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ABSTRACT

This report evaluated the impact of the Help-Neighborhood Center Program which was designed to inform parents of fifth through eighth grade students about health problems and community concerns. Four thousand elementary and junior high school students and 100 parents participated in workshops on venereal disease, drug abuse, welfare rights, mental health, feminine hygiene, consumer affairs, communication in the community, alcoholism, sickle-cell anemia, and dental care. The center served as a liaison linking community and school requests for information with local resource people and provider organizations. To evaluate the program, pre and post test questionnaire information was gathered from parents and students throughout the school year. The findings of this report indicate that students had significant gains in knowledge as a result of participation in the workshops; however, the extent of improved knowledge by parents could not be assessed because of poor questionnaire response. (Author/JP)

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Help-Neighborhood Center Program

School Year 1975-1976

Gary N. Siperstein, Ph.D.

An Evaluation of Selected New York City Umbrella Programs funded under a Special Grant of the New York State Legislature performed for the Board of Education of the City of New York for the 1975-1976 school year

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EVALUATION REPORT

Chapter I: THE PROGRAM

The Help-Neighborhood Center program was designed to provide educational services to 4,000 elementary and junior high school students and 500 parents in Districts 13 and 32. The program was created in response to the need students and parents have for increased information about health and community concerns. To meet these needs, the program which began in October of 1975 and ended in June of 1976, consisted of a series of assemblies and workshops held at cooperating elementary and junior high schools only within District 13. Specifically, the major objective of the workshops and assemblies was to increase students' and parents' knowledge and understanding of the following topics: (a) venereal diseases, (b) drugs, (c) welfare rights, (d) mental health, (e) feminine hygiene, (f) consumer affairs, (g) communication in the community, (h) alcoholism, (i) sickle-cell anemia, and (j) dental care:

The Center served in a liaison capacity linking community and school requests for information with local resource people and organizations who were able to provide it. The main office of the Help-Neighborhood Center program was housed in Junior High School 258 in Room 142 at 141 Macon Street in Brooklyn, New York. The staff of the Center consisted of a coordinator who was responsible for the general direction of the program, three family assistants whose duties consisted of working with parents and keeping them informed on school/community matters and assisting in the ongoing workshops and assemblies, and a family associate whose major responsibility was the day to day direction of the program's activities. The speakers for the workshops were drawn from private and public organizations in the community. All of the speakers volunteered their services.

Overall, the program served student and parent needs in five elementary schools and one junior high school. As of May 1, 1976, over 80 workshops and assemblies had been conducted and more than 4,200 students were serviced.

The students were selected from the upper elementary grades (Grades 5 and 6) and the intermediate grades (Grades 7 and 8). There was no set criteria for selecting students to participate in the workshops. The program staff made their workshops available to all of the schools, principals and teachers in District 13. The specific needs of the school and the students in the school determined whether or not the Help-Neighborhood Center program would provide workshops and if so, what specific topics were to be covered in the workshops.

In addition to the student population, the program also provided workshops to small groups of parents. Overall, seven different topic workshops were presented to more than 100 parents. It should be noted that for both students and parents some topics were presented for only one session while other topics demanded a series of several workshops.

Chapter II: EVALUATIVE PROCEDURES

In order to evaluate the impact of the Help-Neighborhood Center program on elementary and secondary school students and parents, five evaluation objectives were addressed.

Evaluation Objective #1. To determine whether as a result of participation in the program, 80% of the parents would show upon completion of the applicable workshops increased knowledge of the effects of sickle-cell anemia, venereal disease, alcoholism, drug abuse, etc., as measured by pre- and posttesting on questionnaires developed for each workshop.

Evaluation Objective #2. To determine whether as a result of participation in the program, 90% of the students would show upon completion of the applicable workshops increased knowledge of the effects of sickle-cell anemia, venereal disease, alcoholism, drug abuse, etc., as measured by pre- and posttesting on questionnaires developed for each workshop.

The pre- and posttest questionnaire information was gathered throughout the school year. Because of the due date of the final evaluation report, pre- and post information which was gathered after May 1, 1976, is not included in the overall analyses.

