policies among themselves. However, they made no references to any

coordinated approach by their administration. In fact, when Ms. Golembiewski notified the school board that allowing smoking during bingo nights violated school policy, she received no response. In addition, the *Health Conscious Committee* was not a community-based advisory group. Finally, as they tried to informally to address health issues in their classroom, the teachers in this study worked in isolation of each other rather than in a concerted effort.

Recommendations

The findings of this study suggest several important implications for professors of middle level education as they seek to help their preservice teachers develop an understanding of how to assume leadership roles in their future schools and contribute towards the vision for a healthy school community.

As part of its recommendations for school-wide efforts to foster health, wellness and safety, NMSA advocates addressing the risks associated with tobacco, alcohol, drugs, diets, and sexual activities, as well as offering a comprehensive health and wellness program that includes daily physical activity (2003, pp. 31-32). Consequently, professors of middle level education should help their students develop a holistic understanding of student health by paying specific attention in their courses to each of the five major areas of health education. Only when preservice middle level teachers develop such visionary understanding of student health will they be able to help their future school communities develop effective efforts and policies that foster health, wellness, and safety.

Professors of middle level education should also help their preservice teachers clarify their beliefs about self efficacy. Having a double moral standard with regard to smoking on school grounds, fundraising, and party snacks sends the wrong message to students. The findings in this study make it apparent that future middle level teachers must have a strong sense of what it is *they* themselves can do as role models and leaders to effect significant change. As Morgan Spurlock clearly demonstrated in *Super Size Me* (2004), adults

in the school play a crucial role in directing students towards a healthier life style.

Preservice middle level teachers should develop a profound understanding of the impact of state curriculum standards and state tests on their curriculum. Professors of middle level education should emphasize in their courses that health education must be an integral part of the operational curriculum even if it is not included in the official curriculum (Posner, 2004). As the teachers in this study made abundantly clear, each in her own way believed it was necessary to address student health with her students regardless of whether it was specifically included in the state mandated curriculum.

Finally, professors of middle level education should help their preservice teachers develop leadership skills and strategies they can use to reach out to the entire school community. Preservice middle level teachers should learn how to empower students and parents. They should learn how to include them in making meaningful decisions. In addition, they should learn how to teach classes and conduct workshops for parents and other interested community members. Only when all stakeholders share a vision of developmentally appropriate health policies will middle level schools be able to become supportive communities that enhance their students' entire well-being (NMSA, 2003, p. 12).

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