

Reach for Health Community Youth Service Learning (RFH-CYS)

Program Description

Reach for Health Community Youth Service Learning (RFH-CYS), is a school-based service learning program. It aims to encourage at-risk adolescents to avoid risky sexual behavior.

Population Served

RFH-CYS serves seventh and eighth grade students at increased risk of early sex and related risky behavior. At the original urban evaluation site, almost all students were African American and Latino. Thirty-two percent of students in the evaluation reported having sex prior to beginning the program.

Setting

RFH-CYS is conducted during the school day in middle school health classes and in surrounding community healthcare and social service settings, such as day care centers, nursing homes, health clinics, or senior centers. Evaluation sites were required to have adequate staffing to provide supervision to student volunteers and meaningful work experiences.

Goals

RFH-CYS seeks to prevent risky sexual behaviors and other detrimental behaviors among at-risk youth.

Type of Intervention

RFH-CYS is a school-sponsored program that combined service learning and skills-based health instruction. The program was designed in collaboration with a large public middle school in Brooklyn and built upon a pilot program conducted by the school community in collaboration with the School of Nursing at Medgar Evers College, City University of New York. School staff and a community advisory board worked with program developers from the Education Development Center to create a protocol for the service learning component and to ensure that classroom health lessons were culturally and developmentally appropriate. Curriculum lessons are active, geared toward diverse learning styles, and designed to be easily integrated into school health programs.

The program links the school with the community and provides students with meaningful opportunities for community engagement. In doing so, it aims to instill youth with a citizenship ethic, a concept drawn from John Dewey's theory of associated learning, which emphasizes the relationship between personal achievement and intellectual growth. The health instruction component reinforces service experiences and was grounded in social cognitive theory. This theory emphasizes the importance of developing social competence and social skills that are critical to risk reduction. The program also is based on research exploring the culture- and gender-based reasons why young adolescents engage in unhealthy behaviors and how they can be supported to make healthy choices.

Main Messages

The program emphasizes that the teens' contributions were valuable to the community and that the community cares about their future. RFH-CYS also highlighted the following themes:

Protection: We must take action, individually and as a society, to protect our health and well-being and to protect the health and well-being of others in our community.

Responsibility: We each must act responsibly, respecting ourselves and others, and identifying the things we can change in ourselves and our surroundings.

Interdependence: We are all connected; therefore, our actions, the actions of our peers, and the actions of the greater community matter to all of us.

Affirmation of Positive Behaviors: Our efforts to promote health in ourselves and our community are supported by members of our community, and we can take pride in staying healthy.

Operation/Logistics

Length of program: Over 30 weeks of the school year, students attend field placements on a weekly basis, with each visit lasting two or three hours. Classroom lessons prepare students for field placements and provided opportunities for debriefing and reflection. The RFH curriculum also includes 10 lessons on growth and development.

Size of program: In the evaluation, a total of 35 classrooms at the program school received the program; 22 classrooms (222 students) received the core RFH curriculum (classroom component only). An additional 13 classrooms (255 students) received the RFH curriculum and the service learning components (CYS).

Components: RFH-CYS includes two core elements: the RFH growth and development curriculum and the community youth service (CYS) (i.e., community field placements coupled with in-class preparation, debriefing, and reflection).

Staffing requirements

RFH-CYS requires collaboration between middle schools and community service sites. School administrators select a school-based coordinator to manage activities between school and community sites. The coordinator is responsible for:

- developing a protocol for student travel to and from field-sites;
- reviewing teacher performance and providing feedback;
- recruiting new field sites;
- conducting discussion groups with students; and
- visiting field sites to monitor activities.

Classroom teachers, preferably with health instruction training and experience, teach the classroom component of RFH-CYS. They are responsible for selecting and working with community placement sites and integrating service into the curriculum.

At the field placement sites, agency staff mentor students. Before field placements begin, agency and school staff participate jointly in a program orientation that laid out goals of the RFH-CYS program and clarified the responsibilities of adults and youth.

Curriculum

Reach for Health (RFH): The RFH curriculum contains 10 seventh grade and 10 eighth grade lessons on healthy development designed to supplement existing health curricula. It focuses on sexual behavior that can result in HIV infection, other STDs, and pregnancy. The curriculum seeks to help students choose healthy options, communicate their needs effectively, and avoid risky behavior. It also offers opportunities for students to learn and practice skills such as self-assessment, risk assessment, communication, decision-making, goal-setting, healthy self-management, and refusal skills.