Evaluation Objective #3. To determine whether as a result of participation in the program, 80% of the parents would show upon completion of the applicable workshops increased knowledge of welfare rights, consumer affairs, mental health and other related matters concerning their children's schooling as measured by pre- and posttesting on questionnaires developed for each workshop.

The evaluation activities specific to the above three objectives consisted of, when possible, the administration of a short questionnaire before and after each topic workshop. When a topic was presented in only one workshop, a questionnaire was distributed before the workshop and at the conclusion of the workshop. In those cases when a topic was presented over a series of workshops, a questionnaire was presented before the beginning of the first workshop and at the conclusion of the last workshop in the series. The questionnaires were developed by the program staff in conjunction with the outside speakers for the topic workshops. Since some topics took place for only one class period, it was difficult due to time limitations, to administer both a pre- and posttest. Also, a few workshops took place without the administration of both a pre- and posttest questionnaire (for example, dental care). In addition, many children either did not respond to both the pre- and posttest questionnaire or did not write their names down on the designated place in the questionnaires. Therefore, it was not possible to directly compare a child's post workshop performance to his or her pre workshop level. The proposed statistical procedure of analyzing whether 90% of the students (80% of the parents) correctly answered 90% of the posttest questionnaire could be carried out, however, for those workshops in which there was data. There was posttest information on 1,664 of the 4,228 students (39%) who were serviced by the program.

Although approximately 100 parents took part in one or more workshops, there were no questionnaires administered on a pre- and post-basis. It was not possible therefore to assess Objectives 1 and 3.

Evaluation Objective #4. To determine whether as a result of participation in the program, 80% of the parents requesting specific referral assistance from the project coordinator will show satisfaction with the quality of the assistance.

With regard to Objective #4, no information was systematically obtained on parents' satisfaction with the assistance provided by the family assistants. Records were kept on the number of weekly conferences held with parents, however. Due to the lack of direct evaluation data, this objective could not be assessed.

Evaluation Objective #5. To determine the extent to which the program as actually carried out coincided with the program as described in the project proposal.

There were several evaluation activities conducted to assess whether or not the program as described in the project proposal was fully implemented. These consisted of site visits to the staff's headquarters at Junior High School 258 as well as site visits to classrooms in which the topic workshops were held. During the site visits, observations were made of the speakers and the program staff's activities during classroom and assembly workshops.

Chapter III: FINDINGS

Evaluation -- Objective #1.:

As a result of participation in the program, 80% of the parents will score, upon completion of the applicable workshop, 80% or more correct on the posttest questionnaire.

Due to the lack of pre- and posttest information on parents who participated in the workshops, Objective #1 could not be assessed.

Evaluation -- Objective #2.:

As a result of participation in the program, 90% of the students will score, upon completion of the applicable workshop, 90% or more correct on the posttest questionnaire.

To assess Objective #2, the number of participants who were

administered the posttest was first compared to the number of participants who participated in each of the workshops for which questionnaires were developed. Table 1 indicates that, overall, approximately 47% or almost one half of the students who participated in the workshops in which pre- and post- questionnaires were administered had filled out a posttest questionnaire. Except for the topics of feminine hygiene and physical hygiene, sex education, gangs and alcoholism, most of the participants filled out a posttest questionnaire. To directly test whether 90% of the students who upon completion of the applicable workshops demonstrated increased knowledge of the workshop topics, the frequency of students who responded correctly to at least 90% of the items on the posttest was calculated. Table 2 presents the number of students who scored at least 90% or more correct on the posttest for each workshop topic. In five of the topics, 90% of the participants reached the 90% correct goal and the program thus met its objective. Students who took part in the workshop topics regarding vision, consumer affairs, sickle-cell anemia, and respiratory diseases responded the poorest on the posttest questionnaires. It is not clear whether the students' poor performance in these workshops were a function of the workshops per se or the criterion reference tests developed to measure children's knowledge of the areas.

To more directly test whether children substantially increased their knowledge of the topic areas, means and standard deviations were computed on children's performance on the pre- and posttest questionnaires for each of the workshop topics. Parametric analyses (t-tests for independent groups) were then conducted on the means and standard deviations to assess whether children made significant gains as a function of participation in each of the workshops. Table 3 presents the separate means and standard deviations of students' pre- and posttest scores for each of the workshop topics. It is visually apparent that children exhibited significant gains in information as a result of participating in workshops in all eleven

Table 1
 Number of Students Who Participated in the Workshops as
 Compared to Number of Students Who Were Administered
 Posttest Questionnaires

Topic	Number of Workshop Participants	Number of Participants Administered Posttest	Percent
Alcoholism	587	319	54
Sex Education	1230	323	26
Drugs	300	225	75
Feminine Hygiene/ Physical Hygiene	518	45	09
Sickle-Cell Anemia	103	100	97
Gangs	172	81	47
Mental Health	63	61	97
Consumer Affairs	187	174	93
Respiratory Diseases	79	76	96
Vision	179	169	94
Venereal Diseases	125	91	73

Table 2

Percent of Students Who Scored 90% or More Correct
on Posttest For Each Workshop Topic

Topic	Number of Students Administered Posttest	Frequency of Students Who Scored 90% or More	Percent
Alcoholism	319	301	94
Sex Education	323	299	93
Drugs	225	218	97
Feminine Hygiene/ Physical Hygiene	45	32	71
Sickle-Cell Anemia	100	63	63
Gangs	81	69	85
Mental Health	61	58	95
Consumer Affairs	174	101	58
Respiratory Diseases	76	51	67
Vision	169	61	36
Venereal Diseases	91	89	98

Table 3
Means and Standard Deviations of Students Pretest
For Each Workshop Topic

Topic	N		Number of Questionnaire Items		Nur	
	Pre	Post	Pre	Post	Pre Mean	S
Alcoholism	331	319	6	6	1.76	1
Sex Education	307	323	6	6	2.17	1
Drugs	178	225	6	6	2.87	1
Feminine Hygiene/ Physical Hygiene	47	45	6	6	2.57	1
Sickle-Cell Anemia	110	100	6	6	3.80	1
Gangs	87	81	7	7	4.08	1
Mental Health	61	61	10	10	2.95	0
Consumer Affairs	180	174	8	8	3.48	1
Respiratory Diseases	70	76	8	8	1.74	0
Vision	177	169	8	8	2.01	1
Venereal Diseases	127	91	6	6	2.02	1

*All reported t values were significant beyond $p < .01$.

topic areas. Each of the t values were significant beyond the .01 level. In summary, children's knowledge significantly increased as indicated by pre-, posttest comparisons in all of the workshops in which students were administered pre- and posttest questionnaires. Therefore, the program successfully met Objective 2.

Evaluation -- Objective #3.:

As a result of participation in the program, 80% of the parents will score upon completion of the workshops on welfare rights, consumer affairs, mental health and other related matters concerning their children's schooling, 80% or more correct on the posttest questionnaires.

Due to the lack of of pre- and posttest information on parents' participating in the workshop, Objective 3 could not be assessed.

Evaluation -- Objective #4.:

As a result of participation in the program, 80% of the parents who request specific referral assistance will be satisfied with the quality of the assistance.

Due to the lack of information on parents' satisfaction with program assistance, Objective 4 could not be assessed.

Evaluation -- Objective #5.:

To determine the extent to which the program as actually carried out coincided with the program as described in the project proposal.

Site visits to the program's main office and site visits to classroom and assembly workshops, indicated that the program as stated in the project proposal was fully implemented. Throughout the year, the family assistants and family associate contacted various schools within District 13 and offered their services regarding the presentation of small and large workshops. While the initial program was to provide workshops to District 13 and District 32, workshops were only conducted in District 13, because District 32 was not interested in taking part in the program. The program focussed its attention on six public schools, five elementary and