Community Youth Service (CYS): Community Youth Service, or service learning, is a method of instruction in which students learn and develop through active participation in service experiences that meet community needs. These experiences are integrated into the student's academic curriculum. At the beginning of each school term, students participate in an orientation that defines the goals of service learning, provides codes of conduct, and prepares them for specific responsibilities and situations (such as what they are likely to see in a nursing home and how to be respectful of elders).

During this time, they:

- learn more about the organization to which they are assigned;
- set personal goals for what they want to achieve in the field;
- recognize the importance of their role in the site where they will be working;
- make predictions about what to expect on site; and

- consider and, as necessary, challenge their current attitudes about the population with whom they will be working.

When they complete the orientation lessons, students receive a certificate of completion and an identification badge to wear to their field placements.

Students participate in two field placements per year (one each semester). Over the year, students spend approximately three hours per week for 30 weeks (90 hours per year) in community youth service and in the classroom.

At field placements, students work under the direction of site staff who serve as mentors. Students serve in settings such as nursing homes, senior centers, full-service clinics, and child day care centers. Their responsibilities range from reading to the elderly and assisting during medical examinations to answering phones, scheduling appointments, filing, and helping in recreation and arts and crafts groups. In the classroom, teachers work with students to help them make observations, pose questions, and analyze their experiences.

Evaluation

Type

Between 1994 and 1996, two large middle schools in Brooklyn, NY were recruited to participate in an evaluation of RFH-CYS. One school participated in the program and the other served as the control group school. A total of 68 classrooms participated. In the control school, 33 classrooms (584 students) received the standard New York City health education program, which included mandated lessons on drug use and AIDS. Within the program school, 22 classrooms (222 students) were randomly assigned to receive the core RFH curriculum (classroom component only) and 13 classrooms (255 students) received the CYS and the RFH curriculum (community field placements and classroom component combined).

In 1998, a second study evaluated the sustained effectiveness of RFH-CYS on reducing sexual risk-taking. This study included students at the middle school that provided the RFH-CYS intervention or just the classroom curriculum. Researchers compared the self-reported sexual behavior of students who received the full RFH-CYS intervention with the self-reported sexual behavior of students who received the RFH curriculum only. They then assessed the dosage impacts of the community youth service component by comparing three groups—those who received two years of CYS, those who received one year of CYS (i.e., one year of CYS and one year of curriculum only), and those who received two years of curriculum only.

Components

Instruments and frequency: Self-administered health surveys were conducted at baseline in the fall of 1994 and again in the spring of 1995 (a six-month follow-up). Nearly 92 percent of the 1,157 students who completed the baseline survey completed the spring survey. A two-year follow-up was completed at the end of tenth grade.

Outcomes measured: Youth were asked questions about sexual behavior at baseline and follow-up, including life-time experience with intercourse (yes/no); recent intercourse (i.e., previous three months); and use of condoms during recent intercourse. Responses to these questions were reported separately and combined into an ordinal, four-category Sex Behavior Index, scored as follows: (1) no lifetime experience with intercourse; (2) past but no recent intercourse; (3) recent, always protected intercourse; and (4) recent, unprotected intercourse.

Findings

The percent of students in the RFH curriculum-only group and RFH-CYS group who were sexually experienced before the start of the intervention was 34 and 28, respectively, compared to 33 percent of the control group.

Sexual experience: The two-year follow-up evaluation found that RFH-CYS participants were significantly less likely than the control group to report sexual initiation by the tenth grade. Those who received the full two years (seventh and eighth grade) of the program (Community

Youth Service component and the Reach for Health curriculum) demonstrated the greatest benefit through the tenth grade. Among those who were virgins in seventh grade, 80 percent of males in the curriculum-only class had initiated sex, compared with 62 percent of those who received one year of CYS, and 50 percent of those who received two years of CYS. Among females, the figures were 65 percent, 48 percent, and 40 percent, respectively.

Other outcomes: The evaluation showed that the RFH-CYS program had a positive impact on the sexual behavior of middle school students at risk for HIV, STDs, and unintended pregnancy. At the initial six-month follow-up, students participating in the RFH-CYS program were less likely to report recent intercourse (21 percent) than students in the RFH curriculum-only group (29 percent).

Contact Information

The evaluators offer two possible explanations for why the community service component affected the outcomes: 1) The community service experience provides youth with a sense of self-efficacy and empowerment; and 2) community service gives students mentoring and involvement in social organizations and institutions (O'Donnell, Tieve, Doval, Dura, Haber, Atnafou, Johnson, Grant, Murray, Juhn, Tang, & Piessens, 1999).

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Resources

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