one junior high school within District 13. In accordance with the proposal the program staff offered a wide range of topic areas to students in Grades 5 through 8. Table 4 presents the workshop topics and the specific outside speakers who volunteered their services. Not only did the program staff solicit and obtain the services of speakers from various community agencies, but they also secured and presented films to the students as a back up to the workshop lectures. Table 5 presents a list of the films that were used in the workshops. It is apparent that the films cover a wide area of topics. In addition to the audio visual materials, the program staff also collected a wide range of materials to be used for demonstration purposes. For example, in many of the workshops fruits and vegetables were exhibited. In workshops involving physical and personal hygiene, medical supplies and dental equipment were displayed. Also for those workshops dealing with personal hygiene and sex education, scales of the human body and contraceptive devices were presented. A screening system was set up so that the program staff as well as the PTA and other interested personnel could review all films and materials prior to their use in workshops.

While the program met its objective in servicing more than 4,000 elementary and secondary school students, it did not come close to its objective of servicing the needs of parents. The reason for this was that most of the parents of children who attend District 13 schools are working parents and were unable to attend daytime workshops. Since it was not possible for the program staff to obtain available space in schools during the nighttime hours, the program was restricted to offering parent workshops only during the day. It should be noted, however, that the total number of parents who were directly serviced by the program is not indicative of the program's effectiveness. That is, some of the parents who were contacted by the program and were provided with information through the various workshops, acted as emissaries for other parents.

The program's staff should be praised in their accomplishing most of the program objectives since they carried out their duties under less

Table 4
List of Workshop Topics and Respective Speakers and Their
Affiliations

<u>Workshops</u>	<u>Speakers</u>	<u>Organization</u>
Vision	Ann Rose	Industrial Home of Blind
Consumer Affairs	Brenda Smith	Con Edison
Sickle-Cell	Kearhey-Hayden	Downstate Medical Center
Dental Care	Dr. West Mrs. Seals	1 Handson Place
Medical Careers	Helen Kozolias	Downstate Medical Center
Gangs	Officer Valez	79th Precinct
Alcoholism	Davic Thompson	B.S.A.T.C.
Drugs	K. Francis	St. Mary's Hospital
Feminine Hygiene	Mrs. Hurwitz Mrs. Ranard	Downstate Medical Center St. Mary's Hospital
Radiation	George Hollis	Department of Health
Mental Health	Yosett Johnson Hazel Murray	Bedford Stuyvesant Community Mental Health Center
Child Abuse	Mrs. Selub	Brooklyn Community Resource Center
Venereal Disease	Mrs. Cooper Mrs. Butler Mr. Francis	Mash Project St. Mary's Hospital
Sex Education	Mrs. Miller Mr. Darien	Mid-Brooklyn Health Society, Inc.
Respiratory	Mrs. Taylor	Brooklyn Community Resources

Table 5

Films for Workshops

Looking At Children
Drugs and the Nervous System
Three
Who's Afraid
Trick Bag
The Seekers
Happy Tooth - Happy Smile
Grooving
Marijuana
Losers
The Story of Menstruation
Discussing Mental Health
Time of Growing
It's Wonderful Being a Girl
Home Sweet Home
Someone Special
In My Memories

than ideal conditions. For example, although the program began in late September of 1975, official approval and the flow of monies for staff salaries did not begin until mid-December. In addition, the budget for this year covered only the softwear needs of the program and did not allocate any funds for hardware such as copying equipment. Because of this, the staff had to rely on the facilities of the host school in which the workshops were presented. The program did not have its own audio visual equipment and had no monies to purchase films. With regard to room arrangement, the staff was allocated space, which was less than ideal, on the first floor of Junior High School 258. The area was crowded and provided little space for the collection of materials. One final note, there was an early change of program directors which, again to the praise of the program staff, did not hamper or impede the Center's ongoing activities.

A brief description of the program's procedures in conducting workshops follows. The family assistants or family associate initially contacted a school's principal and explained the goals of the program. If the principal was receptive, staff members contacted the guidance counselor who in most instances acted as a liaison to the program. The next step in the process of conducting a workshop was the contacting of the teachers and, once again, the explaining of the goals of the program as well as the type of topics and the speakers from which the teacher could choose. Teachers were encouraged to choose what they felt to be relevant to their students' needs. With regard to certain workshop topics such as drugs, the drug coordinator of the school was contacted and also took part, when possible, in the workshop. Depending on the topic area, the workshop was held either in the classroom or auditorium. Once the workshop schedule was set, the family assistants briefed the respective speakers on the type of students they were to address, specifically the age of the students, their needs and what information they may already have concerning the topic area. During the workshop, the family assistants tried to foster student

discussion. Many times the speaker's lecture was followed up by a film presentation in the students' class. Once again, depending on the topic area, one workshop may have been all that was needed to present the information while in other cases several workshops were needed to cover a given topic area. It should be noted that the workshops were never held during the students' basic academic periods. In addition, for certain types of topics, such as sex education, parent approval for student participation was obtained.

On any given day, the program staff was involved in reviewing materials, viewing films, contacting principals and teachers and conducting workshops. Many times a good deal of the morning or afternoon was taken up with travelling to the different schools in District 13. In addition, before each workshop, the program staff briefed the speakers who were to present their material. Upon conclusion of the workshops, time was taken to score the children's pre- and posttest questionnaires to assess the effectiveness of the workshop. In addition to all of their duties with regard to developing and implementing the workshops, the staff also had to do its own typing, collating and bookkeeping.

There were substantial gains made in the program this year as compared to last year. For example, last year it was recommended that the program staff exert a greater effort in administering questionnaires to all of the student participants. The program last year administered questionnaires to only 6% of the more than 3,000 participants. In contrast, this year, 39% of the students who participated in the workshops were administered pre- and posttest questionnaires. In addition, the program staff surveyed the students' opinions and feelings about the workshops.

It was also recommended last year that the guest speakers be oriented to the program's objectives and the students' needs. Complying with that suggestion, the program staff briefed the guest speakers before each workshop. Overall, this year's program staff enthusiastically responded to the

recommendations made in last year's evaluation of the program by enlarging upon and refining their activities.

The program's effectiveness can best be seen in the commendations and the letters of support written by principals, teachers, and even community citizens on behalf of the program. For example, teachers of health and physical education have written that the workshops have added immensely to their own health education program. Guidance counselors in more than one public school have noted the intense student interest and enthusiasm generated by the program staff and their workshops. Furthermore, many teachers in whose classes the workshops took place commented in writing that students' misunderstandings and misconceptions about such topics as sex, drug abuse, physical hygiene, etc., were clarified. In summary, the consensus of opinion of all personnel who had contact with the program staff and their activities was that services provided by the Help-Neighborhood Center program were a valuable adjunct to the ongoing education of elementary and secondary school students.

Chapter IV: SUMMARY AND RECOMMENDATIONS

On the basis of the evaluation evidence, it is recommended that the Help-Neighborhood Center program be continued for the school year 1976-77. Observations of workshops, interviews with program staff and related school personnel along with pre- and posttest analyses indicated that students who participated in the program increased their knowledge of the facts about social, psychological and physiological problems within their community. Furthermore, on-site observations and interviews revealed that the program was carried out as designed in the proposal.

In general, the program seemed to have run smoothly and efficiently in spite of several minor problems. Except for the objective of providing workshops and assistance to 500 parents, all of the components of the program were implemented.

The following are several recommendations for program changes in

the coming year based on the evaluation evidence.

1. It is recommended that the program concentrate on the student population and de-emphasize parent participation. Due to the working schedules of most of the parents, it is not feasible for them to take part in daytime workshops.

2. It is recommended that in addition to the use of films and demonstration materials, the program should plan field trips for the students. First hand observation of community services in operation would prove to be a valuable adjunct to lectures and classroom discussion, especially for the older children.

3. The program should exert more effort into gaining the cooperation of school districts other than District 13 for the next school year. During this past year, the program staff did not adequately follow-up and gain cooperation of one of the intended districts to which it was to provide services.

4. It is recommended that the program staff assess the degree to which certain topics require one workshop and other topics require a series of workshops. It may be feasible that program staff and outside speakers need only present one workshop per topic but provide the classroom teachers with materials so as to conduct follow-up discussions.